

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**

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October 6, 2009

Our Reference: SPA TX 09-010

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

Dear Mr. Traylor:

We have reviewed the State's proposed amendment to the Texas State Plan submitted under Transmittal Number 09-010, dated July 9, 2009. The amendment modifies the reimbursement methodology for in-home total parenteral hyperalimentation services by removing the reimbursement methodology page for these services.

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with an effective date change of August 15, 2009. 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,

/s/

Bill Brooks  
Associate Regional Administrator

Enclosures

cc: Tamela Griffin, Policy Development Support

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: <b>09-010</b>	2. STATE: <b>TEXAS</b>
		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: <b>August 15, 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 §440.70 (Home health services, including skilled nursing and durable medical equipment and supplies) and Section 1905(a)(7) of the Social Security Act (home health care services)</b>		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT  a. FFY 2009      \$ 53,642 b. FFY 2010      \$1,784,936 c. FFY 2011      \$1,689,605	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>SEE ATTACHMENT TO BLOCKS 8 AND 9.</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b>SEE ATTACHMENT TO BLOCKS 8 AND 9.</b>	
10. SUBJECT OF AMENDMENT:  <b>The proposed amendment modifies the reimbursement methodology for in-home total parenteral hyperalimentation services by removing the reimbursement methodology page for these services. The payments for hyperalimentation nursing services are covered under the reimbursement methodology for home health services. The payments for the hyperalimentation nutritional products and associated medical supplies are covered under the reimbursement methodology for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS). The requested effective date for the proposed amendment is July 1, 2009.</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:  _____ 13. TYPED NAME: <b>Chris Traylor</b>		16. RETURN TO:  <b>Chris Traylor State Medicaid Director Post Office Box 13247 Austin, Texas 78711-3247</b>	
14. TITLE: <b>State Medicaid Director</b>			
15. DATE SUBMITTED: <b>July 9, 2009</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>10 July, 2009</b>		18. DATE APPROVED: <b>6 October, 2009</b>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>15 August, 2009</b>		20. SIGNATURE OF REGIONAL OFFICIAL:  _____	
21. TYPED NAME: <b>Bill Brooks</b>		22. TITLE: <b>Associate Regional Administrator Div of Medicaid &amp; Children's Health</b>	
23. REMARKS:			

**Attachment to Blocks 8 and 9 to CMS Form 179**

**Transmittal No. TX 09-010, Amendment No. 856**

**Number of the  
Plan Section or Attachment**

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

Attachment 4.19-B  
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Attachment 4.19-B  
Page 18 (TN 07-018)