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State/Territory Name: Texas

State Plan Amendment (SPA) #: TX-23-0029

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850



Children and Adults Health Programs Group

January 17, 2024

Emily Zalkovsky
Medicaid Director
State of Texas, Health and Human Services Commission
4601 W. Guadalupe St.
Austin, TX 78751

Dear Director Zalkovsky:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) number TX-23-0029, submitted on October 20, 2023, with additional information submitted on January 12, 2024, has been approved. Through this SPA, Texas provides 12 months of continuous postpartum coverage to individuals enrolled in its separate CHIP, pursuant to section 9822 of the American Rescue Plan Act of 2021 (ARP). This SPA has an effective date of March 1, 2024, and is a companion to the Medicaid continuous postpartum coverage TX-23-0028.

Section 9822 of the ARP added section 2107(e)(1)(J) to the Social Security Act (the Act), which requires states to provide continuous eligibility throughout an individual's pregnancy and 12-month postpartum period in CHIP if the state has elected this option in Medicaid. In Texas this provision applies to targeted low-income children who are pregnant.

In addition to 12-months of continuous postpartum coverage, the same SPA template is used to describe the state's continuous eligibility policies for children in its separate CHIP. Section 5112 of the Consolidated Appropriations Act, 2023 (CAA, 2023) amended section 1902(e)(12) and added a new paragraph (K) to section 2017(e)(1) of the Social Security Act (the Act) to require that states provide 12 months of continuous eligibility for children under the age of 19 in Medicaid and CHIP effective January 1, 2024. Texas' state plan currently describes that it provides 12-month continuous eligibility for children up to 185 percent of the Federal poverty level (FPL) and six-month continuous eligibility for children from 185 to 200 percent of the FPL under its separate CHIP.

Texas has confirmed that it came into compliance with section 2107(e)(1) of the Act to provide 12 months of continuous eligibility to all children on January 1, 2024. As you are aware, the state has until the end of its fiscal year to submit a CHIP SPA demonstrating compliance with section 2107(e)(1) of the Act.

Your Project Officer is Abbie Walsh. She is available to answer your questions concerning this amendment and other CHIP-related matters. Her contact information is as follows:

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Centers for Medicare & Medicaid Services
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If you have additional questions, please contact Meg Barry, Director, Division of State Coverage Programs, at (443) 934-2064. We look forward to continuing to work with you and your staff.

Sincerely,
/Signed by Sarah deLone/

Sarah deLone
Director

Section 1. General Description and Purpose of the State Child Health Plans and State Child Health Plan Requirements (Section 2101)

1.1 The state will use funds provided under Title XXI primarily for (Check appropriate box) (42 CFR 457.70):

1.1.1. Obtaining coverage that meets the requirements for a separate child health program (Section 2103); **OR**

1.1.2. Providing expanded benefits under the state’s Medicaid plan (Title XIX); **OR**

1.1.3. A combination of both of the above.*

* Phase I children (Medicaid “Phase-In” children) covered under the original Texas CHIP state plan have been completely phased in to Medicaid as an eligibility group. However, the state would reserve the right to continue to claim FMAP for any outstanding and unpaid Medicaid claims for that group for dates of service prior to their conversion to a regular Medicaid FMAP group.

1.2 Please provide an assurance that expenditures for child health assistance will not be claimed prior to the time that the State has legislative authority to operate the State plan or plan amendment as approved by CMS. (42 CFR 457.40(d))

1.3 Please provide an assurance that the state complies with all applicable civil rights requirements, including title VI of the Civil Rights Act of 1964, title II of the Americans with Disabilities Act of 1990, section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, 45 CFR part 80, part 84, and part 91, and 28 CFR part 35. (42CFR 457.130)

1.4 Please provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this plan or plan amendment (42 CFR 457.65):

Effective dates: See below.*

Implementation date: May 1, 2000 (CHIP Phase II)

* The Compliance SPA amendment, approved May 5, 2003, reformatted Texas’ previous CHIP state plan covering Phase I and Phase II children. In general, the effective date(s) are the same as the original CMS-approved effective dates for Phase I (Medicaid coverage for phase-in children) and Phase II (separate, state-designed CHIP coverage up to 200 percent FPL).

