

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S3-13-15  
Baltimore, Maryland 21244-1850



**Center for Medicaid and State Operations, CMSO**

Mr. Chris Traylor  
Associate Commissioner for Medicaid & CHIP  
Health and Human Services Commission  
Post Office Box 13247  
Austin, Texas 78711

RE: TN 09-024

Dear Mr. Traylor:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 09-024. For the period September 1, 2009 through August 31, 2011, payment rates for non-state operated Intermediate Care Facilities for Persons with Mental Retardation (ICF/MR) are to be equal to the payment rates in effect August 31, 2009 plus 1.54 percent.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13) and 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. As part of the review process the State was asked to provide information regarding funding of the State share of expenditures under Attachment 4.19-D. Based upon your responses we are pleased to inform you that Medicaid State plan amendment 09-014 is approved effective September 1, 2009. We are enclosing the HCFA-179 and the new plan page.

If you have any questions, please call Sandra Dasheiff, CPA at (214) 767-6490.

Sincerely,

/S/

Cindy Mann  
Director  
Center for Medicaid and State Operations (CMSO)

Enclosures

bcc: Stuart Goldstein, CO  
Sandra Dasheiff, Dallas RO  
Bill Brooks, ARA Medicaid, Region VI

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SEP 11 2009

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Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER:  <b>09-024</b>	2. STATE:  <b>TEXAS</b>
		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:  <b>September 1, 2009</b>	
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:  <b>42 CFR §440.150</b>		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2009 <b>\$8,417</b> b. FFY 2010 <b>\$100,270</b> c. FFY 2011 <b>\$89,473</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>SEE ATTACHMENT</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b>SEE ATTACHMENT</b>	
10. SUBJECT OF AMENDMENT:  <b>The proposed amendment will adjust payment rates for the Intermediate Care Facilities for Persons with Mental Retardation (ICF/MR) program to be equal to the payment rates in effect August 31, 2009 plus an average increase of 1.54 percent.</b>			
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:  <b>Chris Traylor</b> <b>State Medicaid Director</b> <b>Post Office Box 85200</b> <b>Austin, Texas 78711-5200</b>	
13. TYPED NAME:  <b>Chris Traylor</b>			
14. TITLE:  <b>State Medicaid Director</b>			
15. DATE SUBMITTED:  <b>August 17, 2009</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED: <b>9-11-09</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL:  <b>SEP - 1 2009</b>		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: <b>William Lasowski</b>		22. TITLE: <b>Deputy Director, CMSO</b>	
23. REMARKS:			

- XV. Payment rates for non-state operated facilities for September 1, 2009, through August 31, 2011. For rates effective September 1, 2009, through August 31, 2011, payment rates will be equal to the rates in effect on August 31, 2009, plus an average increase of 1.54 percent.

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TN No. 09-24

Approval Date SEP 11 2009

Effective Date 9-1-09

Supersedes TN No. 09-14