

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1301 Young Street, Room 833
Dallas, Texas 75202



Division of Medicaid & Children's Health, Region VI

July 8, 2011

Our Reference: SPA TX 11-19

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 11-19, dated June 20, 2011. This state plan amendment adds regulatory language to the service description for case management for high-risk pregnant women.

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with an effective date change of October 1, 2011. 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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: <div style="text-align: center; font-weight: bold;">11-019</div>	2. STATE: <div style="text-align: center; font-weight: bold;">TEXAS</div>
		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: <div style="text-align: center; font-weight: bold;">October 1, 2011</div>	
5. TYPE OF PLAN MATERIAL (Circle One): <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT </div>			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1905(a)(19) and Section 1915(g)(2) of the Social Security Act, relating to case management services		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2011 \$0 b. FFY 2012 \$0 c. FFY 2013 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SEE ATTACHMENT TO BLOCKS 8 & 9		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SEE ATTACHMENT TO BLOCKS 8 & 9	
10. SUBJECT OF AMENDMENT: As directed by CMS, HHSC is adding language from 42 CFR §441.18(a)(4) and (7) to the service description for case management services for high-risk pregnant women.			
11. GOVERNOR'S REVIEW (Check One): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL </div> <div> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt. </div> </div>			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <div style="border-top: 1px solid black; height: 20px; width: 100%;"></div>		16. RETURN TO: Billy R. Millwee State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711	
13. TYPED NAME: Billy R. Millwee			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: June 20, 2011			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 20 June, 2011		18. DATE APPROVED: <div style="text-align: center; font-style: italic;">8 July 2011</div>	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <div style="text-align: center;">1 October, 2011</div>		20. SIGNATURE OF REGIONAL OFFICIAL: <div style="border-top: 1px solid black; height: 20px; width: 100%;"></div>	
21. TYPED NAME: <div style="text-align: center;">Bill Brooks</div>		22. TITLE: Associate Regional Administrator <div style="text-align: center;">Division of Medicaid & Children's Health</div>	
23. REMARKS: <div style="height: 40px;"></div>			

7) Case Records

- a) Providers maintain case records that document for all individuals receiving case management as follows:
- i) The name of the individual;
 - ii) The dates of the case management services;
 - iii) The name of the provider agency (if relevant) and the person providing the case management service;
 - iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved;
 - v) Whether the individual has declined services in the care plan;
 - vi) The need for, and occurrences of, coordination with other case managers;
 - vii) A timeline for obtaining needed services, and
 - viii) A timeline for reevaluation of the plan.

8) Limitations:

- a) Case Management does not include:
- i) Activities for which third parties are liable to pay;
 - ii) Activities not consistent with the definition of case management services under section 6052 of the Deficit Reduction Act, codified at section 1915(g)(2) of the SSA; and
 - iii) The direct delivery of an underlying medical, educational, social, or other service to which an eligible individual has been referred.
- b) Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

9) Other Limitations:

- a) Case management services are prior authorized by the Department of State Health Services. The number of billable contacts that are prior authorized is based on the client's level of need, level of medical involvement, and complicating psychosocial factors.
- b) Case management services are available only through the 59th day post partum.

SUPERSEDES: TN- 07-16

STATE	<u>Texas</u>
DATE REC'D	<u>6-20-11</u>
DATE APPV'D	<u>7-8-11</u>
DATE EFF	<u>10-1-11</u>
HCFA 179	<u>11-19</u>

A

TN 11-19

Approval Date 7-8-11

Effective Date 10-1-11

Supersedes TN 07-16

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