STATE PLAN MATERIAL  FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES  TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES DEPARTMENT OF HEALTH OF HEALTH AND HUMAN SERVICES DEPARTMENT  NEW STATE PLAN  AMENDMENT TO BE CONSIDERED AS NEW PLAN  AMENDMENT TO BE CONSIDERED AS NEW PLAN  AMENDMENT OF HEALTH OF HEALT	TRANSMITTAL AND NOTICE OF ADDROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE:				
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES  TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DECRITY ACT (MEDICAID)  4. PROPOSED EFFECTIVE DATE: DECRINENT OF HEALTH AND HUMAN SERVICES DECRIPION OF HEALTH AND HUMAN SERVICES DEC	TRANSMITTAL AND NOTICE OF APPROVAL OF	00.035	TEXAS				
S. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAD)  TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES  5. TYPE OF PLAN MATERIAL (Circle One):  NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) 6. FEDERAL STATUTE/REGULATION CITATION: 7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT 8. FFY 2010 S00 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  SEE ATTACHMENT 10. SUBJECT OF AMENDMENT: 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; 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; and (ii) that the mother remain eligible for Medicaid (or would remain eligible for Medicaid for one year, regardless of whether the newborn lives with the mother or whether the mother remains eligible for Medicaid for one year, regardless of whether the newborn lives with the mother or whether the mother remains eligible for Medicaid for one year, regardless of whether the newborn lives with the mother or whether the mother remains eligible for Medicaid for one year, regardless of whether the newborn lives with the mother or whether the mother remains eligible for Medicaid for one year, regardless of whether the newborn lives with the mother or whether the mother remains eligible for Medicaid for one year, regardless of whether the newborn lives with the mother or whether the mother remai							
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NEW STATE PLAN		December 1, 2000					
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) 6. FEDERAL STATUTE/REGULATION CITATION: 4. 2 CFR §435.117 7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT 902(e)(4) of the Act 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 9. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 10. SUBJECT OF AMENDMENT: The proposed amendment removes the eligibility requirements for newborns that: (i) the newborn child of a mother who is a Medicaid or eciplent 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 pregnanty in order for the child to receive Medicaid one women covered by Medicaid are enrolled automatically in Medicaid for one year, regardless of whether the mother remains eligible for Medicaid are enrolled automatically in Medicaid for one year, regardless of whether the membern lives with the mother or whether the mother remains eligible for Medicaid.  11. GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENT NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  12. SIGNATU 16. RETURN TO:  Chris Traylor  13. TYPED NAME: State Medicaid Director 15. DATE SUBMITTED:  September 30, 2009  FOR REGIONAL OFFICE USE ONLY  17. DATE RECEIVED: SEE ATTACHMENT  18. DATE APPROVED ONE COPY ATTACHED  19. EFFECTIVE DATE OF APPROVED MATERIAL: 20. SIGN		December 1, 2009					
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §435.117  8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  9. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  10. SUBJECT OF AMENDMENT:  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 for still pregnanty in order for the child to receive Medicaid benefits for one year after birth; and (iii) that the mother remain eligible for Medicaid are enrolled automatically in Medicaid for one year, regardless of whether the mether remains eligible for 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.  11. GOVERNOR'S REVIEW (Check One):  GOVERNOR'S OFFICE REPORTED NO COMMENT  OMBINITION  GOVERNOR'S OFFICE REPORTED NO COMMENT  OMBINITION  13. TYPED NAME:  COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  14. TITLE:  State Medicaid Director  15. DATE SUBMITTED:  September 30, 2009  FOR REGIONAL OFFICE USE ONLY  17. DATE RECEIVED:  18. DATE APPROVED:  19. EFFECTIVE DATE OF APPROVED MATERIAL:  20. SIGN  19. EFFECTIVE DATE OF APPROVED MATERIAL:  20. SIGN							
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Effective Date 12-1-09

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: Texas					
Citations	Groups Covered				
			atory Coverage – Categorically Needy and Other ired Special Groups (Continued)		
1902(e)(4) of the Act 42 CFR 435.117	1:	V C E	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	1:	<ol> <li>Aged, Blind, and Disabled Individuals Receiving Cash Assistance.</li> </ol>			
			☑ 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 Texa ≤  DATE REC'D 9-30-09  12-14-09  A		
SUPERSEDES: TN	92-10	5	DATE APPV'D 12-1-09  DATE EFF 12-1-09  HCFA 179 09-35		

TN No. <u>09-35</u> Approval Date <u>12-14-09</u>
Supersedes TN No. <u>92-10</u>

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

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Citation Groups Covered						
	C.		Optional Coverage of the Medically Needy (Continued)			
		4.	[Rese	rved.]		
IV-A 42 CFR 435.308		5.	⊠ a.		ally eligible individuals who are not described on C.3. above and who are under the age of –	
				21		
				20		
			$\boxtimes$	19		
□				second	nder age 19 who are full-time students in a arry school or in the equivalent level of hal or technical training.	
			⊠ b.	individu	able classifications of financially eligible als under the ages of 21, 20, 19, or 18 as d below:	
		as	ndividuals for whom public agencies are ssuming 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).	
SUPERSE	DES:	TN	03 -	12_	STATE Texas  DATE REC'D. 9-30-09  DATE APPV'D 12-14-09  DATE EFF 12-1-09  HCFA 179 09-35	

TN No. 09-35

Approval Date 12-14-09

Effective Date 12-1-09

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

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)

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 Approal 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

#### 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

Number of the Superseded Plan Section or Attachment

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