

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 10-017	2. STATE: TEXAS
	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: September 1, 2010	
5. TYPE OF PLAN MATERIAL (Circle One): <input type="checkbox"/> COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §440.130(d) Section 1905(a)(13) of the Social Security Act	7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2010 \$ 389,014 b. FFY 2011 \$ 4,155,883 c. FFY 2012 \$ 7,968,925	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SEE ATTACHMENT TO BLOCKS 8 AND 9	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SEE ATTACHMENT TO BLOCKS 8 AND 9	
10. SUBJECT OF AMENDMENT: The purpose of the proposed amendment is to add substance abuse and dependency treatment services as a benefit under the Texas Medicaid program.		
11. GOVERNOR'S REVIEW (Check One): <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: <i>[Signature]</i>	16. RETURN TO: Billy R. Millwee State Medicaid Director Post Office Box 13247 MC: H-100 Austin, Texas 78711-5200	
13. TYPED NAME: Billy R. Millwee		
14. TITLE: State Medicaid Director		
15. DATE SUBMITTED April 29, 2010		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: 29 April, 2010	18. DATE APPROVED: 26 July, 2010	
PLAN APPROVED - ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 September, 2010	20. SIGNATURE OF REGIONAL OFFICIAL: <i>[Signature]</i>	
21. TYPED NAME: Bill Brooks	22. TITLE: Associate Regional Administrator Div of Medicaid & Children's Health	
23. REMARKS: (*) Pen + Ink Change made per e-mail from TX State Rep + State on 8-18-10. "see attachments."		

Blunt, Ford J. (CMS/SC)

From: Blunt, Ford J. (CMS/SC)
Sent: Wednesday, August 18, 2010 9:34 AM
To: 'Fox,Ashley'; Zalkovsky,Emily
Cc: Marks, Marsha L. (CMS/SC)
Subject: Pen and Ink changes to TX SPA 10-17

Emily and Ashley,

Thanks for speaking with me on the phone about this. Here is the e-mail confirming what we need to do. The pages originally submitted on the CMS 179 for Appendix 1 to Attachment 3.1-A and 3.1-B, as pages 31(l), 31m, and 31n need to be renumbered as 31m, 31n, and 31o. There is already a 31l in the plan. Please send an e-mail back confirming this pen and ink change request from the State. We will then do a pen and ink change to the Attachment to Blocks 8 and 9 to the CMS form 179 and to correctly number the actual pages and send these approved pages to the State.

Thanks for your time,

Ford J. Blunt III
Health Insurance Specialist
Division of Medicaid and Children's Health
Centers for Medicare and Medicaid Services
Dallas Regional Office
(214) 767-6381
(214) 767-0322 (Fax)

Attachment to Blocks 8 and 9 to CMS Form 179

TX Transmittal No. 10-017, Amendment 910

**Number of the
Plan Section or Attachment**

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

Appendix 1 to Attachment 3.1-A

Page 7a
Page 31~~1~~^M – New Page
Page 31~~1~~^N – New Page
Page 31~~1~~^O – New Page

Appendix 1 to Attachment 3.1-A

Page 7a (TN 06-008)
N/A
N/A
N/A

Appendix 1 to Attachment 3.1-B

Page 7a
Page 31~~1~~^M – New Page
Page 31~~1~~^N – New Page
Page 31~~1~~^O – New Page

Appendix 1 to Attachment 3.1-B

Page 7a (TN 06-008)
N/A
N/A
N/A

Attachment 4.19-B

Page 21 – New Page
Page 22

Attachment 4.19-B

N/A
Page 22 (TN 91-014)

4b. EPSDT Services (continued)

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SUPERSEDES: TN- 06-08

TN No. 10-17 Approval Date 7-26-10 Effective Date 9-1-10
Supersedes TN No. 06-08

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DATE REC'D	4-29-10	
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DATE EFF	9-1-10	
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13.d Rehabilitative Services, continued

Substance Abuse and Dependency Treatment Services

Substance abuse and dependency services are those age-appropriate treatment services determined via a nationally-recognized screening and assessment protocol, recommended by a licensed practitioner of the healing arts as medically necessary, and appropriate to treat a substance abuse and dependency disorder and restore an individual to his or her best possible functional level. Rehabilitative services, when provided to maintain function, may be considered when medically necessary to assist an individual in achieving a rehabilitative goal, as defined in the rehabilitative treatment plan.

Substance abuse and dependency treatment services include a set of rehabilitative clinical interventions approved under a goal-oriented written treatment plan, designed to promote treatment and recovery and prevent relapse. The treatment plan [or plan of care] includes medical and/or psychotherapeutic modalities aimed at treating substance abuse and dependency disorders, as defined by the current Diagnostic and Statistical Manual of Mental Disorders.

