

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



**Division of Medicaid & Children's Health, Region VI**

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June 2, 2011

Our Reference: SPA TX 10-68

Mr. Billy Millwee  
Associate Commissioner for Medicaid & CHIP  
Health and Human Services Commission  
Post Office Box 13247  
Mail Code: H100  
Austin, Texas 78711

Dear Mr. Millwee:

We have reviewed the State's proposed amendment to the Texas State Plan submitted under Transmittal Number 10-68, dated November 5, 2010. This state plan amendment updates the service description related to scope of service and provider qualifications for specialized rehabilitative services provided by the Early Childhood Intervention program. This state plan amendment also moves these rehabilitative services to the Early Periodic Screening and Diagnostic Testing (EPSDT) section of the state plan.

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with an effective date change of October 1, 2011. A copy of the CMS-179 and the approved plan pages are enclosed with this letter.

If you have any questions, please contact Cheryl Rupley at (214) 767-6278.

Sincerely,

/s/

Bill Brooks  
Associate Regional Administrator

Enclosures

cc: Emily Zalkovsky, Policy Development Support

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER:  <b>10-068</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>October 1, 2011</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>Section 1905(a)(13) of the Social Security Act</b>		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2012      \$0 b. FFY 2013      \$0 c. FFY 2014      \$0	
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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  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: The proposed amendment updates the service description to clarify the scope of service and provider qualifications for specialized rehabilitative services provided by Early Childhood Intervention providers. The proposed amendment also moves these rehabilitative services into the EPSDT section of the Medicaid state plan.			
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>Billy R. Millwee</b> State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711	
13. TYPED NAME: <b>Billy R. Millwee</b>			
14. TITLE: <b>State Medicaid Director</b>			
15. DATE SUBMITTED: <b>November 5, 2010</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>5 November, 2010</b>		18. DATE APPROVED: <b>2 June 2011</b>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:  <b>1 October, 2011</b>		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: <b>Bill Brooks</b>		22. TITLE: <b>Associate Regional Administrator Division of Medicaid &amp; Children's Health</b>	
23. REMARKS:			

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#### 4b. EPSDT Services (continued)

##### Specialized Rehabilitative Services

Specialized Rehabilitative Services correct deficits in the child's physical/motor, communication, adaptive, cognitive, social/emotional and sensory skills that are caused by medical, developmental, or other health-related conditions. Services are provided only as part of, or directed exclusively toward, the treatment of the Medicaid-eligible child as part of a specific, goal-oriented plan of care.

Services are:

- Recommended and developed by a multidisciplinary team that includes a physician or licensed practitioner of the healing arts acting within their scope of practice under state law;
- Documented in an Individualized Family Service Plan (IFSP), which serves as the plan of care;
- Monitored at least every six months for their effectiveness in reducing functional limitations and achieving proper growth and development, modified as necessary; and
- Provided by employees or contractors of a qualified Early Childhood Intervention (ECI) agency. Provider qualifications are listed below for each type of service.

##### **A. Specialized Skills Training**

Rehabilitation services promote age-appropriate development by providing skills training to correct deficits and teach compensatory skills for deficits that directly result from medical, developmental, or other health-related conditions. Services are provided in the child's natural environment and include providing information related to the health and development of the child, skills training, and anticipatory guidance for family members, legal guardians, or other significant caregivers to ensure effective treatment of the recipient.

Services may be delivered on an individual or group basis.

##### Provider Qualifications

A provider of this service is an Early Intervention Specialist who must:

- a) Hold an associate's degree or higher in a relevant field as specified by the Department of Assistive and Rehabilitative Services (DARS);
- b) Demonstrate standardized competencies established by DARS;
- c) Complete continuing education and ethics training on a schedule identified by DARS; and

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**4b. EPSDT Services (continued)**

**Provider Qualifications (continued)**

- d) Receive routine supervision from a qualified EIS supervisor. A qualified EIS supervisor must have two years of experience providing early childhood intervention services and hold a bachelor's degree from an accredited university either with a specialization in child development, special education, psychology, social work, sociology, nursing, rehabilitation counseling, human development, or related field; or with a specialization in an unrelated field and have at least 18 hours credit in child development.
- e) Supervision includes consultation, record review and observation.

