

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1301 Young Street, Room 833
Dallas, Texas 75202



Division of Medicaid & Children's Health, Region VI

January 14, 2009

Our Reference: SPA TX 09-037

Mr. Billy Millwee
Interim Associate Commissioner for Medicaid & CHIP
Health and Human Services Commission
Post Office Box 13247
Mail Code: H100
Austin, Texas 78711

Dear Mr. Millwee:

We have reviewed the State's proposed amendment to the Texas State Plan submitted under Transmittal Number 09-037, dated October 15, 2009. The purpose of this plan amendment is to provide assurance of the State's compliance with Section 6035 of the Deficit Reduction Act of 2005.

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with an effective date change of December 1, 2009. A copy of the CMS-179 and the approved plan pages are enclosed with this letter.

If you have any questions, please contact Ford J. Blunt at (214) 767-6381.



Sincerely,

A solid black rectangular box redacting the signature of Bill Brooks.

Bill Brooks
Associate Regional Administrator

Enclosures

cc: Tamela Griffin, Policy Development Support

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 09-037	2. STATE: TEXAS
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: December 1, 2009	
5. TYPE OF PLAN MATERIAL (Circle One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION: 1902(a)(25)(I) of the Social Security Act, as amended	7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2010 \$00 b. FFY 2011 \$00 c. FFY 2012 \$00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SEE ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SEE ATTACHMENT	
10. SUBJECT OF AMENDMENT: The proposed amendment provides assurance of the state's compliance with Section 6035 of the Deficit Reduction Act of 2005 (DRA), P.L. 109-171.		
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt. <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Chris Traylor State Medicaid Director Post Office Box 85200 Austin, Texas 78711-5200	
13. TYPED NAME: Chris Traylor		
14. TITLE: State Medicaid Director		
15. DATE SUBMITTED: October 15, 2010		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: 16 October, 2009	18. DATE APPROVED: 1 January, 2010	
PLAN APPROVED - ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 December, 2009	20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Bill Brooks	22. TITLE: Associate Regional Administrator Div of Medicaid & Children's Health	
23. REMARKS:		

Attachment to Blocks 8 and 9 to CMS Form 179

TX Transmittal No. 09-037, Amendment No. 883

**Number of the
Plan Section or Attachment**

**Number of the Superseded
Plan Section or Attachment**

Supplement 1 to Attachment 4.22-A – New
Page 1 – New Page

N/A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: TEXAS

STATE LAWS REQUIRING THIRD PARTIES TO PROVIDE
COVERAGE ELIGIBILITY AND CLAIMS DATA

1902(a)(25)(I) The State has in effect laws that require third parties to comply with the provisions, including those which require third parties to provide the State with coverage, eligibility, and claims data, of 1902(a)(25)(I) of the Social Security Act.

STATE <u>Texas</u>	A
DATE REC'D <u>10-16-09</u>	
DATE APPV'D <u>1-14-10</u>	
DATE EFF <u>12-1-09</u>	
HCFA 179 <u>09-37</u>	

SUPERSEDES: NONE - NEW PAGE

TN No. 09-37 Approval Date 1-14-10 Effective Date 12-1-09

Supersedes TN No. SUPERSEDES: NONE - NEW PAGE

Marks, Marsha L. (CMS/SC)

From: Marks, Marsha L. (CMS/SC)
Sent: Thursday, January 21, 2010 11:54 AM
To: CMS CMSO_508_SPA
Cc: Prisby, Karen L. (CMS/CMCHO); Blunt, Ford J. (CMS/SC); WARD, LYNN V. (CMS/SC); Spencer, Rene (CMS/CMCHO)
Subject: Approval Pkg for TX 09-37
Attachments: TX0937APPROVAL.doc; Final Approval Pkg for 09-37.pdf

See Attached.

State: Texas

Brief Description: This amendment provides assurance of the state's compliance with Section 6035 of the Deficit Reduction Act of 2005. This is a TPL-related SPA. There are no reimbursement or funding issues associated with this SPA.

Approval Date: 1 January, 2010

Effective Date: 1 December, 2009

Marsha Marks // Dept of Health & Human Services // Centers for Medicare & Medicaid Services // Dallas Regional Office // Division of Medicaid & Children's Health // Dallas Texas 75202 // 214-767-6280 // Fax 214-767-0322 // marsha.marks@cms.hhs.gov