



TEXAS HEALTH AND HUMAN SERVICES COMMISSION

CHARLES SMITH
EXECUTIVE COMMISSIONER

July 1, 2016

Mr. Bill Brooks
Associate Regional Administrator
Division of Medicaid and Children's Health
Centers for Medicare & Medicaid Services
Department of Health and Human Services
1301 Young Street, Room 833
Dallas, Texas 75202

Dear Mr. Brooks:

The purpose of this letter is to submit transmittal number 16-0023 to the Texas State Plan for Medical Assistance under Title XIX of the Social Security Act. The proposed amendment updates Medicaid payments and Medicaid fee schedules for physical, occupational, and speech therapy services. The requested effective date for the proposed amendment is July 15, 2016.

Please let me know if you have any questions or need additional information. Dana Williamson, Director of Policy Development Support, serves as the lead staff on this matter and can be reached at (512) 462-6287 or Dana.Williamson@hhsc.state.tx.us.

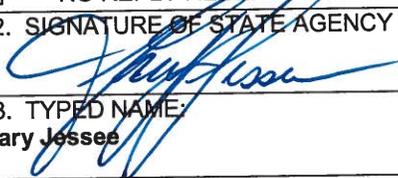
Sincerely,

A handwritten signature in blue ink, appearing to read "Gary Jessee".

Gary Jessee
State Medicaid Director

Attachments

cc: Billy Bob Farrell, CMS
Suzette Seng, CMS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 16-0023	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: July 15, 2016	
5. TYPE OF PLAN MATERIAL (Circle One):			
<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 (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR § 440.40, 42 CFR § 441.55, and § 1905(r) of the Social Security Act (relating to Early and Periodic Screening, Diagnosis and Treatment); 42 CFR § 440.50(a) and § 1905(a)(5)(A) of the Social Security Act (relating to Physician Services); 42 CFR § 440.60(a) and § 1905(a)(6)(A) of the Social Security Act (relating to Licensed Practitioners); 42 CFR § 440.210(a)(1), 42 CFR § 440.220(a)(4)(i), 42 CFR § 440.225, and § 1902(a)(10) of the Social Security Act (relating to Required Services for Categorically Needy and Medically Needy and relating to Optional Services); 42 CFR § 440.70 and § 1905(a)(7) of the Social Security Act (relating to Home Health Services).		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT	
		a. FFY 2016 \$(17,529,646) b. FFY 2017 \$(72,966,968) c. FFY 2018 \$(75,939,072)	
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 (If Applicable): SEE ATTACHMENT TO BLOCKS 8 & 9	
10. SUBJECT OF AMENDMENT: The proposed amendment updates Medicaid payments and Medicaid fee schedules for physical, occupational, and speech therapy services.			
11. GOVERNOR'S REVIEW (Check One):			
<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: 		16. RETURN TO: Gary Jessee State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711	
13. TYPED NAME: Gary Jessee			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: July 1, 2016			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED:	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME:		22. TITLE:	
23. REMARKS:			

Attachment to Block 7 of CMS Form 179

Transmittal Number 16-0023

	Total Fiscal Impact	Federal	State
FFY 2016	(\$30,683,785)	(\$17,529,646)	(\$13,154,139)
FFY 2017	(\$129,880,683)	(\$72,966,968)	(\$56,913,715)
FFY 2018	(\$135,171,008)	(\$75,939,072)	(\$59,231,936)

The above estimated fiscal impact for therapy services is based on the difference between the current rate and the rate proposed to be effective July 15, 2016, for each service for which a rate change is proposed, multiplied by the trended units of service as described below.

Federal fiscal year (FFY) 2014 units were trended to FFY 2016 by factors of 1.0807 and 1.0175. The FFY 2016 trended unit amount was then trended to FFY 2017 by 1.0445 and to FFY 2018 by 1.0445. The applied federal medical assistance percentages are 57.13 percent for FFY 2016, 56.18 percent for FFY 2017, and 56.18 percent for FFY 2018.

Explanation for Rate Change and Amendment Submission.

See Attachment 1 to this Attachment.

