

## **Table of Contents**

### **State Plan Amendment**

#### **SPA 19-0023 EPSDT Fees - Effective 07/01/2019**

This file contains the following documents in order listed:

1. CMS Approval Letter
2. CMS Form 179
3. Superseding Page Listing (Attachment to Blocks 8 & 9 of CMS Form 179)
4. Approved SPA Page

## **Regional Operations Group**

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October 9, 2019

### **Our Reference: TX SPA 19-0023**

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

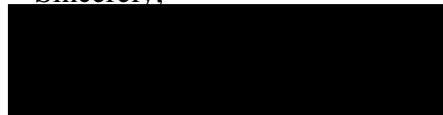
Dear Ms. Muth:

We have reviewed the State's proposed amendment to the Texas State Plan submitted under Transmittal Number 19-0023, dated September 6, 2019. This state plan amendment updates the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program fee schedule.

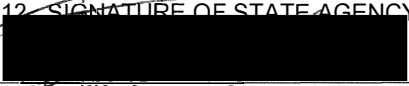

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with an effective date change of July 1, 2019. A copy of the CMS-179 and approved plan page are enclosed with this letter.

If you have any questions, please contact Ford Blunt of my staff. Mr. Blunt may be reached at (214) 767-6381 or by e-mail at [Ford.Blunt@cms.hhs.gov](mailto:Ford.Blunt@cms.hhs.gov).

Sincerely,



Bill Brooks  
Director  
Regional Operations Group

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER:  <b>19-0023</b>	2. STATE:  <b>TEXAS</b>
		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:  <b>July 1, 2019</b>	
5. TYPE OF PLAN MATERIAL ( <i>Circle One</i> ): <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 ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION:  <b>42 C.F.R. §§ 440.40 and 441.56; §1905(r) of Social Security Act, relating to Early and Periodic Screening, Diagnosis and Treatment.</b>		7. FEDERAL BUDGET IMPACT: <b>SEE ATTACHMENT</b> a. FFY 2019      \$(837) b. FFY 2020      \$(3,513) c. FFY 2021      \$(3,622)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>SEE ATTACHMENT TO BLOCKS 8 &amp; 9</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  <b>SEE ATTACHMENT TO BLOCKS 8 &amp; 9</b>	
10. SUBJECT OF AMENDMENT:  <b>The proposed amendment updates the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program fee schedule.</b>			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <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: 		16. RETURN TO:  <b>Stephanie Muth State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711</b>	
13. TYPED NAME:  <b>Stephanie Muth</b>			
14. TITLE:  <b>State Medicaid Director</b>			
15. DATE SUBMITTED:  <b>September 6, 2019</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:      September 6, 2019		18. DATE APPROVED:      October 9, 2019	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:  July 1, 2019		20. SIGNATURE: 	
21. TYPED NAME:      Bill Brooks		22. TITLE:      Director Regional Operations Group	
23. REMARKS:			

**Attachment to Blocks 8 & 9 of CMS Form 179**

**Transmittal Number 19-0023**

**Number of the  
Plan Section or Attachment**

Attachment 4.19-B  
Page 25i

**Number of the Superseded  
Plan Section or Attachment**

Attachment 4.19-B  
Page 25i (TN 19-0017)

State: Texas  
Date Received: 09-06-19  
Date Approved: 10-09-19  
Date Effective: 07-01-19  
Transmittal Number: 19-0023

**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 December 1, 2017, the reimbursement for services provided by a therapy assistant will be reimbursed at 85 percent of the rate paid to a licensed therapist for the same services.
- (c) For dates of service on or after September 1, 2018, the reimbursement for services provided by a therapy assistant will be reimbursed at 70 percent of the rate paid to a licensed therapist for the same services.
- (d) All fee schedules are available through the agency's website as outlined on Attachment 4.19-B, page 1.
- (e) The agency's fee schedule was revised with new fees for EPSDT physician services effective July 1, 2019. The fee schedule was posted on the agency website on July 17, 2019.

TN: 19-0023 Approval Date: 10-09-19  
Supersedes TN: 19-0017 Effective Date: 07-01-19

State: Texas  
Date Received: 09-06-19  
Date Approved: 10-08-19  
Date Effective: 07-01-19  
Transmittal Number: 19-0023