

## **Table of Contents**

**State/Territory Name: Texas**

**State Plan Amendment (SPA) #: 13-32**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

[REDACTED]  
[REDACTED]  
[REDACTED]

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

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April 2, 2014

Our Reference: SPA TX 13-032

Ms. Kay Ghahremani  
State Medicaid Director  
Health and Human Services Commission  
Post Office Box 13247  
Mail Code H100  
Austin, Texas 78711

Dear Ms. Ghahremani:

We have reviewed the State's proposed amendment to the Texas State Plan submitted under Transmittal Number 13-32, dated September 30, 2013. This state plan amendment updates the fee schedule for dental services under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program.

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with an effective date change of July 1, 2013. A copy of the CMS-179 and approved plan pages are enclosed with this letter.

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

Sincerely,

[REDACTED]

Bill Brooks  
Associate Regional Administrator

cc: Becky Brownlee, Policy Development Support

[REDACTED]

[REDACTED]

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER:  <b>13-032</b>	2. STATE:  <b>TEXAS</b>
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE:  <b>July 1, 2013</b>	
5. TYPE OF PLAN MATERIAL (Circle One):  <input type="checkbox"/> COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> 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: <b>SEE ATTACHMENT</b>  a. FFY 2013                      \$ (944,038) b. FFY 2014                      \$ (4,001,677) c. FFY 2015                      \$ (4,242,481)	
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 Medicaid fee schedule for the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program dental 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: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <b>Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt.</b> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:  <b>Kay Ghahremani State Medicaid Director PO Box 13247 MC H-100 Austin, Texas 78711</b>	
13. TYPED NAME: <b>Kay Ghahremani</b>			
14. TITLE: <b>State Medicaid Director</b>			
15. DATE SUBMITTED <b>September 30, 2013</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:    30 September, 2013		18. DATE APPROVED:    2 April, 2014	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>1 July, 2013</b>		20. SIGNATURE: 	
21. TYPED NAME: <b>BILL RROOKS</b>		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
3. REMARKS:			

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

**Transmittal Number 13-032**

**Number of the  
Plan Section or Attachment**

Attachment 4.19-B  
Page 25k.1

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

Attachment 4.19-B  
Page 25k.1 (TN 13-022)

State: Texas  
Date Received: 30 September, 2013  
Date Approved: 2 April, 2014  
Date Effective: 1 July, 2013  
Transmittal Number: TX 13-32

**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 July 1, 2013. The fee schedule was posted on the agency website on July 15, 2013.

State: Texas  
Date Received: 30 September, 2013  
Date Approved: 2 April, 2014  
Date Effective: 1 July, 2013  
Transmittal Number: TX 13-32

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TN: 13-32

Approval Date: 4/2/14

Effective Date: 7/1/13

Supersedes TN: 13-22