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

March 21, 2011

Our Reference: SPA TX 10-047

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 10-047, dated June 25, 2010. This state plan amendment implements the provisions of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) that increase the resource limits for Qualified Medicaid Beneficiaries (QMB), Specified Low-Income Medicare Beneficiaries (SLMB) and Qualifying Individuals (QI) to three times the Supplemental Security Income (SSI) resource limit, adjusted annually by the increase in the Consumer Price Index.

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 of April 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 Cheryl Rupley at (214) 767-6278.

Sincerely,

/s/

Bill Brooks Associate Regional Administrator

Enclosures

Cc: Emily Zalkovsky, Policy Development Support

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

FORM APPROVED OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE:			
STATE PLAN MATERIAL	10-047	TEXAS			
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITE SECURITY ACT (MEDICAID)	LE XIX OF THE SOCIAL			
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE:				
CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	April 1, 2010				
5. TYPE OF PLAN MATERIAL (Circle One):					
		AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Se		E ATTA OLIMENT			
1902(a)(10)(E)(i)-(iv), 1860D-14(a)(3)(D), 1905(p)(3)(A), Section 11 of MIPPA	2 a. FFY 2010 \$5 b. FFY 2011 \$5	EE ATTACHMENT 9,447 6,309 9,327			
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable):				
SEE ATTACHMENT TO BLOCKS 8 & 9	SEE ATTACHMENT TO BLOCKS 8 &	. 9			
10. SUBJECT OF AMENDMENT:					
The proposed amendment will modify the asset limits to the Medicare Savings Program as mandated under the Medicare Improvements for Patients and Providers Act.					
11. GOVERNOR'S REVIEW (Check One):					
GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt.					
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED					
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	40 DETUBLIE				
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: June 25, 2010					
FOR REGIONAL OFFICE USE ONLY					
17. DATE RECEIVED: 25 June, 2010	18. DATE APPROVED: 21 March, 201	1 1.4			
PLAN APPROVED - ONE COPY ATTACHED	- $ -$				
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 April, 2010					
21. TYPED NAME: Bill Brooks	Division of Medicaid &				
23. REMARKS:					

Agency	Citation(s)		Groups Covered			
	Α.	Mai		ory Coverage - Categorically Needy and Other ed Special Groups (Continued)			
1902(a)(10)(E)(i),			25. Qualified Medicare Beneficiaries				
1905(p) and 1860D-14(a)(3)(D) of the Act		a.	Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act);				
		b.	Whose income does not exceed 100 percent of the Federal poverty level; and				
		C.	Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the Consumer Price Index (CPI).				
			edical assistance for this group is limited to Medicare st-sharing as defined in item 3.2 of this plan.)				
1902(a)(10	, . ,	26.	Qua	alified Disabled and Working Individuals			
1905(p)(3)(A)(i), and 1905(s) of the Act		a.	Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act;				
		b.	Whose income does not exceed 200 percent of the Federal poverty level; and				
			C.	Whose resources do not exceed twice the maximum standard under SSI.			
TN No:/	0-47	Appr	oval	Date 3-21-11 Effective Date 4-1-16			
Supersede	s TN No	93-	05	STATE TEXA S DATE REC'B. 6-25-10 DATE APPV/D 3-21-11			
S	LIPERSEDES	5: TN		93-05 DATE EFF 9-1-10			

HC.FA 179_

Agency	Citation(s)			Groups Covered
	A.			tory Coverage - Categorically Needy and Other ed Special Groups (Continued)
			d.	Who are not otherwise eligible for medical assistance under Title XIX of the Act.
			•	edical assistance for this group is limited to Medicare rt A premiums under section 1818A of the Act.)
1902(a)(10)		27.	Sp	ecified Low-Income Medicare Beneficiaries
1905(p)(3)(A)(ii), and 1860D-14(a)(3)(D) of the Act		a.	Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);	
			b.	Whose income is greater than 100 percent but less than 120 percent of the Federal poverty level; and
		C.	Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the Consumer Price Index (CPI).	
			•	edical assistance for this group is limited to Medicare rt B premiums under section 1839 of the Act.)
1902(a)(10)(E)(iv) and 1905(p)(3)(A)(ii) and 1860D-14(a)(3)(D) of the Act	. , . ,	28.	Qı	ualifying Individuals
		a.	Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);	
TN	-47	Appr	oval	Date 3-21-11 Effective Date 4-1-10

Texas 6-25-10 3-21-11

4-1-10

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STATE____ DATE REC'D.