Attachment to Blocks 8 & 9 of CMS Form 179

Transmittal Number 16-0023

**Number of the
Plan Section or Attachment**

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

Attachment 4.19-B

Page 1a.3

Page 3

Page 25e

Page 25f

Page 25g

Page 25i

Attachment 4.19-B

Page 1a.3 (TN 16-0018)

Page 3 (TN 16-0016)

Page 25e (TN 14-008)

Page 25f (TN 14-008)

Page 25g (TN 14-008)

Page 25i (TN 16-0017)

1. Physicians and Other Practitioners (continued)

- (f) When a procedure code is nationally discontinued, a replacement procedure code is nationally assigned for the discontinued procedure code, and Medicaid implements the replacement procedure code, a state plan amendment will not be submitted since the fee for the service has not changed.
- (g) To ensure access to care and prompt provider reimbursement, when a new national procedure code is assigned to a physician-administered drug or biological product, a preliminary reimbursement rate will be established by the Texas Health and Human Services Commission (HHSC) based on the published Medicare reimbursement rate. In accordance with 42 CFR §447.205(b)(1), a public notice and state plan amendment will not be submitted for this preliminary reimbursement rate. This will allow the new procedure code to be payable as the reimbursement process is completed with a public notice published and a state plan amendment submitted.
- (h) All fee schedules are available through the agency's website, as outlined on Attachment 4.19-B, page 1.
- (i) The agency's fee schedule was revised with new fees for services provided by physicians and other practitioners affiliated with tuberculosis clinics or employed by tuberculosis clinics effective October 1, 2011, and this fee schedule was posted on the agency's website on October 7, 2011.
- (j) The agency's fee schedule was revised with new fees for physicians effective July 15, 2016, and this fee schedule was posted on the agency's website on August 5, 2016.

TN: _____ Approval Date: _____

Supersedes TN: _____ Effective Date: _____

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 an analysis: (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 July 15, 2016, and this fee schedule will be posted on the agency's website on August 5, 2016.

TN: _____ Approval Date: _____

Supersedes TN: _____ Effective Date: _____

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

(6) Physical therapy (PT)

- (a) Services reimbursable only for Medicaid-eligible clients under age 21 include those delivered by the following provider types:
 - (1) Medicare-certified outpatient facilities known as comprehensive outpatient rehabilitation facilities (CORFs) and outpatient rehabilitation facilities (ORFs) in accordance with Item 1 of Attachment 4.19-B, relating to the reimbursement methodology for physicians and certain other practitioners. Payments based on a fee schedule are made for these services.
 - (2) 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).
 - (3) Home health agencies' reimbursed statewide visits are determined by the Texas Health and Human Services Commission (HHSC) based on an analysis of relevant 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 physical therapy services effective July 15, 2016. The fee schedule will be posted on the agency website on August 5, 2016.

TN: _____ Approval Date: _____

Supersedes TN: _____ Effective Date: _____

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

(7) Occupational therapy (OT)

- (a) Services reimbursable only for Medicaid-eligible clients under age 21 include those delivered by the following provider types:
- (1) Medicare-certified outpatient facilities known as comprehensive outpatient rehabilitation facilities (CORFs) and outpatient rehabilitation facilities (ORFs) in accordance with Item 1 of Attachment 4.19-B, relating to the reimbursement methodology for physicians and certain other practitioners. Payments based on a fee schedule are made for these services.
 - (2) 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).
 - (3) Home health agencies' reimbursed statewide visits are determined by the Texas Health and Human Services Commission (HHSC) based on an analysis of relevant 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 occupational therapy services effective July 15, 2016. The fee schedule will be posted on the agency website on August 5, 2016.

TN: _____ Approval Date: _____
Supersedes TN: _____ Effective Date: _____

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

(8) Speech and language

- (a) Services reimbursable only for Medicaid-eligible clients under age 21 include those delivered by the following provider types:
- (1) Medicare-certified outpatient facilities known as comprehensive outpatient rehabilitation facilities (CORFs) and outpatient rehabilitation facilities (ORFs) in accordance with Item 1 of Attachment 4.19-B, relating to the reimbursement methodology for physicians and certain other practitioners. Payments based on a fee schedule are made for these services.
 - (2) 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).
 - (3) Home health agencies' reimbursed statewide visits are determined by the Texas Health and Human Services Commission (HHSC) based on an analysis of relevant 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 speech and language services effective July 15, 2016. The fee schedule will be posted on the agency website on August 5, 2016.

