

## Table of Contents

State/Territory Name: Texas

State Plan Amendment (SPA) #: 17-0025

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**

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February 2, 2018

**Our Reference: SPA TX 17-0025**

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

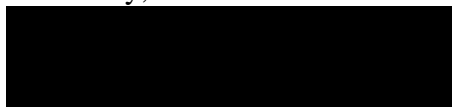
Dear Ms. Muth:

We have reviewed the State's proposed amendment to your Medicaid State Plan submitted under Transmittal Number (TN) 17-0025, dated December 13, 2017. This amendment updates the chemical dependency treatment facility 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, 2017, as requested. A copy of CMS 179 form as well as the approved plan pages are included with this letter.

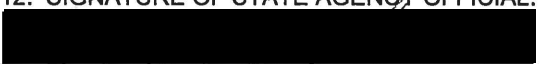

If you have any questions please contact Ford Blunt of my staff. Mr. Blunt may be reached at (214) 767-6381 or by e-mail at [Ford.Blunt@cms.hhs.gov](mailto:Ford.Blunt@cms.hhs.gov).

Sincerely,



Bill Brooks  
Associate Regional Administrator

cc: Dana Williamson, Manager, Policy Development Support

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER: <b>17-0025</b>	2. STATE: <b>TEXAS</b>
		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: <b>October 1, 2017</b>	
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: <b>42 C.F.R. § 440.50(a); §1905(a)(5)(A) of Social Security Act, relating to Physician Services; 42 C.F.R. § 440.60(a); §1905(a)(6) of Social Security Act, relating to Other Licensed Practitioners.</b>		7. FEDERAL BUDGET IMPACT: <b>SEE ATTACHMENT</b> a. FFY 2018 <b>\$774,601</b> b. FFY 2019 <b>\$793,083</b> c. FFY 2020 <b>\$805,771</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>SEE ATTACHMENT TO BLOCKS 8 &amp; 9</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ): <b>SEE ATTACHMENT TO BLOCKS 8 &amp; 9</b>	
10. SUBJECT OF AMENDMENT: <b>The proposed amendment updates the chemical dependency treatment facility fee schedule.</b>			
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: <b>Stephanie Muth State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711</b>	
13. TYPED NAME: <b>Stephanie Muth</b>			
14. TITLE: <b>State Medicaid Director</b>			
15. DATE SUBMITTED: <b>December 13, 2017</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: December 13, 2017		18. DATE APPROVED: February 2, 2018	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2017		20. SIGNATURE OF REGIONAL OFFICIAL: 	
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 17-0025**

**Number of the  
Plan Section or Attachment**

Attachment 4.19-B  
Page 21

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

Attachment 4.19-B  
Page 21 (TN 13-0029)

State: Texas  
Date Received: 12-13-2017  
Date Approved: 02-02-2018  
Date Effective: 10-01-2017  
Transmittal Number: TX 17-0025

**28. Rehabilitative Chemical Dependency Treatment Facility Services**

Medicaid providers of rehabilitative substance abuse and dependency treatment services are reimbursed based on fee schedules as follows:

- (a) Payment for covered rehabilitative substance abuse and dependency treatment services provided by a participating treatment facility is limited to the lesser of the customary charge or the allowable rates per established fee schedule by the single state agency. Room and board costs are excluded from the calculation of these chemical dependency facilities.
- (b) The fee schedule established by HHSC is based upon: (1) analysis of the Department of State Health Services Mental Health Block Grant Substance Abuse Services fees; (2) review of Medicaid fees paid by other states; (3) Medicaid fees for similar services; and/or (4) some combination or percentage thereof.
- (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 providers of rehabilitative substance abuse and dependency treatment services effective for services on or after October 1, 2017. The fee schedule was posted on the agency's website on October 15, 2017.

State: Texas  
Date Received: 12-13-2017  
Date Approved: 02-02-2018  
Date Effective: 10-01-2017  
Transmittal Number: TX 17-0025

TN No. 17-0025

Approval Date 02-02-18

Effective Date 10-01-17

Supersedes TN No. 13-0029