

## **Table of Contents**

**State/Territory Name: Texas**

**State Plan Amendment (SPA) #: TX 23-0014**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, MD 21244-1850



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**Financial Management Group**

July 25, 2023

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

RE: Texas State Plan Amendment (SPA) 23-0014

Dear Director Stephens:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid state plan submitted under transmittal number (TN) 23-0014 effective for services on or after June 10, 2023. The amendment will establish a temporary rate add-on for nursing facilities for miscellaneous costs through August 31, 2023 to maintain the temporary rate increase for nursing facilities that was originally implemented for the federally declared COVID-19 public health emergency (PHE).

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.

We hereby inform you that Medicaid State plan amendment 23-0014 is approved effective June 10, 2023. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please call Tom Caughey at (517) 487-8598.

Sincerely,

A solid black rectangular box redacting the signature of the sender.

Rory Howe  
Director

Enclosure

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

1. TRANSMITTAL NUMBER

2 3 0 0 1 4

TX

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
June 10, 2023

5. FEDERAL STATUTE/REGULATION CITATION  
**Social Security Act §1919**  
**42 CFR §440.155**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2023 \$ 12,045,164  
b. FFY 2024 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

**Attachment 4.19-D**  
**NF**  
**Page 4e.4**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

**Attachment 4.19-D**  
**NF**  
**Page 4e.4 (TN 14-043)**

9. SUBJECT OF AMENDMENT

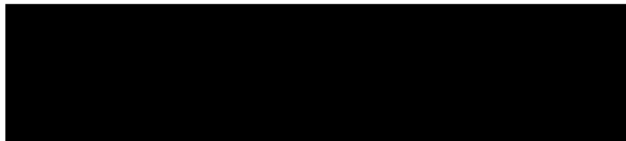
**The purpose of the amendment is to update the nursing facility payment rates, in accordance with Senate Bill 30, 88<sup>th</sup> Legislature, Regular Session, 2023. The amendment will establish a temporary rate add-on for nursing facilities for miscellaneous costs through August 31, 2023 to maintain the temporary rate increase for nursing facilities that was originally implemented for the federally declared COVID-19 public health emergency (PHE).**

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



15. RETURN TO

**Stephanie Stephens**  
**State Medicaid Director**  
**Post Office Box 13247, MC: H-100**  
**Austin, Texas 78711**

12. TYPED NAME

**Stephanie Stephens**

13. TITLE

**State Medicaid Director**

14. DATE SUBMITTED

**June 23, 2023**

**FOR CMS USE ONLY**

16. DATE RECEIVED

June 23, 2023

17. DATE APPROVED

July 25, 2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

June 10, 2023

19. SIGNATURE OF APPROVING OFFICIAL



20. TYPED NAME OF APPROVING OFFICIAL

Rory Howe

21. TITLE OF APPROVING OFFICIAL

Director, Financial Management Group

22. REMARKS

**Reimbursement Methodology for Nursing Facilities (continued)**

- (G) Effective September 1, 2013, 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 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 <https://pfd.hhs.texas.gov/long-term-services-supports/nursing-facility-nf> on September 1, 2013.
- (H) 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 <https://pfd.hhs.texas.gov/long-term-services-supports/nursing-facility-nf> on September 1, 2014.
- (I) Effective June 10, 2023, through August 31, 2023, for each RUG-III group, each rate component will be equal to the rate component in effect on June 9, 2023, plus a temporary add-on of \$19.63 for miscellaneous costs will be included in addition to the rate components. The temporary add-on will be effective through August 31, 2023. These rates were posted on the agency's website at <https://pfd.hhs.texas.gov/long-term-services-supports/nursing-facility-nf> on June 10, 2023.

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TN: 23-0014

Approval Date: July 25, 2023

Supersedes TN: 14-043

Effective Date: 06/10/2023