
Wise County
Treasurer's Monthly
Report

For the Month of May of the
2016 Fiscal Year

Fund	Beginning Cash	Beginning Investments	Current Revenues	Current Expenditures	Non Cash Expenditures	Ending Investments	Ending Cash
GENERAL FUND 012	-2735623.88	9500000.00	1711337.11	-2234521.90	3086.05	9500000.00	-37555722.62
RESERVES CONTINGENCY 013	948501.06	4475000.00	-50191.80	-51073.25	.00	4475000.00	898309.26
HEALTH CARE 014	2446.25	145000.00	51726.39	-236612.84	.00	145000.00	3089.39
EMERGENCY SERVICES 015	58471.46	5500.00	255730.57	-16124.85	.00	5500.00	77389.19
WISE CO. DEVL/911 MAPPING 016	12552.93	.00	5655.00	-5315.77	.00	.00	2083.07
COUNTY GRANTS 018	47343.46	.00	.00	-38653.87	.00	.00	4227.69
RIGHT OF WAY/FENCING 020	61480.29	1000000.00	3111.09	-13240.92	.00	1000000.00	25937.51
ROAD/BRIDGE PRECINCT #1 021	16214.54	900000.00	73820.94	-107334.30	.00	850000.00	26794.56
ROAD/BRIDGE PRECINCT #2 022	15467.33	1075000.00	175044.07	-97334.30	.00	1075000.00	93177.10
ROAD/BRIDGE PRECINCT #3 023	-6213.55	900000.00	71772.66	-107290.29	12.69	850000.00	8281.51
ROAD/BRIDGE PRECINCT #4 024	20153.72	1250000.00	73202.54	-95266.52	.00	1200000.00	48089.74
WISE COUNTY ROAD & BRIDGE 025	155577.40	2900000.00	842.35	-992.36	.00	2900000.00	155427.39
TRXOT GRANT 026	426713.87	.00	103222.24	-10240.10	.00	.00	519696.01
CRIME PREVENTION 030	47591.23	.00	102.00	-308.80	.00	.00	47386.43
LAW ENFORCEMENT TRAINING 031	17062.37	.00	.00	-160.00	.00	.00	16902.37
JAIL INMATE FUND 032	74824.91	.00	.00	-149.89	.00	.00	74675.02
STATE AGENCY FEES 035	107196.30	.00	95180.91	.00	.00	.00	202377.21
DISTRICT COURT/CLERK TRUST 040	369712.78	.00	.00	-291.00	.00	.00	369421.78
COURT REPORTER SERVICE FEE 042	43794.91	.00	966.90	-950.20	.00	.00	43811.61
DIST. CLK. RECORDS MGT/ARC 044	55707.78	.00	2001.74	.00	.00	.00	57709.52
ELECTION CONTRACT 045	76751.05	.00	3397.15	.00	.00	.00	80148.20
CO. CLERK RECORD MGT./ARCH 046	736292.04	.00	29449.57	-3862.50	15.00	.00	761894.11
JUDICIAL FUND 054	11994.74	.00	.00	.00	-7.19	.00	11987.55
RECORDS MGT/PRESV. 055	8325.68	.00	2593.40	-1856.10	.00	.00	9062.98
COURTHOUSE SECURITY 056	404233.44	.00	4119.32	.00	.00	.00	408352.76
JP COURTHOUSE SECURITY 057	64364.23	.00	643.11	.00	.00	.00	65207.34
LAW LIBRARY 059	391139.41	.00	3761.08	-1141.75	.00	.00	393758.74
DEBT SERVICE 060	140004.08	245000.00	106.11	.00	.00	245000.00	140110.19
CAPITAL PROJECTS FY2014 061	73678.13	9000000.00	2587.18	-87013.50	.00	8500000.00	494251.81
CAPITAL PROJECTS FY2011 WC 062	.00	.00	.00	.00	.00	.00	.00
CAPITAL PROJECTS 063	.00	.00	.00	.00	.00	.00	.00
WMC BRANCH FUND 064	.00	.00	.00	.00	.00	.00	.00
WMC BRANCH DEBT SERVICE F 065	2618063.40	.00	710.30	.00	.00	.00	2618773.70
ALTERNATIVE DISPUTE RESOLU 068	37922.96	.00	1576.91	-500.00	.00	.00	38999.87
CHILD SUPPORT ENFORCEMENT 069	17010.24	.00	95.00	.00	.00	.00	17105.24
JP TECHNOLOGY FUNDS 070	294471.44	.00	2552.05	-5324.50	.00	.00	291698.99
JUSTICE OF THE PEACE #1 071	21573.46	.00	297.00	.00	.00	.00	21870.46
JUSTICE OF THE PEACE #2 072	7993.12	.00	660.88	.00	.00	.00	8654.00
JUSTICE OF THE PEACE #3 073	20504.56	.00	240.02	.00	.00	.00	20744.58
JUSTICE OF THE PEACE #4 074	1113.92	.00	100.00	.00	.00	.00	1213.92
TEEN COURT 075	.00	.00	.00	.00	.00	.00	.00
WISE COUNTY FAIRGROUNDS GR 076	47076.11	.00	1200.00	-2176.45	1300.00	.00	47399.66
WISE COUNTY PARK 077	41932.17	.00	3220.00	-1235.88	.00	.00	43916.29
WISE COUNTY ANIMAL SHELTER 078	13988.97	.00	6201.00	-19098.37	.00	.00	1091.60
IMPOUND YARD 083	62549.75	.00	6885.00	-21993.17	.00	.00	47441.58
ASSET FORFEITURE 084	72874.24	.00	1785.87	-599.72	.00	.00	74060.39
JAIL INDUSTRIES 085	11469.03	12000.00	15616.42	-21894.05	.00	12000.00	5191.40
CSCD DEPARTMENT 087	646333.78	.00	75994.92	-112942.55	.00	.00	609406.15
JUVENILE PROBATION 088	7446.47	150000.00	36396.08	-66739.13	.00	125000.00	2103.42
PAYROLL CLEARING 098	115717.50	.00	159.78	.00	235829.80	.00	351707.08
Total Funds	5684219.08	31557500.00	2773872.86	-3349902.54	240236.35	30882500.00	6023425.75

