

## Table of Contents

State/Territory Name: Texas

State Plan Amendment (SPA) #: 19-0038

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 S3-14-28  
Baltimore, Maryland 21244-1850



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**Financial Management Group/ Division of Reimbursement Review**

February 3, 2020

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

**RE: TN 19-0038**

Dear Ms. Muth:

We have reviewed the proposed amendment to Attachment 4.19-B of your Medicaid State plan submitted under transmittal number (TN) 19-0038. The proposed amendment updates the chemical dependency treatment facilities fee schedules.

Based upon the information provided by the State, we have approved the amendment for incorporation into the official Texas State Plan with an effective date of November 1, 2019. A copy of the CMS-179 and the approved plan page is enclosed with this letter.

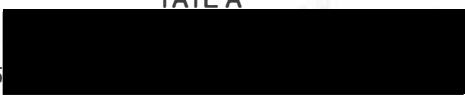

If you have any questions, please call Tamara Sampson at (214) 767-6431 or by email at [Tamara.Sampson@cms.hhs.gov](mailto:Tamara.Sampson@cms.hhs.gov).

Sincerely,

A black rectangular redaction box covering the signature of Todd McMillion.

Todd McMillion  
Acting Director

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER: <b>19-0038</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>November 1, 2019</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 the Social Security Act, relating to Physician Services; 42 C.F.R. § 440.60(a); §1905(a)(6) of the Social Security Act, relating to Other Licensed Practitioners.</b>		7. FEDERAL BUDGET IMPACT: <b>SEE ATTACHMENT</b> a. FFY 2020      \$0 b. FFY 2021      \$0 c. FFY 2022      \$0	
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 facilities 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: <b>TATE A</b> 		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 20, 2019</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:  <b>December 20, 2019</b>		18. DATE APPROVED: <b>February 3, 2020</b>	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:  <b>November 1, 2019</b>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME:  <b>Todd McMillion</b>		22. TITLE: <b>Acting Director Division of Reimbursement Review</b>	
23. REMARKS:			

**Attachment to Blocks 8 & 9 of CMS Form 179**

**Transmittal Number 19-0038**

**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 19-0003)

State: Texas  
Date Received: 12-20-19  
Date Approved: 02-03-20  
Date Effective: 11-01-19  
Transmittal Number: 19-0038

## 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 November 1, 2019. The fee schedule was posted on the agency's website on November 15, 2019.

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TN: <u>19-0038</u>	Approval Date: <u>02-03-20</u>
Supersedes TN: <u>19-0003</u>	Effective Date: <u>11-01-19</u>

State: Texas
Date Received: 12-20-19
Date Approved: 02-03-20
Date Effective: 11-01-19
Transmittal Number: 19-0038