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State/Territory Name: Texas

State Plan Amendment (SPA) #: 16-0005

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Information on Page Listing
- 4) Deleted 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

May 2, 2016

Our Reference: SPA TX 16-05

Mr. Gary Jessee
State Medicaid/CHIP Director
Health and Human Services Commission
Post Office Box 13247
Mail Code H100
Austin, Texas 78711

Dear Mr. Jessee:

We have reviewed the State's proposed amendment to the Texas State Plan submitted under Transmittal Number 16-05, dated April 14, 2016. This state plan amendment removes the Medicaid State Plan page outlining the State's eligibility policy relating to recognition of marriage.

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, 2016. A copy of the CMS-179 and approved plan page are enclosed with this letter.



If you have any questions please contact Suzette Seng of my staff. Ms. Seng may be reached at (214) 767-6478 or by Email at Suzette.Seng@cms.hhs.gov.

Sincerely,

A black rectangular box redacting the signature of Bill Brooks.

Bill Brooks
Associate Regional Administrator

cc: Dana Williamson, Manager, Policy Development Support

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: <div style="text-align: center; font-weight: bold;">16-0005</div>	2. STATE: <div style="text-align: center; font-weight: bold;">TEXAS</div>
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE: <div style="text-align: center; font-weight: bold;">April 1, 2016</div>		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: SSA § 1902(e)(14)(G) & 1902(a)(17)		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2016 \$0 b. FFY 2017 \$0 c. FFY 2018 \$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 state plan amendment removes the Medicaid State Plan page outlining HHSC's eligibility policy relating to recognition of marriage.			
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 AGENCY OFFICIAL: 		16. RETURN TO: Gary Jessee State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711	
13. NAME: Gary Jessee		17. DATE RECEIVED: <div style="text-align: center;">April 14, 2016</div>	
14. TITLE: State Medicaid Director		18. DATE APPROVED: <div style="text-align: center;">May 2, 2016</div>	
15. DATE SUBMITTED: April 14, 2016		19. EFFECTIVE DATE OF APPROVED MATERIAL: <div style="text-align: center;">April 1, 2016</div>	
20. SIGNATURE: 		21. TYPED NAME: <div style="text-align: center;">Bill Brooks</div>	
22. TITLE: <div style="text-align: center;">Associate Regional Administrator Division of Medicaid and Children's Health</div>		23. REMARKS:	

Attachment to Blocks 8 & 9 of CMS Form 179

Transmittal Number 16-0005

**Number of the
Plan Section or Attachment**

**Number of the Superseded
Plan Section or Attachment**

Medicaid Eligibility Marriage Policy
Template S12

N/A - DELETED

State: Texas
Date Received: 4/14/2016
Date Effective: 4/1/2016
Date Approved: 5/2/2016
Transmittal Number: 16-0005



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