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State/Territory Name: Texas

State Plan Amendment (SPA) #: 19-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved Page

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



## **Regional Operations Group**

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April 17, 2019

### **Our Reference: TX SPA 19-0003**

Ms. Stephanie Muth  
State Medicaid Director  
Texas Health and Human Services Commission  
Mail Code: H100  
Post Office Box 13247  
Austin, TX 78711

Dear Ms. Muth

We have reviewed the State's proposed amendment to the Texas State Plan submitted under Transmittal Number 19-0003, dated March 18, 2019. This state plan amendment updates the chemical dependency treatment facilities fee schedule.



Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with an effective date change of January 1, 2019. A copy of the CMS-179 and approved plan pages are enclosed with this letter.

If you have any questions, please contact Ford Blunt of my staff. Mr. Blunt may be reached at (214) 767-6381 or by e-mail at [Ford.Blunt@cms.hhs.gov](mailto:Ford.Blunt@cms.hhs.gov).

Sincerely,

 for

Bill Brooks  
Director  
Centers for Medicaid & CHIP Services  
Regional Operations Group

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER:  <p style="text-align: center;"><b>19-0003</b></p>	2. STATE:  <p style="text-align: center;"><b>TEXAS</b></p>
		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:  <p style="text-align: center;"><b>January 1, 2019</b></p>	
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 C.F.R. § 440.50(a); §1905(a)(5)(A) of the Social Security Act, relating to Physician Services; 42 C.F.R. § 440.60(a); §1905(a)(6) of the Social Security Act, relating to Other Licensed Practitioners.		7. FEDERAL BUDGET IMPACT: <b>SEE ATTACHMENT</b>  a. FFY 2019      \$ 2,980 b. FFY 2020      \$ 4,186 c. FFY 2021      \$ 4,229	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <p style="text-align: center;"><b>SEE ATTACHMENT TO BLOCKS 8 &amp; 9</b></p>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> :  <p style="text-align: center;"><b>SEE ATTACHMENT TO BLOCKS 8 &amp; 9</b></p>	
10. SUBJECT OF AMENDMENT:  <p style="text-align: center;"><b>The amendment updates the chemical dependency treatment facility fee schedule.</b></p>			
11. GOVERNOR'S REVIEW <i>(Check One)</i> : <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:  <p style="text-align: center;"><b>Stephanie Muth</b></p>		16. RETURN TO:  <p style="text-align: center;"><b>Stephanie Muth State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711</b></p>	
14. TITLE:  <p style="text-align: center;"><b>State Medicaid Director</b></p>			
15. DATE SUBMITTED:  <p style="text-align: center;"><b>March 18, 2019</b></p>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:      March 18, 2019		18. DATE APPROVED:      April 17, 2019	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL:  <p style="text-align: center;">January 1, 2019</p>		20. SIGNATURE OF REGIONAL OFFICIAL:   for	
21. TYPED NAME:  <p style="text-align: center;">Bill Brooks</p>		22. TITLE:      Director <p style="text-align: center;">Regional Operations Group</p>	
23. REMARKS:			

**Attachment to Blocks 8 & 9 of CMS Form 179**

**Transmittal Number 19-0003**

**Number of the  
Plan Section or Attachment**

Attachment 4.19-B  
Page 21

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

Attachment 4.19-B  
Page 21 (TN 17-0025)

State: Texas  
Date Received: 03-18-19  
Date Approved: 04-17-19  
Date Effective: 01-01-19  
Transmittal Number: 19-0003

**28. Rehabilitative Chemical Dependency Treatment Facility Services**

Medicaid providers of rehabilitative substance abuse and dependency treatment services are reimbursed based on fee schedules as follows:

- (a) Payment for covered rehabilitative substance abuse and dependency treatment services provided by a participating treatment facility is limited to the lesser of the customary charge or the allowable rates per established fee schedule by the single state agency. Room and board costs are excluded from the calculation of these chemical dependency facilities.
- (b) The fee schedule established by HHSC is based upon: (1) analysis of the Department of State Health Services Mental Health Block Grant Substance Abuse Services fees; (2) review of Medicaid fees paid by other states; (3) Medicaid fees for similar services; and/or (4) some combination or percentage thereof.
- (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 providers of rehabilitative substance abuse and dependency treatment services effective for services on or after January 1, 2019. The fee schedule was posted on the agency's website on February 8, 2019.

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TN: 19-0003 Approval Date: 04-17-19  
Supersedes TN: 17-0025 Effective Date: 01-01-19

State: Texas  
Date Received: 03-18-19  
Date Approved: 04-17-19  
Date Effective: 01-01-19  
Transmittal Number: 19-0003