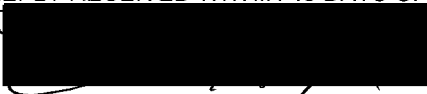



<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER:  <b>09-035</b>	2. STATE:  <b>TEXAS</b>
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE:  <b>December 1, 2009</b>	
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: <b>42 CFR §435.117 1902(e)(4) of the Act</b>		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:  <b>SEE ATTACHMENT</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b>SEE ATTACHMENT</b>	
10. SUBJECT OF AMENDMENT: <b>The proposed amendment removes the eligibility requirements for newborns that: (i) the newborn child of a mother who is a Medicaid recipient continuously reside with the mother for one year after birth; and (ii) that the mother remain eligible for Medicaid (or would remain eligible if still pregnant) in order for the child to receive Medicaid benefits for one year after birth. The change is being made to comply with section 113 of the CHIP Reauthorization Act of 2009 (CHIPRA) and its amendment to section 1902(e)(4) of the Social Security Act. The intent of the amendment is to ensure that babies born to women covered by Medicaid are enrolled automatically in Medicaid for one year, regardless of whether the newborn lives with the mother or whether the mother remains eligible for Medicaid.</b>			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt.	
12. SIGNATURE: 		16. RETURN TO:  <b>Chris Traylor State Medicaid Director Post Office Box 85200 Austin, Texas 78711-5200</b>	
13. TYPED NAME:  <b>Chris Traylor</b>			
14. TITLE:  <b>State Medicaid Director</b>			
15. DATE SUBMITTED:  <b>September 30, 2009</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>30 September, 2009</b>		18. DATE APPROVED: <b>14 December, 2009</b>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>1 December, 2009</b>		20. SIGNATURE: 	
21. TYPED NAME: <b>Bill Brooks</b>		22. TITLE: <b>Associate Regional Administrator Div of Medicaid &amp; Children's Health</b>	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State: Texas

Citations	Groups Covered
	A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)
1902(e)(4) of the Act 42 CFR 435.117	12. A child born in the United States to a woman who was eligible for and receiving Medicaid (including coverage of an alien for labor and delivery as emergency medical services) for the date of the child's birth, including retroactively. The child is deemed eligible for one year from birth.
42 CFR 435.120	13. Aged, Blind, and Disabled Individuals Receiving Cash Assistance.

a. Individuals receiving SSI.

This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act.

- Aged
- Blind
- Disabled

STATE <u>Texas</u>	A
DATE REC'D <u>9-30-09</u>	
DATE APP'D <u>12-14-09</u>	
DATE EFF <u>12-1-09</u>	
HCFA 179 <u>09-35</u>	

SUPERSEDES: TN- 92-10

TN No. 09-35 Approval Date 12-14-09 Effective Date 12-1-09  
Supersedes TN No. 92-10

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

State: TEXAS

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Citation Groups Covered

C. Optional Coverage of the Medically Needy  
(Continued)

4. [Reserved.]

IV-A  
42 CFR 435.308

5.  a. Financially eligible individuals who are not described in section C.3. above and who are under the age of –

21

20

19

18 or under age 19 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

b. Reasonable classifications of financially eligible individuals under the ages of 21, 20, 19, or 18 as specified below:

(1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:

(a) In foster homes (and are under the age of \_\_\_\_).

(b) In private institutions (and are under the age of \_\_\_\_).

SUPERSEDES: TN- 03-12

STATE <u>Texas</u>	<b>A</b>
DATE REC'D <u>9-30-09</u>	
DATE APPV'D <u>12-14-09</u>	
DATE EFF <u>12-1-09</u>	
HCFA 179 <u>09-35</u>	

TN No. 09-35

Approval Date 12-14-09

Effective Date 12-1-09

Supersedes TN No. 03-12

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**

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December 14, 2009

Our Reference: SPA TX 09-035

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

Dear Mr. Traylor:

We have reviewed the State's proposed amendment to the Texas State Plan submitted under Transmittal Number 09-035, dated September 30, 2009. The purpose of this plan amendment is to remove the eligibility requirements that (1) the newborn child of a mother who is a Medicaid recipient must continuously reside with the mother for one year after birth; and (2) that the mother remain eligible for Medicaid (or would remain eligible if still pregnant) in order for the child to receive Medicaid benefits for one year after birth. This change enables the state to comply with the amendment to section 1902(e)(4) of the Social Security Act due to CHIPRA of 2009.

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,

Bill Brooks  
Associate Regional Administrator

Enclosures

cc: Tamela Griffin, Policy Development Support

**Marks, Marsha L. (CMS/SC)**

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**From:** Marks, Marsha L. (CMS/SC)  
**Sent:** Thursday, January 21, 2010 12:18 PM  
**To:** CMS CMSO\_508\_SPA  
**Cc:** Blunt, Ford J. (CMS/SC); Prisby, Karen L. (CMS/CMCHO); WARD, LYNN V. (CMS/SC); Spencer, Rene (CMS/CMCHO)  
**Subject:** Approval Pkg for TX 09-35  
**Attachments:** TX0935APPROVAL.doc; Final Approval Pkg for TX 09-35.pdf

See Attached.

State: Texas

**Brief Description:** The amendment removes eligibility requirements that (1) the newborn child of a mother who is a Medicaid recipient must continuously reside with the mother for one year after birth; and (2) that the mother remain eligible for Medicaid (or would remain eligible if still pregnant) in order for the child to receive Medicaid benefits for one year after birth..

**Approval Date:** 14 December 2009

**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](mailto:marsha.marks@cms.hhs.gov)

**Attachment to Blocks 8 and 9 to CMS Form 179**

**TX Transmittal No. 09-035, Amendment No. 881**

**Number of the  
Plan Section or Attachment**

Attachment 2.2-A  
Page 6  
Page 25

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

Attachment 2.2-A  
Page 6 (TN 92-010)  
Page 25 (TN 03-012)