











































# **Section II**

## **Eligibility, Client Services, Community Activities, and Clinical Guidelines**

**Purpose:** Section II provides policy requirements for eligibility, client services, community activities, and clinical guidelines.













calculation of gross family income as well as income that is exempt from being counted.

Types of Income	Countable	Exempt
Adoption Payments		X
Cash Gifts and Contributions*	X	
Child Support Payments*	X	
Child's Earned Income		X
Crime Victim's Compensation *		X
Dividends, Interest, and Royalties*	X	
Educational Assistance		X
Energy Assistance		X
Foster Care Payment		X
In-kind Income		X
Job Training		X
Loans (Non-educational)*	X	X
Lump-Sum Payments*	X	X
Military Pay*	X	
Mineral Rights*	X	
Pensions and Annuities*	X	
Reimbursements*	X	
Social Security Payments (RSDI /SSDI)	X	
Self-Employment Income*	X	
SSI Payments		X
TANF		X
Unemployment Compensation*	X	
Veteran's Administration*	X	X
Wages and Salaries, Commissions*	X	
Worker's Compensation*	X	

***\*Explanation of countable income provided below***

**Cash Gifts and Contributions** – Count unless they are made by a private, non-profit organization on the basis of need; and total \$300 or less per household in a federal fiscal quarter. The federal fiscal quarters are January – March, April – June, July – September, and October – December. If these contributions exceed \$300 in a quarter, count the excess amount as income in the month received.

Exempt any cash contribution for common household expenses, such as food, rent, utilities, and items for home maintenance, if it is received from a non-certified household member who:

- Lives in the home with the certified household member,
- Shares household expenses with the certified household member, and
- No landlord/tenant relationship exists.

**Child Support Payments** – Count income after deducting \$75 from the total monthly child support payments the household receives.

**Dividends, Interest, and Royalties** – Countable. Exception: Exempt dividends from insurance policies as income.

Count royalties, minus any amount deducted for production expenses and severance taxes.

**In-Kind Income** – Exempt - An in-kind contribution is any gain or benefit to a person that is not in the form of money/check payable directly to the household, such as clothing, public housing, or food.

**Loans (Non-educational)** – Count as income unless there is an understanding that the money will be repaid and the person can reasonably explain how he/she will repay it.

**Lump-Sum Payments** – Count as income in the month received if the person receives it or expects to receive it more often than once a year. Exempt lump sums received once a year or less, unless specifically listed as income.

**Military Pay** – Count military pay and allowances for housing, food, base pay, and flight pay, minus pay withheld to fund education under the G.I. Bill.

**Mineral Rights** – Countable - A payment received from the excavation of minerals such as oil, natural gas, coal, gold, copper, iron, limestone, gypsum, sand, gravel, etc.

**Pensions and Annuities** – Countable - A pension is any benefit derived from former employment, such as retirement benefits or disability pensions.

**Reimbursements** – Countable, minus the actual expenses. Exempt a reimbursement for future expenses only if the household plans to use it as intended.

**Self-Employment Income** – Count total gross earned income, minus allowable costs of producing the self-employment income.

**Social Security Payments/RSDI/SSDI** – Count the Retirement, Survivors, and Disability Insurance (RSDI) or the Social Security Disability Insurance (SSDI) benefit amount, including the deduction for the Medicare premium, minus any amount that is being recouped for a prior RSDI overpayment.

**SSI Payments** – Exempt Supplemental Security Income (SSI) benefits.

**Terminated Employment** – Count terminated income in the month received. Use actual income and do not use conversion factors if terminated income is less than a full month's income. Income is terminated if it will not be received in the next usual payment cycle.

**Unemployment Compensation Payments** – Count the gross benefit less any amount being recouped for a UIB overpayment.

**VA Payments** – Count the gross Veterans Administration (VA) payment, minus any amount being recouped for a VA overpayment. Exempt VA special needs payments, such as annual clothing allowances or monthly payments for an attendant for disabled veterans.

**Wages, Salaries, Tips and Commissions** – Count the actual (not taxable) gross amount.

**Worker's Compensation** – Count the gross payment, minus any amount being recouped for a prior worker's compensation overpayment or paid for attorney's fees. NOTE: The Texas Workforce Commission (TWC) or a court sets the amount of the attorney's fee to be paid.

