DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES

FORM APPROVED OMB NO. 0938-0193

CENTERS FOR MEDICARE AND MEDICAID SERVICES	4 75 410407741 1014075	OMB NO. 0938-0193			
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE:			
STATE PLAN MATERIAL	10-058	TEXAS			
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITL	E XIX OF THE SOCIAL			
	SECURITY ACT (MEDICAID)				
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES	4. PROPOSED EFFECTIVE DATE:				
DEPARTMENT OF HEALTH AND HUMAN SERVICES	November 1, 2010	November 1, 2010			
5. TYPE OF PLAN MATERIAL (Circle One):					
☐ NEW STATE PLAN ☐ AMENDMENT TO BE	CONSIDERED AS NEW PLAN	AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Se 6. FEDERAL STATUTE/REGULATION CITATION:		E ATTACHBAENT			
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2010 \$0				
Social Security Act 1902(a)(73)	b. FFY 2011 \$0 c. FFY 2012 \$0				
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable):				
SEE ATTACHMENT TO BLOCKS 8 AND 9	SEE ATTACHMENT TO BLOCKS 8 AND 9				
10. SUBJECT OF AMENDMENT:					
The proposed amendment outlines the tribal consultation process between the Texas Medicaid agency and Indian health programs in Texas.					
11. GOVERNOR'S REVIEW (Check One):					
GOVERNOR'S OFFICE REPORTED NO COMMENT	GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt.				
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED					
□ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL					
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:				
	Billy R. Millwee				
13. TYPED NAME: Billy R. Millwee	State Medicaid Director Post Office Box 13247, MC: H-100	State Medicaid Director Post Office Box 13247 MC: H-100			
·	Austin, Texas 78711				
14. TITLE: State Medicaid Director					
15. DATE SUBMITTED:					
October 5, 2010					
FOR REGIONAL OFFICE USE ONLY					
17. DATE RECEIVED: 6 October, 2010	18. DATE APPROVED:	The state of the s			
PLAN APPROVED - ONE COPY ATTACHED 19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIA	ΛΙ.			
1 November, 2010	1/5W 16				
21. TYPED NAME:	22. TITLE: Associate Regional Add	ministrator			
Bill Brooks	Division of Medicaid &	Children's Health			
23. REMARKS;					

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

State of Texas

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Texas STATE_ DATE REC'D 10-6-10 DATE APPV'D_ DATE EFF_ HCFA 179

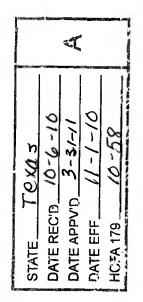
SUPERSEDES: TN- 87-10

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

Supersedes TN: 87-10

ST	ATE PLAN	UNDER TITLE XIX	OF THE SOCIAL SECURITY AC	T
<u>Citation</u>		State of ibal Consultation	STATE TEXAS	A
SSA 1902(a)(73)	one or more care service on a regular operated by the Indian Urban Indian (IHCIA). requirements requirements required	re Indian health programmes to establish a processar, ongoing basis from by the Indian Health Service Self-Determination and ian Organizations under Section 2107(e)(I) of the last to the Children's Health programmes.	Security Act (the Act) requires a sms or urban Indian organizations for the state Medicaid agency to designees of Indian health progrant vice (IHS), tribes or tribal organization Assistance Act (ISDE or the Indian Health Care Improvement Act was also amended to apply ealth Insurance Program (CHIP).	furnish health seek advice ns, whether zations under EAA), or ment Act these Consultation
	(A)	programs in Texas, ustate Medicaid agence for seeking advice on Medicaid programs a (SPAs) prior to submeter to SPAs) prior to submeter to Indian his services, and acute impact to Indian his services, and acute impact to Indian his Federally Qualifies. Acute care provide reimbursement, rathearing information and urban Indian of the state Medicaid and urban Indian of the services.	d agency will send a request for fe in health programs and urban India exas on Medicaid SPAs that have lealth programs on client eligibility e care providers. This will include lealth programs on pharmacy serviced Health Centers, and provider red er reimbursement, including clinicate reduction SPAs, and correspondent on will be sent to the Indian health organizations in Texas only if a red s or more, all funds, is proposed for	s, and the owing process ers related to amendments eedback to an a direct y, acute care e any direct ices, quirements. E or office ding rate a programs duction of
TN 10-5			Effective Date //-/-	-10
Supersedes TN	JUPE	RSEDES: NONE - NI	EW 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.

TN/	0-58	Approval	3-31-11	_ Effective Date_	11-1-10
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