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State/Territory Name: Texas

State Plan Amendment (SPA) #: 16-0008

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Superseding Page Listing
- 4) Approved Page(s)

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

June 6, 2016

Our Reference: SPA TX 16-0008

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

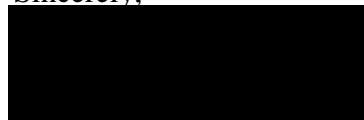
Dear Mr. Jessee:

We have reviewed the State's proposed amendment to the Texas State Plan submitted under Transmittal Number 16-0008, dated March 31, 2016. This state plan amendment updates the Medicaid fee schedules for Early and Periodic Screening, Diagnosis and Treatment (EPSDT).

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with an effective date of January 1, 2016. A copy of the CMS-179 and approved plan page are enclosed with this letter.

If you have any questions please contact Suzette Seng of my staff. Ms. Seng may be reached at (214) 767-6478 or by Email at Suzette.Seng@cms.hhs.gov.

Sincerely,



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: <div style="text-align: center; font-weight: bold;">16-0008</div>	2. STATE: <div style="text-align: center; font-weight: bold;">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; font-weight: bold;">January 1, 2016</div>	
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: Social Security Act §1902(a)(30); 42 CFR 447.201(b).		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2016 (\$354) b. FFY 2017 (\$357) c. FFY 2018 (\$698)	
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 proposed amendment deletes obsolete language and updates the Medicaid fee schedules for Early and Periodic Screening, Diagnosis and Treatment (EPSDT).			
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 REGIONAL OFFICIAL: <div style="background-color: black; width: 200px; height: 40px; margin-top: 5px;"></div>		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: March 31, 2016			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: March 31, 2016		18. DATE APPROVED: June 06, 2016	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <div style="text-align: center; font-weight: bold;">January 01, 2016</div>		20. SIGNATURE OF REGIONAL OFFICIAL: <div style="background-color: black; width: 150px; height: 30px; margin-top: 5px;"></div>	
21. TYPED NAME: <div style="text-align: center; font-weight: bold;">Bill Brooks</div>		22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health	
23. REMARKS: Pen and Ink change to Block 10 per state's request via email 5/26/2016.			

Attachment to Blocks 8 & 9 of CMS Form 179

Transmittal Number 16-0008

**Number of the
Plan Section or Attachment**

Attachment 4.19-B
Page 25k.1
Page 25m

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

Attachment 4.19-B
Page 25k.1 (TN 15-011)
Page 25m (TN 10-019)

State: Texas
Date Received: 3-31-16
Date Approved: 6-6-16
Date Effective: 1-1-16
Transmittal Number: 16-0008

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 January 1, 2016. The fee schedule was posted on the agency website on January 15, 2016.

State: Texas
Date Received: 3-31-16
Date Approved: 6-6-16
Date Effective: 1-1-16
Transmittal Number: 16-0008

32. Reimbursement Methodologies for Early and Periodic Screening, Diagnosis, and Treatment- Comprehensive Care Program (EPSDT-CCP) Services (continued)

19. Environmental Lead Investigations. The rate for on-site environmental lead investigations is reimbursable only for Medicaid-eligible clients under age 21. The initial rate is based on the estimated costs to perform an inspection of the child's primary dwelling. The estimated costs used to develop this rate include salary and fringe costs. Indirect costs are included based on the estimated lifespan of the equipment and the number of anticipated investigations completed annually.
- (a) Payment is limited to providers that are Certified Lead Risk Assessors accredited by the Texas Department of State Health Services.
 - (b) The rate for environmental lead investigations will be reviewed and updated periodically by projecting the initial rate from the historical cost period used to develop the initial rate to the perspective rate period using the Personal Consumption Expenditures (PCE) Chain - Type Price Index.
 - (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 the new fee for environmental lead investigations effective January 1, 2016, and is effective for services provided on or after that date. This fee schedule was posted on the agency's website on January 15, 2016.

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