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State/Territory Name: TX

State Plan Amendment (SPA) #:17-0024

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CMS-10434 OMB 0938-1188

Approval Notice

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

7500 Security Boulevard, Mail Stop S2-14-26

Baltimore, Maryland 21244-1850

**Date:** 12/13/2017**Head of Agency:** Enrique Marquez**Title/Dept :** Deputy Executive Commissioner**Address 1:** 4900 N. Lamar**Address 2:****City :** Austin**State:** TX**Zip:** 78751**MACPro Package ID:** TX2017MS0004O**SPA ID:** TX-17-0024**Subject**

Approval Notification

Dear Enrique Marquez

This is an informal communication that will be followed with an official communication to the State's Medicaid Director.

The Centers for Medicare and Medicaid Services (CMS) is pleased to inform you that we are recommending approval for your request for Transmittal Number (TN) 17-0024.

Reviewable Unit	Effective Date
MAGI-Based Methodologies	8/1/2017
Financial Eligibility Requirements for Non-MAGI Groups	8/1/2017
Mandatory Eligibility Groups	8/1/2017
Parents and Other Caretaker Relatives	8/1/2017

There is no Federal Medical Assistance Percentage (FMAP) associated with this SPA.

Sincerely,

Billy Farrell

ARA

Approval Documentation

Name	Date Created	Type
6.A.1 TX 17-0024 ApprovalLet_FJB bdb	12/13/2017 4:05 PM EST	

Package Information

Package ID	TX2017MS0004O	Submission Type	Official
Program Name	N/A	State	TX
SPA ID	TX-17-0024	Region	Dallas, TX
Version Number	2	Package Status	Closed-Approved
Submitted By	Berengere Dutra	Submission Date	9/29/2017
Package Disposition		Approval Date	12/13/2017 8:45 AM EST
Priority Code	P2		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | TX2017MS0004O | TX-17-0024

Not Started	In Progress	Complete
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Package Header

Package ID	TX2017MS0004O	SPA ID	TX-17-0024
Submission Type	Official	Initial Submission Date	9/29/2017
Approval Date	12/13/2017	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name:	Texas	Medicaid Agency Name:	Texas Health and Human Services Commission
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Submission Component

- ☒ State Plan Amendment
- ☒ Medicaid
- ☐ CHIP

Submission Type

- ☒ Official Submission Package
- ☐ Draft Submission Package
- Allow this official package to be viewable by other states?
- ☐ Yes
- ☒ No

Key Contacts

Name	Title	Phone Number	Email Address
Dutra, Beren	State Plan Program Specialist	(512)428-1932	Beren.Dutra@hhsc.state.tx.us
Ates, Doneshia	State Plan Policy Advisor	(512)428-1963	Doneshia.Ates@hhsc.state.tx.us

SPA ID and Effective Date

SPA ID TX-17-0024

Reviewable Unit	Proposed Effective Date
MAGI-Based Methodologies	8/1/2017
Financial Eligibility Requirements for Non-MAGI Groups	8/1/2017
Mandatory Eligibility Groups	8/1/2017
Parents and Other Caretaker Relatives	8/1/2017

Executive Summary

Summary Description Including Goals and Objectives The proposed amendment corrects the Medicaid State Plan to reflect the state option to terminate Medicaid coverage for certain individuals who fail to meet the work requirements under Title IV-A of the Social Security Act. Specifically, §1931(b)(3)(A) of the Act gives states the option to terminate medical assistance (except for certain pregnant women and children) for individuals who fail to meet the Temporary Assistance for Needy Families work requirements. This option was removed from the Medicaid State Plan in error. The Texas Health and Human Services Commission has continued to apply this policy option.

Feedback: In July 2016, Texas discovered through implementing CMS' direction in deleting pages of the Medicaid state plan superseded by the MAGI SPAs, that the TANF work requirement was inadvertently deleted. Specifically, Supplement 14 to Attachment 2.6-A contained an option to terminate medical assistance for individuals who failed to meet TANF work requirements. SPA 14-0002 M1 removed this page but none of the superseded pages contain this optional provision. The Medicaid denial for failure to comply with TANF work requirements is stated in 42 USC 1396u-1(b)(3) and Texas HR Code 31.0032(c).

After reviewing Texas State Plan Amendment 14-002 that Texas identified, as well as 16-0024, CMS saw where Attachment 2.6-A, Supplement 14, pages 1-2 were deleted. To add this option back to the state plan, Texas needs to submit PDF S25 in MMDL and upload an attachment that includes the relevant language from Supplement 14, Attachment 2.6 page 2 that reads, "The agency terminates medical assistance (except for certain pregnant women and children) for individuals who fail to meet TANF work requirements."

