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State/Territory Name: Texas

State Plan Amendment (SPA) #: 13-11

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Superseding Page Listing
- 4) Approved SPA Page

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

June 24, 2013

Our Reference: SPA TX 13-011

Ms. Kay Ghahremani
State Medicaid 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 13-11, dated March 29, 2013. This state plan amendment updates the fee schedule for case management for EPSDT children and case management for high risk pregnant women over 21.

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 1, 2013. 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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 13-011	2. STATE: TEXAS
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: January 1, 2013	
5. TYPE OF PLAN MATERIAL (Circle One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
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) of the Social Security Act, relating to optional targeted case management services		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2013 \$230,466 b. FFY 2014 \$313,717 c. FFY 2015 \$320,168	
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: The proposed amendment updates the case management for children and pregnant women fee schedule.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt. <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: [Redacted]		16. RETURN TO: Kay Ghahremani State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711	
13. TYPED NAME: Kay Ghahremani			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED March 29, 2013			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 29 MARCH 2013		18. DATE APPROVED: 24 June 2013	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 JANUARY 2013		20. SIGNATURE: [Redacted]	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
3. REMARKS:			

Attachment to Blocks 8 & 9 of CMS Form 179

Transmittal Number 13-011

**Number of the
Plan Section or Attachment**

Supplement 1 to Attachment 3.1-A
Page 1D.2

Supplement 1 to Attachment 3.1-B
Page 1D.2

Attachment 4.19-B
Page 31
N/A – Deleted page
N/A – Deleted page

**Number of the Superseded
Plan Section or Attachment**

Supplement 1 to Attachment 3.1-A
Page 1D.2 (TN 07-016)

Supplement 1 to Attachment 3.1-B
Page 1D.2 (TN 07-016)

Attachment 4.19-B
Page 31 (TN 11-037)
Page 31a (TN 03-011)
Page 31b (TN 03-011)

State: Texas
Date Received: 3/29/13
Date Approved: 6/24/13
Date Effective: 1/1/13
Transmittal Number: 13-11

- (1) Case management may include contacts with non-eligible individuals that are directly related to identify the needs and supports for helping the eligible individual access services.

b) Qualifications of providers:

- i) Registered nurse (with a diploma, an associate's, bachelor's or advanced degree) or Social Worker (with bachelor's or advanced degree), currently licensed by the respective Texas licensure board and whose license is not temporary, limited, or provisional in nature; and
- ii) Completion of a standardized Department of State Health Services case management training.

2) Freedom of choice:

- a) The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.
 - i) Eligible recipients will have free choice of any willing and qualified provider of case management services in Texas.
- b) Eligible recipients will have free choice of the providers of other medical care under the plan.

3) Access to Services:

- a) The State assures that case management services will be provided in a manner consistent with the best interest of the recipient and will not be used to restrict an individual's access to other services under the plan.
- b) The State assures that individuals will not be compelled to receive case management services, condition receipt of case management services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management services.
- c) The State assures that providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

STATE	<u>Texas</u>
DATE REC'D	<u>3-29-13</u>
DATE APPV'D	<u>6-24-13</u>
DATE EFF	<u>1-1-13</u>
NO. 179	<u>13-11</u>

A

TN: 13-11

Approval Date: 6-24-13

Effective Date: 1-1-13

Supersedes TN: 07-16

SUPERSEDES: TN- 07-16

- (1) Case management may include contacts with non-eligible individuals that are directly related to identify the needs and supports for helping the eligible individual access services.

d) Qualifications of providers:

- i) Registered nurse (with a diploma, an associate's, bachelor's or advanced degree) or Social Worker (with bachelor's or advanced degree), currently licensed by the respective Texas licensure board and whose license is not temporary, limited, or provisional in nature; and
- ii) Completion of a standardized Department of State Health Services case management training.

4) Freedom of choice:

- a) The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.
 - i) Eligible recipients will have free choice of any willing and qualified provider of case management services in Texas.
- b) Eligible recipients will have free choice of the providers of other medical care under the plan.

5) Access to Services:

- a) The State assures that case management services will be provided in a manner consistent with the best interest of the recipient and will not be used to restrict an individual's access to other services under the plan.
- b) The State assures that individuals will not be compelled to receive case management services, condition receipt of case management services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management services.
- c) The State assures that providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

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TN: 13-11

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SUPERSEDES; TN- 02-16

38. Case Management for Pregnant Women Age 21 and Older

- (a) Providers of Case Management Services for Pregnant Women age 21 and older are reimbursed the lesser of the provider's billed charges or fees determined by the Texas Health and Human Services Commission (HHSC) for three types of encounters, including comprehensive assessment visits, follow-up face-to-face visits, and follow-up telephone consultations. The fees are market-based rates determined using an analysis of relevant cost or fee surveys for similar services available to HHSC.
- (b) All fee schedules are available through the agency's website as outlined on Attachment 4.19-B, Page 1.
- (c) The agency's fee schedule was revised with new fees for case management for pregnant women effective January 1, 2013.

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NOFA 179	<u>13-11</u>

A

TN: 13-11

Approval Date: 6-24-13

Effective Date: 1-1-13

Supersedes TN: 11-37

SUPERSEDES: TN- 11-37