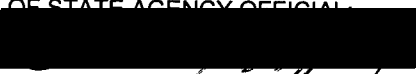
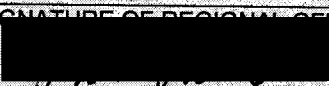


<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER:  <b>09-021</b>	2. STATE:  <b>TEXAS</b>
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE:  <b>August 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>Section 1902(r)(1)(A) of the Social Security Act</b>		7. FEDERAL BUDGET IMPACT: a. FFY 2009      \$0 b. FFY 2010      \$0 c. FFY 2011      \$0	
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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  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 purpose of this amendment is to clarify reasonable limits on amounts for necessary medical or remedial care not covered under Medicaid.</b>			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <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 State Medicaid Director Post Office Box 85200 Austin, Texas 78711-5200</b>	
13. TYPED NAME:  <b>Chris Traylor</b>			
14. TITLE:  <b>State Medicaid Director</b>			
15. DATE SUBMITTED:  <b>August 14, 2009</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>25 August, 2009</b>		18. DATE APPROVED: <b>12 November, 2009</b>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>1 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:			

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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November 12, 2009

Our Reference: SPA TX 09-021

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 09-021, dated August 25, 2009. The purpose of this plan amendment is to clarify reasonable limits on amounts for incurred expenses for necessary medical or remedial care not covered under Medicaid and not subject to payment by a third party.

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 1, 2009. A copy of the CMS-179 and 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: Tamela Griffin, Policy Development Support

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State: TEXAS

**REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL  
OR REMEDIAL CARE NOT COVERED UNDER MEDICAID**

In determining the amount of monthly income an institutionalized client must pay toward the cost of his care, Texas uses the following limits:

- Covered services beyond the amount, duration, and scope of the Medicaid State Plan that are medically necessary are limited to the Medicaid State Plan rates;
- Services available from Medicaid providers, but recipient elects a non-Medicaid provider is zero;
- A deduction for incurred medically necessary non-covered medical or remedial care expenses will be allowed when the bill is incurred during a period which is no more than three months prior to the month of current application;
- A deduction for incurred medical expenses for dental services is based on the American Dental Association, West South Central Region, Survey of Fees at the 90<sup>th</sup> percentile. If an item is not listed on the Survey of Fees, the item is cleared through a Texas Health and Human Services dental consultant;
- A deduction for incurred medical expenses for durable medical equipment is based on the Medicare fee schedule for durable medical equipment. If an item is not listed on the schedule, the item is cleared through a Medicare contact at the CMS Regional Office; and
- Expenses incurred as the result of imposition of a transfer of assets penalty period is limited to zero.

STATE	<u>Texas</u>	A
DATE REC'D	<u>8-25-09</u>	
DATE APPV'D	<u>11-12-09</u>	
DATE EFF	<u>8-1-09</u>	
HCFA 179	<u>09-21</u>	

SUPERSEDES NONE NEW PAGE

IN No 09-21

Approval Date 11-12-09

Effective Date 8-1-09

Supersedes IN No

SUPERSEDES NONE NEW PAGE

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

**Transmittal No. 09-021, Amendment No. 867**

**Number of the  
Plan Section or Attachment**

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

Supplement 3 to Attachment 2.6-A  
Page 1 – New Page

Supplement 3 to Attachment 2.6-A  
N/A

**Marks, Marsha L. (CMS/SC)**

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**From:** Marks, Marsha L. (CMS/SC)  
**Sent:** Wednesday, November 18, 2009 1:21 PM  
**To:** CMS CMSO\_508\_SPA  
**Cc:** 'TexasStateMedicaid\_Director@hhsc.state.tx.us'; Blunt, Ford J. (CMS/SC); Prisby, Karen L. (CMS/CMCHO); WARD, LYNN V. (CMS/SC); Spencer, Rene (CMS/CMCHO); CASTRO, JOHN B. (CMS/SC); Branch, Jeffrey A. (CMS/SC); Guy, Jimmy L. (CMS/SC)  
**Subject:** Approval of SPA TX 09-21  
**Attachments:** TX 09-21 (Final Pkg).pdf; TX0921APPROVAL.doc

See Attached.

**State:** Texas

**Brief Description:** The amendment clarifies reasonable limits on amounts for incurred expenses for necessary medical or remedial care not covered under Medicaid and not subject to payment by a third party. This is an eligibility related SPA.

**Approval Date:** 11/12/09

**Effective Date:** 8/1/09

*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](mailto:marsha.marks@cms.hhs.gov)