

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 09-017	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, 2009	
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: §1905(a)(4)(B) of the Social Security Act; relating to early and periodic screening, diagnosis, and treatment services 42 CFR 440.40		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2009 \$ 210,462 b. FFY 2010 \$2,873,887 c. FFY 2011 \$2,775,062	
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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SEE ATTACHMENT TO BLOCKS 8 AND 9	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 proposed amendment modifies the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services fee schedule for fee changes related to Texas Health Steps Personal Care Services.			
11. GOVERNOR'S REVIEW (Check One): <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 Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt. <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO:	
13. TYPED NAME: Chris Traylor		Chris Traylor State Medicaid Director Post Office Box 85200 Austin, Texas 78708	
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED June 26, 2009			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 26 June, 2009		18. DATE APPROVED: 18 September, 2009	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 September, 2009		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Dir of Medicaid & Children's Health	
23. REMARKS:			

Attachment to Blocks 8 and 9 of CMS Form 179

Transmittal No. 09-017, Amendment 863

**Number of the
Plan Section or Attachment**

Attachment 4.19-B
Page 25

**Number of the Superseded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

Attachment 4.19-B
Page 25 (TN 08-021)

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

- 1) Except as otherwise specified, payment for authorized medically necessary services required to diagnose and treat a condition under Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services will be based on existing Medicaid reimbursement methodologies.
 - a) In Texas, EPSDT services are known as Texas Health Steps (THSteps). Medicaid services provided only to clients under age 21 are part of the THSteps-Comprehensive Care Program (CCP) and the reimbursement methodologies are included in this item. The reimbursement methodologies for services provided to all Medicaid-eligible clients, including clients under age 21, are located elsewhere in the Texas Medicaid State Plan and are referenced in this item.
 - 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 THSteps providers effective September 1, 2009. The fee schedule was posted on the agency website on October 1, 2009.

08-21

STATE	Texas	
DATE RECD	6-26-09	
DATE APPVD	9-18-09	A
DATE EFF	9-1-09	
HOTA 179	09-17	

TN No. 09-17

Approval Date 9-18-09

Effective Date 9-1-09

Supersedes TN No. 08-21