

## Table of Contents

State/Territory Name: Texas

State Plan Amendment (SPA) #: 16-0024

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Superseding Page Listing
- 4) Approved Page(s)

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**

---

December 21, 2016

**Our Reference: SPA TX 16-0024**

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

Dear Ms. Snyder:

We have reviewed the State's proposed amendment to the Texas State Plan submitted under Transmittal Number 16-0024, dated October 4, 2016. The State plan amendment deletes pages superseded by previous state plan amendments.

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with an effective date of October 1, 2016. A copy of the CMS-179 is enclosed with this letter.


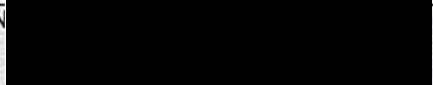
If you have any questions please contact Ford Blunt of my staff. Mr. Blunt may be reached at (214) 767-6381 or by Email at [Ford.Blunt@cms.hhs.gov](mailto:Ford.Blunt@cms.hhs.gov).

Sincerely,

A black rectangular box redacting the signature of Bill Brooks.

Bill Brooks  
Associate Regional Administrator

cc: Dana Williamson, Manager, Policy Development Support

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER:  <b>16-0024</b>	2. STATE:  <b>TEXAS</b>
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE:  <b>October 1, 2016</b>	
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:  <b>42 C.F.R. §430.10</b>		7. FEDERAL BUDGET IMPACT: <b>SEE ATTACHMENT</b> a. FFY 2016      \$0 b. FFY 2017      \$0 c. FFY 2018      \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>SEE ATTACHMENT TO BLOCKS 8 &amp; 9</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b>SEE ATTACHMENT TO BLOCKS 8 &amp; 9</b>	
10. SUBJECT OF AMENDMENT:  <b>The proposed amendment deletes pages superseded by previous state plan amendments.</b>			
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 STATE AGENCY OFFICIAL: 		16. RETURN TO:  <b>Jami Snyder State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711</b>	
13. TYPED NAME: <b>Jami Snyder</b>			
14. TITLE: <b>State Medicaid Director</b>			
15. DATE SUBMITTED: <b>October 4, 2016</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>October 4, 2016</b>		18. DATE APPROVED: <b>December 21, 2016</b>	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>October 1, 2016</b>		20. SIGN: 	
21. TYPED NAME: <b>Bill Brooks</b>		22. TITLE: <b>Associate Regional Administrator Division of Medicaid and Children's Health</b>	
23. REMARKS:			

**Attachment to Blocks 8 & 9 of CMS Form 179**

**Transmittal Number 16-0024**

**Number of the  
Plan Section or Attachment**

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

Section 2.3

N/A - delete page

Section 2.3

Page 13 (TN 87-10)

Attachment 2.2-A

N/A - delete page

N/A - delete page

N/A - delete page

N/A - delete page

N/A - delete page

N/A - delete page

N/A - delete page

N/A - delete page

N/A - delete page

N/A - delete page

N/A - delete page

N/A - delete page

N/A - delete page

N/A - delete page

Attachment 2.2-A

Page 1 (TN 91-34)

Page 3 (TN 91-34)

Page 3a (TN 92-05)

Page 4 (TN 92-10)

Page 4a (TN 98-09)

Page 12 (TN 92-05)

Page 13 (TN 91-34)

Page 13a (TN 91-34)

Page 14 (TN 10-03)

Page 14a (TN 91-34)

Page 23 (TN 92-10)

Page 23b (TN 01-13)

Page 23b(1) (TN 01-13)

Page 23d (TN 02-10)

Supplement 1 to Attachment 2.2-A

N/A - delete page

N/A - delete page

Supplement 1 to Attachment 2.2-A

Page 1 (TN 13-51)

Page 1a (TN 06-19)

Attachment 2.6-A

N/A - delete page

N/A - delete page

N/A - delete page

N/A - delete page

N/A - delete page

N/A - delete page

N/A - delete page

Attachment 2.6-A

Page 3 (TN 10-08)

Page 3b (TN 91-34)

Page 11a (TN 92-10)

Page 19 (TN 91-35)

Page 19a (TN 92-10)

Page 19b (TN 92-10)

Page 21 (TN 92-10)

Supplement 1 to Attachment 2.6-A

N/A - delete page

~~N/A - delete page~~

N/A - delete page

N/A - delete page

~~N/A - delete page~~

Supplement 1 to Attachment 2.6-A

Page 1 (TN 04-23)

~~Page 1a (TN 96-12)~~

Page 2 (TN 92-10)

Page 3 (TN 04-23)

~~Page 4 (TN 91-05)~~

State: Texas

Date Received: 10-04-2016

Date Approved: 12-21-2016

Date Effective 10-1-2016

Transmittal Number: TX 16-0024

**Attachments to Blocks 8 & 9 of Form 179**

**SPA 16-0024**

**Page 2**

Supplement 2 to Attachment 2.6-A	Supplement 2 to Attachment 2.6-A
N/A - delete page	Page 1 (TN 91-35)
N/A - delete page	Page 2 (TN 91-34)
N/A - delete page	Page 3 (TN 91-34)
N/A - delete page	Page 4 (TN 92-10)
N/A - delete page	Page 5 (TN 92-17)
Supplement 8a to Attachment 2.6-A	Supplement 8a to Attachment 2.6-A
N/A - delete page	Page 1 (TN 96-12)
N/A - delete page	Page 4 (TN 13-51)
Supplement 14 to Attachment 2.6-A	Supplement 14 to Attachment 2.6-A
N/A - delete page	Page 1 (TN 98-02)
N/A - delete page	Page 2 (TN 12-02)

State: Texas  
Date Received: 10-04-2016  
Date Approved: 12-21-2016  
Date Effective 10-1-2016  
Transmittal Number: TX 16-0024

vision: HCFA-PM-87-4 (BERG)  
MARCH 1987

OMB No.: 0938-0193

State: Texas

Citation

435.10 and  
435.403, and  
1902(b) of the  
Act, P.L. 99-272  
(Section 9529)  
and P.L. 99-509  
(Section 9405)

2.3 Residence

Medicaid is furnished to eligible individuals who are residents of the State under 42 CFR 435.403, regardless of whether or not the individuals maintain the residence permanently or maintain it at a fixed address.

Deleted from State's Letter Dated  
10-4-2016 under Transmittal Number  
TX 16-0024, with Effective Date of  
10-1-2016. This action was approved  
on 12-21-2016.

STATE	<u>TX</u>	A
DATE REC'D	<u>6-30-87</u>	
DATE APPV'D	<u>8-14-87</u>	
DATE EFF	<u>See HCFA-179</u>	
HCFA 179	<u>87-10</u>	

No. 87-10  
persedes  
IN No. 86-24

Approval Date 8-14-87

Effective Date See HCFA-179

HCFA ID: 1006P/0010P

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Texas

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

The following groups are covered under this plan.

