

**Texas Nonprofit Hospitals\***  
**Part II Summary of Current Hospital Charity Care Policy and  
Community Benefits for Inclusion in DSHS Charity Care Manual as Required  
by Texas Health and Safety Code, § 311.0461\*\*  
2023**

**Facility Identification (FID):** 1452423 (Enter 7-digit FID# from attached hospital listing)\*\*\*

**Name of Hospital:** Falls Community Hospital & Clinic **County:** Falls

**Mailing Address:** 322 Coleman St #2358

**Physical Address if different from above:** \_\_\_\_\_

**Effective Date of the current policy:** 09/01/2023

**Date of Scheduled Revision of this policy:** 08/31/2025

**How often do you revise your charity care policy?** Every 2 years

**Provide the following information on the office and contact person(s) processing requests for charity care.**

Name of the office/department: Falls County Indigent Health Care

Mailing Address: 322 Coleman Street Marlin, TX 76661

Contact Person: Lisa Smith Title: Falls County Indigent  
Healthcare Coordinator

Phone: 2548033561 Fax: \_\_\_\_\_

Person completing this form if different from above:

Name: Jessica Ford Phone: 2548033561

\*This summary form is to be completed by each **nonprofit** hospital. Hospitals in a system must report on an individual hospital basis. Public hospitals, for-profit hospitals participating in the Medicaid disproportionate share hospital program and exempt hospitals are not required to complete this form. This form is only available in PDF format at DSHS web site: [www.dshs.texas.gov/chs/hosp](http://www.dshs.texas.gov/chs/hosp) under 2023 Annual Statement of Community Benefits Standard.

\*\*The information in the manual will be made available for public use. Please report most current information on the charity care policy and community benefits provided by the hospital.

\*\*\*The list is also available on DSHS web site: <http://www.dshs.texas.gov/chs/hosp/>

**I. Charity Care Policy:**

1. Include your hospital’s Charity Care Mission statement in the space below.

Falls Community Hospital & Clinic (FCHC) provides outpatient, outpatient emergency room, and clinic services. FCHC’s mission includes improving the overall health status of the district/area in which it serves. FCHC is committed to providing charity care to persons who have healthcare needs and are uninsured, underinsured, ineligible for government programs, or otherwise unable to pay, for medically necessary care based on their individual financial situation. FCHC strives to ensure that the financial capacity of people who need healthcare services does not prevent them from seeking or receiving care. FCHC will provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility for financial or government assistance.

2. Provide the following information regarding your hospital’s current charity care policy.

a. Provide definition of the term **charity care** for your hospital.

Charity Care: Charity care is free care provided to patients who are uninsured for the relevant medically necessary service who are ineligible for governmental or other insurance coverage.

b. What percentage of the federal poverty guidelines is financial eligibility based upon? Check one.

5

1. 100%

2. <133%

3. <150%

4. <200%

5.

Other, specify Less than 300%

c. Is eligibility based upon net or  gross income? Check one.

d. Does your hospital have a charity care policy for the Medically Indigent?

YES NO IF yes, provide the definition of the term **Medically Indigent**.

Medically Indigent means a patient who’s medical or hospital bills from FCHC and related providers, after payment by all third parties, exceed 5 percent of his or her yearly household income, whole yearly household income is greater than 300% of the FPG and who is unable to pay the outstanding patient account balance.

e. Does your hospital use an Assets test to determine eligibility for charity care?

YES NO If yes, please briefly summarize method. Take into account the patient’s available assets, and all other financial resources available to the patient

f. Whose income and resources are considered for income and/or assets eligibility determination?

1. Single parent and children

2. Mother, Father and Children

3. All family members

4. All household members

5. Other, please explain \_\_\_\_\_

g. What is included in your definition of income from the list below? Check all that apply.

- 1. Wages and salaries before deductions
- 2. Self-employment income
- 3. Social security benefits
- 4. Pensions and retirement benefits
- 5. Unemployment compensation
- 6. Strike benefits from union funds
- 7. Worker's compensation
- 8. Veteran's payments
- 9. Public assistance payments
- 10. Training stipends
- 11. Alimony
- 12. Child support
- 13. Military family allotments
- 14. Income from dividends, interest, rents, royalties
- 15. Regular insurance or annuity payments
- 16. Income from estates and trusts
- 17. Support from an absent family member or someone not living in the household
- 18. Lottery winnings
- 19. Other, specify \_\_\_\_\_

3. Does application for charity care require completion of a form?  YES NO

If YES,

a. **Please attach a copy of the charity care application form.**

b. How does a patient request an application form? Check all that apply.

- 1. By telephone
- 2. In person
- 3. Other, please specify online

c. Are charity care application forms available in places other than the hospital?

YES  NO If, YES, please provide name and address of the place.

d. Is the application form available in language(s) other than English?

YES NO

If yes, please check

Spanish  1 Other, please specify others upon request

4. When evaluating a charity care application,

a. How is the information verified by the hospital?

