

---

## **Table of Contents**

**State/Territory Name: Texas**

**State Plan Amendment (SPA) #: TX-14-0035**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) SPA Summary Form
- 3) Approved SPA Pages

The complete title XXI state plan for Texas consists of the most recent state plan posted on Medicaid.gov under CHIP and State Plan Amendments. The link is provided below. The following approved templates are in addition to, or replace sections of the state's posted current state plan. The attached approval letter(s) explain how these templates fit into that state plan.

Link to state title XXI state plans and amendments: XXI state plans and amendments:

<http://medicaid.gov/chip/state-program-information/chipstate-program-information.html>

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop: S2-26-12  
Baltimore, Maryland 21244-1850



**Children and Adults Health Programs Group**

---

JUL 17 2014

Kay Ghahremani  
Texas State Medicaid and CHIP Director  
11209 Metric Blvd  
P.O. Box 85200 H-100  
Austin, Texas 78708-5200

Dear Ms. Ghahremani:

I am pleased to inform you that the Centers for Medicare & Medicaid Services (CMS) has approved Texas' Children's Health Insurance Program (CHIP) State Plan Amendment (SPA), TX-13-0035-MC4 submitted on December 31, 2013. This SPA incorporates the MAGI-based eligibility process requirements in accordance with the Affordable Care Act. The effective date of this SPA is October 1, 2013.

Texas is using interim alternative single streamlined paper and online applications. By August 31, 2014, the state will implement a revised alternative single streamlined paper application and by December 31, 2014, Texas will implement a revised alternative single streamlined online application. Both revised applications will address CMS concerns outlined in the companion letter issued with this SPA approval.

Enclosed is a copy of the following CS24 state plan pages and attachments to be incorporated within a separate section at the end of Texas' approved state plan:

- CS24
- Attachment 1 – Statement of use with respect to the alternative single streamlined online application
- Attachment 2 – Statement of use with respect to the alternative single streamlined paper application

This approval and the attachments supercede the following sections of the current CHIP State Plan:

- Section 4.3: Single Streamlined Application Screen and Enroll Process
- Section 4.4: Renewals, Screening by Other Insurance Affordability Programs

Page 2 – Ms. Kay Ghahremani

We appreciate the significant amount of work your staff dedicated to preparing this State Plan Amendment. Your title XXI project officer is Ms. Victoria Collins. She is available to answer questions concerning this amendment and other CHIP-related issues. Ms. Collins' contact information is as follows:

Centers for Medicare & Medicaid Services  
Center for Medicaid and CHIP Services  
Mail Stop: S2-01-16  
7500 Security Blvd.  
Baltimore, MD 21244-1850  
Telephone: (410) 786-2176  
Facsimile: (410) 786-5882  
E-mail: Victoria.Collins@cms.hhs.gov

Official communications regarding program matters should be sent simultaneously to Ms. Collins' and to Mr. Bill Brooks, Associate Regional Administrator (ARA) in our Dallas Regional Office. Mr. Brooks' address is:

Mr. Bill Brooks  
Centers for Medicare & Medicaid Services  
Dallas Regional Office  
1301 Young Street Room #714  
Dallas, TX 75202

If you have additional questions, please contact Ms. Kelly Whitener, Director, Division of State Coverage Programs at (410) 786-0719. We look forward to continuing to work with you and your staff.

Sincerely,

A large black rectangular redaction box covering the signature of Eliot Fishman.

Eliot Fishman  
Director

Enclosure

cc:

Bill Brooks, Associate Regional Administrator, CMS Dallas Region



**Children and Adults Health Programs Group**

---

**JUL 17 2014**

Kay Ghahremani  
Texas State Medicaid and CHIP Director  
11209 Metric Blvd  
P.O. Box 85200 H-100  
Austin, Texas 78708-5200

RE: CS24 – Eligibility Process State Plan Amendment (SPA), TX-13-0035

Dear Ms. Ghahremani:

This letter is being sent as a companion to Centers for Medicare & Medicaid Services (CMS) approval of state plan amendment (SPA) TX-13-0035-MC4, which was submitted to CMS on December 31, 2013. Our review of this submission included a review of the alternative single streamlined paper and online applications developed by the state.

