

## **Table of Contents**

### **State Plan Amendment**

#### **SPA 17-0013 (EPSDT Fees - 04/01/17)**

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 Page

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**

July 17, 2017

**Our Reference: TX SPA 17-0013**

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

**RECEIVED**

JUL 20 2017

OFFICE OF THE STATE  
MEDICAID DIRECTOR

Dear Ms. Snyder:

We have reviewed the State's proposed amendment the Texas State Plan submitted under Transmittal Number (TN) 17-0013, dated June 27, 2017. This plan amendment updates the early and periodic screening, diagnosis and treatment (EPSDT) fee schedule.

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan, with an effective date of April 1, 2017. A copy of the CMS – 179 and the approved plan pages are included 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 E-mail at [Ford.Blunt@cms.hhs.gov](mailto:Ford.Blunt@cms.hhs.gov).

Sincerely,



Bill Brooks  
Associate Regional Administrator

Cc: Dana Williamson, Manager, Policy Development Support

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER: <b>17-0013</b>	2. STATE: <b>TEXAS</b>
	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: <b>April 1, 2017</b>	
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: <b>42 CFR 440.40; and 441.56; §1905(r) of Social Security Act, relating to Early and Periodic Screening, Diagnosis and Treatment.</b>	7. FEDERAL BUDGET IMPACT: a. FFY 2017 <b>\$ 1,132</b> b. FFY 2018 <b>\$ 2,329</b> c. FFY 2019 <b>\$ 2,409</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>SEE ATTACHMENT TO BLOCKS 8 &amp; 9</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>SEE ATTACHMENT TO BLOCKS 8 &amp; 9</b>	
10. SUBJECT OF AMENDMENT: <b>The proposed amendment updates the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program fee schedule.</b>		
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: <b>Jami Snyder State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711</b>	
13. TYPED NAME: <b>Jami Snyder</b>		
14. TITLE: <b>State Medicaid Director</b>		
15. DATE SUBMITTED: <b>June 27, 2017</b>		
<b>FOR REGIONAL OFFICE USE ONLY</b>		
17. DATE RECEIVED: <b>June 27, 2017</b>	18. DATE APPROVED: <b>July 17, 2017</b>	
PLAN APPROVED - ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>April 1, 2017</b>	20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>Bill Brooks</b>	22. TITLE: <b>Associate Regional Administrator Division of Medicaid and Children's Health</b>	
23. REMARKS:  <b>RECEIVED</b>  <b>JUL 20 2017</b>  <b>OFFICE OF THE STATE MEDICAID DIRECTOR</b>		

**Attachment to Blocks 8 & 9 of CMS Form 179**

**Transmittal Number 17-0013**

**Number of the  
Plan Section or Attachment**

Attachment 4.19-B  
Page 25i

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

Attachment 4.19-B  
Page 25i (TN 17-0005)

State: Texas  
Date Received: 06-27-17  
Date Effective 04-01-17  
Date Approved: 07-17-17  
Transmittal # 17-0013

**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 April 1, 2017. The fee schedule was posted on the agency website on April 15, 2017.

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TN: 17-0013 Approval Date: 07-17-17  
Supersedes TN: 17-0005 Effective Date: 04-01-17

State: Texas  
Date Received: 06-27-17  
Date Effective 04-01-17  
Date Approved: 07-17-17  
Transmittal # 17-0013