

Table of Contents

State/Territory Name: Texas

State Plan Amendment (SPA) #: 15-0029

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Superseding Page Listing
- 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 9, 2015

Our Reference: SPA TX 15-029

Mr. Gary Jessee
State Medicaid/CHIP Director
Health and Human Services Commission
Post Office Box 13247
Mail Code H100
Austin, Texas 78711

Dear Mr. Jessee:

We have reviewed the State's proposed amendment to the Texas State Plan submitted under Transmittal Number 15-029 dated September 25, 2015. This state plan amendment adjusts the reimbursement rates for the Primary Home Care program.

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, 2015. 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 used to redact the signature of the sender.

Bill Brooks
Associate Regional Administrator

cc: Dana Williamson, Manager, Policy Development Support

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 15-029	2. STATE: TEXAS
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: September 1, 2015	
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 § 440.167, §440.182; 42 U.S.C. 1396d(a)(24) (Section 1905(a)(24) of the Social Security Act)		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2015 \$ 389,833 b. FFY 2016 \$4,520,756 c. FFY 2017 \$4,729,100	
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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SEE ATTACHMENT TO BLOCKS 8 & 9	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 adjust payment rates for the Primary Home Care Services (PHC) program to be equal to the payment rates in effect August 31, 2015 (\$11.08) plus an additional \$0.15 for non-priority services for a total base rate of \$11.23 per unit of service.			
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: 		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 25, 2015			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 25 September 2015		18. DATE APPROVED: 9 December 2015	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 September 2015		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 & 9 of CMS Form 179

Transmittal Number 15-029

**Number of the
Plan Section or Attachment**

Attachment 4.19-B
Page 6c

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

Attachment 4.19-B
Page 6c (TN 14-031)

State: Texas
Date Received: 25 September, 2015
Date Approved: 9 December, 2015
Date Effective: 1 September, 2015
Transmittal Number: TX 15-0029

14. Reimbursement Methodology For Primary Home Care Services, continued

- (A) Recommended payment rate for the service support cost area. The total units of service for each provider agency are summed until the median hour of service is reached. The corresponding projected expense is the weighted median cost component. The weighted median cost component is multiplied by 1.044 to calculate the recommended payment rate for the service support cost area.
- (2) Total recommended payment rate.
 - (A) For non-priority clients. The recommended payment rate is determined by summing the recommended payment rate described in (i)(2) and the cost area component from (i)(1)(B).
 - (B) For Priority 1 clients. The recommended payment rate is determined by summing the recommended payment rate described in (i)(2) and the cost area component from (i)(1)(C).
- (3) For services provided on or after September 1, 2015, the non-priority attendant cost area described in (i)(1)(B) is equal to the rate in effect August 31, 2015, plus \$0.15, and the priority attendant cost area described in (i)(1)(C) is equal to the rate in effect August 31, 2009, plus \$0.80. These rates were posted on the agency's website on September 1, 2015. All rates are available through the agency's website as outlined on Attachment 4.19-B, Page 1.

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