Texas Department of Human Services (TDHS) 42 CFR 435.110 A. Mandatory Coverage - Categorically Needy and Other Required Special Groups  
1. Recipients of AFDC

The approved State AFDC plan includes:

☒ Families with an unemployed parent for the mandatory 6-month period and an optional extension of \_\_\_ months.

☐ Pregnant women with no other eligible children.

☒ AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

The standards for AFDC payments are listed in Supplement 1 of ATTACHMENT 2.6-A.

TDHS 42 CFR 435.115 2. Deemed Recipients of AFDC

a. Individuals denied a title IV-A cash payment solely because the amount would be less than \$10.

Deleted from State's Letter Dated 10-4-2016 under Transmittal Number TX 16-0024, with Effective Date of 10-1-2016. This action was approved on 12-21-2016.

\*Agency that determines eligibility for coverage.

TN No. 91-34 Approval Date JAN 14 1992  
Supersedes  
TN No. 90-48

Effective Date OCT 01 1991  
HCFA ID: 7983E

STATE <u>Texas</u>	A
DATE REC'D <u>DEC 11 1991</u>	
DATE APPV'D <u>JAN 14 1992</u>	
DATE EFF <u>OCT 01 1991</u>	
HCFA 179 <u>91-34</u>	



Revision: HCFA-PM-91-4  
AUGUST 1991

(BPD)

ATTACHMENT 2.2-A  
Page 3  
OMB NO.: 0938-

State: Texas

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

TDHS 42 CFR 435.113

5. Individuals who are ineligible for AFDC solely because of eligibility requirements that are specifically prohibited under Medicaid. Included are:

- a. Families denied AFDC solely because of income and resources deemed to be available from--
  - (1) Stepparents who are not legally liable for support of stepchildren under a State law of general applicability;
  - (2) Grandparents;
  - (3) Legal guardians; and
  - (4) Individual alien sponsors (who are not spouses of the individual or the individual's parent);
- b. Families denied AFDC solely because of the involuntary inclusion of siblings who have income and resources of their own in the filing unit.
- c. Families denied AFDC because the family transferred a resource without receiving adequate compensation

Deleted from State's Letter Dated 10-4-2016 under Transmittal Number TX 16-0024, with Effective Date of 10-1-2016. This action was approved on 12-21-2016.

\*Agency that determines eligibility for coverage.

TN No. 91-34 Approval Date JAN 14 1992 Effective Date OCT 01 1991  
Supersedes  
TN No. 90-25, Attachment 2.2-A, pg 2a, item 4 HCFA ID: 7983E

STATE	<u>Texas</u>	A
DATE REC'D	<u>DEC 11 1991</u>	
DATE APP'D	<u>JAN 14 1992</u>	
DATE EFF	<u>OCT 01 1991</u>	
HCFA 179	<u>91-34</u>	



State: Texas

Agency\* Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other  
Required Special Groups (Continued)

TDHS

42 CFR 435.114

6. Individuals who would be eligible for AFDC except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972.

Deleted from State's Letter Dated  
10-4-2016 under Transmittal Number  
TX 16-0024, with Effective Date of  
10-1-2016. This action was approved  
on 12-21-2016.

— Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan).

— Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan).

— Not applicable with respect to intermediate care facilities; State did or does not cover this service.

TDHS

1902(a)(10)  
(A)(i)(III)  
and 1905(n) of  
the Act

7. Qualified Pregnant Women and Children.

a. A pregnant woman whose pregnancy has been medically verified who--

(1) Would be eligible for an AFDC cash payment if the child had been born and was living with her;

\*Agency that determines eligibility for coverage.

TN No. 92-05  
Supersedes  
TN No. 91-24

Approval Date MAR 13 1992

Effective Date JAN 01 1992

HCFA ID: 7983E

STATE <u>Texas</u>	A
DATE REC'D <u>MAR 02 1992</u>	
DATE APP'V'D <u>MAR 13 1992</u>	
DATE EFF <u>JAN 01 1992</u>	
HCFA 179 <u>92-05</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Texas

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency\* Citation(s)

Groups Covered

TDHS

A. Mandatory Coverage - Categorically Needy and Other  
Required Special Groups (Continued)

7. a. (2) Is a member of a family that would be eligible for aid to families with dependent children of unemployed parents; ~~or~~

(3) Would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

1902(a)(10)(A)  
(i)(III) and  
1905(n) of the  
Act

b. Children born after September 30, 1983 who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

Children born after

(specify optional earlier date)  
who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

Deleted from State's Letter Dated  
10-4-2016 under Transmittal Number  
TX 16-0024, with Effective Date of  
10-1-2016. This action was approved  
on 12-21-2016.

STATE <u>Texas</u>	A
DATE REC'D <u>APR 09 1992</u>	
DATE APPV'D <u>APR 29 1992</u>	
DATE EFF <u>APR 01 1992</u>	
HCFA 179 <u>92-10</u>	

\* Agency that determines eligibility for coverage.

TN No. 92-10 Approval Date APR 29 1992 Effective Date APR 01 1992  
Supersedes  
TN No. 91-34

Revision: HCFA-PM- (MB)  
February

ATTACHMENT 2.2-A  
Page 4a

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:

## COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s) Groups Covered

## A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)(10)(A)  
(I)(IV) and  
1902(1)(1)(A)  
and (B) of the  
Act

8. Pregnant women and infants under 1 year of age with family incomes up to 133 percent of the Federal poverty level who are described in section 1902(a)(10)(A)(I)(IV) and 1902(1)(1)(A) and (B) of the Act. The income level for this group is specified in Supplement 1 to ATTACHMENT 2.6-A.

The State uses a percentage greater than 133 but not more than 185 percent of the Federal poverty level, as established in its State plan, State legislation, or State appropriations as of December 19, 1989.

Deleted from State's Letter Dated  
10-4-2016 under Transmittal Number  
TX 16-0024, with Effective Date of  
10-1-2016. This action was approved  
on 12-21-2016.

## 9. Children:

1902(a)(10)(A)  
(I)(VI)  
1902(1)(1)(C)  
of the Act

- a. who have attained 1 year of age but have and not attained 6 years of age, with family incomes at or below 133 percent of the Federal poverty levels.

1902(a)(10)(A)(I)  
(VII) and 1902(1)  
(1)(D) of the Act

- b. born after September 30, 1983, who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels.

X Children born after  
6-30-79

(specify optional earlier date)  
who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels.

Income levels for these groups are specified in  
Supplement 1 to ATTACHMENT 2.6A.

