DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0193

# TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

**FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES**

1. TRANSMITTAL NUMBER: **10-008**

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: **May 1, 2010**

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:
**Section 1903(v) of the Act**

7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT
a. FFY **2010** **$ 0**
b. FFY **2011** **$ 0**
c. FFY **2012** **$ 0**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
**SEE ATTACHMENT**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
**SEE ATTACHMENT**

10. SUBJECT OF AMENDMENT:

**The proposed amendment will extend Medicaid eligibility to qualified aliens under age 19 who are otherwise eligible under the state plan. The state elects this option in accordance with Section 214 of the Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009, P. L. 111-3.**

11. GOVERNOR'S REVIEW *(Check One)*:

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
**Billy Millwee**

14. TITLE:
**State Medicaid Director**

15. DATE SUBMITTED:
**May 5, 2010**

16. RETURN TO:
**Billy Millwee**
**State Medicaid Director**
**Post Office Box 13247, MC: H-100**
**Austin, Texas 78711-5200**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 5 May, 2010

18. DATE APPROVED: 11 February, 2011

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 May, 2010

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Bill Brooks

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health

23. REMARKS:

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

State: Texas

| Citation | Condition or Requirement |
|---|---|
| | b. For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435. |
| 1905(p) of the Act | c. For financially eligible qualified Medicare beneficiaries covered under Section 1902(a)(10)(E)(i) of the Act, meets the non-financial criteria of Section 1905(p) of the Act. |
| 1905(s) of the Act | d. For financially eligible qualified disabled and working individuals covered under Section 1902(a)(10)(E)(ii) of the Act, meets the non-financial criteria of Section 1905(s). |
| 42 CFR §435.406 | 3. Is residing in the United States and – |
| | a. Is a citizen or national of the United States; |
| | b. Is a qualified alien (QA) as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) as amended, and the QA's eligibility is required by section 402(b) of PRWORA as amended, and is not prohibited by section 403 of PRWORA as amended; |
| | c. Is a qualified alien subject to the 5-year bar as described in section 403 of PRWORA, so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 of PRWORA; |
| | d. Is a non-qualified alien, so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 of PRWORA; |
| | e. Is a QA whose eligibility is authorized under section 402(b) of PRWORA as amended, and is not prohibited by section 403 of PRWORA as amended.<br>☐ State covers all authorized QAs<br>☒ State does not cover authorized QAs. |

SUPERSEDES: TN- 91-34

| Citation | Condition or Requirement |
|---|---|

f. State elects CHIPRA option to provide full Medicaid coverage to children as specified below who are aliens lawfully residing in the United States; which consist of the following:

(1) A qualified alien as defined in section 431 of PRWORA (8 USC § 1641;
(2) An alien in nonimmigrant status who has not violated the terms of the status under which he or she was admitted or to which he or she has changed after admission;
(3) An alien who has been paroled into the United States pursuant to section 212(d)(5) f the Immigration and Nationality Act (INA) (8 USC §1182(d)(5)) for less than one year, except for an alien paroled for prosecution, for deferred inspection or pending removal proceedings;
(4) An alien who belongs to one of the following classes:
(i) Aliens currently in temporary resident status pursuant to section 210 or 245A of the Immigration and Nationality Act (INA) (8 USC §1160 or 1255a, respectively);
(ii) Aliens currently under Temporary Protected Status (TPS) pursuant to section 244 of the INA (1254a), and pending applicants for TPS who have been granted employment authorization;
(iii) Aliens who have been granted employment authorization under 8 CFR 274.a12(c)(9), (10), (16), (18), (22), or (24);
(iv) Family Unity beneficiaries pursuant to section 301 of Public Law 101-649 as amended;
(v) Aliens currently under Deferred Enforced Departure (DED) pursuant to a decision made by the President;
(vi) Aliens currently in deferred action status; or
(vii) Aliens whose visa petition has been approved and who have a pending application for adjustment of status;

STATE Texas
DATE REC'D 5-5-10
DATE APP'D 2-11-11
DATE EFF 5-1-10
HCFA 179 10-08

A

| Citation | Condition or Requirement |
|---|---|

(5) A pending applicant for asylum under section 208(a) of the INA (8 USC §1158) or for withholding of removal under section 241(b)(3) of the INA (8 USC §1231) or under the Convention Against Torture who has been granted employment authorization, and such an applicant under the age of 14 who has had an application pending for at least 180 days;

(6) An alien who has been granted withholding of removal under the Convention Against Torture;

(7) A child who has a pending application for Special Immigrant Juvenile status as described in section 101(a)(27)(J) of the INA (8 USC §1101(a)(27)(J));

(8) An alien who is lawfully present in the Commonwealth of the Northern Mariana Islands under 48 USC §1806(e); or

(9) An alien who is lawfully present in American Samoa under the immigration laws of American Samoa.

☐ Elected for pregnant women.
☒ Elected for children under age 19.

State also covers children up to age 21 who are the optional group of children described in Attachment 2.2-A, page 23b of this state plan (former foster care), as well as those foster care-related children up to age 21 who are described in Supplement 1 to Attachment 2.2-A to this state plan.

g. ☒ The State provides assurance that for an individual whom it enrolls in Medicaid under the CHIPRA section 214 option, it has verified, at the time of the individual's initial eligibility determination and at the time of the eligibility redetermination, that the individual continues to be lawfully residing in the United States. The State must first attempt to verify this status using information provided at the time of initial application. If the State cannot do so from the information readily available, it must require the individual to provide documentation or further evidence to verify satisfactory immigration status in the same manner as it would for anyone else claiming satisfactory immigration status under section 1137(d) of the Act.

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

State: Texas

| Citation | Condition or Requirement |
|---|---|
| 42 CFR §435.403; 1902(b) of the Act | 4. Is a resident of the State, regardless if whether or not the individual maintains the residence permanently or maintains it at a fixed address.<br><br>☒ State has an interstate residency agreement with the following states:<br><br>On file in the Texas Health and Human Services Commission, Office of General Counsel.<br><br>☐ State has open agreement(s).<br><br>☐ Not applicable; no residency requirement. |

STATE Texas
DATE REC'D 5-5-10
DATE APPV'D 2-11-11
DATE EFF 5-1-10
HCFA 179 10-08

A

SUPERSEDES: TN- 91-34