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State/Territory Name: Texas

State Plan Amendment (SPA) #: 18-0008

This file contains the following documents in the order listed:

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

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

June 29, 2018

Our Reference: TX SPA 18-0008

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

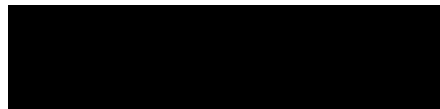
Dear Ms. Muth:

We have reviewed the State's proposed amendment to your Medicaid State Plan submitted under Transmittal Number (TN) 18-0008, dated May 30, 2018. This amendment updates the Early and Periodic Screening Treatment and Diagnosis (EPSDT) 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 April 1, 2018, as requested. A copy of the 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

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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES | | 1. TRANSMITTAL NUMBER: 18-0008 | 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: April 1, 2018 | |
| 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 C.F.R. §§ 440.40 and 441.56; §1905(r) of Social Security Act, relating to Early and Periodic Screening, Diagnosis and Treatment. | | 7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2018 \$ 499 b. FFY 2019 \$ 1,035 c. FFY 2020 \$ 1,080 | |
| 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 updates the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program fee schedule. | | | |
| 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 OF STATE AGENCY OFFICIAL:  | | 16. RETURN TO: Stephanie Muth State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711 | |
| 13. TYPED NAME: Stephanie Muth | | | |
| 14. TITLE: State Medicaid Director | | | |
| 15. DATE SUBMITTED: May 30, 2018 | | | |
| FOR REGIONAL OFFICE USE ONLY | | | |
| 17. DATE RECEIVED: May 30, 2018 | | 18. DATE APPROVED: June 29, 2018 | |
| PLAN APPROVED – ONE COPY ATTACHED | | | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: April 1, 2018 | | 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 18-0008

**Number of the
Plan Section or Attachment**

Attachment 4.19-B
Page 25d
Page25i

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

Attachment 4.19-B
Page 25d (TN 15-0037)
Page 25i (TN 18-0004)

State: Texas
Date Received: 05-30-18
Date Approved: 06-29-18
Date Effective: 04-01-18
Transmittal Number: 18-0008

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 April 1, 2018. The fee schedule will be posted on the agency website on April 5, 2018.

TN: 18-0008 Approval Date: 06-29-18
Supersedes TN: 15-0037 Effective Date: 04-01-18

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| State: Texas |
| Date Received: 05-30-18 |
| Date Approved: 06-29-18 |
| Date Effective: 04-01-18 |
| Transmittal Number: 18-0008 |

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) For dates of service on or after December 1, 2017, the reimbursement for services provided by a therapy assistant will be reimbursed at 85 percent of the rate paid to a licensed therapist for the same services.
- (c) For dates of service on or after September 1, 2018, the reimbursement for services provided by a therapy assistant will be reimbursed at 70 percent of the rate paid to a licensed therapist for the same services.
- (d) All fee schedules are available through the agency's website as outlined on Attachment 4.19-B, page 1.
- (e) The agency's fee schedule was revised with new fees for EPSDT physician services effective April 1, 2018. The fee schedule was posted on the agency website on April 5, 2018.

TN: 18-0008 Approval Date: 06-29-18
Supersedes TN: 18-0004 Effective Date: 04-01-18

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| State: Texas |
| Date Received: 05-30-18 |
| Date Approved: 06-29-18 |
| Date Effective: 04-01-18 |
| Transmittal Number: 18-0008 |