DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1301 Young Street, Room 833
Dallas, Texas 75202

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Division of Medicaid & Children's Health, Region VI

March 4, 2010

Our Reference: SPA TX 09-009

Mr. Billy Millwee
Associate Commissioner for Medicaid & CHIP
Health and Human Services Commission
Post Office Box 13247
Mail Code: H100
Austin, Texas 78711

Dear Mr. Millwee:

We have reviewed the State's proposed amendment to the Texas State Plan submitted under Transmittal Number 09-009, dated June 26, 2009. The amendment adds language to allow coverage of a new preventive services benefit and clarifies language to more accurately align the state plan with current Texas Medicaid policies.

Additionally, please note that when the State submits a State Plan Amendment (SPA) that may impact Indians or Indian health providers, CMS will look for evidence of the State's Tribal consultation process for that SPA. Pursuant to the new section 1902(a)(73) of the Act added by section 5006(e) of the Recovery and Reconstruction Act of 2009, the State must submit evidence to CMS regarding the solicitation of advice prior to submission of the State Plan Amendment. Such consultation must include all federally-recognized tribes, Indian Health Service and Urban Indian Organizations within the State.

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with an effective date change of January 1, 2010. A copy of the CMS-179 and the approved plan pages are enclosed with this letter.

If you have any questions, please contact Ford J. Blunt at (214) 767-6381.

Sincerely,

[redacted]
for Bill Brooks
Associate Regional Administrator

Enclosures
cc: Tamela Griffin, Policy Development Support

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES

1. TRANSMITTAL NUMBER: **09-009**

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: **January 1, 2010**

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:
Section 1905(a)(13) of the Social Security Act;
42 CFR §440.130

7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT
a. FFY **2010** **$ 11,282,814**
b. FFY **2011** **$ 14,442,922**
c. FFY **2012** **$ 15,008,934**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
SEE ATTACHMENT

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
SEE ATTACHMENT

10. SUBJECT OF AMENDMENT:

The proposed amendment adds language to allow coverage of a new preventive services benefit and clarifies language to more accurately align the state plan with current Texas Medicaid policies. The requested effective date for the proposed amendment is January 1, 2010.

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 SUBMITTAL
☒ OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt.

12. SIGNATURE OF STATE AGENCY OFFICIAL:
[redacted]

13. TYPED NAME:
Billy Millwee

14. TITLE:
Interim State Medicaid Director

15. DATE SUBMITTED:
June 26, 2009

16. RETURN TO:
Billy Millwee
Interim State Medicaid Director
Post Office Box 13247, MC: H-100
Austin, Texas 78711-5200

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 26 June, 2009

18. DATE APPROVED: 4 March, 2010

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 January, 2010

20. SIGNATURE OF REGIONAL OFFICIAL:
[redacted]

21. TYPED NAME: Bill Brooks

22. TITLE: Associated Regional Administrator Div of Medicaid & Children's Health

23. REMARKS:

FORM CMS – 179 (07-92)

Attachment to Blocks 8 and 9 to CMS Form 179

Transmittal No. TX 09-009, Amendment No. 855

Number of the Plan Section or Attachment	Number of the Superseded Plan Section or Attachment
Attachment 3.1-A	Attachment 3.1-A
Page 6	Page 6 (TN 94-030)
Appendix 1 to Attachment 3.1-A	Appendix 1 to Attachment 3.1-A
Page 30	Page 30 (TN 88-021)
Appendix 2 to Attachment 3.1-A	Appendix 2 to Attachment 3.1-A
Page 1	Page 1 (TN 93-032)
Page 2	Page 2 (TN 94-010)
Page 3	Page 3 (TN 94-001)
Attachment 3.1-B	Attachment 3.1-B
Page 5	Page 5 (TN 03-021)
Appendix 1 to Attachment 3.1-B	Appendix 1 to Attachment 3.1-B
Page 30	Page 30 (TN 88-021)
Appendix 2 to Attachment 3.1-B	Appendix 2 to Attachment 3.1-B
Page 1	Page 1 (TN 93-032)
Page 2	Page 2 (TN 94-010)
Page 3	Page 3 (TN 94-001)

AMOUNT, DURATION AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Screening services.

