

Table of Contents

State/Territory Name: Texas

State Plan Amendment (SPA) #: 14-0006 MM7

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 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

December 5, 2014

Our Reference: SPA TX 14-0006 MM7

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 14-0006 MM7, dated March 31, 2014. This state plan amendment establishes the Texas Health and Human Services Commission (HHSC) standards for administration of presumptive eligibility determinations by qualified hospitals. Federal law allows qualified hospitals to make presumptive eligibility determinations for children, pregnant women, parents and caretaker relatives, former foster care children, and individuals with breast or cervical cancer.

In reviewing the State Plan pages, CMS found issues related to the State's proposed February 2, 2015 implementation date of the hospital presumptive eligibility provision. As set forth in Section 1902(a)(47)(B) of the Social Security Act ("the Act"), states must provide a program for hospitals that choose to provide hospital presumptive eligibility determinations, effective January 1, 2014, as codified in the Section 2202 of the Affordable Care Act. We understand that the State is still in the process of finalizing its system to support hospital presumptive eligibility and is estimating an implementation date of February 1, 2015.

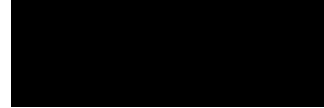
Texas has provided sufficient SPA pages and supporting materials in the 14-0006-MM7 submission to show that it has policies in place and can begin to train providers as qualified entities. Therefore, CMS is approving this SPA.

We understand that the State is still in the process of finalizing its system to support hospital presumptive eligibility and is estimating an implementation date of February 1, 2015. If any systems or other issues threaten this date, the state should inform CMS as soon as possible.

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, 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,



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-14-0006

Proposed Effective Date

01/01/2014

(mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 435.1110

Federal Budget Impact

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

Subject of Amendment

The purpose of this amendment is to state HHSC standards for administration of presumptive eligibility determinations by qualified hospitals. Federal law allows qualified hospitals to make presumptive eligibility determinations for children, pregnant women, parents and caretaker relatives, former foster care children, and individuals with breast or cervical cancer.

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:

The purpose of this amendment is to provide the requirements for establishing residency in a state for the purpose of Medicaid eligibility.

Signature of State Agency Official**Submitted By:**

Ashley Fox

Last Revision Date:

Nov 19, 2014

Submit Date:

Mar 31, 2014

Date Received: 31 March, 2014

Date Approved: 5 December, 2014

Signature of Approving Official:

Printed Name and Title: Bill Brooks, Associate Regional Administrator

Division of Medicaid & Children's Health

<https://wms-mmdl.cdsvdc.com/MMDL/faces/protected/mac/c01/print/PrintSelector.jsp>

12/05/2014



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Presumptive Eligibility by Hospitals	S21
42 CFR 435.1110	
One or more qualified hospitals are determining presumptive eligibility under 42 CFR 435.1110, and the state is providing Medicaid coverage for individuals determined presumptively eligible under this provision.	
<input checked="" type="radio"/> Yes <input type="radio"/> No	
<input checked="" type="checkbox"/> The state attests that presumptive eligibility by hospitals is administered in accordance with the following provisions:	
<div style="margin-left: 20px;"><input checked="" type="checkbox"/> A qualified hospital is a hospital that:<div style="margin-left: 20px;"><input checked="" type="checkbox"/> Participates as a provider under the Medicaid state plan or a Medicaid 1115 Demonstration, notifies the Medicaid agency of its election to make presumptive eligibility determinations and agrees to make presumptive eligibility determinations consistent with state policies and procedures.<div style="margin-left: 20px;"><input checked="" type="checkbox"/> Has not been disqualified by the Medicaid agency for failure to make presumptive eligibility determinations in accordance with applicable state policies and procedures or for failure to meet any standards that may have been established by the Medicaid agency.</div></div><div style="margin-left: 20px;">Assists individuals in completing and submitting the full application and understanding any documentation requirements.</div><div style="margin-left: 20px;"><input checked="" type="radio"/> Yes <input type="radio"/> No</div></div>	
<input checked="" type="checkbox"/> The eligibility groups or populations for which hospitals determine eligibility presumptively are:	
<div style="margin-left: 20px;"><input checked="" type="checkbox"/> Pregnant Women</div> <div style="margin-left: 20px;"><input checked="" type="checkbox"/> Infants and Children under Age 19</div> <div style="margin-left: 20px;"><input checked="" type="checkbox"/> Parents and Other Caretaker Relatives</div> <div style="margin-left: 20px;"><input checked="" type="checkbox"/> Adult Group, if covered by the state</div> <div style="margin-left: 20px;"><input checked="" type="checkbox"/> Individuals above 133% FPL under Age 65, if covered by the state</div> <div style="margin-left: 20px;"><input checked="" type="checkbox"/> Individuals Eligible for Family Planning Services, if covered by the state</div> <div style="margin-left: 20px;"><input checked="" type="checkbox"/> Former Foster Care Children</div> <div style="margin-left: 20px;"><input checked="" type="checkbox"/> Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state</div> <div style="margin-left: 20px;"><input type="checkbox"/> Other Family/Adult groups:</div> <div style="margin-left: 20px;"><input type="checkbox"/> Eligibility groups for individuals age 65 and over</div> <div style="margin-left: 20px;"><input type="checkbox"/> Eligibility groups for individuals who are blind</div> <div style="margin-left: 20px;"><input type="checkbox"/> Eligibility groups for individuals with disabilities</div> <div style="margin-left: 20px;"><input type="checkbox"/> Other Medicaid state plan eligibility groups</div> <div style="margin-left: 20px;"><input type="checkbox"/> Demonstration populations covered under section 1115</div>	

