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State/Territory Name: Texas

State Plan Amendment (SPA) #: 21-0020

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

April 21, 2021

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

RE: Texas TN 21-0020

Dear Ms. Stephens:

We have reviewed the proposed Texas State Plan Amendment (SPA) to Attachment 4.19-B, TX#21-0020, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 31, 2021. This state plan amendment updates the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services fee schedule.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan pages.



If you have any additional questions or need further assistance, please contact Tamara Sampson at 214-767-6431 or Tamara.Sampson@cms.hhs.gov.

Sincerely,

A black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 21-0020	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: January 1, 2021	
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 2021 \$ 0 b. FFY 2022 \$ 0 c. FFY 2023 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B Page 25i Page 25k.1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B Page 25i (TN 20-0014) Page 25k.1 (TN 20-0006)	
10. SUBJECT OF AMENDMENT: The proposed amendment updates the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) 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:  Digitally signed by Stephanie Stephens Date: 2021.03.29 14:11:07 -05'00'		16. RETURN TO: Stephanie Stephens State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711	
13. TYPED NAME: Stephanie Stephens			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: March 31, 2021			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: March 31, 2021		18. DATE APPROVED: April 21, 2021	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2021		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Todd McMillion		22. TITLE: Director, Division of Reimbursement Review	
23. REMARKS:			

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 January 1, 2021. The fee schedule was posted on the agency website on March 19, 2021.

32. Reimbursement Methodologies for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services - continued

- 13) Dental services reimbursable only for Medicaid-eligible clients under age 21 include those provided by independently enrolled dentists who are reimbursed according to the lesser of the provider's billed charges or fees determined by the Texas Health and Human Services Commission (HHSC). These are access-based fees under Item 1 of Attachment 4.19-B, relating to the reimbursement methodology for physicians and other practitioners.
- (a) All fee schedules are available through the agency's website as outlined on Attachment 4.19-B, page 1.
- (b) The agency's fee schedule was revised with new fees for EPSDT dental services effective January 1, 2021. The fee schedule was posted on the agency website on March 19, 2021.