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

HCFA-AT-80-38 (BPP)
May 22, 1980

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Medical Assistance Program

State of Texas

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*Forms Provided

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* Supplement 5 -	Section 1902(f) Methodologies for Treatment of Resources that Differ from those of the SSI Program
* Supplement 5a-	Methodologies for Treatment of Resources for Individuals With Incomes Up to a Percentage of the Federal Poverty Level
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*Forms Provided

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*Forms Provided

STATE Texas
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*Forms Provided

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DATE REC'D FEB - 7 1992
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Revision: HCFA-Region VI
January 1990

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

State Texas

Citation
45 CFR
Part 201
AT-76-141

42 CFR
Part 430

As a condition for receipt of Federal funds under title XIX of the Social Security Act, the

Health and Human Services Commission
(single State agency)

submits the following State plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this State plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

STATE Texas
DATE REC'D DEC 15 1992
DATE APPV'D MAY 03 1993
DATE EFF JAN 01 1993
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TN # 92-38
Supersedes
TN # 91-34

Approval Date MAY 03 1993

Effective Date JAN 01 1993

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May 22, 1980

State Texas

SECTION 1 SINGLE STATE AGENCY ORGANIZATION

Citation
42 CFR 431.10
AT-79-29

1.1 Designation and Authority

(a) The Health and Human Services Commission is the single State agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named in this paragraph.)

ATTACHMENT 1.1-A is a certification signed by the State Attorney General identifying the single State agency and citing the legal authority under which it administers or supervises administration of the program.

STATE Texas
DATE REC'D DEC 15 1992
DATE APPV'D MAY 03 1993
DATE EFF JAN 01 1993
HCFA 179 92-38
A

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State TEXAS

Citation		
Sec. 1902(a) of the Act	1.1(b)	The State agency that administered or supervised the administration of the plan approved under title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that part of this plan which relates to blind individuals.

☐ Yes. The State agency so designated is

_____

_____.
This agency has a separate plan covering that portion of the State plan under title XIX for which it is responsible.

☒ Not applicable. The entire plan under title XIX is administered or supervised by the State agency named in paragraph 1.1(a).

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State TEXAS

Citation		
Intergovernmental Cooperation Act of 1968	1.1(c)	Waivers of the single State agency requirement which are currently operative have been granted under authority of the Intergovernmental Cooperation Act of 1968.

/_/ Yes. ATTACHMENT 1.1-B describes these waivers and the approved alternative organizational arrangements.

/_/ Not applicable. Waivers are no longer in effect.

/X/ Not applicable. No waivers have ever been granted.

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

State of Texas

Citation	Condition or Requirement
42 CFR 431.10	1.1(d)

☒ The agency named in paragraph 1.1(a) has responsibility for all determinations of eligibility for Medicaid under this plan.

☐ Determinations of eligibility for Medicaid under this plan are made by the agency(ies) specified in Attachment 2.2-A. There is a written agreement between the agency named in paragraph 1.1(a) and other agency(ies) making such determinations for specific groups covered under this plan. The agreement defines the relationships and respective responsibilities of the agencies.

STATE Texas
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DATE APPV'D 4-26-12
DATE EFF 3-1-12
HCFA 179 12-01
A

SUPERSEDES: TN- 76-46

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State TEXAS

Citation		
42 CFR 431.10 AT-79-29	1.1(e)	All other provisions of this plan are administered by the Medicaid agency except for those functions for which final authority has been granted to a Professional Standards Review Organization under title XI of the Act.
	(f)	All other requirements of 42 CFR 431.10 are met.

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

State of Texas

Citation	Condition or Requirement
42 CFR 431.11	1.2 Organization for Administration

(a) Attachment 1.2-A contains a description of the organization and functions of the Medicaid agency and an organization chart of the agency.

(b) Within the state agency, the Medicaid and CHIP Division (MCD) has been designated as the medical assistance unit. Attachment 1.2-B contains a description of the organization and functions of MCD and an organization chart of the unit.

(c) Attachment 1.2-C contains a description of the kinds and numbers of professional medical personnel and supporting staff used in the administration of the plan and their responsibilities.

(d) Eligibility determinations are made by state or local staff of an agency other than the agency named in paragraph 1.1(a). Attachment 1.2-D contains a description of the staff designated to make such determinations and the functions they will perform.

☒ Not applicable. Only staff of the agency named in paragraph 1.1(a) make such determinations.

STATE Texas
DATE REC'D 3-30-12
DATE APPV'D 4-26-12
DATE EFF 3-1-12
HCFA 179 12-01
A

SUPERSEDES: TN 92-38

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State TEXAS

Citation
42 CFR
431.50(b)
AT-79-29

1.3 Statewide Operation

The plan is in operation on a Statewide basis in accordance with all requirements of 42 CFR 431.50.

/X/ The plan is State administered.

/ / The plan is administered by the political subdivisions of the State and is mandatory on them.

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State: Texas

Citation		
42 CFR 431.12(b) AT-78-90	1.4	State Medical Care Advisory Committee There is an advisory committee to the Medicaid agency director on health and medical care services established in accordance with and meeting all the requirements of 42 CFR 431.12.
42 CFR 438.104	X	The State enrolls recipients in MCO, PIHP, PAHP, and/or PCCM programs. The State assures that it complies with 42 CFR 438.104(c) to consult with the Medical Care Advisory Committee in the review of marketing materials.

STATE Texas
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DATE EFF 8-13-03
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Effective Date 8-13-03
Approval Date 10-17-03

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APRIL 1994
State/Territory: Texas

Citation

1.5 Pediatric Immunization Program

1928 of the Act

1. The State has implemented a program for the distribution of pediatric vaccines to program-registered providers for the immunization of federally vaccine-eligible children in accordance with section 1928 as indicated below.

*1 a. ~~The State program will provide each vaccine-eligible child with medically appropriate vaccines~~ according to the schedule developed by the Advisory Committee on Immunization Practices and without charge for the vaccines.

b. The State will outreach and encourage a variety of providers to participate in the program and to administer vaccines in multiple settings, e.g., private health care providers, providers that receive funds under Title V of the Indian Health Care Improvement Act, health programs or facilities operated by Indian tribes, and maintain a list of program-registered providers.

*2 c. With respect to any population of vaccine-eligible children a substantial portion of whose parents have limited ability to speak the English language, ~~the State will identify~~ program-registered providers who are able to communicate with this vaccine-eligible population in the language and cultural context which is most appropriate.

d. The State will instruct program-registered providers to determine eligibility in accordance with section 1928(b) and (h) of the Social Security Act.

*3 e. ~~The State will assure that no program-registered provider will charge more for the administration of the vaccine than the regional maximum established by the Secretary.~~ The State will inform program-registered providers of the maximum fee for the administration of vaccines.

*4 f. ~~The State will assure that no vaccine eligible child is denied vaccines~~ because of an inability to pay an administration fee.

g. Except as authorized under section 1915(b) of the Social Security Act or as permitted by the Secretary to prevent fraud or abuse, the State will not impose any additional qualifications or conditions, in addition to those indicated above, in order for a provider to qualify as a program-registered provider.

STATE Texas
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DATE APPV'D 08-03-95
DATE EFF 10-01-94
HCFA 179 94-35
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Supersedes
TN No. SUPERSEDES: NONE - NEW PAGE

Approval Date _____ Effective Date _____

Revision: HCFA-PM-94-3 (MB)
APRIL 1994
State/Territory: Texas

Citation

1928 of the Act

2. The State has not modified or repealed any Immunization Law in effect as of May 1, 1993 to reduce the amount of health insurance coverage of pediatric vaccines.

3. The State Medicaid Agency has coordinated with the State Public Health Agency in the completion of this preprint page.

4. The State agency with overall responsibility for the implementation and enforcement of the provisions of section 1928 is:

___ State Medicaid Agency

XXX State Public Health Agency

*1 The State program will implement policy to provide vaccine-eligible children access to medically appropriate vacines. . .

*2 . . . the state will attempt to identify. . .

*3 The State will instruct all program registered providers not to charge more for the administration of the vaccine than the regional maximum established by the Secretary. Medicaid providers will continue to be reimbursed in accordance with the maximum fees established by the State Program.

*4 The state will inform program-registered providers that no vaccine eligible child is to be denied vaccines. . .

STATE Texas
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DATE APPV'D 08-03-95
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HCFA 179 94-35

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Texas

STATE Texas
DATE REC'D 10-6-10
DATE APPV'D 3-31-11
DATE EFF 11-1-10
HCFA 179 10-58

A

Citation 1.6 Tribal Consultation

SSA 1902(a)(73)

Section 1902(a)(73) of the Social Security Act (the Act) requires a state in which one or more Indian health programs or urban Indian organizations furnish health care services to establish a process for the state Medicaid agency to seek advice on a regular, ongoing basis from designees of Indian health programs, whether operated by the Indian Health Service (IHS), tribes or tribal organizations under the Indian Self-Determination and Education Assistance Act (ISDEAA), or Urban Indian Organizations under the Indian Health Care Improvement Act (IHCIA). Section 2107(e)(I) of the Act was also amended to apply these requirements to the Children's Health Insurance Program (CHIP). Consultation is required concerning Medicaid and CHIP matters having a direct impact on Indian health programs and urban indian organizations.

(A) Designees of the federally-recognized tribes in Texas, Indian health programs in Texas, urban indian organizations in Texas, and the state Medicaid agency have formally agreed to the following process for seeking advice on a regular, ongoing basis on matters related to Medicaid programs and for consultation on state plan amendments (SPAs) prior to submission to CMS:

- The state Medicaid agency will send a request for feedback to designees of Indian health programs and urban Indian organizations in Texas on Medicaid SPAs that have a direct impact to Indian health programs on client eligibility, acute care services, and acute care providers. This will include any direct impact to Indian health programs on pharmacy services, Federally Qualified Health Centers, and provider requirements.

- Acute care provider reimbursement, including clinic or office reimbursement, rate reduction SPAs, and corresponding rate hearing information will be sent to the Indian health programs and urban Indian organizations in Texas only if a reduction of one million dollars or more, all funds, is proposed for a program or state plan rate category.

- Requests for feedback on Medicaid changes will be sent to the designees of the Indian health programs and the urban Indian organization in Texas at least 30 calendar days prior to the submission of the SPA to the CMS for approval. These timeframes may change if the state is required to submit these documents to CMS in less time. The minimum timeframe would be no less than one calendar week, reserved for certain instances when direction to implement a state plan change requires an expedited process. Examples of these instances include direction from Texas state leadership; direction from CMS; a court order; a settlement agreement; federal rules, regulations, or laws; or state or federal legislation.

- Medicaid staff will hold regular conference calls with designees from the Ysletta Del Sur Pueblo, the Alabama-Coushatta Tribe, the Kickapoo Traditional Tribe of Texas, and the Urban Inter-Tribal Center of Texas. These calls will foster continued communication, and provide an opportunity to ask questions, ask for assistance, and express concerns.

(B) The consultation process that occurred specifically for the development and submission of this SPA is as follows:

- On April 28, 2010, state Medicaid agency staff met face-to-face with the health services designees from the federally-recognized tribes in Texas at the Urban Inter-Tribal Center of Texas (UITCT). Designees from the UITCT, the Alabama-Coushatta Tribe, and the Ysletta Del Sur Pueblo attended the meeting. The state Medicaid agency staff facilitated discussion regarding a potential consultation process on changes made to the Texas Medicaid state plan. On May 21, 2010, state Medicaid agency staff held a conference call with designees from the Kickapoo Traditional Tribe of Texas to ensure that all Indian health programs were consulted and given the opportunity to provide feedback on the potential consultation process discussed at the face-to-face meeting.

- A letter of agreement outlining the proposed consultation process was mailed to each Indian health program and urban Indian organization designee in Texas for review and no changes were suggested. All parties signed a tribal consultation agreement form to verify the consultation process outlined above.

STATE Texas
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SECTION 2 - COVERAGE AND ELIGIBILITY

Citation
42 CFR
435.10 and
Subpart J

2.1 Application, Determination of Eligibility and Furnishing Medicaid

(a) The Medicaid agency meets all requirements of 42 CFR Part 435, Subpart J for processing applications, determining eligibility, and furnishing Medicaid.

STATE Texas
DATE REC'D DEC 11 1991
DATE APPV'D JAN 14 1992
DATE EFF OCT 01 1991
HCFA 179 91-34
A

Revision: HCFA-PM- (MB)

State/Territory: Texas

Citation			
42 CFR 435.914 1902(a)(34) of the Act	2.1(b)	(1)	Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in Attachment 2.6-A.
1902(e)(8) and 1905(a) of the Act		(2)	For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after the end of the month in which the individual is first determined to be a qualified Medicare beneficiary. Attachment 2.6-A specifies the requirements for Determination of eligibility for this group.
1902(a)(47) and	__X__	(3)	Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. Attachment 2.6-A specifies the requirements for Determination of eligibility for this group.

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HCFA 179 03-16

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SUPERSEDES: TN- 95-23

Revision: HCFA-PM-91-8 (MB) OMB No.
October 1991

State/Territory: Texas

Citation

1902(a)(55) of the Act	2.1(d)	The Medicaid agency has procedures to take applications, assist applicants, and perform initial processing of applications from those low income pregnant women, infants, and children under age 19, described in §1902(a)(10)(A)(i)(IV), (a)(10)(A)(i)(VI), (a)(10)(A)(i)(VII), and (a)(10)(A)(ii)(IX) at locations other than those used by the title IV-A program including FQHCs and disproportionate share hospitals. Such application forms do not include the ADFC form except as permitted by HCFA instructions.

TN No. 92-12
Supersedes Approval Date APR 29 1992 Effective Date JAN 01 1992
TN No. 91-26

HCFA ID: 7985E

STATE Texas
DATE REC'D MAR 31 1992
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Revision: HCFA-PM-91- 4 (BPD) OMB No.: 0938-
AUGUST 1991

State: Texas

Citation
42 CFR
435.10

2.2 Coverage and Conditions of Eligibility

Medicaid is available to the groups specified in ATTACHMENT 2.2-A.

/_/ Mandatory categorically needy and other required special groups only.

/_/ Mandatory categorically needy, other required special groups, and the medically needy, but no other optional groups.

/_/ Mandatory categorically needy, other required special groups, and specified optional groups.

/XXX/ Mandatory categorically needy, other required special groups, specified optional groups, and the medically needy.

The conditions of eligibility that must be met are specified in ATTACHMENT 2.6-A.

All applicable requirements of 42 CFR Part 435 and sections 1902(a)(10)(A)(i)(IV), (V), and (VI), 1902(a)(10)(A)(ii)(XI), 1902(a)(10)(E), 1902(l) and (m), 1905(p), (q) and (s), 1920, and 1925 of the Act are met.

STATE Texas
DATE REC'D DEC 11 1991
DATE APPV'D JAN 14 1992
DATE EFF OCT 01 1991
HCFA 179 91-34
A

vision: HCFA-PM-87-4 (BERC) OMB No.: 0938-0193
MARCH 1987

State: Texas

Citation		
435.10 and 435.403, and 1902(b) of the Act, P.L. 99-272 (Section 9529) and P.L. 99-509 (Section 9405)	2.3	**Residence**
		Medicaid is furnished to eligible individuals who are residents of the State under 42 CFR 435.403, regardless of whether or not the individuals maintain the residence permanently or maintain it at a fixed address.

Deleted from State's Letter Dated 10-4-2016 under Transmittal Number TX 16-0024, with Effective Date of 10-1-2016. This action was approved on 12-21-2016.

STATE	TX
DATE REC'D	6-30-87
DATE APPV'D	8-14-87
DATE EFF	See HCFA-179
HCFA 179	87-10

A

No. 87-10
Supersedes
TN No. 86-24

Approval Date 8-14-87

Effective Date See HCFA-179

HCFA ID: 1006P/0010P

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

OMB No.: 0938-0193

State: Texas

Citation	2.4 Blindness
42 CFR 435.530(b) 42 CFR 435.531 AT-78-90 AT-79-29	All of the requirements of 42 CFR 435.530 and 42 CFR 435.531 are met. The more restrictive definition of blindness in terms of ophthalmic measurement used in this plan is specified in ATTACHMENT 2.2-A.

STATE TX DATE REC'D 6-30-87 DATE APPV'D 8-14-87 DATE EFF See HCFA-179 HCFA 179 8710	A

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No. 0938-

State: Texas

Citation	2.5	Disability
42 CFR 435.121, 435.540(b) 435.541		All of the requirements of 42 CFR 435.540 and 435.541 are met. The State uses the same definition of disability used under the SSI program unless a more restrictive definition of disability is specified in Item ~~A.14.b~~. of ATTACHMENT 2.2-A of this plan. A.13.b

TN No. 91-34
Supersedes TN No. 87-10
Approval Date JAN 14 1992

Effective Date OCT 01 1991

HCFA ID: 7982E

STATE Texas
DATE REC'D DEC 11 1991
DATE APPV'D JAN 14 1992
DATE EFF OCT 01 1991
HCFA 179 91-34

A

Revision: HCFA-PM-92-1 (MB)
FEBRUARY 1992

State: Texas

Citation(s)	2.6 Financial Eligibility
42 CFR 435.10 and Subparts G & H 1902(a)(10)(A)(i)(III), (IV), (V), (VI), and (VII), 1902(a)(10)(A)(ii)(IX), 1902(a)(10)(A)(ii)(X), 1902(a)(10)(C), 1902(f), 1902(l) and (m), 1905(p) and (s), 1902(r)(2), and 1920	(a) The financial eligibility conditions for Medicaid-only eligibility groups and for persons deemed to be cash assistance recipients are described in ATTACHMENT 2.6-A.

STATE Texas
DATE REC'D APR 09 1992
DATE APPV'D APR 29 1992
DATE EFF APR 01 1992
HCFA 179 92-10

A

State/Territory: Texas

Citation	2.7	Medicaid Furnished Out of State
431.52 and 1902(b) of the Act, P.L. 99-272 (Section 9529)		Medicaid is furnished under the conditions specified in 42 CFR 431.52 to an eligible individual who is a resident of the State while the individual is in another State, to the same extent that Medicaid is furnished to residents in the State.

STATE TX
DATE REC'D JAN 5 1987
DATE APPV'D MAY 26 1987
DATE EFF OCT 1 1986
HCFA 179 86-24
A

Revision: HCFA-PM-94-5 (MB)
APRIL 1994

State/Territory: Texas

SECTION 3 - SERVICES: GENERAL PROVISIONS

Citation	3.1 Amount, Duration, and Scope of Services
42 CFR Part 440, Subpart B 1902(a), 1902(e), 1905(a), 1905(p), 1915, 1920, and 1925 of the Act	(a) Medicaid is provided in accordance with the requirements of 42 CFR Part 440, Subpart B and sections 1902(a), 1902(e), 1905(a), 1905(p), 1915, 1920, and 1925 of the Act.
	(1) Categorically needy.
	Services for the categorically needy are described below and in ATTACHMENT 3.1-A. These services include:
1902(a)(10)(A) and 1905(a) of the Act	(i) Each item or service listed in section 1905(a)(1) through (5) and (21) of the Act, is provided as defined in 42 CFR Part 440, Subpart A, or, for EPSDT services, section 1905(r) and 42 CFR Part 441, Subpart B.
	(ii) Nurse-midwife services listed in section 1905(a)(17) of the Act, are provided to the extent that nurse-midwives are authorized to practice under State law or regulation and without regard to whether the services are furnished in the area of management of the care of mothers and babies throughout the maternity cycle. Nurse-midwives are permitted to enter into independent provider agreements with the Medicaid agency without regard to whether the nurse-midwife is under the supervision of, or associated with, a physician or other health care provider.
	___ Not applicable. Nurse-midwives are not authorized to practice in this State.

