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State/Territory Name: Texas

State Plan Amendment (SPA) #: 15-0037

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

February 11, 2016

Our Reference: SPA TX 15-037

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 15-037 dated December 18, 2015. This state plan amendment deletes obsolete language and updates the physician's fee schedule under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program and updates the fee schedule for private duty nursing.

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with an effective date change of November 1, 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: 15-037	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: November 1, 2015	
		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: 42 CFR §§ 440.40, 440.210, 440.220, 441.56; §§ 1902, 1905(a)(4)(B), (r) of Social Security Act, relating to Early and Periodic Screening, Diagnosis and Treatment		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT	
		a. FFY 2016 \$285,839 b. FFY 2017 \$323,075 c. FFY 2018 \$337,451	
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 deletes obsolete language and updates Medicaid payments for services under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program physician and private duty nursing fee schedules.			
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: 		16. RETURN TO: Gary Jessee State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711	
13. TYPED NAME: Gary Jessee			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: December 18, 2015			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 18 December, 2015		18. DATE APPROVED: 11 February, 2016	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 November, 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 15-037

**Number of the
Plan Section or Attachment**

Attachment 4.19-B
Page 25d
Page 25i

**Number of the Superseded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

Attachment 4.19-B
Page 25d (TN 10-079)
Page 25i (TN 15-033)

State: Texas
Date Approved: 11 February, 2016
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Date Effective: 1 November, 2015
Transmittal Number: TX 15-0037

32. Reimbursement Methodologies for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services (continued)

- (5) Private duty nursing services, including, but not limited to, registered nurse (RN) services, and licensed vocational nurse/licensed practical nurse (LVN/LPN) services, require prior authorization and are reimbursed based on the lesser of the provider's billed charges or fees established by the Texas Health and Human Services Commission (HHSC).
- (a) Eligible providers include: independently enrolled RNs, independently enrolled LVNs/LPNs, RNs employed by or contracted with home health agencies, and LVNs/LPNs employed by or contracted with home health agencies.
- (b) The fees are access-based fees and are reviewed every two years. The fees are based on historical charges, a review of Medicaid fees paid by other states, a survey of costs for a representative sample of providers, an analysis of cost reports provided by home health agencies of similar nursing services, modeling using an analysis of other data available to HHSC, or a combination thereof. Payments based on a fee schedule are made for these services.
- (c) All fee schedules are available through the agency's website as outlined on Attachment 4.19-B, page 1.
- (d) The agency's fee schedule was revised with new fees for EPSDT private duty nursing services effective November 1, 2015. The fee schedule will be posted on the agency website on November 15, 2015.

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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) All fee schedules are available through the agency's website as outlined on Attachment 4.19-B, page 1.

(c) The agency's fee schedule was revised with new fees for EPSDT physician services effective November 1, 2015. The fee schedule will be posted on the agency website on November 15, 2015.

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