

HILL COUNTRY MHDD CENTERS

BOARD POLICY

SUBJECT: Financial Assistance/Charity Policy

SECTION: II.P

EFFECTIVE DATE: August 1, 2022

NUMBER OF PAGES: 3

SCOPE

The provisions of this Financial Assistance Policy are applicable to all participating Hill Country MHDD (collectively referred to herein as "HCMHDD") controlled tax-exempt hospitals and affiliates as provided in Attachment A.

PURPOSE STATEMENT

HCMHDD is committed to providing high-quality public health care services. HCMHDD strives to ensure that the financial situation of people who need health care services does not prevent them from seeking or receiving care. In accordance with its charitable mission and values, HCMHDD provides financial assistance or charity care to patients and their families who are low-income, uninsured, underinsured, ineligible for government health care programs, and who are otherwise unable to pay some or all of the bills.

POLICY

All patients, including low-income and underinsured, will be treated fairly and with respect before, during, and after healthcare delivery, regardless of their ability to pay. The granting of financial assistance shall be based on an individualized determination of financial need and shall not consider age, gender, race, ethnicity, socio-economic status, sexual orientation, or religious affiliation.

Eligibility Criteria

The Financial Assistance Program at HCMHDD provides discounted or charity care to eligible patients for services based on income as defined by the *HHSC Mental Health Monthly Ability-to-Pay Fee Schedule*. Patients are not eligible for financial assistance if they a) have third-party insurance; or b) are eligible for another third-party program such as Medicaid, County Indigent Health Programs (CIHCP), etc.; or c) are not Texas residents. Patients seeking treatment for certain elective, nonemergent procedures will be considered full pay patients; full payment will be expected at or before the time services are rendered.

Eligibility Determination

HCMHDD personnel will work with patients or guarantors to determine eligibility for governmental program assistance. State or County eligibility workers knowledgeable in the Texas Health Benefit Exchange and government-sponsored health programs such as Medicare, Medicaid,

or other state or county-funded health programs will be made available to help determine eligibility and complete the application process. A patient or guarantor who requests a discounted payment, charity care, or other assistance in meeting their financial obligation to HCMHDD shall make every reasonable effort to provide HCMHDD with income and health benefits coverage documentation. If the person requests charity care or a discounted payment and fails to provide reasonable and necessary information for HCMHDD's decision, HCMHDD will not consider an incomplete application.

Community Notification

Information about HCMHDD's Financial Assistance Program shall be made available through posted notices in the clinics, registration areas, other outpatient settings, and on the HCMHDD website. In addition, written notice shall be provided to potentially eligible patients during the registration process, or as soon as possible after that, and during the billing process. This information shall be provided in English and Spanish and translated for patients or guarantors who speak other languages.

Regulatory Requirements

All applicable local, state, and federal regulatory requirements were considered in the development of this policy.

DEFINITIONS

For the purpose of this policy, the terms are defined as follows:

Charity care: A provider's policy to provide free or discounted healthcare services to individuals who meet the established criteria without expectation for standard payment for services rendered.

Family: Using the Census Bureau definition, a group of two or more people who reside together and are related by birth, marriage, or adoption. According to Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for the provision of financial assistance.

Family income: Family Income is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:

- Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources;
- Excludes noncash benefits (such as food stamps and housing subsidies);
- Determined on a before-tax basis;
- Excludes capital gains or losses; and
- Includes the income of all family members who live together (Non-relatives, such as housemates, do not count).

Gross charges: The total charges at the organization's full established rates for the provision of patient care services before deductions from revenue are applied.

Underinsured: The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his or her financial abilities. **Uninsured:** The patient has no level of insurance or third-party assistance to assist with meeting his or her payment obligations.