**B. Speech and Language Therapy**

Speech and language therapy includes services designed to promote rehabilitation and remediation of delays or disabilities in language-related symbolic behaviors, communication, language, speech, emergent literacy, and/or feeding and swallowing behavior.

Speech therapy services must be delivered in accordance with 42 CFR 440.110 and §401.001(6) of the Texas Occupations Code.

Licensed speech-language pathologists may perform an evaluation without a physician's order.

A licensed speech-language pathologist may reevaluate the child every 30 days to determine if changes to the plan of care are necessary.

Services must be identified on the IFSP and may be performed without a physician's order.

Services may be delivered on an individual or group basis.

Speech therapy services are provided in the home or other community setting (the child's natural environment).

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#### 4b. EPSDT Services (continued)

##### Speech and Language Therapy (continued)

###### Provider Qualifications

Speech and language therapy services must be provided by a:

- a) licensed speech language pathologist (SLP) who meets the requirements of 42 CFR 440.110(c), and all other applicable state and federal law or
- b) licensed assistant in SLP when the assistant is acting under the direction of a licensed SLP in accordance with 42 CFR 440.110 or
- c) licensed intern when the intern is acting under the direction of a qualified SLP in accordance with 42 CFR 440.110 and all other applicable state and federal law.

##### C. Physical Therapy

Physical therapy includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation.

Services must be performed in accordance with 42 CFR 440.110.

A licensed physical therapist may perform an evaluation without a physician referral as allowed by 22 TAC 322.1(a)(2)(A).

A licensed physical therapist may reevaluate the child every 30 days to determine if changes to the plan of care are necessary.

Physical therapy services must be identified on the IFSP and prescribed by a physician.

Services may be delivered on an individual or group basis.

Physical therapy services are provided in the home or other community setting (the child's natural environment)

###### Provider Qualifications

Physical therapy services must be provided by

- a) a licensed physical therapist who meets the requirements of 42 CFR 440.110(a) or

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#### 4b. EPSDT Services (continued)

##### Provider Qualifications (continued)

- b) a licensed physical therapy assistant (LPTA) when the assistant is acting under the direction of a licensed physical therapist in accordance with 42 CFR 440.110 and all other applicable state and federal law.

#### D. Occupational Therapy

Occupational therapy includes services to address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in the home and community settings.

Services must be performed in accordance with 42 CFR 440.110

A licensed occupational therapist may perform an evaluation without a physician referral as allowed by §454.213 of the Texas Occupations Code.

A licensed occupational therapist may reevaluate the child every 30 days to determine if changes to the plan of care are necessary.

Occupational therapy services must be identified on the IFSP and prescribed by a physician.

Services may be delivered on an individual or group basis.

Occupational therapy services are provided in a home or other community setting (the child's natural environment).

##### Provider Qualifications

Occupational therapy services must be provided by

- a) a licensed occupational therapist who meets the requirements of 42 CFR 440.110(b) or
- b) a certified occupational therapy assistant (COTA) when the assistant is acting under direction of a licensed occupational therapist in accordance with 42 CFR 440.110 and all other applicable state and federal law.

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**4b. EPSDT Services (continued)**

**Enrolled ECI Agency Qualifications**

To be considered a qualified ECI agency the entity must:

- a) Contract with the Department of Assistive and Rehabilitative Services for the provision of ECI services;
- b) Comply with all applicable federal and state laws and regulations, including provision of a multi-disciplinary team to recommend and oversee the IFSP for each child;
- c) Provide supervision from a qualified supervisor according to DARS requirements, and;
- d) Provide flexible scheduling to address family needs, including the provision of services outside of normal business hours.

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13.d. Rehabilitative Services (continued)

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#### 4b. EPSDT Services (continued)

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**4b. EPSDT Services (continued)**

**Provider Qualifications (continued)**

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**4b. EPSDT Services (continued)**

**Speech and Language Therapy (continued)**

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**4b. EPSDT Services (continued)**

**Provider Qualifications (continued)**

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**Provider Qualifications**

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- c) a licensed occupational therapist who meets the requirements of 42 CFR 440.110(b) or
- d) a certified occupational therapy assistant (COTA) when the assistant is acting under direction of a licensed occupational therapist in accordance with 42 CFR 440.110 and all other applicable state and federal law.

**4b. EPSDT Services (continued)**

**Enrolled ECI Agency Qualifications**

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