☐ Provided ☐ No limitations ☐ With limitations

☒ Not Provided

c. Preventive services.

☒ Provided ☐ No limitations ☒ With limitations*

☐ Not Provided

d. Rehabilitative services.

☒ Provided ☐ No limitations ☒ With limitations*

☐ Not Provided

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

☒ Provided ☐ No limitations ☒ With limitations*

☐ Not Provided

b. Nursing facility services.

☐ Provided ☐ No limitations ☐ With limitations

☒ Not Provided

STATE Texas
DATE REC'D 6-26-09
DATE APPV'D 3-4-10
DATE EFF 1-1-2010
HCFA 179 09-09

A

*Description provided on attachment

13.c. Preventive Services

Preventive services provided under this section are provided by practitioners who meet individual practitioner certification standards according to federal and state law. Each provider must be approved for participation in the Texas Medical Assistance Program by the Texas Health and Human Services Commission.

Preventive services include services to:

a) prevent disease, disability and other health conditions or their progression,

b) prolong life, and

c) promote physical and mental health and efficiency.

Service recipients, other than EPSDT recipients, are limited to one comprehensive preventive exam per year. The preventive services must be provided in accordance with the United States Preventive Services Task Force (USPSTF) and the services must be graded by the USPSTF as an "A" (strongly recommended) or a "B" (recommended).

SUPERSEDES: TN- 88-21

STATE Texas	A
DATE REC'D 6-26-09	
DATE APPV'D 3-4-10	
DATE EFF 1-1-2010	
HCFA 179 09-09	

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

General exclusions and limitations applicable to the amount, duration and scope of medical and remedial care and services provided under this State Plan.

On behalf of the categorically needy, only reasonable costs or reasonable charges as applicable for medical or remedial care will be paid when the items of care furnished are medically necessary for diagnosis, treatment, or both, subject to exclusions and limitations applicable to specific services and third party liability. These exclusions and limitations do not apply to the services covered by the Texas Health Steps Comprehensive Care Program.

The benefits of this program do not include:

1. Services provided to any individual who is an inmate in a public institution (except as a patient in a medical institution approved for participation in the Medicaid program), or is a patient in:

   (A) an institution for tuberculosis,

   (B) the hospital or nursing sections of institutions for the mentally retarded, or

   (C) an institution for mental disease if the patient is between the ages of 22 and 64;

2. Special shoes or other supportive devices for the feet and ambulation aids (except as provided for in the home health services program);

3. Any services provided by military medical facilities, except:

   (A) military hospitals enrolled to provide inpatient emergency services,

   (B) Veterans Administration facilities, or

   (C) United States Public Health Service hospitals;

4. Care and treatment related to any condition covered by workmen's compensation laws;

5. Care, treatment or other services by a doctor of dentistry unless:

   (A) the recipient's dental diagnosis is causally related to a life-threatening medical condition; or

   (B) the treatment is specifically authorized by the Health and Human Services Commission (HHSC) or its designee;

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

6. Any care or services to the extent that a benefit is paid or payable under Medicare;

7. Any services or supplies provided to an individual before the effective date of designation by HHSC as an eligible recipient or after the effective date of denial as an eligible recipient except orthodontic services that are authorized and initiated while the recipient is eligible for Medicaid may be continued for 36 months after a recipient is no longer Medicaid eligible;

8. Any services or supplies provided in connection with cosmetic surgery except as required for the prompt repair of accidental injury or for improvement of the functioning of a malformed body member or as required by federal law;

9. Immunizations specifically for travel to or from foreign countries. Immunizations included on the immunization schedule approved by the Advisory Committee on Immunization Practices (ACIP) are a benefit unless an immunization is specifically excluded by HHSC;

10. Any services provided by an immediate relative of the eligible recipient or member of the eligible recipient's household except for personal care services;

11. Custodial care;

12. Any services or supplies provided outside of the United States, except for deductible and co-insurance portions of Medicare benefits as provided for in this plan;

13. Any service or supplies not provided for in this plan;

14. Any services or supplies to the extent that benefits are available for such services or supplies under any other contract or policy of insurance, or would have been so available in the absence of this contract.