TN No. 92-10  
Supersedes

Approval Date 6/15/98 Effective Date 7/1/98

STATE	TEXAS	A
DATE REC'D	4/1/98	
DATE APP'D	6/15/98	
DATE OF	7/1/98	
HCFA 179	98-09	

State: Texas

Agency\* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.220



6. Individuals who would be eligible for AFDC if their work-related child care costs were paid from earnings rather than by a State agency as a service expenditure. The State's AFDC plan deducts work-related child care costs from income to determine the amount of AFDC.



The State covers all individuals as described above.

1902(a)(10)(A)  
(ii) and 1905(a)  
of the Act



The State covers only the following group or groups of individuals:

— Individuals under the age of--

— 21  
— 20  
— 19  
— 18

— Caretaker relatives  
— Pregnant women

42 CFR 435.222  
1902(a)(10)  
(A)(ii) and  
1905(a)(i) of  
the Act

7. ☒

a. All individuals who are not described in section 1902(a)(10)(A)(i) of the Act, who meet the income and resource requirements of the AFDC State plan, and who are under the age of 21 as indicated below.

— 20  
— 19  
— 18

TN No. 92-05

Supersedes 91-24

TN No. 91-24

Approval Date

MAR 13 1992

Effective Date

JAN 01 1992

HCFA ID: 7983E

Deleted from State's Letter Dated  
10-4-2016 under Transmittal Number  
TX 16-0024, with Effective Date of  
10-1-2016. This action was approved  
on 12-21-2016.

STATE <u>Texas</u>	A
DATE REC'D <u>MAR 02 1992</u>	
DATE APPV'D <u>MAR 13 1992</u>	
DATE EFF <u>JAN 01 1992</u>	
HCFA 179 <u>92-05</u>	

State: Texas

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

B. Optional Groups Other Than the Medically Needy  
(Continued)

TDHS 42 CFR 435.222

~~XXX~~ b. Reasonable classifications of individuals described in (a) above, as follows:

- (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:
  - (a) In foster homes (and are under the age of \_\_\_\_\_).
  - (b) In private institutions (and are under the age of \_\_\_\_\_).
  - (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of \_\_\_\_\_).
- (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of \_\_\_\_\_).
- (3) Individuals in NFs (who are under the age of \_\_\_\_\_). NF services are provided under this plan.
- (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of \_\_\_\_\_).

Deleted from State's Letter Dated 10-4-2016 under Transmittal Number TX 16-0024, with Effective Date of 10-1-2016. This action was approved on 12-21-2016.

TN No. 91-34 Approval Date JAN 14 1992

Supersedes 86-24, Attachment 2.2-A, pg 12, item 7.b

86-24, Attachment 2.2-A, pg 13, through item (4)

Effective Date OCT 01 1991

HCFA ID: 7983E

STATE <u>Texas</u>	A
DATE REC'D <u>DEC 11 1991</u>	
DATE APP'D <u>JAN 14 1992</u>	
DATE EFF <u>OCT 01 1991</u>	
HCFA 179 <u>91-34</u>	

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

ATTACHMENT 2.2-A  
Page 13a  
OMB NO.: 0938-

State: Texas

Agency\* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy  
(Continued)

	(5)	Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of _____). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
TDHS	<u>XXX</u> (6)	Other defined groups (and ages), as specified in Supplement 1 of <u>ATTACHMENT 2.2-A</u> .

Deleted from State's Letter Dated 10-4-2016 under Transmittal Number TX 16-0024, with Effective Date of 10-1-2016. This action was approved on 12-21-2016.

TN No. 91-34 Approval Date JAN 14 1992 Effective Date OCT 01 1991  
Supersedes  
TN No. 86-24, Attachment 2.2-A, pg 13, items (5) & (6) HCFA ID: 7983E

STATE <u>Texas</u>	A
DATE REC'D <u>DEC 11 1991</u>	
DATE APP'D <u>JAN 14 1992</u>	
DATE EFF <u>OCT 01 1991</u>	
HCFA 179 <u>91-34</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State: TEXAS

Deleted from State's Letter Dated  
10-4-2016 under Transmittal Number  
TX 16-0024, with Effective Date of  
10-1-2016. This action was approved  
on 12-21-2016.

Agency*	Citation	Groups Covered
---------	----------	----------------

HHSC	1902(a)(10)(A) (ii)(VIII) of the Act and 42 CFR 435.227	
------	--	--

B. Optional Groups Other Than the Medically Needy  
(Continued)

- ☒ 8. A child for whom there is in effect a State adoption assistance agreement (other than under title IV-E of the Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care, and who before execution of the agreement –

- a. Was eligible for Medicaid under the State's approved Medicaid plan; or
- b. Would have been eligible for Medicaid if the standards and methodologies of the title IV-E foster care program were applied rather than the AFDC standards and methodologies.

STATE <u>Texas</u>	A
DATE REC'D <u>5-24-10</u>	
DATE APP'D <u>7-9-10</u>	
DATE EFF <u>10-1-10</u>	
HCFA 179 <u>10-03</u>	

The State covers individuals under the age of –

- ☒ 21  
☐ 20  
☐ 19  
☐ 18

- ☒ The Agency does not consider income or resources when determining eligibility for this population.

SUPERSEDES: TN- 94-36

\* Agency that determines eligibility for coverage

TN No. 10-03

Approval Date 7-9-10

Effective Date 10-1-10

Supersedes TN No. 94-36



Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

ATTACHMENT 2.2-A  
Page 14a  
OMB No.: 0938-

State: Texas

Agency*	Citation (s)	Groups Covered
---------	--------------	----------------

B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.223 17

9. Individuals described below who would be eligible for AFDC if coverage under the State's AFDC plan were as broad as allowed under title IV-A:

1902(a)(10)  
(A)(ii) and  
1905(a) of  
the Act

— Individuals under the age of—  
— 21  
— 20  
— 19  
— 18  
— Caretaker relatives  
— Pregnant women

Deleted from State's Letter Dated  
10-4-2016 under Transmittal Number  
TX 16-0024, with Effective Date of  
10-1-2016. This action was approved  
on 12-21-2016.

TN No. 91-34  
Supersedes 86-24, Attachment 2.2-A, pg 14, item 9  
Approval Date JAN 14 1992

Effective Date OCT 01 1991

HCFA ID: 7983E

STATE <u>Texas</u>	A
DATE REC'D <u>DEC 11 1991</u>	
DATE APP'D <u>JAN 14 1992</u>	
DATE EFF <u>OCT 01 1991</u>	
HCFA 179 <u>91-34</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Texas

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency\* Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy  
(Continued)

TDHS

1902(a)(47)  
and 1920 of  
the Act

- XXX 17. Pregnant women who are determined by a "qualified provider" (as defined in §1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under ATTACHMENT 2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with §1920 of the Act.

Deleted from State's Letter Dated  
10-4-2016 under Transmittal Number  
TX 16-0024, with Effective Date of  
10-1-2016. This action was approved  
on 12-21-2016.

