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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,

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 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) 7. REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALT HAND HUMAN SERVICES DEPARTMENT OF HEALT HAND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Circle One): NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN 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) SSA § 1902(e)(14)(G) & 1902(a)(17) R. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 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 reacgnition of marriage. SEE ATTACHMENT TO BLOCKS 8 & 9 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED (WITHIN 45 DAYS OF SUBMITTAL 12. SIGNAT SUPE AGENCY OFFICIAL: STATE STATE PLAN SUPE OF APPROVED STATE APPROVED: AMPLICATION SUPE AGENCY OFFICIAL: 16. RETURN TO: Gary Jessee State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711 COMPLETE DATE OF APPROVED MATERIAL: April 14, 2016 PLAN APPROVED - ONE COPY ATTACHED 19. EFFECTIVE DATE OF APPROVED MATERIAL: April 14, 2016 SUPPLIANCE SUPPLIANCE	CENTERS FOR MEDICARE AND MEDICARD SERVICES	1. TRANSMITTAL NUMBER:	2. STATE:	
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Division of Medicaid and Children's Health		Associate Regional Administrator		
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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 N/A - DELETED Template S12

State: Texas

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

DELETED BY SPA TX 16-0005



Medicaid Eligibility

State Name: Texas Number: 0938-1148 Transmittal Number: TX - 15 - 0004 OMB Contr

Medicaid Eligib lity Marriage Policy

S12

1902(e)(14)(G) 1902(a)(17)

- With respect to individuals to whom the state must complete a determination of income eith based on MAGI or for MAGIexcepted groups utilizing AFDC related or SSI-related methodologies, the state:
 - Recognizes same-sex couples a spouses, if they are legally married under the law of the state, territory, or foreign jurisdiction in which the parriage was celebrated.
 - Does not recognize same-sex couple as spouses, even if they were legally morried in a state, territory, or foreign jurisdiction that recognizes san y-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 based on the de emination 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 to overy rules, to the degree permitted by state law.

Disclosure tatement

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 camber for this information collection is 0938-1148. The time required to complete this information collection is estimated to average? hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collect on. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 75 0 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Mayland 21244-1850.

V 20141021

State: Texas

Date Received: 13 April, 2015 Date Approved: 5 June 2015 Date Effective: 1 April, 215

Transmittal Number: TX 13 0004

nsmittal Number: TX 15-0004 Date Approved: 5 June, 2015 Date Effective: 1 April, 2015

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