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State/Territory Name: TX

State Plan Amendment (SPA) : 22-0009

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



Financial Management Group

April 12, 2022

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

RE: Texas TN 22-0009

Dear Ms. Stephens:

We have reviewed the proposed Texas State Plan Amendment (SPA) to Attachment 4.19-B, TX#22-0009, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 28, 2022. The proposed amendment updates the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program fee schedule.

Based upon the information provided by the State, we have approved the amendment with an effective date of March 1, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Monica Neiman at: Monica.Neiman@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

<p>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</p> <p>FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>	<p>1. TRANSMITTAL NUMBER <u>2 2 0 0 0 9</u></p>	<p>2. STATE <u>T X</u></p>												
<p>TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>	<p>3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT</p>													
<p>5. 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.</p>	<p>4. PROPOSED EFFECTIVE DATE March 1, 2022</p>													
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B Page 25i</p>	<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">a</td> <td style="width:15%;">FFY <u>2022</u></td> <td style="width:10%;"></td> <td style="width:10%;">\$ <u>(\$1,222)</u></td> </tr> <tr> <td>b</td> <td>FFY <u>2023</u></td> <td></td> <td>\$ <u>(\$1,930)</u></td> </tr> <tr> <td>c</td> <td>FFY <u>2024</u></td> <td></td> <td>\$ <u>(\$1,897)</u></td> </tr> </table>		a	FFY <u>2022</u>		\$ <u>(\$1,222)</u>	b	FFY <u>2023</u>		\$ <u>(\$1,930)</u>	c	FFY <u>2024</u>		\$ <u>(\$1,897)</u>
a	FFY <u>2022</u>		\$ <u>(\$1,222)</u>											
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c	FFY <u>2024</u>		\$ <u>(\$1,897)</u>											
<p>9. SUBJECT OF AMENDMENT The proposed amendment updates the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program fee schedule.</p>	<p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B Page 25i (TN 22-0002)</p>													

10. GOVERNOR'S REVIEW (Check One)

<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt.
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<p>11. SIGNATURE OF STATE AGENCY OFFICIAL </p>	<p>15. RETURN TO Stephanie Stephens State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711</p>
<p>12. TYPED NAME Stephanie Stephens</p>	
<p>13. TITLE State Medicaid Director</p>	
<p>14. DATE SUBMITTED March 28, 2022</p>	

FOR CMS USE ONLY

<p>16. DATE RECEIVED March 28, 2022</p>	<p>17. DATE APPROVED April 12, 2022</p>
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PLAN APPROVED - ONE COPY ATTACHED

<p>18. EFFECTIVE DATE OF APPROVED MATERIAL March 01, 2022</p>	<p>19. SIGNATURE OF APPROVING OFFICIAL </p>
<p>20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion</p>	<p>21. TITLE OF APPROVING OFFICIAL Director Division of Reimbursement Review</p>

22. 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 March 1, 2022. The fee schedule will be posted on the agency website by March 15, 2022.