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State/Territory Name: Texas

State Plan Amendment (SPA) #: 19-0033

This file contains the following documents in the order listed:

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



Regional Operations Group

November 7, 2019

Our Reference: TX SPA 19-0033

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

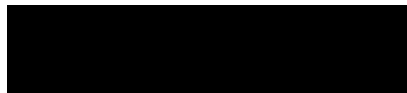
Dear Ms. Muth:

We have reviewed the State's proposed amendment to the Texas State Plan submitted under Transmittal Number 19-0033, dated September 30, 2019. This state plan amendment adjusts payment rates for the Primary Home Care (PHC) program in support of increasing the PHC attendant base wage to \$8.11 per hour.



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: <div style="text-align: center;">19-0033</div>	2. STATE: <div style="text-align: center;">TEXAS</div>
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Primary Home Care (PHC)	
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		4. PROPOSED EFFECTIVE DATE: <div style="text-align: center;">September 1, 2019</div>	
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 2019 \$ 678,920 b. FFY 2020 \$8,565,433 c. FFY 2021 \$9,185,659	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <div style="text-align: center;">SEE ATTACHMENT TO BLOCKS 8 & 9</div>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <div style="text-align: center;">SEE ATTACHMENT TO BLOCKS 8 & 9</div>	
10. SUBJECT OF AMENDMENT: The proposed amendment will adjust payment rates for the Primary Home Care (PHC) program in support of increasing the PHC attendant base wage to \$8.11 per hour.			
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 7, 2019	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <div style="text-align: center;">September 1, 2019</div>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Bill Brooks		22. TITLE: Director <div style="text-align: center;">Regional Operations Group</div>	
23. REMARKS:			

Attachment to Blocks 8 & 9 of CMS Form 179

Transmittal Number 19-0033

**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 15-029)

State: Texas
Date Received: 09-30-19
Date Approved: 11-07-19
Date Effective: 09-01-19
Transmittal Number: 19-0033

14. Reimbursement Methodology For Primary Home Care Services, continued

- (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 non-priority clients. The recommended payment rate is determined by summing the service support cost area described in IX(1)(A) and the attendant cost area from IX(1)(B).
 - (B) For Priority 1 clients. The recommended payment rate is determined by summing the service support cost area described in IX(1)(A) and the attendant cost area from IX(1)(C).
- (4) Increases to the attendant cost area. All rates are available through the agency's website as outlined in Attachment 4.19-B, Page 1.
 - (A) For services provided on or after September 1, 2015, the non-priority attendant cost area described in IX(1)(B) is equal to the rate in effect August 31, 2015, plus \$0.15, 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, 2015.
 - (B) For services provided on or after September 1, 2019, the non-priority attendant cost area described in IX(1)(B) is equal to the rate in effect August 31, 2019, plus \$0.11, and the priority attendant cost area described in IX(1)(C) is equal to the rate in effect August 31, 2019, plus \$0.09. These rates were posted on the agency's website on September 1, 2019.

TN: 19-0033 Approval Date: 11-07-19

Supersedes TN: 15-0029 Effective Date: 09-01-19

State: Texas
Date Received: 09-30-19
Date Approved: 11-07-19
Date Effective: 09-01-19
Transmittal Number: 19-0033