

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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COPIED AT STATE EXPENSE

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\*Forms Provided

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* 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

TN No. 92-03 JUN - 2 1994  
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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

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

42 CFR  
Part 430

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	<u>Texas</u>	A
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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	<u>Texas</u>	A
DATE REC'D.	<u>DEC 15 1992</u>	
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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).

TN # 77-16

Supersedes

TN # \_\_\_\_\_

Approval Date 10-3-77

Effective Date 8-29-77

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.

Not applicable. No waivers have ever been granted.

TN # 76-46  
Supersedes  
TN # \_\_\_\_\_

Approval Date 12-16-76

Effective Date 12-3-76

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) <input checked="" type="checkbox"/> The agency named in paragraph 1.1(a) has responsibility for all determinations of eligibility for Medicaid under this plan. <input type="checkbox"/> 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.

SUPERSEDES: TN- 76-46

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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.

TN # 76-46  
Supersedes  
TN #

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Effective Date 12-3-76

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 <u>Organization for Administration</u>  (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 <u>Medicaid and CHIP Division (MCD)</u> 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.  <input checked="" type="checkbox"/> Not applicable. Only staff of the agency named in paragraph 1.1(a) make such determinations.

SUPERSEDES: TN- 92-38

STATE	<u>Texas</u>
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MSA 179	<u>12-01</u>

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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.

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

TN # 74-50  
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TN # \_\_\_\_\_

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Effective Date 9-1-74

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

State: Texas

Citation 1.4 State Medical Care Advisory Committee

42 CFR  
431.12(b)  
AT-78-90

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.

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

Revision: HCFA-PM-94-3 (MB)

APRIL 1994

State/Territory: TexasCitation1.5 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 <u>Texas</u>	A
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DATE APVD <u>08-03-95</u>	
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TN Nos. **SUPERSEDES: NONE - NEW PAGE**

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 vaccines. . .
- \*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. . .

No. 94-35 Approval Date 8/3/95 Effective Date 10/1/94 <sup>TN</sup>  
 Supersedes  
 TN No. **SUPERSEDES: NONE - NEW PAGE**

STATE <u>Texas</u>	A
DATE REC'D <u>12-27-94</u>	
DATE APP'VD <u>08-03-92</u>	
DATE EFF <u>10-01-94</u>	
HCFA 179 <u>94-35</u>	

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

State of Texas

STATE	<u>Texas</u>	A
DATE REC'D	<u>10-6-10</u>	
DATE APPV'D	<u>3-31-11</u>	
DATE EFF	<u>11-1-10</u>	
HCFA 179	<u>10-58</u>	

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 (IHCA). Section 2107(e)(1) 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.

TN 10-58 Approval 3-31-11 Effective Date 11-1-10

Supersedes TN \_\_\_\_\_

SUPERSEDES: NONE - NEW PAGE

- 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.

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

TN 10-58 Approval 3-31-11 Effective Date 11-1-10

Supersedes TN SUPERSEDES: NONE - NEW PAGE

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

OMB No.: 0938-

State: Texas

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.

TN No. 91-34 Approval Date JAN 14 1992 Effective Date OCT 01 1991  
 Supersedes \_\_\_\_\_  
 TN No. 75-40 HCFA ID: 7982E

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

TEXAS MEDICAID STATE PLAN

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.

TN # 03-16  
Supersedes TN # 95-23

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

SUPERSEDES: TN- 95-23

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

Revision: HCFA-PM-91-8 (MB)  
October 1991

OMB No.

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

HCFA ID: 7985E

STATE <u>Texas</u>	A
DATE REC'D <u>MAR 31 1992</u>	
DATE APPV'D <u>APR 29 1992</u>	
DATE EFF <u>JAN 01 1992</u>	
HCFA 179 <u>92-12</u>	

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

OMB No.: 0938-

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.
- 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.

TN No. 91-34  
 Supersedes 87-10 Approval Date JAN 14 1992 Effective Date OCT 01 1991  
 TN No. 87-10 HCFA ID: 7982E

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

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

OMB No.: 0938-0193

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.

STATE	<u>TX</u>	A
DATE REC'D	<u>6-30-87</u>	
DATE APP'VD	<u>8-14-87</u>	
DATE EFF	<u>See HCFA-179</u>	
HCFA 179	<u>87-10</u>	

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

Approval Date: 8-14-87

Effective Date: See HCFA-179

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

OMB No.: 0938-0193

State: Texas

Citation

42 CFR 435.530(b)  
42 CFR 435.531  
AT-78-90  
AT-79-29

2.4 Blindness

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	<u>TX</u>	A
DATE REC'D	<u>6-30-87</u>	
DATE APP'VD	<u>8-14-87</u>	
DATE EFF.	<u>See HCFA-179</u>	
HCFA 179	<u>87-10</u>	

TN No. 87-10  
Supersedes  
TN No. 79-20

Approval Date 8-14-87

Effective Date See HCFA-179

HCFA ID: 1006P/0010P

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

OMB No. 0938-

State: Texas

Citation  
42 CFR  
435.121,  
435.540(b)  
435.541

2.5 Disability

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 87-10 Approval Date JAN 14 1992

Effective Date OCT 01 1991

HCFA ID: 7982E

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

Revision: HCFA-PM-92-1  
FEBRUARY 1992

(MB)

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 <u>Texas</u>	A
DATE REC'D <u>APR 09 1992</u>	
DATE APPV'D <u>APR 29 1992</u>	
DATE EFF <u>APR 01 1992</u>	
HCFA 179 <u>92-10</u>	

TN No. 92-10 Approval Date APR 29 1992 Effective Date APR 01 1992  
 Supersedes 91-34

Revision: HCFA-PH-86-20 (BERC)  
SEPTEMBER 1986

OMB-No. 0938-0193

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

TN NO. 86-24  
Supersedes  
TN NO. 82-9

Approval Date MAY 26 1987

Effective Date OCT 1 1986

HCFA ID:0053C/0061E

Revision: HCFA-PM-94-5  
APRIL 1994

(MB)

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 <u>Texas</u>	A
DATE REC'D <u>5-31-94</u>	
DATE APPV'D <u>6-10-94</u>	
DATE EFF <u>6-1-94</u>	
HCFA 179 <u>94-20</u>	

TN No. 94-20  
 Supersedes 93-41 Approval Date 6/10/94 Effective Date 6/1/94  
 TN No. 93-41

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

OMB No.: 0938-

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 ~~(F)~~ 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  
TN No. 90-50, pg 19, items 3.1(a)(ix)(iii) & (iv)  
90-50, pg 19a, item (v)

Effective Date OCT 01 1991  
HCFA ID: 7982E

STATE	<u>Texas</u>	A
DATE REC'D	<u>DEC 11 1991</u> <u>JAN 14 1992</u>	
DATE APP'VD		
DATE EFF	<u>OCT 01 1991</u>	
HCFA 179	<u>91-34</u>	

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

OMB No.: 0938-

State/Territory: Texas

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

1102(c)(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. <u>91-34</u>	Approval Date <u>JAN 14 1992</u>	Effective Date <u>OCT 01 1991</u>
Supersedes		HCFA ID: 7982E
TN No. <u>90-50, pg 19a, items (vii), (viii), (ix), (xi)</u>		

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

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 <u>Texas</u>	A
DATE REC'D <u>3-28-03</u>	
DATE APPV'D <u>6-6-03</u>	
DATE EFF <u>8-1-03</u>	
HCFA 179 <u>03-07</u>	

TN No. 03-07

Supersedes

Approval Date

6-6-03

Effective Date

8-1-03

TN No. \_\_\_\_\_

SUPERSEDES: NONE - NEW PAGE

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 <u>Texas</u>	<b>A</b>
DATE REC'D <u>3-28-03</u>	
DATE APPV'D <u>6-6-03</u>	
DATE EFF <u>8-1-03</u>	
HCFA 179 <u>03-07</u>	

TN No. 03-07

Supersedes

Approval Date 6-6-03

Effective Date 8-1-03

TN No. SUPERSEDES: NONE - NEW PAGE

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

OMB No.: 0938-

State/Territory: Texas

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

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

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.

