



County Indigent Health Care Program (CIHCP)
Optional Health Care Services Notification

Select the appropriate column to indicate each optional health care service the county chooses to provide or discontinue. **Submit completed form electronically to CIHCP@hhsc.state.tx.us or by fax to 512-776-7203.**

Provide	Discontinue	
<input checked="" type="radio"/>	<input type="radio"/>	1. Advanced Practice Nurse (APN) , specifically a nurse practitioner, clinical nurse specialist, Certified Nurse Midwife (CNM) and Certified Registered Nurse Anesthetist (CRNA).
<input type="radio"/>	<input checked="" type="radio"/>	2. Ambulatory Surgical Center (ASC) , Freestanding.
<input type="radio"/>	<input checked="" type="radio"/>	3. Colostomy Medical Supplies and/or Equipment , namely colostomy bags/pouches, cleansing irrigation kits, paste or powder, and skin barriers with flange/wafers.
<input checked="" type="radio"/>	<input type="radio"/>	4. Counseling Services . Check the box the county chooses to provide. <input type="checkbox"/> A. Licensed Clinical Social Worker (LCSW) <input type="checkbox"/> B. Licensed Marriage Family Therapist (LMFT) <input checked="" type="checkbox"/> C. Licensed Professional Counselor (LPC) <input type="checkbox"/> D. Ph.D. Clinical Psychologist
<input type="radio"/>	<input checked="" type="radio"/>	5. Dental Care , namely an annual routine dental exam, annual routine cleaning, one set of annual X- rays, and the least costly service for emergency dental conditions for the removal or filling of a tooth due to abscess, infection or extreme pain.
<input checked="" type="radio"/>	<input type="radio"/>	6. Diabetic Supplies and/or Equipment , namely test strips, alcohol prep pads, lancets, glucometers, insulin syringes, humulin pens, and the needles required for the humulin pens.
<input type="radio"/>	<input checked="" type="radio"/>	7. Durable Medical Equipment (DME) . Check the box(es) the county chooses to provide. <input type="checkbox"/> A. Blood Pressure Measuring Appliances <input type="checkbox"/> E. Hospital Beds <input type="checkbox"/> B. Canes <input type="checkbox"/> F. Walkers <input type="checkbox"/> C. Crutches <input type="checkbox"/> G. Wheelchairs, Standard <input type="checkbox"/> D. Home Oxygen Equipment
<input type="radio"/>	<input checked="" type="radio"/>	8. Emergency Medical Services , namely ground transportation only.
<input checked="" type="radio"/>	<input type="radio"/>	9. Federally Qualified Health Center (FQHC)
<input type="radio"/>	<input checked="" type="radio"/>	10. Occupational Therapy
<input type="radio"/>	<input checked="" type="radio"/>	11. Physical Therapy
<input type="radio"/>	<input checked="" type="radio"/>	12. Home and Community Health Care
<input checked="" type="radio"/>	<input type="radio"/>	13. Physician Assistant (PA)
<input type="radio"/>	<input checked="" type="radio"/>	14. Vision Care , namely one exam by refraction and one pair of prescription glasses every 24 months.
<input type="radio"/>	<input checked="" type="radio"/>	15. Other medically necessary services or supplies determined to be cost effective by the entity.

Sheree Hardin

Signature of County Judge/Designee

08-25-2025

Date

Printed Name and Title of County Judge/Designee Signing Form Sheree Hardin, County Judge	County Mason
Mailing Address, City, State and ZIP Code P.O. Box 1726 Mason, Texas 76856	Area Code and Phone No. 325-347-5556