

## Table of Contents

State/Territory Name: Texas

State Plan Amendment (SPA) #: 19-0015

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  
7500 Security Boulevard, Mail Stop S2-14-26  
Baltimore, Maryland 21244-1850



**Center for Medicaid and CHIP Services**

**Disabled and Elderly Health Programs Group**

March 26, 2020

Ms. Stephanie Muth  
Medicaid Director  
Texas Health and Human Services Commission  
Post Office Box 13247, MC: H-100  
Austin, Texas 78711

Dear Ms. Muth:

The CMS Division of Pharmacy team has reviewed Texas's State Plan Amendment (SPA) 19-0015 received in the CMS Division of Program Operations on December 30, 2019. This SPA proposes to allow the state to comply with the Medicaid Drug Utilization Review (DUR) provisions included in Section 1004 of the Substance Use-Disorder Prevention that promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (P.L. 115-271).

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 19-0015 is approved with an effective date of December 1, 2019. A copy of the signed CMS-179 form, as well as the pages approved for incorporation into Texas's state plan will be forwarded by the CMS Division of Program Operations.



If you have any questions regarding this amendment, please contact Charlotte Amponsah at (410) 786-1092 or [charlotte.amponsah@cms.hhs.gov](mailto:charlotte.amponsah@cms.hhs.gov)

Sincerely,

/s/

Cynthia R. Denemark, R.Ph.,  
Deputy Director  
Division of Pharmacy

cc: Courtney Pool, State Plan Coordinator, Texas Medicaid/CHIP  
Bill Brooks, Division Director, Division of Managed Care Plan Operations  
James G. Scott, Division Director, CMS Division of Program Operations  
Billy Bob Farrell, Branch Manager, CMS Division of Program Operations  
Ford Blunt, CMS Division of Program Operations - West Branch

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER: <b>19-0015</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: December 1, 2019	
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: <b>42 U.S.C. 1396a(a)(85), (oo); 42 C.F.R. §§ 438.3(s), 440.225; 42 C.F.R. pt. 456, subpt. K, 1902(a)(85) and Section 1004 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act)</b>		7. FEDERAL BUDGET IMPACT: <b>SEE ATTACHMENT</b> a. FFY 2020 - \$172,910 b. FFY 2021 - \$258,032 c. FFY 2022 - \$265,783	
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 (If Applicable):  <b>SEE ATTACHMENT TO BLOCKS 8 &amp; 9</b>	
10. SUBJECT OF AMENDMENT:  <b>The purpose of the proposed amendment is:</b> <ul style="list-style-type: none"> <li>To articulate claims review requirements such as prospective and retrospective Drug Utilization Review (DUR) activities on opioid prescriptions, policies related to safety edits on maximum daily morphine milligram equivalents (MME) to limit the daily MME (as recommended by clinical guidelines), DUR warning messages for concurrent use, retrospective reviews on opioid overutilization to monitor prescribers for outlier activities, monitoring antipsychotic medications to children, and fraud and abuse identification.</li> <li>For persons age 21 and older, exempt prescriptions for opioids to treat acute pain from the three prescriptions per month limit, with the goal of improving health outcomes for Medicaid/CHIP beneficiaries.</li> </ul>			
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:    <b>Stephanie Muth</b>		16. RETURN TO:  <b>Stephanie Muth State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711</b>	
14. TITLE:  <b>State Medicaid Director</b>			
15. DATE SUBMITTED:  <b>December 31, 2019</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:      December 31, 2019		18. DATE APPROVED:      March 26, 2020	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:  December 1, 2019		20. SIGNATURE OF REGIONAL OFFICIAL:  	
21. TYPED NAME:  James G. Scott		22. TITLE: Director Division of Program Operations	
23. REMARKS:			

**12.a.2. 1902(a)(85), (oo): Opioid Prescriptions**

1902(a)(85) and Section 1004 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act)

(a) Claim Review Limitations: The State has in place:

- Prospective safety edits on opioid prescriptions to address days' supply, early refills, duplicate fills, and quantity limitations for clinical appropriateness.
- Prospective safety edits on maximum daily morphine milligram equivalents (MME) on opioid prescriptions to limit the daily morphine milligram equivalent (as recommended by clinical guidelines).
- Retrospective reviews on opioid prescriptions exceeding these above limitations on an ongoing basis.
- Retrospective reviews on concurrent utilization of opioids and benzodiazepines as well as opioids and antipsychotics on an ongoing periodic basis.

(b) Programs to monitor antipsychotic medications to children: The State reviews antipsychotic agents for appropriateness for all children, including foster children, based on approved indications and clinical guidelines.

(c) Fraud and abuse identification: The DUR program has established a process that identifies potential fraud or abuse of controlled substances by enrolled individuals, health care providers, and pharmacies.

TN: 19-0015 Approval Date: 03-26-20

Supersedes TN: None-New Page Effective Date: 12-01-19