1902(e)(5) of  
the Act

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

(42 CFR 440.140 AND 440.160)

TN No. 92-05  
Supersedes 91-24 Approval Date **MAR 13 1992** Effective Date **JAN 01 1992**  
TN No. \_\_\_\_\_ HCFA ID: 7982E

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

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 ends) and any remaining days in the month in which the 60<sup>th</sup> 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.
- (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.

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

SUPERSEDES: TN. 94-30

STATE	<u>Texas</u>
DATE REC'D	<u>9-29-08</u>
DATE APP'VD	<u>6-4-09</u>
DATE EFF	<u>9-1-08</u>
HCFA 179	<u>08-26</u>

A

TN No. 08-26

Approval Date 6-4-09

Effective Date 9-1-08

Supersedes TN No. 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.

<i>Texas</i>	
STATE	
DATE REC'D	JUN 30 1993
DATE APP'VD	AUG 06 1993
DATE EFF	APR 01 1993
HCFA 177	93-18
	A

TN No. 93-18  
Supersedes 91-34 Approval Date AUG 06 1993 Effective Date APR 01 1993  
TN No.

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	<u>TX</u>	A
DATE REC'D	<u>3-31-98</u>	
DATE APPL'D	<u>4-21-98</u>	
DATE EFF.	<u>1-1-98</u>	
HCFA 179	<u>98-03</u>	

TN No. 98-03  
 Supersedes 93-05 Approval Date 4-21-98 Effective Date 1-1-98  
 TN No. 93-05

Enclosure 3 continued

21--continued

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.

SUPERSEDES: TN- 98-03

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

TN No. 03-03

Supersedes Approval Date 11 March 2003

Effective Date 1 January 2003

TN No. 98-03

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

OMB No.: 0938-

State/Territory: Texas

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

Sec. 245A(h) (a)(6) Limited Coverage for Certain Aliens

of the  
Immigration and  
Nationality Act

- (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 <u>Texas</u>	A
DATE REC'D <u>DEC 11 1991</u>	
DATE APP'VD <u>JAN 14 1992</u>	
DATE EFF <u>OCT 01 1991</u>	
HCFA 179 <u>91-34</u>	

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

OMB No.: 0938-

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.

**PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN**

1902(a)(47) and 1920 of the Act ~~XXX~~ (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 91-27 Approval Date MAR 13 1992 Effective Date JAN 01 1992  
TN No. \_\_\_\_\_ HCFA ID: 7982E

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

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 11 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

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.
- 11 (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  
Supersedes TN # 91-34

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

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

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.

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:

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 provided.

No; nursing facility services are not provided.

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

STATE	<u>Texas</u>	A
DATE REC'D	<u>DEC 31 1990</u>	
DATE APP'VD	<u>MAR 28 1991</u>	
DATE EFF	<u>OCT -1 1990</u>	
HCFA 179	<u>90-50</u>	

TN # 90-50  
Supersedes  
TN # 85-01

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 <u>Texas</u>	A
DATE REC'D <u>12-30-93</u>	
DATE APPVD <u>01-19-94</u>	
DATE EFF <u>10-01-93</u>	
HCFA 179 <u>93-44</u>	

TN No. 93-44  
 Superseded 91-24 Approval Date 01/19/94 Effective Date 10/01/93  
 TN No. \_\_\_\_\_

Revision: HCFA-AT-80-38 (SPP)  
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.

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TN # 76-57  
Supersedes  
TN # \_\_\_\_\_

Approval Date 2-24-77 Effective Date 11-23-76

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

State TEXAS

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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.

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TN # 76-57  
Supersedes  
TN # \_\_\_\_\_

Approval Date 2-24-77

Effective Date 11-23-76

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

Revision: HCFA-PM-87-4  
MARCH 1987

(BERC)

OMB No.: 0938-0193

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.

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

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

STATE	<u>Texas</u>	
DATE RECEIVED	<u>1-29-90</u>	
DATE REVERSED	<u>6-1-90</u>	/ <u>X</u> /
DATE OF	<u>1-1-90</u>	
HCFA ID#	<u>90-03</u>	/ <u>  </u> /

TN No. 90-03  
Supersedes  
TN No. 87-10

Approval Date 6-1-90

Effective Date 1-1-90  
HCFA ID: 1008P/0011P

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	<u>Texas</u>	A
DATE REC'D	<u>SEP 20 1993</u>	
DATE APPV'D	<u>OCT 01 1993</u>	
DATE EFF	<u>JUL 01 1993</u>	
HCFA 179	<u>93-26</u>	

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

Enclosure 3 continued

29a

Revision: HCFA-PM-97-3  
December 1997

(CMSO)

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.

SUPERSEDES: TN- 98-03

STATE <u>Texas</u>	A
DATE REC'D <u>2-26-03</u>	
DATE APPV'D <u>3-11-03</u>	
DATE EFF <u>1-1-03</u>	
HCFA 179 _____	

TN. No. 03-03  
Supersedes  
TN No. 98-03

Approval Date 11 March 2003

Effective Date 1 January 2003

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 <u>Texas</u>	<b>A</b>
DATE REC'D <u>2-26-03</u>	
DATE APP'VD <u>3-11-03</u>	
DATE EFF <u>1-1-03</u>	
HCFA 179 <u>03-03</u>	

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	<u>Texas</u>	A
DATE RECD	<u>APR 01 1993</u>	
DATE APPLD	<u>MAY 03 1993</u>	
DATE EFF	<u>JAN 01 1993</u>	
HCFA 177	<u>93-05</u>	

TN No. 93-05  
Superseded 92-05 Approval Date MAY 03 1993 Effective Date JAN 01 1993  
TN No. 92-05

Revision: HCFA-PM-91-8  
October 1991

(MB)

OMB No.:

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

STATE	<u>Texas</u>	A
DATE REC'D	<u>FEB - 7 1992</u>	
DATE APP'D	<u>JUN - 2 1994</u>	
DATE EFF	<u>SEP - 1 1994</u>	
HCFA 179	<u>92-03</u>	

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.

