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State Plan Amendment (SPA) #: 17-0001 (Deletion of TCM for Blind Children – 02/15/2017)

This file contains the following documents in order listed:

1. CMS Approval Letter
2. CMS Form 179
3. Attachment to Blocks 8 & 9 of CMS Form 179
4. Approved SPA Pages to be deleted

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Dallas Regional Office
1301 Young Street, Suite 833
Dallas, Texas 75202



DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

November 6, 2017

Our Reference: SPA TX 17-0001

Ms. Jamie Snyder
State Medicaid/CHIP Director
Health and Human Services Commission
Post Office Box 13247
Mail Code H100
Austin, Texas 78711

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NOV 06 2017

OFFICE OF THE STATE
MEDICAID DIRECTOR

Dear Ms. Snyder:

We have reviewed the State's proposed amendment to your Medicaid State Plan submitted under Transmittal Number (TN) 17-0001, dated February 27, 2017. This amendment removes the State plan attachment pages for case management services for blind and visually impaired children due to an administrative change. These services will be covered under the administrative rate.

Based upon the information submitted, we have approved the amendment for incorporation into the official Texas state plan with an effective date of February 15, 2017, as requested. A copy of the CMS-179 and the approved plan pages are included with this letter.

If you have any questions please contact Ford Blunt of my staff. Mr. Blunt may be reached at (214) 767-6381 or by E-mail at Ford.Blunt@cms.hhs.gov.

Sincerely,



for

Bill Brooks
Associate Regional Administrator

| | | | |
|---|--|--|-------------------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES | | 1. TRANSMITTAL NUMBER: 17-0001 | 2. STATE: TEXAS |
| | | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES | | 4. PROPOSED EFFECTIVE DATE: February 15, 2017 | |
| 5. TYPE OF PLAN MATERIAL (Circle One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT | | | |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) | | | |
| 6. FEDERAL STATUTE/REGULATION CITATION: SSA §1903(a) | | 7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2017 \$0 b. FFY 2018 \$0 c. FFY 2019 \$0 | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SEE ATTACHMENT TO BLOCKS 8 & 9 | | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SEE ATTACHMENT TO BLOCKS 8 & 9 | |
| 10. SUBJECT OF AMENDMENT: The proposed amendment removes the state plan attachment pages for case management services for blind and visually impaired children due to an administrative change. | | | |
| 11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt. <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL | | | |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL: [Redacted] | | 16. RETURN TO: Jami Snyder State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711 | |
| 13. TYPED NAME: Jami Snyder | | | |
| 14. TITLE: State Medicaid Director | | | |
| 15. DATE SUBMITTED: February 27, 2017 | | | |
| FOR REGIONAL OFFICE USE ONLY | | | |
| 17. DATE RECEIVED: February 27, 2017 | | 18. DATE APPROVED: November 6, 2017 | |
| PLAN APPROVED - ONE COPY ATTACHED | | | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: February 15, 2017 | | 20. SIGNATURE OF REGIONAL OFFICIAL: [Redacted] for | |
| 21. TYPED NAME: Bill Brooks | | 22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health | |
| 23. REMARKS: | | | |

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Attachment to Blocks 8 & 9 of CMS Form 179

Transmittal Number 17-0001

| <u>Number of the Plan Section or Attachment</u> | <u>Number of the Superseded Plan Section or Attachment</u> |
|--|--|
| Supplement 1 to Attachment 3.1-A N/A - Delete Page N/A - Delete Page N/A - Delete Page N/A - Delete Page | Supplement 1 to Attachment 3.1-A Page 1C (TN-10-070) Page 1C.1 (TN-10-070) Page 1C.2 (TN-10-070) Page 1C.3 (TN-10-070) |
| Appendix 1 to Attachment 3.1-A N/A - Delete Page | Appendix 1 to Attachment 3.1-A Page 41b (TN-92-32) |
| Appendix 1 to Attachment 3.1-B N/A - Delete Page | Appendix 1 to Attachment 3.1-B Page 41b (TN-92-32) |
| Attachment 4.19-B N/A - Delete Page | Attachment 4.19-B Page 26 (TN 12-030) |

State: Texas
Date Received: February 27, 2017
Date Approved: November 6, 2017
Effective Date: February 15, 2017
Transmittal Number: 17-0001

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| STATE <u>Texas</u> | A |
| DATE REC'D <u>12-29-10</u> | |
| DATE APPV'D <u>3-22-11</u> | |
| DATE EFF <u>1-1-11</u> | |
| HC:FA 179 <u>10-70</u> | |

