

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1301 Young Street, Room 833
Dallas, Texas 75202



Division of Medicaid & Children's Health, Region VI

April 8, 2011

Our Reference: SPA TX 07-42

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 07-42, dated October 29, 2007. This plan amendment specifies that the interim reimbursement rate paid for mental health rehabilitation services which was in effect on September 30, 2007, will remain in effect until August 31, 2010.

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 Cheryl Rupley at (214) 767-6278.



Sincerely,

A black rectangular redaction box covering the signature of Bill Brooks.

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: 07-042	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 CFR §440.130		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 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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SEE ATTACHMENT TO BLOCKS 8 & 9	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 amendment provides for the mental health rehabilitative services interim reimbursement rates in effect for September 30, 2007 to continue to be in effect from October 1, 2007 through August 31, 2010.			
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: Billy R. Millwee State Medicaid Director Post Office Box 85200 Austin, Texas 78708	
13. TYPED NAME: Billy R. Millwee			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: October 29, 2007			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 29 October, 2007		18. DATE APPROVED: 8 April, 2011	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 October, 2007		20. SIGNATURE OF REGIONAL ADMINISTRATOR: 	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS:			

Attachment to Blocks 8 & 9 CMS-179
Transmittal No. 07-042, Amendment 801

Number of the
Plan Section or Attachment

Attachment 4.19-B
Page 20

Number of the Superseded
Plan Section or Attachment

Attachment 4.19-B
Page 20 (TX ~~04-07~~)
* 05-21

* see E-mail
Dated 4-12-10

STATE	<u>Texas</u>	A
DATE REC'D	<u>10-29-07</u>	
DATE APPV'D	<u>1-8-11</u>	
DATE EFF	<u>10-1-07</u>	
HCF#A 179	<u>07-42</u>	

27. Rate Determination for Rehabilitative Services.

The Texas Department of State Health Services (DSHS) will reimburse qualified providers for rehabilitative services provided to Medicaid eligible persons with mental illness.

The Health and Human Services commission (HHSC) determines reimbursement rates using a cost reporting process. Rehabilitative services providers are reimbursed a uniform, statewide, interim rate with a cost-related year-end settle-up. The interim rate is determined prospectively and at least biennially. An interim rate is set for each service type.

The interim reimbursement rate in effect on September 30, 2007 will remain in effect for the period October 1, 2007 through August 31, 2010.

Reimbursements are determined in the following manner:

1. Inclusion of certain reported expenses. Providers must ensure that all requested allowable costs are included in the cost report. The cost report must be formatted according to HHSC's specifications.
2. Data collection. HHSC collects several different kinds of data. These include the number of units of rehabilitative services that clients receive and allowable cost data. The cost data will be derived from time-study logs, payroll records, time sheets, and general ledgers. The cost data will include allowable programmatic direct, programmatic indirect, and general and administrative overhead costs.
 - (a) Data is collected by the type of service delivered. These services are specified in Appendix 1 to Attachment 3.1-A, pages 31a to 31h, and Appendix 1 to Attachment 3.1-B, pages 31a to 31h, of the Texas Medicaid State Plan.
 - (b) A unit of service is defined as 15 continuous minutes for crisis intervention services, medication training and support, psychosocial rehabilitative services, and skills training and development, and 45-60 continuous minutes for Day programs for acute needs.
 - (c) Services are provided by staff who meet credentialing, competency, and/or training requirements promulgated by the single state agency or its designee, with the approval of the single state agency.

TN 07-42 Approval Date 1-8-11 Effective Date 10-1-07

Supersedes TN 05-21

SUPERSEDES: TN- 05-21

Marks, Marsha L. (CMS/SC)

From: Marks, Marsha L. (CMS/SC)
Sent: Wednesday, April 13, 2011 9:19 AM
To: CMS SPA; CMS CMSO_508_SPA
Cc: Rupley, Cheryl A. (CMS/SC); Prisby, Karen L. (CMS/CMCHO); CASTRO, JOHN B. (CMS/SC); Spencer, Rene (CMS/CMCHO); Cieslicki, Mary E. (CMS/CMCS)
Subject: Final Approval Pkg for TX 07-42
Attachments: TX0742APPROVAL.doc; Final Approval Pkg for TX 07-42.pdf

See Attached.

State: Texas

Brief Description: The amendment specifies interim reimbursement rate paid for mental health rehabilitation services. Approval of the SPA was delayed to allow the state to implement acceptable reimbursement methodology and modify funding for these services. This complies with Recovery Act requirements.

Approval Date: 8 April, 2011

Effective Date: 1 October, 2007

Marsha Marks // Dept of Health & Human Services // Centers for Medicare & Medicaid Services // Dallas Regional Office // Division of Medicaid & Children's Health // Dallas Texas 75202 // 214-767-6280 // Fax 214-767-0322 // marsha.marks@cms.hhs.gov