

Mike Escaname

Subject: FW: 2017 FPL Documents
Attachments: 29 Appdx D PHC Co-pay Schedule 2Workdoc draft 2017.docx
Importance: High

From: Bourda,Michael (HHSC/DSHS) [<mailto:Michael.Bourda@hhsc.state.tx.us>]
Sent: Tuesday, May 30, 2017 2:26 PM
To: Importance: High

Dear Title V Contractors:

Attached is an updated EF05-13227 Household Eligibility Form with the latest FPL guidelines. Please replace your older forms with this one now. We are in the process of updating the website, but the old one is still there at the moment. We will inform you when the new worksheet is on the site. Thanks.

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Please note My email address has changed. Please be sure to update your contact information with my new email address.

HHSC Specialty Health Care Services HOUSEHOLD Eligibility Worksheet



PART I – APPLICANT INFORMATION

Name (Last, First, Middle)	Today's Date (MM-DD-YYYY)	Eligibility Effective Date (MM-DD-YYYY)
Case Record Action <input type="checkbox"/> Adjunctive <input type="checkbox"/> Presumptive <input type="checkbox"/> Supplemental <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Client/Case #	Type of Determination <input type="checkbox"/> New <input type="checkbox"/> Re-certification
Texas resident <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other benefits or health care coverage (Medicaid, Medicare, CHIP, private health insurance, VA, TRICARE, etc.)		
Special circumstances		

PART II – HOUSEHOLD INFORMATION

1.	Notes
2.	
3.	
4.	
5.	
6.	

PART III – INCOME INFORMATION

Income Type	Name(s) of household member(s) with income	Documentation of income (if applicable)
Gross earned income		
Cash gifts/contributions		
Child support income		
Dividends/interest/royalties		
Loans (non-educational)		
Lawsuit/lump-sum payments		
Mineral rights		
Pensions/annuities		
Reimbursements		
Social security payments		
Unemployment payments		
VA payments		
Worker's compensation		
Total countable income		
Deductions	-	-
Net countable income		
		Household FPL %

PART IV – PROGRAM ELIGIBILITY

1. <input type="checkbox"/> BCCS <input type="checkbox"/> FP <input type="checkbox"/> PHC <input type="checkbox"/> Title V/MCH	2. <input type="checkbox"/> BCCS <input type="checkbox"/> FP <input type="checkbox"/> PHC <input type="checkbox"/> Title V/MCH	3. <input type="checkbox"/> BCCS <input type="checkbox"/> FP <input type="checkbox"/> PHC <input type="checkbox"/> Title V/MCH
4. <input type="checkbox"/> BCCS <input type="checkbox"/> FP <input type="checkbox"/> PHC <input type="checkbox"/> Title V/MCH	5. <input type="checkbox"/> BCCS <input type="checkbox"/> FP <input type="checkbox"/> PHC <input type="checkbox"/> Title V/MCH	6. <input type="checkbox"/> BCCS <input type="checkbox"/> FP <input type="checkbox"/> PHC <input type="checkbox"/> Title V/MCH
Co-Pay/Fees		

Name of Agency	Signature – Agency / Staff Member	Date
<hr style="border: 0.5px solid black;"/>	<hr style="border: 0.5px solid black;"/>	<hr style="border: 0.5px solid black;"/>

HHSC Specialty Health Care Services HOUSEHOLD Eligibility Worksheet Instructions



PART I - APPLICANT INFORMATION

Fill in the boxes with the applicant's information.
Check the appropriate boxes.

Other benefits or health care coverage: Document other benefits received/denied. (An applicant or family member eligible for Medicare Part A/B must be referred to the Medicare Prescription Drug Plan (Part D) for prescription drug benefits.)

Special circumstances: Document any special circumstances.

PART II – HOUSEHOLD INFORMATION

Fill in the boxes with members of the household.

This number will include a person living alone or two or more persons living together where legal responsibility for support exists.

Legal responsibility for support exists between: persons who are legally married (including common-law marriage), a legal parent and a minor child (including unborn children), or a legal guardian and a minor child.

(Title V contractors may add whether household members are US citizens, eligible immigrants, or non-US citizens.)

Program Eligibility by 2017 Federal Poverty Level (FPL) Effective March 1, 2017

Family Size	Title V - MCH 185% FPL	PHC BCCS 200% FPL	FP 250% FPL
1	\$1,860	\$2,010	\$2,513
2	2,504	2,707	3,384
3	3,149	3,404	4,255
4	3,793	4,100	5,125
5	4,437	4,797	5,996
6	5,082	5,494	6,867
7	5,726	6,190	7,738
8	6,371	6,887	8,609
9	7,015	7,584	9,480
10	7,660	8,280	10,350
11	8,304	8,977	11,221
12	8,948	9,674	12,092
13	9,593	10,370	12,963
14	10,237	11,067	13,834
15	10,882	11,764	14,705

PART III - INCOME INFORMATION

Income may be either earned or unearned. If actual or projected income is not received monthly, convert it to a monthly amount using one of the following methods:

- weekly income is multiplied by 4.33;
- income received every two weeks is multiplied by 2.17;
- income received twice a month is multiplied by 2.

Fill in the *Income Type* table with name(s) of household member(s) and income amounts.

Calculate the *Total countable income*.

Calculate the *Deductions*:

- child support payments;
- dependent childcare;
 - up to \$200 per child per month for children under age 2;
 - up to \$175 per child per month for children age 2 and older;
- adults with disabilities;
 - up to \$175 per adult per month.

Total the *Net countable income*.

Calculate the household FPL using the applicable DSHS program policy and fill in the *Household FPL* box.

Use the *Documentation of income* box for notes (if applicable).

PART IV – PROGRAM ELIGIBILITY

Determine program eligibility for each household member using the corresponding numbers from the household information section.

Document applicable copayments and fees by program in the *Co-Pay/Fees* box.

Fill in the *Name of Agency*, sign, and date.