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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



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,

A black rectangular box redacting the signature of George P. Failla, Jr.

Digitally signed by George
P. Failla Jr -S
Date: 2024.09.23
11:56:54 -04'00'

George P. Failla, Jr., Director
Division of HCBS Operations and Oversight

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)

Requirement	An evaluation for 1915(i) SPA eligibility is provided to all applicants for whom there is reasonable indication that services may be 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 <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	HHSC
Frequency <i>(of Analysis and Aggregation)</i>	Annually

Requirement	Service plans address assessed needs of 1915(i) participants, are updated annually, and document choice of services and providers.
Discovery	
Discovery Evidence <i>(Performance Measure)</i>	<ol style="list-style-type: none"> 1. Number and percent of participants with current individual recovery plans (IRPs) updated annually 2. Number and percent of participants with IRPs which document the individual's choice among and between HCBS-AMH services. 3. Number and percent of participants with IRPs which document providers and individual goals consistent with their individual assessments. 4. 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 <i>(Source of Data & sample size)</i>	Record review, desk or onsite; Representative sample with a confidence level of 95 percent.
Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	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.
Frequency	Biennially
Remediation	

Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	HHSC
Frequency <i>(of Analysis and Aggregation)</i>	Annually

Requirement	<p>HCBS-AMH Provider Agencies and HCBS-AMH service providers meet required qualifications.</p> <p>HCBS-AMH Provider agencies must meet the minimum eligibility and standards for HCBS-AMH provider enrollment, which include:</p> <ul style="list-style-type: none"> • 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 <i>(Performance Measure)</i>	<ol style="list-style-type: none"> 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 <i>(Source of Data & sample size)</i>	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 <i>(Agency or entity that conducts discovery activities)</i>	HHSC collects, generates, aggregates, and analyzes
Requirement	<p>HCBS-AMH Provider Agencies and HCBS-AMH service providers meet required qualifications.</p> <p>HCBS-AMH Provider agencies must meet the minimum eligibility and standards for HCBS-AMH provider enrollment, which include:</p> <ul style="list-style-type: none"> • 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-