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State/Territory Name: Texas

State Plan Amendment (SPA) #: 14-44

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Superseding Page List
- 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

December 10, 2014

Our Reference: SPA TX 14-044

Ms. Kay Ghahremani
State Medicaid/CHIP 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 14-044, dated November 7, 2014. This state plan amendment revises the qualifications for anesthesiologist assistants.

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, 2014. A copy of the CMS-179 and approved plan pages are enclosed with this letter.

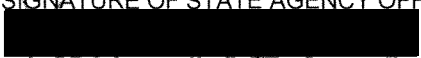

If you have questions, please contact Cheryl Rupley at (214) 767-6278.

Sincerely,



Bill Brooks
Associate Regional Administrator

cc: Becky Brownlee, Policy Development Support

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: <div style="text-align: center;">14-044</div>	2. STATE: <div style="text-align: center;">TEXAS</div>
		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: <div style="text-align: center;">October 1, 2014</div>	
5. TYPE OF PLAN MATERIAL (Circle One): <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT </div>			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Social Security Act § 1905(a)(5); 42 U.S.C. § 1396d(a)(5); 42 C.F.R. § 440.50		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2015 \$0 b. FFY 2016 \$0 c. FFY 2017 \$0	
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 revises the qualifications for anesthesiologist assistants.			
11. GOVERNOR'S REVIEW (Check One): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL </div> <div> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt. </div> </div>			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Kay Ghahremani State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711	
13. TYPED NAME: Kay Ghahremani			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: November 7, 2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 7 November, 2014		18. DATE APPROVED: 10 Dec, 2014	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 october, 2014		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS:			

Attachment to Blocks 8 & 9 of CMS Form 179

Transmittal Number 14-044

**Number of the
Plan Section or Attachment**

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

Appendix 1 to Attachment 3.1-A
Page 9a

Appendix 1 to Attachment 3.1-A
Page 9a (TN 13-018)

Appendix 1 to Attachment 3.1-B
Page 9a

Appendix 1 to Attachment 3.1-B
Page 9a (TN 13-018)

State: Texas

Date received: 7 November, 2014

Date Approved: 10 December, 2014

Date Effective: 1 October, 2014

Transmittal Number: 14-44

State: Texas

Date received: 7 November, 2014

Date Approved: 10 December, 2014

Date Effective: 1 October, 2014

Transmittal Number: 14-44

State of Texas
Appendix 1 to Attachment 3.1-A
Page 9a

5. Physicians' and Dentists' Services.

c. Services provided by Anesthesiologist Assistants

1. Subject to the specifications, conditions, requirements, and limitations established by the single state agency, medically directed anesthesia services provided by an anesthesiologist assistant (AA), as permitted by Texas Occupations Code § 157.001, are covered by the Texas Medical Assistance Program.
2. An AA is a health care professional who works under the direction of an anesthesiologist; is in compliance with all applicable requirements of state law; is a graduate of a medical school-based anesthesiologist's assistant educational program that is accredited by the Commission on Accreditation of Allied Health Education Programs or its predecessor, the Committee on Allied Health Education and Accreditation, and includes approximately two years of specialized basic science and clinical education in anesthesia at a level that builds on a premedical undergraduate science background; and is certified by the National Commission for Certification of Anesthesiologist Assistants. For services to be payable to these professionals, the professional must comply with all applicable federal and state laws governing the service provided; be enrolled in, and approved for participation in, the Texas Medical Assistance Program; sign a written agreement with the single state agency or its designee; comply with the terms of the provider agreement and all requirements of the Texas Medical Assistance Program, including federal and state regulations, rules, handbooks, standards, and guidelines published by the single state agency or its designee; and bill for services covered by the Texas Medical Assistance Program in the manner and format prescribed by the single state agency or its designee.
3. The Texas Medical Assistance Program will not reimburse the AA for equipment or supplies. Equipment and supplies are the responsibility of the facility in which the AA services are provided. If the equipment and supplies are covered and reimbursable by the Texas Medical Assistance Program, payment may be made to the facility if the facility is approved for participation in the Texas Medical Assistance Program. The basis and amount of reimbursement depends on the reimbursement methodology utilized by the Texas Medical Assistance Program for the services and providers involved.

TN: 14-44

Approval Date: 12-10-14

Effective Date: 10-1-2014

Supersedes TN: 13-18

State: Texas

Date received: 7 November, 2014

Date Approved: 10 December, 2014

Date Effective: 1 October, 2014

Transmittal Number: 14-44

State of Texas
Appendix 1 to Attachment 3.1-B
Page 9a

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