STATE Texas
DATE REC'D 5-31-94
DATE APPV'D 6-10-94
DATE EFF 6-1-94
HCFA 179 94-20
A

Revision: HCFA-PM-91-4 (BPD) OMB No.: 0938-
AUGUST 1991

State/Territory: Texas

Citation 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy (Continued)

1902(e)(5) of the Act

(iii) Pregnancy-related, including family planning services, and postpartum services for a 60-day period (beginning on the day pregnancy ends) and any remaining days in the month in which the 60th day falls are provided to women who, while pregnant, were eligible for, applied for, and received medical assistance on the day the pregnancy ends.

XXX (iv) Services for medical conditions that may complicate the pregnancy (other than pregnancy-related or postpartum services) are provided to pregnant women.

1902(a)(10), clause (VII) of the matter following ~~(E)~~ F of the Act

(v) Services related to pregnancy (including prenatal, delivery, postpartum, and family planning services) and to other conditions that may complicate pregnancy are the same services provided to poverty level pregnant women eligible under the provision of sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.

TN No. 91-34
Supersedes Approval Date JAN 14 1992 Effective Date OCT 01 1991
TN No. 90-50, ~~pg~~ 19, items 3.1(a)(1)(iii) & (iv)
90-50, pg 19a, item (v)
HCFA ID: 7982E

STATE Texas
DATE REC'D DEC 11 1991
DATE APPV'D JAN 14 1992
DATE EFF OCT 01 1991
HCFA 179 91-34

A

Revision: HCFA-PM-91- 4 (BPD) OMB No.: 0938-
AUGUST 1991

State/Territory: Texas

Citation 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy (Continued)

1902(a)(10)(D)

(vi) Home health services are provided to individuals entitled to nursing facility services as indicated in item 3.1(b) of this plan.

1902(e)(7) of the Act

(vii) Inpatient services that are being furnished to infants and children described in section 1902(l)(1)(B) through (D), or section 1905(n)(2) of the Act on the date the infant or child attains the maximum age for coverage under the approved State plan will continue until the end of the stay for which the inpatient services are furnished.

1902(e)(9) of the Act

XXX (viii) Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1(h) of this plan.

1902(a)(52) and 1925 of the Act

(ix) Services are provided to families eligible under section 1925 of the Act as indicated in item ~~3.7~~ 3.5 of this plan.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy, specifies all limitations on the amount, duration and scope of those services, and lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

TN No. 91-34
Supersedes Approval Date JAN 14 1992 Effective Date OCT 01 1991
TN No. 90-50, pg 19a, items (vii), (viii), (ix), (xi) HCFA ID: 7982E

STATE Texas
DATE REC'D DEC 11 1991
DATE APPV'D JAN 14 1992
DATE EFF OCT 01 1991
HCFA 179 91-34

A

Revision:
November 2000

State/Territory: Texas

Citation

3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy (Continued)

1905(a)(26) and 1934

X Programs of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy. (Note: Other programs to be offered to Categorically Needy beneficiaries would specify all limitations on the amount, duration and scope of those services. As PACE provides services to the frail elderly population without such limitation, this is not applicable for this program. In addition, other programs to be offered to Categorically Needy beneficiaries would also list the additional coverage -that is in excess of established service limits- for pregnancy-related services for conditions that may complicate the pregnancy. As PACE is for the frail elderly population, this also is not applicable for this program.)

STATE Texas
DATE REC'D 3-28-03
DATE APPV'D 6-6-03
DATE EFF 8-1-03
HCFA 179 03-07
A

Revision:
November 2000

State/Territory: Texas

Citation

3.1(a)(2) Amount, Duration, and Scope of Services: Medically Needy (Continued)

1905(a)(26) and 1934

N/A Programs of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1-A.

ATTACHMENT 3.1-B identifies services provided to each covered group of the medically needy. (Note: Other programs to be offered to Medically Needy beneficiaries would specify all limitations on the amount, duration and scope of those services. As PACE provides services to the frail elderly population without such limitation, this is not applicable for this program. In addition, other programs to be offered to Medically Needy beneficiaries would also list the additional coverage -that is in excess of established service limits- for pregnancy-related services for conditions that may complicate the pregnancy. As PACE is for the frail elderly population, this also is not applicable for this program.)

STATE Texas DATE REC'D 3-28-03 DATE APPV'D 6-6-03 DATE EFF 8-1-03 HCFA 179 03-07	A

Revision: HCFA-PM-91- 4A (BPD)
AUGUST 1991

OMB No.: 0938-

State/Territory: Texas

Citation 3.1 Amount, Duration, and Scope of Services (continued)

42 CFR Part 440, Subpart B (a)(2) Medically needy.

XXX This State plan covers the medically needy. The services described below and in ATTACHMENT 3.1-B are provided.

Services for the medically needy include:

1902(a)(10)(C)(iv) of the Act
42 CFR 440.220

(i) If services in an institution for mental diseases or an intermediate care facility for the mentally retarded (or both) are provided to any medically needy group, then each medically needy group is provided either the services listed in section 1905(a)(1) through (5) and (17) of the Act, or seven of the services listed in section 1905(a)(1)through (20). The services are provided as defined in 42 CFR Part 440, Subpart A and in sections 1902, 1905, and 1915 of the Act.

/_/ Not applicable with respect to nurse-midwife services under section 1902(a)(17). Nurse-midwives are not authorized to practice in this State.

(42 CFR 440.140 and 440.1[illegible])

1902(e)(5) of the Act

(ii) Prenatal care and delivery services for pregnant women.

TN No. 92-05
Supersedes TN No. 91-34
Approval Date MAR 13 1992

Effective Date JAN 01 1992

HCFA ID: 7982E

STATE Texas
DATE REC'D MAR 02 1992
DATE APPV'D MAR 13 1992
DATE EFF JAN 01 1992
HCFA 179 92-05

A

Revision: HCFA-PM-91-4TC (BPD) August 1991 OMB No: 0938-

State/Territory: TEXAS

Citation

3.1(a)(2) Amount, Duration, and Scope of Services: Medically Needy (Continued)

☐ (iii) Pregnancy-related, including family planning services, and postpartum services for a 60-day period (beginning on the day the pregnancy ands) and any remaining days in the month in which the 60th day falls are provided to women who, while pregnant, were eligible for, applied for, and perceived medical assistance on the day the pregnancy ends.

☒ (iv) Services for any other medical condition that may complicate the pregnancy (other than pregnancy-related and postpartum services) are provided to pregnant women.

☐ (v) Ambulatory services, as defined in ATTACHMENT 3.1-B, for recipients under age 18 and recipients entitled to institutional services.

☐ (vi) Home health services to recipients entitled to nursing facility services as indicated in item 3.1(b) of this plan.

42 CFR 440.140, 440.150, 440.160, Subpart B, 442.441, Subpart C, 1902(a)(20) and (21) of the Act

☒ (vii) Services in an institution for mental diseases for individuals over age 65.

☒ (viii) Services in an intermediate care facility for the mentally retarded.

☒ (ix) Inpatient psychiatric services for individuals under age 21.

STATE Texas
DATE REC'D 9-29-08
DATE APPV'D 6-4-09
DATE EFF 9-1-08
HCFA 179 08-26
A

SUPERSEDES: TN. 94-30

Revision: HCFA-PM-93- 5 (MB)
MAY 1993

State: Texas

Citation

3.1(a)(2) Amount, Duration, and Scope of Services: Medically Needy (Continued)

1902(e)(9) of Act

XXX (x) Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1(h) of this plan.

1905(a)(23) and 1929 of the Act

XXX (xi) Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A and Appendices A-G to Supplement 2 to Attachment 3.1-A.

ATTACHMENT 3.1-B identifies the services provided to each covered group of the medically needy; specifies all limitations on the amount, duration, and scope of those items; and specifies the ambulatory services provided under this plan and any limitations on them. It also lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

Texas
STATE
DATE REC'D JUN 30 1993
DATE APPV'D AUG 06 1993
DATE EFF APR 01 1993
HCFA 179 93-18
A

Revision: HCFA-PM-97-3 (CMSO)
December 1997

State: Texas

Citation

3.1 Amount, Duration, and Scope of Services (continued)

(a)(3) Other Required Special Groups: Qualified Medicare Beneficiaries

1902(a)(10)(E)(i) and clause (VIII) of the matter following (F), and 1905(p)(3) of the Act

Medicare cost sharing for qualified Medicare beneficiaries described in section 1905(p) of the Act is provided only as indicated in item 3.2 of this plan.

1902(a)(10)(E)(ii) and 1905(s) of the Act

(a)(4)(i) Other Required Special Groups: Qualified Disabled and Working Individuals

Medicare Part A premiums for qualified disabled and working individuals described in section 1902(a)(10)(E)(ii) of the Act are provided as indicated in item 3.2 of this plan.

1902(a)(10)(E)(iii) and 1905(p)(3)(A)(ii) of the Act

(ii) Other Required Special Groups: Specified Low-Income Medicare Beneficiaries

Medicare Part B premiums for specified low-income Medicare beneficiaries described in section 1902(a)(10)(E)(iii) of the Act are provided as indicated in item 3.2 of this plan.

1902(a)(10)(E)(iv)(I)1905(p)(3)(A)(ii), and 1933 of the Act

(iii) Other Required Special Groups: Qualifying Individuals - 1

Medicare Part B premiums for qualifying individuals described in 1902(a)(10)(E)(iv)(I) and subject to 1933 of the Act are provided as indicated in item 3.2 of this plan.

STATE TX
DATE REC'D 3-31-98
DATE APPV'D 4-21-98
DATE EFF 1-1-98
HCFA 179 98-03

A

Revision: HCFA-PM-97-3 (CMSO)
December 1997

State: Texas

1925 of the Act

(a) (5) Other Required Special Groups: Families Receiving Extended Medicaid Benefits

Extended Medicaid benefits for families described in section 1925 of the Act are provided as indicated in item 3.5 of this plan.

STATE Texas DATE REC'D 2-26-03 DATE APPV'D 3-11-03 DATE EFF 1-1-03 HCFA 179 TX 03-03	A

SUPERSEDES: TN- 98-03

Revision: HCFA-PM-91-4 (BPD) OMB No.: 0938-
AUGUST 1991

State/Territory: Texas

Citation 3.1 Amount, Duration, and Scope of Services (Continued)

Sec. 245A(h) of the Immigration and Nationality Act

(a)(6) Limited Coverage for Certain Aliens

(i) Aliens granted lawful temporary resident status under section 245A of the Immigration and Nationality Act who meet the financial and categorical eligibility requirements under the approved State Medicaid plan are provided the services covered under the plan if they--

(A) Are aged, blind, or disabled individuals as defined in section 1614(a)(1) of the Act;

(B) Are children under 18 years of age; or

(C) Are Cuban or Haitian entrants as defined in section 501(e)(1) and (2)(A) of P.L. 96-422 in effect on April 1, 1983.

(ii) Except for emergency services and pregnancy-related services, as defined in 42 CFR 447.53(b) aliens granted lawful temporary resident status under section 245A of the Immigration and Nationality Act who are not identified in items 3.1(a)(6)(i)(A) through (C) above, and who meet the financial and categorical eligibility requirements under the approved State plan are provided services under the plan no earlier than five years from the date the alien is granted lawful temporary resident status.

TN No. 91-34
Supersedes Approval Date JAN 14 1992
TN No. 87-16, pg 21, item 3.1(a)(4)

Effective Date OCT 01 1991

HCFA ID: 7982E

STATE Texas
DATE REC'D DEC 11 1991
DATE APPV'D JAN 14 1992
DATE EFF OCT 01 1991
HCFA 179 91-34

A

Revision: HCFA-PM-91- 4R (BPD) OMB No.: 0938-
AUGUST 1991

State/Territory: Texas

Citation	3.1(a)(6)	Amount, Duration, and Scope of Services: Limited Coverage for Certain Aliens (continued)
1902(a) and 1903(v) of the Act	(iii)	Aliens who are not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law who meet the eligibility conditions under this plan, except for the requirement for receipt of AFDC, SSI, or a State supplementary payment, are provided Medicaid only for care and services necessary for the treatment of an emergency medical condition (including emergency labor and delivery) as defined in section 1903(v)(3) of the Act.
1905(a)(9) of the Act	(a)(7)	Homeless Individuals. Clinic services furnished to eligible individuals who do not reside in a permanent dwelling or do not have a fixed home or mailing address are provided without restrictions regarding the site at which the services are furnished.
1902(a)(47) and 1920 of the Act	~~XXX~~ PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN (a)(8)	~~Ambulatory prenatal care for pregnant~~ women is provided during a presumptive eligibility period if the care is furnished by a provider that is eligible for payment under the State plan.
42 CFR 441.55 50 FR 43654 1902(a)(43), 1905(a)(4)(B), and 1905(r) of the Act	(a)(9)	EPSDT Services. The Medicaid agency meets the requirements of sections 1902(a)(43), 1905(a)(4)(B), and 1905(r) of the Act with respect to early and periodic screening, diagnostic, and treatment (EPSDT) services.

TN No. 92-05
Supersedes TN No. 91-34
Approval Date MAR 13 1992
Effective Date JAN 01 1992
HCFA ID: 7982E

STATE Texas
DATE REC'D MAR 02 1992
DATE APPV'D MAR 13 1992
DATE EFF JAN 01 1992
HCFA 179 92-05
A

Revision: HCFA-PM-91-1991 (BPD) OMB No.: 0938-

State: Texas

Citation	3.1(a)(9)	Amount, Duration, and Scope of Services: EPSDT Services (continued)
42 CFR 441.60	/_/	The Medicaid agency has in effect agreements with continuing care providers. Described below are the methods employed to assure the providers' compliance with their agreements.**
42 CFR 440.240 and 440.250	(a)(10)	Comparability of Services
1902(a) and 1902 (a)(10), 1902(a)(52), 1903(v), 1915(g), 1925(b)(4), and 1932 of the Act		Except for those items or services for which sections 1902(a), 1902(a)(10), 1903(v), 1915, 1925, and 1932 of the Act, 42 CFR 440.250, and section 245A of the Immigration and Nationality Act, permit exceptions:
		(i) Services made available to the categorically needy are equal in amount, duration, and scope for each categorically needy person.
		(ii) The amount, duration, and scope of services made available to the categorically needy are equal to or greater than those made available to the medically needy.
		(iii) Services made available to the medically needy are equal in amount, duration, and scope for each person in a medically needy coverage group.
	/_/	(iv) Additional coverage for pregnancy-related service and services for conditions that may complicate the pregnancy are equal for categorically and medically needy.

** Describe here.

TN # 03-16 Effective Date 8-13-03
Supersedes TN # 91-34 Approval Date 10-17-03

STATE Texas
DATE REC'D 9-24-03
DATE APPV'D 10-17-03
DATE EFF 8-13-03
HCFA 179 03-16
A

SUPERSEDES: TN- 91-34

Revision: HCFA - Region VI
November 1990

State TEXAS

Citation
42 CFR Part
440, Subpart B
42 CFR 441.15
AT-78-90
AT-80-34

Section 1905(a)(4)(A)
of Act (Sec. 4211(f)
of P.L. 100-203).

3.1(b) Home health services are provided in accordance with the requirements of 42 CFR 441.15.

(1) Home health services are provided to all categorically needy individuals 21 years of age or over.

(2) Home health services are provided to all categorically needy individuals under 21 years of age.

/X/ Yes

/ / Not applicable. The State plan does not provide for nursing facility services for such individuals.

(3) Home health services are provided to the medically needy:

/X/ Yes, to all

/ / Yes, to individuals age 21 or over; nursing facility services are provided.

/ / Yes, to individuals under age 21; nursing facility services are provi

/ / No; nursing facility services are not provided.

/ / Not applicable; the medically needy are not included under this plan

STATE Texas
DATE REC'D DEC 31 1990
DATE APPV'D MAR 28 1991
DATE EFF OCT - 1 1990
HCFA 179 90-50

A

TN # 90-50
Supersedes
TN # 83-01

Approval Date MAR 28 1991 Effective Date OCT - 1 1990

Revision: HCFA-PM-93-8 (BPD)

State/Territory: Texas

Citation 3.1 Amount, Duration, and Scope of Services (continued)

42 CFR 431.53 (c)(1) Assurance of Transportation

Provision is made for assuring necessary transportation of recipients to and from providers. Methods used to assure such transportation are described in ATTACHMENT 3.1-D.

42 CFR 483.10 (c)(2) Payment for Nursing Facility Services

The State includes in nursing facility services at least the items and services specified in 42 CFR 483.10 (c) (8) (i).

STATE Texas
DATE REC'D 12-30-93
DATE APPV'D 01-19-94
DATE EFF 10-01-93
HCFA 179 93-44
A

TN No. 93-44
Supersedes TN No. 91-34 Approval Date 01/19/94 Effective Date 10/01/93

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State TEXAS

Citation		
42 CFR 440.260 AT-78-90	3.1(d)	Methods and Standards to Assure Quality of Services The standards established and the methods used to assure high quality care are described in ATTACHMENT 3.1-C.

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State TEXAS

Citation		
42 CFR 441.20 AT-78-90	3.1(e)	Family Planning Services The requirements of 42 CFR 441.20 are met regarding freedom from coercion or pressure of mind and conscience, and freedom of choice of method to be used for family planning.

Citation
42 CFR 441.30
AT-78-90

3.1 (f)(1) Optometric Services

Optometric services (other than those provided under §§435.531 and 436.531) are not now, but were previously provided under the plan. Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services" under this plan and are reimbursed whether furnished by a physician or an optometrist.

☒ Yes.

☐ No. The conditions described in the first sentence apply but the term "physicians' services" does not specifically include services of the type an optometrist is legally authorized to perform.

☐ Not applicable. The conditions in the first sentence do not apply.

1903(i) (l)
Of the Act,
P.L. 99-272
(Section 9507)

(2) Organ Transplant Procedures

Organ transplant procedures are provided.

☐ No.

☒ Yes. Similarly situated individuals are treated alike and any restriction on the facilities that may, or practitioners who may, provide those procedures is consistent with the accessibility of high quality care to individuals eligible for the procedures under this plan. Standards for the coverage organ transplant procedures are described at **ATTACHMENT 3.1-E.**

State: Texas
Date Received: 28 June, 2013
Date Approved: 11 February, 2014
Date Effective: 1 July, 2013
Transmittal Number: 13-14

State/Territory: Texas

Citation
42 CFR 431.110(b)
AT-78-90

3.1 (g) Participation by Indian Health Service Facilities

Indian Health Service facilities are accepted as providers, in accordance with 42 CFR 431.110 (b), on the same basis as other qualified providers.

1902(e)(9) of the Act, P.L. 99-509 (Section 9408)

(h) Respiratory Care Services for Ventilator-Dependent Individuals

Respiratory care services, as defined in section 1902(e)(9)(C) of the Act, are provided under the plan to individuals who--

(1) Are medically dependent on a ventilator for life support at least six hours per day;

(2) Have been so dependent as inpatients during a single stay or a continuous stay in one or more hospitals, SNFs or ICFs for the lesser of--

/ X / 30 consecutive days;

/ _ / ____ days (the maximum number of inpatient days allowed under the State plan);

(3) Except for home respiratory care, would require respiratory care on an inpatient basis in a hospital, SNF, or ICF for which Medicaid payments would be made;

(4) Have adequate social support services to be cared for at home; and

(5) Wish to be cared for at home.

/ X / Yes. The requirements of section 1902(e)(9) of the Act are met.

/ _ / Not applicable. These services are not included in the plan.

