Table of Contents

State/Territory Name: Texas

State Plan Amendment (SPA) #: 12-31 NIRT

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 7500 Security Boulevard, Mail Stop S3-14-28 Baltimore, Maryland 21244-1850



Center for Medicaid and CHIP Services (CMCS)

Ms. Kay Ghahremani State Medicaid/CHIP Director Health and Human Services Commission Post Office Box 13247 Mail Code: H100 Austin, Texas 78711

OCT 2 3 2012

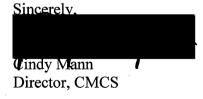
RE: TN 12-31

Dear Ms. Ghahremani:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 12-31. The purpose of this amendment is to provide for supplemental Medicaid payments to non-state government owned nursing facilities.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. As part of the review process the State was asked to provide information regarding funding of the State share of expenditures under Attachment 4.19-A. Based upon your assurances, Medicaid State plan amendment 12-31 is approved effective October 1, 2012. We are enclosing the HCFA-179 and the new plan page.

If you have any questions, please call Tamara Sampson at (214) 767-6431.



Enclosures

CENTERS FOR MEDICARE AND MEDICAID SERVICES		OMB NO. 0938-0193			
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER:	2. STATE:			
FOR: CENTERS FOR MEDICARE AND MEDICAID					
	3. PROGRAM IDENTIFICATION: TIT SECURITY ACT (MEDICAID)	LE XIX OF THE SOCIAL			
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE:				
CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	October 1, 2012				
5. TYPE OF PLAN MATERIAL (Circle One):					
☐ NEW STATE PLAN ☐ AMENDMENT TO BE	CONSIDERED AS NEW PLAN ☑	AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Se	parate Transmittal for each amendment)				
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: S.	EE ATTACHMENT			
42 CFR §440.40 ,§440.155 and 447.272 Sections 1905(a)(4)(A) and (B) of the Act	a. FFY 2013 \$	9,853,123			
(2) (3) (3) (4) (4) (5) (6)	The state of the s	9,944,648			
	c. FFY 2015 \$	9,951,305			
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	EDED DI ANI SECTIONI			
PAGES	OR AJTACHMENT (If Applicable):	PAGE 9 (04-024)			
SEE ATTACHMENT TO BLOCKS 8 & 9	SEE ATTACHMENT TO BLOCKS &	ages			
10. SUBJECT OF AMENDMENT:	SEE ATTACHMENT TO BLOCKS 8 8	<u>k 9</u>			
The proposed amendment revises the reimbursement methodol		odology for			
supplemental payments for non-state government-owned nursi	ng facilities.				
11. GOVERNOR'S REVIEW (Check One):		·			
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:				
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Sent to Governor's Office this date.	Comments, if any, will			
□ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	be forwarded upon receipt.	, , , , , , , , , , , , , , , , , , , ,			
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:				
	Billy R. Millwee				
	State Medicaid Director				
13. TYPED NAME:	Post Office Box 13247 MC:H-100				
Billy R. Millwee	Austin, Texas 78711-5200				
14. TITLE:					
State Medicaid Director					
15. DATE SUBMITTED:					
August 9, 2012					
FOR REGIONAL OFFICE USE ONLY					
10 August, 2012	18. DATE APPROVED: OCT 2	3 2012			
PLAN APPROVED - ONE COPY ATTACHED 19. EFFECTIVE DATE OF APPROVED MATERIAL:					
OCT -1 2012	20. S OFFICE	AL:			
21. TYPED NAME: 22. TITLE:					
23. REMARKS: See blocks 8 9 9 for	Deputy Director, (Imcs			
23. REMARKS: Del blocke 8 9 9 for plan plages revisions					
In very o o for for frage / wiscons					

Attachment to Blocks 8 & 9 to CMS Form 179

Transmittal Number 12-031

Number of the Plan Section or Attachment

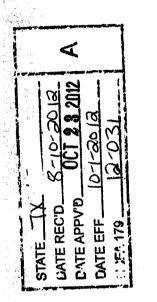
Number of the Superseded Plan Section or Attachment