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 <u>Texas</u>	A
DATE REC'D <u>DEC 27 1994</u>	
DATE APP'D <u>AUG 24 1995</u>	
DATE EFF <u>NOV 16 1994</u>	
HCFA 179 <u>94-30</u>	

TN # 94-30  
 Supersedes  
 TN # 76-57      Approval Date AUG 24 1995      Effective Date NOV 16 1994

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 DMIS/HCFA/DDO

DATE: 4-10-79

TRANSMITTAL NO: 79-3

TN # 79-3  
~~76-57~~  
Supersedes  
TN # \_\_\_\_\_

Approval Date 4-10-79  
~~2-24-77~~

Effective Date 3-8-79  
~~1-23-76~~

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

OMB No.: 0938-

State: TexasCitation1902(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--

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.

TN No. 91-34  
Supersedes Approval Date JAN 14 1992 Effective Date OCT 01 1991  
TN No. 90-25, pg 31c

HCFA ID: 7982E

STATE	<u>Texas</u>	A
DATE REC'D	<u>DEC 11 1991</u>	
DATE APP'VD	<u>JAN 14 1992</u>	
DATE EFF	<u>OCT 01 1991</u>	
HCFA 179	<u>91-34</u>	

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

OMB No.: 0938-

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.

TN No. 91-34 Approval Date JAN 14 1992 Effective Date OCT 01 1991  
 Supersedes  
 TN No. 90-25, pg 31c  
90-25, pg 31 d, top portion  
 HCFA ID: 7982E

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

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

OMB No.: 0938-

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).

TN No. 91-34 Approval Date JAN 14 1992 Effective Date OCT 01 1991  
Supersedes  
TN No. 90-25, pg 31d, items (c) & (d) HCFA ID: 7982E

STATE	<u>Texas</u>	A
DATE REC'D	<u>DEC 11 1991</u>	
DATE APP'VD	<u>JAN 14 1992</u>	
DATE EFF	<u>OCT 01 1991</u>	
HCFA 179	<u>91-34</u>	

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

OMB No.: 0938-

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).

TN No. 91-34  
Supersedes 90-25 Approval Date JAN 14 1992 Effective Date OCT 01 1991  
TN No. pg 31e HCFA ID: 7982E

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

312

Revision: HCFA - Region VI  
DECEMBER 1990

State/Territory: TEXAS

Sec 1905(e)(3) of  
the Act. (Sec 6408(c)  
of P.L. 100-239 and  
Sec 4706 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	<u>TEXAS</u>	A
DATE REC'D	<u>12-28-90</u>	
DATE APPV'D	<u>3-4-91</u>	
DATE EFF	<u>4-1-90</u>	
HCFA 179	<u>90-47</u>	

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

Revision: HCFA-PH-87-4 (BERG)  
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 <u>TX</u>	A
DATE REC'D <u>6-30-87</u>	
DATE APPVD <u>8-14-87</u>	
DATE EFF <u>See HCFA-179</u>	
HCFA 179 <u>87-10</u>	

TN No. 87-10  
Supersedes  
TN No. 74-50

Approval Date 8-14-87

Effective Date See HCFA 179

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

State TEXAS

Citation  
42 CFR 431.202  
AT-79-29  
AT-80-34

4.2 Hearings for Applicants and Recipients

The Medicaid agency has a system of hearings that meets all the requirements of 42 CFR Part 431, Subpart E.

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TN # 74-50

Supersedes

TN # \_\_\_\_\_

Approval Date 11-6-74

Effective Date 9-1-74

Revision: HCFA-AT-87-9 (BERC)  
AUGUST 1987

OMB No.: 0938-0193

State/Territory: Texas

Citation  
42 CFR 431.301  
AT-79-29

4.3 Safeguarding Information on Applicants and Recipients

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	<u>TX</u>	A
DATE REV'D	<u>10-16-87</u>	
DATE APPR'D	<u>3-10-88</u>	
DATE EFF	<u>5-28-87</u>	
HCFA 179	<u>87-14</u>	

TN No. 87-19  
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.

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

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

STATE	<u>TX</u>	A
DATE REC'D	<u>6-30-87</u>	
DATE APP'VD	<u>8-14-87</u>	
DATE EFF	<u>See HCFA-179</u>	
HCFA 179	<u>87-10</u>	

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

Approval Date 8-14-87

Effective Date See HCFA-179

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	<u>TX</u>	A
DATE REC'D	<u>NOV 25 1988</u>	
DATE APP'D	<u>JAN 05 1989</u>	
DATE EFF.	<u>OCT 01 1988</u>	
HCFA ID	<u>88-18</u>	

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

Approval Date JAN 05 1989

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.

<i>2/2/00</i> <i>11-23-99</i> <i>12-17-99</i> <i>10-1-99</i> <i>99-10</i>	<i>^</i>
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TN No. *99-10*  
Supersedes Approval Date *12-12-99* 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**

<p><u>Citation</u></p> <p>Section 1902(a)(42)(B)(i) of the Social Security Act</p>         <p>Section 1902(a)(42)(B)(ii)(I) of the Act</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The State is seeking an exception to establishing such program for the following reasons:</p> <p><input checked="" type="checkbox"/> 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.</p> <p>Place a check mark to provide assurance of the following:</p> <p><input checked="" type="checkbox"/> The State will make payments to the RAC(s) only from amounts recovered.</p> <p><input checked="" type="checkbox"/> The State will make payments to the RAC(s) on a contingent basis for collecting overpayments.</p>
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State: Texas  
Date Received: October 24, 2014  
Date Approved: November 25, 2014  
Date Effective: October 1, 2014  
Transmittal Number: 14-045

TN: 14-045

Approval Date: 11-25-14

Effective Date: 10-01-14

Supersedes TN: 12-029

**4.5b - Medicaid Recovery Audit Contractor Program (continued)**

<p><u>Citation</u></p>	
<p>Section 1902 (a)(42)(B)(ii)(II)(aa) of the Act</p>	<p>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):</p> <p><u>  X  </u> 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.</p>
<p>Section 1902 (a)(42)(B)(ii)(II)(bb) of the Act</p>	<p><u>  X  </u> The following payment methodology will be used to determine State payments to Medicaid RAC(s) for underpayments:</p> <p>The specific payment methodology will be a contingency fee rate as agreed to in the contract.</p> <p><u>      </u> 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.</p>
<p>Section 1902 (a)(42)(B)(ii)(III) of the Act</p>	<p><u>  X  </u> The State has an adequate appeal process in place for entities to appeal any adverse determination made by the Medicaid RAC(s).</p>

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

TN: 14-045

Approval Date: 11-25-14

Effective Date: 10-01-14

Supersedes TN: 12-021

STATE	<u>Texas</u>	A
DATE REC'D	<u>3-30-12</u>	
DATE APPV'D	<u>4-19-12</u>	
DATE EFF	<u>1-1-12</u>	
HCPA 179	<u>12-21</u>	

**4.5b - Medicaid Recovery Audit Contractor Program (continued)**

<u>Citation</u>	
Section 1902 (a)(42)(B)(ii)(IV)(aa) of the Act	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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.

