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State/Territory Name: Texas

State Plan Amendment (SPA) #: 13-57 MM4

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form Document
- 3) Approved SPA Pages

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

September 25, 2014

Our Reference: SPA TX 13-0057 MM4

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

Dear Ms. Ghahremani:

We have reviewed the State's proposed amendment to the Texas State Plan submitted under Transmittal Number 13-0057 MM4, on December 31, 2013. This state plan amendment updates the Medicaid state plan to provide state statutory citation, certification and description of the legal authority under which the Single State Agency, the Texas Health and Human Services Commission (HHSC) administers the Medicaid state plan. This SPA describes that the Federal Marketplace will assess eligibility, but will no longer make eligibility determinations for certain groups. This Single State Agency state plan amendment TX 13-0057 MM4 supersedes TX 13-0047 MM4.

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with an effective date change of January 18, 2014. A copy of the CMS-179 and approved plan pages are enclosed with this letter.

If you have questions, please contact Cheryl Rupley at (214) 767-6278.

Sincerely,

A black rectangular box redacting the signature of Bill Brooks.

Bill Brooks
Associate Regional Administrator

cc: Becky Brownlee, Policy Development Support

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Texas

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

TX-13-0057

Proposed Effective Date

01/18/2014

(mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 431.10, 42 CFR 431.11, 42 CFR 431.12, 42 CFR 431.50

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

Subject of Amendment

The proposed amendment updates the Medicaid State Plan to provide state statutory citation, certification and description of the legal authority under which the Single State Agency, the Texas Health and Human Services Commission, administers the Medicaid State Plan. This does not represent a change from the current administration of the Medicaid Program. With this amendment, the federal Marketplace will assess eligibility, but will no longer make eligibility determinations for certain groups. This amendment applies to all Medicaid populations. The single state agency state plan amendment TN 13-0057 MM4 supersedes TN 13-0047 MM4.

Governor's Office Review

- ☐ Governor's office reported no comment
- ☐ Comments of Governor's office received

Describe:

- ☐ No reply received within 45 days of submittal
- ☒ Other, as specified

Describe:

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

Signature of State Agency Official

Submitted By: Ashley Fox

Last Revision Date: Sep 25, 2014

Submit Date: Dec 31, 2013

Date Approved: 9-25-14

Date Effective: 1-18-14

Signature of Approving Official

Printed Title and Name: Bill Brooks

Associate Regional Administrator

Div of Medicaid & Children's Health

MEDICAID ADMINISTRATION	
TRANSMITTAL NUMBER: 13-0057-MM4	STATE: Texas
Notwithstanding the election that only the Medicaid agency is responsible for conducting fair hearings with respect to denials of eligibility based on the applicable modified adjusted gross income standard on A1 on page 2, the single state agency delegates to the Office of Marketplace Eligibility Appeals the limited authority to conduct Medicaid fair hearings with respect to eligibility determinations made by the Federally Facilitated Marketplace prior to 1/18/14.	

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Medicaid Administration

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

State Plan Administration Designation and Authority	A1
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42 CFR 431.10

Designation and Authority

State Name:

As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named below submits the following state plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

Name of single state agency:

Type of Agency:

- ☐ Title IV-A Agency
- ☐ Health
- ☐ Human Resources
- ☒ Other

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Type of Agency

The above named agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

The state statutory citation for the legal authority under which the single state agency administers the state plan is:

The single state agency supervises the administration of the state plan by local political subdivisions.

☐ Yes ☒ No

☒ The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

An attachment is submitted.

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

The single state agency administers the entire state plan under title XIX (i.e., no other agency or organization administers any portion of it).

☒ Yes ☐ No

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Supersedes TN 13-0047 MM4



Medicaid Administration

The entity or entities that have responsibility for determinations of eligibility for families, adults, and for individuals under 21 are:

- ☒ The Medicaid agency
- ☐ Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ☐ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

The entity that has responsibility for determinations of eligibility for the aged, blind, and disabled are:

- ☐ The Medicaid agency
- ☐ Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ☐ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ☒ The Federal agency administering the SSI program

Indicate which agency determines eligibility for any groups whose eligibility is not determined by the Federal agency:

- ☒ Medicaid agency
- ☐ Title IV-A agency
- ☐ An Exchange

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The entity or entities that have responsibility for conducting fair hearings with respect to denials of eligibility based on the applicable modified adjusted gross income standard are:

- ☒ Medicaid agency
- ☐ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ☐ An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

The agency has established a review process whereby the agency reviews appeals decisions made by the Exchange or Exchange appeals entity or other state agency, but only with respect to conclusions of law, including interpretations of state or federal policies.