STATE <u>Texas</u>	A
DATE REC'D <u>APR 09 1992</u>	
DATE APPV'D <u>APR 29 1992</u>	
DATE EFF <u>APR 01 1992</u>	
HCFA 179 <u>92-10</u>	

\* Agency that determines eligibility for coverage.

TN No. 92-10 Approval Date APR 29 1992 Effective Date APR 01 1992  
Supersedes 91-34  
TN No. 91-34

Texas  
August 2001

Deleted from State's Letter Dated  
10-4-2016 under Transmittal Number  
TX 16-0024, with Effective Date of  
10-1-2016. This action was approved  
on 12-21-2016.

ATTACHMENT 2.2-A  
Page 23b

State/Territory: Texas

Citation

Groups Covered

B. Optional Groups Other Than the Medically Needy  
(Continued)

P.L. No. 106-169

X 20. Individuals who were in foster care when they left the Texas Department of Protective and Regulatory Services conservatorship on their 18<sup>th</sup> birthday or later, until they reach age 21. To be eligible for Medical Assistance, the following requirements must be met:

- (1) Age. Individuals must be age 18 through the month of their 21<sup>st</sup> birthday.
- (2) Resources. Resource limits and types of countable and exempt resources for youth transitioning out of foster care are the same as those for the Children and Pregnant Women (CPW) programs, with the following exceptions:
  - (A) The resource limit is \$10,000.
  - (B) Any financial benefit used for the purpose of educational or vocational training, such as scholarships, student loans, or grants is excluded as a resource.
  - (C) Any financial benefit used for the purpose of housing is excluded as a resource.
  - (D) Any grants or subsidies obtained as a result of the Foster Care Independence Act of 1999 are excluded as a resource.

STATE <u>Texas</u>	A
DATE REC'D <u>09-11-01</u>	
DATE APPVD <u>10-15-01</u>	
DATE EFF <u>09-01-01</u>	
HCFA 179 <u>TX-01-13</u>	

TN No. 01-13

Supersedes

TN No.

Approval Date

SUPERSEDES: NONE - NEW PAGE

Effective Date 09-01-01

Texas  
August 2001

Deleted from State's Letter Dated  
10-4-2016 under Transmittal Number  
TX 16-0024, with Effective Date of  
10-1-2016. This action was approved  
on 12-21-2016.

ATTACHMENT 2.2-A  
Page 23b(1)

State/Territory: Texas

Citation \_\_\_\_\_ Groups Covered \_\_\_\_\_

B. Optional Groups Other Than the Medically Needy  
(Continued)

- (3) Income. Income eligibility is determined using the TANF eligibility requirements with the following exceptions:
- (A) The income limit is 400% of the federal poverty level adjusted annually to federal requirements.
  - (B) Any financial benefit used for the purpose of educational or vocational training, such as scholarships, student loans, or grants is excluded from income.
  - (C) Any financial benefit used for the purpose of housing is excluded from income.
  - (D) Any grants or subsidies obtained as a result of the Foster Care Independence Act of 1999 are excluded from income.

STATE <u>Texas</u>	A
DATE REC'D <u>09-11-01</u>	
DATE APPVD <u>10-15-01</u>	
DATE EFF <u>09-01-01</u>	
HCFA 179 <u>TX-01-13</u>	

TN No. TX-01-13  
Supersedes \_\_\_\_\_ Approval Date 10-15-01 Effective Date 09-01-01  
TN No. SUPERSEDES: NONE - NEW PAGE

STATE: Texas

Citation

Groups Covered

B. Optional Coverage Other Than the  
Medically Needy (Continued)

1920B of the Act

XXX 22. Women who are determined by a "qualified entity" (as defined in 1920B (b)) based on preliminary information, to be a woman described in 1902 (aa) of the Act, relating to certain breast and cervical cancer patients.

The presumptive period begins on the day that the determination is made. The period ends on the date that the State makes a determination with respect to the woman's eligibility for Medicaid or, if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on that last day.

Deleted from State's Letter Dated  
10-4-2016 under Transmittal Number  
TX 16-0024, with Effective Date of  
10-1-2016. This action was approved  
on 12-21-2016.

STATE <u>Texas</u>	A
DATE REC'D <u>08-12-2002</u>	
DATE APP'D <u>10-15-2002</u>	
DATE EFF <u>09-01-2002</u>	
HCFA 179 <u>TX-02-10</u>	

TN No. 02-10

Approval Date: 10/15/02

Effective Date: 09-01-2002

Supersedes

TN No. SUPERSEDES: NONE - NEW PAGE



## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: TexasREASONABLE CLASSIFICATIONS OF INDIVIDUALS UNDER  
THE AGE OF 21, 20, 19, AND 18

- A. Individuals under 21 years of age for whom the Texas Department of Family and Protective Services (TDFPS) assumes financial responsibility, in whole or in part, and who are being cared for in:
1. Family foster homes which are licensed and monitored by TDFPS;
  2. Family foster homes which are verified and monitored by licensed, public or private child-placing agencies;
  3. Private 24-hour care facilities licensed by TDFPS; or
  4. In a supervised setting designed for independent living for individuals 18 and older who are in extended foster care.
- B. Children in the community who are under the age 18 (or under age 19 if expected to graduate by their 19<sup>th</sup> birthday and who live with relative(s)) within the Aid for Families with Dependent Children (AFDC) required degree of relationship.
- C. Children under the age of 18 placed by the county or district court in the managing conservatorship of TDFPS as the result of a finding of abuse or neglect by TDFPS.
- D. Children under the age of 21 who have been committed to the custody of the Texas Juvenile Justice Department.
- E. Children ages 10 through 17 who are under the continuing jurisdiction of the juvenile court and who are placed in a setting such as a group home, a residential treatment facility, or a foster home which will permit children to receive Medicaid services.
- F. Former foster care youth under the age of 21 who had been placed inside or outside of Texas under the Interstate Compact on the Placement of Children.

Deleted from State's Letter Dated  
10-4-2016 under Transmittal Number  
TX 16-0024, with Effective Date of  
10-1-2016. This action was approved  
on 12-21-2016.

State: Texas  
Date Received: 12-20-13  
Date Approved: 5-9-14  
Date Effective: 12-31-13  
Transmittal Number: 13-51

TN: 13-51Approval Date: 5/9/14Effective Date: 12/31/13Supersedes TN: 06-25

Revision: January 2006

Supplement 1 to  
Attachment 2-2-A  
Page 1a

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State: Texas  
REASONABLE CLASSIFICATIONS OF INDIVIDUALS  
RECEIVING STATE SUPPLEMENTATION

Institutionalized Supplemental Security Income cash recipients who receive the \$30 Federal benefit rate also receive a state supplementation check of not less than \$15 per month.

Deleted from State's Letter Dated  
10-4-2016 under Transmittal Number  
TX 16-0024, with Effective Date of  
10-1-2016. This action was approved  
on 12-21-2016.

