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



Division of Medicaid & Children's Health, Region VI

July 26, 2010

Our Reference: SPA TX 10-019

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 10-019, dated May 12, 2010. This amendment implements both coverage and reimbursement for an environmental lead investigation services benefit under the Early and Periodic Screening Diagnosis and Treatment (EPSDT) section of the plan.

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 American Recovery and Reinvestment Act (ARRA) 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 July 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,

Bill Brooks Associate Regional Administrator

Enclosures

cc: Emily Zalkovsky, Policy Development Support

FORM CMS - 179 (07-92)

FORM APPROVED

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE:
STATE PLAN MATERIAL	10-019	TEXAS
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: T SECURITY ACT (MEDICAID)	ITLE XIX OF THE SOCIAL
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES	4. PROPOSED EFFECTIVE DATE	
DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Circle One):	July 1, 2010	
	CONSIDERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	IDMENT (Separate Transmittal for each	amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	SEE ATTACHMENT
42 CFR Chapter 441, Subpart B, Early and Periodic Screening,	a. FFY 2010	\$6,731
Diagnosis, and Treatment (EPSDT) of Individuals Under Age 21:	b. FFY 2011	\$23,973
§1905(r)(5) of the Social Security Act, relating to Early and Periodic Screening, Diagnosis and Treatment.	c. FFY 2012	\$23,577
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPER OR ATTACHMENT (If Applicable	RSEDED PLAN SECTION):
SEE ATTACHMENT TO BLOCKS 8 AND 9	SEE ATTACUMENT TO BLOCKS	
10. SUBJECT OF AMENDMENT:	SEE ATTACHMENT TO BLOCKS 8	AND 9
The proposed amendment adds an environmental lead investigat Diagnosis, and Treatment (EPSDT) section of the plan. The bene necessary for Medicaid recipients under the age of 21. The serviciblood lead level in accordance with federal guidelines and when it	ifft will be covered when determined in the control of the control	a ha madiaalla
11. GOVERNOR'S REVIEW (Check One):		
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	OTHER, AS SPECIFIED:	
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	Sent to Governor's Office this date be forwarded upon receipt.	. Comments, if any, will
10 CIONATURE CONTRACTOR OF CODIMITAL	16. RETURN TO:	
The state of the s	IO. RETORN TO.	
	Billy R. Miliwee	
	State Medicald Director Post Office Box 13247 MC: H-100	
14. TITLE:	Austin, Texas 78711-5200	
State Medicaid Director		
15. DATE SUBMITTED May 11, 2010		
FOR REGIONAL OFF	FIGEUSEONLY	
17. DATE RECEIVED: 12. May 12010	8. DATE APPROVED:	210
PLAN APPROVED - ONE 19. EFFECTIVE DATE OF APPROVED MATERIAL: 2	ECOPY ATTACHED O. SIGNATURE OF REGIONAL OFFICE	
1 July 2010		
21. TYPED NAME: 1.2		
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4.b. EPSDT Services (continued)

Diagnostic Services - Environmental Lead Investigation Services

Definition:

Environmental lead investigation services outlined in this section of the state plan are available to Medicaid-eligible recipients under the age of 21 years, who are eligible for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services and for whom the service is medically necessary.

Services:

An environmental lead investigation is an EPSDT medically necessary service when a child has an elevated blood lead level in accordance with federal guidelines and the investigation is recommended by a child's provider. This service includes a one-time investigation to determine the source of lead at the child's home or primary residence.

Providers:

In accordance with the regulations at 42 CFR §431.51, all willing and qualified providers may participate in this program. Qualified providers are public health entities. These entities will ensure that all staff and contractors performing environmental lead investigation services are qualified lead risk assessors as stipulated in 40 CFR §745.226.

Place of Service:

Environmental lead investigation services may be delivered at the child's home or primary residence.

STATE Texas

DATE REC'D 5-12-10

DATE APPV'D 1-24-10

PATE EFF 7-1-10

SUPERSEDES: NONE - NEW PAGE

TN No. <u>10-19</u>	Approval Date 7-26-10	Effective Date	
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4.b. EPSDT Services (continued)

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SUPERSEDES: NONE - NEW PAGE

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- 32. Reimbursement Methodologies for Early and Periodic Screening, Diagnosis, and Treatment- Comprehensive Care Program (EPSDT-CCP) Services continued
 - (19) Environmental Lead Investigations. The rate for on-site environmental lead investigations is reimbursable only for Medicaid-eligible clients under age 21. The initial rate is based on the estimated costs to perform an inspection of the child's primary dwelling. The estimated costs used to develop this rate include salary and fringe costs. Indirect costs are included based on the estimated lifespan of the equipment and the number of anticipated investigations completed annually.
 - (a) Payment is limited to providers that are Certified Lead Risk Assessors accredited by the Texas Department of State Health Services.
 - (b) The rate for environmental lead investigations will be reviewed and updated periodically by projecting the initial rate from the historical cost period used to develop the initial rate to the perspective rate period using the Personal Consumption Expenditures (PCE) Chain - Type Price Index.
 - (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 the new fee for environmental lead investigations effective July 1, 2010, and is effective for services provided on or after that date. This fee schedule was posted on the agency's website on July 9, 2010.

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TN No. 10-10 Approval Date 7-24-10 Effective Date 7-1-10

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