

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

August 9, 2024

Emily Zalkovsky
State Medicaid Director
Texas Health and Human Services Commission (HHSC)
P.O. Box 13247
Austin, TX 78711-3247

Re: Texas State Plan Amendment (SPA) 24-0004

Dear Director Zalkovsky:

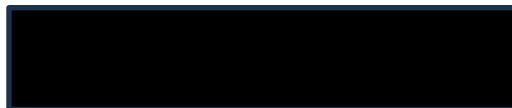
The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0004. This amendment allows providers of inpatient psychiatric hospital services in an institution of mental disease to be accredited by any CMS-approved accreditation organization for psychiatric hospitals. Currently, the Texas State Plan limits accreditation for inpatient psychiatric hospital services to The Joint Commission.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter informs you that Texas' Medicaid SPA TN 24-0004 was approved on August 9, 2024, with an effective date of February 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Texas State Plan.

If you have any questions, please contact Ford Blunt at (214) 767-6381 or via email at Ford.Blunt@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

<p>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>	<p>1. TRANSMITTAL NUMBER 2 4 _ 0 0 0 4</p>	<p>2. STATE T X</p>
<p>TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>	<p>3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT</p>	
<p>5. FEDERAL STATUTE/REGULATION CITATION 42 U.S.C. §1395bb(a)(1) 42 C.F.R. §§440.160, 441.151, 488.4, 488.6,</p>	<p>4. PROPOSED EFFECTIVE DATE February 01, 2024</p>	
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A page 32 Attachment 3.1-B page 32 Attachment 4.19-A page 12</p>	<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>0</u> b. FFY <u>2024</u> \$ <u>0</u></p>	
<p>9. SUBJECT OF AMENDMENT</p>	<p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A page 32 (Supersedes TN: 94-30) Attachment 3.1-B page 32 (Supersedes TN: 94-30) Attachment 4.19-A page 12 (Supersedes TN: 92-45)</p>	

The proposed amendment is to update the State Plan to allow providers of inpatient psychiatric hospital services in an institution of mental disease to be accredited by any CMS-approved accreditation organization for psychiatric hospitals. Currently, the Texas State Plan limits accreditation for inpatient psychiatric hospital services to The Joint Commission.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt.

<p>11. SIGNATURE OF STATE AGENCY OFFICIAL</p> <div style="background-color: black; width: 100%; height: 30px;"></div>	<p>15. RETURN TO</p> <p style="text-align: center;">Emily Zalkovsky State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711</p>
<p>12. TYPED NAME Emily Zalkovsky</p>	
<p>13. TITLE State Medicaid Director</p>	
<p>14. DATE SUBMITTED</p>	

FOR CMS USE ONLY	
<p>16. DATE RECEIVED January 31, 2024</p>	<p>17. DATE APPROVED August 9, 2024</p>

PLAN APPROVED - ONE COPY ATTACHED	
<p>18. EFFECTIVE DATE OF APPROVED MATERIAL February 1, 2024</p>	<p>19. SIGNATURE OF APPROVING OFFICIAL <div style="background-color: black; width: 100%; height: 20px;"></div> Digitally signed by James G. Scott -S Date: 2024.08.09 18:17:06 -05'00'</p>
<p>20. TYPED NAME OF APPROVING OFFICIAL James G. Scott</p>	<p>21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations</p>

22. REMARKS

14.a Services for individuals age 65 or older in Institutions for Mental diseases - Inpatient Hospital Services.

- 1) Eligible population. Inpatient hospital services in an institution for mental disease are limited to individuals:
 - A. who are 65 years old or older;
 - B. who have one or more mental diseases;
 - C. who have no acceptable alternative treatment;
 - D. for whom the single state agency or its designee has determined inpatient hospital services in an institution for mental disease to be reasonable and medically necessary.

- 2) Definition of services. Inpatient services in an institution for mental disease must meet the requirements of 42 CFR 440.140(a) pertaining to providers of inpatient hospital services in institutions for mental disease and include but are not limited to:
 - A. initiation, titration and/or change in medication;
 - B. monitoring and assessing by qualified mental health professionals;
 - C. suicide precautions;
 - D. redirection of inappropriate behaviors and/or reinforcement of appropriate behaviors;
 - E. group and individual therapies;
 - F. structured skills training activities;
 - G. room and board; and
 - H. nursing services.

- 3) Provider qualifications. All providers seeking to provide inpatient hospital services in an institution of mental disease must:
 - A. submit an approved application for enrollment through means established by the single state agency or its designee;
 - B. meet the Medicare conditions of participation specified in 42 CFR 482.60;
 - C. provide documentation of accreditation by a CMS-approved accreditation organization;
 - D. if applicable, be licensed as a psychiatric hospital under the provision of the Health and Safety Code, Chapter 577;
 - E. meet the requirements of 42 CFR 440.140(a) pertaining to providers of inpatient hospital services in institutions for mental disease;
 - F. be in compliance with applicable standards promulgated by the state mental health authority as provisions of the Texas Administrative Code, Title 25, Part II, Chapters 401, 402, 403, 404, 405, and 408, relating to patient care and treatment in inpatient mental health facilities;

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EPSDT DIAGNOSTIC AND TREATMENT SERVICES NOT OTHERWISE COVERED UNDER
THE STATE PLAN

Inpatient psychiatric hospital services furnished to EPSDT recipients. The psychiatric hospital must be accredited by a CMS-approved accreditation organization. The single state agency or its designee reimburses psychiatric hospitals using Medicare principles of reasonable cost reimbursement found at 42 CFR 413, but without applying the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA) rate of increase limits. The single state agency or its designee establishes interim payment rates. EPSDT recipients will be given the free choice of qualified providers and the requirements of 42 CFR 441 Subpart D will be met.

Except for payment as described in this attachment for inpatient hospital services, payment for authorized medically necessary services required to diagnose and treat a condition found on EPSDT medical screening will be based on existing Medicare and Medicaid reimbursement methodologies.