ORDER APPROVING THE COUNTY TREASURER'S MONTHLY REPORT

BURNS

At a regular meeting of the Commissioners' Court of Wise County, Texas, held on the 27th day of June, on a motion made by Commissioner White and seconded by Commissioner White, the following order was adopted:

WHEREAS, Section 114.026 of the Local Government Code of the State of Texas requires that the County Treasurer provide the Commissioners' Court with a detailed financial reports of the regular term of the Commissioners' Court; and

WHEREAS, the County Treasurer makes her all books and accounts available to the Commissioners' Court for inspection and examination as they desire; and

WHEREAS, the County Treasurer has presented to the Commissioners' Court her report for the month ended May 31, 2016;

NOW, THEREFORE, IT IS HEREBY ORDERED by the Commissioners' Court of Wise County, Texas, that such Treasurer's Report for the month ended, May 31, 2016, be, and hereby is, approved and accepted as correct.

FURTHER, as specifically required by statute, the Commissioners' Court states that the amounts received and paid from each fund since the preceding County Treasurer's Monthly Report and the balances remaining in the County Treasurer's custody at the end of the reporting period are as follows:

	General Cash Account	Non-Allocated Funds Account	Indigent Health Care Account	Emergency Service Fund Account	Road & Bridge Account	Debt Service Account	Juvenile Probation Account	Payroll Clearing Account	TOTAL OF ALL ACCOUNTS
Beginning Balance 05/01/16:									
Certificates of Deposit	\$9,500,000.00	\$4,475,000.00	\$145,000.00	\$5,500.00	\$8,025,000.00	\$245,000.00	\$150,000.00	\$0.00	\$22,545,500.00
Cash in Bank Account	\$299,800.08	\$948,501.06	\$2,446.25	\$58,471.46	\$689,393.60	\$140,004.08	\$7,446.47	\$115,923.89	\$2,261,986.89
SUBTOTAL	\$9,799,800.08	\$5,423,501.06	\$147,446.25	\$63,971.46	\$8,714,393.60	\$385,004.08	\$157,446.47	\$115,923.89	\$24,807,486.89
PLUS Receipts	\$1,900,931.40	\$1,490.85	\$51,726.39	\$266,700.15	\$501,893.06	\$106.11	\$36,416.08	\$2,111,113.77	\$4,870,377.81
MINUS Disbursements	\$2,329,811.53	\$51,682.65	\$51,073.25	\$247,582.42	\$463,882.84	\$0.00	\$66,759.13	\$1,875,330.58	\$5,086,122.40
Certificates of Deposit	\$9,500,000.00	\$4,475,000.00	\$145,000.00	\$5,500.00	\$7,875,000.00	\$245,000.00	\$125,000.00	\$0.00	\$22,370,500.00
Cash in Bank Account	(\$123,080.05)	\$898,309.26	\$3,099.39	\$77,589.19	\$877,403.82	\$140,110.19	\$2,103.42	\$351,707.08	\$2,221,242.30
CLOSING TOTAL	\$9,376,919.95	\$5,373,309.26	\$148,099.39	\$83,089.19	\$8,752,403.82	\$385,110.19	\$127,103.42	\$351,707.08	\$24,591,742.30

