GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor

Frank W. Berry, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

PUBLIC NOTICE OF PROPOSED RULE CHANGES

Pursuant to the Georgia Administrative Procedures Act, Official Code of Georgia (O.C.G.A.) § 50-13-1, et seq., the Georgia Department of Community Health is required to provide public notice of its intent to adopt, amend, or repeal certain rules other than interpretative rules or general statements of policy. Accordingly, the Department hereby provides notice of its intent to transfer and repeal the **Rules and Regulations for Hospital Care for the Indigent, Rules & Regs., R. 290-5-5 to new Chapter 111-3-12.** These changes are being proposed pursuant to the authority granted to the Department in O.C.G.A. §§ 33-21A-12 and 49-4-1. An exact copy of the revised rules and a synopsis of the revisions are attached to this public notice.

NOTICE OF EXTENDED DEADLINE FOR WRITTEN PUBLIC COMMENTS

The original deadline to submit written comments was September 18, 2020. However, after discovering an error with the previous email address, the new deadline to submit written comments is now on or before September 25, 2020.

Due to reduced physical staffing at the 2 Peachtree St. location in an attempt to limit the amount of exposure to COVID-19, DCH encourages written public comments submitted in accordance with O.C.G.A. 50-13-4(a)(2) to be submitted via e-mail to the following corrected e-mail address: **Public.Comment@dch.ga.gov**. If any issues arise, please contact the Office of General Counsel at (404) 657-7195.

Any comments not able to be submitted via e-mail may be submitted via regular mail to the following address:

Attention: Mary Peterkin
Office of General Counsel
Georgia Department of Community Health
2 Peachtree Street, NW, 40th Floor
Atlanta, GA 30303

Comments from written and public testimony will be provided to the Board of Community Health prior to October 8, 2020. The Board will vote on the proposed changes on October 8, 2020.

NOTICE IS HEREBY GIVEN THIS 21st DAY OF SEPTEMBER, 2020

Frank W. Berry, Commissioner

RULES OF
GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAL ASSISTANCE DIVISION

CHAPTER 111-3-12

RULES AND REGULATIONS FOR HOSPITAL CARE FOR THE INDIGENT

SYNOPSIS OF REVISED RULES

STATEMENT OF PURPOSE:

The Department of Community Health proposes to repeal the Rules and Regulations for Hospital Care for the Indigent under Chapter 290-5-5 and publish amended Hospital Care for the Indigent Rules under Chapter 111-3-12. This change is necessary to reflect that the Hospital Care for the Indigent is subject to regulation by the Department of Community Health rather than the Department of Human Resources, which has since been renamed as the Department of Human Services. These rules are being proposed pursuant to the authority granted to the Department of Community Health in O.C.G.A. §§ 31-2-4, 31-2-5, and 31-8-1 *et seq*.

MAIN FEATURES OF THE PROPOSED RULE:

The proposed Rules and Regulations for Hospital Care for the Indigent, Chapter 111-3-12, update the existing rules by replacing the Chapter number, replacing the name of the Department, and correcting rule numbering and grammatical errors. The proposed Rules and Regulations for Hospital Care for the Indigent, Chapter 111-3-12, do not change any substantive provisions of the existing rule.

RULES OF
GEORGIA DEPARTMENT OF ~~HUMAN SERVICES~~ COMMUNITY HEALTH
DIVISION OF ~~PUBLIC HEALTH~~ MEDICAL ASSISTANCE

CHAPTER ~~290-5-5~~ 111-3-12

RULES AND REGULATIONS FOR HOSPITAL CARE FOR THE INDIGENT

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Rule ~~290-5-5~~ 111-3-12-.01 Authority

(1) Act No. 397, Georgia Laws 1957, contains legislative authority for the creation of a "Hospital Care for the Indigent" program. The purpose of the program is "to assist counties in the purchase of hospital care for persons who are ill or injured, and who can be helped by treatment in a hospital, and who are financially unable to meet the full cost of hospital care from their own resources or from the resources of those upon whom they are legally dependent."

(2) This program is a State-County jointly financed and administered approach to providing hospital care for the medically indigent. However, participation in the program is voluntary with each county. The program will support the preservation of the professional freedom of physicians and the local control of hospitals. Furthermore, local program administration will be encouraged.

(3) Generally speaking, payment for hospital care is the responsibility of the individual and the local community. It is the intent of this program to supplement local action. Accordingly, the program should not be construed as replacing Federal, State, or local programs for the indigent. It is a basic program objective to provide financial means for the payment of hospital care for indigent patients who are hospitalized outside of their respective county or residency.

(4) The "Hospital Care for the Indigent" Program has been developed in close liaison with the Medical Association of Georgia, the Georgia Association of County Commissioners, the Georgia Association of Hospital Governing Boards, and the Georgia Hospital Association. Each of these organizations have representation on the Hospital Care Advisory Council.

