Table of Contents

State/Territory Name: Texas

State Plan Amendment (SPA) #: 22-0007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 601 E. 12th St., Room 355 Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

February 14, 2024

Emily Zalkovsky State Medicaid Director Texas Health and Human Services Commission Mail Code: Hl00 P.O. Box 13247 Austin, TX 78711-3247

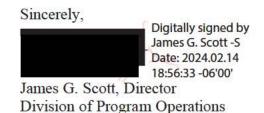
Re: Texas State Plan Amendment (SPA) 22-0007

Dear Director Zalkovsky:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0007. This amendment proposes to allow certain non-drug products to be added to the pharmacy formulary.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 447 Subpart I, 42 CFR §440.70. This letter is to inform you that Texas's Medicaid SPA 22-0007 was approved on February 14, 2024, with an effective date of October 1, 2022.

If you have any questions, please contact Tobias Griffin at 214-767-4425 or via email at Tobias.Griffin@cms.hhs.gov.



cc: Kathi Montalbano, Texas State Plan and Waiver Manager Ford Blunt, MCOG West Branch Acting Manager

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 2. STATE 22 0007 T 3. PROGRAM IDENTIFICATION: TITLEOF THE SOCIAL SECURITY ACT Medicaid
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 10/01/2022
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447 Subpart I, 42 CFR §440.70	 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2023 \$ 0 b. FFY 2024 \$ 0 There is no federal budget impact since there would be no utilization shift as a result of these new flexibilities.
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGENUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
SEE ATTACHMENTS TO BLOCKS 7 & 8	SEE ATTACHMENTS TO BLOCKS 7 & 8
9. SUBJECT OF AMENDMENT	-
The purpose of this amendment is to allow certain non-drug produ in Texas Medicaid as a medical benefit, pharmacies will be reimbu	

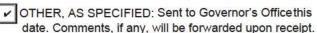
Medicaid fee schedule for medical benefits.

Some non-drug products are only available through the pharmacy benefit with a prescription. This means the non-drug product will never be assigned a HCPCS code and will not have a reimbursement rate listed in the fee schedule for medical benefits. The amendment would apply the existing pharmacy reimbursement methodology listed in the Texas State Plan to non-drug product covered under the pharmacy benefit when there is no corresponding rate under the medical benefit. This allows Texas to consider coverage of these non-drug products, improving access to care.

Pharmacy providers must meet all state and federal requirements to dispense non-drug products as applicable.

10. GOVERNOR'S REVIEW (Check One)

	GOVERNOR'S OFFICE REPORTED NO COMMENT
	COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
	NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL



11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO
Digitally signed by Stephanie Stephens Date: 2022.11.14 12:15:37 -06'00'	Stephanie Stephens State Medicaid Director
12. TYPED NAME Stephanie Stephens	Post Office Box 13247, MC: H-100 Austin, Texas 78711
13. TITLE State Medicaid Director	
14. DATE SUBMITTED November 14, 2023	
FC	DR CMS USE ONLY
16. DATE RECEIVED November 14, 2023	17. DATE APPROVED February 14, 2024
PLAN APPRO	OVED - ONE COPY ATTACHED
18. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2022	19. SIG Digitally signed by James G. Scott -S Date: 2024.02.14 19:07:00 -06'00'

20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
James G. Scott	Director, Division of Program Operations
22. REMARKS	

Attachment to Blocks 7 & 8 of CMS Form 179

Transmittal Number 22-0007

Number of the Plan Section or Attachment

Appendix 1 to Attachment 3.1-A Page 15b Appendix 1 to Attachment 3.1-B Page 15b

Number of the Superseded Plan Section or Attachment

Appendix 1 to Attachment 3.1-A Page 15b (TN 10-51) Appendix 1 to Attachment 3.1-B Page 15b (TN 10-51)

7. Home Health Care Services (continued)

Home Health Supplies Provided by a Pharmacy

- (a) Certain home health supplies that may be provided by a participating pharmacy are specified by the Title XIX single state agency and require a physician's prescription. Those supplies do not require prior authorization unless otherwise specified.
- (b) HHSC lists home health supplies that may be provided by a participating pharmacy on its website. This list includes the insulin syringes and needles referenced on Page 14 of this Appendix.
- (c) Participating pharmacies are licensed pharmacies enrolled as a Title XIX provider with the Vendor Drug Program.

Non-drug products Provided by a Pharmacy

- (a) Certain non-drug products that may be provided by a participating pharmacy are specified by the Title XIX single state agency and require a physician's prescription. Those non-drug products do not require prior authorization unless otherwise specified.
- (b) HHSC lists non-drug products that may be provided by a participating pharmacy on its website.
- (c) Participating pharmacies are licensed pharmacies enrolled as a Title XIX provider and DME providers as applicable.
- (d) Non-drug products will be reimbursed as described in Attachment 4.19-B page 2c.1 (c)(2)(C). For non-drug products, replace "ingredient cost" with "the cost of the nondrug product."

7. Home Health Care Services (continued)

Home Health Supplies Provided by a Pharmacy

- (a) Certain home health supplies that may be provided by a participating pharmacy are specified by the Title XIX single state agency and require a physician's prescription. Those supplies do not require prior authorization unless otherwise specified.
- (b) HHSC lists home health supplies that may be provided by a participating pharmacy on its website. This list includes the insulin syringes and needles referenced on Page 14 of this Appendix.
- (c) Participating pharmacies are licensed pharmacies enrolled as a Title XIX provider with the Vendor Drug Program.

Non-drug products Provided by a Pharmacy

- (a) Certain non-drug products that may be provided by a participating pharmacy are specified by the Title XIX single state agency and require a physician's prescription. Those non-drug products do not require prior authorization unless otherwise specified.
- (b) HHSC lists non-drug products that may be provided by a participating pharmacy on its website.
- (c) Participating pharmacies are licensed pharmacies enrolled as a Title XIX provider and DME providers as applicable.
- (d) Non-drug products will be reimbursed as described in Attachment 4.19-B page 2c.1 (c)(2)(C). For non-drug products, replace "ingredient cost" with "the cost of the nondrug product."