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| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF<br/>STATE PLAN MATERIAL<br/>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>   |  | 1. TRANSMITTAL NUMBER:<br><br><b>12-013</b>  | 2. STATE:<br><br><b>TEXAS</b> |
|  |  | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)   |                               |
| TO: REGIONAL ADMINISTRATOR<br>CENTERS FOR MEDICARE & MEDICAID SERVICES<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES  |  | 4. PROPOSED EFFECTIVE DATE:<br><br><b>March 1, 2012</b>  |                               |
| 5. TYPE OF PLAN MATERIAL (Circle One):<br><br><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:<br><b>Home Health Durable Medical Equipment (DME) and Supplies: §1905(a)(7) of the Social Security Act; 42 CFR §440.70(b)(3); Prosthetic Devices: §1905(a)(12) of the Social Security Act; 42 CFR § 440.120; 42 CFR § 447.201</b>  |  | 7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT<br><br>a. FFY 2012 <b>\$2,131,726</b><br>b. FFY 2013 <b>\$4,489,578</b><br>c. FFY 2014 <b>\$4,630,999</b> |                               |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:<br><br><b>SEE ATTACHMENT TO BLOCKS 8 &amp; 9</b>   |  | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):<br><br><b>SEE ATTACHMENT TO BLOCKS 8 &amp; 9</b>                      |                               |
| 10. SUBJECT OF AMENDMENT:<br><br><b>The proposed amendment is an update to the durable medical equipment, prosthetics, orthotics, and supplies fee schedule.</b>   |  |  |                               |
| 11. GOVERNOR'S REVIEW (Check One):<br><input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED:<br><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><br><input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL |  |  |                               |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:<br>   |  | 16. RETURN TO:<br><br><b>Billy R. Millwee<br/>State Medicaid Director<br/>PO Box 13247 MC H-100<br/>Austin, Texas 78711</b>                        |                               |
| 13. TYPED NAME:<br><b>Billy R. Millwee</b>   |  |  |                               |
| 14. TITLE:<br><b>State Medicaid Director</b>   |  |  |                               |
| 15. DATE SUBMITTED<br><b>March 26, 2012</b>  |  |  |                               |
| <b>FOR REGIONAL OFFICE USE ONLY</b>  |  |  |                               |
| 17. DATE RECEIVED:<br><b>26 March, 2012</b>  |  | 18. DATE APPROVED:<br><b>7 June, 2012</b>  |                               |
| PLAN APPROVED - ONE COPY ATTACHED  |  |  |                               |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL:<br><br><b>1 March, 2012</b>   |  | 20. SIGNATURE OF REGIONAL OFFICIAL:<br>                        |                               |
| 21. TYPED NAME:<br><br><b>Bill Brooks</b>  |  | 22. TITLE: <b>Associate Regional Administrator<br/>Division of Medicaid &amp; Children's Health</b>  |                               |
| 23. REMARKS:   |  |  |                               |