SUPERSEDES: TNL 03-10

STATE <u>Texas</u>	A
DATE REC'D <u>3-31-06</u>	
DATE AP-VD <u>6-28-06</u>	
DATE EFF <u>1-1-06</u>	
HCFA 179 <u>06-19</u>	



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State: Texas

Citation	Condition or Requirement
----------	--------------------------

42 CFR §435.403;  
1902(b) of the Act

4. Is a resident of the State, regardless if whether or not the individual maintains the residence permanently or maintains it at a fixed address.

☒ State has an interstate residency agreement with the following states:

On file in the Texas Health and Human Services Commission, Office of General Counsel.

☐ State has open agreement(s).

☐ Not applicable; no residency requirement.

Deleted from State's Letter Dated  
10-4-2016 under Transmittal Number  
TX 16-0024, with Effective Date of  
10-1-2016. This action was approved  
on 12-21-2016.

SUPERSEDES: TN- 91-34

STATE <u>Texas</u>	A
DATE REC'D <u>5-5-10</u>	
DATE APPV'D <u>2-11-11</u>	
DATE EFF <u>5-1-10</u>	
HCFA 179 <u>10-08</u>	

TN 10-08

Approval Date 2-11-11

Effective Date 5-1-10

Supersedes TN 91-34

State: Texas

Citation	Condition or Requirement
1902(c)(2)	8. Is not required to apply for AFDC benefits under title IV-A as a condition of applying for, or receiving, Medicaid if the individual is a pregnant woman, infant, or child that the State elects to cover under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.
1902(e)(10)(A) and (B) of the Act	9. Is not required, as an individual child or pregnant woman, to meet requirements under section 402(a)(43) of the Act to be in certain living arrangements. (Prior to terminating AFDC individuals who do not meet such requirements under a State's AFDC plan, the agency determines if they are otherwise eligible under the State's Medicaid plan.)

Deleted from State's Letter Dated 10-4-2016 under Transmittal Number TX 16-0024, with Effective Date of 10-1-2016. This action was approved on 12-21-2016.

TN No. 91-34  
Supersedes  
TN No. none - new page

Approval Date JAN 14 1992

Effective Date OCT 01 1991

HCFA ID: 7985E

STATE	<u>Texas</u>	A
DATE REC'D	<u>DEC 11 1991</u>	
DATE APP'VD	<u>JAN 14 1992</u>	
DATE EFF	<u>OCT 01 1991</u>	
HCFA 179	<u>91-34</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Texas

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(1)(3)(E) and 1902(r)(2) of the Act	<p>e. <u>Poverty level pregnant women, infants, and children.</u> For pregnant women and infants or children covered under the provisions of sections 1902(a)(10)(A)(i)(IV), (VI), and (VII), and 1902(a)(10)(A)(ii)(IX) of the Act--</p> <p>(1) The following methods are used in determining countable income:</p> <p>XXX The methods of the State's approved AFDC plan.</p> <p>— The methods of the approved title IV-E plan.</p> <p>— The methods of the approved AFDC State plan and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.</p> <p>— The methods of the approved title IV-E plan and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.</p>

Deleted from State's Letter Dated  
10-4-2016 under Transmittal Number  
TX 16-0024, with Effective Date of  
10-1-2016. This action was approved  
on 12-21-2016.

STATE <u>Texas</u>	APR 09 1992	A
DATE REC'D	APR 29 1992	
DATE APP'D	APR 01 1992	
DATE EFF	92-10	
HCFA 179		

Revision: HCFA-PM-91-4  
AUGUST 1991

(BPD)

ATTACHMENT 2.6-A  
Page 19  
OMB No.: 0938-

State: Texas

Citation

Condition or Requirement

Deleted from State's Letter Dated  
10-4-2016 under Transmittal Number  
TX 16-0024, with Effective Date of  
10-1-2016. This action was approved  
on 12-21-2016.

1902(1)(3) and  
1902(r)(2) of  
the Act

Methods that are more liberal than those of  
SSI. The more liberal methods are specified in  
Supplement 5a or Supplement 8b to ATTACHMENT  
2.6-A.

XXX

Not applicable. The agency does not consider  
resources in determining eligibility.

In determining relative financial responsibility, the  
agency considers only the resources of spouses living  
in the same household as available to spouses and the  
resources of parents as available to children living  
with parents until the children become 21.

f. Poverty level infants covered under section  
1902(a)(10)(A)(i)(IV) of the Act.

The agency uses the following methods for  
the treatment of resources:

The methods of the State's approved AFDC  
plan.

Methods more liberal than those in the  
State's approved AFDC plan (but not more  
restrictive), in accordance with section  
1902(1)(3)(C) of the Act, as specified in  
Supplement 5a of ATTACHMENT 2.6-A.

1902(1)(3)(C)  
of the Act

Methods more liberal than those in the  
State's approved AFDC plan (but not more  
restrictive), as described in Supplement 5a or  
Supplement 8b to ATTACHMENT 2.6-A.

1902(r)(2)  
of the Act

Not applicable. The agency does not consider  
resources in determining eligibility.

TN No. 91-35  
Superseded  
TN No. 91-34

Approval Date JAN 14 1992

Effective Date DEC - 1 1991

HCFA ID: 7985E

STATE <u>TEXAS</u>	A
DATE REC'D <u>DEC 23 1991</u>	
DATE APP'D <u>JAN 14 1992</u>	
DATE EFF <u>DEC - 1 1991</u>	
HCFA 179 <u>91-35</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Texas

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(1)(3) and 1902(r)(2) of the Act	g. 1. <u>Poverty level children covered under section 1902(a)(10)(A)(i)(VI) of the Act.</u>  The agency uses the following methods for the treatment of resources:  — The methods of the State's approved AFDC plan.  <u>XXX</u> Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), in accordance with section 1902(1)(3)(C) of the Act, as specified in <u>Supplement 5a of ATTACHMENT 2.6-A.</u>  — Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in <u>Supplement 8b to ATTACHMENT 2.6-A.</u>  — Not applicable. The agency does not consider resources in determining eligibility.  In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.
1902(1)(3)(C) of the Act	
1902(r)(2) of the Act	

Deleted from State's Letter Dated 10-4-2016 under Transmittal Number TX 16-0024, with Effective Date of 10-1-2016. This action was approved on 12-21-2016.