TN: _____ Approval Date: _____
Supersedes TN: _____ Effective Date: _____

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

(10) Physician services

- (a) Services reimbursable only for Medicaid-eligible clients under age 21 include:
 - (1) Vaccines not covered by the Texas Vaccines for Children Program (TVCP) for clients under age 21 which are reimbursed as accessed-based fees in accordance with Item 1 of Attachment 4.19-B, relating to the reimbursement methodology for physicians and certain other practitioners. Payments based on a fee schedule are made for these services.
 - (2) Services delivered by 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).
- (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 physician services effective July 15, 2016. The fee schedule will be posted on the agency website on August 5, 2016.

TN: _____ Approval Date: _____

Supersedes TN: _____ Effective Date: _____

Transmittal Number 16-0023

Standard Funding Questions

The following questions are being asked and should be answered in relation to all payments made to all providers reimbursed pursuant to a methodology described in Attachment 4.19-B of this SPA. For SPAs that provide for changes to payments for clinic or outpatient hospital services or for enhanced or supplemental payments to physician or other practitioners, the questions must be answered for all payments made under the state plan for such service.

1. Section 1903(a) (1) provides that Federal matching funds are only available for expenditures made by States for services under the approved State plan. Do providers receive and retain the total Medicaid expenditures claimed by the State (includes normal per diem, supplemental, enhanced payments, other) or is any portion of the payments returned to the State, local governmental entity, or any other intermediary organization? If providers are required to return any portion of payments, please provide a full description of the repayment process. Include in your response a full description of the methodology for the return of any of the payments, a complete listing of providers that return a portion of their payments, the amount or percentage of payments that are returned and the disposition and use of the funds once they are returned to the State (i.e., general fund, medical services account, etc.)

Response: The providers of this service receive and retain all Medicaid payments.

2. Section 1902(a)(2) provides that the lack of adequate funds from local sources will not result in lowering the amount, duration, scope, or quality of care and services available under the plan. Please describe how the state share of each type of Medicaid payment (normal per diem, supplemental, enhanced, other) is funded. Please describe whether the state share is from appropriations from the legislature to the Medicaid agency, through intergovernmental transfer agreements (IGTs), certified public expenditures (CPEs), provider taxes, or any other mechanism used by the state to provide state share. Note that, if the appropriation is not to the Medicaid agency, the source of the state share would necessarily be derived through either through an IGT or CPE. In this case, please identify the agency to which the funds are appropriated. Please provide an estimate of total expenditure and State share amounts for each type of Medicaid payment. If any of the non-federal shares is being provided using IGTs or CPEs, please fully describe the matching arrangement including when the state agency receives the transferred amounts from the local governmental entity transferring the funds. If CPEs are used, please describe the methodology used by the state to verify that the total expenditures being certified are eligible for Federal matching funds in accordance with 42 CFR 433.51(b). For any payment funded by CPEs or IGTs, please provide the following:

- (i) a complete list of the names of entities transferring or certifying funds;
- (ii) the operational nature of the entity (state, county, city, other);

- (iii) the total amounts transferred or certified by each entity;
- (iv) clarify whether the certifying or transferring entity has general taxing authority: and,
- (v) whether the certifying or transferring entity received appropriations (identify level of appropriations).

Response: The state share of the Medicaid payments is funded through the Texas Legislature and its appropriations to the Texas Health and Human Services Commission (HHSC). The fees are based on fee schedule(s). Projected expenditures for Physical, Occupational and Speech services provided by Home Health Agencies, Comprehensive Outpatient Rehabilitation Facilities/Outpatient Rehabilitation Facilities, Independent Therapists, and Physicians for state fiscal year 2016 are:

Total =	\$692,889,850
Federal =	\$396,402,283
State =	\$296,487,567

3. Section 1902(a) (30) requires that payments for services be consistent with efficiency, economy, and quality of care. Section 1903(a) (1) provides for Federal financial participation to States for expenditures for services under an approved State plan. If supplemental or enhanced payments are made, please provide the total amount for each type of supplemental or enhanced payment made to each provider type.

Response: There are no supplemental or enhanced payments made to providers of these services.

4. For clinic or outpatient hospital services please provide a detailed description of the methodology used by the state to estimate the upper payment limit (UPL) for each class of providers (State owned or operated, non-state government owned or operated, and privately owned or operated). Please provide a current (i.e., applicable to the current rate year) UPL demonstration.

Response: Not applicable. These services are not inpatient hospital, outpatient hospital, or clinic services.

