Table of Contents

State/Territory Name: Texas

State Plan Amendment (SPA) #: 16-0014

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved Page(s)



DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

August 1, 2016

Our Reference: SPA TX 16-0014

Mr. Gary Jessee State Medicaid/CHIP Director Health and Human Services Commission Post Office Box 13247 Mail Code H100 Austin, Texas 78711

Dear Mr. Jessee:

We have reviewed the State's proposed amendment to the Texas State Plan submitted under Transmittal Number 16-0014, dated May 25, 2016. This state plan amendment deletes pages superseded by previous state plan amendments.

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with an effective date of June 1, 2016. A copy of the CMS-179 and approved plan page are enclosed with this letter.

If you have any questions please contact Suzette Seng of my staff. Ms. Seng may be reached at (214) 767-6478 or by Email at <u>Suzette.Seng@cms.hhs.gov.</u>

Sincerely, for Bill Brooks Associate Regional Administrator

cc: Dana Williamson, Manager, Policy Development Support

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE AND MEDICAID SERVICES	FORM APPROVED OMB NO. 0938-0193		
	1. TRANSMITTAL NUMBER:	2. STATE:	
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	16-0014	TEXAS	
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES			
	3. PROGRAM IDENTIFICATION: TITI SECURITY ACT (MEDICAID)	LE XIX OF THE SOCIAL	
	4. PROPOSED EFFECTIVE DATE:	4. PROPOSED EFFECTIVE DATE:	
CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	June 1, 2016	June 1, 2016	
5. TYPE OF PLAN MATERIAL (Circle One):			
□ NEW STATE PLAN □ AMENDMENT TO BE	CONSIDERED AS NEW PLAN	AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Se	parate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT		
42 C.F.R. §431.10(b)(2)			
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS		
	OR ATTACHMENT (If Applicable):		
SEE ATTACHMENT TO BLOCKS 8 & 9	SEE ATTACHMENT TO BLOCKS 8 8	SEE ATTACHMENT TO BLOCKS 8 & 9	
10. SUBJECT OF AMENDMENT:			
The proposed amendment corrects the Texas Medicald State Pia	an Attachments to show current adminis	tration-	
The proposed amendment deletes pages superseded by previou	s state plan amendments.''		
11. GOVERNOR'S REVIEW (Check One):			
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt.		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATE NCY OFFICIAL:	16. RETURN TO:		
	Gary Jessee		
13. TYPED	State Medicaid Director		
Gary Jesse	Post Office Box 13247, MC: H-100 Austin, Texas 78711		
14. TITLĚ:			
State Medicaid Director			
15. DATE SUBMITTED:			
May 25, 2016			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: May 25, 2016	18. DATE APPROVED: August 1,	2016	
	August 1,	2010	
PLAN APPROVED – ONE COPY ATTACHED 19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICI	AL:	
June 1, 2016	for		
21. TYPED NAME:	22. TITLE: Associate Regional Ad	ministrator	
Bill Brooks			
23. REMARKS:	Division of Medicaid an		
Pen and Ink Change to block 10 per IRAI res	ponse- 6/23/16		

Attachment to Blocks 8 & 9 of CMS Form 179

Transmittal Number 16-0014

Number of the Plan Section or Attachment

Number of the Superseded Plan Section or Attachment

Attachment 1.2-A N/A - delete page N/A - delete page N/A - delete page

Attachment 1.2-B N/A - delete page N/A - delete page

Attachment 1.2-C N/A - delete page Attachment 1.2-A Page 1 (TN13-0057) Page 2 (TN13-0057) Page 3 (TN 15-0035)

Attachment 1.2-B Page 1 (TN13-0057) Page 2 (TN13-0057)

Attachment 1.2-C Page 1 (TN13-0057)

> State: Texas Date Received: May 25, 2016 Date Approved: August 01, 2016 Date Effective: June 01, 2016 Transmittal Number: 16-0014

State of Texas Attachment 1.2-A Page 1

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

State of Texas

DELETED BY: TN 16-0014

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 ØMS;
- 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.