(5) The Legislature delegated the administration of the program to the ~~State Board of Health~~ Department of Community Health. ~~The Act authorizes the State Board of Health, after consultation with the Hospital Care Council, to adopt and promulgate such rules and regulations as may be necessary for the proper administration of the program.~~ The purpose of this program is to assist counties in the purchase of hospital care for persons who are ill or injured and who can be helped by treatment in a hospital but are financially unable to meet the full cost of hospital care from their own resources or from the resources of those upon whom they are legally dependent.

Authority: Ga. L. 1933, p. 7., O.C.G.A. § 31-8-1 (2009)

Rule ~~290-5-5~~ 111-3-12-.02 Method for County Participation in the Program

(1) Procedure for County Participation:

(a) For a county to initiate participation in the Program, the governing authority of such county, by formal resolution or by contract agreement, must satisfy the provisions of ~~290-5-5~~ 111-3-12-.02(2).

(b) For continued participation in the Program, the county must comply with the Rules and Regulations governing the administration of the Program, and the governing authority of the county annually must adopt a renewal resolution or renew its contract agreement. The annual resolution or contract must satisfy the provisions of ~~290-5-5~~ 111-3-12-.02(2) and the required document must be filed with the Georgia Department of ~~Public Health~~ Community Health on or before the first day of April to assure participation for the entire ensuing fiscal year.

(c) The Georgia Department of ~~Public Health~~ Community Health shall make the determination, on a uniform state-wide basis, or whether a formal resolution, a contract agreement, or both shall be submitted by the county for participation in the Program.

(2) Requirements Regarding the Resolution or the Contract:

(a) The resolution or contract must declare the desire of the County to participate in the Program.

(b) The resolution or contract must certify that the County has approved a local budget providing funds necessary for participation in the Program. The amount of this local budget shall be specified in the resolution or contract. (See ~~290-5-5~~ 111-3-12-.02(3) for comments on "Determining the Local Budget.")

(c) The resolution or the contract must indicate that the County has designated the County Board of Health as the local administrative agency or that the County has so designated an

agency acceptable to both the governing authority of the county and the Georgia Department of ~~Public Health~~ Community Health.

(d) The resolution or contract must state that the County agrees to pay, within the limitations of the Program budget, for authorized or emergency out-of-county hospital care rendered to county residents who are properly certified as indigent or medically indigent.

(e) The resolution or contract should indicate that both the local medical society and the local hospital authority, if such exist, favor participation by the county in the Program.

(f) The resolution or contract must declare that the County will comply with the Rules and Regulations of the Program as promulgated by the ~~State Board of Health~~ Department of Community Health.

(3) Determining the Local Budget:

(a) The amount of local funds budgeted for the Program shall be determined by the governing authority of the county; however, such local budget should match available State funds except where a lesser amount is reasonably related to Program needs.

(b) The availability of State funds does not reduce local responsibility regarding hospital care, and it should not be used to justify termination of existing agreements with hospitals regarding the financing of operating deficits.

(c) The amount of State funds budgeted under the Program to each county shall be determined by the Georgia Department of ~~Public Health~~ Community Health on the basis of available State funds, the matching formula, and the available county funds.

(4) Effective Date of Participation. A County may request participation in the Program at any time; however, after the first year of the Program, the actual commencement of Program participation, as evidenced by an allotment of State funds, shall be only on July 1 or January 1.

(5) A County may request the Georgia Department of ~~Public Health~~ Community Health to approve a revised resolution or contract prior

to the expiration of a previously filed document for a given year. Decisions regarding such requests will be based on the circumstances and facts as submitted in each instance.

Authority: Ga. L. 1933, p. 7; O.C.G.A. § 31-8-1 et seq.

Rule ~~290-5-5~~ 111-3-12-.03 Method of Allotment and Matching of State Funds

(1) Calculating the Allotment of State Funds:

(a) Within the one dollar ($1.00) per capita legal limitation, State funds shall be allotted to each participating county according to two factors: population and median income.

1. The population shall be the latest official decennial population count of the U.S. Census Bureau, adjusted to exclude military personnel and wards of State institutions.

2. The median income, which is an index of relative economic ability, shall be obtained from the most recent "Characteristics of Population" for Georgia as prepared by the U. S. Census Bureau in connection with its official decennial population count.

(b) In calculating the county allotment, the following statistical procedure shall be used:

1. One thousand (1,000) divided by each county's median income to obtain the reciprocal weighting value.

2. Each county's population multiplied by the county's reciprocal weighting value to obtain county's weighted population.

3. The appropriation (or State funds available) divided by the sum of weighted population of all counties to obtain per capita allotment.

