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State/Territory Name: Texas

State Plan Amendment (SPA) #: 22-0022

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

January 23, 2024

Emily Zalkovsky
State Medicaid Director
Texas Health and Human Services Commission
Mail Code: H100
P.O. Box 13247
Austin, TX 78711-3247

Re: Texas State Plan Amendment (SPA) 22-0022

Dear Emily Zalkovsky:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0022. This amendment proposes to update the State Plan to include Collaborative Care Model (CoCM) services, as directed by Senate Bill 672, 87th Legislature, Regular Session, 2021.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR §§440.50, 440.60. This letter is to inform you that Texas Medicaid SPA 22-0022 was approved on January 23, 2024, with an effective date of June 1, 2022.

If you have any questions, please contact Tobias Griffin at 214-767-4425 or via email at Tobias.Griffin@cms.hhs.gov.

Sincerely,

A black rectangular redaction box covers the signature area of the letter.

Digitally signed by James
G. Scott -S
Date: 2024.01.23
19:24:39 -06'00'

James G. Scott, Director
Division of Program Operations

cc: Kathi Montalbano, Texas State Plan and Waiver Manager
Ford Blunt, MCOG West Branch Acting Manager

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
2 2 0 0 2 2

2. STATE
T X

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
06/01/2022

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR §§440.50, 440.60

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2022 \$ 0
b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
See attachment

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
See attachment

9. SUBJECT OF AMENDMENT

The purpose of the amendment is to update the State Plan to include Collaborative Care Model (CoCM) services, as directed by Senate Bill 672, 87th Legislature, Regular Session, 2021.

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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

11. SIGNATURE OF STATE AGENCY OFFICIAL

 Digitally signed by Emily Zalkovsky
Date: 2022.06.01 17:03:05 -05'00'

(Signing on behalf of Stephanie Stephens, State Medicaid Director)

15. RETURN TO

**Stephanie Stephens
State Medicaid Director
Post Office Box 13247, MC: H-100
Austin, Texas 78711**

12. TYPED NAME
Emily Zalkovsky

13. TITLE
Deputy State Medicaid Director

14. DATE SUBMITTED
June 1, 2022

FOR CMS USE ONLY

16. DATE RECEIVED **June 1, 2022**

17. DATE APPROVED **January 23, 2024**

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
June 1, 2022

 ROVING OFFICIAL
Digitally signed by James G. Scott -S
Date: 2024.01.23 19:25:40 -06'00'

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

Attachment to Block 6 of CMS Form 179

Transmittal Number 22-0022

	Total Fiscal Impact	Federal	State
FFY 2022	\$0	\$0	\$0
FFY 2023	\$0	\$0	\$0
FFY 2024	\$0	\$0	\$0

For the estimated fiscal impact of Collaborative Care Model services, refer to the State Plan amendment, transmittal number 22-0025 related to reimbursement, as it includes the fiscal impact of adding these services.

Attachment to Blocks 7 & 8 of CMS Form 179

Transmittal Number 22-0022

**Number of the
Plan Section or Attachment**

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

Supplement to Attachment 3.1-A
Page 9b
Page 13b
Page 13b.1
Page 13f

Supplement to Attachment 3.1-A
New Page
93-12
new page
07-26

Supplement to Attachment 3.1-B
Page 9b
Page 13b
Page 13b.1
Page 13f

Supplement to Attachment 3.1-B
New Page
93-12
new page
07-26

5. Physicians' and Dentists' Services

(d) Collaborative Care Model Services

- (1) Effective June 1, 2022, physician services will include Collaborative Care Model (CoCM) services provided to Medicaid eligible recipients who have a mental health or substance use condition to include a suspected or pre-existing condition, if medically necessary. Physician services must be provided by a qualified physician who meets the requirements of, and in accordance with, 42 CFR §440.50 and other applicable state and federal law or regulation. See section 6.d (12) for CoCM services provided in primary care settings by other health care professionals.

6.d.(4) Other Categories of Advanced Nurse Practitioner Services

Advanced nurse practitioner—A registered professional nurse currently licensed in the State of Texas, who is prepared for advanced nursing practice by virtue of knowledge and skills obtained through a post-basic or advanced educational program of study acceptable to the Board of Nurse Examiners for the State of Texas. The advanced nurse practitioner is prepared to practice in an expanded role to provide health care to individuals, families, and/or groups in variety of settings. The advanced nurse practitioner functions in a collegial relationship with other health care professionals regarding health regimens.

