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 10-83

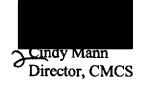
Dear Mr. Millwee:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 10-83. This amendment revises the reimbursement methodology for nursing facilities 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 10-83 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.

Sincerely,



Enclosures

23 REMARKS: WILLIAM LASOWSKI DEPUTY DIVECTOR, CMCS	TRANSMITTAL AND NOTICE OF APPROVAL OF	1, TRANSMITTAL NUMBER:	2. STATE:	
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIA SECURITY ACT (MEDICAD) TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICAGE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT COMPLETE BLOCKS 8 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmitte for each amendment) 7. FEDERAL STATUTE/REGULATION CITATOR: 42 CFR \$4440.153 Section 1905(s(4)(A)) and (B) of the Social Security Act 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SEE ATTACHMENT TO BLOCKS 8 & 9 10. SUBJECT OF AMENDMENT: The proposed amendment will revise the reimbursement methodology for nursing facilities to indicate that payment rates offsective February 1, 2011 will be equal to rates in effect August 31, 2616, less 3.09 percent. 11. GOVERNOR'S REVIEW (Check One): COMMENTS OF GOVERNOR'S OFFICE EMCLOSED NO REPLY RECEIVED WITHIN AS DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: Billy R. Milliwee State Medicaid Director 15. DATE SUBMITTED: December 29, 2010 TO THE SOCIA PROPOSED EFFECTIVE DATE: February 1, 2011 SEE ATTACHMENT TO BLOCKS 8 & 9 AMENDMENT SECURITY (A) 4. PROPOSED EFFECTIVE DATE: February 1, 2011 \$4, 23,776,900 D. FFY 2012 \$13,243,464) 7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT TO BLOCKS 8 & 9 10. SUBJECT OF AMENDMENT: The proposed amendment will revise the reimbursement methodology for nursing facilities to indicate that payment rates offsective February 1, 2011 will be equal to rates in effect August 31, 2016, less 3.09 percent. 11. GOVERNOR'S GFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE EMCLOSED NO REPLY RECEIVED WITHIN AS DAYS OF SUBMITTAL 16. RETURN 1: See ATTACHMENT TO BLOCKS 8 & 9 OTHER AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forewarded upon receipt. 16. DATE APPROVED PORT REGIONAL OFFICE USE ONLY 17. ADDRESS OF STATE AGENCY OFFICE PORT REGIONAL OFFICE USE ONLY 17. ADDRESS OFFICE USE ONLY 18. DATE APPROVED PORT REGIONAL	STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICARD	10-083	TEXAS	
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Attachment to Blocks 8 & 9 to CMS Form 179

Transmittal No. 10-083

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

Attachment 4.19-D, NF Page 4e.4 Attachment 4.19-D, NF Page 4e.4 (TN 10-039)

State of Texas Attachment 4.19-D NF Page 4e.4

Reimbursement Methodology for Nursing Facilities (continued)

- (G) Effective September 1, 2010 through January 31, 2011, for each RUG-III and supplemental reimbursement group, each rate component will be equal to the rate component in effect on August 31, 2010, less 1.00 percent. Rate components include the direct-care staff base-rate component, direct-care staff enhancement add-on rate component, other recipient care rate component, dietary rate component, general/administration rate component, fixed capital asset use fee component, and liability insurance rate component.
- (H) Effective February 1, 2011, for each RUG-III and supplemental reimbursement group, each rate component will be equal to the rate component in effect on August 31, 2010, less 3.00 percent. Rate components include the direct-care staff base-rate component, direct-care staff enhancement add-on rate component, other recipient care rate component, dietary rate component, general/administration rate component, fixed capital asset use fee component, and liability insurance rate component. These rates will be posted on the agency's website at http://www.hhsc.state.tx.us/Medicaid/programs/rad/index.html on February 1, 2011.

Marks, Marsha L. (CMS/SC)

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

Sent: Wednesday, February 02, 2011 12:59 PM

Dasheiff, Sandra (CMS/CMCHO) To:

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

(CMS/SC) Approval Package TX 10-083 Subject:

TX 10-083.pdf Attachments:

Approval package for Texas 10-083