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State/Territory Name: Texas

State Plan Amendment (SPA) #: 14-43

This file contains the following documents in the order listed:

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



Financial Management Group

OCT 17 2014

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

RE: TN 14-43

Dear Ms. Ghahremani:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 14-43. This amendment revises the reimbursement methodology for nursing facilities to indicate that rates effective September 1, 2014 will be equal to rates in effect August 31, 2013 plus a six percent increase.

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-D. Based upon your assurances, Medicaid State plan amendment 14-43 is approved effective September 1, 2014. We are enclosing the HCFA-179 and the new plan page.

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

Sincerely,

A large black rectangular box redacting the signature of the Director.

Timothy Hill
Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: <div style="text-align: center; font-weight: bold;">14-043</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 AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: <div style="text-align: center; font-weight: bold;">September 1, 2014</div>	
5. TYPE OF PLAN MATERIAL (Circle One): <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT </div>			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: §1905(a)(4)(A) of the Social Security Act, §1905(a)(14) of the Social Security Act; 42 CFR §440.40(a), 42 CFR §440.140(b), 42 CFR §440.210(a)(1), 42 CFR §440.225		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2014 \$ 5,541,196 b. FFY 2015 \$29,647,218 c. FFY 2016 \$ 3,371,519	
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 revises the reimbursement methodology for nursing facilities to indicate that rates effective September 1, 2014, will be equal to rates in effect August 31, 2013, plus 6.00 percent.			
11. GOVERNOR'S REVIEW (Check One): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL </div> <div> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt. </div> </div>			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <div style="background-color: black; width: 200px; height: 20px; margin-top: 5px;"></div>		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: September 25, 2014		18. DATE APPROVED: OCT 17 2014	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: September 1, 2014		20. SIGNATURE OF REGIONAL OFFICIAL: <div style="background-color: black; width: 200px; height: 20px; margin-top: 5px;"></div>	
21. TYPED NAME: Kristin Fan		22. TYPED NAME: Deputy Director, FMC	
23. REMARKS:			

Attachment to Blocks 8 & 9 to CMS Form 179

Transmittal Number 14-043

**Number of the
Plan Section or Attachment**

Attachment 4.19-D, NF
Page 4e.4

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

Attachment 4.19-D, NF
Page 4e.4 (TN 13-040)

State: Texas
Date Received: September 25, 2014
Date Approved: **OCT 17 2014**
Date Effective: September 1, 2014
Transmittal Number: 14-043

Reimbursement Methodology for Nursing Facilities (continued)

- (G) Effective September 1, 2010 through January 31, 2011, for each RUG-III and supplemental reimbursement group, each rate component will be equal to the rate component in effect on August 31, 2010, less 1.00 percent. Rate components include the direct-care staff base-rate component, direct-care staff enhancement add-on rate component, other recipient care rate component, dietary rate component, general/administration rate component, fixed capital asset use fee component, and liability insurance rate component.
- (H) Effective February 1, 2011, for each RUG-III and supplemental reimbursement group, each rate component will be equal to the rate component in effect on August 31, 2010, less 3.00 percent. Rate components include the direct-care staff base-rate component, direct-care staff enhancement add-on rate component, other recipient care rate component, dietary rate component, general/administration rate component, fixed capital asset use fee component, and liability insurance rate component.
- (I) Effective September 1, 2013, for each RUG-III and supplemental reimbursement group, each rate component will be equal to the rate component in effect on August 31, 2013, plus 2.00 percent. Rate components include the direct-care staff base-rate component, direct-care staff enhancement add-on rate component, other recipient care rate component, dietary rate component, general/administration rate component, fixed capital asset use fee component, and liability insurance rate component. These rates were posted on the agency's website at <http://www.hhsc.state.tx.us/rad/long-term-svcs/nursing-facility/index.shtml> on September 1, 2013.
- (J) Effective September 1, 2014, for each RUG-III and supplemental reimbursement group, each rate component will be equal to the rate component in effect on August 31, 2013, plus 6.00 percent. Rate components include the direct-care staff base-rate component, direct-care staff enhancement add-on rate component, other recipient care rate component, dietary rate component, general/administration rate component, fixed capital asset use fee component, and liability insurance rate component. These rates were posted on the agency's website at <http://www.hhsc.state.tx.us/rad/long-term-svcs/nursing-facility/index.shtml> on September 1, 2014.

TN: 14-043

Approval Date: 10-17-14

Effective Date: 9-1-2014

Supersedes TN: 13-040

State: Texas
Date Received: September 25, 2014
Date Approved: OCT 17 2014
Date Effective: September 1, 2014
Transmittal Number: 14-043