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State Plan Amendment

SPA 19-0028 (Private Duty Nursing) - Effective 09/01/2019

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

November 4, 2019

Our Reference: TX SPA 19-0028

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 19-0028, dated September 27, 2019. This state plan amendment updates the Early and Periodic Screening, Diagnosis, and Treatment program fees schedule for Private Duty Nursing Services.

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with an effective date change of September 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.

Sincerely,

Bill Brooks
Director
Regional Operations Group
TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 19-0028

2. STATE: TEXAS

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: September 1, 2019

5. TYPE OF PLAN MATERIAL (Circle One):
   - NEW STATE PLAN
   - AMENDMENT TO BE CONSIDERED AS NEW PLAN
   - AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. 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.

7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT
   a. FFY 2019 $ 936,961
   b. FFY 2020 $ 11,800,523
   c. FFY 2021 $ 12,164,692

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
   SEE ATTACHMENT TO BLOCKS 8 & 9

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
   SEE ATTACHMENT TO BLOCKS 8 & 9

10. SUBJECT OF AMENDMENT:
    The proposed amendment updates the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program fee schedule for Private Duty Nursing Services.

11. GOVERNOR’S REVIEW (Check One):
    - GOVERNOR’S OFFICE REPORTED NO COMMENT
    - COMMENTS OF GOVERNOR’S OFFICE ENCLOSED
    - NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITIAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:
    [Redacted]

13. TYPED NAME: Stephanie Muth

14. TITLE: State Medicaid Director

15. DATE SUBMITTED: September 27, 2019

FOR REGIONAL OFFICE USE ONLY
16. RETURN TO:
    Stephanie Muth
    State Medicaid Director
    Post Office Box 13247, MC: H-100
    Austin, Texas 78711

17. DATE RECEIVED: September 27, 2019

18. DATE APPROVED: November 4, 2019

PLAN APPROVED – ONE COPY ATTACHED
19. EFFECTIVE DATE OF APPROVED MATERIAL: September 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL:
    Bill Brooks

21. TYPED NAME: Bill Brooks

22. TITLE: Director
    Regional Operations Group

23. REMARKS: OTHER, AS SPECIFIED: Sent to Governor’s Office this date. Comments, if any, will be forwarded upon receipt.
### Attachment to Blocks 8 & 9 of CMS Form 179

**Transmittal Number 19-0028**

<table>
<thead>
<tr>
<th>Number of the Plan Section or Attachment</th>
<th>Number of the Superseded Plan Section or Attachment</th>
</tr>
</thead>
</table>

State: Texas  
Date Received: 09-27-19  
Date Approved: 11-04-19  
Date Effective: 09-01-19  
Transmittal Number: 19-0028
32. Reimbursement Methodologies for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services (continued)

(5) Private duty nursing services, including, but not limited to, registered nurse (RN) services, and licensed vocational nurse/licensed practical nurse (LVN/LPN) services require prior authorization and are reimbursed based on the lesser of the provider's billed charges or fees established by the Texas Health and Human Services Commission (HHSC).

a) Eligible providers include: independently enrolled RNs, independently enrolled LVNs/LPNs, RNs employed by or contracted with home health agencies, and LVNs/LPNs employed by or contracted with home health agencies.

b) The fees are access-based fees and are reviewed every two years. The fees are based on historical charges, a review of Medicaid fees paid by other states, a survey of costs for a representative sample of providers, an analysis of cost reports provided by home health agencies of similar nursing services, modeling using an analysis of other data available to HHSC, or a combination thereof. Payments based on a fee schedule are made for these 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 private duty nursing services effective September 1, 2019. The fee schedule was posted on the agency website on September 5, 2019.

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TN: 19-0028 Approval Date: 11-04-19
Supersedes TN: 18-0008 Effective Date: 09-01-19