

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

State of Texas

Citation	Condition or Requirement
42 CFR 431.10	1.1(d) <input checked="" type="checkbox"/> The agency named in paragraph 1.1(a) has responsibility for all determinations of eligibility for Medicaid under this plan. <input type="checkbox"/> Determinations of eligibility for Medicaid under this plan are made by the agency(ies) specified in Attachment 2.2-A. There is a written agreement between the agency named in paragraph 1.1(a) and other agency(ies) making such determinations for specific groups covered under this plan. The agreement defines the relationships and respective responsibilities of the agencies.

SUPERSEDES: TN- 76-46

STATE <u>Texas</u>	A
DATE REC'D <u>3-30-12</u>	
DATE APPV'D <u>4-26-12</u>	
DATE EFF <u>3-1-12</u>	
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Citation	Condition or Requirement
42 CFR 431.11	<p>1.2 <u>Organization for Administration</u></p> <p>(a) Attachment 1.2-A contains a description of the organization and functions of the Medicaid agency and an organization chart of the agency.</p> <p>(b) Within the state agency, the <u>Medicaid and CHIP Division (MCD)</u> has been designated as the medical assistance unit. Attachment 1.2-B contains a description of the organization and functions of MCD and an organization chart of the unit.</p> <p>(c) Attachment 1.2-C contains a description of the kinds and numbers of professional medical personnel and supporting staff used in the administration of the plan and their responsibilities.</p> <p>(d) Eligibility determinations are made by state or local staff of an agency other than the agency named in paragraph 1.1(a). Attachment 1.2-D contains a description of the staff designated to make such determinations and the functions they will perform.</p> <p><input checked="" type="checkbox"/> Not applicable. Only staff of the agency named in paragraph 1.1(a) make such determinations.</p>

SUPERSEDES: TN: 92-38

STATE <u>Texas</u>	A
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Citation	Condition or Requirement
42 CFR 431.610	<p>4.11 <u>Relations with Standard-setting and Survey Agencies</u></p> <p>(a) The Department of State Health Services and the Department of Aging and Disability Services, which are the state authorities utilized by the Secretary to determine qualifications of institutions and suppliers of services to participate in Medicare, are responsible for establishing and maintaining health standards for private or public institutions (exclusive of Christian Science sanatoria) that provide services to Medicaid recipients.</p> <p>(b) The state authority(ies) responsible for establishing and maintaining standards, other than those relating to health, for public or private institutions that provide services to Medicaid recipients is (are): The Department of State Health Services and the Department of Aging and Disability Services.</p> <p>(c) Attachment 4.11-A describes the standards specified in paragraphs (a) and (b) above, that are kept on file and made available to the Centers for Medicare & Medicaid Services on request.*</p>

SUPERSEDES: TN- 92-38

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Citation	Condition or Requirement
42 CFR 431.610	4.11 (d) The Department of State Health Services, which is the state agency responsible for licensing health institutions, determines if institutions and agencies meet the requirements for participation in the Medicaid program. The requirements in 42 CFR 431.610(e), (f) and (g) are met.

SUPERSEDES: TN- 77-16

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Citation	Condition or Requirement
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7.4 State Governor's Review

42 CFR 430.12(b)

The Medicaid agency will provide opportunity for the Office of the Governor to review state plan amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Centers for Medicare & Medicaid Services with such documents.

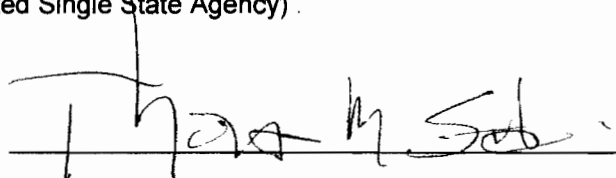
_____ Not applicable. The Governor - -

_____ Does not wish to review any plan material.

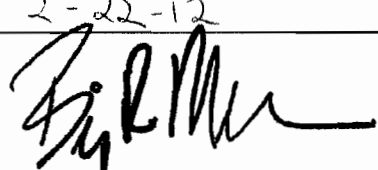
_____ Wishes to review only the plan materials specified in the enclosed document.