4. Per capita allotment multiplied by each county's weighted population to obtain each county's allotment.

(c) The above procedure shall be used in the initial allocation of State funds during a year, in the reallocation of any

unexpended or unallotted funds, and in the allocation of any additional funds which may become available during a year.

(2) Matching Formula:

(a) All State funds allocated to a County, through an agreed joint participating budget, must be matched by local funds according to the matching formula.

(b) The matching formula for each county shall be determined by the following table:

1950 Population of County	State Share	Local Share
5,000 and under	75%	25%
5,001 - 10,000	65%	35%
10,001 - 20,000	55%	45%
20,001 - 50,000	50%	50%
50,001 - 100,000	40%	60%
Over 100,000	30%	70%

(3) Method of Payment:

(a) Each Participating County must establish a "Hospital Care for the Indigent" Fund which shall consist of the local share of the approved joint budget.

(b) The Georgia Department of ~~Public Health~~ Community Health shall establish a State "Hospital Care for the Indigent" Fund which shall consist of all State funds available to the Program.

(c) The method of payment shall be to hospitals on an individual patient basis according to a dual payment procedure. Under this method, the County shall pay the hospital for the local share of authorized hospitalization and the Georgia Department of ~~Public Health~~ Community Health shall pay the hospital for the State share of authorized hospitalization.

(d) Disbursement to a hospital from the Georgia Department of ~~Public Health~~ Community Health will be made only on proper local certification and after the County has paid the local share

of the request for payment as submitted by the Participating Hospital.

(e) The official per diem rate shall be used by each Participating County when authorizing hospital care under the Program and the local share of such rate shall be the basis for county payment under the Program.

(f) The County is primarily responsible for obligations authorized by its certifications and the Georgia Department of ~~Public Health~~ Community Health will assist only to the extent of State funds allocated to that county.

Authority: Ga. L. 1933, p. 7; O.C.G.A. § 31-8-1 et seq.

Rule ~~290-5-5~~ 111-3-12-.04 Method of Local Administration

(1) Supervision of Local Program:

(a) The governing authority of the county shall have the following Program role:

1. to determine whether the Program should be activated in the county and to establish the local budget needed;

2. to review and to adopt the County Program Plan;

3. to make an annual review of Program performance and to determine whether the Program is to be continued in its county.

(b) The County Board of Health shall have the following Program role:

1. to bear responsibility for the proper administration of the Program in its county;

2. to develop or supervise the development of a County Program Plan;

3. to adopt local policies necessary to Program administration;

4. to delegate administrative Program functions as it deems desirable.

(c) The County Board of Health, except as indicated in paragraph (a) above shall represent the county in official negotiations with the Division of Hospital Services, Georgia Department of ~~Public Health~~ Community Health.

(2) County Program Plan:

(a) Annually, the County Board of Health shall prepare a County Program Plan which contains the following elements:

1. a selection of hospitals to be used by the County in accordance with ~~290-5-5~~ 111-3-12-.04(3);

2. resolutions from the medical staff and the governing board of each selected hospital stating acceptance of participation in the local Program;

3. a policy or standard for determining indigency and medical indigency in accordance with ~~290-5-5~~ 111-3-12-.05;

4. a policy or method for determining the need for hospitalization in accordance with ~~290-5-5~~ 111-3-12-.06;

5. a policy or method relating to out-of-county hospital care in accordance with ~~290-5-5~~ 111-3-12-.06(3);

6. a method or procedure for the payment of funds in accordance with ~~290-5-5~~ 111-3-12-.03(3);

7. a statement defining the area of responsibility for any agency to which the county has delegated administrative Program responsibility in accordance with ~~290-5-5~~ 111-3-12-.04(4).

(b) The County Program Plan shall be prepared so as to provide a logically interrelated set of policies for the local Program.

(c) The County Program Plan shall be submitted for review and approval to the governing authority of the county and to the Georgia Department of ~~Public Health~~ Community Health.

(3) Selection of Participating Hospitals:

(a) The County Program Plan shall contain the selection of a reasonable number of Participating Hospitals so that geographic Program Coverage will conform, in General, with the pattern of medical care for the area.

(b) In the selection of Participating Hospitals to be used by the local Program, consideration should be given to the probable needs of individual patients, the necessity for referrals between hospitals, the geographic convenience of patients, and the desires of local practicing physicians.

(c) To the fullest degree consistent with sound local Program management, the local selection of Participating Hospitals should be limited to general hospitals providing medical and surgical services.

(d) The Eugene Talmadge Memorial Hospital shall not be selected for inclusion in any County Program Plan; however, emergency or highly specialized hospital care may be authorized at this hospital.

