

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER:  <div style="text-align: center; font-weight: bold;">12-036</div>	2. STATE:  <div style="text-align: center; font-weight: bold;">TEXAS</div>
		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:  <div style="text-align: center;">July 1, 2012</div>	
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>Home Health Durable Medical Equipment (DME) and Supplies:</b> <b>§1905(a)(7) of the Social Security Act; 42 CFR §440.70(b)(3);</b> <b>Prosthetic Devices: §1905(a)(12) of the Social Security Act; 42</b> <b>CFR § 440.120</b>		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT  <div style="display: flex; justify-content: space-between;"> <div>a. FFY 2012</div> <div>\$ 13,032</div> </div> <div style="display: flex; justify-content: space-between;"> <div>b. FFY 2013</div> <div>\$ 66,369</div> </div> <div style="display: flex; justify-content: space-between;"> <div>c. FFY 2014</div> <div>\$ 80,314</div> </div>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>SEE ATTACHMENT TO BLOCKS 8 &amp; 9</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b>SEE ATTACHMENT TO BLOCKS 8 &amp; 9</b>	
10. SUBJECT OF AMENDMENT:  <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): <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</b> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <b>be forwarded upon receipt.</b>			
12. SIGNATURE OF OFFICIAL: 		16. RETURN TO:  <b>Billy R. Millwee</b> <b>State Medicaid Director</b> <b>Post Office Box 13247 MC:H-100</b> <b>Austin, Texas 78711-5200</b>	
13. TYPED NAME: <b>Billy R. Millwee</b>			
14. TITLE: <b>State Medicaid Director</b>			
15. DATE SUBMITTED <b>August 31, 2012</b>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: <div style="text-align: center;">31 August, 2012</div>		18. DATE APPROVED: <div style="text-align: center;">24 October, 2012</div>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <div style="text-align: center;">1 July, 2012</div>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <div style="text-align: center;">Bill Brooks</div>		22. TITLE: Associate Regional Administrator Div of Medicaid & Children's Health	
23. REMARKS:			