

## Table of Contents

State/Territory Name: Texas

State Plan Amendment (SPA) #: 15-28

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**

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December 2, 2015

Our Reference: SPA TX 15-028

Mr. Gary Jessee  
State Medicaid/CHIP Director  
Health and Human Services Commission  
Post Office Box 13247  
Mail Code H100  
Austin, Texas 78711

Dear Mr. Jessee:

We have reviewed the State's proposed amendment to the Texas State Plan submitted under Transmittal Number 15-028 dated September 30, 2015. This state plan amendment updates the home health and personal care fee schedules.

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with an effective date change of September 1, 2015. 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,

A solid black rectangular box used to redact the signature of the sender.

Bill Brooks  
Associate Regional Administrator

cc: Dana Williamson, Manager, Policy Development Support

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER:  <b>15-028</b>	2. STATE:  <b>TEXAS</b>						
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)							
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE:  <b>September 1, 2015</b>							
5. TYPE OF PLAN MATERIAL ( <i>Circle One</i> ):  <input type="checkbox"/> COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> ) <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT								
6. FEDERAL STATUTE/REGULATION CITATION: <b>Home Health Services: § 1905(a)(7) of the Social Security Act and 42 CFR §440.70; Home Health Durable Medical Equipment (DME) and Supplies: §1905(a)(7) of the Social Security Act and 42 CFR §440.70(b)(3); Prosthetic Devices: § 1905(a)(12) of the Social Security Act and 42 CFR § 440.120; Early and Periodic Screening, Diagnosis and Treatment: § 1905(r) of Social Security Act and 42 CFR § 440.40.</b>	7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT  <table style="width:100%; border:none;"> <tr> <td style="padding-left: 20px;">a. FFY 2015</td> <td style="text-align:right;">\$ 35,244</td> </tr> <tr> <td style="padding-left: 20px;">b. FFY 2016</td> <td style="text-align:right;">\$423,517</td> </tr> <tr> <td style="padding-left: 20px;">c. FFY 2017</td> <td style="text-align:right;">\$438,812</td> </tr> </table>		a. FFY 2015	\$ 35,244	b. FFY 2016	\$423,517	c. FFY 2017	\$438,812
a. FFY 2015	\$ 35,244							
b. FFY 2016	\$423,517							
c. FFY 2017	\$438,812							
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>SEE ATTACHMENT TO BLOCKS 8 AND 9</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  <b>SEE ATTACHMENT TO BLOCKS 8 AND 9</b>							
10. SUBJECT OF AMENDMENT:  <b>The proposed amendment updates the home health and personal care services fee schedules.</b>								
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <b>Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt.</b> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL								
12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO:  <b>Kay Ghahremani State Medicaid Director Post Office Box 85200 Austin, Texas 78708</b>							
13. TYPED NAME: <b>Kay Ghahremani</b>								
14. TITLE: <b>State Medicaid Director</b>								
15. DATE SUBMITTED <b>September 30, 2015</b>								
<b>FOR REGIONAL OFFICE USE ONLY</b>								
17. DATE RECEIVED:  30 September, 2015	18. DATE APPROVED:  2 December, 2015							
<b>PLAN APPROVED – ONE COPY ATTACHED</b>								
19. EFFECTIVE DATE OF APPROVED MATERIAL:  1 September, 2015	20. SIGNATURE OF REGIONAL OFFICIAL: 							
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 15-028**

**Number of the  
Plan Section or Attachment**

Attachment 4.19-B  
Page 3  
Page 25k.2

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

Attachment 4.19-B  
Page 3 (TN 14-010)  
Page 25k.2 (TN 10-034)

State: Texas  
Date Received: 30 September, 2015  
Date Approved: 2 December, 2015  
Date Effective: 1 September, 2015  
Transmittal Number: TX 15-0028

## 8. Home Health Services

### (a) Professional Services

- (1) Home health agencies are reimbursed for authorized professional home health services, including skilled nursing visits and therapy 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 September 1, 2015, and this fee schedule will be posted on the agency's website on September 15, 2015.

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**32. Reimbursement Methodologies for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services - continued**

14. Personal care services (PCS)

- (a) Services reimbursable only for Medicaid-eligible clients under age 21 include those delivered by the following provider types:
- (1) School districts in accordance with Item 32(17) of Attachment 4.19-B, relating to the reimbursement methodology for School Health and Related Services (SHARS).
  - (2) Home health agencies and other PCS providers delivering PCS in the client's home, excluding services delivered through the Consumer Directed Services service delivery model, are reimbursed the lesser of the provider's billed charges or fees established by the Texas Health and Human Services Commission (HHSC) based on an analysis of relevant cost or fee surveys. Payments based on a fee schedule are made for these services.
- (b) All fee schedules are available through the agency's website as outlined on Attachment 4.19-B, page 1.
- (c) The agency's fee schedule was revised with new fees for EPSDT Personal Care Services effective September 1, 2015. The fee schedule was posted on the agency website on September 15, 2015.
- (d) The reimbursement for services, excluding SHARS, effective September 1, 2010, will be equal to the reimbursement on August 31, 2010, less one percent.

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