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State/Territory Name: Texas

State Plan Amendment (SPA) #: 12-30

This file contains the following documents in the order listed:

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

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

April 1, 2013

Our Reference: SPA TX 12-030

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 12-030, dated August 27, 2012. This state plan amendment updates the reimbursement methodology for targeted case management provided to children who are blind or visually impaired.

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, 2012. 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 black rectangular box redacting the signature of Bill Brooks.

Bill Brooks
Associate Regional Administrator

cc: Ashley Fox, Policy Development Support

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 12-030	2. STATE: TEXAS
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: September 1, 2012	
		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: § 1902(a)(30)(A) , 1905(a)(19) and 1915(g) of the Social Security Act		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2012 \$0 b. FFY 2013 \$0 c. FFY 2014 \$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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SEE ATTACHMENT TO BLOCKS 8 & 9	
10. SUBJECT OF AMENDMENT: The proposed amendment updates the reimbursement methodology for targeted case management provided to children who are blind or visually impaired.			
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: Billy R. Millwee State Medicaid Director Post Office Box 13247 MC:H-100 Austin, Texas 78711-5200	
13. TYPED NAME: Billy R. Millwee			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED August 27, 2012			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 27 August, 2012		18. DATE APPROVED: 21 April 2013	
PLAN APPROVED - ONE COPY AT			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 September, 2012		20. SIGNATURE: 	
21. TYPED NAME: Bill Brooks		22. TITLE: Associated Regional Administrator Div of Med & Children's Health	
23. REMARKS:			

Attachment to Blocks 8 & 9 of CMS Form 179

Transmittal Number 12-030

**Number of the
Plan Section or Attachment**

Attachment 4.19-B
Page 26
N/A – Delete Page
N/A – Delete Page
N/A – Delete Page
N/A – Delete Page
N/A – Delete Page

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

Attachment 4.19-B
Page 26 (TN 90-28)
Page 26a (TN 92-26)
Page 26b (TN 90-28)
Page 26c (TN 90-28)
Page 26d (TN 92-26)
Page 26e (TN 92-26)

State: Texas
Date Received: 8/21/12
Date Approved: 4/1/13
Date Effective: 9/1/12
Transmittal Number: 12-37

STATE	<u>TEXAS</u>	A
DATE REC'D	<u>8-27-12</u>	
DATE APPV'D	<u>1-1-13</u>	
DATE EFF	<u>9-1-12</u>	
NOFA 179	<u>12-30</u>	

State of Texas
Attachment 4.19-B
Page 26

33. Case Management for Children Who are Blind or Visually Impaired

- (a) Effective September 1, 2012, the prospective rate is based on one or more contacts per month with the client or collateral, either by face-to-face or telephone.
- (b) The provider will be required to submit an annual cost report covering the state fiscal year. Provider costs will be collected for use as a basis for updating the prospective rate:
- (1) Inclusion of certain reported expenses. The provider must ensure that all requested allowable costs are included in the cost report. The State will collect all costs and units of service for all clients, but the final calculation limits costs to those only incurred in the delivery of a Medicaid covered service delivered to a Medicaid eligible beneficiary. Reporting of costs on the cost report will be made in accordance with United States Department of Health and Human Services Office of Management and Budget Circular A-87.
 - (2) Several different kinds of data are collected on the cost report. These include the number of units of service. The cost data include direct costs, programmatic indirect costs, and general and administrative costs including salaries, benefits, and non-labor costs. Programmatic indirect costs include salaries, benefits and other costs of this case management program that are indirectly related to the delivery of case management services to clients. General and administrative overhead costs include the salaries, benefits and other costs that, while not directly part of the case management services program, constitute costs that support the operations of the case management services program.
 - (3) The single state agency will eliminate unallowable expenses from the cost report. Unallowable expenses included in the cost report are omitted from the cost report database and appropriate adjustments are made to expenses and other information reported by the provider; the purpose is to ensure that the database reflects costs and other information which are consistent with efficiency, economy, and quality of care; are necessary for the provision of covered case management services; and are consistent with federal and state Medicaid regulations.
 - (4) Total costs from the cost report are projected from the historical reporting period to the rate period. The Personal Consumption Expenditures (PCE) Chain-Type Index, which is based on data from the U.S. Department of Commerce, is used to project costs other than salaries and benefits. Salaries and benefits are projected based on the known changes in state employee salaries and benefits as approved by the Texas Legislature.
- (c) The State will review the data obtained from providers to ensure that the bundled rate continues to be economic and efficient.

TN: 12-30

Approval Date: 9/1/13

Effective Date: 9/1/12

Supersedes TN: 90-28