**Verification/Documentation of Income** – Verification and documentation of income must be provided to complete the HHSC Epilepsy Worksheet. Declarations of "unknown" will not be accepted as representations of required facts and documentation. Incomplete or inadequately documented eligibility determination will result in limitations in the provision of funded services.

To verify income, one of the following must be provided: 2 pay periods that accurately represent their earnings dated within the 60 days prior to the application processing date or one month's pay (only if paid same gross amount on a monthly basis), unless special circumstances are noted on the HHSC Epilepsy Worksheet. The pay periods must accurately reflect the individual's usual and customary earnings.

Proof may include, but is not limited to:

- Copy(ies) of pay periods that accurately represent earnings /monthly earning statement(s);
- Employer's written verification of gross monthly income or the Employment Verification Form (Form 128);
- Award letters;
- Domestic relation printout of child support payments;
- Statement of support;
- Unemployment benefits statement or letter from the Texas Workforce Commission;
- Award letters, court orders, or public decrees to verify support payments; or
- Notes for cash contributions.

**Special Circumstances Regarding Verification/Documentation**

If the applicant is unable to provide required documentation for verification purposes due to a potential threat of abuse or if an employer/payer refuses to provide information or threatens continued employment, and no other proof can be found staff may make a determination utilizing the best available information. These types of special circumstances should be appropriately documented on the HHSC Epilepsy Worksheet.

**Income Determination Procedure**

Count income already received and any income the household expects to receive. When an individual has not yet received income for new employment, use the best estimate of the amount to be received. If telephone verification regarding new or terminated employment is made, it must be documented by the contractor on the HHSC Epilepsy Worksheet (Form E101).

Use 2 pay periods that accurately represent their earnings dated within the 60 days prior to the application processing date. If the client is paid one time per month and receives the same gross pay each month, then one pay period will suffice.

If actual or projected income is not received monthly, convert it to a monthly amount using one of the following methods:

- Weekly income x 4.33;
- Every two weeks x 2.17; or
- Twice a month x 2.0.

Count terminated income in the month received. Use actual income and do not use conversion factors if terminated income is less than a full month's income.

**Income Deductions**

Dependent childcare or adult with disabilities care expenses shall be deducted from the total income when determining eligibility, if paying for the care is necessary for the employment of a member in the Epilepsy household. This deduction is allowed even when the child or adult with disabilities is not included in the Epilepsy household. Deduct the actual expenses up to:

- \$200 per month for each child under age 2
- \$175 per month for each child age 2 or older, and
- \$175 per month for each adult with disabilities.

Deduct the actual payment amount of child support payments made by a member of the Epilepsy household group. Payments made weekly, every two weeks or twice a month must be converted to a monthly amount by using one of the conversion factors below.

**Self-Employment Income** – If an applicant earns self-employment income, it must be added to any income received from other sources. Annualize self-employment income that is intended for an individual or family's annual support, regardless of how frequently the income is received.

If the household had self-employment income for the past year, use the income figures from the previous year's U.S. Internal Revenue Service (IRS) tax forms or their business records if the records are anticipated to reflect current self-employment income and expenses. Staff may accept the costs listed on the IRS tax forms associated with producing self-employment income or allow the following deductions when self-employment income is verified with documents other than an IRS tax form:

- Capital asset improvements;
- Capital asset purchases, such as real property, equipment, machinery and other durable goods, i.e., items expected to last at least 12 months;
- Fuel;
- Identifiable costs of seed and fertilizer;
- Insurance premiums;
- Interest from business loans on income-producing property;
- Labor;
- Linen service;
- Payments of the principal of loans for income-producing property;
- Property taxes;
- Raw materials;
- Rent;
- Repairs that maintain income-producing property;
- Sales tax;
- Stock;
- Supplies;
- Transportation costs. The person may choose to use 50.0 cents per mile instead of keeping track of individual transportation expenses. Do not allow travel to and from the place of business, and
- Utilities.

Verify four recent pay amounts that accurately represent the person's pay when determining the amount of self-employment income received. Verify one month's pay amount that accurately represents the person's pay for self-employed income received monthly.

