

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**

---

July 17, 2009

Our Reference: SPA TX 07-09B

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 07-09B. The purpose of this plan amendment is to revise the methodology for Personal Care Services benefit under the Early Periodic Screening, Diagnosis and Treatment program to recognize the Consumer-Directed Services (CDS) option as payable in accordance with the existing CDS methodology under 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, 2007. 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,

/s/

Bill Brooks  
Associate Regional Administrator

Enclosures

cc: Tamela Griffin, Policy Development Support

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER:  <b>07-009B</b>	2. STATE:  <b>TEXAS</b>
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES		4. PROPOSED EFFECTIVE DATE:  <b>September 1, 2007</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>§1905(a)(24) of the Social Security Act, relating to personal care services</b>		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2007      \$0 b. FFY 2008      \$0 c. FFY 2009      \$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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  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>This amendment revises the reimbursement methodology for Personal Care Services (PCS) under Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) to recognize the Consumer-Directed Services (CDS) option as payable in accordance with the existing CDS methodology under the Primary Home Care program. This amendment is effective September 1, 2007.</b>			
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 <b>Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt.</b> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO:  <b>Chris Traylor</b> <b>State Medicaid Director</b> <b>Post Office Box 85200</b> <b>Austin, Texas 78708</b>	
13. TYPED NAME:  <b>Chris Traylor</b>			
14. TITLE:  <b>State Medicaid Director</b>			
15. DATE SUBMITTED:  <b>September 27, 2007</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>October 2, 2007</b>		18. DATE APPROVED: <b>July 17, 2009</b>	
PLAN APPROVED –		COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:  <b>September 1, 2007</b>		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME:  <b>Bill Brooks</b>		22. TITLE: <b>Associate Regional Administrator</b> <b>Div of Medicaid &amp; Children's Health</b>	
23. REMARKS:			

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

**Transmittal No. 07-009B, Amendment No. 768**

**Number of the  
Plan Section or Attachment**

Attachment 4.19-B  
Page 25k.3 – New Page

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

Attachment 4.19-B  
N/A

32. Reimbursement Methodologies for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services - continued

- 15) Personal Care Services (PCS) Consumer Directed Services (CDS).  
PCS delivered through the CDS payment option are reimbursed in accordance with page 6(f) of Attachment 4.19-B, relating to the reimbursement methodology for Primary Home Care CDS.

SUPERSEDES NONE - NEW PAGE

STATE	Texas	A
DATE REC'D	10-2-07	
DATE APP'D	7-17-09	
DATE EFF	9-1-07	
HCFA 179	07-09(B)	

IN No 07-09(B)

Approval Date 7-17-09

Effective Date 9-1-07

Supersedes IN No SUPERSEDES NONE - NEW PAGE