I hereby certify that I am authorized to submit this plan on behalf of:

Texas Health and Human Services Commission
(Designated Single State Agency)



(Signature) Thomas M. Suehs, Executive Commissioner

2-22-12
Date 

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(Signature) Billy R. Millwee, State Medicaid Director

3-30-12
Date

SUPERSEDES: TN- 01-15

TN: 12-01

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SUPERSEDES: TN- 92-38

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State of Texas

ORGANIZATION AND FUNCTIONS OF THE STATE AGENCY AND THE
ORGANIZATION CHART OF THE AGENCY

The Health and Human Services Commission (HHSC) is the state agency with primary responsibility for overseeing the delivery of state health and human services. HHSC is governed by the Executive Commissioner of Health and Human Services, who is appointed by the Governor of the State of Texas.

Per H.B. 2292, 78th Legislature, Regular Session, 2003, the various health and human services agencies were reorganized into four new departments and placed under the authority of HHSC. These departments include the Department of State Health Services (DSHS), the Department of Aging and Disability Services (DADS), the Department of Assistive and Rehabilitative Services (DARS), and the Department of Family and Protective Services (DFPS). HHSC is directed by state law to oversee the operations of these four operating departments.

Section 531.021 of the Texas Government Code designates HHSC as the single state agency for administering federal medical assistance funds. Under this authority, the federal medical assistance funds are granted to HHSC by the Centers for Medicare & Medicaid Services (CMS). As the single state agency, HHSC has final authority over the Medicaid programs that are administered by HHSC or carried out by the other operating departments subject to the approval of HHSC. Within HHSC, the State Medicaid Director administers the Medicaid program.

HHSC's Medicaid responsibilities as the single state agency include:

- Primary point of contact with CMS;
- Administration of the state plan;
- Determination of Medicaid eligibility;
- Policy development and rule-making;
- System planning and evaluation;
- Determination of fees, charges, and rates;
- Management of federal funds;
- Prevention and detection of fraud and abuse; and
- Administration of the Medical Care Advisory Committee (MCAC) mandated by federal Medicaid law. The MCAC reviews and makes recommendations to the State Medicaid Director on proposed Medicaid rules.

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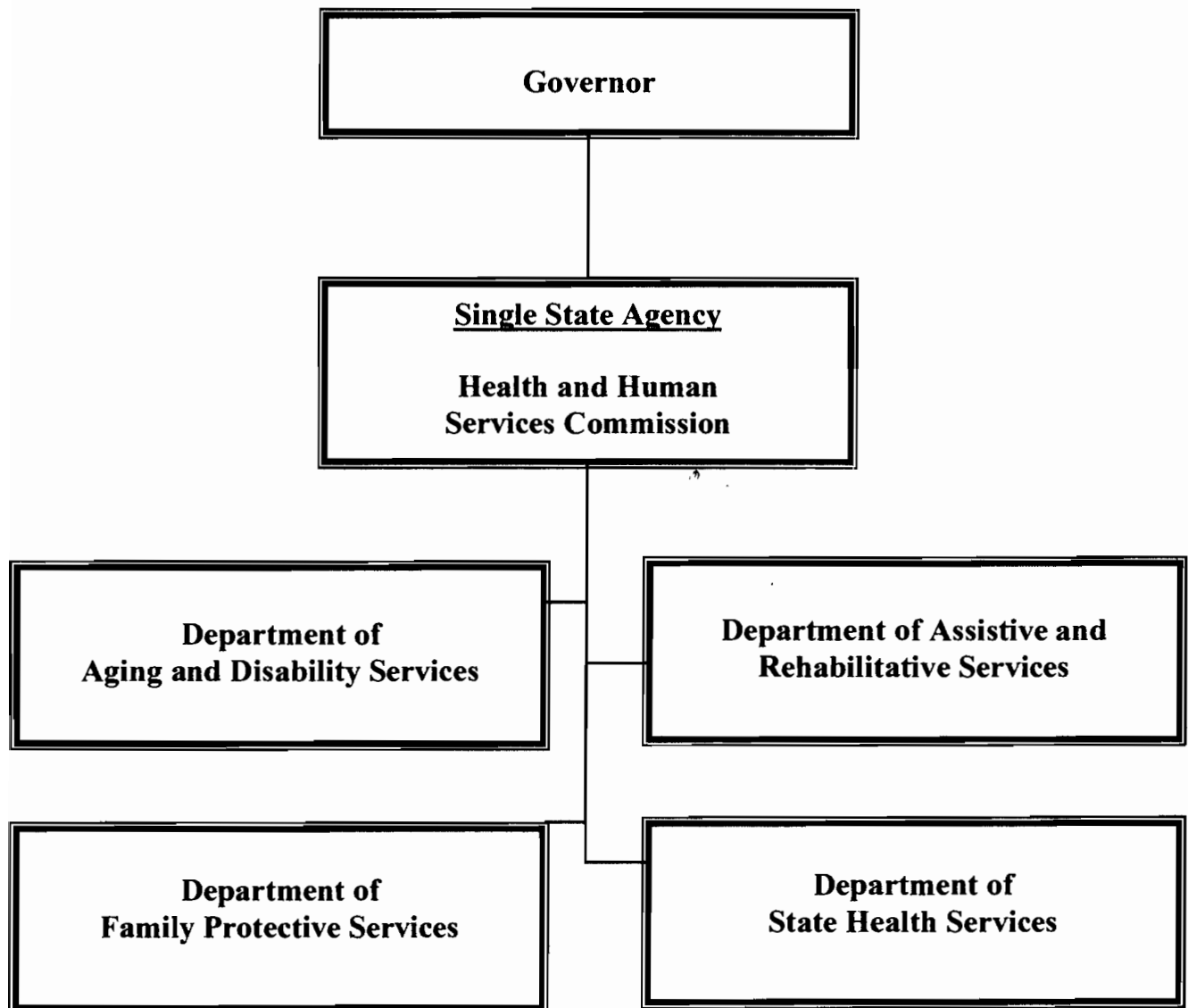
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Attachment 1.2-A
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TEXAS MEDICAID OPERATING DEPARTMENTS



