DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-26-12 Baltimore, Maryland 21244-1850



Center for Medicaid, CHIP, and Survey & Certification

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

FEB - 2 2011

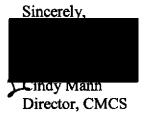
RE: TN 10-73

Dear Mr. Millwee:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 10-73. This amendment revises the reimbursement methodology for non-state operated intermediate care facilities for persons with mental retardation (ICF/MR) to indicate that payment rates effective February 1, 2011 will be equal to rates in effect August 31, 2010, less three percent.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 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 access to care issues and the funding of the State share of expenditures under Attachment 4.19-D. Based upon your assurances, Medicaid State plan amendment 10-73 is approved effective February 1, 2011. We are enclosing the HCFA-179 and the amended plan page.

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



Enclosures

FORM APPROVED OMB NO. 0938-0193

CENTERS FOR MEDICARE AND MEDICARD SERVICES	1. TRANSMITTAL NUMBER:	2. STATE:	
TRANSMITTAL AND NOTICE OF APPROVAL OF		·	
STATE PLAN MATERIAL	10-073	TEXAS	
FOR: CENTERS FOR MEDICARE AND MEDICAID	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE:	4. PROPOSED EFFECTIVE DATE:	
CENTERS FOR MEDICARE AND MEDICAID SERVICES	Cohm.om. 4 2044		
5. TYPE OF PLAN MATERIAL (Circle One):	February 1, 2011		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT		
40 CED 5440 4F0			
42 CFR §440.150		2,838,572) 3,729,950)	
		3,729,950)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	0 0405 NI NADED OF THE OUDEDO	EDED DI ALI GEOTIONI	
6. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable):	EDED PLAN SECTION	
SEE ATTACHMENT TO BLOCKS 8 & 9	SEE ATTACHMENT TO BLOCKS 8 8	19	
10. SUBJECT OF AMENDMENT:			
The proposed amendment will revise the reimbursement methodology for non-state operated intermediate care facilities for			
persons with mental retardation to Indicate that payment rates effective February 1, 2011 will be equal to rates in effect			
August 31, 2010, less 3.00 percent.			
11. GOVERNOR'S REVIEW (Check One):			
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Sent to Governor's Office this date. Comments, if any, will		
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	be forwarded upon receipt.		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:		
	Billy R. Millwee		
	State Medicaid Director	State Medicaid Director	
13. TYPEO NAME:	Post Office Box 85200 Austin, Texas 78711-5200		
Billy R. Millwee	Austin, 18225 /0/11-0200		
4. TITLE:			
State Medicald Director			
15. DATE SUBMITTED:			
December 22, 2011			
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FOR DECIONAL OFFICE LIPE CALLY	C		
FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED:	18. DATE APPROVED:		
23 Vec, 2010	18. DATE APPROVED:		
PLAN APPROVED - ONE COPY ATTACHED 19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. STRNATURE OF REGIONAL OFFICE	(A) -	
FEB - 1 2011	ZU, SIBNATIASE EN REGILINAL I SEIC	pl: h-	
21. TYPED NAME:	22. TITLE:		
William Lasonski	Deputy Directo	R. CMCS	
23. REMARKS:			
FORM CMS - 179 (07-92)			

Attachment to Blocks 8 & 9 to CMS Form 179

Transmittal No. 10-073

Number of the Plan Section or Attachment

Number of the Superseded Plan Section or Attachment

Attachment 4.19-D, ICF/MR Page 10 Attachment 4.19-D, ICF/MR Page 10 (TN 10-026)

State of Texas Attachment 4.19-D ICF/MR Page 10

Reimbursement Methodology for Intermediate Care Facilities for Persons with Mental Retardation (ICF/MR) (continued)

XV. Effective September 1, 2010 through January 31, 2011, payment rates for non-state operated facilities will be equal to the rates in effect on August 31, 2010, less 1.00 percent. Effective February 1, 2011, payment rates for non-state operated facilities will be equal to the rates in effect on August 31, 2010, less 3.00 percent. These rates will be posted on the agency's website at http://www.hhsc.state.tx.us/Medicaid/programs/rad/ on February 1, 2011.

TN No. 10-73 Approval Date FEB - 2 2011 Effective Date 2-1-11

Marks, Marsha L. (CMS/SC)

From: Cooley, Mark S. (CMS/CMSO)

Sent: Wednesday, February 02, 2011 12:53 PM

To: Dasheiff, Sandra (CMS/CMCHO)

Cc: Brooks, Bill D. (CMS/CMCHO); GOLDSTEIN, STUART S. (CMS/CMSO); Marks, Marsha L.

(CMS/SC)

Subject: Approval Package TX 10-073

Attachments: TX 10-073.pdf

Approval Package for Texas 10-073