STATE Texas	
[illegible] 1-29-90	
[illegible] 6-1-90	/ X /
[illegible] 1-1-90	
HCFA 179 90-03	/ _ /

Revision: HCFA-PM-93-5 (MB)
MAY 1993

State: Texas

Citation

3.2 Coordination of Medicaid with Medicare and Other Insurance

(a) Premiums

(1) Medicare Part A and Part B

1902(a)(10)(E)(i) and 1905(p)(1) of the Act

(i) Qualified Medicare Beneficiary (QMB)

The Medicaid agency pays Medicare Part A premiums (if applicable) and Part B premiums for individuals in the QMB group defined in Item A.25 of ATTACHMENT 2.2-A, through the group premium payment arrangement, unless the agency has a Buy-in agreement for such payment, as indicated below.

Buy-In agreement for:

XX Part A XX Part B

___ The Medicaid agency pays premiums, for which the beneficiary would be liable, for enrollment in an HMO participating in Medicare.

STATE Texas
DATE REC'D SEP 20 1993
DATE APPV'D OCT 01 1993
DATE EFF JUL 01 1993
HCFA 179 93-26

A

TN No. 93-26
Supersedes TN No. 93-18 Approval Date OCT 01 1993 Effective Date JUL 01 1993

Revision: HCFA-PM-97-3 (CMSO)
December 1997

State: Texas

Citation

1902 (a) (10) (E) (ii) and 1905(s) of the Act

(ii) Qualified Disabled and Working Individual (QDWI)

The Medicaid agency pays Medicare Part A premiums under a group premium payment arrangement, subject to any contribution required as described in ATTACHMENT 4.18-E, for individuals in the QDWI group defined in item A.26 of ATTACHMENT 2.2 -A of this plan.

1902 (a) (10) (E) (iii) and 1905(p) (3) (A) (ii) of the Act

(iii) Specified Low-Income Medicare Beneficiary (SLMB)

The Medicaid agency pays Medicare Part B premiums under the State buy-in process for individuals in the SLMB group defined in item A.27 of ATTACHMENT 2.2-A of this plan.

1902 (a) (10) (E) (iv) (I), 1905 (p) (3) (A) (ii), and 1933 of the Act

(iv) Qualifying Individual -1 (QI-1)

The Medicaid agency pays Medicare Part B premiums under the State buy-in process for individuals described in 1902(a) (10) (E) (iv) (I) and subject to 1933 of the Act.

STATE Texas
DATE REC'D 2-26-03
DATE APPV'D 3-11-03
DATE EFF 1-1-03
HCFA 179

A

SUPERSEDES: TN- 98-03

Revision: HCFA-PM-97-3 (CMSO)
December 1997

State: Texas

Citation

1843(b) and 1905(a) of the Act and 42 CFR 431.625

(v) Other Medicaid Recipients

The Medicaid agency pays Medicare Part B premiums to make Medicare Part B coverage available to the following individuals:

____All individuals who are: (a) receiving benefits under titles I, IV-A, X, XIV, or XVI (AABD or SSI); b) receiving State supplements under title XVI; or c) within a group listed at 42 CFR 431.625(d)(2).

____Individuals receiving title II or Railroad Retirement benefits.

____*

__XX Medically needy individuals (FFP is not available for this group).

1902(a)(30) and 1905(a) of the Act

(2) Other Health Insurance

__XX The Medicaid agency pays insurance premiums for medical or any other type of remedial care to maintain a third party resource for Medicaid covered services provided to eligible individuals (except individuals 65 years of age or older and disabled individuals, entitled to Medicare Part A but not enrolled in Medicare Part B).

*_____ All of the individuals except:

Institutionalized individuals whose Medicaid eligibility is determined under the special income limit and who are not eligible for the QMB or SLMB programs. NOTE: State supplements are not applicable.

STATE Texas DATE REC'D 2-26-03 DATE APPV'D 3-11-03 DATE EFF 1-1-03 HCFA 179 03-03	A

SUPERSEDES: TN- 02-08

Revision: HCFA-PM-93-2 (MB)
MARCH 1993

State: Texas

Citation

(b) Deductibles/Coinsurance

(1) Medicare Part A and B

1902(a)(30), 1902(n), 1905(a), and 1916 of the Act

Supplement 1 to ATTACHMENT 4.19-B describes the methods and standards for establishing payment rates for services covered under Medicare, and/or the methodology for payment of Medicare deductible and coinsurance amounts, to the extent available for each of the following groups.

Sections 1902 (a)(10)(E)(i) and 1905(p)(3) of the Act

(i) Qualified Medicare Beneficiaries (QMBS)

The Medicaid agency pays Medicare Part A and Part B deductible and coinsurance amounts for QMBs (subject to any nominal Medicaid copayment) for all services available under Medicare.

1902(a)(10), 1902(a)(30), and 1905(a) of the Act

(ii) Other Medicaid Recipients

The Medicaid agency pays for Medicaid services also covered under Medicare and furnished to recipients entitled to Medicare (subject to any nominal Medicaid copayment). For services furnished to individuals who are described in section 3.2(a)(1)(iv), payment is made as follows:

42 CFR 431.625

*Part B deductible only — XXX For the entire range of services available under Medicare Part B. *

**Part B coinsurance and Part A deductible/coinsurance — XXX Only for the amount, duration, and scope of services otherwise available under this plan. **

1902(a)(10), 1902(a)(30), 1905(a), and 1905(p) of the Act

(iii) Dual Eligible--QMB plus

The Medicaid agency pays Medicare Part A and Part B deductible and coinsurance amounts for all services available under Medicare and pays for all Medicaid services furnished to individuals eligible both as QMBs and categorically or medically needy (subject to any nominal Medicaid copayment).

STATE Texas
DATE REC'D APR 01 1993
DATE APPV'D MAY 05 1993
DATE EFF JAN 01 1993
HCFA 179 93-05
A

Revision: HCFA-PM-91-8 (MB) OMB No.:
October 1991

State/Territory: Texas

Citation		Condition or Requirement
1906 of the Act	(c)	Premiums, Deductibles, Coinsurance and Other Cost Sharing Obligations The Medicaid agency pays all premiums, deductibles, coinsurance and other cost sharing obligations for items and services covered under the State plan (subject to any nominal Medicaid copayment) for eligible individuals in employer-based cost-effective group health plans. When coverage for eligible family members is not possible unless ineligible family members enroll, the Medicaid agency pays premiums for enrollment of other family members when cost-effective. In addition, the eligible individual is entitled to services covered by the State plan which are not included in the group health plan. Guidelines for determining cost effectiveness are described in section 4.22(h).
1902(a)(10)(F) of the Act	(d)	/__/ The Medicaid agency pays premiums for individuals described in item 19 of Attachment 2.2-A.

TN No. 92-03
Supersedes Approval Date JUN - 2 1994 Effective Date SEP - 1 1994
TN No. 91-19 HCFA ID: 7983E

STATE Texas
DATE REC'D FEB - 7 1992
DATE APPV'D JUN - 2 1994
DATE EFF SEP - 1 1994
HCFA 179 92-03

A

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Texas

Citation
42 CFR 441.101,
42 CFR 431.620(c)
and (d)
AT-79-29

3.3 Medicaid for Individuals Age 65 or Over in Institutions for Mental Diseases

Medicaid is provided for individuals 65 years of age or older who are patients in institutions for mental diseases.

XX Yes. The requirements of 42 CFR Part 441, Subpart C, and 42 CFR 431.620(c) and (d) are met.

/ Not applicable. Medicaid is not provided to aged individuals in such institutions under this plan.

STATE Texas
DATE REC'D DEC 27 1994
DATE APP'D AUG 24 1995
DATE EFF NOV 16 1994
HCFA 179 94-30

A

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State TEXAS

Citation
42 CFR 441.252
AT-78-99

3.4 Special Requirements Applicable to Sterilization Procedures

All requirements of 42 CFR Part 441, Subpart F are met.

APPROVED BY DHHS/HCFA/BPO
DATE: 4-10-79
TRANSMITTAL NO: 79-3

Revision: HCFA-PM-91- 4 (BPD) OMB No.: 0938-
AUGUST 1991

State: Texas

Citation
1902(a)(52) and 1925 of the Act

3.5 Families Receiving Extended Medicaid Benefits

(a) Services provided to families during the first 6-month period of extended Medicaid benefits under Section 1925 of the Act are equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in ATTACHMENT 3.1-A (or may be greater if provided through a caretaker relative employer's health insurance plan).

(b) Services provided to families during the second 6-month period of extended Medicaid benefits under section 1925 of the Act are--

[X] Equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in ATTACHMENT 3.1-A (or may be greater if provided through a caretaker relative employer's health insurance plan).

[ ] Equal in amount, duration, and scope to services provided to categorically needy AFDC recipients, (or may be greater if provided through a caretaker relative employer's health insurance plan) minus any one or more of the following acute services:

[ ] Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

[ ] Medical or remedial care provided by licensed practitioners.

[ ] Home health services.

STATE Texas
DATE REC'D DEC 11 1991
DATE APPV'D JAN 14 1992
DATE EFF OCT 01 1991
HCFA 179 91-34
A

Revision: HCFA-PM-91- 4 (BPD) OMB No.: 0938-
AUGUST 1991

State: Texas

Citation 3.5 Families Receiving Extended Medicaid Benefits (Continued)

- /_/ Private duty nursing services.
- /_/ Physical therapy and related services.
- /_/ Other diagnostic, screening, preventive, and rehabilitation services.
- /_/ Inpatient hospital services and nursing facility services for individuals 65 years of age or over in an institution for mental diseases.
- /_/ Intermediate care facility services for the mentally retarded.
- /_/ Inpatient psychiatric services for individuals under age 21.
- /_/ Hospice services.
- /_/ Respiratory care services.
- /_/ Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.

STATE Texas
DATE REC'D ~~DEC 11 1991~~
DATE APPV'D JAN 14 1992
DATE EFF OCT 01 1991
HCFA 179 91-34
A

Revision: HCFA-PM-91- 4 (BPD) OMB No.: 0938-
AUGUST 1991

State: Texas

Citation 3.5 Families Receiving Extended Medicaid Benefits (Continued)

(c) ☐ The agency pays the family's premiums, enrollment fees, deductibles, coinsurance, and similar costs for health plans offered by the caretaker's employer as payments for medical assistance--

☐ 1st 6 months ☐ 2nd 6 months

☐ The agency requires caretakers to enroll in employers' health plans as a condition of eligibility.

☐ 1st 6 mos. ☐ 2nd 6 mos.

(d) ☐ (1) The Medicaid agency provides assistance to families during the second 6-month period of extended Medicaid benefits through the following alternative methods:

☐ Enrollment in the family option of an employer's health plan.

☐ Enrollment in the family option of a State employee health plan.

☐ Enrollment in the State health plan for the uninsured.

☐ Enrollment in an eligible health maintenance organization (HMO) with a prepaid enrollment of less than 50 percent Medicaid recipients (except recipients of extended Medicaid).

STATE Texas
DATE REC'D DEC 11 1991
DATE APPV'D JAN 14 1992
DATE EFF OCT 01 1991
HCFA 179 91-34
A

Revision: HCFA-PM-91- 4 (BPD) OMB No.: 0938-
AUGUST 1991

State: Texas

Citation 3.5 Families Receiving Extended Medicaid Benefits (Continued)

Supplement 2 to ATTACHMENT 3.1-A specifies and describes the alternative health care plan(s) offered, including requirements for assuring that recipients have access to services of adequate quality.

(2) The agency--

(i) Pays all premiums and enrollment fees imposed on the family for such plan(s).

(ii) Pays all deductibles and coinsurance imposed on the family for such plan(s).

STATE Texas
DATE REC'D DEC 11 1991
DATE APPV'D JAN 14 1992
DATE EFF OCT 01 1991
HCFA 179 91-34
A

Revision: HCFA - Region VI
DECEMBER 1990

State/Territory: TEXAS

Sec 1905(o)(3) of the Act. (Sec 6408(c) of P.L. 100-239 and Sec 4705 of P.L. 101-508)

3.8 Additional amounts for Nursing Facility Residents

When hospice care is furnished to an individual residing in a nursing facility or intermediate care facility for the mentally retarded, the hospice is paid an additional amount on routine home care and continuous home care days to take into account the room and board furnished by the facility. The additional amount paid to the hospice on behalf of an individual residing in a nursing facility or intermediate care facility for the mentally retarded equals at least 95 percent of the per diem rate that would have paid to the facility for that individual in that facility under this State Plan.

STATE Texas DATE REC'D 12-28-90 DATE APPV'D 3-4-91 DATE EFF 4-1-90 HCFA 179 90-47	A

TN No 90-47
Supersedes Approval Date 3/4/91 Effective Date 4/1/90
Tn No None-New Page

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

OMB No.: 0938-0193

State/Territory: Texas

SECTION 4 - GENERAL PROGRAM ADMINISTRATION

Citation
42 CFR 431.15
AT-79-29

4.1 Methods of Administration

The Medicaid agency employs methods of administration found by the Secretary of Health and Human Services to be necessary for the proper and efficient operation of the plan.

STATE TX	A
DATE REC'D 6-30-87	
DATE APPV'D 8-14-87	
DATE EFF See HCFA-179	
HCFA 179 87-10	

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State TEXAS

Citation	4.2 Hearings for Applicants and Recipients
42 CFR 431.202 AT-79-29 AT-80-34	The Medicaid agency has a system of hearings that meets all the requirements of 42 CFR Part 431, Subpart E.

Revision: HCFA-AT-87-9 (BERC) OMB No.: 0938-0193
AUGUST 1987

State/Territory: Texas

Citation	4.3 Safeguarding Information on Applicants and Recipients
42 CFR 431.301 AT-79-29	Under State statute which imposes legal sanctions, safeguards are provided that restrict the use or disclosure of information concerning applicants and recipients to purposes directly connected with the administration of the plan.
52 FR 5967	All other requirements of 42 CFR Part 431, Subpart F are met.

STATE TX
DATE REC'D 10-16-87
DATE APPVD 3-10-88
DATE EFF 5-28-87
HCFA 179 87-14
A

TN No. 87-14
Supersedes
TN No. 74-50

Approval Date 3-10-88 Effective Date 5-28-87

HCFA ID: 1010P/0012P

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

OMB No.: 0938-0193

State/Territory: Texas

Citation
42 CFR 431.800(c)
50 FR 21839
1903(u)(1)(D) of the Act,
P.L. 99-509 (Section 9407)

4.4 Medicaid Quality Control

(a) A system of quality control is implemented in accordance with 42 CFR Part 431, Subpart P.

(b) The State operates a claims processing assessment system that meets the requirements of 431.800(e), (g), (h), ~~and (k).~~ (j), and (k).*

/_/ Yes.

/X/ Not applicable. The State has an approved Medicaid Management Information System (MMIS).

* "pen and ink" change per HCFA PM 87-14.

STATE TX	A
DATE REC'D 6-30-87	
DATE APPV'D 8-14-87	
DATE EFF See HCFA-179	
HCFA 179 87-10	

TN No. 87-10
Supersedes
TN No. 85-5

Approval Date 8-14-87

Effective Date See HCFA-179

HCFA ID: 1010P/0012P

Revision: HCFA-PM-88-10 (BERC)
SEPTEMBER 1988

OMB No.: 0938-0193

State/Territory: Texas

Citation	
42 CFR 455.12 AT-78-90 48 FR 3742 52 FR 48817	4.5 **Medicaid Agency Fraud Detection and Investigation Program** The Medicaid agency has established and will maintain methods, criteria, and procedures that meet all requirements of 42 CFR 455.13 through 455.21 and 455.23 for prevention and control of program fraud and abuse.

STATE TX
DATE REC'D NOV 25 1988
DATE APPV'D JAN 05 1989
DATE EFF OCT 01 1988
TN NO. 88-18

A

TN No. 88-18
Supersedes
TN No. 83-6

Approval Date JAN

Effective Date OCT 0

HCFA ID: 1010P/

New: HCFA-PM-99-3 (CMSO)
JUNE 1999

State: Texas

Citation
Section 1902(a)(64) of the Social Security Act
P.L. 105-33

4.5a Medicaid Agency Fraud Detection and Investigation Program

The Medicaid agency has established a mechanism to receive reports from beneficiaries and others and compile data concerning alleged instances of waste, fraud, and abuse relating to the operation of this title.

Refax
11-23-99
12-17-99
10-1-99
99-10

TN No. 99-10
Supersedes Approval Date 12-17-99 Effective Date 10-1-99
TN No. New page

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Texas

4.5 Medicaid Agency Fraud Detection and Investigation

4.5b - Medicaid Recovery Audit Contractor Program

Citation	
Section 1902(a)(42)(B)(i) of the Social Security Act	_X_ The State has established a program under which it will contract with one or more recovery audit contractors (RACs) for the purpose of identifying underpayments and overpayments of Medicaid claims under the State plan and under any waiver of the State plan. _X_ The State is seeking an exception to establishing such program for the following reasons: The State is exempt from 42 CFR §455.508(b) to the extent that it may allow the State's recovery audit contractor to maintain and utilize a panel of physicians with a variety of specialties, including a contracted physician with a Texas license, in lieu of hiring a minimum of 1.0 full-time equivalent Medical Director who is licensed to practice in the State. The State is exempt from 42 CFR §455.508(f) to the extent that it may allow the State's recovery audit contractor to review claims that are up to five years old, with the start date being the date the claim was submitted to the State or one of its agents.
Section 1902(a)(42)(B)(ii)(I) of the Social Security Act	_X_ The State/Medicaid agency has contracts of the type(s) listed in section 1902(a)(42)(B)(ii)(I) of the Act. All contracts meet the requirements of the statute. RACs are consistent with the statute. Place a check mark to provide assurance of the following: _X_ The State will make payments to the RAC(s) only from amounts recovered. _X_ The State will make payments to the RAC(s) on a contingent basis for collecting overpayments.

State: Texas
Date Received: 08-03-18
Date Approved: 09-13-18
Date Effective: 08-15-18
Transmittal Number: 18-0017

4.5b - Medicaid Recovery Audit Contractor Program (continued)

Citation	
Section 1902 (a)(42)(B)(ii)(II)(aa) of the Act	The following payment methodology shall be used to determine State payments to Medicaid RAC(s) for recovered overpayments (e.g., the percentage of the contingency fee): __X__ The State attests that if the contingency fee rate paid to the Medicaid RAC will exceed the highest rate paid to Medicare RAC(s), as published in the Federal Register, the State will only submit for FFP up to the amount equivalent to that published rate.
Section 1902 (a)(42)(B)(ii)(II)(bb) of the Act	__X__ The following payment methodology will be used to determine State payments to Medicaid RAC(s) for underpayments: The specific payment methodology will be a contingency fee rate as agreed to in the contract. ____ The State will submit a justification seeking to pay the Medicaid RAC(s) a contingency fee higher than the highest contingency fee rate paid to Medicare RAC(s) as published in the Federal Register.
Section 1902 (a)(42)(B)(ii)(III) of the Act	__X__ The State has an adequate appeal process in place for entities to appeal any adverse determination made by the Medicaid RAC(s).

State: Texas
Date Received: October 24, 2014
Date Approved: November 25, 2014
Date Effective: October 1, 2014
Transmittal Number: 14-045

STATE Texas
DATE REC'D 3-30-12
DATE APPV'D 4-19-12
DATE EFF 1-1-12
HCFA 179 12-21
A

4.5b - Medicaid Recovery Audit Contractor Program (continued)

Citation	
Section 1902 (a)(42)(B)(ii)(IV)(aa) of the Act	X The State assures that the amounts expended by the State to carry out the program will be amounts expended as necessary for the proper and efficient administration of the State plan or a waiver of the plan.
Section 1902 (a)(42)(B)(ii)(IV)(bb) of the Act	X The State assures that the recovered amounts will be subject to a State's quarterly expenditure estimates and funding of the State's share.
Section 1902 (a)(42)(B)(ii)(IV)(cc) of the Act	X Efforts of the Medicaid RAC(s) will be coordinated with other contractors or entities performing audits of entities receiving payments under the State plan or waiver in the State, and/or State and Federal law enforcement entities and the CMS Medicaid Integrity Program.

