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State Plan Amendment

SPA 19-0038 (CDTF) - Effective 11/01/2019

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
Financial Management Group/ Division of Reimbursement Review

February 3, 2020

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

RE: TN 19-0038

Dear Ms. Muth:

We have reviewed the proposed amendment to Attachment 4.19-B of your Medicaid State plan submitted under transmittal number (TN) 19-0038. The proposed amendment updates the chemical dependency treatment facilities fee schedules.

Based upon the information provided by the State, we have approved the amendment for incorporation into the official Texas State Plan with an effective date of November 1, 2019. A copy of the CMS-179 and the approved plan page is enclosed with this letter.

If you have any questions, please call Tamara Sampson at (214) 767-6431 or by email at Tamara.Sampson@cms.hhs.gov.

Sincerely,

Todd McMillion
Acting Director

Enclosures
**TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL**

**FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES**

**1. TRANSMITTAL NUMBER:** 19-0038  
**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:** November 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. § 440.50(a); §1905(a)(5)(A) of the Social Security Act, relating to Physician Services; 42 C.F.R. § 440.60(a); §1905(a)(6) of the Social Security Act, relating to Other Licensed Practitioners.

**7. FEDERAL BUDGET IMPACT:** 

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<td>FY 2021</td>
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<tr>
<td>FY 2022</td>
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**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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):** SEE ATTACHMENT TO BLOCKS 8 & 9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 chemical dependency treatment facilities fee schedule.

**11. GOVERNOR'S REVIEW (Check One):**

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☒ OTHER, AS SPECIFIED:Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt.

**12. SIGNATURE OF STATE AGENCY OFFICIAL:**

[Signature Redacted]

**13. TYPED NAME:** Stephanie Muth

**14. TITLE:**

State Medicaid Director

**15. DATE SUBMITTED:** December 20, 2019

**FOR REGIONAL OFFICE USE ONLY**

**17. DATE RECEIVED:** December 20, 2019  
**18. DATE APPROVED:** February 3, 2020

**PLAN APPROVED – ONE COPY ATTACHED**

**19. EFFECTIVE DATE OF APPROVED MATERIAL:** November 1, 2019

**20. SIGNATURE OF REGIONAL OFFICIAL:**

[Signature Redacted]

**21. TYPED NAME:** Todd McMillion

**22. TITLE:** Acting Director  
Division of Reimbursement Review

**23. REMARKS:**
<table>
<thead>
<tr>
<th>Number of the Plan Section or Attachment</th>
<th>Number of the Superseded Plan Section or Attachment</th>
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<tbody>
<tr>
<td>Attachment 4.19-B</td>
<td>Attachment 4.19-B</td>
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<tr>
<td>Page 21</td>
<td>Page 21 (TN 19-0003)</td>
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State: Texas
Date Received: 12-20-19
Date Approved: 02-03-20
Date Effective: 11-01-19
Transmittal Number: 19-0038
28. **Rehabilitative Chemical Dependency Treatment Facility Services**

Medicaid providers of rehabilitative substance abuse and dependency treatment services are reimbursed based on fee schedules as follows:

(a) Payment for covered rehabilitative substance abuse and dependency treatment services provided by a participating treatment facility is limited to the lesser of the customary charge or the allowable rates per established fee schedule by the single state agency. Room and board costs are excluded from the calculation of these chemical dependency facilities.

(b) The fee schedule established by HHSC is based upon: (1) analysis of the Department of State Health Services Mental Health Block Grant Substance Abuse Services fees; (2) review of Medicaid fees paid by other states; (3) Medicaid fees for similar services; and/or (4) some combination or percentage thereof.

(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 providers of rehabilitative substance abuse and dependency treatment services effective for services on or after November 1, 2019. The fee schedule was posted on the agency’s website on November 15, 2019.