STATE <u>Texas</u>	A
DATE REC'D <u>APR 09 1992</u>	
DATE APP'D <u>APR 29 1992</u>	
DATE EFF <u>APR 01 1992</u>	
HCFA 179 <u>92-10</u>	

TN No. 92-10 Approval Date APR 29 1992 Effective Date APR 01 1992  
Supersedes 91-34  
TN No. 91-34

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Texas

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(1)(3) and 1902(r)(2) of the Act	g. 2. <u>Poverty level children under section 1902(a)(10)(A)(i)(VII)</u>  The agency uses the following methods for the treatment of resources:  — The methods of the State's approved AFDC plan.  XXX Methods more liberal than those in the State's approved AFDC plan (but not more restrictive) as specified in <u>Supplement 5a of ATTACHMENT 2.6-A.</u>  — Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u>  — Not applicable. The agency does not consider resources in determining eligibility.  In determining relative responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.
1902(1)(3)(C) the Act	
1902(r)(2) of the Act	

Deleted from State's Letter Dated  
10-4-2016 under Transmittal Number  
TX 16-0024, with Effective Date of  
10-1-2016. This action was approved  
on 12-21-2016.

STATE <u>TEXAS</u>	APR 09 1992	A
DATE REC'D	APR 29 1992	
DATE APP'VD	APR 01 1992	
DATE EFF	92-10	
HCFA 179		

TN No. 92-10 APR 29 1992 APR 01 1992  
Supersedes  
TN No. 91-34, Attachment 2.2-A, pg 966 Effective Date

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Texas

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(1)(3)(A), (B) and (C) of the Act	c. For pregnant women covered under the provisions of section 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act, the agency applies a resource standard.

Deleted from State's Letter Dated  
10-4-2016 under Transmittal Number  
TX 16-0024, with Effective Date of  
10-1-2016. This action was approved  
on 12-21-2016.

— Yes. Supplement 2 to ATTACHMENT 2.6-A  
specifies the standard which  
is no more restrictive than the  
standard under the SSI program;

XXX No. The agency does not apply a resource  
standard to these individuals.

For infants covered under the provisions of  
section 1902(a)(10)(A)(i)(IV) and  
1902(a)(10)(A)(ii)(IX) of the Act, the agency  
applies a resource standard.

XXX Yes. Supplement 2 to ATTACHMENT 2.6-A  
specifies the standard which is no more  
restrictive than the standard applied in  
the State's approved AFDC plan.

— No. The agency does not apply a resource  
standard to these individuals.

1902(1)(3)(A)  
and (C) of  
the Act

d. For children covered under the provisions  
of section 1902(a)(10)(A)(i)(VI) of the Act,  
the agency applies a resource standard.

XXX Yes. Supplement 2 to ATTACHMENT 2.6-A  
specifies the standard which is no more  
restrictive than the standard applied in the  
State's approved AFDC plan.

— No. The agency does not apply a resource  
standard to these individuals.

TN No. 92-10  
Supersedes 91-35  
TN No. 91-35

Approval Date

APR 29 1992

Effective Date APR 01 1992

STATE Texas  
DATE REC'D APR 09 1992  
DATE APP'D APR 29 1992  
DATE EFF APR 01 1992  
HCFA 179 92-10

A



Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A  
Page 1  
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Texas

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

<u>Family Size</u>	<u>Need Standard Payment Standard</u>	<u>Maximum Payment Amounts</u>
--------------------	---------------------------------------	--------------------------------

Deleted from State's Letter Dated 10-4-2016 under Transmittal Number TX 16-0024, with Effective Date of 10-1-2016. This action was approved on 12-21-2016.

2. Pregnant Women and Infants under Section 1902(a)(10)(i)(IV) of the Act:

Effective 9/1/2004 based on the following percentage of the official Federal poverty income level – (as revised annually in the Federal Register)

133 percent 185 Percent (no more than 185 percent)  
(specify) for all ages

<u>Family Size</u>	<u>Income Level</u>
--------------------	---------------------

SUPERSEDES TN 03-12

STATE <u>Texas</u>	A
DATE REC'D <u>9-29-04</u>	
DATE APPV'D <u>12-21-04</u>	
DATE EFF <u>9-1-04</u>	
HCFA 179 <u>04-23</u>	

TN No. 04-23  
Supersedes  
TN No. 03-12

Approval Date 12-21-04

Effective Date 9-1-04

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Texas

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY (Continued)

3. For children under Section 1902(a)(10)(i)(VI) of the Act (children who have attained age 1 but have not attained age 6), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.
4. For children under Section 1902(a)(10)(i)(VII) of the Act (children who were born after September 30, 1983 and have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

Deleted from State's Letter Dated  
10-4-2016 under Transmittal Number  
TX 16-0024, with Effective Date of  
10-1-2016. This action was approved  
on 12-21-2016.

STATE <u>Texas</u>	APR 09 1992	A
DATE REC'D	APR 29 1992	
DATE APP'D	APR 01 1992	
DATE EFF	92-10	
HCFA 179		

TN No. 92-10 Approval Date APR 29 1992 Effective Date APR 01 1992  
Supersedes  
TN No. 91-34

Revision:

HCFA-PM-91-4 (BPD)  
AUGUST 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

Page 3

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Texas

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO  
FEDERAL POVERTY LEVEL

1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902(a)(1)(A)(ii)(IX) and 1902(l)(2) of the act are as follows:

Based on 185 percent of the official Federal poverty income level (no less than 133 percent and no more than 185 percent) for infants and pregnant women, as revised annually in the Federal Register.

Family size

1  
2  
3  
4  
5

Per each  
additional  
member

Income Level

\$  
\$  
\$  
\$  
\$  
\$  
\$

Deleted from State's Letter Dated  
10-4-2016 under Transmittal Number  
TX 16-0024, with Effective Date of  
10-1-2016. This action was approved  
on 12-21-2016.

STATE Texas  
DATE REC'D 9-29-04  
DATE APPV'D 12-21-04  
DATE EFF 9-1-04  
HCFA 179 04-23

A

TN No. 04-23  
Supersedes  
TN No. 03-12

Approval Date 12-21-04

Effective Date 9-1-04

HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

SUPPLEMENT 2 TO ATTACHMENT 2.6-A  
Page 1  
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Texas

RESOURCE LEVELS

A. CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Women

a. Mandatory Groups

☐ Same as SSI resources levels.

☒ Less restrictive than SSI resource levels and is as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	<u>0</u>
<u>2</u>	<u>0</u>

b. Optional Groups

☐ Same as SSI resources levels.

☐ Less restrictive than SSI resource levels and is as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	<u>          </u>
<u>2</u>	<u>          </u>

Deleted from State's Letter Dated  
10-4-2016 under Transmittal Number  
TX 16-0024, with Effective Date of  
10-1-2016. This action was approved  
on 12-21-2016.

TN No. 91-35  
Supersedes  
TN No. 91-34

Approval Date JAN 14 1992

Effective Date

DEC - 1 1991

HCFA ID: 7985E

STATE <u>Texas</u>	DEC 23 1991	A
DATE REC'D	JAN 14 1992	
DATE APPV'D	DEC - 1 1991	
DATE EFF	<u>91-35</u>	
HCFA 179		

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Texas

2. Infants

a. Mandatory Group of Infants

☐ Same as resource levels in the State's approved AFDC plan.

