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State/Territory Name: Texas

State Plan Amendment (SPA) : 25-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

February 6, 2026

Director: Emily Zalkovsky
State Medicaid/CHIP Director
Health and Human Services Commission
Mail Code: H100
Post Office Box 13247
Austin, Texas 78711

RE: TN 25-0002

Dear Director: Emily Zalkovsky,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Texas state plan amendment (SPA) to Attachment 4.19-B 25-0002, which was submitted to CMS on August 26, 2025. The purpose of this amendment is to update Day Activity and Health Services (DAHS) by implementing the 2026-27 General Appropriations Act, Senate Bill 1, 89th Legislature, Regular Session, 2025 (Article II, HHSC, Rider 23). The changes are based on the current and approved methodology for the covered services to increase the wage for personal attendants to \$13.00 per hour and Rider 23 also discontinues the attendant compensation rate enhancement program.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of September 1, 2025. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Monica Neiman via email at Monica.Neiman@cms.hhs.gov.

Sincerely,

Todd McMillion

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 5 0 0 0 2

2. STATE

T X3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACTTO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

September 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

**Social Security Act §§ 1905(a)(13)
and 1915; 42 CFR §440.130(d)
42 CFR §441**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 10,408b. FFY 2026 \$ 124,540

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

**Attachment 4.19-B
Page 7b
Page 7c
Page 7d
Page 7e**7. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable)**Attachment 4.19-B
Page 7b (TN 00-76)
Page 7c (deleted)
Page 7d (deleted)
Page 7e (deleted)**

9. SUBJECT OF AMENDMENT

The proposal's purpose is to update Day Activity and Health Services reimbursement rates by implementing the 2026-27 General Appropriations Act, Senate Bill 1, 89th Legislature, Regular Session, 2025 (Article II, Health and Human Services Commission, Rider 23). Rider 23 provides appropriations for HHSC to increase the wage for personal attendants under Medicaid and other programs administered by HHSC, including Day Activity and Health Services, to an average of \$13.00 per hour and discontinue the attendant compensation rate enhancement program. The requested effective date for the proposed amendment is September 1, 2025.

10. GOVERNOR'S REVIEW (Check One)

☐

GOVERNOR'S OFFICE REPORTED NO COMMENT

☐

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒OTHER, AS SPECIFIED: Sent to Governor's Office this
date. Comments, if any, will be forwarded upon receipt.

11. SIGNATURE OF STATE AGENCY OFFICIAL

**Emily
Zalkovsky**Digitally signed by Emily
Zalkovsky
Date: 2025.08.26
12:58:25 -05'00'

15. RETURN TO

**Emily Zalkovsky
State Medicaid Director**

12. TYPED NAME

Emily Zalkovsky

13. TITLE

State Medicaid Director

14. DATE SUBMITTED

August 26, 2025**Post Office Box 13247, MC: H-100
Austin, Texas 78711****FOR CMS USE ONLY**

16. DATE RECEIVED

August 26, 2025

17. DATE APPROVED

February 6, 2026**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

September 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

Todd McMillion

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

IX. Day Activity and Health Services (DAHS) Reimbursement Methodology

- (1) Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of DAHS services. The agency's fee schedule rates were set as of September 1, 2025 and are effective for services provided on or after that date. All rates are published on <https://pfd.hhs.texas.gov/long-term-services-supports>.

TN: 25-0002 Approval Date: February 6, 2026

Supersedes TN: 00-76 Effective Date: 09/01/2025