TN: 12-21

Approval Date: 4-19-12

Effective Date: 1-1-12

Supersedes TN: 11-55

SUPERSEDES: TN- 11-55

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	<u>TX</u>	A
DATE REC'D	<u>6-10-91</u>	
DATE APP'VD	<u>11-19-91</u>	
DATE EFF	<u>4-1-91</u>	
HCFA ID#	<u>91-13</u>	

*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.

TN # 78-13

Supersedes

TN #           

Approval Date 12-11-78

Effective Date 7-24-78

Revision: HCFA-AT-60-38 (BPP)  
May 22, 1980

State TEXAS

Citation  
42 CFR 431.18 (b)  
AT-79-29

4.3 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.

TN # 74-50  
Supersedes  
TN #

Approval Date 11-6-74

Effective Date 9-1-74

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

State TEXAS

Citation  
42 CFR 433.37  
AT-73-90

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.

TN # 74-50

Supersedes

TN #

Approval Date 11-6-74

Effective Date 9-1-74

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	<u>Texas</u>	A
DATE REC'D	<u>9-24-03</u>	
DATE APPV'D	<u>10-17-03</u>	
DATE EFF	<u>8-13-03</u>	
HCFA 179	<u>03-16</u>	

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

State of Texas

Citation	Condition or Requirement
42 CFR 431.610	<p>4.11 <u>Relations with Standard-setting and Survey Agencies</u></p> <p>(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.</p> <p>(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.</p> <p>(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 &amp; Medicaid Services on request.</p>

SUPERSEDES: TN- 92-38

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

A

TN: 12-01 Approval Date: 4-26-12 Effective Date: 3-1-12  
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	<u>Texas</u>
DATE REC'D	<u>3-30-12</u>
DATE APPV'D	<u>4-26-12</u>
DATE EFF	<u>3-1-12</u>
NOFA 170	<u>12-01</u>

A

TN: 12-01

Approval Date: 4-26-12

Effective Date: 3-1-12

Supersedes TN: 77-16

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:

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

TN # 74-50  
Supersedes  
TN # \_\_\_\_\_

Approval Date 11-6-74

Effective Date 9-1-74

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

OMB No.: 0938-

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.

TN No. 91-34 Approval Date JAN 14 1992 Effective Date OCT 01 1991  
 Supersedes 89-27  
 TN No. 89-27  
*89-27, page 72, Item 4.24(a)*  
 HCFA ID: 7982E

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

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

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

TN # 03-16  
Supersedes TN # 91-31

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

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

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

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 <u>Texas</u>	<b>A</b>
DATE REC'D <u>9-24-03</u>	
DATE APPV'D <u>10-17-03</u>	
DATE EFF <u>8-13-03</u>	
HCFA 179 <u>03-16</u>	

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 <u>Texas</u>	A
DATE REC'D <u>9-24-03</u>	
DATE APPV'D <u>10-17-03</u>	
DATE EFF <u>8-13-03</u>	
HOCA 179 <u>03-16</u>	

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.

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

All hospitals (other than mental hospitals)

Those specified in the waiver.

No waivers have been granted.

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

TN No. 88-09  
Supersedes  
TN No. 85-4

Approval Date JAN 05 1989

Effective Date SEP 01 1988  
HCFA ID: 0048P/0002P

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

OMB NO.: 0938-0193

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.

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

All mental hospitals.

Those specified in the waiver.

No waivers have been granted.

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

STATE	<i>Texas</i>	A
DATE REC'D	DEC 27 1994	
DATE APP'VD	AUG 24 1995	
DATE EFF	NOV 16 1994	
HCFA 179	<i>94-30</i>	

TN No. *94-30*  
Superseded  
TN No. *85-04*

Approval Date AUG 24 1995

Effective Date NOV 16 1994

Revision: HCFA-PN-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.

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:

All skilled nursing facilities.

Those specified in the waiver.

No waivers have been granted.

APPROVED BY DNIS/HCFA/SPO

DATE: MAR 21 1986

TRANSMITTAL NO: 85-4

TN No. 85-4

Supersedes

TN No. 75-65

Approval Date MAR 21 1986

Effective Date SEP 1 1985

HCFA ID: 0048P/0002P

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

State: Texas

OMB NO. 0938-0193

Citation  
42 CFR 456.2  
50 FR 15312

4.14  (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.
- 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 1985  
TRANSMITTAL NO: 85-4

TN No. 85-4  
Supersedes  
TN No. 75-65

Approval Date MAR 21 1985 Effective Date

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 <u>Texas</u>	A
DATE REC'D <u>9-24-03</u>	
DATE APPV'D <u>10-17-03</u>	
DATE EFF <u>8-13-03</u>	
HCFA 179 <u>03-16</u>	

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

SUPERSEDES: TN- 94-30

STATE	<u>Texas</u>	A
DATE REC'D	<u>9-29-08</u>	
DATE APP'VD	<u>6-4-09</u>	
DATE EFF	<u>9-1-08</u>	
HCFA 179	<u>08-26</u>	

TN No. 08-26

Approval Date 6-4-09

Effective Date 9-1-08

Supersedes TN No. 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.

TN # 74-50

Supersedes

TN # \_\_\_\_\_

Approval Date 11-6-74

Effective Date 9-1-74

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

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.

SUPERSEDES: TN- 88-01

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

TN No. 04-11  
Supercedes  
TN No. 88-01

Approval Date 9-23-04

Effective Date 9-1-04

DATE REC'D.	<u>6-30-10</u>	A
DATE APP'D	<u>1-31-11</u>	
DATE EFF	<u>4-1-10</u>	
HCFA 179	<u>10-22</u>	

**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.

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.

TN 10-22

Approval Date 1-31-11

Effective Date 4-1-10

Supersedes TN 04-11

SUPERSEDES: TN- 04-11

STATE	<u>Texas</u>	A
DATE REC'D	<u>6-30-10</u>	
DATE APPV'D	<u>1-31-11</u>	
DATE EFF	<u>4-1-10</u>	
HCFA 179	<u>10-22</u>	

**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.

TN 10-22

Approval Date 1-31-11

Effective Date 4-1-10

Supersedes TN SUPERSEDES: NONE - NEW PAGE

STATE	<u>Texas</u>	A
DATE REC'D	<u>6-30-10</u>	
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DATE EFF	<u>4-1-10</u>	
HCFA 179	<u>10-22</u>	

**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.

TN   10-22  

Approval Date   1-31-11  

Effective Date   4-1-10  

Supersedes TN   08-03  

SUPERSEDES: TN-   08-03

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 <u>Texas</u>	A
DATE REC'D <u>5-7-04</u>	
DATE APP'VD <u>9-23-04</u>	
DATE EFF <u>9-1-04</u>	
HCFA 179 <u>04-11</u>	

SUPERSEDES: NONE - NEW PAGE

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TN No. 04-11 Approval Date 9-23-04 Effective Date 9-1-04  
 Supercedes  
 SUPERSEDES: NONE - NEW PAGE  
 TN No. \_\_\_\_\_

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.

