

Table of Contents

State/Territory Name: Texas

State Plan Amendment (SPA) #: 23-0027

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

February 13, 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) TX-23-0027

Dear Director Zalkovsky:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0027. This amendment proposes to update the state's minimum personal needs allowance for individuals residing in a nursing facility (NF), assisted living facility, intermediate care facilities for individuals with intellectual disabilities (ICFs/IID), or other similar long-term care facility from \$60 to \$75 for individuals and from \$120 to \$150 for couples.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 U.S.C §1396a(q); 42 CFR §435.725; 42 CFR §435.726, Human Resources Code §32.024(w). This letter is to inform you that Texas Medicaid SPA 23-0027 was approved on February 13, 2024, with an effective date of January 1, 2024.

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 box redacting the signature of Ruth A. Hughes.

Digitally signed by Ruth
Hughes -S
Date: 2024.02.13
11:47:03 -06'00'

Ruth A. Hughes, Acting 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 3 0 0 2 7

2. STATE
T X

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

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

4. PROPOSED EFFECTIVE DATE
January 01, 2024

5. FEDERAL STATUTE/REGULATION CITATION
42 U.S.C §1396a(q); 42 CFR §435.725; 42 CFR §435.726,
Human Resources Code §32.024(w).

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024 \$ 688,923
b. FFY 2025 \$ 949,212

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 2.6-A,
Page 4a
Supplement 12 to Attachment 2.6-A,
Page 1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 2.6-A,
Page 4a (TN 09-32)
Supplement 12 to Attachment 2.6-A,
Page 1 (TN 09-32)

9. SUBJECT OF AMENDMENT

The purpose of this amendment is to update the state's minimum personal needs allowance for individuals residing in a nursing facility (NF), assisted living facility, intermediate care facilities for individuals with intellectual disabilities (ICFs/IID), or other similar long-term care facility from \$60 to \$75 for individuals and from \$120 to \$150 for couples. The proposed amendment is due to a change in law, House Bill 54, 88th Legislature, Regular Session 2023.

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
Emily Zalkovsky
Digitally signed by Emily Zalkovsky
Date: 2023.12.15 15:05:30 -06'00'

15. RETURN TO
Emily Zalkovsky
State Medicaid Director
Post Office Box 13247, MC: H-100
Austin, Texas 78711

12. TYPED NAME
Emily Zalkovsky

13. TITLE
State Medicaid Director

14. DATE SUBMITTED
December 15, 2023

FOR CMS USE ONLY

16. DATE RECEIVED
December 15, 2023

17. DATE APPROVED
February 13, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2024.

19. SIGNATURE

Digitally signed by Ruth Hughes -5
Date: 2024.02.13 11:48:44 -06'00'

20. TYPED NAME OF APPROVING OFFICIAL
Ruth A. Hughes

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

22. REMARKS

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

State: Texas

Citation	Condition or Requirement
1924 of the Act 435.725 435.733 435.832	<p>B. Post eligibility Treatment of Institutionalized Individuals' Incomes, Cont.</p> <p>2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:</p> <p>Personal Needs Allowance (PNA) of not less than \$30 for Individuals and \$60 for Couples for all Institutionalized Persons.</p> <p>a. Aged Blind, Disabled: Individuals: <u>\$75.00</u> Couples: <u>\$150.00</u></p> <p>For the following persons with greater needs:</p> <p>Supplement 12 to Attachment 2.6-A describes the greater need of an institutionalized individual with a court ordered guardianship/fiduciary fee when calculating the cost of institutionalized care.</p> <p>b. AFDC related: Children: <u>\$ 45.00</u> Adults: <u>\$ 45.00</u></p> <p>For the following persons with greater need:</p> <p>Supplement 12 to Attachment 2.6-A described the greater need; described the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met;</p> <p>c. Individuals under age 21 covered in the plan as specified in Item B.7 of Attachment 2.2-A.</p>

TN: 23-0027

Supersedes TN: 09-32

Approval Date: February 13, 2024

Effective Date: January 1, 2024

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

State: TEXAS

VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

As earnings increase the following individuals have greater need due to work related expenses:

The method used to calculate the amount of Personal Needs Allowance that can be retained by persons living in ICF/MR facilities with earnings is as follows:

- If an individual earns \$30 or less:

In addition to the basic Personal Needs Allowance, individuals with earnings up to \$30 keep an additional amount up to the \$30 earned.

- If an individual's net monthly earnings exceed \$30 but do not exceed \$120:

In addition to the basic Personal Needs Allowance, individuals with earnings above \$30 but less than \$120 keep an additional amount which includes the first \$30 earned, plus one half of whatever amount exceeds that up to \$120.

- If an individual's net monthly earnings exceed \$120:

In addition to the basic Personal Needs Allowance, individuals with earnings above \$120 keep an additional amount which includes the first \$30 earned, plus one half of whatever amount exceeds that up to \$120, plus 30% of the amount greater than \$120.

All institutionalized individuals may receive a deduction from the cost of care in an institution for court ordered guardianship/fiduciary fees. The deduction is limited to guardianship-related costs and fees, subject to the limitations of the Texas Probate Code.

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