Accept the applicant's statement as proof of their income and expenses if there is a reasonable explanation why documentary evidence or a collateral source is not available and the applicant's statement does not contradict other individual statements or other information provided. Inform the applicant that Epilepsy coverage will not be renewed on subsequent applications without acceptable

verification and documentation of self-employment income or expenses. Verification may include but is not limited to: Statement of Self-Employment Income Form 149, current IRS tax forms, bookkeeping or business records and receipts, etc.

**NOTE:** If the applicant conducts a self-employment business in his home, consider the cost of the home (rent, mortgage, utilities) as shelter costs, not business expenses, unless these costs can be identified as necessary for the business separately.

- If the self-employment income is only intended to support the individual or family for part of the year, average the income over the number of months it is intended to cover.
- If the individual has had self-employment income for the past year, use the income figures from the previous year's business records or tax forms.
- If current income is substantially different from income the previous year, use more current information, such as updated business ledgers or daybooks. Remember to deduct predictable business expenses.
- If the individual or family has not had self-employment income for the past year, average the income over the period of time the business has been in operation and project the income for one year.
- If the business is newly established and there is insufficient information to make a reasonable projection, calculate the income based on the best available estimate and follow-up at a later date.

**Seasonal Employment** – Include the total income for the months worked in the overall calculation of income. The total gross income for the year can be verified by a letter from the individual's employer, if possible.

**Statement of Support** – Unless the person providing the support to the individual is present during the interview and has acceptable documentation of identity, a statement of support will be required. The Statement of Support is used to document income when no supporting documentation is available or when income is irregular. If questionable, the contractor may document proof of identification such as a Texas Driver's License, Social Security card, or a birth certificate of the supporter.

## CASE PROCESSING

### Steps for Processing the Individual Application Form (Form 3029)

- Accept the Individual Application Form (Form 3029).
- Conduct an interview, if needed.
- Request supporting documentation/verification and if necessary, pend the case.
- Check that all information is complete, consistent, and sufficient to make an eligibility determination.
- Determine eligibility.
- Issue the appropriate forms.
- Document on the HHSC Epilepsy Worksheet (Form E101) the information to support the determination.

**Completed Application Date** – The date the Individual Application Form (Form 3029) is completely filled out and all supporting information necessary to make an eligibility determination is received by the contractor.

**Decision Pended** - If eligibility cannot be determined because components that pertain to the eligibility criteria are missing, the contractor should issue Form 104, Request for Information. The contractor should ensure that all information that needs to be provided by the applicant is listed, as well as the due date by which the information should be submitted. If the requested information is not provided by the due date, issue Form 117, Notice of Ineligibility. When the requested information is the result of a referral to another program and is dependent on other programs making an eligibility determination, the due date should be a best estimate. Inform the applicant of their responsibility to contact the contractor by this date to provide the status of their application for the other benefits. If the requested information is provided by the due date, proceed with processing the application.

**Eligibility Determination** – The contractor must consider the information provided by the client and document the basis for the eligibility decision on the HHSC Epilepsy Worksheet (Form E101).

After an eligibility determination is made, the contractor must inform the individual of the following:

- If eligible
  - Complete and issue Notice of Eligibility (Form 103)
  - The date eligibility begins; and
  - The services the individual is entitled to receive.
- If ineligible
  - Complete and issue the Notice of Ineligibility (Form 117);
  - The reason the application was denied;
  - The effective date of denial;
  - The individual's right to appeal.

Issue the appropriate referrals to alternative agencies/programs for services, if applicable.



**Date Eligibility Begins** – An applicant/household is eligible for services beginning with the date the contractor determines the applicant/household eligible for the program and signs the completed application.

**Appeal of Eligibility Determination** – Applicant/recipient can request an appeal regarding the denial of eligibility for the Epilepsy Program, if they disagree with the determination that was issued on their case. The contractor will ensure that the applicant/recipient is aware of their right to request an appeal.

### **ANNUAL RE-CERTIFICATION**

The contractor will determine the system used to track clients' status and renewal eligibility for their annual re-certification. Eligibility determination using the Individual Application Form (Form 3029) form is required for all clients. Eligibility services must be re-determined for each individual/household every 12 months.

### **ASSESSMENT OF CO-PAYMENTS/FEEES**

Epilepsy clients may be charged a co-payment (co-pay) fee for services according to the determinations of the contracting agency.

## **GENERAL CONSENT**

Contractors must obtain the client's written, informed, voluntary general consent prior to receiving any services. A general consent explains the types of services provided and how client information may be shared with other entities for reimbursement or reporting purposes. If there is a period of time of three years or more during which a client does not receive services a new general consent must be signed prior to reinitiating delivery of services.

