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State/Territory Name: Texas

State Plan Amendment (SPA) #: 13-30

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Superseding Page List
- 4) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Dallas Regional Office
1301 Young Street, Suite 833
Dallas, Texas 75202



DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

December 5, 2013

Our Reference: SPA TX 13-030

Ms. Kay Ghahremani
State Medicaid/CHIP Director
Health and Human Services Commission
Post Office Box 13247
Mail Code H100
Austin, Texas 78711

Dear Ms. Ghahremani:

We have reviewed the State's proposed amendment to the Texas State Plan submitted under Transmittal Number 13-30, dated September 30, 2013. This state plan amendment revises the payment rates for day activities and health services (DAHS) to be equal to the payment rates in effect August 31, 2013 plus an additional \$0.10. In addition, the amendment adds ten levels to the attendant compensation rate enhancement.

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with an effective date change of September 1, 2013. A copy of the CMS-179 and approved plan pages are enclosed with this letter.


If you have questions, please contact Cheryl Rupley at (214) 767-6278.

Sincerely,

A solid black rectangular box redacting the signature of Bill Brooks.

Bill Brooks
Associate Regional Administrator

cc: Becky Brownlee, Policy Development Support

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICAID AND MEDICAID		1. TRANSMITTAL NUMBER: 13-030	2. STATE: TEXAS
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICAID AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: September 1, 2013	
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: 42 CFR §440.130(d) Section 1905(a)(13) of the Social Security Act		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2013 \$ 47,981 b. FFY 2014 \$ 569,856 c. FFY 2015 \$ 563,157	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SEE ATTACHMENT TO BLOCKS 8 & 9		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SEE ATTACHMENT TO BLOCKS 8 & 9	
10. SUBJECT OF AMENDMENT: The proposed amendment will revise the rate methodology for day activities and health services (DAHS) to increase the base rate and will add ten new enhancement levels resulting, in 35 total levels.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt. <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Kay Ghahremani State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711	
13. TYPED NAME: Kay Ghahremani			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: September 30, 2013			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 30 September, 2013		18. DATE APPROVED: 5 December, 2013	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 September, 2013		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS:			

Attachment to Blocks 8 and 9 to CMS Form 179

Transmittal Number 13-030

**Number of the
Plan Section or Attachment**

Attachment 4.19-B
Page 7c
Page 7e

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

Attachment 4.19-B
Page 7c (TN 09-015)
Page 7e (TN 09-046)

**15. Reimbursement Methodology for Day Activity and Health Services,
continued.**

- (D) Recommended payment rate for each cost area component. The median projected unit of service from each cost area is determined. The median cost component for each of the three cost areas is multiplied by 1.044 to calculate the recommended payment rate for each cost area.
- (3) Total recommended payment rate. The recommended payment rate is determined by summing the recommended payment rates described in IX (2) and the cost area component from IX (1)(A).
- (4) For services provided on or after September 1, 2013, the attendant cost area from X is equal to the rate in effect August 31, 2013 plus \$0.10. These rates will be posted on the agency's website on September 1, 2013. All rates are available through the agency's website as outlined on Attachment 4.19-B, page 1.

State: Texas
Date Received: 30 September, 2013
Date Approved: 5 December, 2013
Date Effective: 1 September, 2013
Transmittal Number: 13-30

TN: 13-30

Approval Date: 12/5/13

Effective Date: 9/1/13

Supersedes TN: 09-15

State: Texas
Date Received: 30 September, 2013
Date Approved: 5 December, 2013
Date Effective: 1 September, 2013
Transmittal Number: 13-30

State of Texas
Attachment 4.19-B
Page 7(e)

- (5) Determination of attendant compensation rate component for participating contracts. HHSC will determine attendant compensation rate enhancement increments associated with each enhanced attendant compensation level. The attendant compensation rate enhancement increments will be determined by taking into consideration quality of care, labor market conditions, economic factors, and budget constraints. The attendant compensation rate enhancement increments will be determined on a per-unit-of-service basis applicable to each program or service. The rate enhancement increments were revised to add ten new levels resulting in 35 total levels effective September 1, 2013.
- (6) Spending requirements for participating contracts. Participating contracts are subject to a spending requirement as follows:
- (a) For the rate years beginning September 1, 2003, and September 1, 2004:
- (1) The attendant compensation spending per unit of service will be multiplied by 1.10 to determine the adjusted attendant compensation per unit of service.
- (2) The adjusted attendant compensation per unit of service from X(6)(A)(i) will be subtracted from the accrued attendant compensation revenue to determine the amount to be recouped. If the adjusted attendant compensation per unit of service is greater than or equal to the attendant compensation revenue per unit of service, there is no recoupment.
- (3) The amount paid for attendant compensation per unit of service after adjustments for recoupment must not be less than the amount determined for nonparticipating contracts.
- (b) For the rate year beginning September 1, 2005, and thereafter, the accrued attendant compensation revenue per unit of service is multiplied by 0.90 to determine the spending requirement per unit of service. The unadjusted accrued attendant compensation spending per unit of service will be subtracted from the spending requirement per unit of service to determine the amount to be recouped. If the unadjusted accrued attendant compensation spending per unit of service is greater than or equal to the spending requirement per unit of service, there is no recoupment. The amount paid for attendant compensation per unit of service after adjustments for recoupment must not be less than the amount determined for nonparticipating contracts.

TN: 13-30

Approval Date: 12/5/13

Effective Date: 9/1/13

Supersedes TN: 09-46