

Table of Contents

State/Territory Name: Texas

State Plan Amendment (SPA) #: 19-032

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved Page



Regional Operations Group

November 6, 2019

Our Reference: TX SPA 19-0032

Ms. Stephanie Muth
State Medicaid Director
Texas Health and Human Services Commission
Mail Code: H100
Post Office Box 13247
Austin, TX 78711

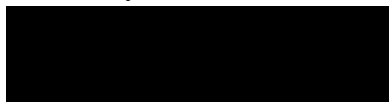
Dear Ms. Muth:

We have reviewed the State's proposed amendment to the Texas State Plan submitted under Transmittal Number 19-0032, dated September 30, 2019. This state plan amendment adjusts payment rates for the Day Activities and Health Services (DAHS) program in support of increasing the personal attendant base wage to \$8.11. This amendment also adjusts the rate methodology for DAHS by increasing the factor from 4.4 percent to 7.0 percent.

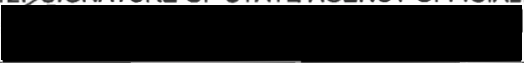

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with an effective date change of September 1, 2019. A copy of the CMS-179, and approved plan page are enclosed with this letter.

If you have any questions, please contact Ford Blunt of my staff. Mr. Blunt may be reached at (214) 767-6381 or by e-mail at Ford.Blunt@cms.hhs.gov.

Sincerely,



Bill Brooks
Director
Regional Operations Group

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 19-0032	2. STATE: TEXAS
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Day Activity and Health Services (DAHS)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: September 1, 2019	
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 2019 \$ 17,552 b. FFY 2020 \$221,415 c. FFY 2021 \$237,218	
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 adjust payment rates for the Day Activities and Health Services (DAHS) program in support of increasing the personal attendant base wage to \$8.11. . The proposed amendment will also adjust the rate methodology for DAHS by increasing the factor from 4.4 percent to 7.0 percent.			
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 OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Stephanie Muth State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711	
13. TYPED NAME: Stephanie Muth			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: September 30, 2019			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: September 30, 2019		18. DATE APPROVED: November 6, 2019	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: September 1, 2019		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Bill Brooks		22. TITLE: Director Regional Operations Group	
23. REMARKS:			

Attachment to Blocks 8 & 9 of CMS Form 179

Transmittal Number 19-0032

**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 15-0027)

State: Texas
Date Received: 09-30-19
Date Approved: 11-06-19
Date Effective: 09-01-19
Transmittal Number: 19-0032

**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 1.07 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).
- (4) 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 4.19B, page 1.
- (5) 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 4.19B, page 1.
- (6) For services provided on or after September 1, 2019, the attendant cost area from X is equal to the rate in effect August 31, 2019, plus \$0.11. These rates were posted on the agency's website on September 1, 2019. All rates are available through the agency's website as outlined on Attachment 4.19B, page 1.

TN: 19-0032 Approval Date: 11-06-19

Supersedes TN: 15-0027 Effective Date: 09-01-19

State: Texas
Date Received: 09-30-19
Date Approved: 11-06-19
Date Effective: 09-01-19
Transmittal Number: 19-0032