Until December 31, 2014 the state is using an interim alternative single streamlined online application. By December 31, 2014, the state will implement a revised online application to reflect the following changes:

<b>Alternative Single Streamlined Online Application</b>	
<b>Necessary changes:</b>	<b>Completion Date</b>
1. If a household member is not applying for coverage, questions on citizenship, immigration status, foster care, residency, and disability/special health needs will not appear.	December 31, 2014
2. Add language to clarify that provision of an SSN is optional for non-applicant household members.	December 31, 2014
3. Remove detailed questions about absent parents, beyond identification of whether or not there is an absent parent.	December 31, 2014
4. Remove income instructions that direct applicants to include child support and money from family and friends in expected income.	December 31, 2014

Necessary changes:	Completion Date
5. Remove all asset questions from the MAGI-based application.	August 31, 2014
6. Remove all questions related to disregards not countable under MAGI from the MAGI-based application (such as costs to take care of others).	December 31, 2014
7. Remove requests for documentation of information that can be verified electronically by the state, unless the state has attempted to verify electronically and failed.	December 31, 2014

Until August 31, 2014 the state is using an interim alternative single streamlined paper application. By August 31, 2014, the state will implement a revised paper application to reflect the following changes:

<b>Alternative Single Streamlined Paper Application</b>	
Necessary changes:	Completion Date
1. Remove all questions regarding assets (Step 3).	August 31, 2014
2. Remove detailed questions about absent parents, beyond identification of whether or not there is an absent parent.	August 31, 2014

Please submit the revised alternative single streamlined paper application to CMS for review no later than August 1, 2014, and please submit the revised alternative single streamlined online application to CMS for review no later than December 1, 2014. This will allow time for review prior to the agreed upon implementation date. We continue to be available to provide technical assistance. If you have any questions about your application, please contact Victoria Collins at [Victoria.Collins@cms.hhs.gov](mailto:Victoria.Collins@cms.hhs.gov) or (410) 786-2167.

Page 3 –Ms. Kay Ghahremani

We look forward to continuing to work with you and your staff.

Sincerely,



Kelly Whitener,  
Director, Division of State Coverage Programs

cc:

Bill Brooks, Associate Regional Administrator, CMS Dallas Region

## Children's Health Insurance Program Eligibility

**TX.0915.R00.00 - Jan 01, 2014**

Home

Logout

Finder

Save

Validate

Print

Help

Control Panel

General  
Information

File Management

Tribal Input

Summary

### Children's Health Insurance Program Eligibility: Summary Page

State/Territory      Texas  
name:                      **Transmittal Number:**

*Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.*

TX-14-0038

#### Type of SPA:

- MAGI Eligibility & Methods
- XXI Medicaid Expansion
- Establish 2101(f) Group
- 
- 

#### Proposed Effective Date

01/01/2014

(mm/dd/yyyy)

#### Federal Statute/Regulation Citation

2102(b)(3) & 2107(e)(1)(O) of the SSA and 42 CFR 457, subpart C

#### Federal Budget Impact

- This SPA has a budget impact.

Total budget impact:

State Funds:            \$

Federal Funds:        \$

#### Subject of Amendment

Please provide a brief summary of SPA changes.

The purpose of this amendment is to indicate that the State determines eligibility for the Children's Health Insurance Program, rather than the Federally-Facilitated Marketplace (FFM), for individuals applying for health care assistance through the FFM.

### Signature of State Agency Official

Submitted By: Ashley Fox  
Last Revision Date: Mar 31, 2014  
Submit Date: Mar 31, 2014

BACK

CONTINUE





# CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

## Separate Child Health Insurance Program General Eligibility - Eligibility Processing

CS24

2102(b)(3) & 2107(e)(1)(O) of the SSA and 42 CFR 457, subpart C

- The CHIP Agency meets all of the requirements of 42 CFR 457, subpart C for application processing, eligibility screening and enrollment.

