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State/Territory Name: TX

State Plan Amendment (SPA) #: 25-0032

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 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

December 15, 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) – 25-0032

Dear Director Zalkovsky:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0032. The purpose of this amendment is to acknowledge that, as of September 1, 2025, HHSC will no longer have a Superior Waiver in place under 42 CFR Part 456, Subpart H, that waives the requirements of Subpart C for all hospitals, and all mental hospitals for a state that sufficiently demonstrates utilization review procedures that are superior to the federal requirements. This amendment includes pages for Subpart C and Subpart D.

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 25-0032 was approved on December 15, 2025, with an effective date of September 1, 2025.

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,

Wendy E. Hill Petras, Acting Director
Division of Program Operations

Enclosures

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

1. TRANSMITTAL NUMBER

2 5 0 0 3 2

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 SERVICES4. PROPOSED EFFECTIVE DATE
September 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR § 482.30 and 42 CFR § 456 Subparts C and D.

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a FFY 2026 \$ 0b FFY 2027 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Basic State Plan
Page 47
Page 488. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable)Basic State Plan
Page 47 (TN 88-09)
Page 48 (TN 94-30)

9. SUBJECT OF AMENDMENT

The purpose of this amendment is to acknowledge that, as of September 1, 2025, HHSC will no longer have a Superior Waiver in place under 42 CFR Part 456, Subpart H, that waives the requirements of Subpart C for all hospitals and all mental hospitals for a state that sufficiently demonstrates utilization review procedures that are superior to the federal requirements.

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

12. TYPED NAME

Emily Zalkovsky

13. TITLE

State Medicaid Director

14. DATE SUBMITTED

September 24, 2025

15. RETURN TO

Emily Zalkovsky
State Medicaid Director
Post Office Box 13247, MC: H-100
Austin, Texas 78711**FOR CMS USE ONLY**

16. DATE RECEIVED

September 24, 2025

17. DATE APPROVED

December 15, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

September 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Wendy E. Hill Petras

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

Revision: HCFA-PM-85-3 (BERC)
MAY 1985

OMB No. 0938-0193

State: Texas

Citation
42 CFR 456.2
50 FR 15312

4.14 (b) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart C, for control of the utilization of inpatient hospital services.

___ Utilization and medical review are performed by a Utilization and Quality Control Peer Review organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

___ Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart C for:

___ All hospitals (other than mental hospitals).

___ Those specified in the waiver.

X No waivers have been granted.

TN No. 25-0032
Supersedes
TN No. 88-09

Approval Date 12-15-2025

Effective Date 09-01-2025

HCFA ID: 0048P/0002P

Revision: HCFA-PM-85-7 (BERC)
 JULY 1985
 State: Texas

OMB NO. 0938-0193

Citation
 42 CFR 456.2
 50 FR 15312

4.14 (c) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart D, for control of utilization of inpatient services in mental hospitals.

// Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

// Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart D for:

// All mental hospitals.

// Those specified in the waiver.

/X/ No waivers have been granted.

// Not applicable. Inpatient services in mental hospitals are not provided under this plan.

TN No. 25-0032
 Supersedes
 TN No. 94-30

Approval Date 12-15-2025

Effective Date 09-01-2025

HCFA ID: 0048P/0002P