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State/Territory Name: Texas

State Plan Amendment (SPA) #: 24-0019

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

September 19, 2024

Emily Zalkovsky, Medicaid Director Texas Health & Human Services Commission PO Box 13247 Austin, TX 78711

RE: Adult Mental Health benefit, TN# 24-0019 §1915(i) home and community-based services (HCBS) state plan amendment (SPA)

Dear Director Zalkovsky:

The Centers for Medicare & Medicaid Services (CMS) is approving the state's request to amend its 1915(i) state plan home and community-based services (HCBS) benefit, transmittal number 24-0019. The effective date for this amendment is July 1, 2024. With this amendment, the state is updating performance measures for provider qualification requirements.

Enclosed are the following approved SPA pages that should be incorporated into your approved state plan:

• Attachment 3.1-i, Page 68 - 69

It is important to note that CMS approval of this change to the state's 1915(i) HCBS state plan benefit solely addresses the state's compliance with the applicable Medicaid authorities. CMS approval does not address the state's independent and separate obligations under federal laws including, but not limited to, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, or the Supreme Court's Olmstead decision. Guidance from the Department of Justice concerning compliance with the Americans with Disabilities Act and the Olmstead decision is available at http://www.ada.gov/olmstead/q&a_olmstead.htm.

If you have any questions concerning this information, please contact me at (410) 786-7561. You may also contact Lynn Ward at lynn.ward@cms.hhs.gov or (214) 767-6327

Sincerely,



George P. Failla, Jr., Director Division of HCBS Operations and Oversight Director Zalkovsky 24-0019 – Page 2

Enclosure

cc:

Kathi Montalbano, TX HHSC Steven Fox, TX HHSC Matthew Weaver, CMS DLTSS Cynthia Nanes, CMS DHCBSO Wendy Hill-Petras, CMS DHCBSO

FORM CMS-179 (09/24)

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER 2 4 _ 0 0 1 9	2. STATE T X
STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	S 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 July 1, 2024	
5. FEDERAL STATUTE/REGULATION CITATION Title XIX of the SSA; 42 CFR §441.745(b)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 2021 \$ 0 b. FFY 2022 \$ 0	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-i Page 68 Page 69	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-i Page 68 (TN 20-0003) Page 69 (TN 20-0003)	
9. SUBJECT OF AMENDMENT This amendment TN 24-0019 is to update the SPA TN 21-0053. As of TN number) and the SPA pages, that were not included in the final SPA pages were included in the original submission but omitted wand therefore not included in the final approval. The requested chas. 4 with a new measure and remove quality measures sub-require performance measure 3.5 from the State Plan.	approval with the original October 1, then the Request for Additional Infor anges are: to replace sub-requiremen	2021, effective date. The mation (RAI) was submitted at 3-d performance measure
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		
11. SIGNATURE OF STATE AGENCY OFFICIAL pitally signed by Emity licovsky let: 2024.09.18 12. TYPED NAME	15. RETURN TO Emily Zalkovsky State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711	
Emily Zalkovsky		MC: H-100
Emily Zalkovsky 13. TITLE State Medicaid Director		MC: H-100
13. TITLE State Medicaid Director 14. DATE SUBMITTED		MC: H-100
13. TITLE State Medicaid Director	Austin, Texas 78711	MC: H-100
Emily Zalkovsky 13. TITLE State Medicaid Director 14. DATE SUBMITTED September 18, 2024 FOR CMS USA 16. DATE RECEIVED	Austin, Texas 78711 E ONLY DATE APPROVED	MC: H-100
Emily Zalkovsky 13. TITLE State Medicaid Director 14. DATE SUBMITTED September 18, 2024 FOR CMS USA 16. DATE RECEIVED September 18, 2024 September 18, 2024	Austin, Texas 78711 E ONLY DATE APPROVED eptember 23, 2024	
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Emily Zalkovsky 13. TITLE State Medicaid Director 14. DATE SUBMITTED September 18, 2024 FOR CMS USA 16. DATE RECEIVED September 18, 2024 PLAN APPROVED - ONE 18. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2024 20. TYPED NAME OF APPROVING OFFICIAL 21.	Austin, Texas 78711 E ONLY DATE APPROVED eptember 23, 2024 COPY ATTACHE SIGNATURE OF	Digitally signed by Georg P. Falla dr -S Date: 2024.09.23 11:57:17 -04'00'