### Application Processing

Indicate which application the agency uses for individuals applying for coverage who may be eligible based on the applicable modified adjusted gross income standard:

- The single, streamlined application developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act.
- An alternative single, streamlined application developed by the state and approved by the Secretary in accordance with section 1413(b)(1)(B) of the Affordable Care Act.

An attachment is submitted.

- An alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single or alternative application used only for insurance affordability programs to individuals seeking assistance only through such programs.

An attachment is submitted.

- The agency's procedures permit an individual, or authorized person acting on behalf of the individual, to submit an application via the internet website described in CFR 457.340(a), by telephone, via mail, in person and other commonly available electronic means.

The agency accepts applications in the following other electronic means.

- Other electronic means:

	Name of method	Description	
+	Facsimile	Applications for CHIP can be submitted by fax to 1-877-HHSC-TEX (1-877-447-2839).	X

### Screen and Enroll Process

- The CHIP Agency has coordinated eligibility and enrollment screening procedures in place that are applied at time of initial application, periodic redeterminations, and follow-up eligibility determinations. The procedures ensure that only targeted low-income children are provided CHIP coverage and that enrollment is facilitated for applicants found to be potentially eligible for other insurance affordability programs.

Procedures include:



# CHIP Eligibility

- Screening of application to identify all individuals eligible or potentially eligible for CHIP or other insurance affordability programs; and
- Income eligibility test, with calculation of household income consistent with 42 CFR 457.315 for individuals identified as potentially eligible for Medicaid or other insurance affordability programs based on household income; and
- Screening process for individuals who may qualify for Medicaid on a basis other than having household income at or below the applicable MAGI standard, based on information in the single streamlined application.

The CHIP agency has entered into an arrangement with the Exchange to make eligibility determinations for advanced premium tax credits in accordance with section 1943(b)(2) of the SSA.

No

## Redetermination Processing

- Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable modified adjusted gross income standard are performed as follows, consistent with 42 CFR 457.343:
  - Once every 12 months.
  - Without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency.
- If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional information to complete the redetermination, it provides the individual with a pre-populated renewal form containing the information already available.

## Screening by Other Insurance Affordability Programs

- The CHIP Agency provides assurance that it has adopted procedures to accept and process electronic accounts of individuals screened as potentially eligible for CHIP by other insurance affordability programs in accordance with the requirements of 42 CFR 457.348(b) and to determine eligibility in accordance with 42 CFR 457.340 in the same manner as if the application had been submitted directly to, and processed by the state.
- The CHIP Agency elects the option to accept CHIP eligibility decisions made by the Exchange or other agencies administering insurance affordability programs as provided in 42 CFR 457.348 and to furnish CHIP in accordance with requirements of 42 CFR 457.340 to the same extent and in the same manner as if the applicant had been determined by the state to be eligible for CHIP.
- The CHIP Agency has entered into an agreement with agencies administering other insurance affordability programs to fulfill the requirements of 457.348(b) and will provide this agreement to the Secretary upon request.

## PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20130709

**USE OF THE ALTERNATIVE SINGLE STREAMLINED APPLICATION**

Paper Application

Online Application

**TRANSMITTAL NUMBER:**

TX-13-0035-MC4

**STATE:**

Texas

Through August 31, 2014, the state is using an interim paper alternative single streamlined application. After August 31, 2014, the state will use a revised paper application. The revised application will address the issues outlined in the CMS letter, which was issued with the approval of this state plan amendment, concerning the state's application. The revised application will be incorporated by reference into the state plan.

**USE OF THE ALTERNATIVE SINGLE STREAMLINED APPLICATION**

Paper Application

Online Application

**TRANSMITTAL NUMBER:**

TX-13-0035-MC4

**STATE:**

Texas

Through December 31, 2014, the state is using an interim alternative single streamlined application. After December 31, 2014, the state will use a revised alternative single streamlined application. The revised application will address the issues outlined in the CMS letter, which was issued with the approval of this state plan amendment, concerning the state's application. The revised application will be incorporated by reference into the state plan.