

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

April 18, 2011

Our Reference: SPA TX 07-44

Mr. Billy Millwee
Associate Commissioner for Medicaid & CHIP
Health and Human Services Commission
Post Office Box 13247
Mail Code: H100
Austin, Texas 78711

Dear Mr. Millwee:

We have reviewed the State's proposed amendment to the Texas State Plan submitted under Transmittal Number 07-44, dated October 29, 2007. This state plan amendment specifies that the interim reimbursement rate paid for mental health targeted case management services which was in effect on September 30, 2007, will remain in effect until August 31, 2010.

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with an effective date change of October 1, 2007. A copy of the CMS-179 and the approved plan pages are enclosed with this letter. If you have any questions, please contact Cheryl Rupley at (214) 767-6278.

Sincerely,

Bill Brooks
Associate Regional Administrator

Enclosures

cc: Emily Zalkovsky, Policy Development Support

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Mr. Billy Millwee
Associate Commissioner for Medicaid & CHIP
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Post Office Box 13247
Mail Code: H100
Austin, Texas 78711

Dear Mr. Millwee:

This letter is being sent as a companion to our approval of Texas State plan amendment (SPA) 07-44 which specifies that the interim reimbursement rate paid for mental health targeted case management services which was in effect on September 30, 2007, will remain in effect until August 31, 2010.

CMS reviewed the submitted reimbursement pages and the corresponding coverage pages for this service. In reviewing the state plan pages, CMS found a companion issue related to target groups and freedom of choice. CMS has found that this issue has been resolved in the revised pages submitted for SPA 11-04 which updates the service description for mental health targeted case management services. Therefore, no further action is necessary from the State.

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

Sincerely,

Bill Brooks
Associate Regional Administrator

Enclosures

cc: Emily Zalkovsky, Policy Development Support

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: <div style="text-align: center;">07-044</div>	2. STATE: <div style="text-align: center;">TEXAS</div>
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) 4. PROPOSED EFFECTIVE DATE: <div style="text-align: center;">October 1, 2007</div>	
5. TYPE OF PLAN MATERIAL (<i>Circle One</i>): <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div> <input type="checkbox"/> COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>) </div> <div> <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN </div> <div> <input checked="" type="checkbox"/> AMENDMENT </div> </div>			
6. FEDERAL STATUTE/REGULATION CITATION: 42 USC 1396n(g)	7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT b. FFY 2008 \$ 0 c. FFY 2009 \$ 0		
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 (<i>If Applicable</i>): SEE ATTACHMENT TO BLOCKS 8 & 9		
10. SUBJECT OF AMENDMENT: The amendment provides for the mental health targeted case management interim reimbursement rate in effect on September 30, 2007 to continue to be in effect from October 1, 2007 through August 31, 2010.			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL </div> <div> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt. </div> </div>			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>		16. RETURN TO: Billy R. Millwee State Medicaid Director Post Office Box 85200 Austin, Texas 78708	
13. TYPED NAME: Billy R. Millwee		<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: October 29, 2007			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 29 October, 2007		18. DATE APPROVED: <div style="text-align: center;">18 APRIL 2011</div>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <div style="text-align: center;">1 October, 2007</div>		20. SIGNATURE OF REGIONAL OFFICIAL: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
21. TYPED NAME: <div style="text-align: center;">Bill Brooks</div>		<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="text-align: center;">Division of Medicaid & Children's Health</div>	
23. REMARKS: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>			

STATE <u>Texas</u>	A
DATE REC'D <u>10-29-07</u>	
DATE APPV'D <u>4-18-11</u>	
DATE EFF <u>10-1-07</u>	
HCFA 179 <u>0744</u>	

21. Case management for persons with chronic mental illness

Reimbursement for case management services for individuals with chronic mental illness is subject to the specifications, conditions and limitations required by the Health and Human Services Commission (HHSC) or its designee. These include the specifications provided in OMB Circular A-87 and A-102.

The statewide reimbursement rates for the case management services program are interim throughout the rate period and subsequently adjusted to cost. HHSC or its designee determines statewide reimbursement rates biennially. The reimbursement rates are based upon allowable costs, as specified by the operating agency or its designee, for qualified staff, travel, facility, and administrative overhead expenditures. The unit of service is a fifteen minute face-to-face contact with a Medicaid-eligible individual.

The interim reimbursement rate in effect on September 30, 2007 will remain in effect from October 1, 2007 through August 31, 2010.

Claims for reimbursement for case management services include:

- Date of Service;
- Name of recipient;
- Identifying Medicaid number;
- Address;
- Name of provider agency;
- Unit(s) of service delivered; and
- Place of service.

Reimbursement rates are determined in the following manner:

1. Inclusion of certain reported expenses. Provider agencies must ensure that all requested costs are included in the cost report. Failure to do so may result in penalties.
 2. Several different kinds of data are collected. These include the number of units of service. The cost data include direct costs, programmatic indirect costs, and general and administrative overhead costs.
- The agency's fee schedule was not revised with new fees effective for services on or after September 1, 2007 because the rates were not changed. The fee schedule was posted by September 1, 2007.
 - All fee schedules are available through the agency's website as outlined on Attachment 4.19-B, Page 1.

TN 07-44

Approval Date 4-18-11

Effective Date 10-1-07

Supersedes TN 04-08