**Case Management Services
Blind and Visually Impaired Children**

1. Target Group:
Children up to age 21 who are blind or visually impaired who meet the criteria for developmental disabilities set out in the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Public Law 106-402).
2. Areas of State in which Services will be Provided:
Entire state
3. Comparability of Services:
Services are not comparable in amount, duration and scope. Under section 1915(g) of the Social Security Act, a state may provide services without regard to the comparability requirements of section 1902(a)(10)(B) of the Act.
4. Definition of Services:
 - (a) Case management services are services furnished to assist children, eligible under the State Plan, in gaining access to needed medical, social, educational, developmental, and other appropriate services. Case management includes the following assistance:
 - (1) Comprehensive needs assessment and periodic reassessment of a child's needs, as clinically necessary, to determine the need for any medical, educational, developmental, social, or other services. These assessment activities include:
 - (A) Taking applicable history of the child;
 - (B) Identifying the child's needs and completing related documentation; and,
 - (C) Gathering information from other sources, such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the child's needs.
 - (2) Development (and periodic revision) of a specific care plan that:
 - (A) Is based on the information collected through the needs assessment;
 - (B) Specifies the goals, outcomes, and strategies to address the medical, social, educational, developmental, and other services needed by the child;
 - (C) Includes activities such as ensuring the active participation of the eligible child and his or her family, and working with the child and the family (or child's authorized health care decision maker) and others to develop those goals and identified outcomes; and
 - (D) Identifies a strategy or course of action to respond to the assessed needs of the eligible child.

TN 10-70

Approval Date 3-22-11

Effective Date 1-1-11

Supersedes TN 90-28

This page is deleted as per the State's Letter dated 02/27/17 under Transmittal Number 17-0001, with an Effective Date of 02/15/17. This action was approved on 11/06/17.

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| STATE <u>Texas</u> | A |
| DATE REC'D <u>12-29-10</u> | |
| DATE APP'VD <u>3-22-11</u> | |
| DATE EFF <u>1-1-11</u> | |
| HCFA 179 <u>10-70</u> | |

Case Management Services - Blind and Visually Impaired Children (continued)
Definition of Services (continued)

- (3) Referral and related individual and group activities to help an eligible child obtain needed services, including activities that help link a child and his or her family with:
 - (A) Medical, social, developmental, and educational providers; and
 - (B) Other programs and services that are capable of providing needed services, such as making referrals to providers for needed services and scheduling appointments for the child and family.
 - (4) Monitoring and follow-up activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the child's needs.
 - (A) Such activities may be with the child, family members, providers, or other entities or individuals and conducted as frequently as necessary, and at least once annually, to determine whether the following conditions are being met and services are furnished in accordance with the child's care plan;
 - (i) Services in the care plan are adequate; and
 - (ii) The care plan and service arrangements are modified when the child's needs or status change, including changes to medical, social, educational, developmental or vocational status.
 - (b) Case management may include contacts with non-eligible individuals that are directly related to identifying the needs and supports for helping the eligible child access services, including contacts with family members, school staff, early childhood intervention staff, medical practitioners, and other entities which provide services and supports to persons with visual impairment.
5. Qualifications of Providers:
- (a) Master's degree from an accredited college or university with an area of specialization in child development, special education, psychology, or related field with one year of work experience with children with a disability or parents of a child with a disability; or
 - (b) Bachelor's degree in a related field with a minimum of two years work experience with children with a disability or parents of a child with a disability; and
 - (c) Training as required by the Texas Department of Assistive and Rehabilitative Services (DARS) to include review of Blind Children's Vocational Discovery and Development Program Manual-Case Management section and on the job training as listed in the Individual Training Plan.

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TN 10-70 Approval Date 3-22-11 Effective Date 1-1-11

Supersedes TN 90-28

SUPERSEDES: TN- 90-28

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| STATE | <u>Texas</u> | A |
| DATE REC'D | <u>12-29-10</u> | |
| DATE APP'D | <u>3-22-11</u> | |
| DATE EFF | <u>1-1-11</u> | |
| HCFA 179 | <u>10-70</u> | |

Case Management Services - Blind and Visually Impaired Children (continued)

6. Freedom of Choice:

- (a) Section 1915(g)(1) of the Social Security Act is invoked to limit the providers of case management services to the State Authority on Blindness and Visual Impairment, which is the Texas Department of Assistive and Rehabilitative Services (DARS).
- (b) The DARS has implemented rules, standards, and procedures to ensure that case management activities are:
 - (1) Available on a statewide basis with procedures to ensure continuity of services without duplication; and
 - (2) Provided by individuals who meet the requirements of education and work experience commensurate with their job responsibilities as specified by DARS.
- (c) Eligible recipients will have free choice of the providers of other medical care under the plan.