☒ Less restrictive than the AFDC levels and are as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	<u>2000</u>
<u>2</u>	<u>2000</u>
<u>3</u>	<u>2000</u>
<u>4</u>	<u>2000</u>
<u>5</u>	<u>2000</u>
<u>6</u>	<u>2000</u>
<u>7</u>	<u>2000</u>
<u>8</u>	<u>2000</u>
<u>9</u>	<u>2000</u>
<u>10</u>	<u>2000</u>

Deleted from State's Letter Dated  
10-4-2016 under Transmittal Number  
TX 16-0024, with Effective Date of  
10-1-2016. This action was approved  
on 12-21-2016.

TN No. 91-34 Approval Date JAN 14 1992 Effective Date OCT 01 1991  
Supersedes  
TN No. 88-11, Supp 2 to Attachment 2.6-A, HCFA ID: 7985E  
Pg 2, Item 2

STATE <u>Texas</u>	A
DATE REC'D <u>DEC 11 1991</u>	
DATE APP'D <u>JAN 14 1992</u>	
DATE EFF <u>OCT 01 1991</u>	
HCFA 179 <u>91-34</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Texas

b. Optional Group of Infants

☐ Same as resource levels in the State's approved AFDC plan.

☐ Less restrictive than the AFDC levels and are as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	<u>                    </u>
<u>2</u>	<u>                    </u>
<u>3</u>	<u>                    </u>
<u>4</u>	<u>                    </u>
<u>5</u>	<u>                    </u>
<u>6</u>	<u>                    </u>
<u>7</u>	<u>                    </u>
<u>8</u>	<u>                    </u>
<u>9</u>	<u>                    </u>
<u>10</u>	<u>                    </u>

Deleted from State's Letter Dated  
10-4-2016 under Transmittal Number  
TX 16-0024, with Effective Date of  
10-1-2016. This action was approved  
on 12-21-2016.

TN No. 91-34 Supersedes                      Approval Date JAN 14 1992 Effective Date OCT 01 1991  
TN No. None - new material

HCFA ID: 7985E

STATE <u>Texas</u>	A
DATE REC'D <u>DEC 11 1991</u>	
DATE APPV'D <u>JAN 14 1992</u>	
DATE EFF <u>OCT 01 1991</u>	
HCFA 179 <u>91-34</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Texas

3. Children

- a. Mandatory Group of Children under Section 1902(a)(10)(i)(VI)  
of the Act. (Children who have attained age 1 but have not  
attained age 6.)

Same as resource levels in the State's approved AFDC plan.

XXX Less restrictive than the AFDC levels and are as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	<u>2000.00</u>
<u>2</u>	<u>2000.00</u>
<u>3</u>	<u>2000.00</u>
<u>4</u>	<u>2000.00</u>
<u>5</u>	<u>2000.00</u>
<u>6</u>	<u>2000.00</u>
<u>7</u>	<u>2000.00</u>
<u>8</u>	<u>2000.00</u>
<u>9</u>	<u>2000.00</u>
<u>10</u>	<u>2000.00</u>

Deleted from State's Letter Dated  
10-4-2016 under Transmittal Number  
TX 16-0024, with Effective Date of  
10-1-2016. This action was approved  
on 12-21-2016.

STATE <u>Texas</u>	A
DATE REC'D <u>APR 09 1992</u>	
DATE APP'D <u>APR 29 1992</u>	
DATE EFF <u>APR 01 1992</u>	
HCFA 179 <u>92-10</u>	

TN No. 92-10  
Supersedes 91-24 Approval Date APR 29 1992 Effective Date APR 01 1992  
TN No. 91-24



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Texas

- b. Mandatory Group of Children under Section 1902(a)(10)(i)(VII)  
of the Act. (Children born after September 30, 1983 who have  
attained age 6 but have not attained age 19.)

       Same as resource levels in the State's approved AFDC plan.

XXX Less restrictive than the AFDC levels and are as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	<u>2,000</u>
<u>2</u>	<u>2,000</u>
<u>3</u>	<u>2,000</u>
<u>4</u>	<u>2,000</u>
<u>5</u>	<u>2,000</u>
<u>6</u>	<u>2,000</u>
<u>7</u>	<u>2,000</u>
<u>8</u>	<u>2,000</u>
<u>9</u>	<u>2,000</u>
<u>10</u>	<u>2,000</u>

Deleted from State's Letter Dated  
10-4-2016 under Transmittal Number  
TX 16-0024, with Effective Date of  
10-1-2016. This action was approved  
on 12-21-2016.

STATE <u>Texas</u>	A
DATE REC'D <u>5-4-92</u>	
DATE APPV'D <u>5-26-92</u>	
DATE EFF <u>4-1-92</u>	
HCFA 179 <u>92-17</u>	

TN No. 92-17  
Supersedes 92-10 Approval Date 5/26/92 Effective Date 4-1-92  
N No. 92-10

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Texas

MORE LIBERAL METHODS OF TREATING INCOME  
UNDER SECTION 1902(r)(2) OF THE ACT\*

     Section 1902(f) State XX Non-Section 1902(f) State

When applying the AFDC 185% gross income test described in 45 CFR 233.20(a)(3)(xiii) in AFDC-related categorically needy cases, all income in excess of 185% of the state's need standard will be excluded.

This is more liberal policy in that it exempts the applicant from the gross income test and requires only that the applicant's net income (after applying allowable deductions) be compared to the AFDC recognizable needs when determining if the applicant is income-eligible.

Deleted from State's Letter Dated  
10-4-2016 under Transmittal Number  
TX 16-0024, with Effective Date of  
10-1-2016. This action was approved  
on 12-21-2016.

STATE <u>Texas</u>	A
DATE REC'D <u>JUN 13 1996</u>	
DATE APP'D <u>AUG 23 1996</u>	
DATE EFF <u>APR 01 1996</u>	
HCFA 179 <u>96-12</u>	

\*More liberal methods may not result in exceeding gross income limitations under section 1903(f).

TN No. 96-12  
Supersedes 91-34 Approval Date 08/23/96 Effective Date 04/01/96  
TN No. 91-34

Deleted from State's Letter Dated  
10-4-2016 under Transmittal Number  
TX 16-0024, with Effective Date of  
10-1-2016. This action was approved  
on 12-21-2016.

