

Table of Contents

State/Territory Name: Texas

State Plan Amendment (SPA) #: 14-31

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(s)

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

November 13, 2014

Our Reference: SPA TX 14-031

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 14-031, dated September 25, 2014. This state plan amendment adjusts the Primary Home Care (PHC) non-priority attendants cost payment rates to be equal to the payment rates in effect August 31, 2014 plus an additional \$0.39.

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, 2014. 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 redaction box covering the signature of Bill Brooks.

Bill Brooks
Associate Regional Administrator

cc: Becky Brownlee, Policy Development Support

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICAIRE AND MEDICAID	1. TRANSMITTAL NUMBER: 14-031	2. STATE: TEXAS
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICAIRE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: September 1, 2014	
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: 42 CFR § 440.167 Section 1905(a)(24) of the Social Security Act	7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2014 \$ 943,489 b. FFY 2015 \$ 11,287,104 c. FFY 2016 \$ 10,860,416	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SEE ATTACHMENT TO BLOCK 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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SEE ATTACHMENT TO BLOCKS 8 & 9	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 will revise the payment rates for the Primary Home Care (PHC) program to increase by \$0.39 the base payment rate for non-priority attendants cost area services.		
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: Kay Ghahremani State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711	
13. TYPED NAME: Kay Ghahremani		
14. TITLE: State Medicaid Director		
15. DATE SUBMITTED: September 25, 2014		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: 25 September, 2014	18. DATE APPROVED: 13 November, 2014	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 September, 2014	20. SIGNATURE: 	
21. TYPED NAME: Bill Brooks	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS:		

Attachment to Blocks 8 & 9 to CMS Form 179

Transmittal Number 14-031

**Number of the
Plan Section or Attachment**

Attachment 4.19-B
Page 6c

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

Attachment 4.19-B
Page 6c (TN 13-037)

State: Texas
Date Received: 9-25-14
Date Approved: 11-13-14
Date Effective: 9-1-14
Transmittal Number: 14-31

- (D) Recommended payment rate for the service support cost area. The total units of service for each provider agency are summed until the median hour of service is reached. The corresponding projected expense is the weighted median cost component. The weighted median cost component is multiplied by 1.044 to calculate the recommended payment rate for the service support cost area.
- (3) Total recommended payment rate.
- (A) For nonpriority clients. The recommended payment rate is determined by summing the recommended payment rate described in IX (2) and the cost area component from IX (1)(B).
- (B) For Priority 1 clients. The recommended payment rate is determined by summing the recommended payment rate described in IX (2) and the cost area component from IX (1)(C).
- (4) For services provided on or after September 1, 2014, the non-priority attendant cost area described in IX(1)(B) is equal to the rate in effect August 31, 2014, plus \$0.39, and the priority attendant cost area described in IX(1)(C) is equal to the rate in effect August 31, 2009, plus \$0.80. These rates were posted on the agency's website on September 1, 2014. All rates are available through the agency's website as outlined on Attachment 4.19-B, Page 1.

State: Texas
Date Received: 9-25-14
Date Approved: 11-13-14
Date Effective: 9-1-14
Transmittal Number: 14-31