



DSHS Community Health Services Forms

Do you need to submit a form for your particular service? The forms home page has every form Family and Community Health staff and contractors will need. Just click on the service area you are interested in and the form you need should be listed below.

- **Quality Management Branch**
- **Breast and Cervical**
- **Contractor Vouchers and Reporting**
- **Epilepsy**
- **Family Planning**
- **Primary Health Care**
- **Title V MCH Fee for Service**

- **FY2014 BCCS Eligibility Policy Supplement**
- **INDIVIDUAL Eligibility Form** (Form # EF05-14215) *REVISED 9/1/15*
- **HOUSEHOLD Eligibility Form** (Form # EF05-14214) *REVISED 8.13.14*
- **HOUSEHOLD Eligibility Worksheet** (Form # EF05-13227) *REVISED 4.1.18*
- **INDIVIDUAL Eligibility Form** (EF05-14215) Spanish 9/1/15
- **HOUSEHOLD Eligibility Form** (EF05-14214) Spanish 8.13.14

Breast and Cervical

- **SB1677 Important Information for Former Military Services Members** 3/2/18
(PDF)
- **Match Report Form**
- **Match Report Form Instructions**
- **BCCS Claims Reconciliation Spreadsheet FY 2016** - posted 10-5-16
- **Financial Reconciliation Report BCCS-FY16** - posted 10-5-16
- **BCCCS Voucher and Reporting FY16**- posted 6/15/15
- **BCCS Claims Reconciliation Spreadsheet FY 2015**- posted 6/15/15
- **Financial Reconciliation Report BCCS – FY15**
- **Financial Reconciliation Report BCCS – FY15 Instructions**- posted 9/1/15
- **BCCCS Voucher and Reporting FY15**
- **FY15 Breast and Cervical Diagnostic Procedure Complication Reimbursement Request Form**- 9/3/14
- **FY16 MRI Pre-Authorization Request Form**- 9/1/15
- **FY15 Office-Based Procedures Performed in a Facility Pre-Authorization Request Form**- 9/3/14

Med-IT User & Provider Forms

Med-IT User & Provider Forms are located on the **BCCS Med-IT Information** page.

Medicaid for Breast and Cervical Cancer (MBCC) Information - formerly *Treatment Act*

In Texas, Medicaid for Breast and Cervical Cancer is a special Medicaid program that provides access to cancer treatment services for qualified women. This program was implemented to provide full Medicaid benefits to uninsured women under age 65 that meet eligibility

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. 2. 3. 4. 5. 6.	Notes
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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
_____	_____	_____

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 2018 Federal Poverty Level (FPL) Effective April 1, 2018

Family	Title V - MCH	PHC BCCS	FP
Size	185% FPL	200% FPL	250% FPL
1	\$1,872	\$2,024	\$2,530
2	\$2,538	\$2,744	\$3,430
3	\$3,204	\$3,464	\$4,330
4	\$3,870	\$4,184	\$5,230
5	\$4,536	\$4,904	\$6,130
6	\$5,202	\$5,624	\$7,030
7	\$5,868	\$6,344	\$7,930
8	\$6,534	\$7,064	\$8,830
9	\$7,200	\$7,784	\$9,730
10	\$7,866	\$8,504	\$10,630
11	\$8,532	\$9,224	\$11,530
12	\$9,198	\$9,944	\$12,430
13	\$9,864	\$10,664	\$13,330
14	\$10,530	\$11,384	\$14,230
15	\$11,196	\$12,104	\$15,130

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.

Annual Update of the HHS Poverty Guidelines

A Notice by the [Health and Human Services Department](#) on 01/18/2018

DOCUMENT DETAILS

Printed version:

PDF (<https://www.gpo.gov/fdsys/pkg/FR-2018-01-18/pdf/2018-00814.pdf>)

Publication Date:

01/18/2018 (/documents/2018/01/18)

Agencies:

Department of Health and Human Services (<https://www.federalregister.gov/agencies/health-and-human-services-department>)
Office of the Secretary

Dates:

Applicable beginning January 13, 2018, unless an office administering a program using the guidelines specifies a different applicability date for that particular program.