Revision: HCFA-Region VI
June 21, 1991

State of Texas

Citation
42 CFR 431.16
AT-79-29,
Section 1927 of the
Social Security Act

4.6 Reports

The Medicaid agency will submit all reports in the form and with the content required by the Secretary, and will comply with any provisions that the Secretary finds necessary to verify and assure the correctness of the reports. All requirements of 42 CFR 431.16 are met. The Medicaid agency will comply with the reporting requirements for State drug utilization information and on restrictions to coverage. The Medicaid agency will keep the drug unit rebate amount confidential and will not disclose it for purposes other than rebate invoicing and verification. All reporting and confidentiality requirements of Section 1927 of the Social Security Act are met.

TN # 91-13
Supersedes
TN # 78-13

Approval Date 11/19/91 Effective Date 4/1/91

STATE Texas
DATE REC'D 6-10-91
DATE APPV'D 11-19-91
DATE EFF 4-1-91
HCFA ID# 91-13

A

Supersedes: 78-13

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State TEXAS

Citation
42 CFR 431.17
AT-79-29

4.7 Maintenance of Records

The Medicaid agency maintains or supervises the maintenance of records necessary for the proper and efficient operation of the plan, including records regarding applications, determination of eligibility, the provision of medical assistance, and administrative costs, and statistical, fiscal and other records necessary for reporting and accountability, and retains these records in accordance with Federal requirements. All requirements of 42 CFR 431.17 are met.

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State TEXAS

Citation		
42 CFR 431.18(b) AT-79-29	4.8	Availability of Agency Program Manuals Program manuals and other policy issuances that affect the public, including the Medicaid agency's rules and regulations governing eligibility, need and amount of assistance, recipient rights and responsibilities, and services offered by the agency are maintained in the State office and in each local and district office for examination, upon request, by individuals for review, study, or reproduction. All requirements of 42 CFR 431.18 are met.

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State TEXAS

Citation
42 CFR 433.37
AT-78-90

4.9 Reporting Provider Payments to Internal Revenue Service

There are procedures implemented in accordance with 42 CFR 433.37 for identification of providers of services by social security number or by employer identification number and for reporting the information required by the Internal Revenue Code (26 U.S.C. 6041) with respect to payment for services under the plan.

New: HCFA-PM-99-3
JUNE 1999

State: Texas

Citation	
42 CFR 431.51 AT 78-90 46 FR 48524 48 FR 23212 1902(a)(23) P.L. 100-93 (section 8(f)) P.L. 100-203 (Section 4113)	4.10 Free Choice of Providers (a) Except as provided in paragraph (b), the Medicaid agency assures that an individual eligible under the plan may obtain Medicaid services from any institution, agency, pharmacy person, or organization that is qualified to perform the services, including an organization that provides these services or arranges for their availability on a prepayment basis.
	(b) Paragraph (a) does not apply to services furnished to an individual –
	(1) Under an exception allowed under 42 CFR 431.54, subject to the limitations in paragraph (c), or
	(2) Under a waiver approved under 42 CFR 431.55, subject to the limitations in paragraph (c), or
	(3) By an individual or entity excluded from participation in accordance with section 1902(p) of the Act,
Section 1902(a)(23) Of the Social Security Act P.L. 105-33	(4) By individuals or entities who have been convicted of a felony under Federal or State law and for which the State determines that the offense is inconsistent with the best interests of the individual eligible to obtain Medicaid services, or
Section 1932(a)(1) Section 1905(t)	(5) Under an exception allowed under 42 CFR 438.50 or 42 CFR 440.168, subject to the limitations in paragraph (c).
	(c) Enrollment of an individual eligible for medical assistance in a primary care case management system described in section 1905(t), 1915(a), 1915(b)(1), or 1932(a); or managed care organization, prepaid inpatient health plan, a prepaid ambulatory health plan, or a similar entity shall not restrict the choice of the qualified person from whom the individual may receive emergency services or services under section 1905 (a)(4)(c).

TN # 03-16
Supersedes TN # 99-10

Effective Date 8-13-03
Approval Date 10-17-03

SUPERSEDES: TN 99-10

STATE Texas
DATE REC'D 9-24-03
DATE APPV'D 10-17-03
DATE EFF 8-13-03
HCFA 179 03-16

A

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

State of Texas

Citation	Condition or Requirement
42 CFR 431.610	4.11 Relations with Standard-setting and Survey Agencies

(a) The Department of State Health Services and the Department of Aging and Disability Services, which are the state authorities utilized by the Secretary to determine qualifications of institutions and suppliers of services to participate in Medicare, are responsible for establishing and maintaining health standards for private or public institutions (exclusive of Christian Science sanatoria) that provide services to Medicaid recipients.

(b) The state authority(ies) responsible for establishing and maintaining standards, other than those relating to health, for public or private institutions that provide services to Medicaid recipients is (are): The Department of State Health Services and the Department of Aging and Disability Services.

(c) Attachment 4.11-A describes the standards specified in paragraphs (a) and (b) above, that are kept on file and made available to the Centers for Medicare & Medicaid Services on request.

STATE Texas
DATE REC'D 3-30-12
DATE APPV'D 4-26-12
DATE EFF 3-1-12
HCFA 179 12-01

A

SUPERSEDES: TN- 92-38

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

State of Texas

Citation	Condition or Requirement	
42 CFR 431.610	4.11 (d)	The Department of State Health Services, which is the state agency responsible for licensing health institutions, determines if institutions and agencies meet the requirements for participation in the Medicaid program. The requirements in 42 CFR 431.610(e), (f) and (g) are met.

SUPERSEDES: TN- 77-16

STATE Texas
DATE REC'D 3-30-12
DATE APPV'D 4-26-12
DATE EFF 3-1-12
HCFA 179 12-01
A

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State TEXAS

Citation
42 CFR 431.105(b)
AT-78-90

4.12 Consultation to Medical Facilities

(a) Consultative services are provided by health and other appropriate State agencies to hospitals, nursing facilities, home health agencies, clinics and laboratories in accordance with 42 CFR 431.105(b).

(b) Similar services are provided to other types of facilities providing medical care to individuals receiving services under the programs specified in 42 CFR 431.105(b).

/_/ Yes, as listed below:

/X/ Not applicable. Similar services are not provided to other types of medical facilities.

Revision: HCFA-PM-91-4 (BPD) OMB No.: 0938-
AUGUST 1991

State/Territory: Texas

Citation 4.13 Required Provider Agreement

With respect to agreements between the Medicaid agency and each provider furnishing services under the plan:

42 CFR 431.107 (a) For all providers, the requirements of 42 CFR 431.107 and 42 CFR Part 442, Subparts A and B (if applicable) are met.

42 CFR Part 483 1919 of the Act (b) For providers of NF services, the requirements of 42 CFR Part 483, Subpart B, and section 1919 of the Act are also met.

42 CFR Part 483, Subpart D (c) For providers of ICF/MR services, the requirements of participation in 42 CFR Part 483, Subpart D are also met.

1920 of the Act (d) For each provider that is eligible under the plan to furnish ambulatory prenatal care to pregnant women during a presumptive eligibility period, all the requirements of section 1920(b)(2) and (c) are met.

☐ Not applicable. Ambulatory prenatal care is not provided to pregnant women during a presumptive eligibility period.

STATE Texas
DATE REC'D DEC 11 1991
DATE APPV'D JAN 14 1992
DATE EFF OCT 01 1991
HCFA 179 91-34
A

State/Territory: Texas

Citation
1902 (a)(58)
1902(w)

4.13 (e) For each provider receiving funds under the plan, all the requirements for advance directives of section 1902(w) are met:

(1) Hospitals, nursing facilities, providers of home health care or personal care services, hospice programs, managed care organizations, prepaid inpatient health plans, prepaid ambulatory health plans (unless the PAHP excludes providers in 42 CFR 489.102), and health insuring organizations are required to do the following:

(a) Maintain written policies and procedures with respect to all adult individuals receiving medical care by or through the provider or organization about their rights under State law to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives.

(b) Provide written information to all adult individuals on their policies concerning implementation of such rights;

(c) Document in the individual's medical records whether or not the individual has executed an advance directive;

(d) Not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive;

(e) Ensure compliance with requirements of State Law (whether

SUPERSEDES: TN- 91-31

STATE Texas
DATE REC'D 9-24-03
DATE APPV'D 10-17-03
DATE EFF 8-13-03
HCFA 179 03-16
A

Revision: HCFA-PM-91-9
October 1991

(MB)

OMB No.:

State/Territory: Texas

statutory or recognized by the courts) concerning advance directives; and

(f) Provide (individually or with others) for education for staff and the community on issues concerning advance directives.

(2) Providers will furnish the written information described in paragraph (1)(a) to all adult individuals at the time specified below:

(a) Hospitals at the time an individual is admitted as an inpatient.

(b) Nursing facilities when the individual is admitted as a resident.

(c) Providers of home health care or personal care services before the individual comes under the care of the provider;

(d) Hospice program at the time of initial receipt of hospice care by the individual from the program; and

(e) Managed care organizations, health insuring organizations, prepaid inpatient health plans, and prepaid ambulatory health plans (as applicable) at the time of enrollment of the individual with the organization.

(3) Attachment 4.34A describes law of the State (whether statutory or as Recognized by the courts of the State) concerning advance directives.

_____ Not applicable. No State law or court decision exist regarding advance directives.

SUPERSEDES: TN- 91-31

STATE Texas
DATE REC'D 9-24-03
DATE APPV'D 10-17-03
DATE EFF 8-13-03
HCFA 179 03-16
A

TN # 03-16
Supersedes TN # 91-31

Effective Date 8-13-03
Approval Date 10-17-03

Revision: HCFA-PM-91-10 (MB)
DECEMBER 1991

State/Territory: Texas

Citation
42 CFR 431.60
42 CFR 456.2
50 FR 15312
1902(a)(30)(C) and 1902(d) of the Act, P.L. 99-509 (Section 9431)

4.14 Utilization/Quality Control

(a) A Statewide program of surveillance and utilization control has been implemented that safeguards against unnecessary or inappropriate use of Medicaid services available under this plan and against excess payments, and that assesses the quality of services. The requirements of 42 CFR Part 456 are met:

X Directly

_____ By undertaking medical and utilization review requirements through a contract with a Utilization and Quality Control Peer Review Organization (PRO) designated under 42 CFR Part 462. The contract with the PRO —

(1) Meets the requirements of §434.6(a):

(2) Includes a monitoring and evaluation plan to ensure satisfactory performance;

(3) Identifies the services and providers subject to PRO review;

(4) Ensures that PRO review activities are not inconsistent with the PRO review of Medicare services; and

(5) Includes a description of the extent to which PRO determinations are considered conclusive for payment purposes.

SUPERSEDES: TN- 93-04

STATE Texas	A
DATE REC'D 9-24-03	
DATE APPV'D 10-17-03	
DATE EFF 8-13-03	
HCFA 179 03-16	

1932(c)(2)
and 1902(d) of the
ACT, P.L. 99-509
(section 9431)

X

A qualified External Quality Review Organization performs an annual External Quality Review that meets the requirements of 42 CFR 438 Subpart E for each managed care organization, prepaid inpatient health plan, and health insuring organizations under contract, except where exempted by the regulation

STATE Texas
DATE REC'D 9-24-03
DATE APPV'D 10-17-03
DATE EFF 8-13-03
HCFA 179 03-16

A

SUPERSEDES: NONE - NEW PAGE

TN # 03-16
Supersedes TN #
SUPERSEDES: NONE - NEW PAGE

Effective Date 8-13-03
Approval Date 10-17-03

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

State: Texas

OMB NO. 0938-0193

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.

/X/ 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:

/X/ All hospitals (other than mental hospitals)

/__/ Those specified in the waiver.

/__/ No waivers have been granted.

STATE TX
DATE REC'D SEP 26 1988
DATE APPV'D JAN 05 1989
DATE EFF SEP 01 1988
HCFA 179 88-09
A

Revision: HCFA-PM-85-7 (BERC) OMB NO.: 0938-0193
JULY 1985

State/Territory: Texas

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.

/X/ 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:

/X/ All mental hospitals.

/_/ Those specified in the waiver.

/_/ No waivers have been granted.

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

STATE Texas
DATE REC'D DEC 27 1994
DATE APPV'D AUG 24 1995
DATE EFF NOV 16 1994
HCFA 179 94-30

A

TN No. 94-30
Supersedes
TN No. 85-04

Approval Date AUG 24 1995 Effective Date NOV 16 1994

HCFA ID: 0048P/0002P

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

State: Texas

OMB NO. 0938-0193

Citation		
42 CFR 456.2 50 FR 15312	4.14	(d) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart E, for the control of utilization of skilled nursing facility 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.

/X/ 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 E for:

/X/ All skilled nursing facilities.

/_/ Those specified in the waiver.

/_/ No waivers have been granted.

APPROVED BY DHHS/HCFA/BPO
DATE: MAR 21 1986
TRANSMITTAL NO: 85-4

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

State: Texas

OMB NO. 0938-0193

Citation
42 CFR 456.2
50 FR 15312

4.14 /X/(e) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart F, for control of the utilization of intermediate care facility services. Utilization review in facilities is provided through:

/_/ Facility-based review.

/_/ Direct review by personnel of the medical assistance unit of the State agency.

/_/ Personnel under contract to the medical assistance unit of the State agency.

/_/ Utilization and Quality Control Peer Review Organizations.

/_/ Another method as described in ATTACHMENT 4.14-A.

/X/ Two or more of the above methods. ATTACHMENT 4.14-B describes the circumstances under which each method is used.

/_/ Not applicable. Intermediate care facility services are not provided under this plan.

APPROVED BY DHHS/HCFA/DPO
DATE: MAR 21 1986
TRANSMITTAL NO: 85-4

Revision: HCFA-PM-91-10 (MB)
December 1991

State/Territory: Texas

Citation 4.14 Utilization/Quality Control (Continued)

42 CFR 438.356(e)

For each contract, the State must follow an open, competitive procurement process that is in accordance with State law and regulations and consistent with 45 CFR part 74 as it applies to State procurement of Medicaid services.

42 CFR 438.354
42 CFR 438.356(b) and (d)

The State must ensure that an External Quality Review Organization and its subcontractors performing the External Quality Review or External Quality Review-related activities meets the competence and independence requirements.

___ Not applicable.

TN # 03-16
Supersedes TN # 93-04

Effective Date 8-13-03
Approval Date 10-17-03

STATE Texas
DATE REC'D 9-24-03
DATE APPV'D 10-17-03
DATE EFF 8-13-03
HCFA 179 03-16

A

SUPERSEDES: TN- 93-04

Revision: HCFA-PM-92-2 (HSQB)
March 1992

State/Territory: TEXAS

Citation 4.15 Inspection of Care in Intermediate Care Facilities for the Mentally Retarded, Facilities Providing Inpatient Psychiatric Services for Individuals Under 21, and Mental Hospitals

42 CFR Part 456 Subpart I, and 1902(a)(31) and 1903(g) of the Act

____ The State has contracted with a Peer Review Organization (PRO) to perform inspection of care for:

____ ICFs/MR;

____ Inpatient psychiatric facilities for recipients under age 21; and

____ Mental Hospitals.

42 CFR Part 456 Subpart A and 1902(a)(30) of the Act

X X All applicable requirements of 42 CFR Part 456, Subpart I, are met with respect to periodic inspections of care and services.

____ Not applicable with respect to intermediate care facilities for the mentally retarded services; such services are not provided under this plan.

____ Not applicable with respect to services for individuals age 65 or over in institutions for mental disease; such services are not provided under this plan.

____ Not applicable with respect to inpatient psychiatric services for individuals under age 21; such services are not provided under this plan

STATE Texas
DATE REC'D 9-29-08
DATE APPV'D 6-4-09
DATE EFF 9-1-08
HCFA 179 08-26

A

SUPERSEDES: TN- 94-30

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State TEXAS

Citation
42 CFR 431.615(c)
AT-78-90

4.16 Relations with State Health and Vocational Rehabilitation Agencies and Title V Grantees

The Medicaid agency has cooperative arrangements with State health and vocational rehabilitation agencies and with title V grantees, that meet the requirements of 42 CFR 431.615.

ATTACHMENT 4.16-A describes the cooperative arrangements with the health and vocational rehabilitation agencies.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: TEXAS

Citation
42 CFR 433.36(c)
1902(a)(18) and
1917(a) and (b) of
the Act

4.17 Liens and Adjustments or Recoveries

(a) Liens

___ The State imposes liens against an individual's real property on account of medical assistance paid or to be paid.

The State complies with the requirements of section 1917(a) of the Act and regulations at 42 CFR 433.36(c)-(g) with respect to any lien imposed against the property of an individual prior to his or her death on account of medical assistance paid or to be paid on his or her behalf.

___ The State imposes liens on real property on account of benefits incorrectly paid.

___ The State imposes TEFRA liens 1917(a)(1)(B) on real property of an individual who is an inpatient of a nursing facility, ICF/MR, or other medical institution, where the individual is required to contribute toward the cost of institutional care all but a minimal amount of income required for personal needs.

The procedures by the State for determining that an institutionalized individual cannot reasonably be expected to be discharged are specified in Attachment 4.17-A (NOTE: If the State indicates in its State Plan that it is imposing TEFRA liens, then the State is required to determine whether an institutionalized individual is permanently institutionalized and procedures, and due process requirements.)

___ The State imposes liens on both real and personal property of an individual after the individual's death.

STATE Texas DATE REC'D 5-7-04 DATE APPV'D 9-23-04 DATE EFF 9-1-04 HCFA 179 04-11	A

SUPERSEDES: TN- 88-01

DATE REC'D 6-30-10
DATE APPV'D 1-31-11
DATE EFF 4-1-10
HCFA 179 10-22
A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Texas

(b) Adjustments or Recoveries

The State complies with the requirements of section 1917(b) of the Act and regulations at 42 CFR 433.36(h)-(i).

Adjustments or recoveries for Medicaid claims correctly paid are as follows:

(1) For permanently institutionalized individuals, adjustments or recoveries are made from the individual's estate or upon sale of the property subject to a lien imposed because of medical assistance paid on behalf of the individual for services provided in a nursing facility, ICF-MR, or other medical institution.

___ Adjustments or recoveries are made for all other medical assistance paid on behalf of the individual.

(2) ___ The State determines "permanent institutional status" of individuals under the age of 55 other than those with respect to whom it imposes liens on real property under 1917(a)(1)(B)(even if it does not impose those liens).

(3) For any individual who received medical assistance at age 55 or older, adjustments or recoveries of payments are made from the individual's estate for nursing facility services, home and community based services, and related hospital and prescription drug services.

X In addition to adjustment or recovery of payments for services listed above, payments are adjusted or recovered for other services under the State plan as listed below:

ICF-MR facilities.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Texas

(c) Limitations on Estate Recovery - Medicare Cost Sharing:

(i) Medical assistance for Medicare cost sharing is protected from estate recovery for the following categories of dual eligibles: QMB, SLMB, QI, QDWI, QMB+, SLMB+. This protection extends to medical assistance for four Medicare cost sharing benefits: (Part A and Part B premiums, deductibles, coinsurance, co-payments) with dates of service on or after January 1, 2010. The date of service for deductibles, coinsurance, and co-payments is the date the request for payment is received by the State Medicaid Agency. The date of service for premiums is the date the State Medicaid Agency paid the premium.