TN: 12-01

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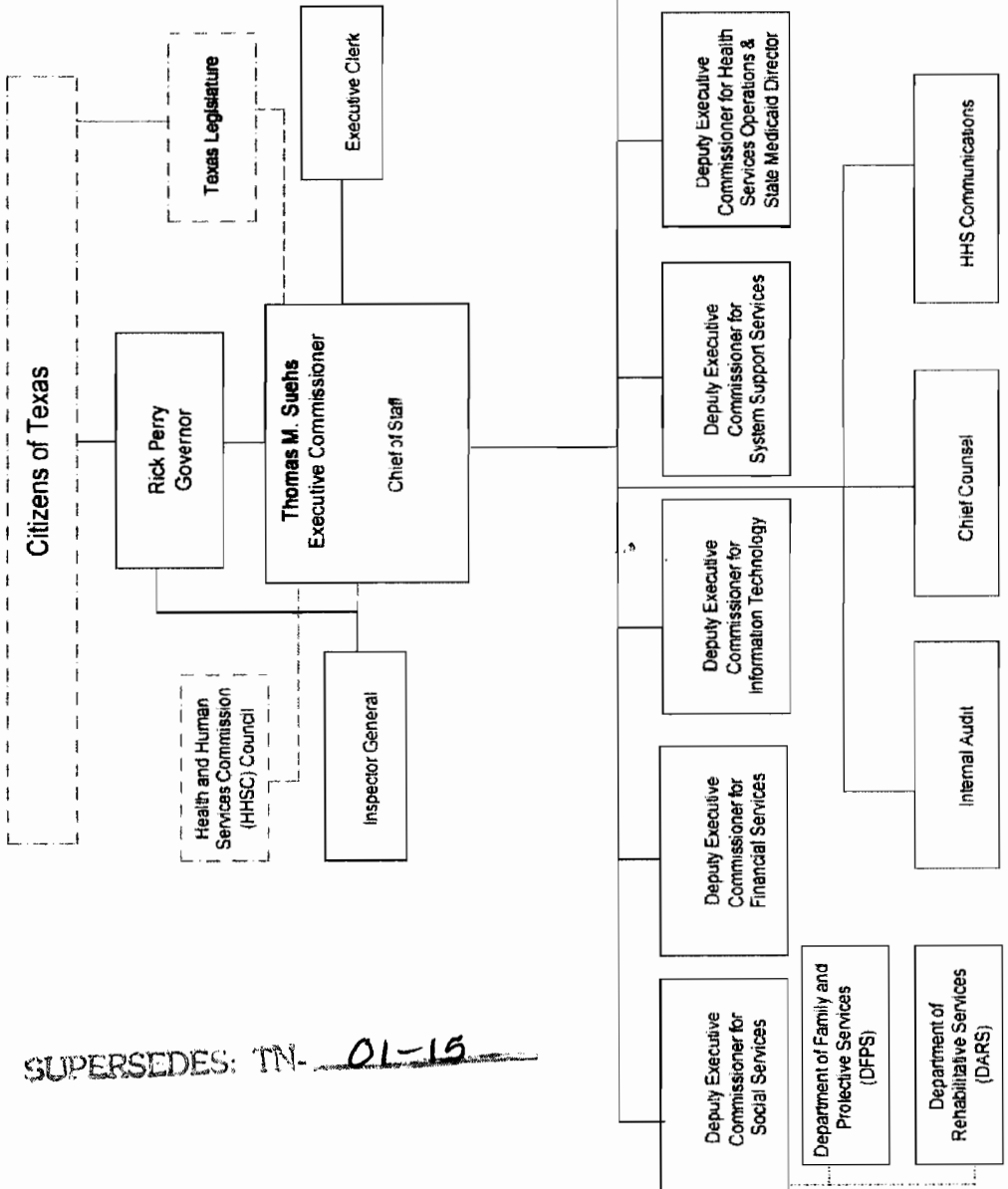
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HEALTH AND HUMAN SERVICES COMMISSION