SUPERSEDES: NONE - NEW PAGE

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

TN No. 04-11 Approval Date 9-23-04 Effective Date 9-1-04

Supersedes

TN No. 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

- (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 <u>Texas</u>	A
DATE REC'D <u>5-7-04</u>	
DATE APPV'D <u>9-23-04</u>	
DATE EFF <u>9-1-04</u>	
HCFA 179 <u>04-11</u>	

SUPERSEDES: NONE - NEW PAGE

TN No. 04-11 Approval Date 9-23-04 Effective Date 9-1-04

Supersedes  
SUPERSEDES: NONE - NEW PAGE  
TN No. \_\_\_\_\_

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

OMB No.: 0938-

State/Territory: Texas

Citation 4.18 Recipient Cost Sharing and Similar Charges \*

42 CFR 447.51

through 447.58 (a)

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) (b) of the Act

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
- 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.

A	
STATE: <u>TX03</u>	
DATE REC'D: <u>9-24-03</u>	
DATE APP'VD: <u>10-17-03</u>	
DATE EFF: <u>8-13-03</u>	
HCFA 179: <u>03-16</u>	

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.

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

(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.

[ ] 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.

42 CFR 438.108  
42 CFR 447.60

SUPERSEDES: TN- 03-15

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.

\* 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

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 <u>Texas</u>	A
DATE REC'D <u>6-4-03</u>	
DATE APPV'D <u>8-1-03</u>	
DATE EFF <u>4-1-03</u>	
HCFA 179 <u>TX 03-08</u>	

SUPERSEDES: TN- 02-15

TN No. 03-08

Supersedes TN No. 02-15 Approval Date 8-1-03

Effective Date 4-1-03

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

OMB No.: 0938-

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.

TN No. 91-34 Approval Date JAN 14 1992 Effective Date OCT 01 1991  
 Supersedes \_\_\_\_\_  
 TN No. 90-25, item (b)(3)

HCFA ID: 7982E

STATE	<u>Texas</u>	A
DATE REC'D	<u>DEC 11 1991</u>	
DATE APP'VD	<u>JAN 14 1992</u>	
DATE EFF	<u>OCT 01 1991</u>	
HCFA 179	<u>91-34</u>	

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 Approval Date JAN 14 1992 Effective Date OCT 01 1991  
Supersedes  
TN No. 90-25, pg 56a, item (b)(4)  
90-32, pg 56(g) HCFA ID: 7982E

STATE	<u>Texas</u>	A
DATE REC'D	<u>DEC 11 1991</u>	
DATE APPY'D	<u>JAN 14 1992</u>	
DATE EFF	<u>OCT 01 1991</u>	
HCFA 179	<u>91-34</u>	

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:

SUPERSEDES: TN- 02-15

STATE <u>Texas</u>	A
DATE REC'D <u>6-4-03</u>	
DATE APPV'D <u>8-1-03</u>	
DATE EFF. <u>1-1-03</u>	
HCFA 179 <u>TX 03-08</u>	

TN No. 03-08

Supersedes TN No. 02-15 Approval Date 8-1-03

Effective Date 1-1-03

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.

(i.) 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.

Not applicable. No such charges are imposed.

TN No. <u>91-34</u>	Approval Date <u>JAN 14 1992</u>	Effective Date <u>OCT 01 1991</u>
Supersedes		
TN No. <u>86-24, pg 56c, item (c)(2)(ii)</u>		HCFA ID: 7982E
<u>86-23, pg 56d</u>		
<u>86-24, pg 56c, item (c)(2)(viii)</u>		

STATE <u>Texas</u>	A
DATE REC'D <u>DEC 11 1991</u>	
DATE APP'VD <u>JAN 14 1992</u>	
DATE EFF <u>OCT 01 1991</u>	
HCFA 179 <u>91-34</u>	

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:

SUPERSEDES: TN- 02-15

STATE <u>Texas</u>	A
DATE REC'D <u>6-4-03</u>	
DATE APPV'D <u>8-1-03</u>	
DATE EFF <u>7-1-03</u>	
HCFA 179 <u>TX 03-08</u>	

TN No. 03-08

Supersedes TN No. 02-15 Approval Date 8-1-03

Effective Date 7-1-03

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 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 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, coinsurance, copayments or similar charges that the provider has waived or are uncollectable, except as permitted under 42 CFR 447.57(b).

TN No. 92-43  
Supersedes 91-24 Approval Date 11/13/92 Effective Date 10/10/92  
TN No. 91-24 HCFA ID: 7982E

STATE	<u>Texas</u>	A
DATE REC'D	<u>11-9-92</u>	
DATE APPROV'D	<u>11-13-92</u>	
DATE EFF.	<u>10-10-92</u>	
HCFA #	<u>92-43</u>	

56(g)

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 <i>Texas</i>	A
DATE REC <i>SEP 26 1990</i>	
DATE APPV'D <i>OCT 16 1990</i>	
DATE EFF <i>JUL - 1 1990</i>	
HCFA 179 <i>9032</i>	

TN No. *9032*

Supersedes

TN No. *inc. New Page*

Approval Date *OCT 16 1990* Effective Date *JUL - 1 1990*

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

OMB No.: 0938-

State/Territory: Texas

Citation 4.19 Payment for Services

42 CFR 447.252 (a) The Medicaid agency meets the requirements of  
1902(a)(13) 42 CFR Part 447, Subpart C, and sections  
and 1923 of the Act with respect to  
the Act payment for inpatient hospital services.

*Section 1902(c)(7)*

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.

TN No. 91-34 Approval Date JAN 14 1992 Effective Date OCT 01 1991  
Supersedes TN No. 87-10

HCFA ID: 7982E

STATE	<u>Texas</u>	A
DATE REC'D	<u>DEC 11 1991</u>	
DATE APP'VD	<u>JAN 14 1992</u>	
DATE EFF	<u>OCT 01 1991</u>	
HCFA 179	<u>91-34</u>	

Revision: HCFA-PM-93- 6  
August 1993

(MB)

OMB No.: 0938-

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	<u>Texas</u>	A
DATE REC'D	<u>SEP 16 1993</u>	
DATE APP'VD	<u>OCT 01 1993</u>	
DATE EFF	<u>AUG 01 1993</u>	
HCFA 179	<u>93-31</u>	

No. 93-31 Approval Date OCT 01 1993 Effective Date AUG 01 1993 TN  
 Superseded by 92-05  
 TN No. 92-05

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.

Yes. The State's policy is described in ATTACHMENT 4.19-C.

No.

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TN # 79-17  
Supersedes  
TN # \_\_\_\_\_

Approval Date 10-25-79

Effective Date 8-23-79

Revision: HCFA - Region VI  
November 1990

State/Territory: TEXAS

Citation

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).

4.19 (d)

- (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.

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	<u>Texas</u>	A
DATE REC'D	<u>DEC 31 1990</u>	
DATE APPV'D	<u>MAR 28 1991</u>	
DATE EFF	<u>OCT - 1 1990</u>	
HCFA 179	<u>90-30</u>	

TN No. 9030  
Supersedes  
TN No. 9029

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.