(e) In an emergency wherein the medical condition of the patient prevents utilization of a selected participating hospital, hospitalization may be authorized in any Participating Hospital without reference to the County Program Plan.

(f) The county may amend its selection of Participating Hospitals by written notice to the Georgia Department of ~~Public Health~~ Community Health.

(4) Local Program Administration:

(a) The County Board of Health shall have authority to administer the local Program, including the following areas:

1. to make the necessary investigation for the final determination of indigency and medical indigency;

2. to make the final determination of the need for hospitalization;

3. to authorize and to approve payments for hospital care;

4. to maintain Program records and to prepare reports of its activities;

5. to properly account for funds made available to the local Program;

6. to maintain liaison with public and private agencies interested in the Program.

(b) The County Board of Health may delegate definable aspects of local Program administration to a governmental official, an agency, or an organization which perform a public and necessary governmental function. Any delegation must be on an annual basis and does not relieve the County Board of Health of its total Program responsibility.

(c) The County Board of Health, at its option, may elect to establish a Screening Committee to advise in local program administration.

1. The Act specifies that a Screening Committee, created by a County, should be delegated the function of making determinations and certifications relative to the indigency of persons applying for assistance under this Program.

2. Such a Screening Committee should consist of three responsible and public-minded local citizens. At least one member of a Screening Committee must be designated by the local medical society.

Authority: Ga. L. 1933, p. 7; O.C.G.A. § 31-8-1 et seq.

Rule ~~290-5-5~~ 111-3-12-.05 Criteria for Determining Indigency

(1) General Statement on Determining Financial Eligibility:

(a) The ~~State Board of Health~~ Department of Community Health desires that each county have as much freedom as possible in determining the eligibility of its residents under the provisions of this Program.

(b) Recognizing the differences in the socio-economic level of the several counties, there shall be no rigid state-wide formula devised for determining indigency and medical indigency.

(2) A Local Policy or Standard Required:

(a) The County Board of Health shall develop a policy or standard which shall be used in determining indigency and medical indigency under the Program for the residents of that county.

(b) The local policy or standard shall be established in such a manner as to satisfy the following provisions:

1. It must contain reasonable assurance of a uniform basis of review for all requests for financial assistance under the Program for residents of that county.

2. It must contain specified standards of eligibility relative to family income, family assets, hospitalization insurance, and number of dependents.

3. It must contain a procedure which requires and specifies an inventory of economic resources on persons for whom assistance is requested.

4. It must recognize the need for a higher priority in those instances where an indigent or medically indigent resident is hospitalized outside of the county.

(3) Investigation of Individual Applicants:

(a) There shall be an investigation or review of the economic condition of each applicant to determine eligibility.

(b) Each applicant shall be required to certify that he is unable to pay for the full cost of hospital care as deemed necessary by a physician.

(c) Each applicant, from family resources or hospitalization insurance, shall be required to pay as large a share as possible of the cost of his hospitalization.

(4) Payment from Other Sources:

(a) For days of hospitalization authorized under the Program, there may be a supplemental county payment above the amount based on the official per diem rate, provided such action is based upon a contract agreement between the hospital and the governing authority of the county. There shall be no State participation in a supplemental county payment.

(b) When payment is made or expected to be made to the hospital on behalf of the patient from hospitalization insurance or family resources, the amounts so collected by or due to the hospital shall be deducted from that sum which would otherwise be payable to the hospital under the Program, except as stated in ~~290-5-5~~ 111-3-12-.05(4)(c).

(c) When the patient's stay in the hospital is greater than the days of hospitalization authorized under the Program, payment to the hospital from hospitalization insurance or family resources may be applied, according to the hospital's normal business practice, to those days of hospital care not authorized under the Program.

(d) After payment has been made for days of hospital care not authorized under the Program, any balance of hospitalization insurance or family resources shall be applied to days of authorized hospital care in accordance with ~~290-5-5~~ 111-3-12-.05(4)(b).

Authority: Ga. L. 1933, p. 7.; O.C.G.A. § 31-8-1 et seq.

Rule ~~290-5-5~~ 111-3-12-.06 Criteria for Hospitalization

(1) Certification of Hospital Care:

(a) This Program shall provide essential hospitalization for the acutely ill or injured who are eligible otherwise under Program requirements and who are certified by the county of residency.

(b) Each Participating County has the option of including or excluding normal obstetrics as eligible under the Program.

(c) A standard application form shall be required for all patients who receive services under the Program.

(d) All applications for hospitalization under the Program must be initiated by a physician.

(e) Hospitalization under the Program for any one patient shall not exceed thirty days in any twelve-month period.

