

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 10-046	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: February 3, 2011	
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: Section 1902, Social Security Act		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2011 \$0 b. FFY 2012 \$0 c. FFY 2013 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SEE ATTACHMENT TO BLOCKS 8 & 9		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SEE ATTACHMENT TO BLOCKS 8 & 9	
10. SUBJECT OF AMENDMENT: The proposed amendment will exempt persons who are enrolled in the Medicaid Buy-in (MBI) program (for adults with a disability or age 65 and older who are working in Texas) and who reside in a federally-declared disaster area from being required to pay premiums or other cost sharing charges.			
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	
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: August 4, 2010			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 4 August, 2010		18. DATE APPROVED: 5 May 2011	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 3 February, 2011		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

State: Texas

Citations Conditions or Requirements

Persons residing in a federally-declared disaster area are exempt from being required to pay monthly premiums and other cost sharing charges for the MBI program. A person can only be exempt from payment for up to three months and once per disaster.

SUPERSEDES: NONE - NEW PAGE

STATE <u>Texas</u>	A
DATE REC'D <u>8-4-10</u>	
DATE APPV'D <u>5-5-11</u>	
DATE EFF <u>2-3-11</u>	
HCFA 179 <u>10-46</u>	

TN 10-46 Approval Date 5-5-11 Effective Date 2-3-11

Supersedes TN _____ SUPERSEDES: NONE - NEW PAGE