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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

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S3-14-28 Baltimore, Maryland 21244-1850



### **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,

Timothy Filli
Director

**Enclosures** 

STATE PLAN MATERIAL  FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES  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 SEPTEMBER 1, 2014  4. PROPOSED EFFECTIVE DATE: September 1, 2014  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 (September 17 in the Social Security Act, 12 CFR \$440.40(a), 42  7. FEDERAL SUDGET IMPACT: 8. SEPATTACHMENT 8. SSA1,199 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 9. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 9. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 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 ratus in effect August 31, 2013, plus 6.00 percent.  11. GOVERNOR'S REVIEW (Check One): 9. GOVERNOR'S OFFICE REPORTED NO COMMENT 9. COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPL'T RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPEDIJAME: 14. TITLE: 15. DATE SUBMITTED: 16. RETURN TO: 17. DATE REGIONAL OFFICE USE ONLY 19. DATE REGIONAL OFFICE USE ONLY 21. TYPED NAME 22. TYPED NAME 24. TYPED NAME 25. SIGNATURE OF REPORTED MATERIAL. 26. SIGNATURE OF REGIONAL OFFICE USE ONLY 27. DATE REGIONAL OFFICE USE ONLY 28. SIGNATURE OF REGIONAL OFFICE USE ONLY 29. SIGNATURE OF REGIONAL OFFICE USE ONLY 20. SIGNATURE OF REGIONAL OFFICE USE ONLY 20. SIGNATURE OF REGIONAL OFFICE USE ONLY 21. TYPED NAME 22. TYPED NAME 24. TYPED NAME 25. SIGNATURE OF REGIONAL OFFICE USE ONLY 26. SIGNATURE OF REGIONAL OFFICE USE ONLY 27. DATE REGIONAL OFFICE USE ONLY 29. SIGNATURE OF REGIONAL OFFICIAL 20. SIGNATURE OF REGIONAL OFFICIAL 21. TYPED NAME 22. SIGNATURE OF REGIONAL OFFICIAL 23. SIGNATURE OF REGIO		1. TRANSMITTAL NUMBER:	2. STATE:	
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TO THE PERSON OF		Deputy Director, FMG		
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#### Attachment to Blocks 8 & 9 to CMS Form 179

## **Transmittal Number 14-043**

Number of the **Plan Section or Attachment** 

Number of the Superseded Plan Section or Attachment

Attachment 4.19-D, NF Page 4e.4

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

State: Texas

Date Received: September 25, 2014
Date Approved: 0CT 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.
- Effective September 1, 2013, for each RUG-III and supplemental reimbursement **(I)** 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.
- 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

13-040 Supersedes TN:

State: Texas

Date Received: September 25, 2014
Date Approved: 001 17 2014

Date Approved:

Date Effective: September 1, 2014

Transmittal Number: 14-043