(f) The applicant's attending physician, in recommending hospitalization shall certify the following:

1. That the applicant is acutely ill or injured;

2. That in his professional judgment intensive care normally provided by a hospital is required;

3. That there is likelihood of substantial benefit from hospitalization;

4. That he has reason to believe that the applicant is indigent;

5. That he has reason to believe the applicant is NOT eligible for care under any other program.

(g) The applicant's attending physician in recommending hospitalization shall indicate, to the best of his judgment, the number of days of hospitalization required and the hospital providing the type of care needed by the applicant.

(h) The County Board of Health, or its authorized agent, shall make the final decision on the following matters:

1. Selection of the Hospital to be used by the applicant.

2. The number of hospitalization days which will be authorized.

(i) The County Board of Health, or its authorized agent, shall promptly notify the Georgia Department of ~~Public Health~~ Community Health regarding all hospital care authorized under the Program.

(2) Relationship with Other Medical Care Programs:

(a) The Program shall not be construed as replacing existing Federal, State or local hospital and medical care programs for the indigent but may supplement such programs.

(b) The Program may supplement other Federal or State programs in the following manner:

1. On proper local certification, a person who is acutely ill or injured may receive hospital care under the Program even though the person is currently eligible for or receiving care under another program for a different type of disability or illness.

2. After exhausting eligibility under another program and on proper local certification, a person who is acutely ill or injured may receive hospital care under the Program for an acute illness or injury normally cared for under the program of prior sponsorship.

3. On proper local certification, persons with diagnosed tuberculosis, who because of the critical degree of their condition cannot be safely transported to Battey State Hospital may be temporarily hospitalized under provisions of the Program.

(c) When a person receives hospitalization under both this Program and another program, the authorization under this Program shall be prepared in such a manner as to avoid an overlapping payment for hospital care received.

(3) Out-of-County Hospital Care:

(a) There shall be free movement of patients and funds between counties so that the location of hospital care may become a medical determination and that payment for such hospital care may become void of artificial barriers.

(b) Out-of-county hospital care may be a medical referral in which the patient goes from the county of residence to an out-of-county hospital after it is determined that care is needed. In this instance, the county of residency shall determine both the need for hospitalization and whether the person is eligible as indigent or as medically indigent.

(c) Out-of-county hospital care may be an emergency wherein neither the patient nor his physician would have advanced plans regarding hospitalization. In this instance, the medical staff of the hospital shall determine the need for hospitalization relating to the emergency condition, and the county of residency shall determine whether the person is eligible as indigent or medically indigent.

(d) In emergency cases, the hospital and the attending physician shall complete the appropriate parts of the application form, and such application shall be received by the patient's county of residency within five days after admission of the patient. In such instances, the hospital shall indicate its approved per diem rate when transmitting the application.

(e) In the event there is an absence of negotiations between the parties concerned regarding the financial aspect of out-of-county hospital care, the Georgia Department of ~~Public Health~~ Community Health may earmark and reserve that sum of State funds which it deems advisable for the purpose of payment for out-of-county hospital care.

Authority: Ga. L. 1933, p. 7; O.C.G.A. § 31-8-1 et seq.

Rule ~~290-5-5~~ 111-3-12-.07 Method for Approval of Participating Hospitals

(1) Procedure for Becoming a Participating Hospital:

(a) Prerequisite to any hospital becoming a Participating Hospital under the Program, the governing authority of the hospital must elect to participate in the Program.

(b) In expressing the desire of the hospital to participate in the Program, a responsible officer of the hospital shall complete a standard application form and shall submit such application to the Georgia Department of ~~Public Health~~ Community Health.

(c) A hospital once approved will continue as a Participating Hospital until it voluntarily withdraws or its approval is revoked.

(2) Requirements for Becoming a Participating Hospital:

(a) To be eligible to participate in the Program, a hospital must have a physician as chief of staff and must have been issued a current licensure permit, either annual or provisional, under authority of the Georgia Hospital Regulations Act No. 623, Georgia Laws, 1946.

(b) Any hospital electing to participate in the Program must select one of the two following methods of payment for hospital care that it renders:

1. A calculated per diem related to the non-profit basic cost;

2. A fixed sum not to exceed ten dollars ($10.00) per patient-day of care.

(c) Any hospital selecting method (b) 1. above must submit appropriate accounting data necessary to substantiate a "non-profit basic cost".

(3) Lists of Participating Hospitals. The Georgia Department of ~~Public Health~~ Community Health shall maintain a roster of hospitals participating in the Program and shall furnish a list of such hospitals to each County Board of Health annually or more frequently if justified by the volume of changes.

(4) Discontinuance as a Participating Hospital:

(a) A participating Hospital has the right to withdraw from the Program at any time, after proper notice of this intent to the Georgia Department of ~~Public Health~~ Community Health, provided that the rights of patients are not jeopardized.