J. D. Clark, Wise County Judge

J. D. Clark

Danny White, Commissioner, Precinct #1

Danny White

Kevin Burns, Commissioner, Precinct #2

Kevin Burns

Harry Lampson, Commissioner, Precinct #3

Harry Lampson

Gaylord Kennedy, Commissioner, Precinct #4

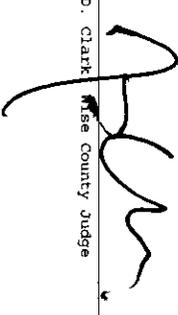
Gaylord Kennedy

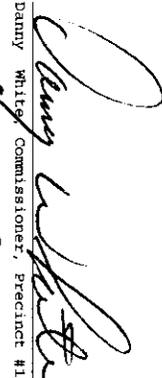
BEFORE ME, the undersigned authority, on this day personally appeared the undersigned who, after being by me duly sworn, did each, upon his respective oath, state that the requirements of Section 114.026 of the Local Government Code of the State of Texas have been met for the regular term of the Commissioners' Court of Wise County, Texas, for the fiscal year 2016 by the adoption of an Order of the Commissioners' Court on the 27th day of June, accepting and approving as correct the Monthly Report of the County Treasurer of Wise County, Texas, for the month ending May 31, 2016, which Order complies in all respects with the requirements of Section 114.026 and which Order appears in the Minutes of the Commissioners' Court.

Affiants further state that the cash and other assets in the custody of the County Treasurer as of the end of the month were as follows:

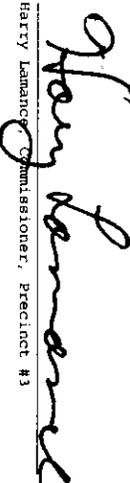
General Cash Account	Non-Allocated Funds Account	Indigent Health Care Account	Emergency Service Fund Account	Road & Bridge Account	Debt Service Account	Juvenile Probation Account	Payroll Clearing Account	TOTAL OF ALL ACCOUNTS
Certificates of Deposit	\$9,500,000.00	\$4,475,000.00	\$145,000.00	\$5,500.00	\$7,875,000.00	\$245,000.00	\$125,000.00	\$22,370,500.00
Cash in Bank Account	(\$129,080.05)	\$898,309.26	\$3,099.39	\$77,589.19	\$877,403.82	\$140,110.19	\$2,103.42	\$2,221,242.30
	\$9,370,919.95	\$5,373,309.26	\$148,099.39	\$83,089.19	\$8,752,403.82	\$385,110.19	\$127,103.42	\$24,591,742.30

Signed and dated this 27th day of June.


J. D. Clark, Wise County Judge


Danny White, Commissioner, Precinct #1

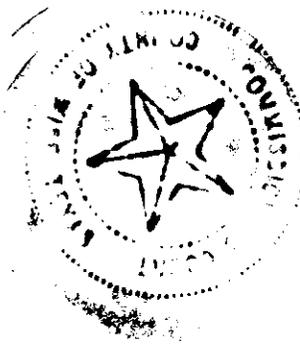

Kevin Burns, Commissioner, Precinct #2


Harry Lamanc, Commissioner, Precinct #3


Gaylord Kennedy, Commissioner, Precinct #4

Witness my hand and the seal of the Commissioners' Court of Wise County, Texas, this 27th day of June.


Sherry Lemon, Wise County Clerk



Wise County Indigent Health Care Program

P.O. Box 815

Decatur, Texas 76234

Business: (940) 627-4203

Fax: (940) 627-7521

Indigent Health Care Program Services FY 2017**Options for Hospital Services Payment Method**

The maximum county liability for each state fiscal year for both health care services provided by all assistance providers, including hospital and skilled nursing facility, to each county resident is:

- 1) \$30,000: or
- 2) The payment of 30 days of hospitalization or treatment in a skilled nursing facility, or both, or \$30,000 whichever comes first, if the county provides hospital or skilled nursing facility services to the resident.

