

## **Table of Contents**

**State/Territory Name: Texas**

**State Plan Amendment (SPA) #: 13-45 MM2**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Additional Companion letter
- 3) CMS 179 Form/Summary Form
- 4) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Dallas Regional Office  
1301 Young Street, Suite 833  
Dallas, Texas 75202



**DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI**

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July 15, 2014

Our Reference: SPA TX 13-0045-MM2

Ms. Kay Ghahremani  
State Medicaid Director  
Health and Human Services Commission  
Post Office Box 13247  
Mail Code H100  
Austin, Texas 78711

Dear Ms. Ghahremani:

We have reviewed the State's proposed amendment to the Texas State Plan submitted under Transmittal Number 13-0045-MM2. Based upon a review of the changes submitted on July 9, 2014, we have approved the amendment for incorporation into the official Texas State Plan with an effective date of October 1, 2013.

Enclosed is an approved copy of Texas's state plan amendment (SPA) 13-0045-MM2, which was originally submitted to CMS on December 31, 2013. SPA 13-0045-MM2 incorporates the MAGI-based eligibility process requirements, including the single streamlined application, into Texas's Medicaid state plan in accordance with the Affordable Care Act.

Texas is using interim alternative single streamlined paper and online applications. By August 31, 2014, the state will implement a revised alternative single streamlined paper application and by December 31, 2014, Texas will implement a revised alternative single streamlined online application. Both revised applications will address CMS concerns outlined in the companion letter issued with this SPA approval.

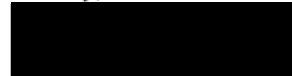
Enclosed is a copy of the following S94 state plan pages and attachments to be incorporated within a separate section at the end of Texas's approved state plan:

- S94, pages S94-1 and S94-2
- Attachment 1 – Use of the Alternative Single Streamlined Paper Application
- Attachment 2 – Use of the Alternative Single Streamlined Online Application

CMS appreciates the significant amount of work your staff dedicated to preparing this state plan amendment. We continue to be available to provide technical assistance. If you have any questions about your application, please contact Dena Greenblum at [Dena.Greenblum@cms.hhs.gov](mailto:Dena.Greenblum@cms.hhs.gov).

If you have any questions about this letter or need any additional information, please contact Cheryl Rupley at (214) 767-6278.

Sincerely,

A black rectangular box redacting the signature of Bill Brooks.

Bill Brooks  
Associate Regional Administrator

cc: Becky Brownlee, Policy Development Support

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
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**DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI**

July 15, 2014

Our Reference: SPA TX 13-0045-MM2

Ms. Kay Ghahremani  
State Medicaid Director  
Health and Human Services Commission  
Post Office Box 13247  
Mail Code H100  
Austin, Texas 78711

Dear Ms. Ghahremani:

This letter is being sent as a companion to Centers for Medicare & Medicaid Services (CMS) approval of state plan amendment (SPA) 13-0045-MM2, which was submitted to CMS on December 31, 2013. Our review of this submission included a review of the alternative single streamlined paper and online applications developed by the state.

Until December 31, 2014 the state is using an interim alternative single streamlined online application. By December 31, 2014, the state will implement a revised online application to reflect the following changes:

<b>Alternative Single Streamlined Online Application</b>	
<b>Necessary changes:</b>	<b>Completion Date</b>
1. If a household member is not applying for coverage, questions on citizenship, immigration status, foster care, residency, and disability/special health needs will not appear.	December 31, 2014
2. Add language to clarify that provision of an SSN is optional for non-applicant household members.	December 31, 2014
3. Remove detailed questions about absent parents, beyond identification of whether or not there is an absent parent.	December 31, 2014
4. Remove income instructions that direct applicants to include child support and money from family and friends in expected income.	December 31, 2014

5. Remove all asset questions from the MAGI-based application.	August 31, 2014
6. Remove all questions related to disregards not countable under MAGI from the MAGI-based application (such as costs to take care of others).	December 31, 2014
7. Remove requests for documentation of information that can be verified electronically by the state, unless the state has attempted to verify electronically and failed.	December 31, 2014

Until August 31, 2014 the state is using an interim alternative single streamlined paper application. By August 31, 2014, the state will implement a revised paper application to reflect the following changes:

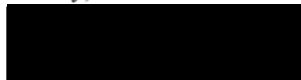
<b>Alternative Single Streamlined Paper Application</b>	
<b>Necessary changes:</b>	<b>Completion Date</b>
1. Remove all questions regarding assets (Step 3).	August 31, 2014
2. Remove detailed questions about absent parents, beyond identification of whether or not there is an absent parent.	August 31, 2014

Please submit the revised alternative single streamlined paper application to CMS for review no later than August 1, 2014, and please submit the revised alternative single streamlined online application to CMS for review no later than December 1, 2014. This will allow time for review prior to the agreed upon implementation date. The revised applications may be emailed to the RO SPA mailbox at CMS SPA\_Waivers\_Dallas\_R06, referencing SPA 13-0045-MM2. A new SPA submission is not required.

We continue to be available to provide technical assistance. If you have any questions about your application, please contact Dena Greenblum at [Dena.Greenblum@cms.hhs.gov](mailto:Dena.Greenblum@cms.hhs.gov).

If you have any questions about this letter or need any additional information, please contact Cheryl Rupley at (214) 767-6278.

