

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

July 9, 2010

Our Reference: SPA TX 10-003

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 10-003, dated March 24, 2010. This amendment specifies eligibility for individuals for whom kinship guardianship assistance payments are being made under Title IV-E of the Act. The amendment also increases the age of eligible individuals for whom there is a state adoption assistance agreement in effect from 18 to 21 and specifies that income and resources are not considered for this population.

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 October 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,

/s/

Bill Brooks
Associate Regional Administrator

Enclosures

cc: Emily Zalkovsky, Policy Development Support

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 10-003	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: October 1, 2010	
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: 42 CFR §435.227; 42 USC §1396a(10)(i); 42 USC §673(b)		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2011 \$159,864 b. FFY 2012 \$344,621 c. FFY 2013 \$562,924	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SEE ATTACHMENT TO BLOCKS 8 AND 9		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SEE ATTACHMENT TO BLOCKS 8 AND 9	
10. SUBJECT OF AMENDMENT: The proposed amendment specifies eligibility for individuals for whom kinship guardianship assistance payments are being made under Title IV-E of the Social Security Act. The amendment also extends eligibility for kinship guardianship assistance through age 21 for youth who were 16 years or older at the time permanent managing conservatorship was granted to a non-parental relative. Finally, the amendment increases the age of eligible individuals for whom there is a state adoption assistance agreement in effect from 18 years to 21 years, if the youth was 16 years old or older at the time of adoption.			
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:	
13. TYPED NAME: Billy R. Millwee		Billy R. Millwee State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711-5200	
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: May 24, 2010			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 24 May, 2010		18. DATE APPROVED: 9 July, 2010	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 October, 2010		20. SIGNATURE OF REGIONAL OFFICIAL: <i>[Signature]</i>	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Div of Medicaid & Children's Health	
23. REMARKS:			

STATE	<u>Texas</u>	A
DATE REC'D	<u>5-27-10</u>	
DATE APPV'D	<u>7-9-10</u>	
DATE EFF	<u>10-1-10</u>	
HCFA 179	<u>10-03</u>	

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

State: TEXAS

Agency*	Citation	Groups Covered
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A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)

2. Deemed Recipients of AFDC

HHSC	1902(a)(10)(A)(i)(I) of the Act	b. Effective October 1, 1990, participants in a work supplementation program under title IV-A and any child or relative of such individual (or other individual living in the same household as such individuals) who would be eligible for AFDC if there were no work supplementation program, in accordance with section 482(e)(6) of the Act.
HHSC	402(a)(22) of the Act	c. Individuals whose AFDC payments are reduced to zero by reason of recovery of overpayment of AFDC funds.
HHSC	406(h) and 1902(a)(10)(A)(i)(I) of the Act	d. An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family becomes ineligible for AFDC as a result of collection or increased collection of support and meets the requirements of section 406(h) of the Act.
HHSC	1902(a)(10)(A)(i)(I) of the Act	e. Individuals deemed to be receiving AFDC who meet the requirements of section 42 USC 673(b) for whom an adoption assistance agreement is in effect, foster care maintenance payments are being made, or kinship guardianship assistance payments are being made under title IV-E of the Act.

SUPERSEDES: TN- 91-34

* Agency that determines eligibility for coverage.

TN No. 10-03

Approval Date 7-9-10

Effective Date 10-1-10

Supersedes TN No. 91-34

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

State: TEXAS

Agency*	Citation	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

HHSC 1902(a)(10)(A)
(ii)(VIII) of the
Act and 42 CFR
435.227

8. A child for whom there is in effect a State adoption assistance agreement (other than under title IV-E of the Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care, and who before execution of the agreement –

a. Was eligible for Medicaid under the State's approved Medicaid plan; or

b. Would have been eligible for Medicaid if the standards and methodologies of the title IV-E foster care program were applied rather than the AFDC standards and methodologies.

STATE <u>Texas</u>	The State covers individuals under the age of – A
DATE REC'D. <u>5-24-10</u>	
DATE APP'VD <u>7-9-10</u>	
DATE EFF. <u>10-1-10</u>	
HCFA 179 <u>10-03</u>	

- 21
 20
 19
 18

The Agency does not consider income or resources when determining eligibility for this population.

SUPERSEDES: TN- 94-36

* Agency that determines eligibility for coverage

TN No. 10-03 Approval Date 7-9-10 Effective Date 10-1-10
Supersedes TN No. 94-36