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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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Dallas Regional Office
1301 Young Street, Suite 833
Dallas, Texas 75202



DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

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

RECEIVED

MAY 01 2017

OFFICE OF THE STATE
MEDICAID DIRECTOR

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	1. TRANSMITTAL NUMBER: 17-0005	2. STATE: TEXAS
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: January 1, 2017	
5. TYPE OF PLAN MATERIAL (Circle One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> 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; §1905(r) of Social Security Act, relating to Early and Periodic Screening, Diagnosis and Treatment.	7. FEDERAL BUDGET IMPACT: a. FFY 2017 SEE ATTACHMENT \$ (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): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt. <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Jami Snyder State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711	
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:		

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MAY 01 2017

OFFICE OF THE STATE
MEDICAID DIRECTOR

Attachment to Blocks 8 & 9 of CMS Form 179

Transmittal Number 17-0005

**Number of the
Plan Section or Attachment**

Attachment 4.19-B
Page 25b
Page 25i
Page 25k.1

**Number of the Superseded
Plan Section or Attachment**

Attachment 4.19-B
Page 25b (TN 11-0038)
Page 25i (TN 16-0027)
Page 25k.1 (TN 16-0008)

State: Texas
Date Received: 03-30-2017
Date Approved: 05-01-2017
Date Effective 01-01-2017
Transmittal Number: TX 17-0005

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.

TN: 17-0005 Approval Date: 05-01-17
Supersedes TN: 11-0038 Effective Date: 01-01-17

State: Texas
Date Received: 03-30-2017
Date Approved: 05-01-2017
Date Effective 01-01-2017
Transmittal Number: TX 17-0005

32. Reimbursement Methodologies for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services - continued

(10) Physician services

(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.

TN: 17-0005 Approval Date: 05-01-17
Supersedes TN: 16-0027 Effective Date: 01-01-17

State: Texas
Date Received: 03-30-2017
Date Approved: 05-01-2017
Date Effective 01-01-2017
Transmittal Number: TX 17-0005

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.

TN: 17-0005 Approval Date: 05-01-17
Supersedes TN: 16-0008 Effective Date: 01-01-17

State: Texas
Date Received: 03-30-2017
Date Approved: 05-01-2017
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