

**RULES
OF
DEPARTMENT OF COMMUNITY HEALTH**

**CHAPTER 111-5-1
GEORGIA VOLUNTEER HEALTHCARE PROGRAM**

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The words used in these rules shall have the usual and customary meaning ascribed to them, unless otherwise defined or the context thereof shall clearly indicate the contrary. As used in this Chapter, the term:

(1) "Adverse incident" means an incident of medical negligence, intentional misconduct, and any other act, neglect, or default of the Health Care Provider that caused or could have caused injury to or death of a patient including, but not limited to, those incidents that are required by state or federal law to be reported to any governmental agency or body, and occurrences that are reported to or reviewed by any health care facility peer review, risk management, quality assurance, credentials, or other similar committee.

(2) "Commissioner" shall mean the Commissioner of the Department of Community Health.

(3) "Contract" shall mean an agreement between the Department and a Health Care Provider wherein the Health Care Provider offers uncompensated Health Care to Patients or compensated Health Care to Patients, for those Providers that are eligible under Georgia Law. Payments made to a Health Care Provider from the Indigent Care Trust Fund created by O.C.G.A. §

31-8-192(1) shall not be considered compensation.

(4) "Covered Services" shall mean those services that a Health Care Provider is able to perform competently and at the prevailing standard of care. It shall also mean and include all those services which he or she is allowed to perform under his or her professional license.

(5) "DCH" or "Department" shall mean the Georgia Department of Community Health or its designees.

(6) "DHS" shall mean the Georgia Department of Human Services.

(7) "Director" shall mean the individual designated by the Commissioner of the Department of Community Health who has supervisory oversight for Regional Volunteer Coordinators, as well as oversight for all aspects of the Program.

(8) "DOAS" shall mean the Georgia Department of Administrative Services.

(9) "Eligibility Records" shall mean any and all documents utilized to make a determination as to whether a person is eligible to participate in the Georgia Volunteer Health Care Program.

(10) "Emergency Care" shall mean health care that is provided for a condition of recent onset and sufficient severity including, but not limited to, severe pain that would lead a prudent layperson, possessing an average knowledge of medicine and health, to believe that his or her condition, sickness, or injury is of such a nature that failure to obtain immediate health care could result in:

(a) Placing the patient's health in serious jeopardy;

(b) Serious impairment to bodily functions; or

(c) Serious dysfunction of any bodily organ or part.

(11) "Experimental/clinically unproven procedures" shall mean the use of a service, supply, drug, or device not recognized as standard health care for the condition, disease, illness, or injury treated.

(12) "Family" shall mean one or more persons living in one dwelling place who are related by parentage, marriage, law, or conception. For example, a pregnant woman and her unborn child or children are considered to be two (2) or more family members. If the dwelling place includes more than one (1) family or more than one (1) unrelated individual, the poverty guidelines are applied separately to each family or unrelated individual and not to the dwelling place as a whole. A single adult, over 18, living with relatives is considered to be a separate family for income determination purposes. A full-time student, age 18-21, living at the dwelling place, shall be considered a family member. For purposes of this definition, a full-time student shall be registered for the minimum number of hours required to meet the accredited institution's full-time status.

(13) "Goods and Services" shall include, but not be limited to, medical/dental supplies and equipment, in-kind and monetary contributions, or the actual hours a Volunteer dedicates to the Program.

(14) "Gross Family Income" shall mean the sum of income available to a family at the time of application. Gross Family Income shall be based on all income or compensation earned or received in the last four (4) consecutive weeks. Income shall not include: Supplemental Security Income (SSI), income from trusts fully funded by SSI payments, Temporary Assistance to Needy Families (TANF), or any other governmental assistance. Generally, Gross Family Income shall include, but not be limited to, the following:

- (a) Wages and salary;
- (b) Child support;
- (c) Alimony;
- (d) Unemployment compensation;
- (e) Worker's compensation;
- (f) Retirement Income;
- (g) Veteran's pension;
- (h) Social Security;
- (i) Pensions and annuities;
- (j) Dividends and interest on savings, stocks, and bonds;
- (k) Income from estates and trusts;
- (l) Net rental income or royalties;
- (m) Net income from self employment; and
- (n) Other forms of compensation or financial contributions.

(15) "Health Care" shall mean care, services, or supplies related to the health of an individual. Health Care includes, but is not limited to, the following: (i) preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care and counseling, service, assessment, or procedure with respect to the physical or mental condition, or functional status, of an individual or that affects the structure or function of the body; and (ii) the sale or dispensing of a drug, device, equipment, or other

items in accordance with a prescription. "Health Care" shall include "Medical Care," "Dental Care," and/or "Emergency Care."