(ii) In addition to being a qualified dual eligible the individual must also be age 55 or over. The above protection from estate recovery for Medicare cost sharing benefits (premiums, deductibles, coinsurance, co-payments) applies to approved mandatory (i.e., nursing facility, home and community-based services, and related prescription drugs and hospital services) as well as optional Medicaid services identified in the State plan, which are applicable to the categories of duals referenced above.

STATE Texas
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Texas

Citation (s)

_____ The State disregards assets or resources for individuals who receive or are entitled to receive benefits under a long term care insurance policy as provided for in Attachment 2.6-A, Supplement 8b.

_____ The State adjusts or recovers from the individual's estate on account of all medical assistance paid for nursing facility and other long term care services provided on behalf of the individual. (States other than California, Connecticut, Indiana, Iowa, and New York which provide long term care insurance policy-based asset and resource disregard must select this entry. These five States may either check this entry or one of the following entries.)

_____ The State does not adjust or recover from the individual's estate on account of any medical assistance paid for nursing facility or other long term care services provided on behalf of the individual.

__X__ The State adjusts or recovers from the assets or resources on account of medical assistance paid for nursing facility or other long term care services provided on behalf of the individual to the extent described below:

A Medicaid Estate Recovery claim may be filed against the estate of a deceased Medicaid recipient for covered Medicaid services when the recipient:
(1) Was aged 55 years or older at the time the services were received; and
(2) Applied for and was approved, and accessed covered long-term care services on or after the effective date of these rules.

1917(b)(1)(c) __X__ If an individual covered under a long-term care insurance policy received benefits for which assets or resources were disregarded as provided for in Attachment 2.6-A, Supplement 8c (State Long-Term Care Insurance Partnership), the State does not seek adjustment or recovery from the individual's estate for the amount of assets or resources disregarded.

Revision: **HCFA-PM-95-3** **(MB)**
May 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: TEXAS

(c) Adjustments or Recoveries: Limitations

The State complies with the requirements of section 1917 (b)(2) of the Act and regulations at 42 CFR §433.36(h)-(i).

(1) Adjustment or recovery of medical assistance correctly paid will be made only after the death of the individual's surviving spouse, and only when the individual has no surviving child who is either under age 21, blind, or disabled.

(2) With respect to liens on the home of any individual who the State determines is permanently institutionalized and who must as a condition of receiving services in the institution apply their income to the cost of care, the State will not seek adjustment or recovery of medical assistance correctly paid on behalf of the individual until such time as none of the following individuals are residing in the individual's home:

(a) a sibling of the individual (who was residing in the individual's home for at least one year immediately before the date that the individual was institutionalized), or

(b) a child of the individual (who was residing in the individual's home for at least two years immediately before the date that the individual was institutionalized) who establishes to the satisfaction of the State that the care the child provided permitted the individual to reside at home rather than become institutionalized.

(3) No money payments under another program are reduced as a means of adjusting or recovering Medicaid claims incorrectly paid.

STATE Texas
DATE REC'D 5-7-04
DATE APPV'D 9-23-04
DATE EFF 9-1-04
HCFA 179 04-11

A

SUPERSEDES: NONE - NEW PAGE

SUPERSEDES: NONE - NEW PAGE

Revision: **HCFA-PM-95-3** **(MB)**
May 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: TEXAS

(d) ATTACHMENT 4.17-A

(1) Specifies the procedures for determining that an institutionalized individual cannot reasonably be expected to be discharged from the medical institution and return home. The description of the procedure meets the requirements of 42 CFR 433.36(d).

(2) Specifies the criteria by which a son or a daughter can establish that he or she has been providing care, as specified under 42 CFR 433.36(f).

(3) Defines the following terms:

- estate (at minimum, estate as defined under State probate law). Except for the grandfathered States listed in Section 4.17(b)(3), if the State provides a disregard for assets or resources for any individual who received or is entitled to receive benefits under a long term care insurance policy, the definition of estate must include all real, personal property, and assets of an individual (including any property or assets in which the individual had any legal title or interest at the time of death to the extent of the interest and also including the assets conveyed through devices such as joint tenancy, life estate, living trust, or another arrangement),
- individual's home
- equity interest in the home,
- residing in the home for at least 1 or 2 years,
- on a continuous,
- discharge from the medical institution and return home,
- lawfully residing.

STATE Texas
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SUPERSEDES: NONE - NEW PAGE

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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(4) Describe the standards and procedures for waiving estate recovery when it would cause undue hardship.

(5) Defines when adjustment or recovery is not cost effective. Defines cost-effective and includes methodology or thresholds used to determine cost-effectiveness.

(6) Describes collection procedures. Includes advance notice requirements, specifies the method for applying for a waiver, hearing and appeals procedures, and the time frames involved.

STATE Texas
DATE REC'D 5-7-04
DATE APPV'D 9-23-04
DATE EFF 9-1-04
HCFA 179 04-11
A

SUPERSEDES: NONE - NEW PAGE

SUPERSEDES: NONE - NEW PAGE

Revision: HCFA-AT-91-4(BPD)
AUGUST 1991

OMB No.: 0938-

State/Territory: Texas

Citation		
42 CFR 447.51 through 447.58	4.18 (a)	Recipient Cost Sharing and Similar Charges * Unless a waiver under 42 CFR 431.55(g) applies, deductibles, coinsurance rates, and copayments do not exceed the maximum allowable charges under 42 CFR 447.54.*
1916(a) and (b) of the Act	(b)	Except as specified in items 4.18(b)(4), (5), and (6) below, with respect to individuals covered as categorically needy or as qualified Medicare beneficiaries (as defined in section 1905(p)(1) of the Act) under the plan:

(1) No enrollment fee, premium, or similar charge is imposed under the plan.

(2) No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following:

(i) Services to individuals under age 18, or under—

[ ] Age 19

[ ] Age 20

[X] Age 21

Reasonable categories of individuals who are age 18 or older, but under age 21, to whom charges apply are listed below, if applicable.

(ii) Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.

STATE TPXQ3
DATE REC'D 9-24-03
DATE APPV'D 10-17-03
DATE EFF 8-13-03
HCFA 179 03-16
A

SUPERSEDES: TN- 03-15

* For Categorically Needy and Medically Needy eligibles, no cost sharing or similar charges are imposed under the State Plan.

TN # 03-16
Supersedes TN # 03-15

Effective Date 8-13-03
Approval Date 10-17-03

Revision: HCFA-PM-91-4 AUGUST 1991 (BPD) OMB No.: 0938-

State/Territory: Texas

Citation 4.18(b)(2)* (Continued)

42 CFR 447.51 through 447.58

(iii) All services furnished to pregnant women. women.

[ ] Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.

(iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution to spend for medical care costs all but a minimal amount of his or her income required for personal needs.

(v) Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).

(vi) Family planning services and supplies furnished to individuals of childbearing age.

(vii) Services furnished by a managed care organization, health insuring organization, prepaid inpatient health plan, or prepaid ambulatory health plan in which the individual is enrolled, unless they meet the requirements of 42 CFR 447.60.

42 CFR 438.108
42 CFR 447.60

[ ] Managed care enrollees are charged deductibles, coinsurance rates, and copayments in an amount equal to the State Plan service cost-sharing.

[X] Managed care enrollees are not charged deductibles, coinsurance rates, and copayments.

1916 of the Act, P.L. 99-272, (Section 9505)

(viii) Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.

STATE Texas
DATE REC'D 9-24-03
DATE APPV'D 10-17-03
DATE EFF 8-13-03
HCFA 179 03-16
A

SUPERSEDES: TN- 03-15

* For Categorically Needy and Medically Needy eligibles, no cost sharing or similar charges are imposed under the State Plan.

Revision: HCFA-PM-91-4 (BPD) OMB No.: 0938-

State/Territory: Texas

Citation 4.18(b) (Continued)

42 CFR 447.51 nominal through 447.58

(3) Unless a waiver under 42 CFR 431.55(g) applies, deductible, coinsurance, copayment, or similar charges are imposed for services that are not excluded from such charges under item (b)(2) above.

☒ Not applicable. No such charges are imposed.

(i) For any service, no more than one type of charge is imposed.

(ii) Charges apply to services furnished to the following age groups:

☐ 18 or older

☐ 19 or older

☐ 20 or older

☐ 21 or older

☐ Charges apply to services furnished to the following reasonable categories of individuals listed below who are 18 years of age or older but under age 21.

STATE Texas
DATE REC'D 6-4-03
DATE APPV'D 8-1-03
DATE EFF 4-1-03
HCFA 179 TX 03-08

A

SUPERSEDES: TN- 02-15

Revision: HCFA-PM-91-4 (BPD) OMB No.: 0938-
AUGUST 1991

State/Territory: Texas

Citation
42 CFR 447.51
through 447.58

4.18(b)(3) (Continued)

(iii) For the categorically needy and qualified Medicare beneficiaries, ATTACHMENT 4.18-A specifies the:

(A) Service(s) for which a charge(s) is applied;

(B) Nature of the charge imposed on each service;

(C) Amount(s) of and basis for determining the charge(s);

(D) Method used to collect the charge(s);

(E) Basis for determining whether an individual is unable to pay the charge and the means by which such an individual is identified to providers;

(F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and

(G) Cumulative maximum that applies to all deductible, coinsurance or copayment charges imposed on a specified time period.

☐ Not applicable. There is no maximum.

STATE Texas
DATE REC'D DEC 11 1991
DATE APPV'D JAN 14 1992
DATE EFF OCT 01 1991
HCFA 179 91-34
A

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State/Territory: Texas

Citation		
1916(c) of the Act	4.18(b)(4) ☑	A monthly premium is imposed on pregnant women and infants who are covered under section 1902(a)(10)(A)(ii)(IX) of the Act and whose income equals or exceeds 150 percent of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(c) of the Act are met. ATTACHMENT 4.18-D specifies the method the State uses for determining the premium and the criteria for determining what constitutes undue hardship for waiving payment of premiums by recipients.
1902(a)(52) and 1925(b) of the Act	4.18(b)(5) ☑	For families receiving extended benefits during a second 6-month period under section 1925 of the Act, a monthly premium is imposed in accordance with sections 1925(b)(4) and (5) of the Act.
1916(d) of the Act	4.18(b)(6) ☑	A monthly premium, set on a sliding scale, imposed on qualified disabled and working individuals who are covered under section 1902(a)(10)(E)(ii) of the Act and whose income exceeds 150 percent (but does not exceed 200 percent) of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(d) of the Act are met. ATTACHMENT 4.18-E specifies the method and standards the State uses for determining the premium.

TN No. 91-34
Supersedes Approval Date JAN 14 1992 Effective Date OCT 01 1991
TN No. 90-25, pg 56a, item (b)(4)
90-32, pg 56(g)

HCFA ID: 7982E

STATE Texas
DATE REC'D DEC 11 1991
DATE APPV'D JAN 14 1992
DATE EFF OCT 01 1991
HCFA 179 91-34

A

Revision: HCFA-PM-91-4 (BPD)
August 1991

OMB No.: 0938-

State/Territory: Texas

Citation		
	4.18(c) ☒	Individuals are covered as medically needy under the plan.
42 CFR 447.51 through 447.58	(1) ☐	An enrollment fee, premium or similar charge is imposed. ATTACHMENT 4.18-B specifies the amount of and liability period for such charges subject to the maximum allowable charges in 42 CFR 447.52(b) and defines the State's policy regarding the effect on recipients of non-payment of the enrollment fee, premium, or similar charge.
447.51 through 447.58	(2)	No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following:

(i) Services to individuals under age 18, or under --

☐ Age 19

☐ Age 20

☐ Age 21

Reasonable categories of individuals who are age 18, but under age 21, to whom charges apply are listed below, if applicable:

STATE Texas
DATE REC'D 6-4-03
DATE APPV'D 8-1-03
DATE EFF 4-1-03
HCFA 179 TX 03-08

A

SUPERSEDES: TN- 02-15

Revision: HCFA-PM-91- 4 (BPD) AUGUST 1991 OMB No.: 0938-

State/Territory: Texas

Citation 4.18 (c)(2) (Continued)

42 CFR 447.51 through 447.58

(ii) Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.

(iii) All services furnished to pregnant women.

/_/ Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.

(iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his income required for personal needs.

(v) Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).

(vi) Family planning services and supplies furnished to individuals of childbearing age.

1916 of the Act, P.L. 99-272 (Section 9505)

(vii) Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.

447.51 through 447.58

(viii) Services provided by a health maintenance organization (HMO) to enrolled individuals.

XXX Not applicable. No such charges are imposed.

TN No. 91-34
Supersedes Approval Date JAN 14 1992 Effective Date OCT 01 1991
TN No. ~~86-24, pg 56c, item (c)(2)(ii)~~
86-23, pg 56d
86-24, pg 56e, item (c)(2)(viii)

HCFA ID: 7982E

STATE Texas
DATE REC'D DEC 11 1991
DATE APPV'D JAN 14 1992
DATE EFF OCT 01 1991
HCFA 179 91-34

A

Revision: HCFA-PM-91-4 (BPD) OMB No.: 0938-

State/Territory: Texas

Citation 4.18(c) (Continued)

(3) Unless a waiver under 42 CFR 431.55(g) applies, nominal deductible, coinsurance, copayment, or similar charges are imposed on services that are not excluded from such charges under item (b)(2) above.

☒ Not applicable. No such charges are imposed.

(i) For any service, no more than one type of charge is imposed.

(ii) Charges apply to services furnished to the following age group:

☐ 18 or older

☐ 19 or older

☐ 20 or older

☐ 21 or older

Reasonable categories of individuals who are 18 years of age or older, but under 21, to whom charges apply are listed below, if applicable:

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DATE REC'D 6-4-03
DATE APPV'D 8-1-03
DATE EFF 4-1-03
HCFA 179 TX 03-08

A

SUPERSEDES: TN- 02-15

State/Territory: Texas

Citation		
	4.18(c)(3) (Continued)	
447.51 through 447.58		(iii) For the medically needy, and other optional groups, ATTACHMENT 4.18-C specifies the:
		(A) Service(s) for which charge(s) is applied;
		(B) Nature of the charge imposed on each service;
		(C) Amount(s) of and basis for determining the charge(s);
		(D) Method used to collect the charge(s);
		(E) Basis for determining whether an individual is unable to pay the charge(and the means by which such an individu is identified to providers;
		(F) Procedures for implementing and enforci the exclusions from cost sharing contained in 42 CFR 447.53(b); and
		(G) Cumulative maximum that applies to all deductible, coinsurance, or copayment charges imposed on a family during a specified time period.
		☐ Not applicable. There is no maximum
447.57	4.18(d)	The Medicaid agency does not increase the payment it makes to any provider to offset uncollected amounts for deductibles, co-insurance, copayments or similar charges that the provider has waived or are uncollectable, except as permitted under 42 CFR 447.57(b).

STATE Texas
DATE REC'D 11-9-92
DATE APPR'D 11-13-92
DATE EFF 10-10-92
HCFA ID 92-43

A

Revision: HCFA Region VI
July 1990

STATE TEXAS

Citation(s)	4.18 (d)	
1916 of the Act. Section 6408(d)(3) of P.L. 101-239	_____	For qualified disabled working individuals (QDWI's) whose income exceeds 150 percent of the Federal income poverty level, the State imposes a premium expressed as a percentage of the Medicare cost sharing described in Section 1905 (p)(3)(A)(i), according to a sliding scale, in reasonable increments, as the individual's income increases between 150 and 200 percent of the Federal income poverty level.

STATE Texas
DATE REC'D SEP 26 1990
DATE APPV'D OCT 16 1990
DATE EFF JUL - 1 1990
HCFA 179 90-32

A

TN No. 90-32
Supersedes
TN No. New Page

Approval Date OCT 16 1990 Effective Date JUL - 1 1990

Revision: HCFA-PM-91- 4 (BPD) OMB No.: 0938-
AUGUST 1991

State/Territory: Texas

Citation 4.19 Payment for Services

42 CFR 447.252
1902(a)(13)
and 1923 of
the Act

Section 1902(e)(7)

(a) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, and sections 1902(a)(13) and 1923 of the Act with respect to payment for inpatient hospital services.

ATTACHMENT 4.19-A describes the methods and standards used to determine rates for payment for inpatient hospital services.

/_/ Inappropriate level of care days are covered and are paid under the State plan at lower rates than other inpatient hospital services, reflecting the level of care actually received, in a manner consistent with section 1861(v)(1)(G) of the Act.

XXX Inappropriate level of care days are not covered.

STATE Texas
DATE REC'D DEC 11 1991
DATE APPV'D JAN 14 1992
DATE EFF OCT 01 1991
HCFA 179 91-34
A

Revision: HCFA-PM-93- 6 (MB) OMB No.: 0938-
August 1993

State/Territory: Texas

Citation		
42 CFR 447.201 42 CFR 447.302 52 FR 28648 1902(a)(13)(E) 1903(a)(1) and (n), 1920, and 1926 of the Act	4.19(b)	In addition to the services specified in paragraphs 4.19(a), (d), (k), (l), and (m), the Medicaid agency meets the following requirements: (1) Section 1902(a)(13)(E) of the Act regarding payment for services furnished by Federally qualified health centers (FQHCs) under section 1905(a)(2)(C) of the Act. The agency meets the requirements of section 6303 of the State Medicaid Manual (HCFA-Pub. 45-6) regarding payment for FQHC services. ATTACHMENT 4.19-B describes the method of payment and how the agency determines the reasonable costs of the services (for example, cost-reports, cost or budget reviews, or sample surveys). (2) Sections 1902(a)(13)(E) and 1926 of the Act, and 42 CFR Part 447, Subpart D, with respect to payment for all other types of ambulatory services provided by rural health clinics under the plan. ATTACHMENT 4.19-B describes the methods and standards used for the payment of each of these services except for inpatient hospital, nursing facility services and services in intermediate care facilities for the mentally retarded that are described in other attachments.
1902(a)(10) and 1902(a)(30) of the Act		SUPPLEMENT 1 to ATTACHMENT 4.19-B describes general methods and standards used for establishing payment for Medicare Part A and B deductible/coinsurance.

STATE Texas
DATE REC'D SEP 16 1993
DATE APPV'D OCT 01 1993
DATE EFF AUG 01 1993
HCFA 179 93-31

A

G.P.O.:1993-342-139:80149

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State TEXAS

Citation		
42 CFR 447.40 AT-78-90	4.19(c)	Payment is made to reserve a bed during a recipient's temporary absence from an inpatient facility.

[X] **Yes.** The State's policy is described in ATTACHMENT 4.19-C.

[ ] No.

Revision: HCFA - Region VI
November 1990

State/Territory: TEXAS

Citation	4.19 (d)
42 CFR 447.252 47 FR 47964 48 FR 56046 42 CFR 447.280 47 FR 31518 52 FR 28141 Section 1902(a)(13)(A) of Act (Section 4211 (h)(2)(A) of P.L. 100-203).	(1) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, with respect to payments for nursing facility services and intermediate care facility services for the mentally retarded. ATTACHMENT 4.19-D describes the methods and standards used to determine rates for payment for nursing facility services and intermediate care facility services for the mentally retarded. (2) The Medicaid agency provides payment for routine nursing facility services furnished by a swing-bed hospital. [ ] At the average rate per patient day paid to NFs for routine services furnished during the previous calendar year. [X] At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable. [ ] Not applicable. The agency does not provide payment for NF services to a swing-bed hospital.

STATE Texas
DATE REC'D DEC 31 1990
DATE APPV'D MAR 28 1991
DATE EFF OCT - 1 1990
HCFA 179 90-30

A

TN No. 90-30
Supersedes
TN No. 90-29

Approval Date MAR 28 1991 Effective Date OCT - 1 1990

Revision: HCFA-Region VI
March 1991

State TEXAS

Citation		
42 CFR 447.45 AT-79-50 Sec. 1915(b)(4), (Sec. 4742 of P.L. 101-508)	4.19(e)	The Medicaid agency meets all requirements of 42 CFR 447.45 for timely payment of claims. ATTACHMENT 4.19-E specifies, for each type of service, the definition of a claim for purposes of meeting these requirements.

