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State/Territory Name: Texas

State Plan Amendment (SPA): 23-0035

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

December 20, 2023

Director: Emily Zalkovsky State Medicaid/CHIP Director Health and Human Services Commission Mail Code: H100

Post Office Box 13247 Austin, Texas 78711

RE: Texas TN 23-0035

Dear Director: Emily Zalkovsky,

We have reviewed the proposed Texas State Plan Amendment (SPA) to Attachment 4.19-B, TX#23-0035, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 25, 2023. The proposed amendment updates the Home Health fee schedule.

Based upon the information provided by the State, we have approved the amendment with an effective date of September 1, 2023. 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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE September 1, 2023
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
Social Security Act §§1902(a)(30), 42 CFR §447.201(b).	a FFY 2023 \$ (\$ 200,030) b. FFY 2024 \$ (\$2,046,682)
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19-B Page 3	Attachment 4.19-B Page 3 (TN 21-0040)
9. SUBJECT OF AMENDMENT	
The proposed amendment updates the Home Health fee schedule.	
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	Emily Zalkovsky State Medicaid Director
Emily Zalkovsky	Post Office Box 13247, MC: H-100 Austin, Texas 78711
13. TITLE State Medicaid Director	Adding Toxac For T
14. DATE SUBMITTED	
September 25, 2023	
FOR CMS USE ONLY	
16. DATE RECEIVED	17. DATE APPROVED
September 25, 2023	December 20, 2023
	NE COPY ATTACHED
18. EFFECTIVE DATE OF APPROVED MATERIAL September 1, 2023	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
Todd McMillion	Director, Division of Reimbursement Review
22. REMARKS	

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 in 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 September 1, 2023. This fee schedule was posted on the agency's website on September 15, 2023.
- (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: <u>23-0035</u> Approval Date: <u>December 20, 2023</u>

Supersedes TN: <u>21-0040</u> Effective Date: <u>September 1, 2023</u>