SUPERSEDE	ES:	TN	1-15
			7

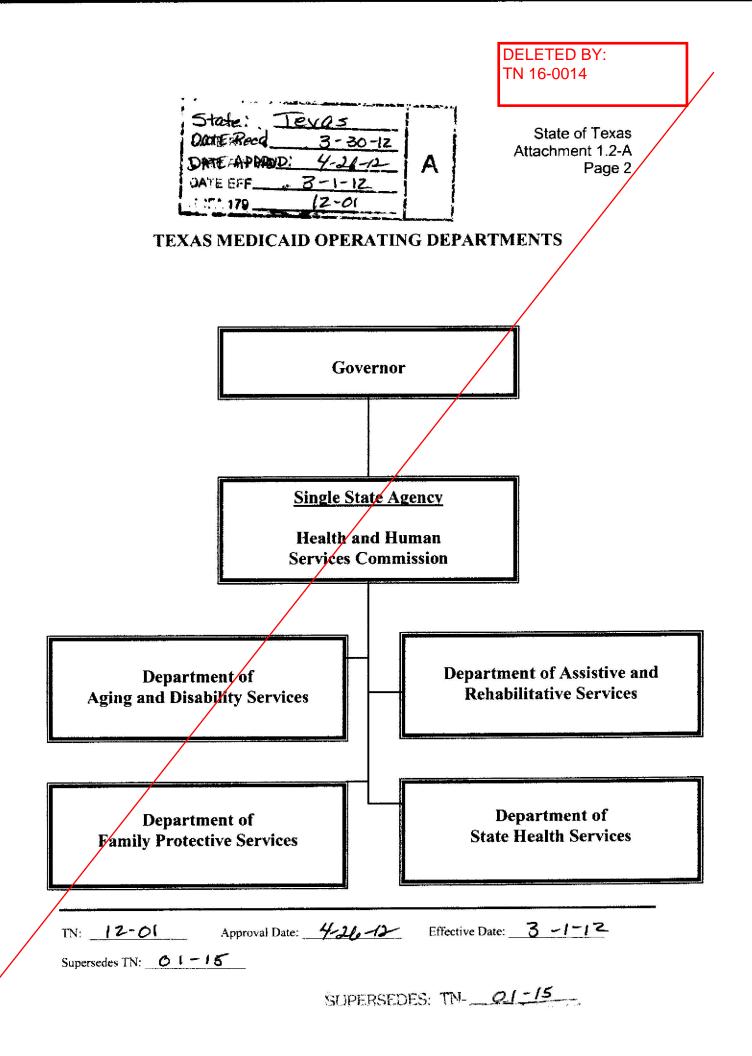
STATE 7	exas	
	3-30-12	
CATE APPV'B_	4-26-12	A
DATE EFF	3-1-12_	j l
HOFA 179	12-01	

