

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**

---

April 27, 2010

Our Reference: SPA TX 10-001

Mr. Billy Millwee  
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 10-001, dated February 2, 2010. This amendment clarifies the eligibility criteria for extended Medicaid benefits under Section 1925 of the Act for Transitional Medical Assistance (TMA), and provides assurance that the state will collect and report information on the average monthly enrollment and average monthly participation rates for adults and children covered under TMA, as required by Section 1925(g) of the Act in accordance with the Recovery Act.

Additionally, please note that when the State submits a State Plan Amendment (SPA) that may impact Indians or Indian health providers, CMS will look for evidence of the State's Tribal consultation process for that SPA. Pursuant to the new section 1902(a)(73) of the Act added by section 5006(e) of the American Recovery and Reinvestment Act (ARRA) of 2009, the State must submit evidence to CMS regarding the solicitation of advice prior to submission of the State Plan Amendment. Such consultation must include all federally-recognized tribes, Indian Health Service and Urban Indian Organizations within the State.

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with an effective date change of January 1, 2010. 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 black rectangular redaction box covering the signature of Bill Brooks.

Bill Brooks  
Associate Regional Administrator

Enclosures

cc: Emily Zalkovsky, Policy Development Support

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER: <b>10-001</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>January 1, 2010</b>	
5. TYPE OF PLAN MATERIAL ( <i>Circle One</i> ):  <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 ( <i>Separate Transmittal for each amendment</i> )		
6. FEDERAL STATUTE/REGULATION CITATION: <b>42 CFR §435.112; Sections 1902(a)(52), 1902(e)(1), and 1925 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 ( <i>If Applicable</i> ):  <b>SEE ATTACHMENT</b>	
10. SUBJECT OF AMENDMENT: <b>The proposed amendment clarifies the eligibility criteria for extended Medicaid benefits under Section 1931 of the Act, or Transitional Medical Assistance (TMA). The amendment also provides assurance that the state will collect and report information on the average monthly enrollment and average monthly participation rates for adults and children covered under TMA, as required by Section 1925(g) of the Act.</b>		
11. GOVERNOR'S REVIEW ( <i>Check One</i> ):  <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: <b>Billy Millwee State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711-5200</b>	
13. TYPED NAME: <b>Billy Millwee</b>		
14. TITLE: <b>State Medicaid Director</b>		
15. DATE SUBMITTED: <b>February 2, 2010</b>		
<b>FOR REGIONAL OFFICE USE ONLY</b>		
17. DATE RECEIVED: <b>2 February, 2010</b>	18. DATE APPROVED: <b>27 April, 2010</b>	
PLAN APPROVED - ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>1 January, 2010</b>	20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>Bill Brooks</b>	22. TITLE: <b>Associate Regional Administrator Div of Medicaid &amp; Children's Health</b>	
23. REMARKS:		

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

**TX Transmittal No. 10-001, Amendment No. 894**

**Number of the  
Plan Section or Attachment**

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

Supplement 15 to Attachment 2.6-A  
Page 1 – New Page

Supplement 15 to Attachment 2.6-A  
N/A

STATE	<u>Texas</u>	A
DATE REC'D.	<u>2-2-10</u>	
DATE APP'VD.	<u>4-27-10</u>	
DATE EFF.	<u>1-1-10</u>	
HCFA 179	<u>10-01</u>	

Revision: CMS-10283  
 October 2009  
 OMB No.: 0938-1070

State of Texas  
 Supplement 15 to Attachment 2.6-A  
 Page 1-

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

State: TEXAS

**ELIGIBILITY UNDER SECTION 1925 OF THE ACT  
 TRANSITIONAL MEDICAL ASSISTANCE**

The State covers low-income families and children for Transitional Medical Assistance (TMA) under section 1925 of the Social Security Act (the Act). This coverage is provided for families who no longer qualify under section 1931 of the Act due to increased earned income, or working hours, from the caretaker relative's employment, or due to the loss of a time-limited earned income disregard. **(42 CFR 435.112, 1902(a)(52), 1902(e)(1), and 1925 of the Act)**

The amount, duration, and scope of services for this coverage are specified in Section 3.5 of this State plan.

For Medicaid eligibility to be extended through TMA, families must have been Medicaid eligible under section 1931 (months of retroactive eligibility may be used to meet this requirement):

- During at least 3 of the 6 months immediately preceding the month in which the family became ineligible under section 1931.
- For fewer than 3 of the 6 previous months immediately preceding the month in which the family became ineligible under section 1931. Specify:

The State extends Medicaid eligibility under TMA for an initial period of:

- 6 months. For TMA eligibility to continue into a second 6-month extension period, the family must meet the reporting, technical, and income eligibility requirements specified at section 1925(b) of the Act.
- 12 months. Section 1925(b) does not apply for a second 6-month extension period.

The State collects and reports participation information to the Department of Health and Human Services as required by section 1925(g) of the Act, in accordance with the format, timing, and frequency specified by the Secretary and makes such information publicly available.

TN No. 10-01 Approval Date 4-27-10 Effective Date 1-1-10

Supersedes TN No. SUPERSEDES: NONE - NEW PAGE

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

---

**From:** Marks, Marsha L. (CMS/SC)  
**Sent:** Monday, May 03, 2010 9:14 AM  
**To:** CMS CMSO\_508\_SPA  
**Cc:** Blunt, Ford J. (CMS/SC); Prisby, Karen L. (CMS/CMCHO); Seng, Suzette (CMS/SC)  
**Subject:** Approval Pkg for TX 10-01  
**Attachments:** TX1001APPROVAL.doc; Final Approval Pkg for TX 10-01.pdf

See Attached.

State: Texas

**Brief Description:** The amendment clarifies the eligibility criteria for extending Medicaid benefits under Section 1925 of Transitional Medical Assistance (TMA) and provides assurance that the state will be collect and report information on the average monthly enrollment and average monthly participation rates for adults and children covered under the TMA. This SPA does not have a direct impact on Indians, Indian health programs, or Urban Indian organizations.

**Approval Date:** 4/27/2010

**Effective Date:** 1/1/2010

*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)