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State/Territory Name: Texas

State Plan Amendment (SPA) #: 24-0003

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 16, 2025

Emily Zalkovsky
State Medicaid Director
Texas Health and Human Services Commission (HHSC)
P.O. Box 13247
Austin, TX 78711-3247

Re: Texas State Plan Amendment (SPA) – 24-0003

Dear Director Zalkovsky:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0003. This amendment adds Federally Qualified Health Centers and Rural Health Clinics as providers of home telemonitoring services; clarifies that the term “home telemonitoring services” is synonymous with “remote patient monitoring;” and requires home telemonitoring providers to establish a plan of care with outcome measures for each patient and to share the plan and outcome measures with the patient’s physician. The proposed amendment also updates outdated references related to the Texas Medicaid Wellness Program.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter informs you that Texas’ Medicaid SPA TN 24-0003 was approved on January 16, 2025, with an effective date of September 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Texas State Plan.

If you have any questions, please contact Ford Blunt at (214) 767-6381 or via email at Ford.Blunt@cms.hhs.gov.

Sincerely,

A black rectangular redaction box covers the signature of James G. Scott. Above the box, there is a faint blue ink scribble that appears to be the initials "JG".

James G. Scott, Director
Division of Program Operations

Digitally signed by James
G. Scott -S
Date: 2025.01.16 13:54:58
-06'00'

Enclosures

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

1. TRANSMITTAL NUMBER

2 4 0 0 0 3

2. STATE

T X

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACTTO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

September 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

Social Security Act §1902(a)(19); Social Security Act
§1902(a)(30); CMS-5531-IFC, 42 CFR § 440.70

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 0b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Appendix 1 to Attachment 3.1-A Page 15c

Appendix 1 to Attachment 3.1-B Page 15c

Appendix 1 to Attachment 3.1-A and 3.1-B

Page 3

Page 3a

Page 3a.1

Page 3a.2

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

Appendix 1 to Attachment 3.1A Page 15c (TN 21-0043)

Appendix 1 to Attachment 3.1B Page 15c (TN 21-0043)

Appendix 1 to Attachment 3.1-A and 3.1-B

Page 3 (TN 92-01)

Page 3a (TN 90-24)

Page 3a.1 (TN 90-24)

Page 3a.2 (new page)

9. SUBJECT OF AMENDMENT

The purpose of the proposed amendment is to implement legislative changes as directed by House Bill 2727, 88th Texas Legislature, Regular Session, 2023. The bill directs the Texas Health and Human Services Commission to add Federally Qualified Health Centers and Rural Health Clinics as providers of home telemonitoring services; clarify that the term "home telemonitoring services" is synonymous with "remote patient monitoring;" and require home telemonitoring providers to establish a plan of care with outcome measures for each patient and to share the plan and outcome measures with the patient's physician. The proposed amendment also updates outdated references related to the Texas Medicaid Wellness Program.

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: 2024.06.12 13:56:10 -05'00'

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

June 12, 2024

FOR CMS USE ONLY

16. DATE RECEIVED

June 12, 2024

17. DATE APPROVED

January 16, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

September 1, 2024

19. SIGNATURE

PROVING OFFICIAL

Digitally signed by James G. Scott -S

Date: 2025.01.16 13:55:30 -06'00'

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Programs Operations

22. REMARKS

7. Home Health Care Services (continued)

Home Telemonitoring Services

- (a) Home telemonitoring services are a benefit of the Texas Medicaid Program as provided in this section, are based on medical necessity, and are subject to the specifications, conditions, limitations, and requirements established by the Texas Health and Human Services Commission (HHSC) or its designee. Home telemonitoring is synonymous with "remote patient monitoring."
- (b) Home telemonitoring services is defined as a health service that requires scheduled remote monitoring of data related to a patient's health and transmission of the data to a licensed home health agency or a hospital.
- (c) Home telemonitoring service providers must:
 - (1) comply with all applicable federal, state, and local laws and regulations;
 - (2) be enrolled and approved for participation in the Texas Medicaid Program as home telemonitoring service providers;
 - (3) bill for services covered under the Texas Medicaid Program in the manner and format prescribed by HHSC;
 - (4) establish a plan of care that includes outcome measures for each patient who receives home telemonitoring services and share the plan outcome measures with the patient's physician; and
 - (5) share clinical information gathered while providing home telemonitoring services with the patient's physician or allowed practitioner.

7. Home Health Care Services (continued)

Home Telemonitoring Services

- (a) Home telemonitoring services are a benefit of the Texas Medicaid Program as provided in this section, are based on medical necessity, and are subject to the specifications, conditions, limitations, and requirements established by the Texas Health and Human Services Commission (HHSC) or its designee. Home telemonitoring is synonymous with “remote patient monitoring.”
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 - (4) establish a plan of care that includes outcome measures for each patient who receives home telemonitoring services and share the plan outcome measures with the patient's physician; and
 - (5) share clinical information gathered while providing home telemonitoring services with the patient's physician or allowed practitioner.

