

Table of Contents

State/Territory Name: Texas

State Plan Amendment (SPA) #: 19-0030

This file contains the following documents in the order listed:

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



Regional Operations Group

November 5, 2019

Our Reference: TX SPA 19-0030

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

Dear Ms. Muth:

We have reviewed the State's proposed amendment to the Texas State Plan submitted under Transmittal Number 19-0030, dated September 30, 2019. This state plan amendment updates Medicaid payments and Medicaid fee schedules for physical, occupational, and speech therapy services.

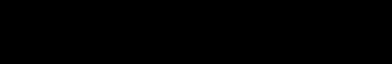

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with an effective date change of September 1, 2019. A copy of the CMS-179, and approved plan page are enclosed with this letter.

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,

A solid black rectangular box used to redact the signature of Bill Brooks.

Bill Brooks
Director
Regional Operations Group

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 19-0030	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: September 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: 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: a. FFY 2019 \$ 2,319,864 b. FFY 2020 \$29,683,540 c. FFY 2021 \$30,599,585	
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 Medicaid payments and Medicaid fee schedules for physical, occupational, and speech therapy services.			
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: September 30, 2019			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: September 30, 2019		18. DATE APPROVED: November 5, 2019	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: September 1, 2019		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Bill Brooks		22. TITLE: Director Regional Operations Group	
23. REMARKS:			

Attachment to Blocks 8 & 9 of CMS Form 179

Transmittal Number 19-0030

**Number of the
Plan Section or Attachment**

Attachment 4.19-B

Page 1a.3

Page 3

Page 25e

Page 25f

Page 25g

Page 25i

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

Attachment 4.19-B

Page 1a.3 (TN 19-0024)

Page 3 (TN 18-0015)

Page 25e (TN 17-0021)

Page 25f (TN 17-0021)

Page 25g (TN 17-0021)

Page 25i (TN 19-0023)

State: Texas
Date Received: 09-30-19
Date Approved: 11-05-19
Date Effective: 09-01-19
Transmittal Number: 19-0030

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; or the average wholesale price (AWP) in the absence of a Medicare reimbursement rate for the procedure code or the comparable code. 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, 2018, and this fee schedule was posted on the agency's website on July 6, 2018.
- (j) The agency's fee schedule was revised with new fees for therapy assistants. Effective September 1, 2019, the reimbursement for therapy assistants will equal 80 percent of the payment to a therapist.
- (k) The agency's fee schedule was revised with new fees to include peer specialists effective January 1, 2019, and this fee schedule was posted on the agency's website on January 7, 2019.
- (l) The agency's fee schedule was revised with new fees for physicians and other practitioners effective September 1, 2019, and this fee schedule was posted on the agency's website on September 5, 2019.

TN:	<u>19-0030</u>	Approval Date:	<u>11-05-19</u>
Supersedes TN:	<u>19-0024</u>	Effective Date:	<u>09-01-19</u>

State: Texas
Date Received: 09-30-19
Date Approved: 11-05-19
Date Effective: 09-01-19
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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 July 1, 2018, and this fee schedule was posted on the agency's website July 6, 2018.
- (4) The agency's fee schedule was revised with new fees for therapy assistants. Effective September 1, 2019, the reimbursement for therapy assistants will equal 80 percent of the payment to a therapist.

TN: 19-0030 Approval Date: 11-05-19
Supersedes TN: 18-0015 Effective Date: 09-01-19

State: Texas
Date Received: 09-30-19
Date Approved: 11-05-19
Date Effective: 09-01-19
Transmittal Number: 19-0030

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.

The agency's fee schedule was revised with new fees for EPSDT physical therapy services effective September 1, 2019. The fee schedule was posted on the agency website on September 5, 2019.

TN: 19-0030 Approval Date: 11-05-19
Supersedes TN: 17-0021 Effective Date: 09-01-19

State: Texas
Date Received: 09-30-19
Date Approved: 11-05-19
Date Effective: 09-01-19
Transmittal Number: 19-0030

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.

The agency's fee schedule was revised with new fees for EPSDT occupational therapy services effective September 1, 2019. The fee schedule was posted on the agency website on September 5, 2019.

TN: 19-0030 Approval Date: 11-05-19
Supersedes TN: 17-0021 Effective Date: 09-01-19

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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, 2019. The fee schedule was posted on the agency website on September 5, 2019.

TN: 19-0030 Approval Date: 11-05-19
Supersedes TN: 17-0021 Effective Date: 09-01-19

State: Texas
Date Received: 09-30-19
Date Approved: 11-05-19
Date Effective: 09-01-19
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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) For dates of service on or after September 1, 2019, the reimbursement for services provided by a therapy assistant will be reimbursed at 80 percent of the rate paid to a licensed therapist for the same 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 physician services effective September 1, 2019. The fee schedule was posted on the agency website on September 5, 2019.

TN: 19-0030 Approval Date: 11-05-19
Supersedes TN: 19-0023 Effective Date: 09-01-19

State: Texas
Date Received: 09-30-19
Date Approved: 11-05-19
Date Effective: 09-01-19
Transmittal Number: 19-0030