

Family Planning Program Eligibility Criteria

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Family Planning

- **Eligibility Criteria**
 - Women and men
 - Age 64 and younger
 - At or below 250% of the Federal Poverty Level (FPL)
 - Texas residents

Family Planning

- **Eligibility Determination**
 - Eligibility is determined at the point of service by Family Planning Program contracted providers
 - Residency is self-declared
 - Household is self-declared
 - Income verification is required
 - If income verification jeopardizes the client's right to confidentiality or imposes a barrier to receipt of services, verification must be waived.

- **Eligibility Screening**

- Screen for:
 - Medicaid
 - Verify enrollment - www.YourTexasBenefitsCard.com/
1-800-925-9126 / TexMedConnect
 - Healthy Texas Women (ages 15-44)
 - Verify enrollment
 - Assist with application (#H1867)
 - Re-screen according to policy
 - Family Planning Program
 - Individual Eligibility Form (Form EF05-14215),
 - Household Eligibility Form (Form EF05-14214) with the Household Eligibility Screening Form Worksheet (Form EF05-13227), or
 - Another eligibility screening form that contains the required information and is approved by the Program

Family Planning

- **Adjunctive Eligibility**
 - Adjunctive (automatic) eligibility = current enrollment in one of the following programs:
 - CHIP, SNAP, TANF, or WIC.
 - If the applicant's child is enrolled in CHIP, the applicant may be considered adjunctively eligible.
 - The applicant must be able to provide proof of active enrollment in the program to be considered adjunctively eligible.

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- **Helpful Tips**

- Eligibility begins on the date the contractor determines the individual eligible for the program and signs the completed eligibility form.
- The completed eligibility form must be maintained in the client medical record.
- Contractors must conduct an annual client eligibility assessment, either by phone or in person.
- Family Planning Program Policy Manual
 - <https://www.healthytexaswomen.org/family-planning-program#family-planning-program-policy-manuals>

Healthy Texas Women Eligibility Criteria

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Healthy Texas Women

Eligibility Criteria

- Women ages 15-44 (Ages 15-17 with parental or legal guardian consent)
- Citizen/Eligible Immigrant
- Texas Resident
- Not pregnant
- 200% Federal Poverty Level

Healthy Texas Women

Applying for HTW

- In person at a local benefits office of HHSC
- By fax
- Paper application by mail
- Electronically through HealthyTexasWomen.org
- Electronically through YourTexasBenefits.com
(*beginning September 1, 2016)

Healthy Texas Women

Eligibility Determination

- Client eligibility is determined by HHSC
- Application process may take up to 45 days
- Services delivered on a fee-for-service basis

Healthy Texas Women

Verifying HTW Eligibility

- Call the TMHP Contact Center at 1-800-925-9126
- Check online the Texas Medicaid Provider section of www.tmhp.com
- Check online at www.YourTexasBenefitsCard.com

Automatic Enrollment

- HHSC's eligibility system was modified to allow for the automatic transition of Medicaid for Pregnant Women clients to HTW on July 1, 2016.
- Medicaid for Pregnant Women coverage ends 60 days postpartum.
- HTW enrollment will occur on the 1st day of the month following coverage termination.
- In addition, clients will be referred to the marketplace for other insurance coverage options.

Healthy Texas Women

Automatic Enrollment Eligibility

- Clients must meet the following criteria:
 - Be age 18-44 (minors will follow traditional HTW application process)
 - Must not be receiving any other Medicaid, CHIP, or private health insurance benefits at the time of auto enrollment.

Adjunctive Eligibility

- An applicant is considered adjunctively (automatically) eligible for HTW program services if:
 - She is receiving Temporary Assistance for Needy Families (TANF) cash or is in a TANF budget group
 - She is in a Children's Medicaid budget group for someone receiving Medicaid
 - A member in her budget group receives benefits in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
 - She is a member of a certified Supplemental Nutrition Assistance Program (SNAP) household.

Healthy Texas Women

Presumptive Eligibility

- Short-term availability and access to health care services (up to 90 days) when the client screens potentially eligible for services but has not completed the HTW application or the application has not been processed and approved yet by HHSC.

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Determining Presumptive Eligibility

- Screening tool and an income worksheet to help providers screen for eligibility and identify acceptable forms of proof of citizenship, identity, and income.
- Documents can be found in the policy manual appendix.

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Resources

- Policy and Procedure Manual for Healthy Texas Women is available at:
<http://www.hhsc.state.tx.us/WomensHealth/Documents/healthy-texas-women-provider-manual.pdf>
- Client eligibility is addressed in **Section II Chapter I**

Healthy Texas Women

Questions?