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State/Territory Name: Texas

State Plan Amendment (SPA) :26-0007

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
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

April 10, 2026

Director: Emily Zalkovsky
State Medicaid/CHIP Director
Health and Human Services Commission
Mail Code: H100
Post Office Box 13247
Austin, Texas 78711

RE: TN 26-0007

Dear Director: Emily Zalkovsky,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Texas state plan amendment (SPA) to Attachment 4.19-B 26-0007 which was submitted to CMS on March 18, 2026. The proposed amendment updates the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program fee schedules.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of March 1, 2026. 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 Monica Neiman via email at Monica.Neiman@cms.hhs.gov.

Sincerely,

[Redacted Signature]

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
2 6 0 0 0 7

2. STATE
T X

3. PROGRAM IDENTIFICATION: TITLE **XIX** OF THE
SOCIAL SECURITY ACT

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
March 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION
**Social Security Act §1905(r), 42 C.F.R. §§ 440.40 and 441.56
,1905(a)(4)**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY **2026** \$ **1,026**
b. FFY **2027** \$ **1,743**

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

**Attachment 4.19-B
Page 25i**

8. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable)

**Attachment 4.19-B
Page 25i (TN 25-0034)**

9. SUBJECT OF AMENDMENT

The proposed amendment updates the Early Periodic Screening, Diagnosis, and Treatment services fee schedules.

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

OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt.

11. SIGNATURE OF STATE AGENCY OFFICIAL

15. RETURN TO

12. TYPED NAME 12:48:08 -05'00'
Emily Zalkovsky

**Emily Zalkovsky
State Medicaid Director
Post Office Box 13247, MC: H-100
Austin, Texas 78711**

13. TITLE
State Medicaid Director

14. DATE SUBMITTED
March 18, 2026

FOR CMS USE ONLY

16. DATE RECEIVED **March 18, 2026**

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
March 1, 2026

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

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 access-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) Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of EPSDT physician services. The agency's fee schedule rates were set as of March 1, 2026, and are effective for services provided on or after that date. The fee schedule will be posted on the agency's website by March 16, 2026. All rates are published on <http://public.tmhp.com/FeeSchedules/Default.aspx>.

TN: 26-0007 Approval Date: April 10, 2026

Supersedes TN: 25-0034 Effective Date: March 1, 2026