Revision: HCFA-PM-87-4 (BERC) OMB No.: 0938-0193
MARCH 1987

State/Territory: Texas

Citation		
42 CFR 447.15 AT-78-90 AT-80-34 48 FR 5730	4.19 (f)	The Medicaid agency limits participation to providers who meet the requirements of 42 CFR 447.15. No provider participating under this plan may deny services to any individual eligible under the plan on account of the individual's inability to pay a cost sharing amount imposed by the plan in accordance with 42 CFR 431.55(g) and 447.53. This service guarantee does not apply to an individual who is able to pay, nor does an individual's inability to pay eliminate his or her liability for the cost sharing change.

STATE TX DATE REC'D 6-30-87 DATE APPV'D 8-14-87 DATE EFF See HCFA-179 HCFA 179 87-10	A

TN No. 87-10
Supersedes
TN No. 83-5

Approval Date 8-14-87

Effective Date See HCFA-179

HCFA ID: 1010P/0012P

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State TEXAS

Citation		
42 CFR 447.201 42 CFR 447.202 AT-78-90	4.19(g)	The Medicaid agency assures appropriate audit of records when payment is based on costs of services or on a fee plus cost of materials.

Revision: HCFA-AT-80-60 (BPP)
August 12, 1980

State TEXAS

Citation		
42 CFR 447.201 42 CFR 447.203 AT-78-90	4.19(h)	The Medicaid agency meets the requirements of 42 CFR 447.203 for documentation and availability of payment rates.

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State TEXAS

Citation		
42 CFR 447.201 42 CFR 447.204 AT-78-90	4.19(i)	The Medicaid agency's payments are sufficient to enlist enough providers so that services under the plan are available to recipients at least to the extent that those services are available to the general population.

Revision: HCFA-PM-91-4 (BPD) OMB No: 938-August 1991

State: Texas

Citation

42 CFR 447.201 And 447.205

4.19 (j) The Medicaid agency meets the requirements of 42 CFR 447.205 for public notice of any changes in statewide method or standards for setting payment rates.

In addition, the Medicaid agency meets the requirements of Human Resources Code §32.0282 and Title 1 of the Texas Administrative Code (TAC) §355. 105(e)-(g), which require public notice and hearings on proposed Medicaid reimbursements.

1903 (v) of the Act

(k) The Medicaid agency meets the requirements of section 1903(v) of the Act with respect to payment for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. Payment is made only for care and services that are necessary for the treatment of an emergency medical condition, as defined in section 1903 (v) of the Act.

SUPERSEDES: TN 91-34

STATE Texas
DATE REC 3-31-06
DATE APPV'D 10-3-08
DATE EFF 1-1-06
HCFA 179 06-08

A

State/Territory: Texas

Page 66(a) (TN 06-008) was deleted by TN 14-012

State: Texas
Date Received: 4 June, 2014
Date Approved: 19 June, 2014
Date Effective: 1 April, 2014
Transmittal Number: 14-12

State/Territory: Texas

Citation

4.19(m) Medicaid Reimbursement for Administration of Vaccines under the Pediatric Immunization Program

§1928(c)(2)(C)(ii) of The Act

(i) A provider may impose a charge for the administration of a qualified pediatric vaccine as stated in 1928(c)(2)(C)(ii) of the Act. Within this overall provision, Medicaid reimbursement to providers **will** be administered as follows.

(ii) The State:

____sets a payment rate at the level of the regional maximum established by the DHHS Secretary.

____is a Universal Purchase State and sets a payment rate at the level of the regional maximum established in accordance with State law.

_XX_sets a payment rate below the level of the regional maximum established by the DHHS Secretary.

____is a Universal Purchase State and sets a payment rate below the level of the regional maximum established by the Universal Purchase State.

The state pays the following rate for the administration of a vaccine:

$ 13.75

Medicaid beneficiary access to immunizations is assured through the following methodology:

§1926 of The Act

Not applicable

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State TEXAS

Citation
42 CFR 447.25(b)
AT-78-90

4.20 Direct Payments to Certain Recipients for Physicians' or Dentists' Services

Direct payments are made to certain recipients as specified by, and in accordance with, the requirements of 42 CFR 447.25.

/_/ Yes, for /_/ physicians' services

/_/ dentists' services

ATTACHMENT 4.20-A specifies the conditions under which such payments are made.

/X/ Not applicable. No direct payments are made to recipients.

State Texas

Citation	4.21	Prohibition Against Reassignment of Provider Claims
42 CFR 447.10(c) AT-78-90 46 FR 42699 SSA §1902(a)(32)		Payment for Medicaid services furnished by any provider under this plan is made in accordance with the requirements of 42 CFR 447.10 and Social Security Act §1902(a)(32).

State: Texas
Date Received: 30 September, 2014
Date Approved: 29 October, 2014
Date Effective: 14 July, 2014
Transmittal Number: TX 14-30

Revision: HCFA-PM-94-1 (MB)
FEBRUARY 1994

State/Territory: Texas

Citation

4.22 Third Party Liability

42 CFR 433.137

(a) The Medicaid agency meets all requirements of:

(1) 42 CFR 433.138 and 433.139.
(2) 42 CFR 433.145 through 433.148.
(3) 42 CFR 433.151 through 433.154.
(4) Sections 1902(a)(25)(H) and (I) of the Act.

1902(a)(25)(H) and (I) of the Act

42 CFR 433.138(f)

(b) ATTACHMENT 4.22-A --

(1) Specifies the frequency with which the data exchanges required in §433.138(d)(1), (d)(3) and (d)(4) and the diagnosis and trauma code edits required in §433.138(e) are conducted;

42 CFR 433.138(g)(1)(ii) and (2)(ii)

(2) Describes the methods the agency uses for meeting the followup requirements contained in §433.138(g)(1)(i) and (g)(2)(i);

42 CFR 433.138(g)(3)(i) and (iii)

(3) Describes the methods the agency uses for following up on information obtained through the State motor vehicle accident report file data exchange required under §433.138(d)(4)(ii) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the followup that identifies legally liable third party resources; and

42 CFR 433.138(g)(4)(i) through (iii)

(4) Describes the methods the agency uses for following up on paid claims identified under §433.138(e) (methods include a procedure for periodically identifying those trauma codes that yield the highest third party collections and giving priority to following up on those codes) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the followup that identifies legally liable third party resources.

TEXAS
11-4-94
12-9-94
10-1-94
94-29
A

TN No. 94-29
Supersedes Approval Date 12/9/94 Effective Date 10/1/94
TN No. 90-22

Revision: HCFA-PM-94-1 (MB)
FEBRUARY 1994

State/Territory: Texas

Citation

42 CFR 433.139(b)(3)(ii)(A) XX (c) Providers are required to bill liable third parties when services covered under the plan are furnished to an individual on whose behalf child support enforcement is being carried out by the State IV-D agency.

(d) ATTACHMENT 4.22-B specifies the following:

42 CFR 433.139(b)(3)(ii)(C) (1) The method used in determining a provider's compliance with the third party billing requirements at §433.139(b)(3)(ii)(C).

42 CFR 433.139(f)(2) (2) The threshold amount or other guideline used in determining whether to seek recovery of reimbursement from a liable third party, or the process by which the agency determines that seeking recovery of reimbursement would not be cost effective.

42 CFR 433.139(f)(3) (3) The dollar amount or time period the State uses to accumulate billings from a particular liable third party in making the decision to seek recovery of reimbursement.

42 CFR 447.20 (e) The Medicaid agency ensures that the provider furnishing a service for which a third party is liable follows the restrictions specified in 42 CFR 447.20.

STATE Texas
DATE REC'D 11-4-94
DATE APPV'D 12-9-94
DATE EFF 10-01-94
HCFA 179 94-29
A

TN No. 94-29
Supersedes TN No. 91-22 Approval Date 12/9/94 Effective Date 10/1/94

Revision: HCFA-PM-94-1 (MB)
FEBRUARY 1994

State/Territory: Texas

Citation

4.22 (continued)

42 CFR 433.151(a)

(f) The Medicaid agency has written cooperative agreements for the enforcement of rights to and collection of third party benefits assigned to the State as a condition of eligibility for medical assistance with the following: (Check as appropriate.)

XX State title IV-D agency. The requirements of 42 CFR 433.152(b) are met.

___ Other appropriate State agency(s)--

___ Other appropriate agency(s) of another State--

___ Courts and law enforcement officials.

1902(a)(60) of the Act

(g) The Medicaid agency assures that the State has in effect the laws relating to medical child support under section 1908 of the Act.

1906 of the Act

(h) The Medicaid agency specifies the guidelines used in determining the cost effectiveness of an employer-based group health plan by selecting one of the following.

___ The Secretary's method as provided in the State Medicaid Manual, Section 3910.

XX The State provides methods for determining cost effectiveness on ATTACHMENT 4.22-C.

Texas
DATE RECD 11-4-94
DATE APPVD 12-9-94
10-1-94
94-29
A

TN No. 94-29
Supersedes Approval Date 12/9/94 Effective Date 10/1/94
TN No. 92-03

Revision: HCFA-AT-84-2 (BERC)
01-84

State/Territory: Texas

Citation	4.23	Use of Contracts
42 CFR 434.4 48 FR 54013		The Medicaid agency has contracts of the type(s) listed in 42 CFR Part 434. All contracts meet the requirements of 42 CFR Part 434.
		/_/ Not applicable. The State has no such contracts.
42 CFR Part 438		The Medicaid agency has contracts of the type(s) listed in 42 CFR Part 438. All contracts meet the requirements of 42 CFR Part 438. Risk contracts are procured through an open, competitive procurement process that is consistent with 45 CFR Part 74. The risk contract is with (check all that apply):
		X a Managed Care Organization that meets the definition of 1903(m) of the Act and 42 CFR 438.2
		X a Prepaid Inpatient Health Plan that meets the definition of 42 CFR 438.2
		___ a Prepaid Ambulatory Health Plan that meets the definition of 42 CFR 438.2.
		___ Not applicable.

STATE Texas
DATE REC'D 9-24-03
DATE APPV'D 10-17-03
DATE EFF 8-13-03
HCFA 179 03-16

A

SUPERSEDES: TN- 84-05

TN # 03-16
Supersedes TN # 84-05

Effective Date 8-13-03
Approval Date 10-17-03

Revision: HCFA-PM-94-2 (BPD)
APRIL 1994

State/Territory: Texas

Citation		
42 CFR 442.10 and 442.100 AT-78-90 AT-79-18 AT-80-25 AT-80-34 52 FR 32544 P.L 100-203 (Sec. 4211) 54 FR 5316 56 FR 48826	4.24	Standards for Payments for Nursing Facility and Intermediate Care Facility for the Mentally Retarded Services With respect to nursing facilities and intermediate care facilities for the mentally retarded, all applicable requirements of 42 CFR Part 442, Subparts B and C are met. ___ Not applicable to intermediate care facilities for the mentally retarded; such services are not provided under this plan.

STATE Texas
DATE REC'D 4-18-94
DATE APPV'D 5-5-94
DATE EFF 4-1-94
HCFA 179 94-16

A

No. 94-16 TN
Supersedes Approval Date 5/5/94 Effective Date 4/1/94
TN No. 89-06

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State TEXAS

Citation
42 CFR 431.702
AT-78-90

4.25 Program for Licensing Administrators of Nursing Homes

The State has a program that, except with respect to Christian Science sanatoria, meets the requirements of 42 CFR Part 431, Subpart N, for the licensing of nursing home administrators.

Revision: HCFA-PM-93-3 (MB)

State/Territory: Texas

Citation

1927(g)
42 CFR 456.700

4.26 Drug Utilization Review Program

A.1. The Medicaid agency meets the requirements of Section 1927(g) of the Act for a drug use review (DUR) program for outpatient drug claims.

1927(g)(1)(A)

2. The DUR program assures that prescriptions for outpatient drugs are:

-Appropriate
-Medically necessary
-Are not likely to result in adverse medical results

1927(g)(1)(a)
42 CFR 456.705(b) and
456.709(b)

B. The DUR program is designed to educate physicians and pharmacists to identify and reduce the frequency of patterns of fraud, abuse, gross overuse, or inappropriate or medically unnecessary care among physicians, pharmacists, and patients or associated with specific drugs as well as:

-Potential and actual adverse drug reactions
-Therapeutic appropriateness
-Overutilization and underutilization
-Appropriate use of generic products
-Therapeutic duplication
-Drug disease contraindications
-Drug-drug interactions
-Incorrect drug dosage or duration of drug treatment
-Drug-allergy interactions
-Clinical abuse/misuse

1927(g)(1)(B)
42 CFR 456.703
(d)and(f)

C. The DUR program shall assess data use against predetermined standards whose source materials for their development are consistent with peer-reviewed medical literature which has been critically reviewed by unbiased independent experts and the following compendia:

-American Hospital Formulary Service Drug Information
-United States Pharmacopeia-Drug Information
-American Medical Association Drug Evaluations

STATE Texas
DATE REC'D APR 30 1993
DATE APPV'D MAY 24 1993
DATE EFF APR - 1 1993
HCFA 179 93-13

A

Revision: HCFA-PM-93-3 (MB)

State/Territory: Texas

Citation		
1927(g)(1)(D) 42 CFR 456.703(b)	D.	DUR is not required for drugs dispensed to residents of nursing facilities that are in compliance with drug regimen review procedures set forth in 42 CFR 483.60. The State has never-the-less chosen to include nursing home drugs in: ___ Prospective DUR XXX Retrospective DUR.
1927(g)(2)(A) 42 CFR 456.705(b)	E.1.	The DUR program includes prospective review of drug therapy at the point of sale or point of distribution before each prescription is filled or delivered to the Medicaid recipient.
1927(g)(2)(A)(i) 42 CFR 456.705(b), (1)-(7))	2.	Prospective DUR includes screening each prescription filled or delivered to an individual receiving benefits for potential drug therapy problems due to: -Therapeutic duplication -Drug-disease contraindications -Drug-drug interactions -Drug-interactions with non-prescription or over-the-counter drugs -Incorrect drug dosage or duration of drug treatment -Drug allergy interactions -Clinical abuse/misuse
1927(g)(2)(A)(ii) 42 CFR 456.705 (c) and (d)	3.	Prospective DUR includes counseling for Medicaid recipients based on standards established by State law and maintenance of patient profiles.
1927(g)(2)(B) 42 CFR 456.709(a)	F.1.	The DUR program includes retrospective DUR through its mechanized drug claims processing and information retrieval system or otherwise which undertakes ongoing periodic examination of claims data and other records to identify: -Patterns of fraud and abuse -Gross overuse -Inappropriate or medically unnecessary care among physicians, pharmacists, Medicaid recipients, or associated with specific drugs or groups of drugs.

STATE Texas
DATE REC'D APR 30 1993
DATE APPV'D MAY 24 1993
DATE EFF APR - 1 1993
HCFA 179 93-13
A

TN No. 93-13
Supersedes TN No. 92-40 Approval Date MAY 24 1993 Effective Date APR - 1 1993

State/Territory: Texas

Citation		
927(g)(2)(C) 42 CFR 456.709(b)	F.2.	The DUR program assesses data on drug use against explicit predetermined standards including but not limited to monitoring for: -Therapeutic appropriateness -Overutilization and underutilization -Appropriate use of generic products -Therapeutic duplication -Drug-disease contraindications -Drug-drug interactions -Incorrect drug dosage/duration of drug treatment -Clinical abuse/misuse
1927(g)(2)(D) 42 CFR 456.711	3.	The DUR program through its State DUR Board, using data provided by the Board, provides for active and ongoing educational outreach programs to educate practitioners on common drug therapy problems to improve prescribing and dispensing practices.
1927(g)(3)(A) 42 CFR 456.716(a)	G.1.	The DUR program has established a State DUR Board either: XXX Directly, or ___ Under contract with a private organization
1927(g)(3)(B) 42 CFR 456.716 (A) AND (B)	2.	The DUR Board membership includes health professionals (one-third licensed actively practicing pharmacists and one-third but no more than 51 percent licensed and actively practicing physicians) with knowledge and experience in one or more of the following: - Clinically appropriate prescribing of covered outpatient drugs. - Clinically appropriate dispensing and monitoring of covered outpatient drugs. - Drug use review, evaluation and intervention. - Medical quality assurance.
927(g)(3)(C) 42 CFR 456.716(d)	3.	The activities of the DUR Board include: - Retrospective DUR, - Application of Standards as defined in section 1927(g)(2)(C), and - Ongoing interventions for physicians and pharmacists targeted toward therapy problems or individuals identified in the course of retrospective DUR.

STATE Texas
DATE REC'D APR 30 1993
DATE APPV'D MAY 24 1993
DATE EFF APR - 1 1993
HCFA 179 93-13

A

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State TEXAS

Citation		
42 CFR 431.115(c) AT-78-40 AT 79-74	4.27	Disclosure of Survey Information and Provider or Contractor Evaluation The Medicaid agency has established procedures for disclosing pertinent findings obtained from surveys and provider and contractor evaluations that meet all the requirements in 42 CFR 431.115.

TN # 79-23
Supersedes
TN #

Approval Date 1-15-80

Effective Date 10-15-79

Revision: HCFA-PM-93-1 (BPD)
January 1993

State/Territory: Texas

Citation	4.28 Appeals Process
42 CFR 431.152; AT-79-18 52 FR 22444; Secs. 1902(a)(28)(D)(i) and 1919(e)(7) of the Act; P.L. 100-203 (Sec. 4211(c)).	(a) The Medicaid agency has established appeals procedures for NFs as specified in 42 CFR 431.153 and 431.154. (b) The State provides an appeals system that meets the requirements of 42 CFR 431 Subpart E, 42 CFR 483.12, and 42 CFR 483 Subpart E for residents who wish to appeal a notice of intent to transfer or discharge from a NF and for individuals adversely affected by the preadmission and annual resident review requirements of 42 CFR 483 Subpart C.

STATE Texas
DATE REC'D APR 05 1993
DATE APPV'D MAY 04 1993
DATE EFF JAN 29 1993
HCFA 179 93-10
A

TN No. 93-10
Supersedes TN No. 88-18 Approval Date MAY 04 1993 Effective Date JAN 29 1993

New: HCFA-PM-99-3
JUNE 1999

State: Texas

Citation	
1902(a)(4)(C) of the Social Security Act P.L. 105-33	4.29 Conflict of Interest Provisions The Medicaid agency meets the requirements of Section 1902(a)(4)(C) of the Act concerning the Prohibition against acts, with respect to any activity Under the plan, that is prohibited by section 207 or 208 of title 18, United States Code.
1902(a)(4)(D) of the Social Security Act P.L. 105-33 1932(d)(3) 42 CFR 438.58	The Medicaid agency meets the requirements of 1902(a)(4)(D) of the Act concerning the safeguards against conflicts of interest that are at least as stringent as the safeguards that apply under section 27 of the Office of Federal Procurement Policy Act (41 U.S.C. 423).

STATE Texas
DATE REC'D 9-24-03
DATE APPV'D 10-17-03
DATE EFF 8-13-03
HCFA 179 03-16

A

SUPERSEDES: TN- 99-10

TN # 03-16
Supersedes TN # 99-10

Effective Date 8-13-03
Approval Date 10-17-03

Revision: HCFA-PM-87-14 (BERC) OMB No.: 0938-0193
OCTOBER 1987

State/Territory: Texas

Citation	
42 CFR 1002.203 AT-79-54 48 FR 3742 51 FR 34772	4.30 **Exclusion of Providers and Suspension of Practitioners and Other Individuals** (a) All requirements of 42 CFR Part 1002, Subpart B are met. /X/ The agency, under the authority of State law, imposes broader sanctions.