TN# 91-11 Approval Date 4/17/91 Effective Date 1/1/91  
Supersedes  
TN# 79-17

STATE	<u>Texas</u>	A
DATE REC'D	<u>4-1-91</u>	
DATE APP'VD	<u>4-17-91</u>	
DATE EFF	<u>1-1-91</u>	
HCFA 179	<u>91-11</u>	

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

OMB No.: 0938-0193

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	<u>TX</u>	A
DATE REC'D	<u>6-30-87</u>	
DATE APP'VD	<u>8-14-87</u>	
DATE EFF	<u>See HCFA-179</u>	
HCFA 179	<u>87-10</u>	

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

Approval Date 8-14-87

Effective Date See HCFA-179

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

State TEXAS

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

TN # 79-7

Supersedes

TN # \_\_\_\_\_

Approval Date 7-3-79

Effective Date 8-6-79

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.

TN # 79-7  
Supersedes  
TN #           

Approval Date 7-3-79

Effective Date 8-6-79

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

State TEXAS

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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.

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TN # 79-7

Supersedes

TN # \_\_\_\_\_

Approval Date 7-3-79

Effective Date 8-6-79

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	<u>Texas</u>
DATE REC	<u>3-31-06</u>
DATE APPROV'D	<u>10-3-08</u>
DATE EFF	<u>1-1-06</u>
HCFA 179	<u>06-08</u>

A

66(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

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TN: 14-12

Approval Date: 6-19-14

Effective Date: 4-1-14

Supersedes TN: 06-08

Revision: HCFA-PM-94-8 (MB)  
1994

October

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:

\$ 8.00 for immunizations with one vaccine/toxoid component  
\$12.00 for immunizations with two vaccine/toxoid components  
\$14.85 for immunizations with three or more vaccine/toxoid components

§1926 of  
The Act

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

Not applicable

SUPERSEDES: 06-08

STATE	<u>Texas</u>	<b>A</b>
DATE REC'D	<u>9-27-07</u>	
DATE APPV'D	<u>10-27-08</u>	
DATE EFF	<u>9-1-07</u>	
HCFA 179	<u>07-09(A)</u>	

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.

Not applicable. No direct payments are made to recipients.

TN # 79-17

Supersedes

TN # \_\_\_\_\_

Approval Date 10-25-79

Effective Date 8-23-79

State Texas

<u>Citation</u>	4.21	<u>Prohibition Against Reassignment of Provider Claims</u>
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

TN: 14-30Approval Date: 10-29-14Effective Date: 7-14-14Supersedes TN: 81-09

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;
  - (2) Describes the methods the agency uses for meeting the followup requirements contained in §433.138(g)(1)(i) and (g)(2)(i);
  - (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
  - (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.
- 42 CFR 433.138(g)(1)(ii) and (2)(ii)
- 42 CFR 433.138(g)(3)(i) and (iii)
- 42 CFR 433.138(g)(4)(i) through (iii)

<i>10/1/94</i>	
<i>11-4-94</i>	A
<i>12-9-94</i>	
<i>10-1-94</i>	
<i>94-29</i>	

TN No. 94-29  
 Supersedes 90-22 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) 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	<u>Texas</u>	A
DATE REC'D	<u>11-21-94</u>	
DATE APP'VD	<u>12-9-94</u>	
DATE EFF	<u>10-01-94</u>	
HCFA 179	<u>94-29</u>	

TN No. 94-29  
 Supersedes 90-22 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

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.

STATE	<u>Texas</u>	A
DATE RECD	<u>11-4-94</u>	
DATE APVD	<u>12-9-94</u>	
DATE EFF	<u>10-1-94</u>	
HCFA #	<u>94-29</u>	

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

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):

a Managed Care Organization that meets the definition of 1903(m) of the Act and 42 CFR 438.2

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.

SUPERSEDES: TN- 84-05

STATE <u>TX05</u>	<b>A</b>
DATE REC'D <u>9-24-03</u>	
DATE APPV'D <u>10-17-03</u>	
DATE EFF <u>8-13-03</u>	
HCFA 179 <u>03-16</u>	

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	<u>Texas</u>	A
DATE RECD	<u>4-18-94</u>	
DATE APP'D	<u>5-5-94</u>	
DATE EFF	<u>4-1-94</u>	
HCFA 179	<u>94-16</u>	

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

Revision: HCFA-AT-60-38 (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.

TN # 74-50  
Supersedes  
TN # \_\_\_\_\_

Approval Date 11-6-74

Effective Date 9-1-74

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	<i>Texas</i>	A
DATE REC'D	<i>APR 30 1993</i>	
DATE APPV'D	<i>MAY 24 1993</i>	
DATE EFF	<i>APR - 1 1993</i>	
HCFA 179	<i>93-13</i>	

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

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	<i>Texas</i>	A
DATE REC'D	APR 30 1993	
DATE APP'VD	MAY 24 1993	
DATE EFF	APR -1 1993	
HCFA 179	92-13	

TN No. 92-13  
Superseded by Approval Date MAY 24 1993 Effective Date APR -1 1993  
TN No. 92-40

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	<u>Texas</u>	A
DATE RECD	<u>APR 30 1993</u>	
DATE APPVD	<u>MAY 24 1993</u>	
DATE EFF	<u>APR - 1 1993</u>	
FEA 179	<u>93-13</u>	

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

State TEXAS

Citation  
42 CFR 431.115(c)  
AT-78-90  
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  
January 1993

(BPD)

State/Territory: Texas

Citation

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)).

4.28 Appeals Process

- (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 <u>Texas</u>	A
DATE REC'D <u>APR 05 1993</u>	
DATE APPVD <u>MAY 04 1993</u>	
DATE EFF <u>JAN 29 1993</u>	
HCFA 179 <u>93-10</u>	

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

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).

SUPERSEDES: TN- 99-10

STATE <u>TEXAS</u>	A
DATE REC'D <u>9-24-03</u>	
DATE APPV'D <u>10-17-03</u>	
DATE EFF <u>8-13-03</u>	
HCFA 179 <u>03-16</u>	

TN # 03-16  
Supersedes TN # 99-10

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

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

OMB No.: 0938-0193

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.

The agency, under the authority of State law, imposes broader sanctions.

STATE	<u>TX</u>	A
DATE REC'D	<u>12-28-87</u>	
DATE APPVD	<u>1-6-88</u>	
DATE EFF	<u>8-13-87</u>	
HCFA 179	<u>87-21</u>	

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

Approval Date 1-6-88

Effective Date 8-13-87

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

OMB No.: 0938-0193

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)

SUPERSEDES: TN- 87-21

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

TN # 03-16  
Supersedes TN # 87-21

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

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

OMB No.: 0938-0193  
4.30 Continued

State/Territory: Texas

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	<u>TX</u>	A
DATE REC'D	<u>12-28-87</u>	
DATE APPV'D	<u>1-6-88</u>	
DATE EFF	<u>10-1-87</u>	
HCFA 179	<u>87-20</u>	

TN No. 8720  
Supersedes  
TN No. new

Approval Date 1-6-88

Effective Date 10-1-87

State/Territory: TexasCitation

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

TN: 15-0006Approval Date: 4-7-2015Effective Date: 1-1-2015Supersedes TN: 11-51

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	<u>TX</u>	A
DATE REC'D	<u>12-28-87</u>	
DATE APPV'D	<u>1-6-88</u>	
DATE EFF	<u>10-21-86</u>	
HCFA 179	<u>87a2</u>	

TN No. 87-20  
Supersedes  
TN No. 8710

Approval Date 1-6-88

Effective Date 10-21-86

HCFA ID: 1010P/0012P

Revision: Region VI  
September 1989

State/Territory: Texas

Citation  
1137 of  
the Act

4.34 Systematic Alien Verification for Entitlements

P.L. 99-603  
(sec. 121)

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.

