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State Plan Amendment

SPA 19-0005 EPSDT - Effective 01/01/2019

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
1301 Young Street
Dallas, Texas 75202



Regional Operations Group

April 18, 2019

Our Reference: TX SPA 19-0005

Ms. Stephanie Muth
State Medicaid Director
Texas Health and Human Services Commission
Mail Code: H100
Post Office Box 13247
Austin, TX 78711

Dear Ms. Muth

We have reviewed the State's proposed amendment to the Texas State Plan submitted under Transmittal Number 19-0005 dated March 22, 2019. This state plan amendment updates the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program fee schedule.



Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with an effective date change of January 1, 2019. A copy of the CMS-179 and 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 e-mail at Ford.Blunt@cms.hhs.gov.

Sincerely,

A large black rectangular redaction box covers the signature area of the letter.

Bill Brooks
Director
Centers for Medicaid & CHIP Services
Regional Operations Group

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 19-0005	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, 2019	
5. TYPE OF PLAN MATERIAL (<i>Circle One</i>): <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 (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 C.F.R. §§ 440.40 and 441.56; §1905(r) of Social Security Act, relating to Early and Periodic Screening, Diagnosis and Treatment.		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2019 (\$ 5,177) b. FFY 2020 (\$ 7,269) c. FFY 2021 (\$ 7,346)	
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 (<i>If Applicable</i>): SEE ATTACHMENT TO BLOCKS 8 & 9	
10. SUBJECT OF AMENDMENT: The proposed amendment updates the Early and Periodic Screening, Diagnosis, and Treatment program fee schedule.			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <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: Stephanie Muth State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711	
13. TYPED NAME: Stephanie Muth			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: March 22, 2019			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: March 22, 2019		18. DATE APPROVED: April 18, 2019	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2019		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Bill Brooks		22. TITLE: Director Regional Operations Group	
23. REMARKS:			

Attachment to Blocks 8 & 9 of CMS Form 179

Transmittal Number 19-0005

**Number of the
Plan Section or Attachment**

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

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

Attachment 4.19-B
Page 25i (TN 18-0021)
Page 25k.1 (TN 18-0019)

State: Texas
Date Received: 03-22-19
Date Approved: 04-18-19
Date Effective: 01-01-19
Transmittal Number: 19-0005

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) For dates of service on or after December 1, 2017, the reimbursement for services provided by a therapy assistant will be reimbursed at 85 percent of the rate paid to a licensed therapist for the same services.
- (c) For dates of service on or after September 1, 2018, the reimbursement for services provided by a therapy assistant will be reimbursed at 70 percent of the rate paid to a licensed therapist for the same services.
- (d) All fee schedules are available through the agency's website as outlined on Attachment 4.19-B, page 1.
- (e) The agency's fee schedule was revised with new fees for EPSDT physician services effective January 1, 2019. The fee schedule was posted on the agency website on February 5, 2019.

TN: 19-0005 Approval Date: 04-18-19
Supersedes TN: 18-0021 Effective Date: 01-01-19

State: Texas
Date Received: 03-22-19
Date Approved: 04-18-19
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Transmittal Number: 19-0005

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, 2019. The fee schedule was posted on the agency website on February 5, 2019.

TN: 19-0005 Approval Date: 04-18-19
Supersedes TN: 18-0019 Effective Date: 01-01-19

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