Sincerely,



Bill Brooks  
Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

cc: Becky Brownlee, Policy Development Support

logged in as GRE3(CMS RO Staff)

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application rev c01

## Medicaid State Plan Eligibility

TX.0719.R00.00 - Oct 01, 2013

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Summary (CMS179)

## Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Texas

## Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

TX-13-0045

## Proposed Effective Date

10/01/2013

(mm/dd/yyyy)

## Federal Statute/Regulation Citation

42 CFR 435, Subpart J and Subpart M, 42 CFR 435.1200(f), 42 CFR 435.916

## Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

## Subject of Amendment

Character Count:797 out of 2000

The purpose of these amendments is to formally submit to the Centers for Medicare & Medicaid Services (CMS) the Form HI205, Texas Streamlined Application, and the Form HI010, Texas Works Application for Assistance - Your Texas Benefits. The Texas Streamlined Application (HI205) is a new health-care only

## Governor's Office Review

☐ Governor's office reported no comment☐ Comments of Governor's office received

Describe:

☐ No reply received within 45 days of submittal☒ Other, as specified

Describe:

Character Count:87 out of 2000

[REDACTED]

Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt.

**Signature of State Agency Official**

Submitted By: Ashley Fox  
Last Revision Date: Jul 9, 2014  
Submit Date: Dec 31, 2013

BACK

CONTINUE

[FAQs](#) | [Form Support](#) | [Contact](#) | [Medicaid.gov](#) | [CMS.gov](#)

Date Received: 12/31/2013

Date Approved: 07/15/2014

Signature of Regional Official:

PRINTED NAME and Title: Bill Brooks, Associate Regional Administrator  
Division of Medicaid and Children's Health

[REDACTED]

[REDACTED]

[REDACTED]

**USE OF THE ALTERNATIVE SINGLE STREAMLINED APPLICATION**

☒ Paper Application

☐ Online Application

**TRANSMITTAL NUMBER:**

TX-13-0045-MM2

**STATE:**

Texas

Through August 31, 2014, the state is using an interim paper alternative single streamlined application. After August 31, 2014, the state will use a revised paper application. The revised application will address the issues outlined in the CMS letter, which was issued with the approval of this state plan amendment, concerning the state's application. The revised application will be incorporated by reference into the state plan.

State: Texas  
Date Received: 12/31/2013  
Date Approved: 07/15/2014  
Date Effective: 10/1/2013  
Transmittal Number: 13-0045-MM2

TN No: 13-0045-MM2 APPROVAL DATE: 07/15/2014

EFFECTIVE DATE: 10/1/2013

STATE: TEXAS

PAGE: Attachment 1

## USE OF THE ALTERNATIVE SINGLE STREAMLINED APPLICATION

☐ Paper Application      ☒ Online Application

**TRANSMITTAL NUMBER:**

TX-13-0045-MM2

**STATE:**

Texas

Through December 31, 2014, the state is using an interim alternative single streamlined application. After December 31, 2014, the state will use a revised alternative single streamlined application. The revised application will address the issues outlined in the CMS letter, which was issued with the approval of this state plan amendment, concerning the state's application. The revised application will be incorporated by reference into the state plan.

State: Texas  
Date Received: 12/31/2013  
Date Approved: 07/15/2014  
Date Effective: 10/1/2013  
Transmittal Number: 13-0045-MM2



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## General Eligibility Requirements Eligibility Process

S94

42 CFR 435, Subpart J and Subpart M

### Eligibility Process

- ☒ The state meets all the requirements of 42 CFR 435, Subpart J for processing applications, determining and verifying eligibility, and furnishing Medicaid.

#### Application Processing

Indicate which application the agency uses for individuals applying for coverage who may be eligible based on the applicable modified adjusted gross income standard.

- ☐ The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act

- ☒ An alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary.

An attachment is submitted.

- ☒ An alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single or alternative application used only for insurance affordability programs to individuals seeking assistance only through such programs.

An attachment is submitted.

Indicate which application the agency uses for individuals applying for coverage who may be eligible on a basis other than the applicable modified adjusted gross income standard:

- ☐ The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary.

An attachment is submitted.

- ☒ An application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary.

An attachment is submitted.

The agency's procedures permit an individual, or authorized person acting on behalf of the individual, to submit an application via the internet website described in 42 CFR 435.1200(f), by telephone, via mail, and in person.

The agency also accepts applications by other electronic means:

- ☒ Yes ☐ No

State: Texas

Date Received: 12/31/2013

Date Approved: 07/15/2014

Date Effective: 10/01/2013

Transmittal Number: 13-0045-MM2

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## Medicaid Eligibility

Indicate the other electronic means below:

	Name of Method	Description	
+	Facsimile	Applications for Medicaid can be submitted by fax to 1-877-HHSC-TEX (1-877-447-2839).	X

- ☒ The agency has procedures to take applications, assist applicants and perform initial processing of applications for the eligibility groups listed below at locations other than those used for the receipt and processing of applications for the title IV-A program, including Federally-qualified health centers and disproportionate share hospitals.

Parents and Other Caretaker Relatives

Pregnant Women

Infants and Children under Age 19

### Redetermination Processing

- ☒ Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable modified adjusted gross income standard are performed as follows, consistent with 42 CFR 435.916:
- ☐ Once every 12 months
  - ☐ Without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency
- If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional
- ☐ information to complete the redetermination, it provides the individual with a pre-populated renewal form containing the information already available.
- ☐ Redeterminations of eligibility for individuals whose financial eligibility is not based on the applicable modified adjusted gross income standard are performed, consistent with 42 CFR 435.916 (check all that apply):
- ☒ Once every 12 months
  - ☒ Once every 6 months
  - ☐ Other, more often than once every 12 months

### Coordination of Eligibility and Enrollment

- The state meets all the requirements of 42 CFR 435, Subpart M relative to coordination of eligibility and enrollment between
- ☒ Medicaid, CHIP, Exchanges and other insurance affordability programs. The single state agency has entered into agreements with the Exchange and with other agencies administering insurance affordability programs.

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

State: Texas  
Date Received: 12/31/2013  
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