Subsequent amendments to the original CHIP state plan (related to the Phase II program) were incorporated into the new state plan template, and are effective per their CMS-approved effective dates. The amendments to date are listed below:

- ❑ CHIP Method of Finance Change – Approved December 13, 2001, Effective September 1, 2001.
- ❑ CHIP Cost-sharing Changes- Approved May 1, 2002, Effective March 1, 2002.
- ❑ CHIP Car Seat Initiative- Approved November 25, 2002, Effective June 15, 2002.
- ❑ CHIP Community Health Worker Initiative – Approved May 5, 2003, Effective May 5, 2003.
- ❑ CHIP Program Changes related to actions of the 78th Texas Legislature – Approved July 25, 2003, Effective September 1, 2003.
- ❑ CHIP Program Changes related to Community Health Worker Initiative – Approved November 18, 2004, Effective August 1, 2004.
- ❑ CHIP Restoration of Medical Benefits – Approved May 26, 2006, Effective September 1, 2005.
- ❑ CHIP Cost-sharing Changes – Approved May 10, 2006, Effective January 1, 2006.
- ❑ CHIP Restoration of Dental Benefits – Approved December 23, 2005, Effective April 1, 2006.
- ❑ CHIP Program changes related to the time period for payment of cost-sharing obligations – Approved January 18, 2007, Effective August 1, 2006.
- ❑ CHIP Program changes related to the CHIP Perinatal Program – Approved June 2, 2006, Effective September 1, 2006.
- ❑ CHIP Program changes related to Applicant and Enrollee Protections – Approved September 24, 2007, Effective May 1, 2007.
- ❑ CHIP Program changes related to HB 109, 80th Legislature, Regular Session, 2007 – Approved December 28, 2007, Effective September 1, 2007.
- ❑ CHIP Program changes related to dental benefits – Approved November 8, 2007, Effective September 1, 2007.
- ❑ CHIP extension for enrollment fee payments for Hurricane Ike – Approved October 30, 2008, Effective September 7, 2008.
- ❑ CHIP income exemption for temporary census employees – Approved October 30, 2008, Effective October 1, 2008.
- ❑ CHIP Program changes applying payment requirements consistent with the Medicaid prospective payment system for federally qualified health centers and rural health clinics, Approved October 25, 2010, Effective October 1, 2009.
- ❑ CHIP eligibility expansion for qualified aliens under age 19, Approved February 11, 2011, Effective May 1, 2010.