In addition to the coverage of services performed by certified nurse midwives, certified registered nurse anesthetists, certified pediatric nurse practitioners, and certified family nurse practitioners described elsewhere in this state plan and subject to the specification, conditions, requirements, and limitations established by the Single State Agency or its designee, services performed by advanced nurse practitioners are covered if the services: 1) are within the scope of practice for advanced nurse practitioners, as defined by state law; 2) are consistent with rules and regulations promulgated by the Board of Nurse Examiners for the State of Texas or other appropriate state licensing authority; and 3) would be covered by the Texas Medical Assistance Program if provided by a licensed physician (M.D. or D.O.).

To be payable, services must be reasonable and medically necessary as determined by the Single State Agency or its designee.

The advanced nurse practitioner must comply with all applicable federal and state laws and regulations governing the services provided; be enrolled and approved for participation in the Texas Medical Assistance Program; sign a written provider agreement with the Single State Agency or its designee; comply with the terms of the provider agreement and all requirements of the Texas Medical Assistance Program, including regulations, rules, handbooks, standards, and guidelines published by the Single State Agency or its designee; and bill for services covered by the Texas Medical Assistance Program in the manner and format prescribed by the Single State Agency or its designee.

Advanced nurse practitioners who are employed or remunerated by a physician, hospital, facility, or other provider must not bill the Texas Medical Assistance Program directly for their services if the billing would result in duplicate payment for the same services. If the services are coverable and reimbursable by the program, payment may be made to the physician, hospital, or other provider (if the provider is approved for

**6.d.(4) Other Categories of Advanced Nurse Practitioner Services
(continued)**

participation in the Texas Medical Assistance Program) who employs or reimburses advanced nurse practitioners. The basis and amount of Medicaid reimbursement depend on the services actually provided, who provided the services, and the reimbursement methodology determined by the Texas Medical Assistance Program as appropriate for the services and providers involved.

Effective June 1, 2022, advanced nurse practitioner services will include Collaborative Care Model services for persons who have a mental health or substance use condition to include a pre-existing or suspected mental health or substance use condition. Advanced nurse practitioners will furnish Collaborative Care Model services in accordance with their scope of practice and licensure as defined by state law.

6.d.(9). Services provided by Physician Assistants.

- (a) Services performed by physician assistants are covered if the services are within the scope of practice for physician assistants, as defined by state law; are consistent with rules and regulations promulgated by the Texas Physician Assistant Board or other appropriate state licensing authority; and are covered services under the Texas Medical Assistance Program.
- (b) Physician Assistants are health care professionals who are licensed by the state to practice as physician assistants, who have met and maintained the eligibility requirements set forth in the law (such as successful completion of an educational program accredited by the Accreditation Review Commission on Education for the Physician Assistant for the training of physician assistants and certification as such by the National Commission on Certification of Physician Assistants). For services to be payable to these professionals, the professional must be licensed as a Physician Assistant; comply with all applicable federal and state laws governing the service provided; be enrolled in, and approved for participation in, the Texas Medical Assistance Program; must sign a written agreement with the single state agency or its designee; must comply with the terms of the provider agreement and all requirements of the Texas Medical Assistance Program, including federal and state regulations, rules, handbooks, standards, and guidelines published by the single state agency or its designee; and bill for services covered by the Texas Medical Assistance Program in the manner and format prescribed by the single state agency or its designee.
- (c) Physician Assistants who are employed or remunerated by a physician may bill the Texas Medical Assistance Program and be paid directly for their services. (Both the physician assistant and the employing/contracting entity may not bill services if that billing would result in duplicate payment for the same services.) If the services are reimbursable by the program, payment may be made to the entity (if approved for participation in the Texas Medical Assistance Program) that employs or reimburses the Physician Assistant. The basis and amount of Medicaid reimbursement depends on the services actually provided, who provided the service, and the reimbursement methodology utilized by the Texas Medical Assistance Program as appropriate for the services and provider(s) involved.
- (d) Effective June 1, 2022, physician assistant services will include Collaborative Care Model services for persons who have a mental health or substance use condition to include a pre-existing or suspected mental health or substance use condition. Physician assistants will furnish Collaborative Care Model services in accordance with their scope of practice and licensure as defined by state law.

5. Physicians' and Medical and Surgical Services of a Dentist

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