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State/Territory Name: Texas

State Plan Amendment (SPA) #: 15-19

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Superseding Page Listing
- 4) Approved SPA Pages

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

November 30, 2015

Our Reference: SPA TX 15-019

Mr. Gary Jessee
State Medicaid/CHIP Director
Health and Human Services Commission
Post Office Box 13247
Mail Code H100
Austin, Texas 78711

Dear Mr. Jessee:

We have reviewed the State's proposed amendment to the Texas State Plan submitted under Transmittal Number 15-019, dated July 28, 2015. This state plan amendment clarifies the state plan requirements for the Early and Periodic Screening, Diagnosis and Treatment Program for eyeglasses and the Medicaid Vision Care Program for individuals age 21 and older.

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with an effective date change of December 6, 2015. 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,

A black rectangular box redacting the signature of Bill Brooks.

Bill Brooks
Associate Regional Administrator

cc: Dana Williamson, Manager, Policy Development Support

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 15-019	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: December 6, 2015	
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: EPSDT: SSA§§ 1905(a)(4)(B), 1905(r)(2); 42 C.F.R. §441.56(c)(1); Adult: SSA§1905(a)(12); 42 C.F.R. §§ 440.120(c), (d); 441.225.		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 (<i>If Applicable</i>): SEE ATTACHMENT TO BLOCKS 8 & 9	
10. SUBJECT OF AMENDMENT: The purpose of this amendment is to clarify state plan requirements related to the Early and Periodic Screening, Diagnosis, and Treatment Eyeglass Program and the Medicaid Vision Care Program for individuals age 21 and older.			
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: 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: July 28, 2015			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 28 July, 2015		18. DATE APPROVED: 30 November, 2015	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 6 December, 2015		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 15-019

**Number of the
Plan Section or Attachment**

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

Appendix 1 to Attachment 3.1-A

Page 6
Page 6a
Page 27
Page 30

Appendix 1 to Attachment 3.1-A

Page 6 (TN 13-10)
N/A New Page
Page 27 (TN 05-08)
Page 30 (TN 13-14)

Appendix 1 to Attachment 3.1-B

Page 6
Page 6a
Page 27
Page 30

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Page 6 (TN 13-10)
N/A New Page
Page 27 (TN 05-08)
Page 30 (TN 13-14)

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4.b. EPSDT Services

EPSDT prior authorization requirement: Prior authorization is required for payment of dental services in excess of the ceiling amount established for initial services or if subsequent appointments and services are required. Also, prior authorization is required for hospitalization expenses in connection with dental services. An orthodontic plan of treatment must be received, authorized, and prepaid while the client is Medicaid eligible and under 21 years of age.

Eligible medical assistance recipients covered under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program are entitled to optometric and eyeglass services as described below and elsewhere in this State Plan, when provided by an appropriate and qualified provider enrolled in the Texas Medical Assistance Program at the time the service(s) is provided.

Each EPSDT recipient is entitled to one eye exam by refraction by an appropriate and qualified provider once every 12 months. An eye exam by refraction may be offered to an EPSDT recipient before 12 months have elapsed since the last such exam if there is a significant change in visual acuity, measured in diopter or axis changes as defined by the single state agency, or if an eye exam by refraction is otherwise medically necessary. The limit of one eye exam by refraction per recipient every 12 months applies to both prosthetic (aphakic) eyewear and non-prosthetic eyewear; the limit of one exam by refraction for either aphakic or non-prosthetic eyewear every 12 months may be waived in either case for a significant change in visual acuity or medical necessity. This limit does not apply to other diagnostic and/or treatment of the eye for medical conditions, other than determination of visual acuity. Diagnostic and treatment services provided by an appropriate and qualified provider are covered by the Texas Medical Assistance Program if the services are (1) within the appropriate and qualified provider's scope of practice, as defined by state law; and (2) reasonable and medically necessary as determined by the single state agency or its designee. Other diagnostic and treatment services provided by a physician are described elsewhere in this State Plan.

Eyewear, including contacts and eyeglasses (lenses and frames), that significantly improves visual acuity or impedes the progression of visual problems is a program benefit. In addition, payment is limited to serviceable and prescription quality eyeglass frames and lenses that meet federal and state requirements, standard prescription requirements, and other specifications as established by the single state agency.

Prosthetic eyewear, including contact lenses and eyeglasses (lenses and frames), is a program benefit provided to an eligible recipient if the eyewear is prescribed for congenital absence of the eye lens, loss of an eye lens because of trauma or post cataract surgery without the placement of an intraocular lens.

4.b. EPSDT Services, continued

Reimbursement is made for as many temporary lenses as are medically necessary during post-surgical cataract convalescence (the four-month period following the date of cataract surgery).

Nonprosthetic eyeglasses or contact lenses are available for lost or destroyed nonprosthetic eyewear or if required because of a change in visual acuity measured in diopter or axis changes as defined by the single state agency.

The repair of prosthetic or non-prosthetic eyeglasses is a benefit when the needed repairs do not exceed the cost of replacement, except that repairs costing less than \$2.00 are not reimbursable.

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12.d. Eyeglasses

Eyeglasses are a benefit for eligible recipients of the medical assistance program.

Non-prosthetic eyewear includes contact lenses and lenses and frames. Prosthetic eyewear includes contact lenses and lenses and frames. The eyewear must be medically necessary to be reimbursable.

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13.c. Preventive Services

Preventive services provided under this section are provided by practitioners who meet individual practitioner certification standards according to federal and state law. Each provider must be approved for participation in the Texas Medical Assistance Program by the Texas Health and Human Services Commission.

Preventive services include services to:

- a) prevent disease, disability and other health conditions or their progression,
- b) prolong life, and
- c) promote physical and mental health and efficiency

Eligible recipients, other than EPSDT recipients, are entitled to one comprehensive preventive exam per year. The preventive services must be provided in accordance with the United States Preventive Services Task Force (USPSTF).

Optometric Services

Eligible recipients, other than EPSDT recipients, are entitled to one eye exam by refraction every 24 months performed by a provider qualified to provide optometric services under the Texas Medical Assistance Program. Adults may also be offered an eye exam by refraction before the 24 month period has elapsed if there is a significant change in visual acuity, measured in diopter or axis changes. Payment will be made by the Texas Medical Assistance Program for one eye examination with refraction per recipient-every 24 months. This limit applies only to determinations of visual acuity, not to other diagnostic services or to treatment of the eye for medical conditions.

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