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State/Territory Name: Texas

State Plan Amendment (SPA) #: 16-0027

This file contains the following documents in the order listed:

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

March 6, 2017

Our Reference: SPA TX 16-0027

Ms. Jamie Snyder
State Medicaid/CHIP Director
Health and Human Services Commission
Post Office Box 13247
Mail Code H100
Austin, Texas 78711

Dear Ms. Snyder:

We have reviewed the State's proposed amendment to the Texas State Plan submitted under Transmittal Number 16-0027, dated December 7, 2016. This state plan amendment updates the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program fee schedule.

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



If you have any questions please contact Ford Blunt of my staff. Mr. Blunt may be reached at (214) 767-6381 or by Email at Ford.Blunt@cms.hhs.gov.

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: 16-0027	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: October 1, 2016	
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 C.F.R. § 447.201(b).		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2017 \$ 121,161 b. FFY 2018 \$ 124,030 c. FFY 2019 \$ 126,057	
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 updates the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program fee schedule.			
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 <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED this date. Comments, if any, will be forwarded upon receipt. <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Jami Snyder State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711	
13. TYPED NAME: Jami Snyder			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: December 7, 2016			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: December 7, 2016		18. DATE APPROVED: March 6, 2017	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2016		20. SIGNA 	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Divison of Medicaid and Children's Health	
23. REMARKS:			

Attachment to Blocks 8 & 9 of CMS Form 179

Transmittal Number 16-0027

**Number of the
Plan Section or Attachment**

Attachment 4.19-B
Page 25i

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

Attachment 4.19-B
Page 25i (TN 16-0017)

State: Texas
Date Received: 12-07-2016
Date Approved: 03-06-2017
Date Effective 10-01-2016
Transmittal Number: TX 16-0027

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 October 1, 2016. The fee schedule will be posted on the agency website on October 14, 2016.

TN: <u>16-0027</u>	Approval Date: <u>03-06-17</u>
Supersedes TN: <u>16-0017</u>	Effective Date: <u>10-01-16</u>

State: Texas
Date Received: 12-07-2016
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Transmittal Number: TX 16-0027