State of Texas  
Supplement 8a to Attachment 2.6-A  
Page 2

State Plan under Title XIX of the Social Security Act  
State: Texas

MORE LIBERAL METHODS OF TREATING INCOME UNDER SECTION  
1902(r)(2) OF THE ACT

[X] Non-Section 1902(f) State

Allow the exclusion of payments made from or interest earned on Texas Save and Match Programs under Texas Education Code, chapter 54, subchapters G, H, and I, and on any qualified tuition program of any state that meets the requirements of the Internal Revenue Service Code of 1986, section 529, for a fund, plan, or tuition program established before the 21<sup>st</sup> birthday of the beneficiary of the fund, plan, or tuition program by a member of the minor's family. A member of the minor's family means the minor's parent, step-parent, spouse, grandparent, brother, sister, uncle or aunt, whether of whole or half blood or by adoption. Any withdrawal from a fund, plan, or tuition program for purposes other than paying educational expenses of the beneficiary or cancellation of a fund, plan, or tuition program negates the exclusion of payments made from or interest earned on a fund, plan, or tuition program.

This liberal income policy applies to the following groups:

- Individuals who would be eligible for cash assistance if they were not in medical institutions under 1902(a)(10)(A)(ii)(IV) and 42 CFR 435.211;
- Working individuals with disabilities who buy into Medicaid (Medicaid Buy-In program) under 1902(a)(10)(A)(ii)(XIII);
- Children with disabilities in the Medicaid Buy-In for Children under 1902(cc);
- Qualified Medicare Beneficiaries, Specified Low-Income Medicare Beneficiaries, Qualifying Individuals, and Qualified Disabled and Working Individuals under 1902(a)(10)(E), 1905(p), and 1905(s).

\*Less restrictive methods may not result in exceeding gross income limitations under section 1903(f)

STATE	Texas
DATE REC'D	1-31-12
DATE APPV'D	8-13-12
DATE EFF	1-1-12
HCFA 179	12-02

A

TN: 12-02

Approval Date: 8-13-12

Effective Date: 1-1-12

Supersedes TN: SUPERSEDES: NONE - NEW PAGE

State Plan under Title XIX of the Social Security Act  
State: Texas

MORE LIBERAL METHODS OF TREATING INCOME UNDER SECTION  
1902(r)(2) OF THE ACT

[X] Non-Section 1902(f) State

Allow the exclusion of payments made from or interest earned on Texas Save and Match Programs under Texas Education Code, chapter 54, subchapters G, H, and I, and on any qualified tuition program of any state that meets the requirements of the Internal Revenue Service Code of 1986, section 529, for a fund, plan, or tuition program established by a member of the minor's family.

This liberal income policy applies to the following groups:

- Qualified children and pregnant women under 1902(a)(10)(A)(i)(III);
- Poverty level pregnant women and infants (133-185% FPL) under 1902(a)(10)(A)(i)(IV);
- Poverty level children under age 6 (133% FPL) under 1902(a)(10)(A)(i)(VI);
- Poverty level children under age 19 (100% FPL) under 1902(a)(10)(A)(i)(VII);
- Medically Needy under 1902(a)(10)(C)(i)(III);
- Independent foster case adolescents under 1902(a)(10)(A)(ii)(XVII).

\*Less restrictive methods may not result in exceeding gross income limitations under section 1903(f)

Deleted from State's Letter Dated  
10-4-2016 under Transmittal Number  
TX 16-0024, with Effective Date of  
10-1-2016. This action was approved  
on 12-21-2016.

STATE	Texas
DATE REC'D	1-31-12
DATE APPV'D	8-13-12
DATE EFF	1-1-12
HCFA 179	12-02

A

TN: 12-02

Approval Date: 8-13-12

Effective Date: 1-1-12

Supersedes TN: SUPERSEDES: NONE - NEW PAGE



State Plan under Title XIX of the Social Security Act  
State: Texas

MORE LIBERAL METHODS OF TREATING INCOME UNDER SECTION  
1902(r)(2) OF THE ACT

For the reasonable classifications of children covered under 42 CFR 435.222 as  
specified at A-F on Supplement 1 to Attachment 2.2-A, Page 1 –

In determining eligibility, disregard all income.

Deleted from State's Letter Dated  
10-4-2016 under Transmittal Number  
TX 16-0024, with Effective Date of  
10-1-2016. This action was approved  
on 12-21-2016.

State: Texas  
Date Received: 12-20-13  
Date Approved: 5-9-14  
Date Effective: 12-31-13  
Transmittal Number: 13-51

TN: 13-51

Approval Date: 5/9/14

Effective Date: 12/31/13

Supersedes TN: New Page



Deleted from State's Letter Dated  
10-4-2016 under Transmittal Number  
TX 16-0024, with Effective Date of  
10-1-2016. This action was approved  
on 12-21-2016.

Attachment 2.6-A  
Supplemental 14  
Page 1

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Texas

### ELIGIBILITY UNDER SECTION 1931 OF THE ACT

The State covers low-income families and children under section 1931 of the Act.

The following groups were included in the AFDC State Plan effective July 16, 1996:

       Pregnant women with no other eligible children.

  X   AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

       In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996 without modification.

  X   In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996 with the following modifications.

       The agency applies lower standards which are no lower than the AFDC standard in effect on May 1, 1988, as follows:

       The agency applies higher income standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:

       The agency applies higher resource standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:

STATE	<u>TX</u>	A
DATE REC'D	<u>3-31-98</u>	
DATE AP'D	<u>4-23-98</u>	
DATE EFF	<u>1-1-98</u>	
HCFA 179	<u>98-02</u>	

**SUPERSEDES: NONE - NEW PAGE**

Deleted from State's Letter Dated  
10-4-2016 under Transmittal Number  
TX 16-0024, with Effective Date of  
10-1-2016. This action was approved  
on 12-21-2016.

State of Texas  
Supplement 14 Attachment 2.6-A  
Page 2

- X The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:
- allows for exclusion of a child's income from earnings/resources as long as the child is:
    - enrolled and attending school, GED classes, or home-schooled, regardless of the number of hours, and
    - employed less than 30 hours per week.
  - excludes an additional \$1,000 from a household's resources, resulting in allowing a resource limit of \$2,000. Also, excludes an additional \$2,000 from resources of households with an aged or disabled member, resulting in allowing a resource limit of \$3,000 for these households.
  - allows a fair market value (FMV) exemption for a household's vehicles. The amount of the exemption is the current food stamp FMV exemption as published in the Food and Consumer Service, U.S. Department of Agriculture regulations.
  - all wages paid by the Census Bureau for temporary employment related to census activities are excluded.
- X The agency terminates medical assistance (except for certain pregnant women and children) for individuals who fail to meet TANF work requirements.
- X The agency continues to apply the following waivers of provisions of Part A of Title IV in effect as of July 16, 1996, or submitted prior to August 22, 1996 and approved by the Secretary on or before July 1, 1997.
- Allows removal of the 100-hour rule for meeting the Medicaid deprivation eligibility criteria for two parent families.

SUPERSEDES: TN- 03-12

STATE	<u>Texas</u>
DATE REC'D	<u>8-1-08</u>
DATE APPROV'D	<u>10-27-08</u>
DATE EFF	<u>7-1-08</u>
MOEA 179	<u>08-14</u>

A