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State/Territory Name: Texas

State Plan Amendment (SPA) #: 13-15

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

September 19, 2013

Our Reference: SPA TX 13-015

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 13-15, dated June 28, 2013. This state plan amendment updates the requirements for providers performing case management services for children enrolled in the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program and 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 April 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 redaction box covers 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 AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 13-015	2. STATE: TEXAS
		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: April 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: 42 CFR §§ 440.169, 441.18(a)(9)(ii)		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2013 \$0 b. FFY 2014 \$0 c. FFY 2015 \$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: The proposed amendment updates the provider requirements case management for EPSDT and high risk pregnant women.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt. <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		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: June 28, 2013			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 28 June, 2013		18. DATE APPROVED: 19 September, 2013	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 April, 2013		20.  MS, 89050.	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS: Pen and Ink change made per State's E-mail adding pages to the amendment on 11 September, 2013			

Attachment to Blocks 8 & 9 of CMS Form 179

Transmittal Number 13-015

**Number of the
Plan Section or Attachment**

**Number of the Superseded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

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

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

Appendix 1 to Attachment 3.1-A
Page 7m.2

Appendix 1 to Attachment 3.1-A
Page 7m.2 (TN 07-016)

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

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

Appendix 1 to Attachment 3.1-B
Page 7m.2

Appendix 1 to Attachment 3.1-B
Page 7m.2 (TN 07-016)

State: Texas

Date Received: 28 June, 2013

Date Approved: 19 September, 2013

Effective Date: 1 April, 2013

Transmittal Number: TX 13-15

CASE MANAGEMENT SERVICES
High Risk Pregnant Women Age 21 and Over

1) Target Group:

- a) Women age 21 and over who are pregnant and have one or more high-risk medical and/or personal/psychosocial condition(s) during pregnancy.

2) Areas of state in which services will be provided:

- a) Entire State

3) Comparability of services:

- a) Services are not comparable in amount duration and scope. Under section 1915(g) of the Social Security Act, a state may provide services without regard to the comparability requirements of section 1902(a)(10)(B) of the Act.

4) Definition of services:

- a) Case management services are services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational, and other services. Case Management includes the following assistance:
 - i) Comprehensive face-to-face assessment of individual needs to determine the need for any medical, educational, social, or other services required to address short- and long-term health and well-being. All eligible clients are assessed at the initiation of services. If a client later transitions to a new provider or has a major change in his or her health status or environment, a second assessment may be necessary and can be requested. These assessment activities include:
 - (1) taking a client's history;
 - (2) identifying the individual's needs and assessing and addressing family issues that impact the client's health condition/risk or high-risk condition and completing related documentation; and
 - (3) gathering information from other sources, such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the individual.

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- (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; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback; and alerting case managers to changes in the eligible individual's needs.

b) Qualifications of providers:

- i) Registered nurse (with a bachelor's or advanced degree), registered nurse (without bachelor's or advanced degree and with two years of experience), 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 the providers of case management services within the specified geographic area identified in this plan.
- 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: Texas

Date Received: 28 June, 2013

Date Approved: 19 September, 2013

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Transmittal Number: TX 13-15

TN: 13-15

Approval Date: 9/19/13

Effective Date: 4/1/13

Supersedes TN: 7-16

CASE MANAGEMENT SERVICES
High Risk Pregnant Women Age 21 and Over

1) Target Group:

- a) Women age 21 and over who are pregnant and have one or more high-risk medical and/or personal/psychosocial condition(s) during pregnancy.

2) Areas of state in which services will be provided:

- a) Entire State

3) Comparability of services:

- a) Services are not comparable in amount duration and scope. Under section 1915(g) of the Social Security Act, a state may provide services without regard to the comparability requirements of section 1902(a)(10)(B) of the Act.

5) Definition of services:

- a) Case management services are services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational, and other services. Case Management includes the following assistance:
 - i) Comprehensive face-to-face assessment of individual needs to determine the need for any medical, educational, social, or other services required to address short- and long-term health and well-being. All eligible clients are assessed at the initiation of services. If a client later transitions to a new provider or has a major change in his or her health status or environment, a second assessment may be necessary and can be requested. These assessment activities include:
 - (1) taking a client's history;
 - (2) identifying the individual's needs and assessing and addressing family issues that impact the client's health condition/risk or high-risk condition and completing related documentation; and
 - (3) gathering information from other sources, such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the individual.

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- (4) Case management may include contacts with non-eligible individuals that are directly related to identifying the needs and supports for helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback; and alerting case managers to changes in the eligible individual's needs.

b) Qualifications of providers:

- i) Registered nurse (with a bachelor's or advanced degree), registered nurse (without bachelor's or advanced degree and with two years of experience), 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.

6) 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 the providers of case management services within the specified geographic area identified in this plan.
- b) Eligible recipients will have free choice of the providers of other medical care under the plan.

7) 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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4b. EPSDT Services (Continued)

b) Qualifications of providers:

- i) Registered nurse (with a bachelor's or advanced degree), registered nurse (without advanced degree and with two years of experience), 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.

5) 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 the providers of case management services within the specified geographic area identified in this plan.
- b) Eligible recipients will have free choice of the providers of other medical care under the plan.

6) Access to Services:

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4b. EPSDT Services (Continued)

b) Qualifications of providers:

- i) Registered nurse (with a bachelor's or advanced degree), registered nurse (without advanced degree and with one to two years of experience), 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.

5) 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 the providers of case management services within the specified geographic area identified in this plan.
- b) Eligible recipients will have free choice of the providers of other medical care under the plan.

6) 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.
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