Dependency Description

Description of any dependencies between this submission package and any other submission package undergoing review

Disaster-Related Submission

This submission is related to a disaster

☐ Yes

☒ No

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2017	\$0
Second	2018	\$0

Federal Statute / Regulation Citation

§1931(b)(3)(A)

Governor's Office Review

- ☐ No comment
- ☐ Comments received
- ☐ No response within 45 days
- ☒ Other

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

Authorized Submitter

The following information will be provided by the system once the package is submitted to CMS.

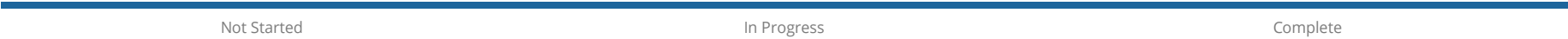
Name of Authorized Submitter Berengere Dutra
Phone number 5129234163
Email address beren.dutra@hhsc.state.tx.us

Authorized Submitter's Signature Berengere Dutra

☒ I hereby certify that I am authorized to submit this package on behalf of the Medicaid Agency.

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | TX2017MS0004O | TX-17-0024



Package Header

Package ID TX2017MS0004O

Submission Type Official

Approval Date 12/13/2017

Superseded SPA ID N/A

SPA ID TX-17-0024

Initial Submission Date 9/29/2017

Effective Date N/A

Indicate whether public comment was solicited with respect to this submission.

- ☐ Public notice was not federally required and comment was not solicited
- ☐ Public notice was not federally required, but comment was solicited
- ☒ Public notice was federally required and comment was solicited

Indicate how public comment was solicited:

- ☐ Newspaper Announcement
- ☐ Publication in state's administrative record, in accordance with the administrative procedures requirements
- ☐ Email to Electronic Mailing List or Similar Mechanism
- ☐ Website Notice
- ☐ Public Hearing or Meeting
- ☒ Other method

Name of method:	Date:	Description:
Public Notice published in the Texas Register	7/21/2017	The Texas Health and Human Services Commission announced its intent to submit transmittal number 17-0024 to the Texas State Plan for Medical Assistance, under Title XIX of the Social Security Act.

Upload copies of public notices and other documents used

Name	Date Created	Type
20170721 SPA 17-0024 PNI	9/28/2017 12:44 PM EDT	

Upload with this application a written summary of public comments received (optional)

Name	Date Created	Type
No items available		

Indicate the key issues raised during the public comment period (optional)

- ☐ Access
- ☐ Quality
- ☐ Cost
- ☐ Payment methodology
- ☐ Eligibility
- ☐ Benefits
- ☐ Service delivery
- ☐ Other issue

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | TX2017MS0004O | TX-17-0024

Not Started	In Progress	Complete
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Package Header

Package ID	TX2017MS0004O	SPA ID	TX-17-0024
Submission Type	Official	Initial Submission Date	9/29/2017
Approval Date	12/13/2017	Effective Date	N/A
Superseded SPA ID	N/A		

One or more Indian health programs or Urban Indian Organizations furnish health care services in this state

Yes

No

This state plan amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations

Yes

No

☒

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, prior to submission of this SPA

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

☐ All Indian Health Programs

☒ All Urban Indian Organizations

Date of solicitation/consultation:	Method of solicitation/consultation:
7/7/2017	Letters were submitted via email.

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:









☒ All Indian Tribes

Date of consultation:	Method of consultation:
7/7/2017	Letters were submitted via email.

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	Type

https://macpro.cms.gov/suite/tempo/records/item/IUB9Co0jznkfJLyQF9e4HpiqLQ9Q0cLS686GhhLQgRf5E7z-wNvEPIQRVzvbAgHdSwtu_ygqyMOESN3NPjfrnNOF-y8z2zcfstLRYBxWG1nzc8TFRJy/vi... 6/14

Name	Date Created	Type
20170707 SPA 17-0024 TANF Work Requirement Tribal Notices - Ms. Sylestine	9/28/2017 12:53 PM EDT	
20170707 SPA 17-0024 TANF Work Requirement Tribal Notice - Ms. Battise	9/28/2017 12:54 PM EDT	
20170707 SPA 17-0024 TANF Work Requirement Tribal Notice - Mr. Gonzalez	9/28/2017 12:55 PM EDT	
20170707 SPA 17-0024 TANF Work Requirement Tribal Notice - Ms. Hernandez	9/28/2017 12:55 PM EDT	
20170707 SPA 17-0024 TANF Work Requirement Tribal Notice - Ms. Young	9/28/2017 12:56 PM EDT	
20170707 SPA 17-0024 TANF Work Requirement Tribal Notice - Ms. Trentin	9/28/2017 12:56 PM EDT	
20170707 SPA 17-0024 TANF Work Requirement Tribal Notice - Mr. Hisa	9/28/2017 1:01 PM EDT	
20170707 SPA 17-0024 TANF Work Requirement Tribal Notice - Mr. Lopez	9/28/2017 1:01 PM EDT	
1 – 8 of 8		