STATE TX
DATE REC'D 12-28-87
DATE APPV'D 1-6-88
DATE EFF 8-13-87
HCFA 179 87-21
A

TN No. 87-21
Supersedes
TN No. 87-10

Approval Date 1-6-88

Effective Date 8-13-87

HCFA ID: 1010P/0012P

Revision: HCFA-AT-87-14 (BERC) OMB No.: 0938-0193
OCTOBER 1987

State/Territory: Texas

Citation

(b) The Medicaid agency meets the requirements of –

1902(p) of the Act

(1) Section 1902(p) of the Act by excluding from participation—

(A) At the State's discretion, any individual or entity for any reason for which the Secretary could exclude the individual or entity from participation in a program under title XVIII in accordance with sections 1128, 1128A, or 1866(b)(2).

42 CFR 438.808

(B) An MCO (as defined in section 1903(m) of the Act), or an entity furnishing services under a waiver approved under section 1915(b)(1) of the Act, that –

(i) Could be excluded under section 1128(b)(8) relating to owners and managing employees who have been convicted of certain crimes or received other sanctions, or

(ii) Has, directly or indirectly, a substantial contractual relationship (as defined by the Secretary) with an individual or entity that is described in section 1128(b)(8)(B) of the Act.

1932(d)(1)
42 CFR 438.610

(2) An MCO, PIHP, PAHP, or PCCM may not have prohibited affiliations with individuals (as defined in 42 CFR 438.610(b)) suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations issued under Executive Order No.12549 or under guidelines implementing Executive Order No. 12549. If the State finds that an MCO, PCCM, PIPH, or PAHP is not in compliance the State will comply with the requirements of 42 CFR 438.610(c)

STATE Texas
DATE REC'D 9-24-03
DATE APPV'D 10-17-03
DATE EFF 8-13-03
HCFA 179 03-16

A

SUPERSEDES: TN- 87-21

TN # 03-16
Supersedes TN # 87-21

Effective Date 8-13-03
Approval Date 10-17-03

Citation	
1902(a)(39) of the Act P.L. 100-93 (sec. 8(f))	(2) Section 1902(a)(39) of the Act by-- (A) Excluding an individual or entity from participation for the period specified by the Secretary, when required by the Secretary to do so in accordance with sections 1128 or 1128A of the Act; and (B) Providing that no payment will be made with respect to any item or service furnished by an individual or entity during this period.
	(c) The Medicaid agency meets the requirements of--
1902(a)(41) of the Act P.L. 96-272, (sec. 308(c))	(1) Section 1902(a)(41) of the Act with respect to prompt notification to HCFA whenever a provider is terminated, suspended, sanctioned, or otherwise excluded from participating under this State plan; and
1902(a)(49) of the Act P.L. 100-93 (sec. 5(a)(4))	(2) Section 1902(a)(49) of the Act with respect to providing information and access to information regarding sanctions taken against health care practitioners and providers by State licensing authorities in accordance with section 1921 of the Act.

STATE TX DATE REC'D 12-28-87 DATE APPV'D 1-6-88 DATE EFF 10-1-87 HCFA 179 87-20	A

State/Territory: Texas

Citation		
455.103 44 FR 41644 1902 (a)(38) of the Act P.L. 100-93 (Sec. 8(f))	4.31	Disclosure of Information by Providers and Fiscal Agents The Medicaid agency has established procedures for the disclosure of information by providers and fiscal agents as specified in 42 CFR 455.104 through 455.106 and sections 1128(b)(9) and 1902(a)(38) of the Act.
435.940 through 435.960 52 FR 5967 P.L. 100-360 (Sec. 411(k)(15)) 54 FR 8738*	4.32	Income and Eligibility Verification System (a) The Medicaid agency has established a system for income and eligibility verification in accordance with the requirements of 42 CFR 435.940 through 435.960. (b) The State has an eligibility determination system that provides for data matching through the Public Assistance Reporting Information System (PARIS), or any successor system, including matching with medical assistance programs operated by other states. The information that is requested will be exchanged with states and other entities legally entitled to verify title XIX applicants and individuals eligible for covered title XIX services consistent with applicable PARIS agreements.

State: Texas
Date Received: 2-13-2015
Date Approved: 4-7-2015
Date Effective: 1-1-2015
Transmittal Number: 15-0006

Revision: HCFA-PM-87-14 (BERC)
OCTOBER 1987

OMB No.: 0938-0193

State/Territory: Texas

Citation
1902(a)(48)
of the Act,
P.L. 99-570
(Section 11005)
P.L 100-93
(sec. 5(a)(3))

4.33 Medicaid Eligibility Cards for Homeless Individuals

(a) The Medicaid agency has a method for making cards evidencing eligibility for medical assistance available to an individual eligible under the State's approved plan who does not reside in a permanent dwelling or does not have a fixed home or mailing address.

(b) ATTACHMENT 4.33-A specifies the method for issuance of Medicaid eligibility cards to homeless individuals.

STATE TX
DATE REC'D 12-28-87
DATE APPV'D 1-6-88
DATE EFF 10-21-86
HCFA 179 87-22

A

TN No. 87-22
Supersedes
TN No. 87-10

Approval Date 1-6-88

Effective Date 10-21-86

HCFA ID: 1010P/0012P

☆ U.S. GOVERNMENT PRINTING OFFICE 1987— 201-818/60437

evision: Region VI
September 1989

State/Territory: Texas

Citation		
1137 of the Act P.L. 99-603 (sec. 121) P.L. 100-360 (Sec. 411(k)(15))	4.34	Systematic Alien Verification for Entitlements The State Medicaid agency has established procedures for the verification of alien status through the Immigration & Naturalization Service (INS) designated system, Systematic Alien Verification for Entitlements (SAVE), effective October 1, 1988, except for aliens seeking medical assistance for treatment of emergency medical conditions under Section 1903(v)(2) of Social Security Act.

[ ] The State Medicaid agency has elected to participate in the option period of October 1, 1987 to September 30, 1988 to verify alien status through the INS designated system (SAVE).

[ ] The State Medicaid agency has received the following type(s) of waiver from participation in SAVE.

[ ] Total waiver

[ ] Alternative system

[ ] Partial implementation

STATE Texas
DATE REC'D 1-3-90
DATE APPV'D 1-26-90
DATE EFF 1-1-87
TN 89-30

A

TN No. 89-30
Supersedes
TN No. 88-18

Approval Date 1-26-90 Effective Date 1-1-87

Revision: HCFA-PM-90- 2 (BPD)
JANUARY 1990

OMB No.: 0938-0193

State/Territory: Texas

Citation

4.35 Remedies for Skilled Nursing and Intermediate Care Facilities that Do Not Meet Requirements of Participation

1919(h)(1) and (2) of the Act, P.L. 100-203 (Sec. 4213(a))

(a) The Medicaid agency meets the requirements of section 1919(h)(2)(A) through (D) of the Act concerning remedies for skilled nursing and intermediate care facilities that do not meet one or more requirements of participation. ATTACHMENT 4.35-A describes the criteria for applying the remedies specified in section 1919(h)(2)(A)(i) through (iv) of the Act.

/_/ Not applicable to intermediate care facilities; these services are not furnished under this plan.

XX (b) The agency uses the following remedy(ies):

(1) Denial of payment for new admissions.

(2) Civil money penalty.

(3) Appointment of temporary management.

(4) In emergency cases, closure of the facility and/or transfer of residents.

1919(h)(2)(B)(ii) of the Act

/_/ (c) The agency establishes alternative State remedies to the specified Federal remedies (except for termination of participation). ATTACHMENT 4.35-B describes these alternative remedies and specifies the basis for their use.

1919(h)(2)(F) of the Act

/_/ (d) The agency uses one of the following incentive programs to reward skilled nursing or intermediate care facilities that furnish the highest quality care to Medicaid residents:

/_/ (1) Public recognition.

A /_/ (2) Incentive payments.

STATE Texas
DATE REC'D MAR 31 1993
DATE APPV'D MAY 03 1993
DATE EFF FEB 01 1993
HCFA 179 93-07

TN No. 93-07
Supersedes
TN No. 89-28

Approval Date MAY 03 1993

Effective Date FEB 01 1993

HCFA ID: 1010P/0012P

Revision: HCFA-PM-95-4 (HSQB)
JUNE 1995

State/Territory: Texas

Citation

4.35 Enforcement of Compliance for Nursing Facilities

42 CFR §488.402(f)

(a) Notification of Enforcement Remedies

When taking an enforcement action against a non-State operated NF, the State provides notification in accordance with 42 CFR 488.402(f).

(i) The notice (except for civil money penalties and State monitoring) specifies the:

(1) nature of noncompliance,
(2) which remedy is imposed,
(3) effective date of the remedy, and
(4) right to appeal the determination leading to the remedy.

42 CFR §488.434

(ii) The notice for civil money penalties is in writing and contains the information specified in 42 CFR 488.434.

42 CFR §488.402(f)(2)

(iii) Except for civil money penalties and State monitoring, notice is given at least 2 calendar days before the effective date of the enforcement remedy for immediate jeopardy situations and at least 15 calendar days before the effective date of the enforcement remedy when immediate jeopardy does not exist.

42 CFR §488.456(c)(d)

(iv) Notification of termination is given to the facility and to the public at least 2 calendar days before the remedy's effective date if the noncompliance constitutes immediate jeopardy and at least 15 calendar days before the remedy's effective date if the noncompliance does not constitute immediate jeopardy. The State must terminate the provider agreement of an NF in accordance with procedures in parts 431 and 442.

(b) Factors to be Considered in Selecting Remedies

42 CFR §488.488.404(b)(1)

(i) In determining the seriousness of deficiencies, the State considers the factors specified in 42 CFR 488.404(b)(1) & (2).

___ The State considers additional factors. Attachment 4.35-A describes the State's other factors.

STATE Texas
DATE REC'D AUG 1 5 1995
DATE APPV'D JAN 1 2 1996
DATE EFF JUL 0 1 1995
HCFA 179 95-24

A

Revision: HCFA-PM-95-4 (HSQB)
JUNE 1995

State/Territory: Texas

Citation

c) Application of Remedies

42 CFR §488.410

(i) If there is immediate jeopardy to resident health or safety, the State terminates the NF's provider agreement within 23 calendar days from the date of the last survey or immediately imposes temporary management to remove the threat within 23 days.

42 CFR §488.417(b) §1919(h)(2)(C) of the Act.

(ii) The State imposes the denial of payment (or its approved alternative) with respect to any individual admitted to an NF that has not come into substantial compliance within 3 months after the last day of the survey.

42 CFR §488.414 §1919(h)(2)(D) of the Act.

(iii) The State imposes the denial of payment for new admissions remedy as specified in §488.417 (or its approved alternative) and a State monitor as specified at §488.422, when a facility has been found to have provided substandard quality of care on the last three consecutive standard surveys.

42 CFR §488.408 1919(h)(2)(A) of the Act.

(iv) The State follows the criteria specified at 42 CFR §488.408(c)(2), §488.408(d)(2), and §488.408(e)(2), when it imposes remedies in place of or in addition to termination.

42 CFR §488.412(a)

(v) When immediate jeopardy does not exist, the State terminates an NF's provider agreement no later than 6 months from the finding of noncompliance, if the conditions of 42 CFR 488.412(a) are not met.

(d) Available Remedies

42 CFR §488.406(b) §1919(h)(2)(A) of the Act.

(i) The State has established the remedies defined in 42 CFR 488.406(b).

X (1) Termination
X (2) Temporary Management
X (3) Denial of Payment for New Admissions
X (4) Civil Money Penalties
X (5) Transfer of Residents; Transfer of Residents with Closure of Facility
X (6) State Monitoring

Attachments 4.35-B through 4.35-G describe the criteria for applying the above remedies.

STATE AUG 15 1995
DATE JAN 12 1996
DATE JUL 01 1995
HCFA 95-24

A

TN No. 95-24
Supersedes
TN No.
Approval Date JAN 12 1996 Effective Date: JUL 01 1995

SUPERSEDES: NONE - NEW PAGE

Revision: HCFA-PM-95-4 R (Region VI)
NOV. 1995

State/Territory: Texas

Citation

42 CFR
§488.406(b)
§1919(h)(2)(B)(ii)
of the Act.

(ii) ___ The State uses alternative remedies. The State has established alternative remedies that the State will impose in place of a remedy specified in 42 CFR 488.406(b).

___ (1) Temporary Management
___ (2) Denial of Payment for New Admissions
___ (3) Civil Money Penalties
___ (4) Transfer of Residents; Transfer of Residents with Closure of Facility
___ (5) State Monitoring.

Attachments 4.35-~~B~~ C through 4.35-G describe the alternative remedies and the criteria for applying them.

42 CFR
§488.303(b)
1910(h)(2)(F)
of the Act.

(e) ___ State Incentive Programs

___ (1) Public Recognition
___ (2) Incentive Payments

42 CFR
§488.303(e)
1919h(2)(A)
of the Act

(f) ___ Optional Remedies

The State uses optional remedies.

X (1) Directed Plan of Correction
X (2) Directed In-Service Training

State will use the Federal notice requirements found in 42 CFR 488.402(f)

STATE Texas
DATE RECEIVED AUG 1 5 1995
DATE APPROVED JAN 1 2 1996
DATE EFF JUL 0 1 1995
HCFA 179 95-24

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Revision: HCFA-PM-91- 4 (BPD) OMB No.: 0938-
AUGUST 1991

State/Territory: Texas

Citation	4.36	Required Coordination Between the Medicaid and WIC Programs
1902(a)(11)(C) and 1902(a)(53) of the Act		The Medicaid agency provides for the coordination between the Medicaid program and the Special Supplemental Food Program for Women, Infants, and Children (WIC) and provides timely notice and referral to WIC in accordance with section 1902(a)(53) of the Act.

STATE Texas
DATE REC'D DEC 11 1991
DATE APPV'D JAN 14 1992
DATE EFF OCT 01 1991
HCFA ITY 91-34
A

Revision: HCFA-PM-91- 10 (BPD)
DECEMBER 1991

State/Territory: Texas

Citation		
42 CFR 483.75; 42 CFR 483 Subpart D; Secs. 1902(a)(28), 1919(e)(1) and (2), and 1919(f)(2), P.L. 100-203 (Sec. 4211(a)(3)); P.L. 101-239 (Secs. 6901(b)(3) and (4)); P.L. 101-508 (Sec. 4801(a)).	4.38	Nurse Aide Training and Competency Evaluation for Nursing Facilities

(a) The State assures that the requirements of 42 CFR 483.150(a), which relate to individuals deemed to meet the nurse aide training and competency evaluation requirements, are met.

XXX (b) The State waives the competency evaluation requirements for individuals who meet the requirements of 42 CFR 483.150(b)(1).

___ (c) The State deems individuals who meet the requirements of 42 CFR 483.150(b)(2) to have met the nurse aide training and competency evaluation requirements.

(d) The State specifies any nurse aide training and competency evaluation programs it approves as meeting the requirements of 42 CFR 483.152 and competency evaluation programs it approves as meeting the requirements of 42 CFR 483.154.

___ (e) The State offers a nurse aide training and competency evaluation program that meets the requirements of 42 CFR 483.152.

___ (f) The State offers a nurse aide competency evaluation program that meets the requirements of 42 CFR 483.154.

STATE Texas
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DATE EFF OCT 01 1991
HCFA 179 92-04

A

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Supersedes
TN No. 89-06
Approval Date MAR 13 1992 Effective Date OCT 01 1991

Item 4.24(b), Page 72

State/Territory: Texas

Citation	
42 CFR 483.75; 42 CFR 483 Subpart D; Secs. 1902(a)(28), 1919(e)(1) and (2), and 1919(f)(2), P.L. 100-203 (Sec. 4211(a)(3)); P.L. 101-239 (Secs. 6901(b)(3) and (4)); P.L. 101-508 (Sec. 4801(a)).	(g) If the State does not choose to offer a nurse aide training and competency evaluation program or nurse aide competency evaluation program, the State reviews all nurse aide training and competency evaluation programs and competency evaluation programs upon request.
	(h) The State survey agency determines, during the course of all surveys, whether the requirements of 483.75(e) are met.
	(i) Before approving a nurse aide training and competency evaluation program, the State determines whether the requirements of 42 CFR 483.152 are met.
	(j) Before approving a nurse aide competency evaluation program, the State determines whether the requirements of 42 CFR 483.154 are met.
	(k) For program reviews other than the initial review, the State visits the entity providing the program.
	(l) The State does not approve a nurse aide training and competency evaluation program or competency evaluation program offered by or in certain facilities as described in 42 CFR 483.151(b)(2) and (3).

STATE Texas
DATE REC'D FEB 18 1992
DATE APPV'D MAR 13 1992
DATE EFF OCT 01 1991
HCFA 179 92-04

A

State/Territory: Texas

Citation		
42 CFR 483.75; 42 CFR 483 Subpart D; Secs. 1902(a)(28), 1919(e)(1) and (2), and 1919(f)(2), P.L. 100-203 (Sec. 4211(a)(3)); P.L. 101-239 (Secs. 6901(b)(3) and (4)); P.L. 101-508 (Sec. 4801(a)).	(m)	The State, within 90 days of receiving a request for approval of a nurse aide training and competency evaluation program or competency evaluation program, either advises the requestor whether or not the program has been approved or requests additional information from the requestor.
	(n)	The State does not grant approval of a nurse aide training and competency evaluation program for a period longer than 2 years.
	(o)	The State reviews programs when notified of substantive changes (e.g., extensive curriculum modification).
	(p)	The State withdraws approval from nurse aide training and competency evaluation programs and competency evaluation programs when the program is described in 42 CFR 483.151(b)(2) or (3).
XXX	(q)	The State withdraws approval of nurse aide training and competency evaluation programs that cease to meet the requirements of 42 CFR 483.152 and competency evaluation programs that cease to meet the requirements of 42 CFR 483.154.
	(r)	The State withdraws approval of nurse aide training and competency evaluation programs and competency evaluation programs that do not permit unannounced visits by the State.

STATE Texas
DATE REC'D FEB 18 1992
DATE APPV'D MAR 13 1992
DATE EFF OCT 01 1991
HCFA 179 92-04

A

State/Territory: Texas

Citation
42 CFR 483.75; 42 CFR 483 Subpart D; Secs. 1902(a)(28), 1919(e)(1) and (2), and 1919(f)(2), P.L. 100-203 (Sec. 4211(a)(3)); P.L. 101-239 (Secs. 6901(b)(3) and (4)); P.L. 101-508 (Sec. 4801(a)).

(s) When the State withdraws approval from a nurse aide training and competency evaluation program or competency evaluation program, the State notifies the program in writing, indicating the reasons for withdrawal of approval.

(t) The State permits students who have started a training and competency evaluation program from which approval is withdrawn to finish the program.

(u) The State provides for the reimbursement of costs incurred in completing a nurse aide training and competency evaluation program or competency evaluation program for nurse aides who become employed by or who obtain an offer of employment from a facility within 12 months of completing such program.

(v) The State provides advance notice that a record of successful completion of competency evaluation will be included in the State's nurse aide registry.

(w) Competency evaluation programs are administered by the State or by a State-approved entity which is neither a skilled nursing facility participating in Medicare nor a nursing facility participating in Medicaid.

(x) The State permits proctoring of the competency evaluation in accordance with 42 CFR 483.154(d).

(y) The State has a standard for successful completion of competency evaluation programs.