Consent information must be effectively communicated to every client in a manner that is understandable. This communication must allow the client to participate, make sound decisions regarding their own medical care, and address any disabilities that impair communication, in compliance with Limited English Proficiency (LEP) regulations. Only the client may consent, except when the client is legally unable to consent (e.g., a minor or an individual with development disability), a parent, legal guardian or caregiver must consent. Consent must never be obtained in a manner that could be perceived as coercive.

In addition, as described below, the contractor must obtain informed consent of the client for procedures as required by the Texas Medical Disclosure Panel.

HHSC contractors should consult a qualified attorney to determine the appropriateness of all consent forms used by their health care agency.

### **Parental Consent for Services Provided to Minors**

The general rule is that parents must consent for minors (Family Code §151.001). A minor is defined as a person under 18 years of age who has never been married and never been declared an adult by a court (emancipated). However there are certain circumstances under which a minor may consent for their own treatment. Requirements for parental consent for provision of family planning services to minors vary according to the funding source subsidizing the services. The department and providers may provide family planning services, including prescription drugs, without the consent of the minor's parent, managing conservator, or guardian only as authorized by Chapter 32 of the Texas Family Code or by federal law or regulations.

The Texas Family Code, Chapter 32, may be found at the following website:  
<http://www.statutes.legis.state.tx.us/?link=FA>

### **Consent for HIV Tests**

[Texas Health and Safety Code](#) §81.105 and §81.106 are as follows:

§81.105. Informed Consent

- a) Except as otherwise provided by law, a person may not perform a test designed to identify HIV or its antigen or antibody without first obtaining the informed consent of the person to be tested.
- b) Consent need not be written if there is documentation in the medical record that the test has been explained and the consent has been obtained.

§81.106 General Consent

- a) A person who has signed a general consent form for the performance of medical tests or procedures is not required to also sign or be presented with a specific consent form relating to medical tests or procedures to determine HIV infection, antibodies to HIV, or infection with any other probable causative agent of AIDS that will be performed on the person during the time in which the general consent form is in effect.

Except as otherwise provided by the chapter, the result of a test or procedure to determine HIV infection, antibodies to HIV, or infection with any probable causative agent of AIDS performed under the authorization of a general consent form in accordance with this section may be used only for diagnostic or other purposes directly related to medical treatment.









### **Protocols, Standing Delegation Orders, and Procedures**

Contractors that provide clinical services must develop and maintain written clinical protocols and standing delegation orders (SDOs) in compliance with statutes and rules governing medical and nursing practice. The written clinical protocols and/or SDOs must be signed by the Medical Director or supervising physician on an annual basis or more often if changes are made. Requirements addressing scope of practice and delegation of medical and nursing acts can be accessed at the following websites: <http://www.tmb.state.tx.us/> (Texas Medical Board) and <http://www.bne.state.tx.us/> (Board of Nurse Examiners for the State of Texas). Rules that are most pertinent to this topic are: Texas Administrative Code, Title 22, Part 9, Chapter 193, Texas Administrative Code, and Title 22, Part 11, Chapters 221 and 224

Contractors that employ Advanced Practice Nurses or Physician Assistants must have written protocols to delegate authorization to initiate medical aspects of client care. The protocols must be agreed upon and signed by the supervising physician and the physician assistant and/or advanced practice nurse, reviewed and signed at least annually, and maintained on site. They also must contain a list of the types or categories of dangerous drugs and controlled substances available for prescription, limitations on the number of dosage units and refills permitted, and instructions to be given to the patient for follow-up monitoring or contain a list of the types or categories of dangerous drugs and controlled substances that may not be prescribed. The protocols need not describe the exact steps that an advanced practice nurse or a physician assistant must take with respect to each specific condition, disease, or symptom.

Contractors that employ unlicensed and licensed personnel, other than advanced practice nurses or physician assistants, whose duties include actions or procedures for a client population with specific diseases, disorders, health problems or sets of symptoms must have written SDOs in place. SDOs are instructions, orders, rules, regulations or procedures that delineate under what set of conditions and circumstances actions should be instituted. They are intended for use with clients presenting themselves prior to being examined or evaluated by a physician and are distinct from specific orders written for a particular patient. The SDOs must be dated and signed by the physician who is responsible for the delivery of medical care covered by the orders and must be reviewed at least annually. Examples of actions addressed by SDOs are the taking of a personal and medical history, the performance of appropriate physical examination elements and the recording of physical findings, the ordering of tests appropriate to the services provided, and administration of immunization vaccines.