☐ Yes ☒ No

State Plan Administration

Organization and Administration

A2

42 CFR 431.10 TN: TX 13-0057 MM4 Date Approved: 9-25-14 Date Effective: 1-18-14
42 CFR 431.11 Supersedes TN 13-0047 MM4

Organization and Administration

Provide a description of the organization and functions of the Medicaid 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.

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 &



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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 has primary responsibility for administering the Medicaid program and overseeing the administration of the program.

The Medicaid & CHIP Division (MCD) directly administers and is responsible for the daily operations of the Medicaid program. 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.

As the single state agency, HHSC's Medicaid responsibilities include:

- Serving as the primary point of contact with the federal government,
- Establishing policy direction for the Medicaid program,
- Administering the Medicaid state plan,
- Working with the various agencies in the HHS Enterprise to carry out certain operations of the Medicaid programs,
- Providing oversight and monitoring of contractors,
- Operating the state's acute care, vendor drug, 1115 Transformation Waiver, and managed care programs (except NorthSTAR, a managed care program overseen by the Department of State Health Services (DSHS) that provides integrated behavioral health care to eligible residents in Dallas and contiguous counties),
- Determining Medicaid eligibility for children, pregnant women, former foster care youth, parents and caretakers, individuals over age 65, and individuals who have disabilities,
- Conducting fair hearings and appeals,
- Approving Medicaid policies, rules, reimbursement rates, and oversight of operations of the state departments' operating Medicaid programs,
- Organizing and coordinating initiatives to maximize federal funding, and
- Administering the Medical Care Advisory Committee (MCAC) mandated by federal Medicaid law. The MCAC reviews and makes recommendations to the State Medicaid/CHIP Director on proposed Medicaid rules.

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The Texas health and human services system comprises five agencies. All five of the agencies (the HHS Enterprise) operate under the oversight of the Executive Commissioner of the Health and Human Services Commission (HHSC), and HHSC provides administrative support services for all Enterprise agencies. This consolidated organizational structure enhances delivery of services, improves efficiency, and generates cost savings for Texas. The operating agencies within the Texas HHS Enterprise are:

Department of Aging and Disability Services (DADS) – The Medicaid operating department responsible for administering the Medicaid nursing facility program; long-term care licensing, survey, and certification; and a wide range of home and community-based, long-term services and supports, including the state's Medicaid 1915(c) waiver programs. DADS also administers the intermediate care facility/individuals with intellectual disability program and owns/operates Texas' state schools.

Department of Assistive and Rehabilitative Services (DARS) – The Medicaid operating department responsible for administering targeted case management services for the Blind Children's Program and Early Childhood Intervention.

Department of Family and Protective Services (DFPS) – DFPS is charged with protecting children and adults who are older or have disabilities living at home or in state facilities, and licensing group day-care homes, day-care centers, and registered family homes. The agency is also charged with managing community-based programs that prevent delinquency, abuse, neglect and exploitation of Texas children, adults age 65 and older and those adults with disabilities.

Department of State Health Services (DSHS) – The Medicaid operating department responsible for administration of the Early and Periodic Screening, Diagnosis, and Treatment Program/Texas Health Steps; case management for pregnant women and children services; newborn screening, newborn hearing screening, and Program for Amplification for Children; family planning services; targeted case management and rehabilitative services for people with mental illness; and the NorthSTAR program. DSHS also owns/operates Texas' state hospitals.

Health and Human Services Commission (HHSC) - Various divisions within HHSC handle generally discrete Medicaid functions. The Medicaid CHIP division establishes and implements Medicaid policy. The Office of Social Services establishes and



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implements eligibility policies and procedures and determines Medicaid eligibility for children, pregnant women, former foster care youth, parents and caretakers, individuals over age 65, and individuals who have disabilities, except those determined eligible by the Social Security Administration under the 1634 agreement. The Office of Inspector General monitors provider and client compliance with Medicaid statutes and rules. The legal division houses the fair hearings department.

Upload an organizational chart of the Medicaid agency.

An attachment is submitted.

Provide a description of the structure of the state's executive branch which includes how the Medicaid agency fits in with other health, human service and public assistance agencies.

