

# Division of Medicaid & Children's Health, Region VI

March 31, 2011

Our Reference: SPA TX 10-58

Mr. Billy Millwee Associate Commissioner for Medicaid & CHIP Health and Human Services Commission Post Office Box 13247 Mail Code: H100 Austin, Texas 78711

Dear Mr. Millwee:

We have reviewed the State's proposed amendment to the Texas State Plan submitted under Transmittal Number 10-58, dated October 6, 2010. This state plan amendment amends the Texas Title XIX state plan in section 1 to comply with section 1902 (a) (73) of the Social Security Act that requires States with one or more Indian Health programs or Urban Indian Organizations that furnish health services to establish a process for the State Medicaid agency to seek advice on a regular, ongoing basis from designees of Indian Health programs, Tribes or Tribal Organizations or Urban Indian.

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with an effective date change of November 1, 2010. A copy of the CMS-179 and the approved plan pages are enclosed with this letter. If you have any questions, please contact Cheryl Rupley at (214) 767-6278.

Sincerely,

/s/

Bill Brooks Associate Regional Administrator

Enclosures cc: Emily Zalkovsky, Policy Development Support

| DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>CENTERS FOR MEDICARE AND MEDICAID SERVICES   |   | FORM APPROVED<br>OMB NO. 0938-0193  |  |  |  |  |
|---|---|---|--|--|--|--|
| TRANSMITTAL AND NOTICE OF APPROVAL OF<br>STATE PLAN MATERIAL<br>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES                           | 1. TRANSMITTAL NUMBER:<br>10-058<br>3. PROGRAM IDENTIFICATION: TITL   | 2. STATE:<br>TEXAS  |  |  |  |  |
|   | SECURITY ACT (MEDICAID)   | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)  |  |  |  |  |
| TO: REGIONAL ADMINISTRATOR<br>CENTERS FOR MEDICARE AND MEDICAID SERVICES<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES                       | 4. PROPOSED EFFECTIVE DATE:<br>November 1, 2010                       |   |  |  |  |  |
| 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 (Se<br>6. FEDERAL STATUTE/REGULATION CITATION:  |   |   |  |  |  |  |
| Social Security Act 1902(a)(73)   | a. FFY 2010 \$0<br>b. FFY 2011 \$0<br>c. FFY 2012 \$0                 |   |  |  |  |  |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:   | 9. PAGE NUMBER OF THE SUPERS<br>OR ATTACHMENT (If Applicable):        | <ol> <li>PAGE NUMBER OF THE SUPERSEDED PLAN SECTION<br/>OR ATTACHMENT (If Applicable):</li> </ol>                                       |  |  |  |  |
| SEE ATTACHMENT TO BLOCKS 8 AND 9  | SEE ATTACHMENT TO BLOCKS 8 A  | SEE ATTACHMENT TO BLOCKS 8 AND 9  |  |  |  |  |
| 10. SUBJECT OF AMENDMENT:   |   |   |  |  |  |  |
| The proposed amendment outlines the tribal consultation process between the Texas Medicaid agency and Indian health<br>programs in Texas. |   |   |  |  |  |  |
| 11. GOVERNOR'S REVIEW (Check One):  |   |   |  |  |  |  |
| GOVERNOR'S OFFICE REPORTED NO COMMENT   | OTHER, AS SPECIFIED: Sent<br>this date. Comments, if any, will be for |   |  |  |  |  |
| COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  |   | ·····   |  |  |  |  |
| NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL   |   |   |  |  |  |  |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:   | 16. RETURN TO:  |   |  |  |  |  |
|   | Billy R. Millwee  |   |  |  |  |  |
| 13. TYPED NAME:<br>Billy R. Millwee   |   | State Medicaid Director<br>Post Office Box 13247, MC: H-100<br>Austin, Texas 78711  |  |  |  |  |
|   | Austin, Texas 78711   |   |  |  |  |  |
| 14. TITLE:<br>State Medicaid Director   |   |   |  |  |  |  |
| 15. DATE SUBMITTED:<br>October 5, 2010  |   |   |  |  |  |  |
| FOR REGIONAL OFFICE USE ONLY  |   |   |  |  |  |  |
| 17. DATE RECEIVED: 6 October, 2010  | 18. DATE APPROVED:<br>31 MARCH 2011                                   |   |  |  |  |  |
| PLAN APPROVED - ONE COPY ATTACHED<br>19. EFFECTIVE DATE OF APPROVED MATERIAL:   | 20. SIGNATUREDOF REGIONAL OFFICIA                                     | ila.<br>namena anti-arra di sun di sun mana anti-arra di sun d<br>na di suntani |  |  |  |  |
| 1 November, 2010  |   |   |  |  |  |  |
| 21. TYPED NAME:<br>Bill Brooks  | 22. TITLE: Associate Regional Adr<br>Division of Medicaid &           | ninistrator<br>Children's Health  |  |  |  |  |
| 23. REMARKS;  |   |   |  |  |  |  |

