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State/Territory Name: Texas

State Plan Amendment (SPA) #: TX 23-0020

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



Financial Management Group

October 12, 2023
Emily Zalkovsky
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) 23-0020

Dear Director Zalkovsky:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid state plan submitted under transmittal number (TN) 23-0020 effective for services on or after September 1, 2023. The purpose of the amendment is to update the rate methodology and payment rates for Intermediate Care Facilities (ICF) in support of increasing the base wage for certain personal attendants under Medicaid and other programs administered by HHSC to \$10.60 per hour.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) 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 23-0020 is approved effective September 1, 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 2 0

2. STATE
T X

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
September 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION
**Social Security Act §1905(a)(24)
42 CFR § 440.150**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY **2023** \$ **358,576**
b. FFY **2024** \$ **4,227,756**

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

**Attachment 4.19-D
ICF/IID
Page 12**

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

**Attachment 4.19-D
ICF/IID
Page 12 (TN 19-0035)**

9. SUBJECT OF AMENDMENT
The purpose of the amendment is to update the rate methodology and payment rates for Intermediate Care Facilities (ICF) in support of increasing the base wage for certain personal attendants under Medicaid and other programs administered by HHSC to \$10.60 per hour, in accordance with the 2024-25 General Appropriations Act, House Bill 1, 88th Texas Legislature, Regular Session, 2023 (Article II, HHSC, Rider 30(a)).


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


12. TYPED NAME
Emily Zalkovsky

13. TITLE
State Medicaid Director

14. DATE SUBMITTED
September 25, 2023

15. RETURN TO

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

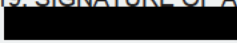
FOR CMS USE ONLY

16. DATE RECEIVED
September 25, 2023

17. DATE APPROVED
October 12, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
September 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL
Rory Howe

21. TITLE OF APPROVING OFFICIAL
Director, FMG

22. REMARKS

15.Reimbursement Methodology for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), continued

- (A) The agency's fee schedule was revised with new rates for ICF/IID effective September 1, 2019, and the fee schedule was posted on the agency's website on September 1, 2019, at <https://pfd.hhs.texas.gov/>. No payment under this section is dependent on any agreement or arrangement for providers or related entities to donate money or services to a governmental entity.

- (B) The agency's fee schedule was revised with new rates for ICF/IID effective September 1, 2023, and the fee schedule was posted on the agency's website on September 1, 2023, at <https://pfd.hhs.texas.gov/>. No payment under this section is dependent on any agreement or arrangement for providers or related entities to donate money or services to a governmental entity.

TN: 23-0020 Approval Date: October 12, 2023

Supersedes TN: 19-0035 Effective Date: 09-01-23