State: Texas
Date Received: 3/31/14
Date approved: 12/5/14
Date Effective: 1/1/14
Transmittal Number: TX 14-06-MM7



Medicaid Eligibility

☒ Yes ☐ No

Select one or both:

- ☒ The state has standards that relate to the proportion of individuals determined presumptively eligible who submit a regular application, as described at 42 CFR 435.907, before the end of the presumptive eligibility period.

Description of standards:

95% of individuals who are determined presumptively eligible by qualified hospitals submit a regular application.
95% of presumptive eligibility determinations by qualified hospitals and corresponding regular Medicaid applications are electronically submitted within one working day.
100% of presumptive eligibility determinations by qualified hospitals and corresponding regular Medicaid applications are electronically submitted within five working days.

The state's implementation timeline for hospital presumptive eligibility provides approximately eleven months before a hospital could be disqualified for not meeting state performance standards. This includes approximately:

- 3 months for hospitals to submit presumptive eligibility determinations, and 6 weeks for the state to analyze performance data for this 3-month time period;
- 6 weeks for HHSC to provide notice of the need for corrective action and to negotiate corrective action plans with hospitals;
- 3 months for hospitals to implement corrective action plans, and one month for the state to analyze performance data for the corrective action period; and
- 1 month advance notice to hospitals of disqualification, if the process results in disqualification.

- ☒ The state has standards that relate to the proportion of individuals who are determined eligible for Medicaid based on the submission of an application before the end of the presumptive eligibility period.

Description of standards:

97% of individuals determined presumptively eligible by a qualified hospital are determined eligible for Medicaid based on the submission of a regular application for Medicaid.

The state's implementation timeline for hospital presumptive eligibility provides approximately eleven months before a hospital could be disqualified for not meeting state performance standards. This includes approximately:

- 3 months for hospitals to submit presumptive eligibility determinations, and 6 weeks for the state to analyze performance data for this 3-month time period;
- 6 weeks for HHSC to provide notice of the need for corrective action and to negotiate corrective action plans with hospitals;
- 3 months for hospitals to implement corrective action plans, and one month for the state to analyze performance data for the corrective action period; and
- 1 month advance notice to hospitals of disqualification, if the process results in disqualification.

- ☐ The presumptive period begins on the date the determination is made.

- ☐ The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

- ☐ Periods of presumptive eligibility are limited as follows:



Medicaid Eligibility

- ☐ No more than one period within a calendar year.
- ☐ No more than one period within two calendar years.
- ☐ No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
- ☒ Other reasonable limitation:

	Name of limitation	Description	
+	Pregnant Women	Pregnant women are allowed only one presumptive eligibility period per pregnancy.	X
+	All other groups	All other groups are limited to no more than one presumptive eligibility period per two calendar years.	X

The state requires that a written application be signed by the applicant, parent or representative, as appropriate.

☐ Yes ☒ No

☒ The presumptive eligibility determination is based on the following factors:

☒ The individual's categorical or non-financial eligibility for the group for which the individual's presumptive eligibility is being determined (e.g., based on age, pregnancy status, status as a parent/caretaker relative, disability, or other requirements specified in the Medicaid state plan or a Medicaid 1115 demonstration for that group)

☒ Household income must not exceed the applicable income standard for the group for which the individual's presumptive eligibility is being determined, if an income standard is applicable for this group.

☒ State residency

☒ Citizenship, status as a national, or satisfactory immigration status

☒ The state assures that it has communicated the requirements for qualified hospitals, and has provided adequate training to the hospitals. A copy of the training materials has been included.

An attachment is submitted.

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.

State: Texas
Date Received: 3/31/14
Date approved: 12/5/14
Date Effective: 1/1/14
Transmittal Number: TX 14-06-MM7