- ❑ CHIP Program change related to hospice care, Approved October 25, 2010, Effective August 1, 2010.
- ❑ CHIP Perinatal Program changes allowing eligible unborn children to receive coverage for 12 continuous months, except when labor with delivery is paid for by Medicaid and the newborn is deemed eligible for Medicaid, Approved October 25, 2010, Effective September 1, 2010.
- ❑ CHIP method of finance change to provide federal matching funds for public school employee children, Approved February 11, 2011, Effective September 1, 2010.
- ❑ CHIP changes for behavioral health benefits and cost-sharing, Approved October 25, 2010, Effective March 1, 2011.
- ❑ CHIP change to provide federal matching funds for public employee children, Approved July 27, 2011, Effective September 1, 2011.
- ❑ CHIP Program change related to the dental program and cost-sharing, Approved August 5, 2011, Effective March 1, 2012.
- ❑ CHIP update to the electronic system processes used to determine CHIP eligibility, Effective September 1, 2013.
- ❑ CHIP change incorporating approved Modified Adjusted Gross Income (MAGI) Conversion Plan to cost-sharing bands, Effective January 1, 2014.
- ❑ CHIP changes incorporating Affordable Care Act state plan templates and deleting pages superseded by templates, and eliminating resources, Effective September 1, 2016.
- ❑ CHIP updates to the enrollment process for continuity of care, Effective October 1, 2016
- ❑ CHIP updates to provisions for implementing temporary adjustments to eligibility and enrollment policies for application and redetermination, and cost-sharing requirements for children in families living in in Federal Emergency Management Agency (FEMA) or Governor declared disaster areas at the time of the disaster event: In the event of a disaster, the State will notify CMS of the intent to provide temporary adjustments to its eligibility and enrollment policies for application and redetermination policies and cost-sharing requirements, the effective dates of such adjustments, and the counties/areas impacted by the disaster, Approved August 31, 2017, Effective August 25, 2017.
- ❑ CHIP updates to the payment methodology for Federally-Qualified Health Centers and Rural Health Centers. Approved March 20, 2020, Effective April 1, 2018.
- ❑ CHIP Coverage Required by the American Rescue Plan Act, Effective March 11, 2021.
- ❑ CHIP Cost-sharing Changes related to SB 827, 87th Legislature, Regular Session, 2021 – Approved, Effective January 1, 2023.
- ❑ CHIP Postpartum Continuous Eligibility related to House Bill 12, 88th Texas Legislature, Regular Session, 2023- Effective March 1, 2024.

1.4-TC Tribal Consultation (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment,

Model Application Template for the State Children's Health Insurance Program

when it occurred and who was involved.

Tribal consultation was not required for this CHIP State Plan Amendment.

TN: 22-0001

Approval Date: Effective Date: January 1, 2023

Superseding Pages of MAGI CHIP State Plan Material

Transmittal Number	SPA Group	PDF	Description	Superseded Plan
TX-14-0032 Effective/Implementation Date: January 1, 2014	MAGI Eligibility & Methods	CS7	Eligibility- Targeted Low Income Children	Supersedes the current sections Geographic Area 4.1.1; Age 4.1.2; and Income 4.1.3
		CS9	Eligibility-Coverage from Conception to Birth	Supersedes the current section Age 4.1.1; 4.1.2.1; and 4.1.3
		CS10	Eligibility-Children who have access to Public Employee Coverage Hardship Exception	Supersedes the current section 4.4; 4.4.1; 4.4.2; and 4.4.3 Appendix: Supersedes current documentation
		CS15	MAGI-Based Income Methodologies	Incorporate within a separate subsection under section 4.3
TX-14-0033 Effective/Implementation Date: January 1, 2014	XXI Medicaid Expansion	CS3	Eligibility for Medicaid Expansion Program	Supersedes the current Medicaid expansion section 4.0
TX-14-0034 Effective/Implementation Date: January 1, 2014	Establish 2101(t) Group	CS14	Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards	Incorporate within a separate subsection under section 4.1
TX-14-0038 Effective/Implementation Date: October 1, 2013	Eligibility Processing	CS24	Eligibility Process	Supersedes the current sections 4.3 and 4.4
TX-14-0036 Effective/Implementation Date: January 1, 2014	Non-Financial Eligibility	CS17	Non-Financial- Citizenship	Supersedes the current section 4.1.5
		CS18	Non-Financial Eligibility- Residency	Supersedes the current sections 4.1.; 4.1.10.
		CS19	Non-Financial- Social Security Number	Supersedes the current section 4.1.9.
		CS20	Substitution of Coverage	Supersedes the current section 4.4.4
		CS21	Non-Financial Eligibility- Non-Payment of Premiums	Supersedes the current section 8.7
		CS27	Continuous Eligibility	Supersedes the current section 4.1.8
<u>TX-23-0029</u> <u>Effective/Implementation Date: March 1, 2024</u>	<u>Non- Financial Eligibility</u>	<u>CS27</u>	<u>Continuous Eligibility</u>	<u>Supersedes the current section 4.1.8 under TX-14-0036.</u>