P.L. 100-360  
(Sec. 411(k)(15))

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 <u>Texas</u>	A
DATE REC'D <u>1-3-90</u>	
DATE APPV'D <u>1-26-90</u>	
DATE EFF <u>1-1-87</u>	
SEAL NO. <u>89-30</u>	

IN 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.

(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.
- (2) Incentive payments.

STATE	<u>Texas</u>
DATE REC'D	<u>MAR 31 1993</u>
DATE APP'VD	<u>MAY 03 1993</u>
DATE EFF	<u>FEB 01 1993</u>
HCFA 179	<u>93-07</u>

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

Approval Date MAY 03 1993

Effective Date FEB 01 1993

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	<u>Texas</u>	A
DATE REC'D	<u>AUG 15 1995</u>	
DATE APP'D	<u>JAN 12 1996</u>	
DATE EFF	<u>JUL 01 1995</u>	
HCFA 179	<u>95-214</u>	

TN No. 95-214  
Supersedes  
TN No. SUPERSEDES: NONE - NEW PAGE  
Approval Date: JAN 12 1996

Effective Date: 01 1995

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).

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

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

STATE	<u>Texas</u>	
DATE	<u>AUG 15 1995</u>	
DATE	<u>JAN 12 1996</u>	A
DATE	<u>JUL 01 1995</u>	
HCFA	<u>95-24</u>	

TN No. 95-24 Approval Date JAN 12 1996

Effective Date: JUL 01 1995

TN No. 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~~<sup>C</sup> 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	<u>Texas</u>	
DATE RECD	<u>AUG 15 1995</u>	
DATE ACTED	<u>JAN 12 1996</u>	A
DATE EFF	<u>JUL 01 1995</u>	
HCFA 179	<u>9524</u>	

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

OMB No.: 0938-

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.

TN No. 91-34 Approval Date JAN 14 1992 Effective Date OCT 01 1991  
Supersedes \_\_\_\_\_  
TN No. none - New page  
HCFA ID: 7982E

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

Revision: HCFA-PM-91- 10  
DECEMBER 1991

(BPD)

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	<u>Texas</u>	A
DATE REC'D	<u>FEB 18 1992</u>	
DATE APPV'D	<u>MAR 13 1992</u>	
DATE EFF	<u>OCT 01 1991</u>	
HCFA 177	<u>92-04</u>	

TN No. 92-04  
Supersedes 89-06  
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 <u>Texas</u>	
DATE REC'D <u>FEB 18 1992</u>	
DATE APPV'D <u>MAR 13 1992</u>	A
DATE EFF <u>OCT 01 1991</u>	
HCFA 179 <u>92-04</u>	

TN No. 92-04  
Supersedes  
TN No. 89-06

Approval Date MAR 13 1992

Effective Date OCT 01 1991

Item 4.24(5), 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)).

- (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 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 <u>Texas</u>	A
DATE REC'D <u>FEB 18 1992</u>	
DATE APPV'D <u>MAR 13 1992</u>	
DATE EFF. <u>OCT 01 1991</u>	
HCFA 179 <u>92-04</u>	

TN No. 92-04  
Superseded by 89-06 Approval Date MAR 13 1992 Effective Date OCT 01 1991  
TN No. 89-06

(Item 4.24 (c), 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)).

- (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.

TN No. 9204  
Supersedes  
TN No. 89-06

Approval Date

MAR 13 1992

Effective Date OCT 01 1991

*item 4.24(b), Page 72*

STATE <u>Texas</u>	<u>FEB 18 1992</u>	A
DATE REC'D	<u>MAR 13 1992</u>	
DATE APP'VD	<u>OCT 01 1991</u>	
DATE EFF	<u>92-04</u>	
HCFA 179		

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)).

XXX

- (z) The State includes a record of successful completion of a competency evaluation within 30 days of the date an individual is found competent.
- (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.
- (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).
- (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 <u>Texas</u>	A
DATE REC'D <u>FEB 18 1992</u>	
DATE APP'VD <u>MAR 13 1992</u>	
DATE EFF <u>OCT 01 1991</u>	
HCFA 179 <u>92-04</u>	

TN No. 92-04

Supersedes 89-06

TN No. 89-06

Approval Date MAR 13 1992

Effective Date OCT 01 1991

*item 4.24(b), Page 72*

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 health 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.
- (e) Attachment 4.39 specifies the State's definition of specialized services.

X

SUPERSEDES: TN- 93-10

STATE <u>Texas</u>	<b>A</b>
DATE REC'D <u>9-30-11</u>	
DATE APPV'D <u>7-18-12</u>	
DATE EFF <u>2-1-13</u>	
HCFA 179 <u>11-54</u>	

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

APRIL 1992

State/Territory: Texas

Citation

4.40 Survey & Certification Process

Sections

1919(g)(1) thru (2) and 1919(g)(4) thru (5) of the Act P.L. 100-203 (Sec. 4212(a))

1919(g)(1) (B) of the Act

1919(g)(1) (C) of the Act

(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.

(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.

(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.

(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?

(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.

(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 <u>Texas</u>	A
DATE REC'D <u>JUN 30 1992</u>	
DATE APPV'D <u>JUL 29 1992</u>	
DATE EFF <u>OCT 01 1990</u>	
HCFA 179 <u>92-23</u>	

TN No. 92-23 Approval Date JUL 29 1992 Effective Date OCT 01 1990  
 Supersedes None - New Page  
 TN No. \_\_\_\_\_ HCFA ID: \_\_\_\_\_

Revision: HCFA-PM-92-3  
APRIL 1992

(HSQB)

OMB No:

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 than 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 <u>Texas</u>	A
DATE REC'D <u>JUN 30 1992</u>	
DATE APPV'D <u>JUL 29 1992</u>	
DATE EFF <u>OCT 01 1990</u>	
HCFA 179 <u>92-23</u>	

TN No. 92-23  
 Supersedes None  
 TN No. New Page

Approval Date JUL 29 1992 Effective Date OCT 01 1990

HCFA ID: \_\_\_\_\_

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.