Attachment 4.19-D, NF

Page 9 Page 9a Page 9b Page 9c Attachment 4.19-D, NF

N/A – New Page N/A – New Page N/A – New Page N/A – New Page

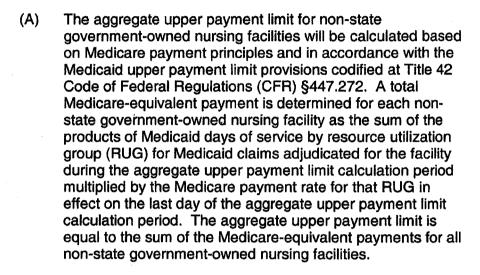
- IX. Supplemental payments to qualifying non-state government owned nursing facilities.
 - (a) The supplemental payments described in this section will be made in accordance with the applicable regulations regarding Medicaid upper payment limit provisions codified at Title 42 Code of Federal Regulations (CFR) § 447.272.
 - (b) Definitions. When used in this section, the following definitions apply.
 - (1) Adjudicated claim A claim for a covered Medicaid nursing facility service that has been paid by the Texas Health and Human Services Commission (HHSC).
 - (2) Aggregate upper payment limit calculation period The federal fiscal year prior to the Medicaid supplemental payment limit calculation period. For example, federal fiscal year 2011 is the aggregate upper payment limit calculation period for the federal fiscal year 2012 first through fourth quarter Medicaid supplemental payment limit calculation periods.
 - (3) HHSC The Texas Health and Human Services Commission or its designee.
 - (4) Medicaid supplemental payment limit calculation period The federal fiscal quarter determined by HHSC for which supplemental payment amounts are calculated based on adjudicated claims processed in the prior federal fiscal year. The earliest possible Medicaid supplemental payment limit calculation period under this section is the first quarter of federal fiscal year 2013.
 - (5) Non-state government-owned nursing facility A nursing facility that has both its license and Medicaid contract owned by a non-state governmental entity.
 - (c) Medicaid supplemental payment limits.
 - (1) The aggregate supplemental payment amount for non-state government-owned nursing facilities shall be calculated as follows:



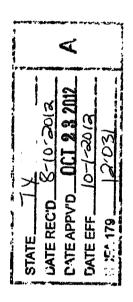
TN: T 12-03 | Supersedes TN: 0 4 24 Approval Date: ______OCT 2 3 2

Effective Date: 10-1-2012

IX. Supplemental payments to qualifying non-state government owned nursing facilities (continued).



- (B) The aggregate Medicaid payment for non-state governmentowned nursing facilities prior to supplemental payment will be the sum of the following components calculated for all non-state government-owned nursing facilities from data derived from the aggregate upper payment limit calculation period:
 - (i) The sum of Medicaid RUG payments for all non-state government-owned nursing facility claims adjudicated during the aggregate upper payment limit calculation period; and
 - (ii) Medicaid payments for pharmacy services, specialized services, and emergency dental services for non-state government-owned nursing facilities not included in the Medicaid nursing facility rate in effect during the aggregate upper payment limit calculation period.



TN: TX 12-031

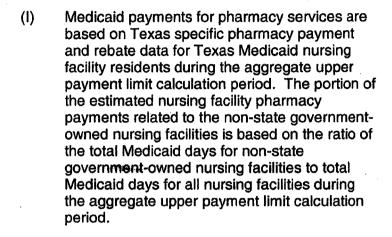
Supersedes TN: NONE

Approval Date:

OCT 2 3 2012

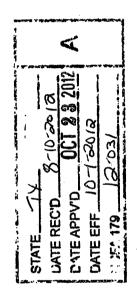
Effective Date: 10-1-2012

IX. Supplemental payments to qualifying non-state government owned nursing facilities (continued).



(11) Medicaid payments for emergency dental and specialized services are based on Texas specific emergency dental and specialized services payment data for Texas Medicaid nursing facility residents during the aggregate upper payment limit calculation period. The portion of the estimated nursing facility emergency dental and specialized services payments related to the non-state governmentowned nursing facilities is based on the ratio of the total Medicaid days for non-state government-owned nursing facilities to total Medicaid days for all nursing facilities during the aggregate upper payment limit calculation period.

(C) The aggregate supplemental payment amount will be determined by calculating the difference between the aggregate upper payment limit from subparagraph (A) of this paragraph and the aggregate Medicaid payment from subparagraph (B) of this paragraph.



TN: TX 12-031

Approval Date: ___

OCT 2 3 2012

Effective Date: 10-1-20(2

Supersedes TN: NONE

- IX. Supplemental payments to qualifying non-state government owned nursing facilities (continued).
 - (2) The Medicaid supplemental payment limit for each participating non-state government-owned nursing facility for each Medicaid supplemental payment limit calculation period will be determined by dividing that facility's Medicaid days of service during the Medicaid supplemental payment limit calculation period by the total Medicaid days of service during the Medicaid supplemental payment limit calculation period for all non-state government-owned nursing facilities, multiplying the resulting percentage by the aggregate supplemental payment amount from paragraph (1) of this subsection, and dividing the resulting product by four.
 - (d) Payment frequency. HHSC will distribute Medicaid supplemental payments to participating non-state government-owned nursing facilities on a quarterly basis subsequent to the Medicaid supplemental payment limit calculation period.
 - (e) Required application. Before a non-state government-owned nursing facility may receive supplemental payments under this section, the non-state governmental entity that is party to the nursing facility's Medicaid contract must submit a properly completed "Medicaid Supplemental Payment Program Certification of Nursing Facility Participation." The non-state governmental entity will use this form to certify that it is a party to the nursing facility's Medicaid contract.

	Billion of the Burney . The western to will still process a		
	STATE TX	∛4-1 30 242 ± 3 ¶	
ļ	JATE REC'D 8-10-2012	Í	į
i	DATE APPV'B OCT 2 3 2012	,	
	DATE EFF_ 10-1-2012		
	179 12-031		
	With the State of		

TN: TX 12-031	OCT 2 3 2012	10-1-2015
IN: 16 10	Approval Date:	Effective Date: 10-1-2016

Supersedes TN: Node