Memorandum

TO: WIC Regional Directors
WIC Local Agency Directors

#07-061

FROM: Linda Brumble, Unit Manager (Original Signed)
Nutrition Education/Clinic Services Unit
Nutrition Services Section

DATE: May 4, 2007

SUBJECT: Women's Health Program (WHP)

The eligibility criteria for the Women's Health Program (WHP) has changed effective immediately. Please see the new eligibility criteria below. The applications that were sent to you from the State Agency in March are no longer valid "as is".

However, the State Agency (SA) in cooperation with Health and Human Service Commission (HHSC) have agreed on three options for the local agencies (LAs) to distribute WHP applications. They are as follows:

1) LAs may recycle all the old applications (dated January 2007) and order new applications in bulk (50-2000 applications only) from HHSC at this web address: http://www.dads.state.tx.us/news_info/publications/handbooks/online_forms_order.doc. Order form H-1867 and H-1867-S (for Spanish version). The State Agency will no longer be printing applications. Due to the ordering limitations, we do encourage each individual site to order applications as they need them.

2) LAs may still use the old application (dated January 2007) with the attached addendum pages. HHSC developed the addendum page that must be faxed (or mailed) with the original application. If the addendum page is not attached, they will pend the applicant until they receive the missing information (see the changes below). This option is recommended as a temporary option until you receive new applications or addendums.

3) LAs may recycle all the old applications, download the new applications, and print or copy new ones as needed. This option is recommended as a temporary option until you receive new applications or addendums.
http://www.hhsc.state.tx.us/WomensHealth/Application_English.doc
http://www.hhsc.state.tx.us/WomensHealth/Application_Spanish.doc

Note: The WHP brochures are accurate and still may be used. Additional copies can be ordered using the *Texas WIC Materials Order Form* (stock no. 13-06-12545).

We apologize for any inconvenience this may cause. Thank you for your outreach efforts for the Women's Health Program.

New eligibility criteria effective May 1
On May 1, 2007 new eligibility criteria will become effective in the Women's Health Program, applicants will have to meet the following three additional qualifications:

- Are not pregnant.
- Are not sterile, infertile, or unable to get pregnant due to medical reasons.
- Do not have private health insurance that covers family planning services, unless filing a claim on the health insurance would cause physical, emotional, or other harm from a spouse, parent, or other person.

  For the purposes of the Women's Health Program application, a client's private health insurance is considered to cover family planning services if it provides both: (1) family planning related physician office visits and procedures and (2) contraceptive drugs and devices. In making this determination, the applicant should only consider whether the health insurance provides coverage and not give consideration to other issues such as high deductibles or dollar limits on drug coverage.

More information on these changes can be found at:
http://www.hhsc.state.tx.us/WomensHealth/PolicyChangesforProviders.html

Updated Applications

Updated applications may be used now. You may download and print individual applications from the following links:

English - http://www.hhsc.state.tx.us/WomensHealth/Application_English.doc
Spanish - http://www.hhsc.state.tx.us/WomensHealth/Application_Spanish.doc

Women's Health Program

Application Attachment with New Eligibility Criteria
Effective May 1, 2007

Name (Last, First, MI):

Social Security Number:

Are you pregnant? ☐ Yes ☐ No

Are you sterile, infertile or unable to get pregnant due to medical reasons? ☐ Yes ☐ No

Do you have health insurance that covers family planning services? ☐ Yes ☐ No

- If yes, will filing a claim on your health insurance cause physical, emotional or other harm from your spouse, parents or other person?

☐ Yes ☐ No

If yes, explain your situation below. If needed, attach additional pages and include your name and Social Security number.

"I certify under penalty of perjury that the information I have provided is true and complete to the best of my knowledge. If it is not, I may be subject to criminal prosecution. I understand that the Women's Health Program does not provide full Medicaid coverage. However, I understand that I may qualify for other Medicaid services and I can apply at any time."

Client Signature:

For WIC: Please include this page when faxing the application. This page is needed only for older applications dated January 2007 in the upper right hand corner. This attachment captures necessary information related to new eligibility criteria effective May 1, 2007. Failure to provide information on these new eligibility criteria will cause an application to pend. Fax applications, including this attachment and verification documents, to the following number: 1-866-993-9971. Please fax applications one at a time.

El Programa de Salud de la Mujer

Anexo de solicitud con nuevos criterios de inscripción
Efectivo a partir del 1 de mayo, 2007

Nombre (apellido, primer nombre, inicial del segundo nombre):
Número de Seguro Social:
¿Está embarazada? ☐ Sí ☐ No
¿Es estéril, infértil o no puede quedar embarazada por razones médicas? ☐ Sí ☐ No
¿Tiene seguro medico que cubre los servicios de planificación familiar? ☐ Sí ☐ No • Si contesta "Sí", ¿el presentar un reclamo a su seguro médico ocasionará daño físico, emocional o de otro tipo por parte de su cónyuge, sus padres u otra persona? ☐ Sí ☐ No Si contesta "Sí", explique su situación a continuación. Si es necesario, anexe páginas adicionales e incluya su nombre y Número de Seguro Social.
Certifico bajo pena de perjurio que la información que he proporcionado es verdadera y completa a lo mejor de mi conocimiento. Si no lo es, puedo estar sujeta a proceso criminal. Entiendo que el Programa de Salud de la Mujer no proporciona cobertura completa de Medicaid. Sin embargo, entiendo que podría reunir los requisitos para otros servicios de Medicaid y que puedo solicitarlos en cualquier momento". Firma de la solicitante:
For WIC: Please include this page when faxing the application. This page is needed only for older applications dated January 2007 in the upper right hand corner. This attachment captures necessary information related to new eligibility criteria effective May 1, 2007. Failure to provide information on these new eligibility criteria will cause an application to pend. Fax applications, including this attachment and verification documents, to the following number: 1-866-993-9971. <u>Please fax applications one at a time.</u>