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State/Territory Name: Texas

State Plan Amendment (SPA) #: 15-27

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

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

October 29, 2015

Our Reference: SPA TX 15-027

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 15-027, dated September 25, 2015. This state plan amendment adjusts the payment rates for the Day Activities and Health Services (DAHS) program to be equal to the payment rates in effect on August 31, 2015 plus an additional \$0.06 increase to the base rate.

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, 2015. A copy of the CMS-179 and approved plan pages are enclosed with this letter.

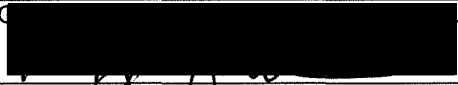

If you have questions, please contact Cheryl Rupley at (214) 767-6278.

Sincerely,

A black rectangular box redacting 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 MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 15-027	2. STATE: TEXAS
		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: September 01, 2015	
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 §440.130(d) Section 1905(a)(13) of the Social Security Act		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2015 \$ 1,579 b. FFY 2016 \$17,414 c. FFY 2017 \$17,791	
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 will revise the rate methodology for the Day Activities and Health Services program to increase the base rate from \$14.24 to \$14.30.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt. <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE: 		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, 2015			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 25 September, 2015		18. DATE APPROVED: 29 October, 2015	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 September, 2015		20. SIGNATURE OF REGIONAL OFFICIAL:  for	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS:			

Attachment to Blocks 8 & 9 of CMS Form 179

Transmittal Number 15-027

**Number of the
Plan Section or Attachment**

Attachment 4.19-B
Page 7c

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

Attachment 4.19-B
Page 7c (TN 14-041)

State: Texas
Date Received: 25 Sept, 2015
Date Approved: 29 Oct, 2015
Date Effective: 1 Sept, 2015
Transmittal Number: TX 15-0027

**15. Reimbursement Methodology For Day Activity And Health Services,
continued**

- (D) Recommended payment rate for each cost area component. The median projected unit of service from each cost area is determined. The median cost component for each of the three cost areas is multiplied by 1.044 to calculate the recommended payment rate for each cost area.
- (3) Total recommended payment rate. The recommended payment rate is determined by summing the recommended payment rates described in IX(2) and the cost area component from IX(1)(A).
- (4) For services provided on or after September 1, 2013, the attendant cost area from X is equal to the rate in effect August 31, 2013 plus \$0.10. These rates will be posted on the agency's website on September 1, 2013. All rates are available through the agency's website as outlined on Attachment 4.19-B, page 1.
- (5) For services provided on or after September 1, 2014, the attendant cost area from X is equal to the rate in effect August 31, 2014, plus \$0.15. 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.
- (6) For services provided on or after September 1, 2015, the attendant cost area from X is equal to the rate in effect August 31, 2015, plus \$0.06. These rates were posted on the agency's website on September 1, 2015. All rates are available through the agency's website as outlined on Attachment 4.19-B, page 1.

State: Texas
Date Received: 25 Sept, 2015
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