

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 11-042	2. STATE: TEXAS
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: October 1, 2011	
5. TYPE OF PLAN MATERIAL (Circle One): <input type="checkbox"/> COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
6. FEDERAL STATUTE/REGULATION CITATION: Sec. 1905(a)(13) of the Social Security Act		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2012 \$18,262 b. FFY 2013 \$18,639 c. FFY 2014 \$19,303	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SEE ATTACHMENT TO BLOCKS 8 & 9		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SEE ATTACHMENT TO BLOCKS 8 & 9	
10. SUBJECT OF AMENDMENT: The proposed amendment updates the reimbursement methodology for the Early Childhood Intervention program's specialized skills training provided to infants and toddlers with developmental delays. This amendment allows for the provision of specialized skills training services in a group setting.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt.			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Billy R. Millwee State Medicaid Director Post Office Box 85200 Austin, Texas 78708	
13. Billy R. Millwee			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED August 4, 2011			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 4 August, 2011		18. DATE APPROVED: 31 October 2011	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 October, 2011		20. 	
21. TYPED NAME: Bill Brooks		22. Div of Medicaid + Children's Health	
23. REMARKS:			

STATE	<u>Texas</u>	A
DATE REC'D	<u>8-4-11</u>	
DATE APP'D	<u>10-31-11</u>	
DATE EFF	<u>10-1-11</u>	
HCOFA 179	<u>11-42</u>	

47. Specialized Skills Training

- (a) The Commission determines a prospective uniform reimbursement rate for the Texas Early Childhood Intervention Program (ECI) Medicaid programs. Early Childhood Intervention program providers are reimbursed according to the reimbursement methodology. The Commission determines the rate based on costs contained in the ECI providers' cost reports, which are reported on a quarterly basis. The recommended rate is determined in the following manner:
- (1) Salaries and benefits for staff delivering services are added to allocated costs for ECI overhead and host agency administration costs.
 - (2) These total costs for services are divided by the total direct service hours to calculate a cost per hour.
 - (3) The resulting total cost per hour for services is projected from the historical reporting period to the perspective rate period using the Personal Consumption Expenditures (PCE) Chain -Type Index.
 - (4) The projected total cost per hour for services is the proposed reimbursement rate. The reimbursement rate will be paid on an hourly basis, and will be pro-rated for 15-minute intervals.
 - (5) The provider's reported costs will be examined annually to determine if it is necessary to re-base the rate.
- (b) The Commission establishes the reimbursement rate following a public meeting after consideration of financial and statistical information and public testimony.
- (c) Effective October 1, 2011, a reimbursement rate is added to allow for the provision of specialized skills training in a group setting.
- (d) The rate of \$119.69 per hour, which has been in effect since October 1, 2006, is adjusted by applying inflation from federal fiscal year 2007 to federal fiscal year 2010 of 5.71 percent to calculate the individual rate of \$126.52 to be effective on or after March 15, 2010.
- (e) All fee schedules are available through the agency's website as outlined on Attachment 4.19-8, Page 1.

TN 11-42

Approval Date 10-31-11

Effective Date 10-1-11

Supersedes TN 10-54

~~SUPERSEDES: TN-10-54~~