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State Plan Amendment (SPA) #: 17-0005

This file contains the following documents in order listed:

1. CMS Approval Letter
2. CMS Form 179
3. Superseding Page Listing (Attachment to Blocks 8 & 9 of CMS Form 179)
4. Approved SPA Pages
May 1, 2017

Our Reference: SPA TX 17-0005

Ms. Jamie Snyder
State Medicaid/CHIP Director
Health and Human Services Commission
Post Office Box 13247
Mail Code H100
Austin, Texas 78711

Dear Ms. Snyder:

We have reviewed the State’s proposed amendment to the Texas State Plan submitted under Transmittal Number 17-0005, dated March 30, 2017. This state plan amendment updates the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program fee schedule. It also removes ventilator service agreement reimbursements.

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with the effective date of January 1, 2017. A copy of the CMS-179 and the approved plan pages are enclosed with this letter.

If you have any questions please contact Ford Blunt of my staff. Mr. Blunt may be reached at (214) 767-6381 or by Email at Ford.Blunt@cms.hhs.gov.

Sincerely,

Bill Brooks
Associate Regional Administrator

Cc: Dana Williamson, Policy Development Support
**TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL**

FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES

<table>
<thead>
<tr>
<th>1. TRANSMITTAL NUMBER:</th>
<th>2. STATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>17-0005</td>
<td>TEXAS</td>
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</tbody>
</table>

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE:
   January 1, 2017

5. TYPE OF PLAN MATERIAL (Circle One):
   [ ] NEW STATE PLAN  [ ] AMENDMENT TO BE CONSIDERED AS NEW PLAN  [X] AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
   42 CFR 440.40; and 441.56; §1095(r) of Social Security Act, relating to Early and Periodic Screening, Diagnosis and Treatment.

7. FEDERAL BUDGET IMPACT:
   - a. FFY 2017 $ (58,173)
   - b. FFY 2018 $ (80,746)
   - c. FFY 2019 $ (82,014)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
   SEE ATTACHMENT TO BLOCKS 8 & 9

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
   SEE ATTACHMENT TO BLOCKS 8 & 9

10. SUBJECT OF AMENDMENT:
    The proposed amendment updates the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program fee schedule. Removes ventilator service agreement reimbursements.

11. GOVERNOR'S REVIEW (Check One):
   [X] OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt.
   [ ] GOVERNOR'S OFFICE REPORTED NO COMMENT
   [ ] COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
   [ ] NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Jami Snyder

14. TITLE: State Medicaid Director

15. DATE SUBMITTED: March 30, 2017

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 30, 2017

18. DATE APPROVED: May 1, 2017

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2017

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Bill Brooks

22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health

23. REMARKS:

**RECEIVED**

MAY 01 2017

OFFICE OF THE STATE MEDICAID DIRECTOR
## Attachment to Blocks 8 & 9 of CMS Form 179

**Transmittal Number 17-0005**

<table>
<thead>
<tr>
<th>Number of the Plan Section or Attachment</th>
<th>Number of the Superseded Plan Section or Attachment</th>
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</thead>
<tbody>
<tr>
<td>Attachment 4.19-B</td>
<td>Attachment 4.19-B</td>
</tr>
<tr>
<td>Page 25b</td>
<td>Page 25b (TN 11-0038)</td>
</tr>
<tr>
<td>Page 25i</td>
<td>Page 25i (TN 16-0027)</td>
</tr>
<tr>
<td>Page 25k.1</td>
<td>Page 25k.1 (TN 16-0008)</td>
</tr>
</tbody>
</table>
32. **Reimbursement Methodologies for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services - continued**

3) Durable medical equipment, prosthetics, orthotics, and supplies reimbursable only for Medicaid-eligible clients under age 21.

   a) All fee schedules are available through the agency’s website as outlined on Attachment 4.19-B, page 1.

   b) The agency's fee schedule was revised with new fees for providers of EPSDT durable medical equipment prosthetics, orthotics, and supplies effective September 1, 2010. The fee schedule was posted on the agency website on September 3, 2010.

   c) The reimbursement for services, excluding SHARS, effective September 1, 2010, will be equal to the reimbursement on August 31, 2010, less one percent.
32. Reimbursement Methodologies for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services - continued

(a) Services reimbursable only for Medicaid-eligible clients under age 21 include:

(1) Vaccines not covered by the Texas Vaccines for Children Program (TVCP) for clients under age 21 which are reimbursed as accessed-based fees in accordance with Item 1 of Attachment 4.19-B, relating to the reimbursement methodology for physicians and certain other practitioners. Payments based on a fee schedule are made for these services.

(2) Services delivered by school districts, in accordance with Item 32(17) of Attachment 4.19-B, relating to the reimbursement methodology for School Health and Related Services (SHARS).

(b) All fee schedules are available through the agency's website as outlined on Attachment 4.19-B, page 1.

(c) The agency’s fee schedule was revised with new fees for EPSDT physician services effective January 1, 2017. The fee schedule was posted on the agency website on April 15, 2017.
32. **Reimbursement Methodologies for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services - continued**

13) Dental services reimbursable only for Medicaid-eligible clients under age 21 include those provided by independently enrolled dentists who are reimbursed according to the lesser of the provider's billed charges or fees determined by the Texas Health and Human Services Commission (HHSC). These are access-based fees under Item 1 of Attachment 4.19-B, relating to the reimbursement methodology for physicians and other practitioners.

(a) All fee schedules are available through the agency's website as outlined on Attachment 4.19-B, page 1.

(b) The agency's fee schedule was revised with new fees for EPSDT dental services effective January 1, 2017. The fee schedule was posted on the agency website on April 15, 2017.