(b) Should a Participating Hospital, at some future date, fail to comply with the Act and the Regulations thereunder, the Georgia Department of ~~Public Health~~ Community Health shall remove the hospital from the roster of participating hospitals and shall advise the hospital concerned and the County Board of Health in each participating county that the hospital is no longer a Participating Hospital under the Program.

(5) Calculating the Per Diem Rate:

(a) The non-profit basic cost shall be determined from an analysis of the hospital's financial records and reports, and all submitted cost statements must bear the certification of a qualified auditor who is not an employee of the hospital.

(b) The Georgia Department of ~~Public Health~~ Community Health shall establish for each Participating Hospital an official per diem rate, which shall be an established percentage of the non-profit basic cost.

(c) The method of calculation of the official per diem rate for this Program shall be in harmony with the policies of other medical care programs under the sponsorship of the State of Georgia.

(d) By electing the calculated per diem method, the hospital grants to the Georgia Department of ~~Public Health~~ Community Health the right to audit its financial records and the right to inform counties of its per diem rate.

(e) For any Participating Hospital, the official per diem rate shall not exceed the average patient-day income for the hospital.

Authority: Ga. L. 1933, p. 7; O.C.G.A. § 31-8-1 et seq.

Rule ~~290-5-5~~ 111-3-12-.08 General Provisions

(1) Definition of Terms. The following words, terms, or phrases when used in these Rules and Regulations, shall have the meaning ascribed to them in this section, except when the context clearly indicates a different meaning:

(a) "Program" means the Hospital Care for the Indigent Program, established by Act No. 397, Georgia Laws, 1957;

(b) "Physician" means a doctor of medicine duly licensed to practice medicine in Georgia in accordance with Section 84-901, et seq., Georgia Code Annotated.

(c) "Indigent Person" or "indigent" means any person who is ill or injured and who from his own resources or from resources of those upon whom he is legally dependent is financially unable to meet the full cost of hospital care as prescribed or ordered by a physician.

(d) "financially unable" means an economic status in which a person, who because of his level of income, property, or intrafamily assistance, is not able to pay for the cost of needed hospital care without depriving himself or his dependents of necessary food, shelter, clothing, and the other minimum necessities of life within specified limits of an economic inventory.

(e) "full cost" means the total cost of an entire period of hospitalization wherein the ill or injured person is or becomes indigent in reference to a portion of the hospital cost.

(f) "hospital care needed" means the hospital care as prescribed or ordered by a physician.

(g) "resident" means any person who is in the county for other than temporary or transitory purposes and who has lived continuously in Georgia for a period of not less than six months. The six months residency requirement may be waived when a physician certifies that the illness or injury constitutes an emergency which requires immediate hospital care.

(h) "Applicant" means a resident indigent ill or injured person who makes applications for service under this Program, according to prescribed rules and regulations.

(i) "ill or injured" means indisposed for a medical reason which requires, in the professional judgment of a physician, intensive care normally provided by a hospital, and there is a likelihood of material benefit from hospitalization.

(j) "Participating County" means a county, the governing authority of which by appropriate action has agreed to participate in the Program, has adopted the rules and regulations set forth for the administration of the Program, and is current with its prorated share of funds necessary for the hospital care of county residents.

(k) "County" means the governing or taxing authority of a county.

(l) "Participating Hospital," "Participating Hospitals," or "participating hospital" means hospitals that have agreed to cooperate with the Program and have been certified as eligible according to the eligibility criteria set forth in the Rules and Regulations.

(m) "County Board of Health" means a County Board of Health created under and by virtue of an Act of the General Assembly of Georgia (Acts of 1914, page 124-125 as amended) codified as Section 88-201 et. seq., Georgia Code Annotated; or the agency designated under the provision of ~~290-5-5~~ 111-3-12-.02(c) of these Rules and Regulations.

(2) Appeal Procedure:

(a) An applicant, a physician, or a Participating Hospital may appeal to the County Board of Health wherein the applicant resides, if the application is not acted upon within a reasonable length of time or if the application is denied, in whole or in part, by seemingly arbitrary action.

(b) The governing authority of the county, the Count Board of Health, a Participating Hospital, or the local medical society have the right to appeal by a written request and to be granted a fair hearing by the Georgia Department of Public Health on administrative matters pertaining to local policies, procedures, or methods.

(c) The governing authority of a Participating County, or the County Board of Health have the right to ap peal by a written request and to be granted a fair hearing by the State Board of Health relative to administrative procedures and decisions of the Georgia Department of ~~Public Health~~ Community Health.

(3) Revision of Rules and Regulations. Within the framework and intent of the Act, these Rules and Regulations may be revised or modified from time to time by the ~~State Board of Health~~ Department of Community Health after consultation with the Hospital Care Advisory Council.

Authority: Ga. L. 1933, p. 7; O.C.G.A. § 31-8-1 et seq.