Attachments

- A. List of Participating Clinics within HCMHDD
- B. HHSC 2022 Ability to Pay Fee Schedule

Approved by:



Judge Souli Shanklin, Board Chair



Date

Clinic/Unit	Address	Phone Number
Blanco County Mental Health	206 S Hwy 281 Johnson City TX 78636	512 392-8953
Bulverde Mental Health	1781 E Ammann Rd Bulverde TX 78163	830 387-5995
Canyon Lake Mental Health	230 Shepherd Hill Dr Canyon Lake TX TX 78133	830 387-5995
Comal County IDD	511 E North Street New Braunfels TX 78130	830 625-7394
Comal County IDD Service Coordination	457 Landa Street Suite J New Braunfels TX 78130	830 625-7359
Comal County Mental Health	358 Landa Street Suite 300 New Braunfels TX 78130	830 620-6221
Medina County IDD Service Coordination	508 W Hondo Avenue Suite B Devine TX 78016	830 663-5756
Gillespie County IDD (New Horizons Center	107 Industrial Loop Fredericksburg TX 78624	830 997-8696
Gillespie County Mental Health	140 Industrial Loop Suite 200 Fredericksburg TX 78624	830 997-8023
Hays County IDD	1200 N Bishop St San Marcos TX 78666	512 392-7104
Hays County IDD Service Coordination	1251 Sadler Drive Suite 1100 San Marcos TX 78666	512 558-2006
Hays County Mental Health (Scheib Center	1200 N Bishop St San Marcos TX 78666	512 392-7151
Kendall County Mental Health	221 Fawn Valley Dr Suite 500 Boerne TX 78006	830 249-9328
Kerr County Mental Health	955 Water Street Kerrville TX 78028	830 257-6553
Kerr County IDD (Special Opportunity Center	200 S Lemos Kerrville TX 78028	830 896-4606
Kerr County IDD Service Coordination	1127 E Main St Suite 202 Kerrville TX 78028	830 258-5400
Kimble County Mental Health	110 S 10th St Junction TX 76849	325 446-3233
Kyle Mental Health	1300 Dacy Lane Suites 120-130 Kyle TX 78640	512 392-8953
Llano County IDD (Special Opportunity Center	206 E Main Llano TX 78643	325 247-4021
Llano County Mental Health	100 Legend Hills Suite B Llano TX 78643	325 247-5895
Medina County IDD (Tex-Spice	198 County Road 6702 Devine TX 78016	830 663-9248
Medina County Mental Health	728 18th St Hondo TX 78861	830 426-4362
Uvalde County IDD (Work Center	324 Crystal City Hwy Uvalde TX 78801	830 278-1243
Uvalde County IDD Service Coordination	322 Crystal City Hwy Uvalde TX 78801	830 278-8690
Uvalde County Mental Health	328 Crystal City Hwy Uvalde TX 78801	830 278-2501
Val Verde County IDD	1927 N Bedell Del Rio TX 78840	830 775-3303
Val Verde County IDD Service Coordination	1927 N Bedell Del Rio TX 78840	830 775-2610
Val Verde County Mental Health	1927 N Bedell Del Rio TX 78840	830 774-8702
Werlein Crisis Stabilization Unit	643 Sheppard Rees Road Kerrville TX	