CHIP Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: TX - 23 - 0029

Separate Child Health Insurance Program General Eligibility - Continuous Eligibility

CS27

2105(a)(4)(A) of the SSA and 42 CFR 457.342 and 435.926; 2107(e)(1)(J) and 1902(e)(16) of the SSA

Mandatory 12-Month Postpartum Continuous Eligibility in CHIP for States Electing This Option in Medicaid

At state option in Medicaid, states may elect to provide continuous eligibility for an individual's 12-month postpartum period consistent with section 1902(e)(16) of the SSA. If elected under Medicaid, states are required to provide the same continuous eligibility and extended postpartum period for pregnant individuals in its separate CHIP. A separate CHIP cannot implement this option if not also elected under the Medicaid state plan.

State elected the Medicaid option to provide continuous eligibility through the 12- month postpartum period

The 12-month postpartum continuous eligibility applies for the period beginning on the effective date of this SPA (no earlier than April 1, 2022) and is available through March 31, 2027.

- The state assures the extended postpartum period available to pregnant targeted low-income children or targeted low-income pregnant women under section 2107(e)(1)(J) of the SSA is provided consistent with the following provisions:

- Individuals who, while pregnant, were eligible and received services under the state child health plan or waiver shall remain eligible throughout the duration of the pregnancy (including any period of retroactive eligibility) and the 12-month postpartum period, beginning on the day the pregnancy ends and ending on the last day of the 12th month consistent with paragraphs (5) and (16) of section 1902(e) of the SSA

- Continuous eligibility is provided to targeted low income children who are pregnant or targeted low-income pregnant women (if applicable) who are eligible for and enrolled under the state child health plan through the end of the 12-month postpartum period who would otherwise lose eligibility because of a change in circumstances, unless:

- The individual or representative requests voluntary disenrollment.
- The individual is no longer a resident of the state.
- The Agency determines that eligibility was erroneously granted at the most recent determination or renewal of eligibility because of Agency error or fraud, abuse, or perjury attributed to the individual.
- The individual dies.

Unlike continuous eligibility for children, states providing the 12-month postpartum period may not end an individual's continuous eligibility due to non-payment of premiums or becoming eligible for Medicaid.

- Consistent with section 2107(e)(1)(J) of the SSA, the state assures that continuous eligibility is provided through an individual's pregnancy and 12-month postpartum period regardless of non-payment of premiums, or an individual becoming eligible for Medicaid.

- Benefits provided during the 12-month postpartum period must be the same scope of comprehensive services consistent with the benefit package elected by the state under section 2103(a) of the SSA that is available to targeted low income children and/or targeted low-income pregnant women and may include additional benefits as described in Section 6 of the CHIP state plan.



CHIP Eligibility

Optional Continuous Eligibility for Children

The CHIP Agency may provide that children who have been determined eligible under the state plan shall remain eligible, regardless of any changes in the family's circumstances, during a continuous eligibility period up to 12 months, or until the time the child reaches an age specified by the state (not to exceed age 19), whichever is earlier.

The CHIP Agency elects to provide continuous eligibility to children under this provision.

For children up to age 19

For children up to age

The continuous eligibility period begins on the effective date of the child's most recent determination or redetermination of eligibility, and ends:

At the end of the months continuous eligibility period.

The state assures that a child's eligibility is not terminated during a continuous eligibility period, regardless of any changes in circumstances, unless:

The child attains the age specified by the state Agency or age 19.

The child or child's representative requests voluntary disenrollment.

The child is no longer a resident of the state.

The Agency determines that eligibility was erroneously granted at the most recent determination or renewal of eligibility because of Agency error or fraud, abuse, or perjury attributed to child or child's representative.

The child dies.

The child becomes eligible for Medicaid

There is a failure to pay required premiums or enrollment fees on behalf of a child, as provided for in the state plan.

PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, 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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