

## Table of Contents

State/Territory Name: Texas

State Plan Amendment (SPA) #: 15-04

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page

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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June 5, 2015

Our Reference: SPA TX 15-004

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

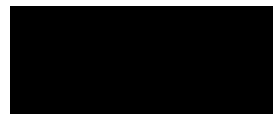
Dear Ms. Ghahremani:

We have reviewed the State's proposed amendment to the Texas State Plan submitted under Transmittal Number 15-004, dated April 13, 2015. This state plan amendment describes the eligibility requirements for Medicaid as it relates to marriage.

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with an effective date change of April 1, 2015. A copy of the CMS-179 and approved plan pages are enclosed with this letter.

If you have questions, please contact Cheryl Rupley at (214) 767-6278.

Sincerely,



Bill Brooks  
Associate Regional Administrator

cc: Becky Brownlee, Policy Development Support

## 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-15-0004

Proposed Effective Date

04/01/2015

(mm/dd/yyyy)

Federal Statute/Regulation Citation

Social Security Act, 1902(a)(17) and 1902(e)(14)(G)

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2015	\$ 0.00
Second Year	2016	\$ 0.00

Subject of Amendment

The purpose of this amendment is to provide eligibility criteria relating to recognition of marriage for Medicaid.

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:

Sent to governor's office April 13, 2015. Comments, if any, will be forwarded upon receipt.

Signature of State Agency Official

Submitted By:

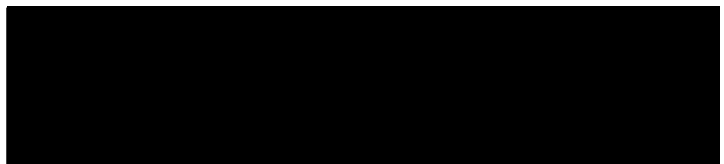
Meghan Young

Last Revision Date:

Apr 13, 2015

Submit Date:

Apr 13, 2015





# Medicaid Eligibility

State Name:

Transmittal Number: TX - 15 - 0004

OMB Control Number: 0938-1148

## Medicaid Eligibility Marriage Policy

S12

1902(e)(14)(G)

1902(a)(17)

☒ With respect to individuals for whom the state must complete a determination of income either based on MAGI or for MAGI-excepted groups utilizing AFDC-related or SSI-related methodologies, the state:

☐ Recognizes same-sex couples as spouses, if they are legally married under the laws of the state, territory, or foreign jurisdiction in which the marriage was celebrated.

☒ Does not recognize same-sex couples as spouses, even if they were legally married in a state, territory, or foreign jurisdiction that recognizes same-sex marriages.

☒ With respect to individuals whose eligibility for Medicaid is based on eligibility for another benefit program, and for whom the state does not complete a determination of income for Medicaid eligibility, the state will not make any determination concerning marital status. Medicaid eligibility will continue to be based on the determination of eligibility for the applicable benefits.

☒ The option elected above, with respect to income determinations, also governs the state's definition for post-eligibility issues, including spousal impoverishment, asset transfers and estate recovery rules, to the degree permitted by state law.

### 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 1 hour 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.

V.20141021

State: Texas

Date Received: 13 April, 2015

Date Approved: 5 June, 2015

Date Effective: 1 April, 2015

Transmittal Number: TX 15-0004

Transmittal Number: TX 15-0004

Date Approved: 5 June, 2015

Date Effective: 1 April, 2015

Supersedes TN: New Page

Page 1 of 1