2.b. Rural Health Clinic Services

The specification, conditions and limitations established by the single state agency for coverage of services provided by a rural health clinic under the Texas Medical Assistance Program are as follows:

- A. As a condition for receiving payment for rural health clinic services as defined at 42 CFR 440.20 (b), the services must be medically necessary and be provided to an eligible recipient by a certified and approved rural health clinic in accordance with applicable Federal, State and local laws and regulations.
- B. As a condition for receiving payment for other ambulatory services which are covered under this State Plan and which are apart from and other than rural health clinic services as defined at 42 CFR 440.20 (c), a rural health clinic, as the provider, must meet the same conditions of participation as any other provider of the same services(s) and is subject to the qualifications, limitations, and exclusions in the amount, duration and scope of benefits and all other provisions specified in this State Plan and elsewhere.
- C. The rural health clinic must contract with the single state agency.
- D. The rural health clinic must provide reports and other information specified by the single state agency or its authorized representative.
- E. Rural health clinic personnel providing primary health care must be licensed in Texas or in the State within the United States in which and at the time and place the service(s) is provided and/or meet all other established qualifications.
- F. Any covered service furnished to an eligible recipient in a long term care facility must be ordered by the recipient's treating physician. A physician is defined as a M.D. or D.O.
- G. The rural health clinic must be certified and participate under Title XVIII of the Social Security Act.
- H. The plan of treatment to be used for visiting nurse services must be developed by the rural health clinic physician and be approved and ordered by the recipient's treating physician and be approved and ordered by the recipient's treating physician.

2.b. Rural Health Clinic Services

I. The rural health clinic may provide home telemonitoring services.

- a) Home telemonitoring services are a benefit of the Texas Medicaid Program as provided in this section, are based on medical necessity, and are subject to the specifications, conditions, limitations, and requirements established by the Texas Health and Human Services Commission (HHSC) or its designee. Home telemonitoring is synonymous with "remote patient monitoring."
- b) Home telemonitoring services is defined as a health service that requires scheduled remote monitoring of data related to a patient's health and transmission of the data to a rural health clinic.
- c) Home telemonitoring providers must:
 - (1) comply with all applicable federal, state, and local laws and regulations;
 - (2) be enrolled and approved for participation in the Texas Medicaid Program as home telemonitoring service providers;
 - (3) bill for services covered under the Texas Medicaid Program in the manner and format prescribed by HHSC;
 - (4) establish a plan of care that includes outcome measures for each patient who receives home telemonitoring services and share the plan outcome measures with the patient's physician; and
 - (5) share clinical information gathered while providing home telemonitoring services with the patient's physician or allowed practitioner.

2.c. Federally Qualified Health Center services.

- A. Effective for services on or after April 1, 1990, and subject to the specifications, conditions, limitations, and requirements established by the state agency, Federally Qualified Health Center (FQHC) services are available to eligible Medicaid recipients.
- B. Covered services are limited to:
 - 1. Services as described in 1861(aa)(1)(A)-(C) of the Social Security Act, and are medically necessary. These services include:
 - (a) Physician services;
 - (b) Physician assistant services;
 - (c) Nurse practitioner services;
 - (d) Clinical psychologist services;
 - (e) Clinical social worker services;
 - (f) Services and supplies incident to such services as would otherwise be covered if furnished by a physician or as an incident to a physician's services; and
 - (g) Visiting nurse services to a homebound individual, in the case those FQHCs that are located in an area that has a shortage of home health agencies as determined by the state survey agency.
 - 2. Other ambulatory services which are covered by the Texas Medical Assistance program when provided by other enrolled providers.
 - 3. The FQHC may provide home telemonitoring services.
 - a) Home telemonitoring services are a benefit of the Texas Medicaid Program as provided in this section, are based on medical necessity, and are subject to the specifications, conditions, limitations, and requirements established by the Texas Health and Human Services Commission (HHSC) or its designee. Home telemonitoring is synonymous with "remote patient monitoring."
 - b) Home telemonitoring services is defined as a health service that requires scheduled remote monitoring of data related to a patient's health and transmission of the data to an FQHC.
 - c) Home telemonitoring providers must:
 - 1) comply with all applicable federal, state, and local laws and regulations;
 - 2) be enrolled and approved for participation in the Texas Medicaid Program as home telemonitoring service providers;

2.c. Federally Qualified Health Center services (continued)

- 3) bill for services covered under the Texas Medicaid Program in the manner and format prescribed by HHSC;
 - 4) establish a plan of care that includes outcome measures for each patient who receives home telemonitoring services and share the plan outcome measures with the patient's physician; and
 - 5) share clinical information gathered while providing home telemonitoring services with the patient's physician or allowed practitioner.
- C. Covered services provided by an FQHC must be reasonable and medically necessary as determined by the state agency.
- D. To participate in the Texas Medical Assistance Program, a FQHC must meet the following requirements:
1. Be receiving a grant under Section 329, 330, or 340 of the Public Health Service Act or be designated by the Secretary of the Department of Health and Human Services as meeting the requirements to be receiving such a grant;
 2. Comply with all federal, state, and local laws and regulations applicable to the services provided;
 3. Be enrolled and approved for participation in the Texas Medical Assistance Program;
 4. Sign a written provider agreement with the state agency;
 5. 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 state agency; and
 6. Will bill for covered services in the manner and format prescribed by the state agency.

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- C. The rural health clinic must contract with the single state agency.
- D. The rural health clinic must provide reports and other information specified by the single state agency or its authorized representative.
- E. Rural health clinic personnel providing primary health care must be licensed in Texas or in the State within the United States in which and at the time and place the service(s) is provided and/or meet all other established qualifications.
- F. Any covered service furnished to an eligible recipient in a long term care facility must be ordered by the recipient's treating physician. A physician is defined as a M.D. or D.O.
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- c) Home telemonitoring providers must:
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2.c. Federally Qualified Health Center services (continued)

- 3) bill for services covered under the Texas Medicaid Program in the manner and format prescribed by HHSC;
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 3. Be enrolled and approved for participation in the Texas Medical Assistance Program;
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