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State/Territory Name: Texas

State Plan Amendment (SPA) #: 17-0021

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Superseding Page Listing
- 4) 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 - REGIONVI

December 11, 2017

Our Reference: SPA TX 17-0021

Ms. Stephanie Muth
State Medicaid Director
Texas Health and Human Services Commission
Mail Code: H100
P.O. Box 13247
Austin, Texas 78711

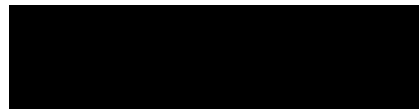
Dear Ms. Muth:

We have reviewed the State's proposed amendment to your Medicaid State Plan submitted under Transmittal Number (TN) 17-0021, dated September 19, 2017. This amendment updates Medicaid payments and Medicaid fee schedules for physical, occupational, and speech therapy services.

Based on the information submitted, we have approved the amendment for incorporation into the official Texas state plan with an effective date of September 1, 2017, as requested. A copy of CMS 179 form as well as the approved plan pages are included 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 e-mail at Ford.Blunt@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;">17-0021</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;">September 1, 2017</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: 42 CFR § 440.40, 42 CFR § 441.55, and § 1905(r) of the Social Security Act (relating to Early and Periodic Screening, Diagnosis and Treatment); 42 CFR § 440.50(a) and § 1905(a)(5)(A) of the Social Security Act (relating to Physician Services); 42 CFR § 440.60(a) and § 1905(a)(6) of the Social Security Act (relating to Licensed Practitioners); 42 CFR § 440.210(a)(1), 42 CFR § 440.225, and § 1902(a)(10) of the Social Security Act (relating to Required Services for Categorically Needy and Medically Needy and relating to mandatory services); 42 CFR § 440.70 and § 1905(a)(7) of the Social Security Act (relating to Home Health Services).		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT <div style="display: flex; justify-content: space-between;"> <div> a. FFY 2017 b. FFY 2018 c. FFY 2019 </div> <div style="text-align: right;"> \$ 23,775 \$(143,980) \$(668,358) </div> </div>	
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 Medicaid payments and Medicaid fee schedules for physical, occupational, and speech therapy services.			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <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: <div style="background-color: black; width: 200px; height: 30px; margin-bottom: 5px;"></div>		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: September 19, 2017			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: September 19, 2017		18. DATE APPROVED: December 11, 2017	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: September 1, 2017		20. SIGNATURE: <div style="background-color: black; width: 150px; height: 40px; margin-top: 10px;"></div>	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health	
23. REMARKS:			

Attachment to Blocks 8 & 9 of CMS Form 179

Transmittal Number 17-0021

**Number of the
Plan Section or Attachment**

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

Attachment 4.19-B

Page 1a.3

Page 3

Page 25e

Page 25f

Page 25g

Page 25i

Attachment 4.19-B

Page 1a.3 (TN 17-0016)

Page 3 (TN 16-0023)

Page 25e (TN 16-0023)

Page 25f (TN 16-0023)

Page 25g (TN 16-0023)

Page 25i (TN 16-0023)

State: Texas

Date Received: September 19, 2017

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1. Physicians and Other Practitioners (continued)

- (f) When a procedure code is nationally discontinued, a replacement procedure code is nationally assigned for the discontinued procedure code, and Medicaid implements the replacement procedure code, a state plan amendment will not be submitted since the fee for the service has not changed.
- (g) To ensure access to care and prompt provider reimbursement, when a new national procedure code is assigned to a physician-administered drug or biological product, a preliminary reimbursement rate will be established by the Texas Health and Human Services Commission (HHSC) based on the published Medicare reimbursement rate. In accordance with 42 CFR §447.205(b)(1), a public notice and state plan amendment will not be submitted for this preliminary reimbursement rate. This will allow the new procedure code to be payable as the reimbursement process is completed with a public notice published and a state plan amendment submitted.
- (h) All fee schedules are available through the agency's website, as outlined on Attachment 4.19-B, page 1.
- (i) The agency's fee schedule was revised with new fees for services provided by physicians and other practitioners affiliated with tuberculosis clinics or employed by tuberculosis clinics, effective July 1, 2017, and this fee schedule was posted on the agency's website on July 15, 2017.
- (j) The agency's fee schedule was revised with new fees for physicians effective September 1, 2017, and this fee schedule was posted on the agency's website on October 15, 2017.
- (k) The agency's fee schedule was revised with new fees for therapy assistants. Effective December 1, 2017, the reimbursement for therapy assistants will equal 85 percent of the payment to a therapist. Effective September 1, 2018, the reimbursement for therapy assistants will equal 70 percent of the payment to a therapist.