15. Any services or supplies not provided for in this plan for:

    (A) the treatment of flat foot conditions and the prescription of supportive devices therefor;

    (B) the treatment of subluxations of the foot; or

    (C) routine foot care (including the cutting or removal of corns, warts, or calluses, the trimming of nails, and other routine hygiene care);

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

16. Any services or supplies that are experimental or investigational;

17. Outpatient behavioral health benefits to an individual for the diagnosis or treatment of mental disease, psychoneurotic, and personality disorders while not confined as an inpatient in a hospital which exceed 30 visits to enrolled practitioners per calendar year. This utilization control limitation may be exceeded when prior authorized on a case by case basis;

18. Services provided by ineligible or suspended providers;

19. Any service or supplies for which claims were not submitted within the filing deadline.

20. Institutional Care, separate payments are not made for services and supplies in an institution where the reimbursement formula and vendor payment include such services or supplies as a part of the institutional care.

STATE Texas
DATE REC'D 6-26-09
DATE APPV'D 3-4-10
DATE EFF 1-1-2010
HCFA 179 09-09

A

SUPERSEDES: TN- 94-01

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

16. Any services or supplies that are experimental or investigational;

17. Outpatient behavioral health benefits to an individual for the diagnosis or treatment of mental disease, psychoneurotic, and personality disorders while not confined as an inpatient in a hospital which exceed 30 visits to enrolled practitioners per calendar year. This utilization control limitation may be exceeded when prior authorized on a case by case basis;

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STATE Texas
DATE REC'D 6-26-09
DATE APP'V'D 3-4-10
DATE EFF 1-1-2010
HCFA 179 09-09

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SUPERSEDES: TN- 94-01

STATE Texas
DATE REC'D 6-26-09
DATE APPV'D 3-4-10
DATE EFF 1-1-2010
HCFA 179 09-09

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S):

c. Prosthetic devices.

☒ Provided ☐ No limitations ☒ With limitations*

d. Eyeglasses.

☒ Provided ☐ No limitations ☒ With limitations*

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan.

a. Diagnostic services.

☐ Provided ☐ No limitations ☐ With limitations

☒ Not Provided

b. Screening services.

☐ Provided ☐ No limitations ☐ With limitations

☒ Not Provided

c. Preventive services.

☒ Provided ☐ No limitations ☒ With limitations*

☐ Not Provided

d. Rehabilitative services.

☒ Provided ☐ No limitations ☒ With limitations*

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

☒ Provided ☐ No limitations ☒ With limitations*

b. Skilled nursing facility services.

☐ Provided ☐ No limitations ☐ With limitations

☒ Not Provided

SUPERSEDES: TN- 03-21

*Description provided on attachment

13.c. Preventive Services

Preventive services provided under this section are provided by practitioners who meet individual practitioner certification standards according to federal and state law. Each provider must be approved for participation in the Texas Medical Assistance Program by the Texas Health and Human Services Commission.

Preventive services includes services to:

a) prevent disease, disability and other health conditions or their progression,

b) prolong life, and

c) promote physical and mental health and efficiency.

Service recipients, other than EPSDT recipients, are limited to one comprehensive preventive exam per year. The preventive services must be provided in accordance with the United States Preventive Services Task Force (USPSTF) and the services must be graded by the USPSTF as an "A" (strongly recommended) or a "B" (recommended).

STATE Texas
DATE REC'D 6-26-09
DATE APPV'D 3-1-10
DATE EFF 1-1-2010
HCFA 179 09-09

A

SUPERSEDES: TN- 88-21

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

General exclusions and limitations applicable to the amount, duration and scope of medical and remedial care and services provided under this State Plan.