DATE EFF.

HC.FA 179

DATE APPV'D___

SUPERSEDES: TN- 43-05

Supersedes TN 93-05

Agency	Citation(s)	Groups Covered	

- A. <u>Mandatory Coverage Categorically Needy and Other</u> Required Special Groups (Continued)
 - Whose income is at least 120 percent but less than 135 percent of the Federal poverty level;
 - c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the Consumer Price Index (CPI).

(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)

Social 1634(e) of Security the Act Administration

- 29. a. Each person to whom SSI benefits by reason of disability are not payable for any month solely by reason of clause (i) or (v) of Section 1611(e)(3)(A) shall be treated, for purposes of title XIX, as receiving SSI benefits for the month.
 - b. The state applies more restrictive eligibility standards than those under SSI.

Individuals whose eligibility for SSI benefits are based solely on disability who are not payable for any months solely by reason of clause (i) or (v) of Section 1611(e)(3)(A) and who continue to meet the more restrictive requirements for Medicaid eligibility under the State plan, are eligible for Medicaid as categorically needy.

TN No: 16-47 Approval Date	3-21-11 Effective Date	4-1-10
Supersedes TN No. 95-04	THE RESERVE AND THE PROPERTY OF THE PROPERTY O	
The second secon	STATE <u>Texa 5</u> DATE REC'D. <u>6-25-10</u> DATE APPN''D <u>3-21-11</u>	
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SUPERSEDES: TN- 95-04	DATE EFF 4-1-10	
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State of Texas Attachment 2.6-A Page 22

Citation		Condition or Requirement
7.	Re	source Standard - Medically Needy
	a.	Resource standards are based on family size.
1902(a)(10)(C)(i) of the Act	b.	A single standard is employed in determining resource eligibility for all groups.
_	C.	In 1902(f) States, the resource standards are more restrictive than in 7.b. above for
		Aged Blind Disabled
		Supplement 2 to Attachment 2.6-A specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.c., Supplement 2 to Attachment 2.6-A so indicates.
1902(a)(10)(E), 8. 1905(p)(1)(D), 1905(p)(2)(B) and 1860D-14(a)(3)(D) of the Act		source Standard - Qualified Medicare Beneficiaries, ecified Low-Income Medicare Beneficiaries and alifying Individuals
		CQualified Medicare Beneficiaries covered under etion 1902(a)(10)(E)(i) of the Act, Specified w-Income Medicare Beneficiaries covered under etion 1902(a)(10)(E)(iii) of the Act, and Qualifying ividuals covered under 1902(a)(10)(E)(iv) of the c, the resource standard is three times the SSI ource limit, adjusted annually by the increase in the nsumer Price Index (CPI).
TN <u>/0 -47</u> Approva Supersedes TN <u>93 -18</u>	Dat	e 3-21-11 Effective Date 9-1-10

SUPERSEDES: TN- 93-18

Citation		Condition or Requirement
1902(a)(10)(E)(ii), 1905(s) of the Act	9.	Resource Standard - Qualified Disabled and Working Individuals
		For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is twice the SSI resource limit.
1902(u) of theAct	10.	For COBRA continuation beneficiaries, the resource standard is:
		Twice the SSI resource standard for an individual.
		More restrictive standard as applied under section 1902(f) of the Act as described in Supplement 8 to Attachment 2.6-A.
		STATE <u>Texa 5</u> DATE REC'D <u>6-25-10</u> DATE APPV'D <u>3-21-11</u> DATE EFF <u>4-1-10</u> HCFA 179 <u>10-47</u>
SUPERSEDES: TI	N	92-12 HU-A 1/9
TN 10 -47 App	roval	Date 3-21-11 Effective Date 4-1-10
Supersedes TN 92-12		