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State/Territory Name: Texas

State Plan Amendment (SPA) #: 13-08

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Superseding Page List
- 4) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S3-14-28 Baltimore, Maryland 21244-1850



Center for Medicaid, CHIP, and Survey & Certification

DEC G 2 2013

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

RE: TN 13-08

Dear Ms. Ghahremani:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 13-08. The purpose of this amendment is to add the reimbursement methodology for customized adaptive aids in nursing home.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. As part of the review process the State was asked to provide information regarding funding of the State share of expenditures under Attachment 4.19-A.

Based upon your assurances, Medicaid State plan amendment 13-08 is approved effective February 1, 2013. We are enclosing the HCFA-179 and the new plan page.

If you have any questions, please call Tamara Sampson at (214) 767-6431.

Cindy Mann
Director

Enclosures

TO ANOMITTAL AND MOTION OF ADDROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE:		
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	13-008	TEXAS		
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITL SECURITY ACT (MEDICAID)	E XIX OF THE SOCIAL		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE:	<u> </u>		
CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	February 1, 2013			
5. TYPE OF PLAN MATERIAL (Circle One):				
□ NEW STATE PLAN □ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT				
COMPLETE BLOCKS 6 THRÚ 10 IF THIS IS AN AMENDMENT (Sepa 6. FEDERAL STATUTE/REGULATION CITATION:		E ATTACHMENT		
6. FEDERAL STATOTE/REGULATION CITATION.		967,582		
42 CFR §§483.134 - 483.136 and 42 CFR §440.40		298,309		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	c. FFY 2015 \$2 9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable):	,271,288 EDED PLAN SECTION		
SEE ATTACHMENT TO BLOCKS 8 & 9	SEE ATTACHMENT TO BLOCKS 8 &	9		
10. SUBJECT OF AMENDMENT:				
The proposed amendment defines the reimbursement methodology for customized adaptive aids in the nursing facilities associated with the preadmission screening and resident review (PASRR).				
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.			
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED				
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL				
12. SIGNATURE OF STATE AGENCY OFFICIAL:	6. RETURN TO:			
K K	(ay Ghahremani			
	State Medicaid Director Post Office Box 13247, MC: H-100			
	Austin, Texas 78711			
14. TITLE: State Medicaid Director				
15. DATE SUBMITTED:				
September 16, 2013	` ,			
FOR REGIONAL OFFICE USE ONLY				
	8. DATE APPROVED: DEC 0	2 2013		
PLAN APPROVED – ONE COPY ATTACHED 19. EFFECTIVE DATE OF APPROVED MATERIAL: 2	0. SIGNATURE OF REGIONAL OFFICE	Alemania (Caranta)		
FEB 0.1 2013	U. SIGNATURE/OF REGIONAL OFFICE			
21. TYPED NAME: 2	22. TITLE:			
Penny Monpson	Deputy Director, Policy	Ftwancia) Md. Pre		
23. REMARKS: U				

Attachment to Blocks 8 & 9 of CMS Form 179

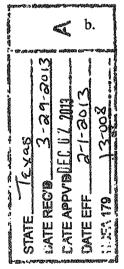
Transmittal Number 13-008

Number of the Plan Section or Attachment

Attachment 4.19-D (NF) Page 14 Number of the Superseded Plan Section or Attachment

Attachment 4.19-D (NF) Page 14 (07-01) Customized Adaptive Aids, Customized Power Wheelchairs and Associated Seating Assessments

a. Customized adaptive aids, customized power wheelchairs for Medicaid clients in nursing facilities are reimbursed in the same manner as the Health and Human Services Commission (HHSC) or its designee reimburses Medicaid fee-for-service providers for the same products and procedure codes. HHSC or its designee reimburses Medicaid fee-for-service providers for customized adaptive aids, customized power wheelchairs at the lesser of the provider's billed charges or the published Medicaid fee. The published Medicaid fee is determined using at least one of the following methods: the current Medicare fee or a percentage thereof, a review of manufacturers' suggested retail prices minus a discount, a review of providers' actual invoiced amounts, or other available data. If a Medicaid fee is not published, the provider is paid through manual pricing, with the manual pricing guidelines based on the manufacturer's suggested retail price minus a discount or the provider's actual invoiced amounts.



Physical therapists, speech therapists and occupational therapists providing assessments for customized adaptive aides and power wheelchairs for Medicaid clients in nursing facilities are reimbursed in the same manner as the HHSC or its designee reimburses Medicaid fee-for-service providers for the same services and procedure codes. HHSC or its designee reimburses Medicaid fee-for-service providers of wheelchair assessments at the lesser of the provider's billed charges or the published Medicaid fee. The published Medicaid fee is either a resourcebased fee (RBF) or an access-based fee (ABF). RBFs are based on actual resources required by an economically efficient provider to provide each individual service and are calculated by multiplying the applicable Medicare relative value unit (RVU) times the applicable Medicaid conversion factor. ABFs are developed to account for deficiencies in RBFs relating to adequacy of access to healthcare services for Medicaid clients and are based on at least one of the following: the total Medicare fee (i.e., Medicare RVU times the Medicare conversion factor); survey of providers' costs to provide the individual service; and Medicaid fees for similar 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 customized adaptive aids, customized power wheelchairs, and associated seating assessments effective October 1, 2013, and this fee schedule was posted on the agency's website on October 15, 2013.

TN: <u>\3-0</u> 0	×8	Approval Date: DEC 6 2 2013	Effective Date: 2-1-2013
Supersedes TN:	1020	•••	