



**Division of Medicaid & Children's Health, Region VI**

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March 24, 2011

Our Reference: SPA TX 10-077

Mr. Billy Millwee  
Associate Commissioner for Medicaid & CHIP  
Health and Human Services Commission  
Post Office Box 13247  
Mail Code: H100  
Austin, Texas 78711

Dear Mr. Millwee:

This letter is being sent as a companion to our approval of Texas State Plan Amendment (SPA) 10-077 which implements a one percent reimbursement reduction for Medicaid providers of case management services for high risk pregnant women.

CMS reviewed the submitted reimbursement pages and the corresponding coverage pages for this service. In reviewing the state plan pages, CMS found a companion page issue in Supplement 1 to Attachment 3.1A, page 1 D and Supplement 1 to Attachment 3.1B, page 1D. Please revise the state plan pages to include the following information:

**Supplement 1 to Attachment 3.1-A Page 1D and Supplement 1 to Attachment 3.1-B Page 1D**

1. Per 42 CFR 441.18(a)(4), please add the following language regarding non-duplication of payment to both the 3.1-A and the 3.1-B pages:

**Payment (42 CFR 441.18(a) (4)):**

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

2. Per 42 CFR 441.18(a)(7), please add the following language regarding case records to both the 3.1-A and the 3.1-B pages:

**Case Records (42 CFR 441.18(a) (7)):**

Providers maintain case records providers to maintain case records that document for all individuals receiving case management as follows: (I) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the

individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services, and (viii) A timeline for reevaluation of the plan.

Please respond to this letter within 90 days of its receipt to address the issues described above. Within that period, the State may submit SPAs to resolve these issues or submit a corrective action plan describing in detail how the State will resolve the issues identified above in a timely manner. Failure to respond will result in the initiation of a formal compliance process. During the 90 days, CMS will provide any required technical assistance. If you have any questions, please contact Cheryl Rupley at (214) 767-6278 or [cheryl.rupley@cms.hhs.gov](mailto:cheryl.rupley@cms.hhs.gov).

Sincerely,

/s/

Bill Brooks  
Associate Regional Administrator

Cc: Emily Zalkovsky, Policy Development Support