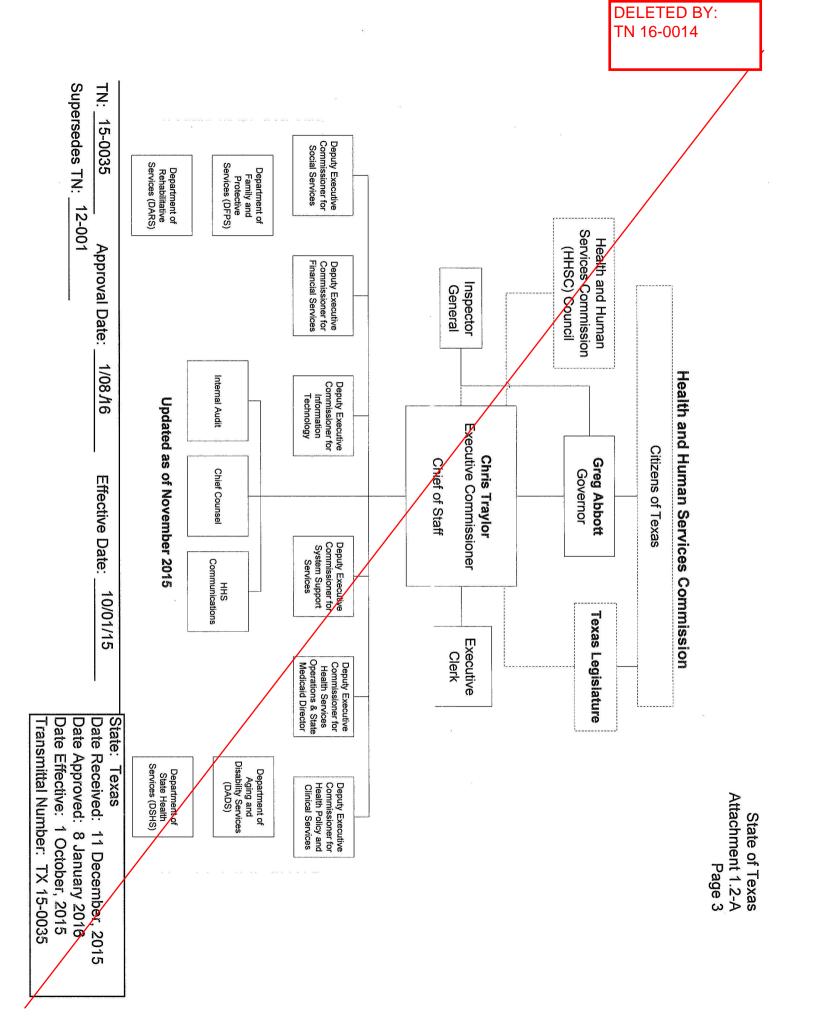
Approval Date: 4-26-12

Effective Date: <u>8-1-12</u>

Supersedes TN: 01-15

TN: 12-01





State of Texas Attachment 1.2-B Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY A 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.

STATE <u>Texas</u> DATE REC' <u>7</u> <u>3-30-12</u> DATE APPV'D <u>4-26-12</u> DATE EFF <u>3-1-12</u> HOFA 179 <u>12-01</u>
--

SUPERSEDES: TN-__

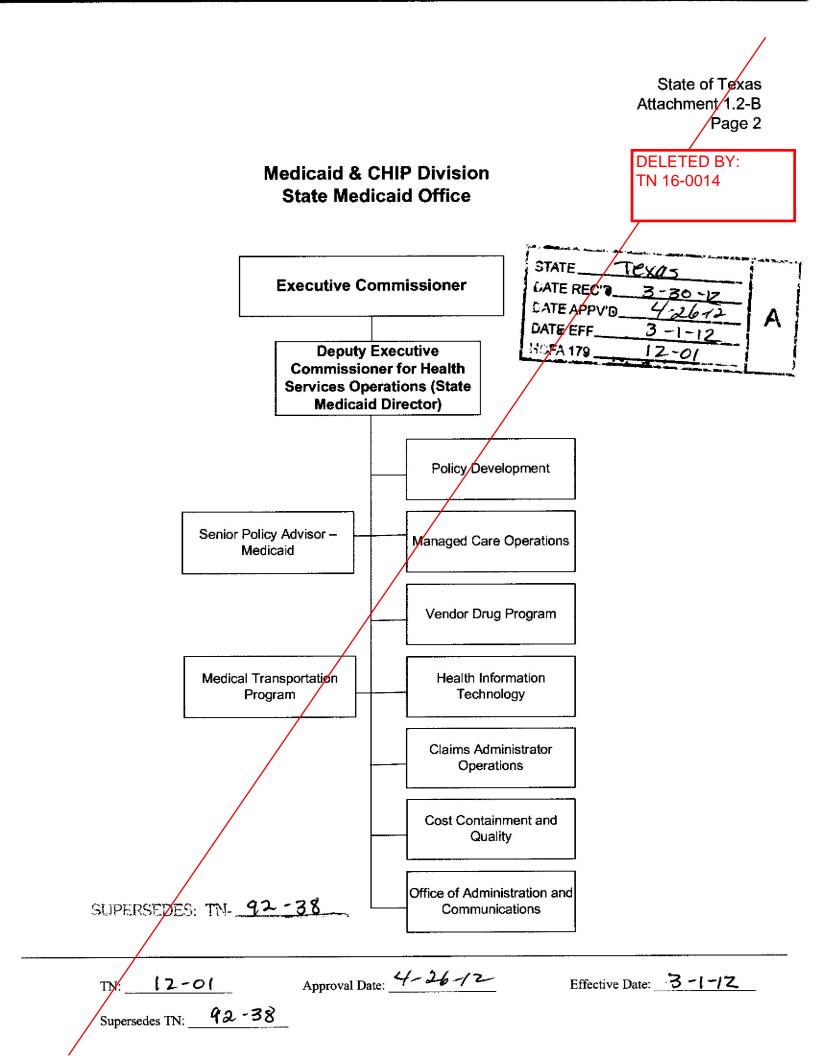
92-38

TN: 12-01

Supersedes TN:

Approval Date: 4-26-12

Effective Date: 3-1-12



State of Texas Attachment 1.2-C Page 1 STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM **DELETED BY:** State of Texas TN 16-0014 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 09 Nurses Pharmacists 14 03 Physicians 185 Program Specialists 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 Texas 4498 STATE Hospital Based Workers 362 CATE REC'S_ 3-30-12 Program Specialists 63 4-26-12 Α CATE APPV'D_ 3-1-12 DATE EFF_ 2-01 HEPA 179 12-01 Approval Date: 4-26-12

Supersedes TN: 92-38

Effective Date: 3-1-12