30 days of hospitalization refers to inpatient hospitalization

Payment Standards for Basic Services

For Inpatient hospital services, the county may select to use:

The individual hospital percentage rate for basic and department approved optional allowable services

or

The individual **DRG** system rate for (Diagnostic Related Group)

Texas Department of State Health Services (TDSHS) established payment standards for CIHCP services are based on the Medicaid rates.

Optional Services

Optional Services/Definitions attached

Fraud & Fair Hearing Panel/Attached

Wise County Indigent Health Care

P.O. Box 815

Decatur, Texas

Business# (940) 627-4203

Fax# (940) 627-7521

**Request Nomination for Fraud & Fair Hearing Panel for Appeals & Fraud:
FY 2016-2017**

(Any county official or other designated person in his/her county may act as the Hearing Authority or Hearing Officers except when he/she is disqualified or unable to Act)

Jan Morrow (Hearing Authority)

P.O. Box 509

Decatur, Texas 76234

Office: (940) 627-2694 / Fax: (940) 627-5417

Charles Dillard

P.O. Box 1509

Decatur, Texas 76234

Office: (940) 627-2002 Ext. 222 / Cell: (940) 393-9789

Linda Belknap

205 North Stadium Drive

Alvord, Texas 76225

Cell: (940) 389-3944

Alternate Hearing Authority or Officers:

Craig Johnson (Hearing Authority Alternate)

200 Rook Ramsey Drive

Decatur, Texas 76234

Office: (940) 626-4206 / Fax (940) 626-4243

Cell: (817) 307-0634

Mandy Hays (Hearing Authority Alternate)

P. O. Box 86

Boyd, Texas 76023

Office: (940) 433-2969 / Fax (940) 433-3062

Cell: (817) 726-8244

Sue Black

503 Maginnis Street

Chico, Texas 76431

Home: (940) 644-2317

Cell: (940) 399-9268

14a



OPTIONAL HEALTH CARE SERVICES NOTIFICATION

Form 120, Page 1 of 3

Mark an "X" in the appropriate column to indicate each optional health care service the county chooses to provide or chooses to discontinue providing.

PROVIDE	DISCONTINUE	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Advanced Practice Nurse (APN) , specifically a nurse practitioner, a clinical nurse specialist, a Certified Nurse Midwife (CNM), and a Certified Registered Nurse Anesthetist (CRNA)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Ambulatory Surgical Center (ASC) , Freestanding
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Colostomy Medical Supplies and/or Equipment , namely colostomy bags/pouches, cleansing irrigation kits, paste or powder, and skin barriers with flange/wafers (Prior Authorization)
<input type="checkbox"/>	<input type="checkbox"/>	4. Counseling Services . Check the ones the county chooses to provide. <input type="checkbox"/> A. Licensed Clinical Social Worker (LCSW) <input type="checkbox"/> B. Licensed Marriage Family Therapist (LMFT) <input type="checkbox"/> C. Licensed Professional Counselor (LPC) <input type="checkbox"/> D. Ph.D. Clinical Psychologist
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Dental Care , namely an annual routine dental exam, an 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 (Prior Authorization)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	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 (Prior Authorization)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Durable Medical Equipment (DME) . Check the ones 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 checked="" type="checkbox"/> D. Home Oxygen Equipment (Prior Authorization)
<input type="checkbox"/>	<input type="checkbox"/>	8. Emergency Medical Services , namely ground transportation only
<input type="checkbox"/>	<input type="checkbox"/>	9. Federally Qualified Health Center (FQHC)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. Occupational Therapy
<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Physical Therapy
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. Home and Community Health Care (Prior Authorization)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. Physician Assistant (PA)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. Vision Care , namely one exam by refraction and one pair of prescription glasses every 24 months
<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. Other medically necessary services or supplies determined to be cost effective by the entity.