5. Does any governmental provider receive payments that in the aggregate (normal per diem, supplemental, enhanced, other) exceed their reasonable costs of providing services? If payments exceed the cost of services, do you recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report?

Response: The fee schedule rates for providers are the same for both governmental and nongovernmental providers of the service as documented on Page 1 of Attachment 4.19B. There are no cost reconciliation or cost settlement processes for these services.

Location: The project site is located in two separate locations along Taylors Bayou. The first location is at the intersection of Craigen Road and the North Fork Taylors Bayou. The second location is in wetlands adjacent to the South Fork Taylors Bayou on the north side of State Highway (SH) 73 at its intersection with the Needmore Diversion Channel, just east of Hamshire, in Jefferson County, Texas. The first project site is located on the U.S.G.S. quadrangle map titled: Fannett West; the second project site is located on the U.S.G.S. quadrangle map titled: Alligator Hole Marsh, Texas.

LATITUDE & LONGITUDE (ROAD 83):

29.880640, -94.257200

29.835485, -94.196620

Project Description: The applicant proposes to amend the existing Department of the Army (DA) Permit to incorporate the placement of fill material within jurisdictional wetlands for the purpose of providing construction and maintenance access to the Right-of-Way (ROW) along the North Fork Taylors Bayou and access to the ROW on the north side of SH 73 at its intersection with the Needmore Diversion Channel.

When Jefferson County Road and Bridge Department redesigned and constructed the wider bridge at the Craigen Road crossing of Taylors Bayou to accommodate the widened channel of Taylors Bayou (per the original Permit #22643, Sheet 22 of 43, now Sheet 25 of 53), access to the Taylors Bayou ROW was inadvertently precluded by the longer bridge and the required safety guard rails (refer to Figure 1, Sheet 2 of 53, for location). Drainage District No. 6 (DD6) will need permanent access to the Taylors Bayou ROW at Craigen Road for both the permitted construction and future maintenance activities. Because the Craigen Road bridge is not high enough to allow equipment to pass under it on the Taylors Bayou ROW access is needed to the ROW from all four corners of the bridge crossing.

At location #1 (Craigen Road and the North Fork Taylors Bayou) the applicant proposes to discharge fill material at all four corners to construct permanent access to the ROW. An old existing well road will be modified on the northwest corner to provide access for large equipment. This corner will require fill to be discharged into 0.074 acre of wetlands. The southwest corner access will require the clearing of, and the discharge of fill into 0.040 acre of forested wetlands. Access to the eastern side of the bayou's ROW will require widening an existing well road with 0.119 acre of forested wetlands to be cleared and filled on the north side of Craigen Road. In the southeastern corner of the intersection, access to the ROW will require 0.497 acre of herbaceous wetlands to be filled to create the access road.

At the SH 73 crossing of North Taylors Bayou, the Texas Department of Transportation constructed a bridge to accommodate the Needmore Diversion Channel crossing (per the original Permit #22643, Sheet 3 of 43, now Sheet 4 of 53). Access to the Needmore Diversion Channel western ROW on the north side of the highway was inadvertently precluded by the bridge and the required safety guard rails (refer to Figure 1, Sheet 2 of 53, for location). DD6 will need permanent access to the western Needmore Diversion Channel ROW on the north side of SH 73 for both the permitted construction and future maintenance activities. A 48-inch culvert will be placed in the well road borrow ditch to facilitate storm flows in the ditch (Figure 7, Sheet 6 of 53).

At location #2 (north side of SH 73 at its intersection with the Needmore Diversion Channel) the applicant proposes to improve access to the ROW through the discharge of fill material into 0.297 acre of wetlands off of an existing well road. The applicant also proposes to place a 48-inch diameter culvert into the existing well road borrow ditch.

CMP Project No: 16-1023-F1

Type of Application: U.S. Army Corps of Engineers (USACE) permit application #SWG-2010-0019. This application will be reviewed pursuant to Section 10 of the Rivers and Harbors Act of 1899 and Section 404 of the Clean Water Act.

Pursuant to §306(d)(14) of the Coastal Zone Management Act of 1972 (16 U.S.C.A. §§1451 - 1464), as amended, interested parties are invited to submit comments on whether a proposed action or activity is or is not consistent with the Texas Coastal Management Program goals and policies and whether the action should be referred to the Land Commissioner for review.

