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State/Territory Name: Texas

State Plan Amendment (SPA) #: 13-55

This file contains the following documents in the order listed:

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

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



DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

June 10, 2014

Our Reference: SPA TX 13-055

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

Dear Ms. Ghahremani:

We have reviewed the State's proposed amendment to the Texas State Plan submitted under Transmittal Number 13-55, dated December 31, 2013. This state plan amendment establishes home telemonitoring services as a benefit of the Texas Medicaid program.

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with an effective date change of October 1, 2013. A copy of the CMS-179 and approved plan pages are enclosed with this letter.



If you have questions, please contact Cheryl Rupley at (214) 767-6278.

Sincerely,

for


Bill Brooks
Associate Regional Administrator

cc: Becky Brownlee, Policy Development Support

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 13-055	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: October 1, 2013	
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: 42 U.S.C. §§ 1396a(a)(10), 1396d(a)(7) (requiring state to provide medical care and defining the term); 42 C.F.R. §§ 440.20(a), 440.70(b)(3), 440.130(a), 440.210(a), 441.15 (requiring a state to provide outpatient hospital services and home health services; defining terms).		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2014 \$650,303 b. FFY 2015 \$673,764 c. FFY 2016 \$700,647	
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 (<i>If Applicable</i>): SEE ATTACHMENT TO BLOCKS 8 & 9	
10. SUBJECT OF AMENDMENT: Establishes home telemonitoring services as a benefit of the Texas Medicaid program.			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt.	
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: December 31, 2013			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 31 December, 2013		18. DATE APPROVED: 10 June, 2014	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 October, 2013		20. SIGNATURE  AL: <i>for</i>	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS:			

Attachment to Blocks 8 & 9 of CMS Form 179

Transmittal Number 13-055

**Number of the
Plan Section or Attachment**

**Number of the Superseded
Plan Section or Attachment**

Appendix 1 to Attachment 3.1-A
Page 2
Page 15c

Appendix 1 to Attachment 3.1-A
Page 2 (TN 88-021)
N/A - new page

Appendix 1 to Attachment 3.1-B
Page 2
Page 15c

Appendix 1 to Attachment 3.1-B
Page 2 (TN 88-021)
N/A - new page

Attachment 4.19-B
Page 3

Attachment 4.19-B
Page 3 (~~TN 13-035~~, TN 13-053,
pending)

State: Texas
Date Received: 31 December, 2013
Date Approved: 10 June, 2014
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Transmittal Number: 13-55

7. Home Health Care Services (continued)

Home Telemonitoring Services

- (a) Home telemonitoring services are a benefit of the Texas Medicaid Program as provided in this section, are based on medical necessity, and are subject to the specifications, conditions, limitations, and requirements established by the Texas Health and Human Services Commission (HHSC) or its designee.
- (b) Home telemonitoring services require scheduled remote monitoring of data related to a patient's health and transmission of the data to a licensed home health agency or a hospital.
- (c) Home telemonitoring service providers must:
 - (1) comply with all applicable federal, state, and local laws and regulations;
 - (2) be enrolled and approved for participation in the Texas Medicaid Program as home telemonitoring service providers;
 - (3) bill for services covered under the Texas Medicaid Program in the manner and format prescribed by HHSC;
 - (4) share clinical information gathered while providing home telemonitoring services with the patient's physician; and
 - (5) not duplicate disease management program services provided by the Texas Medicaid Wellness Program.

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2.a. Outpatient Hospital Services

These shall include diagnostic, therapeutic, rehabilitative, palliative, or telemonitoring items or services furnished by or under the direction of a physician except that no payment will be made for: (1) drugs and biologicals which can be self-administered; (2) occupational therapy that is not medically prescribed treatment designed to improve or restore an individual's ability to perform those tasks required for independent functioning in the self-care activities of eating, personal hygiene, dressing, and communication.

State: Texas
Date Received: 31 December, 2013
Date Approved: 10 June, 2014
Date Effective: 1 October, 2013
Transmittal Number: 13-55

TN: 13-55

Approval Date: 6-10-14

Effective Date: 10-1-13

Supersedes TN: 88-21

2.a. Outpatient Hospital Services

These shall include diagnostic, therapeutic, rehabilitative, palliative, or telemonitoring items or services furnished by or under the direction of a physician except that no payment will be made for: (1) drugs and biologicals which can be self-administered; (2) occupational therapy that is not medically prescribed treatment designed to improve or restore an individual's ability to perform those tasks required for independent functioning in the self-care activities of eating, personal hygiene, dressing, and communication.

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8. Home Health Services

(a) Professional Services

- (1) Home health agencies are reimbursed for authorized professional home health services, including skilled nursing visits, delivered to eligible Medicaid recipients, the lesser of the provider's billed charges or the fee schedule established by HHSC.
- (2) The fee schedule established by HHSC is based upon: (1) Medicare fees; (2) review of Medicaid fees paid by other states; (3) survey of home health agencies costs to provide the services; (4) Medicaid fees for similar services; and/or (5) some combination or percentage thereof.
- (3) All fee schedules are available through the agency's website as outlined on Attachment 4.19-B, Page 1.
- (4) The agency's fee schedule was revised with new fees for home health professional services and durable medical equipment prosthetics, orthotics, and supplies effective October 1, 2013, and this fee schedule was posted on the agency's website on October 15, 2013.

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TN: 13-55

Approval Date: 6-10-14

Effective Date: 10-1-13

Supersedes TN: 13-53