State/Territory: Texas

Citation		
42 CFR 483.75; 42 CFR 483 Subpart D; Secs. 1902(a)(28), 1919(e)(1) and (2), and 1919(f)(2), P.L. 100-203 (Sec. 4211(a)(3)); P.L. 101-239 (Secs. 6901(b)(3) and (4)); P.L. 101-508 (Sec. 4801(a)).		(z) The State includes a record of successful completion of a competency evaluation within 30 days of the date an individual is found competent.
	XXX	(aa) The State imposes a maximum upon the number of times an individual may take a competency evaluation program (any maximum imposed is not less than 3).
		(bb) The State maintains a nurse aide registry that meets the requirements in 42 CFR 483.156.
	___	(cc) The State includes home health aides on the registry.
	___	(dd) The State contracts the operation of the registry to a non State entity.
	XXX	(ee) ATTACHMENT 4.38 contains the State's description of registry information to be disclosed in addition to that required in 42 CFR 483.156(c)(1)(iii) and (iv).
	XXX	(ff) ATTACHMENT 4.38-A contains the State's description of information included on the registry in addition to the information required by 42 CFR 483.156(c).

STATE Texas
DATE REC'D FEB 18 1992
DATE APPV'D MAR 13 1992
DATE EFF OCT 01 1991
HCFA 179 92-04

A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Texas

Citation		
Secs. 1902(a)(28)(D)(i); 1905(a); 1919(b)(3)(F) and 1919(e)(7) of the Social Security Act	4.39	Preadmission Screening and Resident Review in Nursing Facilities
		(a) The Medicaid agency has in effect a written agreement with the state mental heath and mental retardation authorities that meet the requirements of 42 CFR 431.621(c)
		(b) The State operates a preadmission and resident review program that meets the requirements of 42 CFR 431.100-138
		(c) The State does not claim as "medical assistance under the State Plan" the cost of services to individuals who should receive preadmission screening or resident review until such individuals are screened or reviewed.
		(d) With the exception of NF services furnished to certain NF residents defined in 42 CFR 483.118(c)(1), the State does not claim as "medical assistance under the State Plan" the cost of NF services to individuals who are found not to require NF services.
	X	(e) Attachment 4.39 specifies the State's definition of specialized services.

STATE Texas
DATE REC'D 9-30-11
DATE APPV'D 7-18-12
DATE EFF 2-1-13
HCFA 179 11-54

A

SUPERSEDES: TN- 93-10

Revision: HCFA-PM-93-1 (BPD)
January 1993

State/Territory: Texas

4.39 (Continued)

____ (f) Except for residents identified in 42 CFR 483.118(c)(1), the State mental health or mental retardation authority makes categorical determinations that individuals with certain mental conditions or levels of severity of mental illness would normally require specialized services of such an intensity that a specialized services program could not be delivered by the State in most, if not all, NFs and that a more appropriate placement should be utilized.

(g) The State describes any categorical determinations it applies in ATTACHMENT 4.39-A.

STATE Texas
DATE REC'D APR 05 1993
DATE APPV'D MAY 04 1993
DATE EFF JAN 29 1993
HCFA 179 93-10
A

Revision: HCFA-PM-92-3 (HSQB) OMB No.:
APRIL 1992

State/Territory: Texas

Citation		
Sections 1919(g)(1) thru (2) and 1919(g)(4) thru (5) of the Act P.L. 100-203 (Sec. 4212(a))	4.40 Survey & Certification Process (a)	The State assures that the requirements of 1919(g)(1)(A) through (C) and section 1919(g)(2)(A) through (E)(iii) of the Act which relate to the survey and certification of non-State owned facilities based on the requirements of section 1919(b), (c) and (d) of the Act, are met.
1919(g)(1)(B) of the Act	(b)	The State conducts periodic education programs for staff and residents (and their representatives). **Attachment 4.40-A** describes the survey and certification educational program.
1919(g)(1)(C) of the Act	(c)	The State provides for a process for the receipt and timely review and investigation of allegations of neglect and abuse and misappropriation of resident property by a nurse aide of a resident in a nursing facility or by another individual used by the facility. **Attachment 4.40-B** describes the State's process.
1919(g)(1)(C) of the Act	(d)	The State agency responsible for surveys and certification of nursing facilities or an agency delegated by the State survey agency conducts the process for the receipt and timely review and investigation of allegations of neglect and abuse and misappropriation of resident property. If not the State survey agency, what agency? _____
1919(g)(1)(C) of the Act	(e)	The State assures that a nurse aide, found to have neglected or abused a resident or misappropriated resident property in a facility, is notified of the finding. The name and finding is placed on the nurse aide registry.
1919(g)(1)(C) of the Act	(f)	The State notifies the appropriate licensure authority of any licensed individual found to have neglected or abused a resident or misappropriated resident property in a facility.

STATE Texas
DATE REC'D JUN 30 1992
DATE APPV'D JUL 29 1992
DATE EFF OCT 01 1990
HCFA 179 92-23

A

TN No. 92-23
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TN No. Same - New Page

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HCFA ID: _____

State/Territory: Texas

1919(g)(2)(A)(i) of the Act	(g)	The State has procedures, as provided for at section 1919(g)(2)(A)(i), for the scheduling and conduct of standard surveys to assure that the State has taken all reasonable steps to avoid giving notice through the scheduling procedures and the conduct of the surveys themselves. **Attachment 4.40-C** describes the State's procedures.
1919(g)(2)(A)(ii) of the Act	(h)	The State assures that each facility shall have a standard survey which includes (for a case-mix stratified sample of residents) a survey of the quality of care furnished, as measured by indicators of medical, nursing and rehabilitative care, dietary and nutritional services, activities and social participation, and sanitation, infection control, and the physical environment, written plans of care and audit of resident's assessments, and a review of compliance with resident's rights not later than 15 months after the date of the previous standard survey.
1919(g)(2)(A)(iii)(I) of the Act	(i)	The State assures that the Statewide average interval between standard surveys of nursing facilities does not exceed 12 months.
1919(g)(2)(A)(iii)(II) of the Act	(j)	The State may conduct a special standard or special abbreviated standard survey within 2 months of any change of ownership, administration, management, or director of nursing of the nursing facility to determine whether the change has resulted in any decline in the quality of care furnished in the facility.
1919(g)(2)(B) of the Act	(k)	The State conducts extended surveys immediately or, if not practicable, not later that 2 weeks following a completed standard survey in a nursing facility which is found to have provided substandard care or in any other facility at the Secretary's or State's discretion.
1919(g)(2)(C) of the Act	(l)	The State conducts standard and extended surveys based upon a protocol, i.e., survey forms, methods, procedures and guidelines developed by HCFA, using individuals in the survey team who meet minimum qualifications established by the Secretary.

STATE Texas
DATE REC'D JUN 30 1992
DATE APPV'D JUL 29 1992
DATE EFF OCT 01 1990
HCFA 179 92-23

A

Revision: HCFA-PM-92- 3 (HSQB) OMB No:
APRIL 1992

State/Territory: Texas

1919(g)(2)(D) of the Act	(m)	The State provides for programs to measure and reduce inconsistency in the application of survey results among surveyors. **Attachment 4.40-D** describes the State's programs.
1919(g)(2)(E)(i) of the Act	(n)	The State uses a multidisciplinary team of professionals including a registered professional nurse.
1919(g)(2)(E)(ii) of the Act	(o)	The State assures that members of a survey team do not serve (or have not served within the previous two years) as a member of the staff or consultant to the nursing facility or has no personal or familial financial interest in the facility being surveyed.
1919(g)(2)(E)(iii) of the Act	(p)	The State assures that no individual shall serve as a member of any survey team unless the individual has successfully completed a training and test program in survey and certification techniques approved by the Secretary.
1919(g)(4) of the Act	(q)	The State maintains procedures and adequate staff to investigate complaints of violations of requirements by nursing facilities and onsite monitoring. **Attachment 4.40-E** describes the State's complaint procedures.
1919(g)(5)(A) of the Act	(r)	The State makes available to the public information respecting surveys and certification of nursing facilities including statements of deficiencies, plans of correction, copies of cost reports, statements of ownership and the information disclosed under section 1126 of the Act.
1919(g)(5)(B) of the Act	(s)	The State notifies the State long-term care ombudsman of the State's finding of non-compliance with any of the requirements of subsection (b), (c), and (d) or of any adverse actions taken against a nursing facility.
1919(g)(5)(C) of the Act	(t)	If the State finds substandard quality of care in a facility, the State notifies the attending physician of each resident with respect to which such finding is made and the nursing facility administrator licensing board.
1919(g)(5)(D) of the Act	(u)	The State provides the State Medicaid fraud and abuse agency access to all information concerning survey and certification actions.

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TN No. None
New Page

STATE Texas
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DATE APPV'D JUL 29 1992
DATE EFF OCT 01 1990
HCFA 179

Effective Date OCT 01 1990
HCFA ID:
A

Revision: HCFA-PM-92- 2 (HSQB)
MARCH 1992

State/Territory: Texas

Citation		
	4.41	Resident Assessment for Nursing Facilities
Sections 1919(b)(3) and 1919 (e)(5) of the Act	(a)	The State specifies the instrument to be used by nursing facilities for conducting a comprehensive, accurate, standardized, reproducible assessment of each resident's functional capacity as required in §1919(b)(3)(A) of the Act.
1919(e)(5) (A) of the Act	(b)	The State is using:
	XXX	the resident assessment instrument designated by the Health Care Financing Administration (see Transmittal #241 of the State Operations Manual) [§1919(e)(5)(A)]; or
1919(e)(5) (B) of the Act	____	a resident assessment instrument that the Secretary has approved as being consistent with the minimum data set of core elements, common definitions, and utilization guidelines as specified by the Secretary (see Section 4470 of the State Medicaid Manual for the Secretary's approval criteria) [§1919(e)(5)(B)].

STATE Texas
DATE REC'D 5-4-92
DATE APPV'D 5-22-92
DATE EFF 10-1-90
HCFA 179 92-16

A

TN No. 92-16
Supersedes Approval Date 5/22/92 Effective Date 10/1/90
TN No. Page-New Page HCFA ID:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Territory: Texas

Citation	4.43 Cooperation with Medicaid Integrity Program Efforts
1902 (a) (69) of the Act, P.L. 109-171 (section 6034)	The Medicaid agency assures it complies with such requirements determined by the Secretary to be necessary for carrying out the Medicaid Integrity Program established under section 1936 of the Act.

STATE Texas
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DATE EFF 4-1-08
HCFA 179 08-13
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of Texas

Citation	4.44 Medicaid Prohibition on Payments to Institutions or Entities Located Outside of the United States
Section 1902(a)(80) of the Social Security Act, P.L. 111-148 (Section 6505)	X The State shall not provide any payments for items or services provided under the State Plan or under a waiver to any financial institution or entity located outside of the United States.

STATE Texas
DATE REC'D 6-20-11
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HCFA 179 11-21

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of Texas

STATE Texas
DATE REC'D 3-30-12
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DATE EFF 1-1-13
HCFA 179 12-09
A

Citation	4.46 Provider Screening and Enrollment
1902(a)(77) 1902(a)(39) 1902(kk); P.L. 111-148 and P.L. 111-152	The State Medicaid agency gives the following assurances:
42 CFR 455 Subpart E	PROVIDER SCREENING __X__ Assures that the State Medicaid agency complies with the process for screening providers under sections 1902(a)(39), 1902(a)(77) and 1902(kk) of the Act.
42 CFR 455.410	ENROLLMENT AND SCREENING OF PROVIDERS __X__ Assures enrolled providers will be screened in accordance with 42 CFR 455.400 et seq. __X__ Assures that the State Medicaid agency requires all ordering or referring physicians to be enrolled under the state plan or under a waiver of the plan as a participating provider.
42 CFR 455.412	VERIFICATION OF PROVIDER LICENSES __X__ Assures that the State Medicaid agency has a method for verifying providers licensed by a state and that such providers' licenses have not expired or have no current limitations.
42 CFR 455.414	REVALIDATION OF ENROLLMENT __X__ Assures that providers will be revalidated regardless of provider type at least every 5 years.
42 CFR 455.416	TERMINATION OR DENIAL OF ENROLLMENT __X__ Assures that the State Medicaid agency will comply with section 1902(a)(39) of the Act and with the requirements outlined in 42 CFR 455.416 for all terminations or denials of provider enrollment.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of Texas

Citation	4.46 Provider Screening and Enrollment (continued)
42 CFR 455.420	REACTIVATION OF PROVIDER ENROLLMENT __X__ Assures that any reactivation of a provider will include re-screening and payment of application fees as required by 42 CFR 455.460.
42 CFR 455.422	APPEAL RIGHTS __X__ Assures that all terminated providers and providers denied enrollment as a result of the requirements of 42 CFR 455.416 will have appeal rights available under procedures established by state law or regulation.
42 CFR 455.432	SITE VISITS __X__ Assures that pre-enrollment and post-enrollment site visits of providers who are in "moderate" or "high" risk categories will occur.
42 CFR 455.434	CRIMINAL BACKGROUND CHECKS __X__ Assures that providers, as a condition of enrollment, will be required to consent to criminal background checks including fingerprints, if required to do so under state law, or by the level of screening based on risk of fraud, waste, or abuse for that category of provider.
42 CFR 455.436	FEDERAL DATABASE CHECKS __X__ Assures that the state Medicaid agency will perform federal database checks on all providers or any person with an ownership or controlling interest or who is an agent or managing employee of the provider.
42 CFR 455.440	NATIONAL PROVIDER IDENTIFIER __X__ Assures that the state Medicaid agency requires the National Provider Identifier of any ordering or referring physician or other professional to be specified on any claim for payment that is based on an order or referral of the physician or other professional.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of Texas

Citation	4.46 Provider Screening and Enrollment (continued)
42 CFR 455.450	SCREENING LEVELS FOR MEDICAID PROVIDERS __X__ Assures that the state Medicaid agency complies with 1902(a)(77) and 1902(kk) of the Act and with the requirements outlined in 42 CFR 455.450 for screening levels based upon the categorical risk level determined for a provider.
42 CFR 455.460	APPLICATION FEE __X__ Assures that the state Medicaid agency complies with the requirements for collection of the application fee set forth in 1866(j)(2)(C) of the Act and 42 CFR 455.460.
42 CFR 455.470	TEMPORARY MORATORIUM ON ENROLLMENT OF NEW PROVIDERS OR SUPPLIERS __X__ Assures that the state Medicaid agency complies with any temporary moratorium on the enrollment of new providers or provider types imposed by the Secretary under sections 1866(j)(7) and 1902(kk)(4) of the Act, subject to any determination by the State and written notice to the Secretary that such a temporary moratorium would not adversely impact beneficiaries' access to medical assistance.

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Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State TEXAS

SECTION 5 PERSONNEL ADMINISTRATION

Citation
42 CFR 432.10(a)
AT-78-90
AT-79-23
AT-80-34

5.1 Standards of Personnel Administration

(a) The Medicaid agency has established and will maintain methods of personnel administration in conformity with standards prescribed by the U.S. Civil Service Commission in accordance with Section 208 of the Intergovernmental Personnel Act of 1970 and the regulations on Administration of the Standards for a Merit System of Personnel Administration, 5 CFR Part 900, Subpart F. All requirements of 42 CFR 432.10 are met.

☐ The plan is locally administered and State-supervised. The requirements of 42 CFR 432.10 with respect to local agency administration are met.

(b) Affirmative Action Plan

The Medicaid agency has in effect an affirmative action plan for equal employment opportunity that includes specific action steps and timetables and meets all other requirements of 5 CFR Part 900, Subpart F.

5.2 [Reserved]

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State TEXAS

Citation
42 CFR Part 432,
Subpart B
AT-78-90

5.3 Training Programs; Subprofessional and Volunteer Programs

The Medicaid agency meets the requirements of 42 CFR Part 432, Subpart B, with respect to a training program for agency personnel and the training and use of subprofessional staff and volunteers.

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State TEXAS

SECTION 6 FINANCIAL ADMINISTRATION

Citation
42 CFR 433.32
AT-79-29

6.1 Fiscal Policies and Accountability

The Medicaid agency and, where applicable, local agencies administering the plan, maintains an accounting system and supporting fiscal records adequate to assure that claims for Federal funds are in accord with applicable Federal requirements. The requirements of 42 CFR 433.32 are met.

Revision: HCFA-AT-81- (BPP)

State TEXAS

Citation
42 CFR 433.34
47 FR 17490

6.2 Cost Allocation

There is an approved cost allocation plan on file with the Department in accordance with the requirements contained in 45 CFR Part 95, Subpart E.

APPROVED BY DHHS/HCFA/DPO
DATE: 1-7-83
TRANSMITTAL NO: 82-12

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State TEXAS

Citation
42 CFR 433.33
AT-79-29
AT-80-34

6.3 State Financial Participation

(a) State funds are used in both assistance and administration.

[X] State funds are used to pay all of the non-Federal share of total expenditures under the plan.

[ ] There is local participation. State funds are used to pay not less than 40 percent of the non-Federal share of the total expenditures under the plan. There is a method of apportioning Federal and State funds among the political subdivisions of the State on an equalization or other basis which assures that lack of adequate funds from local sources will not result in lowering the amount, duration, scope or quality of care and services or level of administration under the plan in any part of the State.

(b) State and Federal funds are apportioned among the political subdivisions of the State on a basis consistent with equitable treatment of individuals in similar circumstances throughout the State.

Revision: HCFA-PM-91- 4 (BPD) OMB No. 0938-
AUGUST 1991

State/Territory: Texas

SECTION 7 - GENERAL PROVISIONS

Citation		
	7.1	Plan Amendments
42 CFR 430.12(c)		The plan will be amended whenever necessary to reflect new or revised Federal statutes or regulations or material change in State law, organization, policy or State agency operation.

STATE Texas
DATE REC'D DEC 11 1991
DATE APPV'D JAN 14 1992
DATE EFF OCT 01 1991
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State/Territory: Texas

Citation	7.2	Nondiscrimination
45 CFR Parts 80 and 84		In accordance with title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et. seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 70b), and the regulations at 45 CFR Parts 80 and 84, the Medicaid agency assures that no individual shall be subject to discrimination under this plan on the grounds of race, color, national origin, or handicap. The Medicaid agency has methods of administration to assure that each program or activity for which it receives Federal financial assistance will be operated in accordance with title VI regulations. These methods for title VI are described in ATTACHMENT 7.2-A.

STATE Texas
DATE REC'D DEC 11 1991
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Revision: HCFA-PM-91-4 R (BPD) OM No. 0938-
1991

State/Territory: Texas

(RESERVED)

TN No. 92-19
Supersedes TN No. 91-34 Approval Date 5/26/92 Effective Date 10/1/91

HCFA ID: 7982E

STATE Texas DATE REC'D 5-11-92 DATE APPV'D 5-26-92 DATE EFF 10-1-91 HCFA 179 92-17	A

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

State of Texas

Citation	Condition or Requirement

7.4 State Governor's Review

42 CFR 430.12(b)

The Medicaid agency will provide opportunity for the Office of the Governor to review state plan amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Centers for Medicare & Medicaid Services with such documents.

_____ Not applicable. The Governor - -

_____ Does not wish to review any plan material.

_____ Wishes to review only the plan materials specified in the enclosed document.

I hereby certify that I am authorized to submit this plan on behalf of:

Texas Health and Human Services Commission
(Designated Single State Agency)

(Signature) Thomas M. Suehs, Executive Commissioner

2-22-12
Date

(Signature) Billy R. Millwee, State Medicaid Director

3-30-12
Date

STATE Texas
DATE REC'D 3-30-12
DATE APPV'D 4-26-12
DATE EFF 3-1-12
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SUPERSEDES: TN- 01-15