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Notice

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2018-00814

DOCUMENT DETAILS

PUBLISHED DOCUMENT

AGENCY:

Department of Health and Human Services.

ACTION:

Notice.

SUMMARY:

This notice provides an update of the Department of Health and Human Services (HHS) poverty guidelines to account for last calendar year's increase in prices as measured by the Consumer Price Index.

DATES:

Applicable beginning January 13, 2018, unless an office administering a program using the guidelines specifies a different applicability date for that particular program.

ADDRESSES:

Office of the Assistant Secretary for Planning and Evaluation, Room 404E, Humphrey Building, Department of Health and Human Services, Washington, DC 20201.

FOR FURTHER INFORMATION CONTACT:

For information about how the guidelines are used or how income is defined in a particular program, contact the Federal, state, or local office that is responsible for that program. For information about poverty figures for immigration forms, the Hill-Burton Uncompensated Services Program, and the number of people in poverty, use the specific telephone numbers and addresses given below.

For general questions about the poverty guidelines themselves, contact Kendall Swenson, Office of the Assistant Secretary for Planning and Evaluation, Room 422F.5, Humphrey Building, Department of Health and Human Services, Washington, DC 20201—telephone: (202) 690-7409—or visit <http://aspe.hhs.gov/poverty/> (<http://aspe.hhs.gov/poverty/>).

For information about the percentage multiple of the poverty guidelines to be used on immigration forms such as USCIS Form I-864, Affidavit of Support, contact U.S. Citizenship and Immigration Services at 1-800-375-5283.

For information about the Hill-Burton Uncompensated Services Program (free or reduced-fee health care services at certain hospitals and other facilities for persons meeting eligibility criteria involving the poverty guidelines), contact the Health Resources and Services Administration Information Center at 1-800-275-4772. You also may visit <https://www.hrsa.gov/get-health-care/affordable/hill-burton/index.html> (<https://www.hrsa.gov/get-health-care/affordable/hill-burton/index.html>).

For information about the number of people in poverty, visit the Poverty section of the Census Bureau's website at <https://www.census.gov/topics/income-poverty/poverty.html> (<https://www.census.gov/topics/income-poverty/poverty.html>) or contact the Census Bureau's Customer Service Center at 1-800-923-8282 (toll-free) or visit <https://ask.census.gov> (<https://ask.census.gov>) for further information.

SUPPLEMENTARY INFORMATION:

Background

Section 673(2) of the Omnibus Budget Reconciliation Act (OBRA) of 1981 (42 U.S.C. 9902 ([\(2\)](https://api.fdsys.gov/link?collection=uscode&title=42&year=mostrecent§ion=9902&type=usc&link-type=html))) requires the Secretary of the Department of Health and Human Services to update the poverty guidelines at least annually, adjusting them on the basis of the Consumer Price Index for All Urban Consumers (CPI-U). The poverty guidelines are used as an eligibility criterion by Medicaid and a number of other Federal programs. The *poverty guidelines* issued here are a simplified version of the *poverty thresholds* that the Census Bureau uses to prepare its estimates of the number of individuals and families in poverty.

As required by law, this update is accomplished by increasing the latest published Census Bureau poverty thresholds by the relevant percentage change in the Consumer Price Index for All Urban Consumers (CPI-U). The guidelines in this 2018 notice reflect the 2.1 percent price increase between calendar years 2016 and 2017. After this inflation adjustment, the guidelines are rounded and adjusted to standardize the differences between family sizes. In rare circumstances, the rounding and standardizing adjustments in the formula result in small decreases in the poverty guidelines for some household sizes even when the inflation factor is not negative. In cases where the year-to-year change in inflation is not negative and the rounding and standardizing adjustments in the formula result in reductions to the guidelines from the previous year for some household sizes, the guidelines for the affected household sizes are fixed at the prior year's guidelines. As in prior years, these 2018 guidelines are roughly equal to the poverty thresholds for calendar year 2017 which the Census Bureau expects to publish in final form in September 2018.