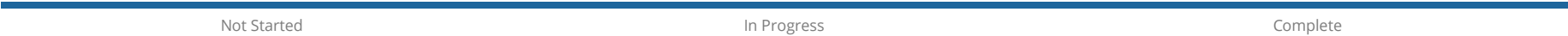
Indicate the key issues raised (optional)

- ☐ Access
- ☐ Quality
- ☐ Cost
- ☐ Payment methodology
- ☐ Eligibility
- ☐ Benefits
- ☐ Service delivery
- ☐ Other issue

Medicaid State Plan Eligibility

MAGI Based Methodologies

MEDICAID | Medicaid State Plan | Eligibility | TX2017MS0004O | TX-17-0024



Package Header

Package ID TX2017MS0004O

SPA ID TX-17-0024

Submission Type Official

Initial Submission Date 9/29/2017

Approval Date 12/13/2017

Effective Date 8/1/2017

Superseded SPA ID TX-16-0024

User-Entered

The state will apply Modified Adjusted Gross Income (MAGI)-based methodologies as described below, and consistent with 42 CFR 435.603.

A. Household Composition

- In determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.
- In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:
 - ☐ a. The pregnant woman is counted just as herself.
 - ☐ b. The pregnant woman is counted as herself, plus one.
 - ☒ c. The pregnant woman is counted as herself, plus the number of children she is expected to deliver.
- In establishing household composition under the rules for non-filers set forth at 42 CFR 435.603(f)(3), the state elects the following age for children:
 - ☒ a. Age 19
 - ☐ b. Age 19, or in the case of full-time students, age 21

B. Household Income

Financial eligibility is determined consistent with the following provisions:

- When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.
- When determining eligibility for current beneficiaries, financial eligibility is based on:
 - ☒ a. Current monthly household income and family size
 - ☐ b. Projected annual household income and family size for the remaining months of the current calendar year.
- In determining current monthly or projected annual household income, the state considers reasonably predictable changes in income:
 - ☐ Yes ☒ No
- MAGI-based income is calculated using the financial methodologies defined in section 36B(d)(2)(B) of the Internal Revenue Code, except as described at 42 CFR 435.603(e), and without regard to whether an individual expects to file taxes.
- Except as provided at 42 CFR 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.
- In determining the eligibility of an individual using MAGI-based income, the state must subtract an amount equivalent to 5 percentage points of the federal poverty level for the applicable family size only to determine the eligibility of an individual for medical assistance under the eligibility group with the highest income standard using MAGI-based methodologies in the applicable Title of the Act, but not to determine eligibility for a particular eligibility group.
- Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.
 - ☒ Yes ☐ No

The state uses a specific nominal amount and frequency.

☒ Yes ☐ No

a. The amount of the nominal amount is:

\$50.00

b. Frequency of the nominal amount:

☐ i. Weekly

☐ ii. Bi-weekly

☒ iii. Monthly



- ☐ iv. Quarterly
- ☐ v. Yearly

c. Explanation: optional

C. Resource Test

There is no resource test applied to eligibility groups that use MAGI-based methodologies.

D. Additional Information (optional)

Medicaid State Plan Eligibility
Financial Eligibility Requirements for Non-MAGI Groups

MEDICAID | Medicaid State Plan | Eligibility | TX2017MS0004O | TX-17-0024

Not Started	In Progress	Complete
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Package Header

Package ID	TX2017MS0004O	SPA ID	TX-17-0024
Submission Type	Official	Initial Submission Date	9/29/2017
Approval Date	12/13/2017	Effective Date	8/1/2017
Superseded SPA ID	N/A		

The state applies the following financial methodologies for all eligibility groups whose eligibility is not based on modified adjusted gross income (MAGI) rules (described in 42 C.F.R. §435.603):

A. Financial Eligibility Methodologies

☒ The state determines financial eligibility consistent with the methodologies described in 42 C.F.R. §435.601.

B. Eligibility Determinations of Aged, Blind and Disabled Individuals

Eligibility is determined for aged, blind and disabled individuals based on one of the following:

- ☒ SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.
- ☐ State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.
- ☐ State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

C. Financial Responsibility of Relatives

☒ The state determines the financial responsibility of relatives consistent with the requirements and methodologies described in 42 C.F.R. §435.602.