State: Texas §1915(i) State TN:24-0019 Effective: July 1, 2024 Approved: Sep

Remediation

§1915(i) State plan HCBS

State plan Attachment 3.1–i:
Page 68
Approved: September 23, 2024

Supersedes: TN 20-0003

	3upersedes: 11v 20-0003
Requirement	An evaluation for 1915(i) SPA eligibility is provided to all applicants for whom there is reasonable indication that services may needed in the future; The processes and instruments described in the approved 1915(i) SPA are applied appropriately and according to the approved description to determine if the needs-based criteria were met; And the 1915(i) benefit eligibility of enrolled individuals is reevaluated at least annually or, if more frequent, as specified in the approved state plan for 1915(i) HCBS.
Frequency	Biennially
Remediation	
Remediation Responsibilities	HHSC
(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)	
Frequency	Annually
(of Analysis and Aggregation)	
	•
Requirement	Service plans address assessed needs of 1915(i) participants, are updated annually, and document choice of services and providers.
Discovery	
Discovery Evidence (Performance Measure)	Number and percent of participants with current individual recovery plans (IRPs) updated annually Number and percent of participants with IRPs which document the individual's choice among and between HCBS-AMH services. Number and percent of participants with IRPs which document providers and individual goals consistent with their individual assessments. Number and percent of participants with IRPs that address all members' assessed needs (including health and safety risk factors) and personal goals, either by the provision of HCBS services or through other means.
Discovery Activity (Source of Data & sample size)	Record review, desk or onsite; Representative sample with a confidence level of 95 percent.
Monitoring Responsibilities (Agency or entity that conducts discovery activities)	HHSC collects, generates, aggregates, and analyzes
Requirement	Service plans address assessed needs of 1915(i) participants, are updated annually, and document choice of services and providers.

State: Texas \$1915(i) State plan HCBS State plan Attachment 3.1—i:
TN:24-0019
Effective: July 1, 2024 Approved: September 23, 2024 Supersedes: TN 20-0003

Remediation HHSC

Remediation Responsibilities	HHSC
(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)	
Frequency	Annually
(of Analysis and Aggregation)	
2	
Requirement	HCBS-AMH Provider Agencies and HCBS-AMH service providers meet required qualifications. HCBS-AMH Provider agencies must meet the minimum eligibility and standards for HCBS-AMH provider enrollment, which include:
	 Must have experience with and / or demonstrated capacity to administer services for people with severe mental illness or related populations Must be a legal entity under state law, have the authority to do business in Texas, and be in
	 good standing to do business in Texas and conduct the activities required by HHSC. Must have a Texas address; and Must have organizational policies and procedures acceptable to HHSC to deliver HCBS-AMH services
Discovery	
Discovery Evidence (Performance Measure)	1. Number and percent of HCBS providers initially meeting licensure and certification requirements prior to furnishing HCBS services. 2. Number and percent of HCBS providers meeting licensure and certification requirements while furnishing services. 3. Number and percent of HCBS-AMH provider agencies with an active agreement with HHSC/HHSC. 4. Number and percent of required trainings completed by providers.
Discovery Activity (Source of Data & sample size)	Representative sample, with a confidence level of 95 percent, of provider agencies, open enrollment applications, provider agreements, state licensure authorities, and provider personnel records.
Monitoring Responsibilities (Agency or entity that conducts discovery activities)	HHSC collects, generates, aggregates, and analyzes
Requirement	HCBS-AMH Provider Agencies and HCBS-AMH service providers meet required qualifications.
	HCBS-AMH Provider agencies must meet the minimum eligibility and standards for HCBS-AMH provider enrollment, which include: • Must have experience with and / or demonstrated capacity to administer services for people with severe mental illness or related populations • Must be a legal entity under state law, have the authority to do business in Texas, and be in good standing to do business in Texas and conduct the activities required by HHSC. • Must have a Texas address; and • Must have organizational policies and procedures acceptable to HHSC to deliver HCBS-