In addition to the above, contractor must have written plans for client education that include goals and content outlines to ensure consistency and accuracy of information provided. The Medical Director must sign client education plans.



## **COMMUNITY EDUCATION, OUTREACH AND PARTICIPATION**

Epilepsy contractor must develop and implement an annual plan to provide community education to inform the public of its purpose and services, to disseminate knowledge of epilepsy, to enlist community support, and to educate potential clients. The plan should be based on an assessment of the needs of the community and contain an evaluation strategy. Promotional activities should be reviewed annually.

**Informational Brochure** – Contractor shall have an informational brochure with the following minimum content:

- Mission statement
- Hours of operation
- Location
- Services offered
- Eligibility requirements
- Phone number of each community clinic site
- Toll free number or web address

**Duplication of Services** – In order to prevent the duplication of services, contractor shall coordinate activities with but not limited to the following types of related agencies, organizations, and health and social service agencies in the area:

- Area hospital physicians
- School personnel
- Local epilepsy association and support groups

**Professional Education** – Contractor shall provide the opportunity for community-wide professional education events for primary care providers, nurses, emergency workers and social workers, etc.

# **Section III**

## **Reimbursement, Data Collection & Reporting**

**Purpose:** Section III provides policy requirements for submitting reimbursement, data collection, and required reports.

### VOUCHER & REPORT SUBMISSION INFORMATION

**PROGRAM INFORMATION:****Program Name:** Epilepsy Services**Contract Type:** Categorical**Contract Term:** September 1--August 31**VOUCHER: Voucher 1****Voucher Name:** State of Texas Purchase Voucher-Form B-13**Submission Date:** By the last business day of the following month. **Final due within 45 days after end of contract term.****Submit Copy to:**

Name of Unit/Branch	Original Required		Accepted Method of Submission	# Copies
	Yes	No		
Contract Development & Support Branch (CDSB)		X	Email (preferred), or Fax	1
Accounting Section/Claims Processing Unit (CPU)		X	Fax or Email	1

**Instructions:** Submit one B-13 with expense documents attached to CDSB.  
Submit one B-13 only to CPU.**NOTE: Vouchers must be submitted each month even if there are zero expenditures. Vouchers must still be submitted each month for actual expenditures of the program even if the contract limit has been reached.****VOUCHER: Report 1--Supporting****Report Name:** Expense Documents**Submission Date:** Within 30 days following the end of the month. **Final due within 45 days after end of contract term.****Submit Copy to:**

Name of Unit/Branch	Original Required		Accepted Method of Submission	# Copies
	Yes	No		
Contract Development & Support Branch (CDSB)		X	Email (preferred), or Fax	1

**Instructions:** Attach expense documents to B-13 for CDSB only.**REPORT: Report 1****Report Name:** Epilepsy Program Quarterly Report**Submission Date:** Quarterly reports are due by the 5<sup>th</sup> business day of the first month following the quarter for which the contractor is reporting. 1<sup>st</sup> quarter (Sept, Oct, Nov) is due December; 2<sup>nd</sup> quarter (Dec, Jan, Feb) is due March; 3<sup>rd</sup> quarter (Mar, Apr, May) is due June; and 4<sup>th</sup> quarter (June, July, Aug) is due September.**Submit Copy to:**

Name of Unit/Branch	Original Required		Accepted Method of Submission	# Copies
	Yes	No		
Community Health Services Section (CHSS)		X	Email (preferred), or Fax	1

**Instructions:** Short turn around on these reports requires contractors to submit timely, no exceptions.

**REPORT: Report 2****Report Name:** Financial Status Report 269A

**Submission Date:** Quarterly, Sep 1-Nov 30, Dec 1-Feb 28, Mar 1-May 31, and Jun 1-Aug 31. Submit by the last business day of the next month following the quarter for which the contractor is reporting. The 4th quarter is the final report and due within 45 days after the end of the contract term. The 4<sup>th</sup> quarter report includes all final charges and expenses associated with the program contract. Mark the 4th quarter report as "Final".