7. Access to Services:

- (a) The State assures that case management services will not be used to restrict an individual's access to other services under the plan.
- (b) The State assures that individuals will not be compelled to receive case management services, condition receipt of case management services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management services.
- (c) The State assures that providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

8. Case Records:

- (a) Providers maintain case records that document for all children receiving case management the following:
 - (1) The name of the child;
 - (2) Dates of the case management services;
 - (3) The name of the provider agency (if relevant) and the person providing the case management service; and

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SUPERSEDES: TN- 90-28

TN 10-70 Approval Date 3-22-11 Effective Date 1-1-11
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| STATE <u>Texas</u> | A |
| DATE REC'D <u>12-29-10</u> | |
| DATE APP'VD <u>3-22-11</u> | |
| DATE EFF <u>1-1-11</u> | |
| HCFA 179 <u>10-70</u> | |

Case Management Services - Blind and Visually Impaired Children (continued)
Case Records (continued)

- (4) The nature, content, time and duration of case management services received, including:
- (A) Whether outcomes or goals specified in the care plan have been achieved;
 - (B) Whether the child or the child's family has declined services in the care plan;
 - (C) The need for, and occurrence(s) of, coordination with other case managers;
 - (D) The timeline for obtaining needed services; and,
 - (E) A timeline for reevaluation of the plan.
9. Payment:
- (a) Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.
 - (b) Case management providers are paid based on the reimbursement methodology described in Attachment 4.19-B, item 33.
10. Limitations:
- (a) Case Management does not include:
 - (1) Case management activities that are an integral component of another covered Medicaid service;
 - (2) The direct delivery of an underlying medical, educational, social, developmental or other service to which an eligible child has been referred; or
 - (3) Activities integral to the administration of foster care programs.
 - (b) FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program, except for case management that is included in an individualized education program or individualized family service plan consistent with 1903(c) of the Act. (§§1902(a)(25) and 1905(c)).

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SUPERSEDES: TN- 90-28

TN 10-70 Approval Date 3-22-11 Effective Date 1-1-11
Supersedes TN 90-28

19. Case Management Services - Blind and Visually Impaired Children

See Supplement 1 to Attachment 3.1-A, page 1C

TN No. 92-32
Supersedes Approval Date SEP 03 1992 Effective Date JUL 01 1992
TN No. 88-23

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| STATE <u>Clerk</u> | |
| DATE REC'D <u>AUG 24 1992</u> | A |
| DATE APPV'D <u>SEP 03 1992</u> | |
| DATE EFF <u>JUL 01 1992</u> | |
| HCEA 179 <u>92-32</u> | |

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19. Case Management Services - Blind and Visually Impaired Children

See Supplement 1 to Attachment 3.1-A, page 1C

TN No. 92-32 Approval Date SEP 03 1992 Effective Date JUL 01 1992
Supersedes 88-23
TN No. 88-23

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| STATE | <u>Texas</u> | A |
| DATE REC'D | <u>AUG 24 1992</u> | |
| DATE APPV'D | <u>SEP 03 1992</u> | |
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| HCFA 179 | <u>92-32</u> | |

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| STATE | <u>Texas</u> | A |
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| DATE APP'VD | <u>9-1-13</u> | |
| DATE EFF | <u>9-1-12</u> | |
| NOFA 179 | <u>12-30</u> | |

33. Case Management for Children Who are Blind or Visually Impaired

- (a) Effective September 1, 2012, the prospective rate is based on one or more contacts per month with the client or collateral, either by face-to-face or telephone.
- (b) The provider will be required to submit an annual cost report covering the state fiscal year. Provider costs will be collected for use as a basis for updating the prospective rate:
- (1) Inclusion of certain reported expenses. The provider must ensure that all requested allowable costs are included in the cost report. The State will collect all costs and units of service for all clients, but the final calculation limits costs to those only incurred in the delivery of a Medicaid covered service delivered to a Medicaid eligible beneficiary. Reporting of costs on the cost report will be made in accordance with United States Department of Health and Human Services Office of Management and Budget Circular A-87.
 - (2) Several different kinds of data are collected on the cost report. These include the number of units of service. The cost data include direct costs, programmatic indirect costs, and general and administrative costs including salaries, benefits, and non-labor costs. Programmatic indirect costs include salaries, benefits and other costs of this case management program that are indirectly related to the delivery of case management services to clients. General and administrative overhead costs include the salaries, benefits and other costs that, while not directly part of the case management services program, constitute costs that support the operations of the case management services program.
 - (3) The single state agency will eliminate unallowable expenses from the cost report. Unallowable expenses included in the cost report are omitted from the cost report database and appropriate adjustments are made to expenses and other information reported by the provider; the purpose is to ensure that the database reflects costs and other information which are consistent with efficiency, economy, and quality of care; are necessary for the provision of covered case management services; and are consistent with federal and state Medicaid regulations.
 - (4) Total costs from the cost report are projected from the historical reporting period to the rate period. The Personal Consumption Expenditures (PCE) Chain-Type Index, which is based on data from the U.S. Department of Commerce, is used to project costs other than salaries and benefits. Salaries and benefits are projected based on the known changes in state employee salaries and benefits as approved by the Texas Legislature.
- (c) The State will review the data obtained from providers to ensure that the bundled rate continues to be economic and efficient.

TN: 12-30

Approval Date: 9/1/13

Effective Date: 9/1/12

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