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State/Territory Name: TX

State Plan Amendment (SPA) #: 23-0028

This file contains the following documents in the order listed:

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TX - Submission Package - TX2023MS0002O - (TX-23-0028) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Review Assessment Report **Approval Letter** Transaction Logs

News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th Street
Room 355
Kansas City, KS 64106



Center for Medicaid & CHIP Services

January 17, 2024

Emily Zalkovsky
State Medicaid Director
Texas Health and Human Services Commission
Post Office Box 13247
Mail Code: H100
Austin, TX 78711

Re: Approval of State Plan Amendment TX-23-0028

Dear Emily Zalkovsky,

On October 20, 2023, the Centers for Medicare and Medicaid Services (CMS) received Texas State Plan Amendment (SPA) TX-23-0028, in which the state proposed to elect the option described in section 1902(e)(16) of the Social Security Act to provide 12 months of postpartum coverage to Medicaid-eligible pregnant individuals. We conducted our review of your submission according to the statutory requirements in Title XIX of the Social Security Act (the Act) under section 1902(e)(16).

We approve Texas SPA TX-23-0028 with an effective date of March 01, 2024.

This approval is subject to the condition that Texas will implement the SPA consistent with section 1902(e)(16) of the Act and all sub-regulatory guidance contained in State Health Official Letter #21-007 and subsequent related guidance.

If you have any questions regarding this amendment, please contact Tobias Griffin at tobias.griffin@cms.hhs.gov.

Sincerely,
James G. Scott
Director, Division of Program Operations
Center for Medicaid & CHIP Services

TX - Submission Package - TX2023MS0002O - (TX-23-0028) - Eligibility

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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | TX2023MS0002O | TX-23-0028

CMS-10434 OMB 0938-1188

Package Header

Package ID	TX2023MS0002O	SPA ID	TX-23-0028
Submission Type	Official	Initial Submission Date	10/20/2023
Approval Date	01/17/2024	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Texas

Medicaid Agency Name: Texas Health and Human Services Commission

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | TX2023MS00020 | TX-23-0028

Package Header

Package ID TX2023MS00020	SPA ID TX-23-0028
Submission Type Official	Initial Submission Date 10/20/2023
Approval Date 01/17/2024	Effective Date N/A
Superseded SPA ID N/A	

SPA ID and Effective Date

SPA ID TX-23-0028

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage	3/1/2024	New

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | TX2023MS0002O | TX-23-0028

Package Header

Package ID	TX2023MS0002O	SPA ID	TX-23-0028
Submission Type	Official	Initial Submission Date	10/20/2023
Approval Date	01/17/2024	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives The purpose of this amendment is to provide 12 months of continuous postpartum coverage to pregnant individuals who were enrolled under CHIP or Medicaid while pregnant. The 12-month postpartum period begins on the last day of a beneficiary's pregnancy and extends through the end of the month in which the 12-month period ends.

Individuals who were enrolled in Medicaid or CHIP while pregnant and are still less than 12 months postpartum, but whose coverage was terminated prior to the effective date of these amendments, will be provided continuous eligibility for the remainder of their 12-month postpartum period provided they continue to be state residents.

Additionally, a previous amendment to the CHIP State Plan allowed 12-month continuous coverage for children under the age of nineteen effective January 1, 2022. This CHIP state plan amendment also reflects this coverage.

These amendments are being requested under the following authority:

- Under section 1902(e)(5) and section 1902(e)(6) of the Social Security Act, pregnant women receive Medicaid continuous coverage from the pregnancy start date through 60 days following termination of pregnancy.
- Section 9812 of the American Rescue Plan Act (ARPA) of 2021, Pub. L. No. 117-2, added section 1902(e)(16) of the Social Security Act to allow states the option to extend Medicaid eligibility for pregnant women for 12 months after the woman's pregnancy ends. Section 9822 of the ARPA also added subparagraph (J) to section 2107(e)(1) of the Social Security Act that allowed states to extend CHIP coverage to targeted low-income pregnant children and, if applicable, to targeted low-income pregnant women for 12 months after the individual's pregnancy ends. The ARPA made these options available for only five years.
- Section 5113 of the Consolidated Appropriations Act (CAA), 2023, Pub. L. No. 117-328, made the options allowed under ARPA permanent. Under the CAA, if states elect the option under Medicaid, they are required to provide the same continuous postpartum coverage in their separate CHIP programs.
- House Bill 12 (88th Texas Legislative Session, 2023) requires HHSC to continue to provide Medicaid to a woman who is eligible for Medicaid for pregnant women coverage for a period of not less than to 12 months that begins on the last day of the woman's pregnancy and ends on the last day of the month in which the 12-month period ends in accordance with Section 1902(e)(16), Social Security Act (42 U.S.C. Section 1396a(e)(16)).

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$143480000
Second	2024	\$220820000

Federal Statute / Regulation Citation

Section 1902(e)(16) of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | TX2023MS00020 | TX-23-0028

Package Header

Package ID	TX2023MS00020	SPA ID	TX-23-0028
Submission Type	Official	Initial Submission Date	10/20/2023
Approval Date	01/17/2024	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe No comments have been received at the time of the submission.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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TX - Submission Package - TX2023MS0002O - (TX-23-0028) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Review Assessment Report Approval Letter Transaction Logs

News **Related Actions**

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage

MEDICAID | Medicaid State Plan | Eligibility | TX2023MS0002O | TX-23-0028

CMS-10434 OMB 0938-1188

Package Header

Package ID	TX2023MS0002O	SPA ID	TX-23-0028
Submission Type	Official	Initial Submission Date	10/20/2023
Approval Date	01/17/2024	Effective Date	<u>3/1/2024</u>
Superseded SPA ID	New User-Entered		

The state provides continuous eligibility for pregnant individuals and extended postpartum coverage in accordance with the following provisions:

A. Mandatory Continuous Eligibility for Pregnant Women

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan, without regard to any changes in income that otherwise would result in ineligibility, through the last day of the month in which a 60-day postpartum period (beginning on the last day of the pregnancy) ends. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.

B. Optional 12-Month Postpartum Continuous Eligibility for Pregnant Women

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan while pregnant (including during a period of retroactive eligibility) through the last day of the month in which a 12-month postpartum period (beginning on the last day of the pregnancy) ends. The 12-month postpartum continuous eligibility option applies for the period beginning on the effective date of this reviewable unit and is available through March 31, 2027 (or other date as specified by law).

Yes

No

- This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.
- Full benefits are provided for a pregnant or postpartum individual under this option. This includes all items and services covered under the state plan (or waiver) that are not less in amount, duration, or scope than, or are determined by the Secretary to be substantially equivalent to, the medical assistance available for an individual described in subsection 1902 (a)(10)(A)(i) of the Act.
- Continuous eligibility is provided to pregnant individuals eligible and enrolled under the state plan through the end of the 12-month postpartum period who would otherwise lose eligibility because of a change in circumstances, unless:
 - The individual requests voluntary termination of eligibility;
 - The individual ceases to be a resident of the state;
 - The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse or perjury attributed to the individual; or
 - The individual dies.

C. Additional Information (optional)

Section 5113 of the Consolidated Appropriations Act, 2023 eliminated, without replacement, the March 31, 2027, sunset date of the 12-month postpartum continuous eligibility option. Therefore, the durational limit of the option that is described in Section B. does not apply.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information

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