(16) "Health Care Provider" shall mean:

(a) An ambulatory surgical center licensed under Article 1 of Chapter 7 of Title 31 of the Official Code of Georgia Annotated;

(b) A hospital or nursing home licensed under Article 1 of Chapter 7 of Title 31 of the Official Code of Georgia Annotated;

(c) A physician or physician assistant licensed under Article 2 of Chapter 34 of Title 43 of the Official Code of Georgia Annotated;

(d) An osteopathic physician or osteopathic physician assistant licensed under Article 2 of Chapter 34 of Title 43 of the Official Code of Georgia Annotated;

(e) A chiropractic physician licensed under Chapter 9 of Title 43 of the Official Code of Georgia Annotated;

(f) A podiatric physician licensed under Chapter 35 of Title 43 of the Official Code of Georgia Annotated;

(g) A physical therapist licensed under Chapter 33 of Title 43 of the Official Code of Georgia Annotated;

(h) A registered nurse, nurse midwife, licensed practical nurse, or advanced registered nurse practitioner licensed or registered under Chapter 26 of Title 43 of the Official Code of Georgia Annotated or any facility which employs nurses licensed or registered under Chapter 26 of Title 43 of the Official Code of Georgia Annotated to supply all or part of the care delivered under this article;

(i) A midwife certified under Chapter 26 of the Official Code of

Georgia Annotated;

(j) A dentist or dental hygienist licensed under Chapter 11 of Title 43 of the Official Code of Georgia Annotated;

(k) A health maintenance organization certificated under Chapter 21 of Title 33 of the Official Code of Georgia Annotated;

(l) A professional association, professional corporation, limited liability company, limited liability partnership, or other entity which provides or has members which provide health care services;

(m) A safety net clinic, which includes any other medical facility the primary purpose of which is to deliver human dental or medical diagnostic services or which delivers non-surgical human medical treatment and which may include an office maintained by a provider;

(n) Any other health care professional, practitioner, provider, or facility under contract with the Department, including a student enrolled in an accredited program that prepares the student for licensure as any one of the professionals listed in subparagraphs (a) through (j) of this paragraph;

(o) Any nonprofit corporation qualified as exempt from federal income taxation under Section 501(c) of the Internal Revenue Code which delivers health care services provided by licensed professionals listed in this paragraph; or

(p) Any federally funded community health center, Volunteer Corporation, or volunteer health care provider that delivers health care services.

(17) "Medicaid eligible" shall mean an individual eligible to receive services under the Medicaid Program, whether or not actually enrolled in the Medicaid Program.

(18) "Patient Records" shall mean any and all documents, records, and items related to and arising out of an individual's Health Care including, but not limited to, x-rays, laboratory tests results, examinations, nurse's notes, physician's notes, tests requested, and general notes.

(19) "Net Family Income" shall mean Gross Family Income minus the standard work related, child care, and child support deductions as used in determining presumptive eligibility for Medicaid expansion as designated by the Omnibus Budget Reconciliation Act of 1986.

(20) "Program" shall mean the Georgia Volunteer Health Care Program.

(21) "Patient" shall mean:

(a) A person who is Medicaid eligible in Georgia;

(b) A person who is without health or dental insurance;

(c) A person who has health or dental insurance that does not cover the injury, illness, or condition for which treatment is sought and whose family income does not exceed 200 percent of the federal poverty level as defined annually by the Federal Office of Management and Budget; or

(d) Any client or beneficiary of the Department, the Department of Human Services who voluntarily chooses to participate in a Program offered or services approved by the Department or the Department of Human Services and meets the Program eligibility guidelines of the Department or the Department of Human Services whose family income does not exceed 200 percent of the federal poverty level as defined annually by the federal Office of Management and Budget.

(22) "Referral" shall typically mean when a participating

Health Care Provider directs a patient to another participating Health Care Provider or a patient who is seen on a walk-in basis.

(23) "Regional Volunteer Coordinator" shall mean an individual assigned to a specific region in the state of Georgia responsible for certain administrative and supervisory duties specifically related to the operations of the Program.

(24) "Self-declaration" shall mean a statement of income, expenses, and family size made by the individual applying for the Program. Self-declaration does not include any documentation other than the signature of the person making the statement. The self-declaration statement shall include a signed acknowledgement that the statement is true at the time it is made and that the person making the statement understands that the Department may verify the statement.

(25) "Verification" shall mean to confirm the accuracy of information through sources other than the self-declaratory statement of the individual originally supplying the information. Verification may be by telephone, in written form, or by face-to-face contact. Verification does not require written documentation to confirm an applicant's statement. Examples of verification include, but are not limited to:

(a) A statement from a state or federal agency which attests to the applicant's financial status;

(b) A statement from the applicant's or family member's employer;

(c) Pay stubs for four (4) consecutive weeks; or

(d) A statement from a source providing unearned income to the applicant or family unit.

(26) "Volunteer" means any person who, of his or her own

free will, and in support of or in assistance to the Program of Health Care Services provided to any governmental contractor, provides goods or clerical services, computer services, or administrative support services with or without monetary or material compensation. This term shall not include a health care provider.

Authority O.C.G.A. § 31-8-192.