**HEALTH AND HUMAN SERVICES COMMISSION
MENTAL HEALTH MONTHLY ABILITY-TO-PAY FEE SCHEDULE FOR 2022**

25 TAC, Section 412.106

Effective March 1, 2022

Annual Gross Income	Monthly Gross Income	Maximum Monthly Fee By Family Size									% monthly Income family size 1
		1	2	3	4	5	6	7	8	9+	
13,500	1,133	0	0	0	0	0	0	0	0	0	0
20,385	1,699	42	0	0	0	0	0	0	0	0	2.50%
22,745	1,895	50	0	0	0	0	0	0	0	0	2.66%
25,105	2,092	59	0	0	0	0	0	0	0	0	2.82%
27,465	2,289	68	42	0	0	0	0	0	0	0	2.98%
29,825	2,485	78	50	0	0	0	0	0	0	0	3.14%
32,185	2,682	89	59	0	0	0	0	0	0	0	3.30%
34,545	2,879	100	68	42	0	0	0	0	0	0	3.46%
36,905	3,075	111	78	50	0	0	0	0	0	0	3.62%
39,265	3,272	124	89	59	0	0	0	0	0	0	3.78%
41,625	3,469	137	100	68	42	0	0	0	0	0	3.94%
43,985	3,665	150	111	78	50	0	0	0	0	0	4.10%
46,345	3,862	165	124	89	59	0	0	0	0	0	4.26%
48,705	4,059	179	137	100	68	42	0	0	0	0	4.42%
51,065	4,255	195	150	111	78	50	0	0	0	0	4.58%
53,425	4,452	211	165	124	89	59	0	0	0	0	4.74%
55,785	4,649	228	179	137	100	68	42	0	0	0	4.90%
58,145	4,845	245	195	150	111	78	50	0	0	0	5.06%
60,505	5,042	263	211	165	124	89	59	0	0	0	5.22%
62,865	5,239	282	228	179	137	100	68	42	0	0	5.38%
65,225	5,435	301	245	195	150	111	78	50	0	0	5.54%
67,585	5,632	321	263	211	165	124	89	59	0	0	5.70%
69,945	5,829	342	282	228	179	137	100	68	42	0	5.86%
72,305	6,025	363	301	245	195	150	111	78	50	0	6.02%
74,665	6,222	385	321	263	211	165	124	89	59	0	6.18%
77,025	6,419	407	342	282	228	179	137	100	68	42	6.34%
79,385	6,615	430	363	301	245	195	150	111	78	50	6.50%
81,745	6,812	454	385	321	263	211	165	124	89	59	6.66%
84,105	7,009	478	407	342	282	228	179	137	100	68	6.82%
86,465	7,205	503	430	363	301	245	195	150	111	78	6.98%
88,825	7,402	529	454	385	321	263	211	165	124	89	7.14%
91,185	7,599	555	478	407	342	282	228	179	137	100	7.30%
93,545	7,795	582	503	430	363	301	245	195	150	111	7.46%
95,905	7,992	609	529	454	385	321	263	211	165	124	7.62%
98,265	8,189	637	555	478	407	342	282	228	179	137	7.78%
100,625	8,385	666	582	503	430	363	301	245	195	150	7.94%
102,985	8,582	695	609	529	454	385	321	263	211	165	8.10%
105,345	8,779	725	637	555	478	407	342	282	228	179	8.26%
107,705	8,975	756	666	582	503	430	363	301	245	195	8.42%
110,065	9,172	787	695	609	529	454	385	321	263	211	8.58%
112,425	9,369	819	725	637	555	478	407	342	282	228	8.74%
114,785	9,565	851	756	666	582	503	430	363	301	245	8.90%
117,145	9,762	884	787	695	609	529	454	385	321	263	9.06%
119,505	9,959	918	819	725	637	555	478	407	342	282	9.22%
121,865	10,155	953	851	756	666	582	503	430	363	301	9.38%
124,225	10,352	988	884	787	695	609	529	454	385	321	9.54%
126,585	10,549	1,023	918	819	725	637	555	478	407	342	9.70%
128,945	10,745	1,059	953	851	756	666	582	503	430	363	9.86%
131,305	10,942	1,096	988	884	787	695	609	529	454	385	10.02%
133,665	11,139	1,134	1,023	918	819	725	637	555	478	407	10.18%
136,025	11,335	1,172	1,059	953	851	756	666	582	503	430	10.34%
138,385	11,532	1,211	1,096	988	884	787	695	609	529	454	10.50%
140,745	11,729	1,250	1,134	1,023	918	819	725	637	555	478	10.66%
143,105	11,925	1,290	1,172	1,059	953	851	756	666	582	503	10.82%
145,465	12,122	1,331	1,211	1,096	988	884	787	695	609	529	10.98%
147,825	12,319	1,372	1,250	1,134	1,023	918	819	725	637	555	11.14%