Updated as of February 2012

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

State of Texas

DESCRIPTION OF THE ORGANIZATION AND FUNCTION OF THE MEDICAL
ASSISTANCE UNIT AND AN ORGANIZATIONAL CHART OF THE UNIT

The Health and Human Services Commission (HHSC) established the Medicaid and Children's Health Insurance Program Division (MCD), which is headed by the State Medicaid Director. MCD plans and directs the scope, content, and priorities of the Medicaid program according to federal and state direction and within available financial resources.

MCD directly administers and is responsible for the daily operations of the Medicaid program. This includes maintenance of the Medicaid state plan and waivers, support of the Medical Care Advisory Committee, and serving as the liaison between the State and the Centers for Medicare & Medicaid Services. MCD utilizes contractors and the HHSC operating departments for certain aspects of the Medicaid program that require specialized in-depth knowledge and skills. Through contracts and executive directives, the division ensures the contractors and operating departments are implementing the Medicaid program according to the MCD's policies, federal and state statutes and rules, and operational directions.

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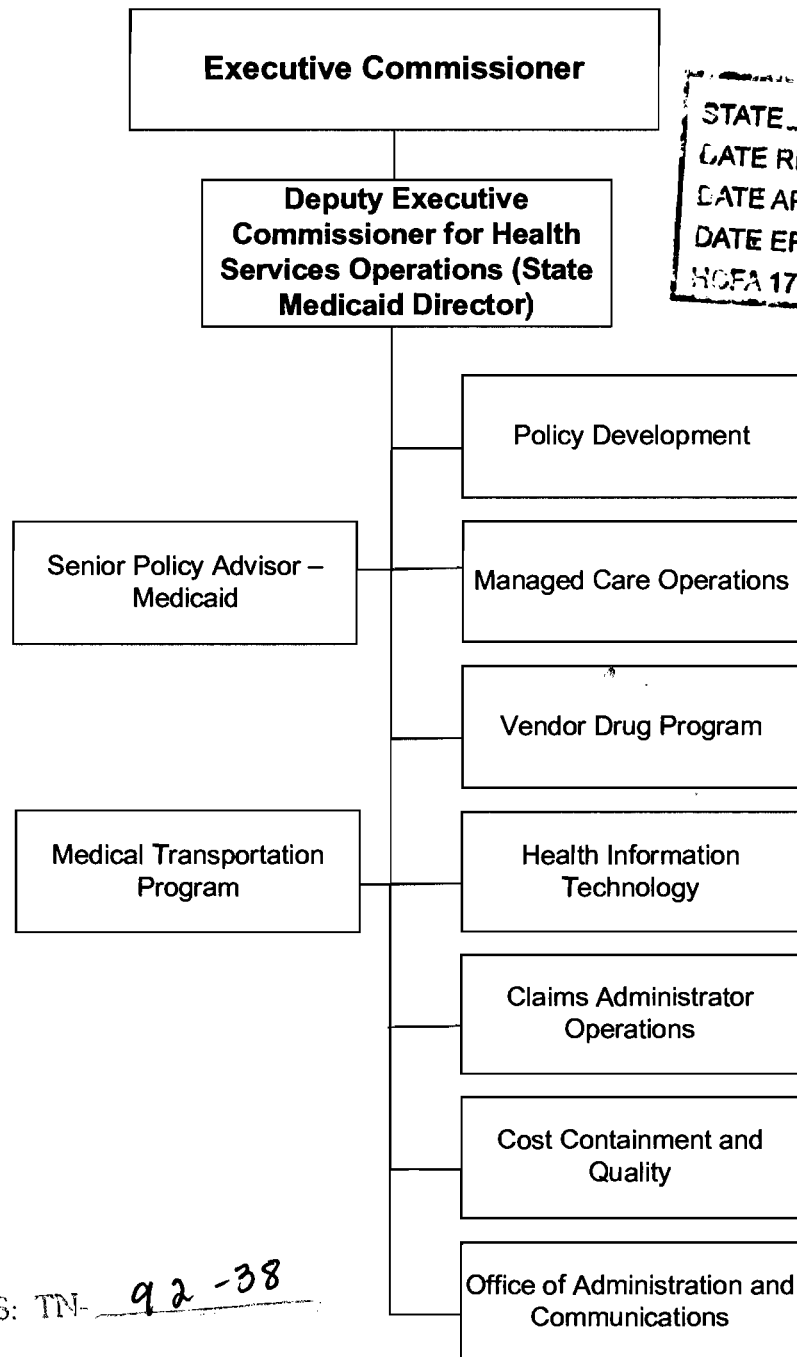
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**Medicaid & CHIP Division
State Medicaid Office**



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PROFESSIONAL MEDICAL AND SUPPORTING STAFF

The following professional medical personnel and supporting staff of the Health and Human Services Commission (HHSC) Medicaid and CHIP Division (MCD), Office of the Medical Director (OMD), and regional eligibility offices are used in the administration and daily operations of the Medicaid program.

State Medicaid Office