Rule ~~290-5-5~~ 111-3-12-.09 Appendix

Act No.397

Georgia Laws 1957

AN ACT

To provide additional powers and duties to be vested in the State Board of Health in order to promote and preserve the life and health of the people of the State through a program for the hospital care of the indigent; to provide assistance to the several counties of the State in purchasing hospital care for citizens thereof who are in need of and are financially unable to provide such care for themselves; to appropriate funds to be used to match and supplement local, federal or other funds made available for this purpose; to provide for the administration of the Act by the State Board of Health; to authorize the appointment of a Hospital Care Council by the Governor to advise and assist in the development of rules, regulations and standards necessary and proper to the implementation and administration of this Act; to repeal conflicting laws, and for other purposes.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

SECTION 1.

In order to promote and preserve the public health there is hereby established a "Hospital Care for the Indigent" program to be administered by the State Board of Health. The purpose of this program is to assist counties in the purchase of hospital care for persons who are ill or injured, and who can be helped by treatment in a hospital, and

who are financially unable to meet the full cost of hospital care from their own resources or from the resources of those upon whom they are legally dependent. The purchase of such hospital care shall be limited to the non-profit basic cost of hospital care needed for the treatment of the ill or injured, as deemed necessary and ordered by the physician in charge of the case in accordance with the provisions of this Act and the rules, regulations and standards adopted and promulgated by the Board hereunder.

SECTION 2.

The following words, terms and phrases, when used in this Act shall have the following meaning ascribed to them in this section, except when the context clearly indicates a different meaning:

a. Board-The State Board of Health;

b. Program-The "Hospital Care for the Indigent" program;

c. Participating Hospital-A publicly or privately owned hospital holding a valid permit issued pursuant to Section 99-1707, Georgia Code Annotated, and having a physician as chief of staff and provided further that the governing authority of the hospital elects to participate in the program in accordance with the provisions of this Act;

d. Physician-A doctor of medicine duly licensed to practice medicine in Georgia in accordance with Sections 84-901, et seq., Georgia Code Annotated;

e. Indigent Person-Any person who is ill or injured and who from his own resources or from the resources of those upon whom he is legally dependent is financially unable to meet the full cost of hospital care as prescribed or ordered by a physician;

f. Resident-Any person who is in the State of Georgia for other than temporary or transitory purposes and who has lived continuously in this State for a period of not less than six (6) months;

g. Participating County-A county, the governing authority of which, by appropriate action, has agreed to participate in the program and is current with its prorata share of funds necessary for the hospital care for its ill or injured indigent as herein defined and in accordance with the provisions of this Act.

SECTION 3.

Until such time as a specific appropriation may be made to the State Board of Health for the purpose of carrying out the provisions of this Act, the Budget Bureau is hereby authorized to make an allotment to the Board in such amounts as the bureau may deem necessary and proper for such purpose in accordance with the provisions of section 40-408 of the Georgia Code of 1933.

SECTION 4.

State funds appropriated to the board for the purpose of carrying out the provisions of this Act shall be expended by the board or its duly authorized agent so as to provide for the administration of this Act as it deems necessary and proper and to assist counties in providing hospital care for indigent residents. The board shall establish a graduated matching formula for the disbursement of State funds to assist counties as provided herein; provided the State share of any participating county budget shall not exceed one dollar ($1.00) per capita based on the latest official decennial population count of the United States Census Bureau. The board may establish an amount of State funds of the total State and county participating budget to provide hospital care for indigent resident patients who may be hospitalized outside of the county of residency; provided, however, that any unexpected State funds budgeted to provide hospital care for the indigent resident patient who may be hospitalized outside the county of residency may be reallocated by the board according to the matching formula.

SECTION 5.

After the effective date of this Act the governing authority of the participating county shall on or before the first day of April of each year submit to the Board a Hospital Care for the Indigent budget containing an estimate and supporting data setting forth the amount of moneys needed to provide hospital care for the indigent residents for said county.

SECTION 6.

Upon certification, approved by the board, any participating county may receive credit for direct expenditures made during the period covered by the budget by the county to a hospital or hospitals when such expenditures can be shown to have been made for the care of indigent residents as herein defined.

SECTION 7.

The board, after consultation with the Hospital Care Council, shall adopt and promulgate such rules and regulations as it deems necessary to carry out the provisions of this Act.

SECTION 8.

A person to qualify for assistance under this program must be an indigent resident of this State and hospital care is not available to the person under any other program. The six (6) months residency requirement may be waived; provided a physician certifies that the illness or injury constitutes an emergency which requires immediate hospital care.

SECTION 9.