The poverty guidelines continue to be derived from the Census Bureau's current official poverty thresholds; they are not derived from the Census Bureau's Supplemental Poverty Measure (SPM).

The following guideline figures represent annual income.

2018 Poverty Guidelines for the 48 Contiguous States
and the District of Columbia

Persons in family/household	Poverty guideline
1	\$12,140
2	16,460
3	20,780
4	25,100
5	29,420
6	33,740
7	38,060
8	42,380

For families/households with more than 8 persons, add \$4,320 for each additional person.

2018 Poverty Guidelines for Alaska

Persons in family/household	Poverty guideline
1	\$15,180
2	20,580
3	25,980
4	31,380
5	36,780
6	42,180
7	47,580
8	52,980

For families/households with more than 8 persons, add \$5,400 for each additional person.

2018 Poverty Guidelines for Hawaii

Persons in family/household	Poverty guideline
1	\$13,960
2	18,930
3	23,900
4	28,870
5	33,840
6	38,810
7	43,780
8	48,750

For families/households with more than 8 persons, add \$4,970 for each additional person.

Separate poverty guideline figures for Alaska and Hawaii reflect Office of Economic Opportunity administrative practice beginning in the 1966-1970 period. (Note that the Census Bureau poverty thresholds—the version of the poverty measure used for statistical purposes—have never had separate figures for Alaska and Hawaii.) The poverty guidelines are not defined for Puerto Rico or other outlying jurisdictions. In cases in which a Federal program using the poverty guidelines serves any of those jurisdictions, the Federal office that administers the program is generally responsible for deciding whether to use the contiguous-states-and-DC guidelines for those jurisdictions or to follow some other procedure.

Due to confusing legislative language dating back to 1972, the poverty guidelines sometimes have been mistakenly referred to as the “OMB” (Office of Management and Budget) poverty guidelines or poverty line. In fact, OMB has never issued the guidelines; the guidelines are issued each year by the Department of Health and Human Services. The poverty guidelines may be formally referenced as “the poverty guidelines updated periodically in the **Federal Register** by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902 ([\(https://api.fdsys.gov/link?collection=uscode&title=42&year=mostrecent§ion=9902&type=usc&link-type=html\)](https://api.fdsys.gov/link?collection=uscode&title=42&year=mostrecent§ion=9902&type=usc&link-type=html)(2)).”

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Some federal programs use a percentage multiple of the guidelines (for example, 125 percent or 185 percent of the guidelines), as noted in relevant authorizing legislation or program regulations. Non-Federal organizations that use the poverty guidelines under their own authority in non-Federally-funded activities also may choose to use a percentage multiple of the guidelines.

The poverty guidelines do not make a distinction between farm and non-farm families, or between aged and non-aged units. (Only the Census Bureau poverty thresholds have separate figures for aged and non-aged one-person and two-person units.)

Note that this notice does not provide definitions of such terms as “income” or “family,” because there is considerable variation in defining these terms among the different programs that use the guidelines. These variations are traceable to the different laws and regulations that govern the various programs. This means that questions such as “Is income counted before or after taxes?”, “Should a particular type of income be counted?”, and “Should a particular person be counted as a member of the family/household?” are actually questions about how a specific program applies the poverty guidelines. All such questions about how a

specific program applies the guidelines should be directed to the entity that administers or funds the program, since that entity has the responsibility for defining such terms as “income” or “family,” to the extent that these terms are not already defined for the program in legislation or regulations.

Dated: January 12, 2018.

Eric D. Hargan,

Acting Secretary of Health and Human Services.

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