Texas has a plural executive branch system. The executive branch consists of the Governor, Lieutenant Governor, Comptroller of Public Accounts, Land Commissioner, Attorney General, Agriculture Commissioner, the three-member Texas Railroad Commission, the State Board of Education, and the Secretary of State. Except for the Secretary of State (a gubernatorial appointee), all executive officers are elected independently. There are also many state agencies and numerous boards and commissions, including the Texas Health and Human Services Commission (HHSC). As described above, the Executive Commissioner of HHSC, who is appointed by the Governor with the consent of the Senate, is responsible for managing and directing the operations of all of the health and human services agencies (Department of Aging and Disability Services; Department of Assistive and Rehabilitative Services; Department of Family and Protective Services; Department of State Health Services; and Health and Human Services Commission) and appoints, supervises, and directs the activities of the directors of all agencies. (The Executive Commissioner is the head of HHSC.) HHSC provides administrative support services to the four other agencies and is the only agency with authority to administer the Medicaid program. No other agency has a role in the administration of the Medicaid program.

Entities that determine eligibility other than the Medicaid Agency (if entities are described under Designation and Authority)

Remove

Type of entity that determines eligibility:

- ☐ Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ☐ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ☒ The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Pursuant to a 1634 agreement, the Social Security Administration determines Medicaid eligibility for Supplemental Security Income recipients.

Add

Entities that conduct fair hearings other than the Medicaid Agency (if are described under Designation and Authority)

Remove

Type of entity that conducts fair hearings:

- ☐ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ☐ An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

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Medicaid Administration

		Add
<p>Supervision of state plan administration by local political subdivisions (if described under Designation and Authority)</p> <p>Is the supervision of the administration done through a state-wide agency which uses local political subdivisions?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>The types of the local subdivisions that administer the state plan under the supervision of the Medicaid agency are:</p> <p><input type="radio"/> Counties</p> <p><input type="radio"/> Parishes</p> <p><input type="radio"/> Other</p> <p>Are all of the local subdivisions indicated above used to administer the state plan?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>		
State Plan Administration	State: Texas Date Received: 12-31-13 Date Approved: 9-25-14 Date Effective: 1-18-14 Transmittal Number: TX 13-0057 MM4	A3
Assurances		
<div style="display: flex; justify-content: space-between;"><div><p>42 CFR 431.10</p><p>42 CFR 431.12</p><p>42 CFR 431.50</p></div><div></div></div>		
<p>Assurances</p> <p><input checked="" type="checkbox"/> The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.</p> <p><input checked="" type="checkbox"/> All requirements of 42 CFR 431.10 are met.</p> <p><input checked="" type="checkbox"/> There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with meeting all the requirements of 42 CFR 431.12.</p> <p><input checked="" type="checkbox"/> The Medicaid agency does not delegate, to other than its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.</p> <p>Assurance for states that have delegated authority to determine eligibility:</p> <p><input type="checkbox"/> There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).</p> <p>Assurances for states that have delegated authority to conduct fair hearings:</p> <p><input type="checkbox"/> There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d).</p> <p><input type="checkbox"/> When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency.</p> <p>Assurance for states that have delegated authority to determine eligibility and/or to conduct fair hearings:</p>		
<div style="display: flex; justify-content: space-between;"><div>TN: TX 13-0057 MM4 Supersedes TN 13-0047 MM4</div><div>Date Approved: 9-25-14</div><div>Date Effective: 1-18-14</div></div>		



Medicaid Administration

- ☒ The Medicaid agency does not delegate authority to make eligibility determinations or to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.

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 0938-1148. 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.

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

State of Texas

ATTORNEY GENERAL'S CERTIFICATION

I certify that:

Health and Human Services Commission is the single state agency responsible for:

☒ Administering the plan.

The legal authority under which the agency administers the plan on a statewide basis is:

Texas Government Code, Section 531.021(b)
(statutory citation)

☐ supervising the administration of the plan by local political subdivisions.

The legal authority under which the agency supervises the administration of the plan on a Statewide basis is contained in

(statutory citation)

The agency's legal authority to make rules and regulations that are binding on the political subdivision administering the plan is:

(statutory citation)

2.27.12

Date

D. Hodges

Printed Name

D. Hodges

Signature

First Assistant
Texas Attorney General

Title

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TN: TX 13-0057 MM4

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Supersedes TN: TX 13-0047