FORM CMS - 179 (07-92)

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT Medical Assistance Program

### State of Texas

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| HCFA 17910-58      |   |

SUPERSEDES: TN- 87-10

TN: 10-58 Approval Date <u>3-31-11</u>

Effective Date 11-1-10

Supersedes TN: 87-10

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE Texas State of Texas DATE REC'D 10-6-10 DATE APPV'D\_ 3-31-11 A DATE EFF\_\_\_\_\_\_ 10 58 HCFA 179 \_\_\_\_

Citation

Tribal Consultation

SSA

1.6

1902(a)(73)

Section 1902(a)(73) of the Social Security Act (the Act) requires a state in which one or more Indian health programs or urban Indian organizations furnish health care services to establish a process for the state Medicaid agency to seek advice on a regular, ongoing basis from designees of Indian health programs, whether operated by the Indian Health Service (IHS), tribes or tribal organizations under the Indian Self-Determination and Education Assistance Act (ISDEAA), or Urban Indian Organizations under the Indian Health Care Improvement Act (IHCIA). Section 2107(e)(I) of the Act was also amended to apply these requirements to the Children's Health Insurance Program (CHIP). Consultation is required concerning Medicaid and CHIP matters having a direct impact on Indian health programs and urban indian organizations.

- (A) Designees of the federally-recognized tribes in Texas, Indian health programs in Texas, urban indian organizations in Texas, and the state Medicaid agency have formally agreed to the following process for seeking advice on a regular, ongoing basis on matters related to Medicaid programs and for consultation on state plan amendments (SPAs) prior to submission to CMS:
  - The state Medicaid agency will send a request for feedback to designees of Indian health programs and urban Indian organizations in Texas on Medicaid SPAs that have a direct impact to Indian health programs on client eligibility, acute care services, and acute care providers. This will include any direct impact to Indian health programs on pharmacy services, Federally Qualified Health Centers, and provider requirements.
  - Acute care provider reimbursement, including clinic or office reimbursement, rate reduction SPAs, and corresponding rate hearing information will be sent to the Indian health programs and urban Indian organizations in Texas only if a reduction of one million dollars or more, all funds, is proposed for a program or state plan rate category.

| TN    | 10-58    | _ Approval _ | 3-31-11      | Effective Date | 11-1-10 |
|-------|----------|--------------|--------------|----------------|---------|
| Super | sedes TN | SUPERSEDES:  | NONE - NEW F | AGE            |         |

- organization in Texas at least 30 calendar days prior to the submission of the SPA to the CMS for approval. These timeframes may change if the state is required to submit these documents to CMS in less time. The minimum timeframe would be no less than one calendar week, reserved for certain instances when direction to implement a state plan change requires an expedited process. Examples of these instances include direction from Texas state leadership; direction from CMS; a court order; a settlement agreement; federal rules, regulations, or laws; or state or federal legislation.
- Medicaid staff will hold regular conference calls with designees from the Ysletta Del Sur Pueblo, the Alabama-Coushatta Tribe, the Kickapoo Traditional Tribe of Texas, and the Urban Inter-Tribal Center of Texas. These calls will foster continued communication, and provide an opportunity to ask questions, ask for assistance, and express concerns.
- (B) The consultation process that occurred specifically for the development and submission of this SPA is as follows:
  - On April 28, 2010, state Medicaid agency staff met face-to-face with the health services designees from the federally-recognized tribes in Texas at the Urban Inter-Tribal Center of Texas (UITCT). Designees from the UITCT, the Alabama-Coushatta Tribe, and the Ysletta Del Sur Pueblo attended the meeting. The state Medicaid agency staff facilitated discussion regarding a potential consultation process on changes made to the Texas Medicaid state plan. On May 21, 2010, state Medicaid agency staff held a conference call with designees from the Kickapoo Traditional Tribe of Texas to ensure that all Indian health programs were consulted and given the opportunity to provide feedback on the potential consultation process discussed at the face-to-face meeting.
  - A letter of agreement outlining the proposed consultation process was mailed to each Indian health program and urban Indian organization designee in Texas for review and no changes were suggested. All parties signed a tribal consultation agreement form to verify the consultation process outlined above.

TN <u>10-58</u> Approval <u>3-31-11</u> Effective Date <u>11-1-10</u> Supersedes TN <u>SUPERSEDES:</u> NONE - NEW PAGE

STATE <u>Texas</u> DATE REC'D<u>/0-6-10</u> DATE APPV'D<u>3-3/-/1</u> DATE EFF<u>/1-1-/0</u> HC.FA 179<u>/0-58</u>