**Submit Copy to:**

Name of Unit/Branch	Original Required		Accepted Method of Submission	# Copies
	Yes	No		
Contract Development & Support Branch (CDSB)	X		Email (preferred), or Fax	1
Accounting Section/Claims Processing Unit (CPU)	X		Email scanned signed document, fax, or mail	1

**Instructions:** Financial Status Report 269A must have original signature (scanned or fax accepted).

<b>Email Addresses:</b>	CDSB	<a href="mailto:cdsb@hsc.state.tx.us">cdsb@hsc.state.tx.us</a>
	CPU	<a href="mailto:invoices@HHSC.state.tx.u">invoices@HHSC.state.tx.u</a>
	CHSS	<a href="mailto:Epilepsy@hsc.state.tx.us">Epilepsy@hsc.state.tx.us</a>
<b>Fax Numbers:</b>	CDSB	(512) 776-7521
	CPU	(512) 776-7442
	CHSS	(512) 776-7203

<b>Mail Codes:</b>	CDSB	Please use mail codes on all mail coming into HHSC to ensure accurate delivery. Mail code 1914
	CPU	Mail code 1940
	CHSS	Mail code 1923

<b>Mailing Address for CPU:</b>	Claims Processing Unit, Mail Code 1940	
	P.O. Box 149347	
	Austin, TX 78714-9347	

Last Updated/Reviewed:  
1/17/19

## DATA COLLECTING AND REPORTING

Contractor shall submit quarterly progress reports on or before the 5<sup>th</sup> business day of December, March, June, and September. Report includes unduplicated client count, diagnostic and support services performed and client demographics

### Quarterly Progress Report Instructions

#### I. Client Count

- A. Total number of unduplicated HHSC clients determined eligible and provided an Epilepsy service\* during quarter.
- B. Total number of clients from all other funding sources provided an Epilepsy service during quarter.

#### II. ALL CLIENT SERVICES PROVIDED (including HHSC clients)

- A. **Number of clinic visits (all clients)** - The total number of clinic visits by all Epilepsy clients during the reported quarter.
- B. **Number of diagnostics** (all clients) (AED, EEG, CAT, other labs) – The total number of diagnostics (AED, EEG, CAT, other labs) provided for all Epilepsy clients during the reported quarter.
- C. **Number of phone encounters** (all clients) - The total number of phone encounters provided for all Epilepsy clients during the reported quarter.
- D. **Number of case management services** (including counseling, referrals, and medication management) - (all clients) – The total number of case management services provided (including counseling, referrals, and medication management) for all Epilepsy clients during the reported quarter.
- E. **Total number of all encounters** (includes non-clinic encounters) -This is the total number of clients seen during the reported quarter (total of rows A, B, C and D).

#### III. Community Education/Outreach

- A. **Education/Outreach Sessions** - Total number of Education/Outreach Sessions held during the reporting quarter (does not include clinic visits).
- B. **Number of Persons Attending** - Total number of persons attending community/group presentations during the reporting quarter.

#### IV. NARRATIVE

Include a narrative (maximum three pages) that provides an update on program work plan, including, but not limited to, updates on the following:

- Services provided, locations, clients from outside of service area served,
- Changes in workforce, infrastructure, and/or policies,
- Staff trainings attended,
- Changes in data collection or reporting,
- Description of networking with other Health and Human Service providers, and
- QA/QI activities

## REPORTING

Due to a legislative requirement, quarterly reports for the Epilepsy Program must be received by the 5<sup>th</sup> business day of the month following the quarter for which the contractor is reporting. Failure to submit the report as required will result in contact by the assigned Contract Manager and further action as necessary.

## ADDITIONAL INFORMATION – WEB-LINKS

Additional information is available at the following web-links:

### **Texas Administrative Code**

[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=25&pt=1&ch=37&sch=K&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=25&pt=1&ch=37&sch=K&rl=Y)

### **General Provisions**

<https://hhs.texas.gov/laws-regulations/handbooks/lshcssa/subchapter-a-general-provisions>

### **Texas Benefits Website**

<http://www.yourtexasbenefits.com>

### **Texas Abuse Hotline**

<http://www.txabusehotline.org/>

### **2-1-1 Texas Hotline**

<http://www.211texas.org/>