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8. Home Health Services

(a) Professional Services

- (1) Home health agencies are reimbursed for authorized professional home health services, including skilled nursing visits and therapy visits, delivered to eligible Medicaid recipients, the lesser of the provider's billed charges or the fee schedule established by HHSC.
- (2) All fee schedules are available through the agency's website as outlined on Attachment 4.19-B, Page 1.
- (3) The agency's fee schedule was revised with new fees for home health professional services and durable medical equipment prosthetics, orthotics, and supplies effective September 1, 2017, and this fee schedule will be posted on the agency's website on October 15, 2017.
- (4) The agency's fee schedule was revised with new fees for therapy assistants. Effective December 1, 2017, the reimbursement for therapy assistants will equal 85 percent of the payment to a therapist. Effective September 1, 2018, the reimbursement for therapy assistants will equal 70 percent of the payment to a therapist.

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

6. Physical therapy (PT)

- (a) Services reimbursable only for Medicaid-eligible clients under age 21 include those delivered by the following provider types:
- (1) Medicare-certified outpatient facilities known as comprehensive outpatient rehabilitation facilities (CORFs) and outpatient rehabilitation facilities (ORFs) in accordance with Item 1 of Attachment 4.19-B, relating to the reimbursement methodology for physicians and other practitioners. Payments based on a fee schedule are made for these services.
 - (2) 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).
 - (3) Home health agencies' reimbursement rates are determined by the Texas Health and Human Services Commission (HHSC). Payments based on a fee schedule are made for these services.
- (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 physical therapy services effective September 1, 2017. The fee schedule will be posted on the agency website on , October 15, 2017.
- (d) The agency's fee schedule was revised with new fees for therapy assistants. Effective December 1, 2017, the reimbursement for therapy assistants will equal 85 percent of the payment to a therapist. Effective September 1, 2018, the reimbursement for therapy assistants will equal 70 percent of the payment to a therapist.

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

7. Occupational therapy (OT)

- (a) Services reimbursable only for Medicaid-eligible clients under age 21 include those delivered by the following provider types:
- (1) Medicare-certified outpatient facilities known as comprehensive outpatient rehabilitation facilities (CORFs) and outpatient rehabilitation facilities (ORFs) in accordance with Item 1 of Attachment 4.19-B, relating to the reimbursement methodology for physicians and other practitioners. Payments based on a fee schedule are made for these services.
 - (2) 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).
 - (3) Home health agencies' reimbursement rates are determined by the Texas Health and Human Services Commission (HHSC). Payments based on a fee schedule are made for these services.
- (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 occupational therapy services effective September 1, 2017. The fee schedule will be posted on the agency website on October 15, 2017.
- (d) The agency's fee schedule was revised with new fees for therapy assistants. Effective December 1, 2017, the reimbursement for therapy assistants will equal 85 percent of the payment to a therapist. Effective September 1, 2018, the reimbursement for therapy assistants will equal 70 percent of the payment to a therapist.

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

8. Speech and language

- (a) Services reimbursable only for Medicaid-eligible clients under age 21 include those delivered by the following provider types:
- (1) Medicare-certified outpatient facilities known as comprehensive outpatient rehabilitation facilities (CORFs) and outpatient rehabilitation facilities (ORFs) in accordance with Item 1 of Attachment 4.19-B, relating to the reimbursement methodology for physicians and other practitioners. Payments based on a fee schedule are made for these services.
 - (2) 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).
 - (3) Home health agencies' reimbursement rates are determined by the Texas Health and Human Services Commission (HHSC). Payments based on a fee schedule are made for these services.
- (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 speech and language services effective September 1, 2017. The fee schedule will be posted on the agency website on October 15, 2017.
- (d) The agency's fee schedule was revised with new fees for therapy assistants. Effective December 1, 2017, the reimbursement for therapy assistants will equal 85 percent of the payment to a therapist. Effective September 1, 2018, the reimbursement for therapy assistants will equal 70 percent of the payment to a therapist.

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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 September 1, 2017. The fee schedule was posted on the agency website on October 15, 2017.
- (d) The agency's fee schedule was revised with new fees for therapy assistants. Effective December 1, 2017, the reimbursement for therapy assistants will equal 85 percent of the payment to a therapist. Effective September 1, 2018, the reimbursement for therapy assistants will equal 70 percent of the payment to a therapist.

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