On behalf of the categorically needy, only reasonable costs or reasonable charges as applicable for medical or remedial care will be paid when the items of care furnished are medically necessary for diagnosis, treatment, or both, subject to exclusions and limitations applicable to specific services and third party liability. These exclusions and limitations do not apply to the services covered by the Texas Health Steps Comprehensive Care Program.

The benefits of this program do not include:

1. Services provided to any individual who is an inmate in a public institution (except as a patient in a medical institution approved for participation in the Medicaid program), or is a patient in:

   (A) an institution for tuberculosis,

   (B) the hospital or nursing sections of institutions for the mentally retarded, or

   (C) an institution for mental disease if the patient is between the ages of 22 and 64;

2. Special shoes or other supportive devices for the feet and ambulation aids (except as provided for in the home health services program);

3. Any services provided by military medical facilities, except:

   (A) military hospitals enrolled to provide inpatient emergency services,

   (B) Veterans Administration facilities, or

   (C) United States Public Health Service hospitals;

4. Care and treatment related to any condition covered by workmen's compensation laws;

5. Care, treatment or other services by a doctor of dentistry unless:

   (A) the recipient's dental diagnosis is causally related to a life-threatening medical condition; or

   (B) the treatment is specifically authorized by the Health and Human Services Commission (HHSC) or its designee;

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

6. Any care or services to the extent that a benefit is paid or payable under Medicare;

7. Any services or supplies provided to an individual before the effective date of designation by HHSC as an eligible recipient or after the effective date of denial as an eligible recipient except orthodontic services that are authorized and initiated while the recipient is eligible for Medicaid may be continued for 36 months after a recipient is no longer Medicaid eligible;

8. Any services or supplies provided in connection with cosmetic surgery except as required for the prompt repair of accidental injury or for improvement of the functioning of a malformed body member or as required by federal law;

9. Immunizations specifically for travel to or from foreign countries. Immunizations included on the immunization schedule approved by the Advisory Committee on Immunization Practices (ACIP) are a benefit unless an immunization is specifically excluded by HHSC;

10. Any services provided by an immediate relative of the eligible recipient or member of the eligible recipient's household except for personal care services;

11. Custodial care;

12. Any services or supplies provided outside of the United States, except for deductible and co-insurance portions of Medicare benefits as provided for in this plan;

13. Any service or supplies not provided for in this plan;

14. Any services or supplies to the extent that benefits are available for such services or supplies under any other contract or policy of insurance, or would have been so available in the absence of this contract.

15. Any services or supplies not provided for in this plan for:

    (A) the treatment of flat foot conditions and the prescription of supportive devices therefor;

    (B) the treatment of subluxations of the foot; or

    (C) routine foot care (including the cutting or removal of corns, warts, or calluses, the trimming of nails, and other routine hygiene care);

Marks, Marsha L. (CMS/SC)

From:	Marks, Marsha L. (CMS/SC)
Sent:	Tuesday, March 09, 2010 10:02 AM
To:	CMS CMSO_508_SPA
Cc:	Blunt, Ford J. (CMS/SC); Prisby, Karen L. (CMS/CMCHO); 'TexasStateMedicaid_Director@hhsc.state.tx.us'
Subject:	Final Approval Pkg for TX 09-09
Attachments:	Final Approval Pkg for TX 09-09.pdf

See Attached. Hard copies are being sent by regular mail.

State: Texas

Brief Description: The amendment adds language to allow coverage of new preventive services benefit and clarifies language to more accurately align the state plan with current Texas Medicaid policies. The fee schedule amount already is contained in the existing physician fee schedule. The FFP results from higher volume of services that will occur as a result of implementation of the coverage change.

Approval Date: 4 March, 2010

Effective Date: 1 January, 2010

Marsha Marks // Dept of Health & Human Services // Centers for Medicare & Medicaid Services // Dallas Regional Office // Division of Medicaid & Children's Health // Dallas Texas 75202 // 214-767-6280 // Fax 214-767-0322 // marsha.marks@cms.hhs.gov