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| 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 (<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: 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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): 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 (<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: <i>[Signature]</i> | | 16. RETURN TO: Billy R. Millwee State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711-5200 | |
| 13. TYPED NAME: Billy R. Millwee | | | |
| 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: | | | |

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|-------------|----------------|---|
| 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 |
|---------|----------|----------------|
|---------|----------|----------------|

A. Mandatory Coverage – Categorically Needy and Other
Required Special Groups (Continued)

2. Deemed Recipients of AFDC

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| 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 |
|---------|----------|----------------|
|---------|----------|----------------|

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.

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| 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