DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES

1. TRANSMITTAL NUMBER: **10-050**

2. STATE: **TEXAS**

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

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE: **August 1, 2010**

5. TYPE OF PLAN MATERIAL *(Circle One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
42 U.S.C. 1396d(o)(1))

7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT
a. FFY **2010** **$124,145**
b. FFY **2011** **$118,258**
c. FFY **2012** **$121,317**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
SEE ATTACHMENT TO BLOCKS 8 AND 9

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
SEE ATTACHMENT TO BLOCKS 8 AND 9

10. SUBJECT OF AMENDMENT:
The proposed amendment adds concurrent hospice care and treatment services for individuals less than 21 years of age. Pursuant to Section 2302 of the Patient Protection and Affordable Care Act (P.L. 111-148), states are required to allow children enrolled in Medicaid to elect hospice care services without waiving their rights to be provided services related to the treatment of a condition for which a diagnosis of terminal illness has been made. This amendment is being submitted to comply with the change in federal law.

11. 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.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Billy R. Millwee

14. TITLE:
State Medicaid Director

15. DATE SUBMITTED:
August 5, 2010

16. RETURN TO:
Billy R. Millwee
State Medicaid Director
Post Office Box 13247, MC: H-100
Austin, Texas 78711

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 11 August, 2010

18. DATE APPROVED: 29 October, 2010

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 August, 2010

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: BILL BROOKS

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health

23. REMARKS:

FORM CMS – 179 (07-92)

18. Hospice Care.

The Texas Department of Aging and Disability Services (DADS) administers the Texas Medicaid Hospice Program through provider enrollment contracts with hospice agencies. These agencies must be licensed by the DADS and be Medicare certified as hospice agencies by the Centers for Medicare and Medicaid Services (CMS), Department of Health and Human Services. Coverage of services in the Texas Medicaid Hospice Program follows the amount, duration, and scope of services specified in the Medicare Hospice Program, with the following three exceptions.

4. The Texas Medicaid Hospice Program has unlimited benefit periods of unlimited duration.
5. The Texas Medicaid Hospice Program does not have a maximum number of days for which a recipient can receive hospice services under Medicaid.
6. The Texas Medicaid Hospice Program does not allow cost sharing to be imposed on Medicaid recipients for hospice services rendered to Medicaid recipients.

The recipient must file a Medicaid election statement with a particular Medicaid hospice provider. In doing so, the recipient waives rights to other Medicaid services that are related to the treatment of his or her terminal illness(es) with the exception of individuals less than 21 years of age. Individuals less than 21 years of age may receive concurrent hospice and acute care treatment. The recipient has the right to cancel the election at any time without forfeiting additional Medicaid hospice coverage at a later time. The recipient does not waive rights to Medicaid services for conditions not related to the terminal condition. Dually eligible (Medicare and Medicaid) recipients must participate in the Medicare and Medicaid hospice programs simultaneously in order to receive Medicaid hospice services.

SUPERSEDES: TN- 08-30

STATE Texas
DATE REC'D 8-11-10
DATE APPV'D 10-29-10
DATE EFF 8-1-10
HCFA 179 10-50
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1. The Texas Medicaid Hospice Program has unlimited benefit periods of unlimited duration.
2. The Texas Medicaid Hospice Program does not have a maximum number of days for which a recipient can receive hospice services under Medicaid.
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