92-23  
 Supersedes  
 TN No. *None*  
*New Page*

STATE APPROVAL <i>Texas</i>	A
DATE REC'D <i>JUN 30 1992</i>	
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DATE EFF <i>OCT 01 1990</i>	
HCFA 179 <i>4222</i>	

Effective Date **OCT 01 1990**  
 HCFA ID: \_\_\_\_\_

Revision: HCFA-PM-92- 2  
MARCH 1992

(HSQB)

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
- \_\_\_\_\_ 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)].
- 1919(e)(5)(B) of the Act

STATE <u>Texas</u>	A
DATE REC'D <u>5-4-92</u>	
DATE APP'VD <u>5-27-92</u>	
DATE EFF <u>10-1-90</u>	
HCFA 179 <u>92-16</u>	

TN No. 92-16  
 Supersedes None - New Page  
 Approval Date 5/27/92 Effective Date 10/1/90  
 TN No. \_\_\_\_\_ HCFA ID: \_\_\_\_\_

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Territory: Texas

Citation  
1902 (a) (69) of  
the Act,  
P.L. 109-171  
(section 6034)

4.43 Cooperation with Medicaid Integrity Program Efforts  
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.

~~SUPERSEDES: NONE - NEW PAGE~~

STATE <u>Texas</u>	A
DATE REC'D <u>6-20-08</u>	
DATE APPROV'D <u>7-9-08</u>	
DATE EFF <u>4-1-08</u>	
HCFA 179 <u>08-13</u>	

TN No. 08-13

Approval Date: 7-9-08

~~Supersedes TN No. \_\_\_\_\_  
SUPERSEDES: NONE - NEW PAGE~~

Effective Date: 4-1-08

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

Citation4.44 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 <u>Texas</u>	A
DATE REC'D <u>6-20-11</u>	
DATE APP'D <u>6-29-11</u>	
DATE EFF <u>6-1-11</u>	
HCFA 179 <u>11-21</u>	

TN 11-21 Approval 6-29-11 Effective Date 6-1-11

Supersedes TN SUPERSEDES: NONE - NEW PAGE

79aa  
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State of Texas

A	
STATE	Texas
DATE REC'D	3-30-12
DATE APPV'D	10-5-12
DATE EFF.	1-1-13
ISSFA	179 12-09

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.

TN: 12-09

Approval Date: 10-5-12

Effective Date: 1-1-13

Supersedes TN: **SUPERSEDES: NONE - NEW PAGE**

79bb  
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State of Texas

<u>Citation</u>	4.46 <u>Provider Screening and Enrollment (continued)</u>
42 CFR 455.420	REACTIVATION OF PROVIDER ENROLLMENT <u>X</u> 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 <u>X</u> 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 <u>X</u> 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 <u>X</u> 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 <u>X</u> 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 <u>X</u> Assures that the state Medicaid agency requires

STATE	<u>Texas</u>
DATE REC'D	<u>3-30-12</u>
DATE APPV'D	<u>10-5-12</u>
DATE EFF	<u>1-1-13</u>
HCFA 179	<u>12-09</u>

A

TN: 12-09      Approval Date: 10-5-12      Effective Date: 1-1-13

Supersedes TN: **SUPERSEDES: NONE - NEW PAGE**

79cc  
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State of Texas

<u>Citation</u>	4.46 <u>Provider Screening and Enrollment (continued)</u>
42 CFR 455.450	SCREENING LEVELS FOR MEDICAID PROVIDERS <u>X</u> 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 <u>X</u> 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 <u>X</u> 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.

STATE	<u>Texas</u>
DATE REC'D	<u>3-30-12</u>
DATE APP'D	<u>10-5-12</u>
DATE EFF	<u>1-1-13</u>
SCFA 179	<u>12-09</u>

A

TN: 12-09 Approval Date: 10-5-12 Effective Date: 1-1-13

Supersedes TN: SUPERSEDES: NONE - NEW PAGE

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.

TN # 77-15

Supersedes

TN # \_\_\_\_\_

Approval Date 10-3-77

Effective Date 9-30-77

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

State TEXAS

5.2 [Reserved]

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TN # \_\_\_\_\_  
Supersedes \_\_\_\_\_  
TN # \_\_\_\_\_

Approval Date \_\_\_\_\_

Effective Date \_\_\_\_\_

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.

SN # 78-1  
Supersedes  
SN #

Approval Date 3-20-78 Effective Date 2-27-78

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.

TN # 76-22

Supersedes

TN #

Approval Date 7-19-76

Effective Date 6-30-76

Revision: HCFA-AT-81- (BPP)

State TEXASCitation

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 DNHS/HCFA/DPO

DATE: 1-7-83TRANSMITTAL NO: 82-12

TN # 82-12  
Supersedes  
TN # 76-22

Approval Date 1-7-83 Effective Date 7-1982

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.

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.

TN # 76-22  
Supersedes  
TN # \_\_\_\_\_

Approval Date 7-19-76

Effective Date 6-30-76

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

OMB No. 0938-

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.

TN No. 91-34 Approval Date JAN 14 1992 Effective Date OCT 01 1991  
Supersedes 77-29

HCFA ID: 7982E

STATE <u>Texas</u>	A
DATE REC'D <u>DEC 11 1991</u>	
DATE APP'VD <u>JAN 14 1992</u>	
DATE EFF <u>OCT 01 1991</u>	
HCFA ID# <u>91-34</u>	

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

OMB No. 0938-

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.

TN No. 91-34 Approval Date JAN 14 1992 Effective Date OCT 01 1991  
Supersedes TN No. 79-4

HCFA ID: 7982E

STATE <u>Texas</u>	A
DATE REC'D <u>DEC 11 1991</u>	
DATE APP'D <u>JAN 14 1992</u>	
DATE EFF <u>OCT 01 1991</u>	
HCFA 179 <u>91-34</u>	

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

OM No. 0938-

State/Territory: Texas

(RESERVED)

TN No. 92-19  
 Superseded 91-34 Approval Date 5/26/92 Effective Date 12/1/91  
 TN No. 91-34

HCFA ID: 7982E

STATE	<u>Texas</u>	A
DATE REC'D	<u>5-11-92</u>	
DATE APPV'D	<u>5-26-92</u>	
DATE EFF	<u>10-1-91</u>	
HCFA 179	<u>92-17</u>	

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

State of Texas

Citation	Condition or Requirement
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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.

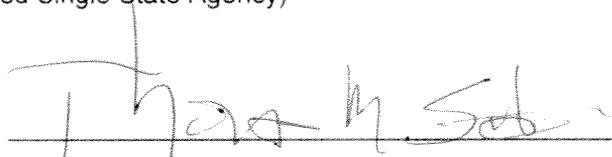
\_\_\_\_\_ Not applicable. The Governor - -

\_\_\_\_\_ Does not wish to review any plan material.

\_\_\_\_\_ Wishes to review only the plan materials specified in the enclosed document.

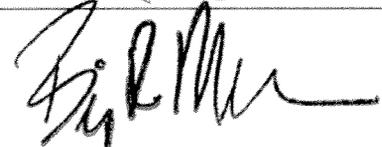
I hereby certify that I am authorized to submit this plan on behalf of:

Texas Health and Human Services Commission  
(Designated Single State Agency)



(Signature) Thomas M. Suehs, Executive Commissioner

Date 2-22-12



(Signature) Billy R. Millwee, State Medicaid Director

Date 3-30-12

STATE	<u>Texas</u>
DATE REC'D	<u>3-30-12</u>
DATE APPV'D	<u>4-26-12</u>
DATE EFF	<u>3-1-12</u>
MSFA 179	<u>12-01</u>

A

SUPERSEDES: TN- 01-15

TN: 12-01

Approval Date: 4-26-12

Effective Date: 3-1-12

Supersedes TN: 01-15