Substance abuse and dependency treatment services include:

- 1) Screening and Assessment
 - a) Provided by a licensed practitioner of the healing arts using a nationally-recognized screening and assessment tool.
 - b) The purpose of the screening and assessment is to identify the individual's level of addiction and treatment needs.
 - c) Providers of Screening and Assessment must be certified as a Qualified Credentialed Counselor (QCC)

- 2) Substance abuse detoxification treatment services
 - a) Provided by:
 - i) Licensed hospitals; or
 - ii) Facilities that are licensed and regulated by the Department of State Health Services to provide substance abuse and dependency treatment services, including detoxification.

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13.d Rehabilitative Services, continued

Substance Abuse and Dependency Treatment Services, Continued

- 2) b) Description of services:
- i. Evaluation to determine the level of intoxication or withdrawal potential and determine the client's treatment plan;
 - ii. Monitoring mental status, vital signs, and complications;
 - iii. Medication therapy to manage the client's immediate withdrawal symptoms; and
 - iv. Counseling regarding the client's illness that is designed to:
 - (1) assess the client's readiness for change;
 - (2) offer general and individualized information on substance abuse and dependency;
 - (3) enhance client motivation;
 - (4) engage the client in treatment; and
 - (5) include a detoxification plan that contains the goals of successful and safe detoxification as well as transfer to another treatment program.
- c) Providers of evaluation, monitoring, and medication therapy must be licensed medical personnel. Providers of counseling must be certified as a QCC.

3) Treatment services

- a) Provided by facilities that are licensed and regulated by the Department of State Health Services to provide substance abuse and dependency treatment services.
- b) Description of services:
Services include appropriate counseling and psycho-educational modalities designed to promote treatment and recovery and prevent relapse. Treatment services include:
- (1) Evaluation using a nationally-recognized tool to identify the medically appropriate duration of service based on medical need and severity of addiction;
 - (2) Development of a goal-oriented written plan of care designed to promote treatment and recovery and prevent relapse, and that is recommended by a licensed practitioner of the healing arts;

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13.d Rehabilitative Services, continued

Substance Abuse and Dependency Treatment Services, continued

- 3) b) (3) Therapeutic modalities including: motivational interviewing; and individual, group and family counseling focused on the individual eligible for Medicaid;
- (4) Psycho-education aimed at providing education on the effects of substance use;
- (6) Medication management; and
- (7) Relapse prevention.
- c) Providers of evaluation, development of plan of care, therapeutic modalities, psycho-education, and relapse prevention must be certified as a QCC. Providers of medication management must be licensed medical personnel.

4) Providers and Qualifications

a) Licensed medical personnel

The credentialing requirement minimums for licensed medical personnel is licensure as at least one of the following:

- Physician – Texas Occupations Code (Tex Occ. Code), Chapter 155
- Advanced Practice Nurse (APN) – Tex. Occ. Code, Chapter 301
- Physician Assistant (PA), Tex. Occ. Code, Chapter 204
- Registered Nurse (RN) – Tex. Occ. Code, Chapter 301
- Licensed Vocational Nurse (LVN) – Tex. Occ. Code, Chapter 301

b) Qualified Credentialed Counselor

The credentialing requirement minimums for qualified credentialed counselor is as at least one of the following:

- Licensed Chemical Dependency Counselor (LCDC) – Tex. Occ. Code Chapter 504
- Licensed Professional Counselor (LPC) – Tex. Occ. Code. Chapter 503
- Licensed Clinical Social Worker (LCSW) – Tex. Occ. Code, Chapter 505
- Licensed Marriage and Family Therapist (LMFT) – Tex. Code, Chapter 502
- Licensed Psychologist – Tex. Occ. Code, Chapter 501
- Licensed Physician – Tex. Occ. Code, Chapter 155
- Licensed Physician Assistant – Tex. Occ. Code, Chapter 204
- Certified Addictions Registered Nurse (CARN) – Tex Occ. Code, Chapter 504
- Advanced practice nurse practitioner - clinical nurse specialist or nurse practitioner with a specialty in psych-mental health – Tex. Occ. Code, Chapter 301.

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4b. EPSDT Services (continued)

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31(m)

13.d Rehabilitative Services, continued

Substance Abuse and Dependency Treatment Services

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13.d Rehabilitative Services, continued

Substance Abuse and Dependency Treatment Services, Continued

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13.d Rehabilitative Services, continued

Substance Abuse and Dependency Treatment Services, continued

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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.
- (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 there of.
- (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 September 1, 2010. The fee schedule was posted on February 29, 2011.

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

- 2) Counseling and psychological services reimbursable only for Medicaid-eligible clients under age 21 include school districts in accordance with Item 32 (17) of Attachment 4.19-B of this State Plan, relating to the reimbursement methodology for School Health and Related Services (SHARS).

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