D. Additional Information (optional)

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | TX2017MS0004O | TX-17-0024

Not Started

In Progress

Complete

Package Header

Package ID

TX2017MS0004O

Submission Type

Official

Approval Date

12/13/2017

Superseded SPA ID

TX-14-0002

System-Derived

SPA ID

TX-17-0024

Initial Submission Date

9/29/2017

Effective Date

8/1/2017
















Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Infants and Children under Age 19		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
SSI Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Mandatory State Supplements		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Who Are Essential Spouses		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Institutionalized Individuals Continuously Eligible Since 1973		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Blind or Disabled Individuals Eligible in 1973		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Who Lost Eligibility for SSI/SSP Due to an Increase in OASDI Benefits in 1972		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Who Would be Eligible for SSI/SSP but for OASDI COLA increases since April, 1977		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Disabled Widows and Widowers Ineligible for SSI due to Increase in OASDI		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Disabled Widows and Widowers Ineligible for SSI due to Early Receipt of Social Security		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Disabled under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Disabled Adult Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualifying Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

B. The state elects the Adult Group, described at 42 C.F.R. §435.219.

☐ Yes ☒ No

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | TX2017MS0004O | TX-17-0024

Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.

Not Started	In Progress	Complete
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Package Header

Package ID	TX2017MS0004O	SPA ID	TX-17-0024
Submission Type	Official	Initial Submission Date	9/29/2017
Approval Date	12/13/2017	Effective Date	8/1/2017
Superseded SPA ID	TX-14-0002		
	System-Derived		

The state covers the mandatory parents and other caretaker relatives group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are parents or other caretaker relatives (defined at 42 CFR 435.4), including pregnant women, of dependent children (defined at 42 CFR 435.4) under age 18. Spouses of parents and other caretaker relatives are also included.

The state elects the following options:

- ☒ a. This eligibility group includes individuals who are parents or other caretakers of children who are 18 years old, provided the children are full-time students in a secondary school or the equivalent level of vocational or technical training.
- ☒ b. Options relating to the definition of caretaker relative:

☐ i. The definition of caretaker relative includes the domestic partner of the parent or other caretaker relative, even after the partnership is terminated.

☒ ii. The definition of caretaker relative includes other relatives of the child based on blood (including those of half-blood), adoption or marriage.

Description of other relatives:
See E Additional Information

☐ iii. The definition of caretaker relative includes any adult with whom the child is living and who assumes primary responsibility for the dependent child's care.
- ☒ c. Options relating to the definition of dependent child:

☒ i. The state elects to eliminate the requirement that a dependent child must be deprived of parental support or care by reason of the death, physical or mental incapacity, or absence from the home or unemployment of at least one parent.

☐ ii. The child must be deprived of parental support or care, but a less restrictive standard is used to measure unemployment of the parent (select the one that applies):

2. Have household income at or below the standard established by the state.

B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

C. Income Standard Used

1. The income standard for this group is based on a percentage of the federal poverty level.

☐ Yes

☒ No

2. The state uses the following income standard for this group:

- ☒ a. The state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in AFDC Income Standards.

D. Basis for Income Standard

1. Minimum Income Standard

a. The minimum income standard used for this group is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in AFDC Income Standards.

☒ b. The state certifies that it has submitted and received approval for its converted May 1, 1988 AFDC payment standard.

2. Maximum income standard

☒ a. The state certifies that it has submitted and received approval for its converted income standard(s) for parents and other caretaker relatives to MAGI-equivalent standards and the determination of the maximum income standard to be used for parents and other caretaker relatives under this eligibility group.

b. The state's maximum income standard for this eligibility group is:

- ☒ i. The state's effective income level for section 1931 families under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- ☐ ii. The state's effective income level for section 1931 families under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- ☐ iii. The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- ☐ iv. The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

c. The amount of the maximum income standard is:

- ☐ i. A percentage of the federal poverty level:
- ☒ ii. The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
- ☐ iii. The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
- ☐ iv. The state's TANF payment standard, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
- ☐ v. Other dollar amount

E. Additional Information (optional)

A person meets the relationship requirement if the person is by law, marriage, or adoption a child's father or mother; grandparent, to the degree of a "great, great, great" grandparent; brother or sister; uncle or aunt, to the degree of a "great, great" uncle or aunt; first cousin; nephew or niece, to the degree of a "great, great" nephew or niece; stepfather or stepmother; stepbrother or stepsister; or first cousin once removed.

Additional Information Related to TANF work requirements:

The state terminates medical assistance (except for certain pregnant women and children) for individuals who fail to meet TANF work requirements.

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 0938-1188. 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.

This view was generated on 1/11/2018 9:54 AM EST