Further information on the applications listed above, including a copy of the consistency certifications or consistency determinations for inspection, may be obtained from Mr. Jesse Solis, P.O. Box 12873, Austin, Texas 78711-2873 or via email at federal.consistency@glo.texas.gov. Comments should be sent to Mr. Solis at the above address or by email.

TRD-201602547

Anne L. Idsal

Chief Clerk, Deputy Land Commissioner

General Land Office

Filed: May 25, 2016

Texas Health and Human Services Commission

Public Notice

The Texas Health and Human Services Commission (HHSC) announces its intent to submit an amendment to the Texas State Plan for Medical Assistance under Title XIX of the Social Security Act. The proposed amendment is effective July 15, 2016.

The purpose of this amendment is to update the fee schedules in the current state plan by adjusting fees, rates or charges for physical, occupational, and speech therapy for:

Early and Periodic Screening, Diagnosis, and Treatment Services (EPSDT);

Physicians and Other Practitioners; and

Home Health Services.

These rate actions comply with applicable adjustments in response to direction from the 2016-2017 General Appropriations Act (House Bill 1, 84th Leg., R.S., art. II, Rider 50, at II-96 to II-98 (Health and Human Services section, Health and Human Services)). Proposed rate adjustments were calculated based on an analysis of Medicaid fees paid by other states and previous Texas Medicaid payments for Medicaid-reimbursable therapy services. Where current Texas Medicaid rates exceed 150 percent of the median of other states' rates for the same service, a percentage reduction is applied in most cases. A small percentage reduction is also applied to Texas Medicaid rates that do not exceed 150 percent of the median of other states' rates for the same service and in cases where information on other states' rates is not available. All of the proposed adjustments are being made in accordance with 1 TAC §355.201.

The proposed amendment is estimated to result in an annual savings of \$30,683,785 for federal fiscal year (FFY) 2016, consisting of \$17,529,646 in federal funds and \$13,154,139 in state general revenue. For FFY 2017, the estimated annual savings is \$129,880,683 consisting of \$72,966,968 in federal funds and \$56,913,715 in state general revenue. For FFY 2018, the estimated annual savings is \$135,171,008 consisting of \$75,939,072 in federal funds and \$59,231,936 in state general revenue.

To obtain copies of the proposed amendment or to submit or view written comments, interested parties may contact Dan Huggins, Director of Rate Analysis for Acute Care Services, by mail at the Rate Analysis Department, Texas Health and Human Services Commission, P.O. Box 149030, H-400, Austin, Texas 78714-9030; by telephone at (512) 707-6071; by facsimile at (512) 730-7475; or by e-mail at dan.huggins@hhsc.state.tx.us. Copies of the proposal will also be made available for public review at the local offices of the Texas Department of Aging and Disability Services.

TRD-201602645

Karen Ray

Chief Counsel

Texas Health and Human Services Commission

Filed: May 25, 2016

Department of State Health Services

Annual Republication of the Texas Schedules of Controlled Substances

PURSUANT TO THE TEXAS CONTROLLED SUBSTANCES ACT, HEALTH AND SAFETY CODE, CHAPTER 481, THESE SCHEDULES SUPERCEDE PREVIOUS SCHEDULES AND CONTAIN THE MOST CURRENT VERSION OF THE SCHEDULES OF ALL CONTROLLED SUBSTANCES FROM THE PREVIOUS SCHEDULES AND MODIFICATIONS.

This annual publication of the Texas Schedules of Controlled Substances was signed by John Hesterstedt, M.D., Commissioner of Health, and will take effect 21 days following publication of this notice in the *Texas Register*.

Changes to the schedules are designated by an asterisk (*). Additional information can be obtained by contacting the Department of State Health Services, Drugs and Medical Devices Group, P.O. Box 149347, Austin, Texas 78714-9347. The telephone number is (512) 834-6755 and the website address is <http://www.dshs.state.tx.us/dmd>.

SCHEDULES

Nomenclature: Controlled substances listed in these schedules are included by whatever official, common, usual, chemical, or trade name they may be designated.