1. The hospital independently verifies information with third party evidence (W2, pay stubs)
2. The hospital uses patient self-declaration
3. The hospital uses independent verification and patient self-declaration

b. What documents does your hospital use/require to verify income, expenses, and assets?  
Check all that apply.

1. W2-form
2. Wage and earning statement
3. Paycheck remittance
4. Worker's compensation
5. Unemployment compensation determination letters
6. Income tax returns
7. Statement from employer
8. Social security statement of earnings
9. Bank statements
10. Copy of checks
11. Living expenses
12. Long term notes
13. Copy of bills
14. Mortgage statements
15. Document of assets
16. Documents of sources of income
17. Telephone verification of gross income with the employer
18. Proof of participation in gov't assistance programs such as Medicaid
19. Signed affidavit or attestation by patient
20. Veterans benefit statement
21. Other, please specify \_\_\_\_\_

5. When is a patient determined to be a charity care patient? Check all that apply.

a. At the time of admission

b. During hospital stay

c. At discharge

d. After discharge

e. Other, please specify \_\_\_\_\_

6. How much of the bill will your hospital cover under the charity care policy?

a. 100%

b. A specified amount/percentage based on the patient's financial situation

c. A minimum or maximum dollar or percentage amount established by the hospital

d. Other, please specify \_\_\_\_\_

7. Is there a charge for processing an application/request for charity care assistance?

YES  NO

8. How many days does it take for your hospital to complete the eligibility determination process? no more than 30 days

9. How long does the eligibility last before the patient will need to reapply? Check one.

a. Per admission

b. Less than six months

c. One year

d. Other, specify \_\_\_\_\_

10. How does the hospital notify the patient about their eligibility for charity care? Check all that apply.  
Check all that apply?

a. In person

b. By telephone

c. By correspondence

d. Other, specify \_\_\_\_\_

11. Are all services provided by your hospital available to charity care patients?

YES  NO

If NO, please list services not covered for charity care patients (e.g. transplant services, ER services, other outpatient services, physician's fees). elective services

12. Does your hospital pay for charity care services provided at hospitals owned by others?

YES  NO

**II. Community Benefits Projects/Activities:**

Provide information on name, brief description (3 lines), target population or purpose (3 lines) for each of the community benefits projects/activities CURRENTLY being undertaken by your hospital (example: diabetes awareness).Emergency Medical Services (EMS / Ambulance) - Timely response is critical in emergency situations. The single biggest need echoed throughout the county is faster EMS response to emergencies. FCHC is looking into options through collaboration with other Falls County offices, grants, and/or other means to improve the EMS service in Falls County. Community Communication, Awareness, & Collaboration - The City of Marlin and Falls County offers dedicated people, local businesses, and groups who are actively engaged in providing good services. Like most communities, however, these groups often work independently with little interaction, collaboration, or joint planning among each other. Enthusiastic discussion broke out during the community focus group sessions as participants began learning from each other about resources that each offered. A desire was created to continue these discussions and collaborate on ways that they may collectively engage in efforts to improve the life, health, and wellbeing of those living in Falls County. Informal networks for collaboration can be very effective. Community Health Education, Outreach, and Collaboration - Community health education and expanded outreach is offered as a primary recommendation. FCHC has received several grants to promote health and vaccine awareness and is utilizing the funds to provide education and build vaccine confidence. In addition, FCHC is collaborating with Falls County Ag Extension office, Communities in Schools, and other agencies to participate in joint events promoting health and wellness. Mental Health - Based upon community response and public data, mental health ranks as a priority health need in Falls County. Issues of mental health are complex and typically linked to environmental factors beyond the scope of the hospital, medical providers, or any single organization. Expansion of telehealth should be considered as an option for expanding local access to mental health. In 2023, all clinics conducted vaccine education and outreach. Water - Supply and distribution of safe household water should be continued for improvement by the City of Marlin. Access to safe water is a basic essential to community health. The City of Marlin is constantly working to make upgrades to the water system in Marlin. FCHC representatives are attending city water meetings to stay up to date on improvements and current conditions.

**Additional Information:**

Use this space if more space is required for comments or to elaborate on any of the information supplied on this form. Please refer to the response by question and item number.Chronic Disease Self-Management – the programs seek to teach patients to take charge of their own health through education, active monitoring, and behavioral adjustments. Many who suffer from chronic disease such as diabetes, hypertension, COPD, CHF, and

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**NOTE:** This is the twenty-third year the charity care and community benefits form is being used for collecting the information required under Texas Health and Safety Code, § 311.0461. If you have any suggestions or questions, please include them in the space below or contact Dwayne Collins, Center for Health Statistics, Texas Department of State Health Services at (512)776-7261 or fax:(512)776-7344 or E-mail: [dwayne.collins@dshs.texas.gov](mailto:dwayne.collins@dshs.texas.gov).

Name of Hospital: \_\_\_\_\_ City: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Suggestions/questions:**