To qualify a county for assistance under this program the governing authority of said county shall have certified that:

a. The county elects to participate in the program;

b. A local budget providing the funds required by the graduated matching formula has been approved;

c. A local administrative agency or officer has been appointed;

d. A screening committee or agency has been appointed to make determinations and certifications relative indigency of persons applying for assistance as provided for in this Act.

SECTION 10.

The board is authorized and empowered to enter into agreements with other State Departments, boards and agencies of the United States Government, local governmental agencies, and voluntary organizations to obtain funds for hospital care that may be available for needy persons and the board is authorized to receive and administer any funds available by such agreements in conformity with the provisions of this Act; provided, that the authority granted in this Act shall not prevent the State Department of Public Welfare from complying with the provisions of a Social Security Act Governing Medical Care (U.S.C.A. 14-701, et seq.).

SECTION 11.

The board is authorized and empowered to accept and expand any and all gifts and donations that may be made available to said board for purposes of this Act.

SECTION 12.

There shall be established a Hospital Care Council, the members of which shall be appointed by the Governor. The council shall advise with the board relative to policies, procedures and standards to be embodied in rules and regulations adopted and promulgated by the board. The membership of the council shall consist of two (2) county commissioners appointed from nominations made by the Association of County Commissioners of Georgia; two (2) hospital trustees appointed from nominations made by the Association of Hospital Governing Boards; two (2) physicians appointed from nominations made by the Medical Association of Georgia; two (2) hospital administrators appointed from nominations made by the Georgia Hospital Association; and three (3) citizens, not members of any of the foregoing groups, appointed by the Governor and representing the State at large, the Director of the State Department of Public Health, ex officio; and the Director of the State Department of Public Welfare, ex officio. Appointments made by the Governor as provided for above shall be from lists of nominees furnished by the Associations herein named and such lists shall contain two nominees for each appointment to be made. If any of the above named Associations ceases to function then the Governor shall make appointments for the association. When the appointments are first made one member from each of the associations shall be appointed for a term of two (2) years and one (1) member from each association shall be appointed for a term of four (4) years, and of the three members representing the State at large, one (1) shall be appointed for a term of two (2) years, one (1) for a term of three (3) years, and one (1) for a term of four (4) years. After the expiration of the first appointments all appointments shall be made for a period of four (4) years. The term of any ex officio member shall expire with his term of office and his successor in office shall succeed him as a member of the council. An ex officio member may designate a deputy to serve in his place as a member of the council. Such deputy member shall be subject to the same duties and responsibilities as would be imposed upon the ex officio member. Vacancies in the membership of said council shall be filled in the same manner as the original appointments. The council shall select one of its members to serve as chairman and one of its membership to serve as vice chairman. The council shall meet at the call of the chairman or upon written request of any seven (7) members and seven (7) members shall constitute a quorum for the transaction of business. The council is authorized to adopt such by-laws, rules and regulations as it may deem necessary for the proper conduct

of its proceedings in the carrying out of its duties. The Director of the State Department of Public Health shall furnish the necessary clerical assistance from among employees of the Department of Public Health as may be required by the council.

SECTION 13.

The ex officio members of the Hospital Care Council shall be paid actual and necessary travel and other expenses incurred in carrying out the functions and duties of the Council and all other members shall receive twenty dollars ($20.00) per day for each day they are engaged in their duties as members of the council, in lieu of their personal expense incurred thereby, and shall receive mileage, at the rate provided by law, to and from the place of meeting by the nearest practical route for their respective homes. All such expenses, shall be paid from the funds appropriated to the Department of Public Health. Members of the council shall receive no emoluments or compensation for their services as such members.

SECTION 14.

This Act shall not be construed as replacing Federal, State or local programs for the indigent but may supplement such programs for hospital care of the indigent.

SECTION 15.

Any person knowingly obtaining or attempting to obtain, or who aids or abets any other person to obtain or attempt to obtain by means of a willfully false statement or representation or impersonation, or other fraudulent device, any benefits provided by this Act, to which he is not lawfully entitled shall be deemed guilty of a misdemeanor and upon conviction thereof shall be punished as provided by law.

SECTION 16.

In the event any section, subsection, sentence, clause or phrase of this Act shall be declared or adjudged invalid or unconstitutional, such adjudication shall in no manner affect the other sections, subsections, sentences, clauses or phrases of this Act, which shall be and remain in full force and effect, as if the section, subsection, sentence, clause or phrase so declared or adjudged invalid or unconstitutional was not originally a part thereof. The legislature hereby declares that it would have passed the remaining parts of this Act if it had known that such part or parts thereof would be declared or adjudged invalid or unconstitutional.

SECTION 17.

This Act shall become effective when State funds become available for carrying out the provisions of this Act.

SECTION 18.

All laws and parts of laws in conflict herewith are hereby repealed.

Authority: Ga. L. 1933, p. 7.