

Table of Contents

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 02 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.

Sincerely,

A large black rectangular redaction box covering the signature area of the letter.

Cindy Mann
Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 13-008	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: February 1, 2013	
5. TYPE OF PLAN MATERIAL (Circle One): <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 (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §§483.134 - 483.136 and 42 CFR §440.40		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2013 \$ 967,582 b. FFY 2014 \$2,298,309 c. FFY 2015 \$2,271,288	
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 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): <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: 		16. RETURN TO: Kay Ghahremani State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711	
13. TYPED NAME: Kay Ghahremani			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: September 16, 2013			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: DEC 02 2013	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: FEB 01 2013		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Penny Thompson		22. TITLE: Deputy Director, Policy & Finance / Mgt. Pres	
23. REMARKS:			

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.

STATE <u>Texas</u> DATE REC'D <u>3-29-2013</u> DATE APV'D <u>DEC 11 2013</u> DATE EFF <u>2-1-2013</u> ILS# <u>179</u> <u>13-008</u>	A b.
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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 resource-based 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: 13008 Approval Date: DEC 02 2013 Effective Date: 2-1-2013
 Supersedes TN: 0701