



Division of Medicaid & Children's Health, Region VI

June 23, 2010

Our Reference: SPA TX 07-024

Mr. Billy Millwee
Associate Commissioner for Medicaid & CHIP
Health and Human Services Commission
Post Office Box 13247
Mail Code: H100
Austin, Texas 78711

Dear Mr. Millwee:

We have reviewed the State's proposed amendment to the Texas State Plan submitted under Transmittal Number 07-024, dated October 5, 2007. This amendment specifies that the rate for Early Childhood Intervention (ECI) Targeted Case Management (TCM) under Infants and Toddlers with Developmental Delays which was in effect on September 30, 2007, will remain in effect until March 14, 2010.

As previously communicated to the State, CMS is issuing a companion letter in conjunction with our approval of SPA 07-24 in which we request the State to clarify coverage issues relating to ECI TCM. It was determined that certain areas in the coverage section were not consistent with current guidance and regulations at 42 CFR 441.18. Please be mindful of the timeframes referenced in the companion letter.

Additionally, please note that when the State submits a State Plan Amendment (SPA) that may impact Indians or Indian health providers, CMS will look for evidence of the State's Tribal consultation process for that SPA. Pursuant to the new section 1902(a) (73) of the Act added by section 5006(e) of the American Recovery and Reinvestment Act (ARRA) of 2009, the State must submit evidence to CMS regarding the solicitation of advice prior to submission of the State Plan Amendment. Such consultation must include all federally-recognized tribes, Indian Health Service and Urban Indian Organizations within the State.

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with an effective date change of October 1, 2007. A copy of the CMS-179 and the approved plan pages are enclosed with this letter.

If you have any questions, please contact Ford J. Blunt at (214) 767-6381.

Sincerely,

Bill Brooks
Associate Regional Administrator

Enclosures

Cc: Emily Zalkovsky, Policy Development Support

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: TX 07-024	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: October 1, 2007	
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 USC § 1396n(g)		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT b. FFY 2008 \$ 0 c. FFY 2009 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: See attachment		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): See attachment	
10. SUBJECT OF AMENDMENT: The amendment provides for the Early Childhood Intervention Targeted Case Management reimbursement rate in effect for September 30, 2007, to continue to be in effect from October 1, 2007, through September 30, 2009.			
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: 10-5-2007			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 5 October, 2007		18. DATE APPROVED: 23 June, 2010	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 October, 2007		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Div of Medicaid & Children's Health	
23. REMARKS:			

39. Case Management Services for Infants and Toddlers with Developmental Delays

3. The reimbursement rate in effect on September 30, 2007, will remain in effect from October 1, 2007 through March 14, 2010.
4. The agency's fee schedule was not revised with new fees for case management services for infants and toddlers with developmental delays effective for services on or after September 1, 2007 because the rates were not changed. The fee schedule was posted by September 1, 2007.
5. All fee schedules are available through the agency's website as outlined on Attachment 4.19-B, Page 1.

STATE	<u>Texas</u>	A
DATE REC'D	<u>10-5-07</u>	
DATE APPV'D	<u>6-23-10</u>	
DATE EFF	<u>10-1-07</u>	
HCFA 179	<u>07-24</u>	

SUPERSEDES: NONE - NEW PAGE