SCHEDULE I

Schedule I consists of:

- Schedule I opiates

The following opiates, including their isomers, esters, ethers, salts, and salts of isomers, esters, and ethers unless specifically excepted, if the existence of these isomers, esters, ethers, and salts is possible within the specific chemical designation:

- (1) Acetyl-alpha-methylfentanyl (N-[1-(1-methyl-2-phenethyl)-4-piperidinyl]-N-phenylacetamide);
- (2) Allylprodine;
- (3) Alphacetylmethadol (except levo-alpha-cetylmethadol, also known as levo-alpha-acetylmethadol, levomethadyl acetate, or LAAM);
- (4) Alpha-methylfentanyl or any other derivative of Fentanyl;
- (5) Alpha-methylthiofentanyl (N-[1-methyl-2-(2-thienyl)ethyl-4-piperidinyl]-N-phenylpropanamide);
- (6) Benzethidine;

- (7) Beta-hydroxyfentanyl (N-[1-(2-hydroxy-2-phenethyl)-4-piperidinyl]-N-phenylpropanamide);
- (8) Beta-hydroxy-3-methylfentanyl (N-[1-(2-hydroxy-2-phenethyl)-3-methyl-4-piperidinyl]-N-phenylpropanamide);
- (9) Betaprodine;
- (10) Clonitazene;
- (11) Diampromide;
- (12) Diethylthiambutene;
- (13) Difenoxin;
- (14) Dimenoxadol;
- (15) Dimethylthiambutene;
- (16) Dioxaphetyl butyrate;
- (17) Dipipanone;
- (18) Ethylmethylthiambutene;
- (19) Etonitazene;
- (20) Etoxidine;
- (21) Furethidine;
- (22) Hydroxypethidine;
- (23) Ketobemidone;
- (24) Levophenacymorphan;
- (25) Meprodine;
- (26) Methadol;
- (27) 3-methylfentanyl (N-[3-methyl-1-(2-phenylethyl)-4-piperidyl]-N-phenylpropanamide), its optical and geometric isomers;
- (28) 3-methylthiofentanyl (N-[3-methyl-1-(2-thienyl)ethyl-4-piperidinyl]-N-phenylpropanamide);
- (29) Moramide;
- (30) Morpheridine;
- (31) MPPP (1-methyl-4-phenyl-4-propionoxypiperidine);
- (32) Noracymethadol;
- (33) Norlevorphanol;
- (34) Normethadone;
- (35) Norpipanone;
- (36) Para-fluorofentanyl (N-(4-fluorophenyl)-N-[1-(2-phenethyl)-4-piperidinyl]-propanamide);
- (37) PEPAP (1-(2-phenethyl)-4-phenyl-4-acetoxypiperidine);
- (38) Phenadoxone;
- (39) Phenampromide;
- (40) Phencyclidine;
- (41) Phenomorphan;
- (42) Phenoperidine;
- (43) Piritramide;
- (44) Proheptazine;
- (45) Properidine;
- (46) Propiram;



TEXAS HEALTH AND HUMAN SERVICES COMMISSION

CHRIS TRAYLOR
EXECUTIVE COMMISSIONER

May 25, 2016

Myra Sylestine
Health Director
Alabama-Coushatta Tribe of Texas
129 Daycare Rd
Livingston, Texas 77351

Dear Ms. Sylestine:

Per the tribal notification requirements in the Medicaid State Plan, this letter notifies members of the Alabama-Coushatta Tribe of Texas that the Texas Health and Human Services Commission (HHSC) is submitting amendments to the Medicaid State Plan for Medical Assistance under Title XIX of the Social Security Act. HHSC has determined that the proposed amendments will result in a payment reduction exceeding \$1 million, in combined state and federal funds, in federal fiscal years 2016 through 2018.

The proposed amendments within the (1) physician and other practitioner, (2) Early and Periodic Screening, Diagnosis and Treatment, and (3) home health professional services pages of the state plan will update the acute care services fee schedules for physicians, comprehensive outpatient rehabilitation/outpatient rehabilitation facilities, home health agencies, and therapies procedure codes. The requested effective date for the proposed amendments is July 15, 2016.

HHSC previously solicited input from the tribes regarding the proposed amendment on September 8, 2015, and received comments at the public rate hearing held on September 18, 2015, where the agency presented the proposed updated reimbursement rates.

If you have questions or need additional information regarding the tribal consultation process, please contact Béren Dutra, Tribal Liaison, at (512) 428-1932 or by email at beren.dutra@hhsc.state.tx.us. You may also contact Ms. Dutra to obtain copies of the proposed amendments or if you have questions regarding the amendments.

Sincerely,

A handwritten signature in blue ink, appearing to read "Dana Williamson".

Dana Williamson
Director Policy Development Support
Medicaid/CHIP Division, HHSC