Deputy Executive Commissioner	01
Administrative Assistants	25
Contract Specialists	02
Directors	17
Financial Analysts	12
Grant Coordinator	01
Information Specialists	02
Managers	14
Nurses	09
Pharmacists	14
Physicians	03
Program Specialists	185
Project Manager	01
Public Health Technicians	20
Research Specialists	01
Staff Services Officer	01

SUPERSEDES: TN- 92-38

Regional Medicaid Staff

Administrative Assistants	78
Clerks	1419
Eligibility Workers	4498
Hospital Based Workers	362
Program Specialists	63

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STANDARDS FOR INSTITUTIONS

The following are the types or kinds of institutions that provide medical care and services under the plan and are licensed and/or approved by the designated state licensing or standard-setting authority.

1. Hospitals, both public and private, are licensed by the Texas Department of State Health Services (DSHS) under the authority of Chapter 241 of the Texas Health and Safety Code and 25 Texas Administrative Code Chapter 133, except as noted below.

University owned and operated hospitals are subject to the authority of their Board of Regents, which acts as the standard-setting authority.

State owned and operated hospitals are subject to the standard-setting authority of DSHS.

2. Nursing facilities are licensed by the Department of Aging and Disability Services (DADS) under the authority of Chapter 242 of the Texas Health and Safety Code and 40 Texas Administrative Code Chapter 19.
3. Intermediate care facilities are licensed by DADS under the authority of Chapter 252 of the Texas Health and Safety Code and 40 Texas Administrative Code Chapter 90.
4. Facilities owned and operated by the Christian Science faith are not subject to licensing or approved by a state standard-setting authority.

SUPERSEDES: TN: 94-30

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