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**State/Territory Name: Texas**

**State Plan Amendment (SPA) #: 21-0040**

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



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**Financial Management Group**

November 8, 2021

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

RE: Texas TN 21-0040

Dear Ms. Stephens:

We have reviewed the proposed Texas State Plan Amendment (SPA) to Attachment 4.19-B, TX#21-0040, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 23, 2021. The proposed amendment updates the Home Health fee schedules.

Based upon the information provided by the State, we have approved the amendment with an effective date of September 1, 2021. 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](mailto:Monica.Neiman@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER: <b>21-0040</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>September 1, 2021</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>Social Security Act §1902(a)(30); 42 CFR §447.201(b).</b>	7. FEDERAL BUDGET IMPACT: <b>SEE ATTACHMENT</b> a. FFY 2021 \$ 14 b. FFY 2022 \$ 150 c. FFY 2023 \$ 145 <b>(Figures in whole thousands)</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 4.19-B Page 3</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  <b>Attachment 4.19-B Page 3 (TN 19-0030)</b>	
10. SUBJECT OF AMENDMENT:  <b>The proposed amendment updates the Home Health 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:  Digitally signed by Stephanie Stephens Date: 2021.09.23 10:14:48 -05'00'	16. RETURN TO:  <b>Stephanie Stephens State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711</b>	
13. TYPED NAME: <b>Stephanie Stephens</b>		
14. TITLE: <b>State Medicaid Director</b>		
15. DATE SUBMITTED:  9/23/2021		
<b>FOR REGIONAL OFFICE USE ONLY</b>		
17. DATE RECEIVED: September 23, 2021	18. DATE APPROVED: <b>November 8, 2021</b>	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL:  September 1, 2021	20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME:  Todd McMillion	22. TITLE:  Director, Division of Reimbursement Review	
23. 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 on 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, 2021. This fee schedule was posted on the agency's website on September 15, 2021.
- (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.