Signature of County Judge/Designee

Date

Printed Name of Person Signing This Form 120 J. D. CLARK	Title COUNTY JUDGE
County WISE COUNTY	Mailing Address P.O. BOX 393
Telephone Number (Include area code.) (940)627-5743	City/State/ZIP DECATUR, TEXAS 76234



Definitions of CIHCP Optional Health Care Services

- 1. Advanced Practice Nurse (APN) services** must be medically necessary and provided within the scope of practice of an APN and covered by the Texas Medicaid Program when provided by a licensed physician.
- 2. Ambulatory Surgical Center (ASC) services** must be provided in a freestanding ASC, and are limited to items and services furnished in reference to an ambulatory surgical procedure, including those services on the Center for Medicare and Medicaid Services (CMS)-approved list and selected Medicaid-only procedures.
- 3. Colostomy medical supplies and/or equipment** must be medically necessary and prescribed by a physician or an APN if this is within the scope of their practice in accordance with the standards established by the Board of Nurse Examiners and published in 22 TAC §221.13. Items covered are colostomy bags/pouches, cleansing irrigation kits, paste or powder, and skin barriers with flange/wafers. The county may require the supplier to receive prior authorization.
- 4. Counseling (psychotherapy) services** must be medically necessary based on a referral from a physician or an APN if this is within the scope of their practice in accordance with the standards established by the Board of Nurse Examiners and published in 22 TAC §221.13. Psychotherapy services must be provided by a Licensed Clinical Social Worker (LCSW), Licensed Marriage Family Therapist (LMFT), Licensed Professional Counselor (LPC), or a Ph.D. Psychologist.
- 5. Dental care** must be medically necessary and provided by a DDS, DMD, or DDM. Items covered are: an annual routine 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. The county may require prior authorization.
- 6. Diabetic supplies and/or equipment** must be medically necessary and prescribed by a physician or an APN if this is within the scope of their practice in accordance with the standards established by the Board of Nurse Examiners and published in 22 TAC §221.13. Items covered are: test strips, alcohol prep pads, lancets, glucometers, insulin syringes, humulin pens, and the needles required for the humulin pens. The county may require the supplier to receive prior authorization.
- 7. Durable medical equipment (DME)** must be medically necessary; meet the Medicare/Medicaid requirements; and be provided under a written, signed and dated prescription from a physician or an APN if this is within the scope of their practice in accordance with the standards established by the Board of Nurse Examiners and published in 22 TAC §221.13. Items may be purchased or rented, whichever is least costly. Items covered are: blood pressure measuring appliances that are reasonable and appropriate, canes, crutches, home oxygen equipment (including masks, oxygen hose, and nebulizers), hospital beds, walkers, and standard wheelchairs. The county may require the supplier to receive prior authorization.
- 8. Emergency medical service** covers ground transportation only for medically necessary, life-threatening conditions.
- 9. Federally Qualified Health Center (FQHC) services** must be provided in an approved FQHC by a physician, physician's assistant, nurse practitioner, clinical psychologist, or clinical social worker.
- 10. Occupational therapy** services must be medically necessary and may be covered if provided in a physician's office, a therapist's office, in an outpatient rehabilitation or free-standing rehabilitation facility, or in a licensed hospital. Services must be within the provider's scope of practice, as defined by Occupations Code, Chapter 454.
- 11. Physical therapy** services must be medically necessary and may be covered if provided in a physician's office, a therapist's office, in an outpatient rehabilitation or free-standing rehabilitation facility, or in a licensed hospital. Services must be within the provider's scope of practice, as defined by Occupations Code, Chapter 453.
- 12. Home and community health care** must be medically necessary, meet the Medicare/Medicaid requirements, and be provided by a certified home health agency. A plan of care must be recommended, signed, and dated by the recipient's attending physician prior to care being given. Items covered are R.N. visits for skilled nursing observation, assessment, evaluation, and treatment provided by a physician who specifically requests the R.N. visit for this purpose. A home health aide to assist with administering medication is also covered. Visits made for performing housekeeping services are not covered. A county may require prior authorization.
- 13. Physician Assistant (PA) services** must be medically necessary and provided by a PA under the direction of an M.D. or a D.O. and must be billed by and paid to the supervising physician.
- 14. Vision care** covers one exam by refraction and one pair of prescribed glasses every 24 months that meet Medicaid criteria.
- 15. Other** medically necessary services or supplies that the local governmental municipality/entity determines to be cost effective.



Form 120, Optional Health Care Services Notification, Page 3 of 3

Instructions for Form 120

Mark an "X" in the appropriate column to indicate each optional health care service the county chooses to provide or chooses to discontinue providing. Sign and date the bottom of the form, and submit the Form 120 electronically to the TDSHS Primary Care Group by emailing it to: CIHCP@dshs.state.tx.us.

If you are unable to submit the form electronically, you may fax it to the TDSHS at 512/776-7713.

It is not necessary to submit the Form 120 by mail once it has been faxed and received by TDSHS Primary Care Group.

Maintain the records at least until the end of the third complete state fiscal year.