

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER:  <b>07-009B</b>	2. STATE:  <b>TEXAS</b>
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES		4. PROPOSED EFFECTIVE DATE:  <b>September 1, 2007</b>	
5. TYPE OF PLAN MATERIAL (Circle One):  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: <b>§1905(a)(24) of the Social Security Act, relating to personal care services</b>		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2007      \$0 b. FFY 2008      \$0 c. FFY 2009      \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>SEE ATTACHMENT</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b>SEE ATTACHMENT</b>	
10. SUBJECT OF AMENDMENT:  <b>This amendment revises the reimbursement methodology for Personal Care Services (PCS) under Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) to recognize the Consumer-Directed Services (CDS) option as payable in accordance with the existing CDS methodology under the Primary Home Care program. This amendment is effective September 1, 2007.</b>			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <b>Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt.</b> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO:  <b>Chris Traylor</b> <b>State Medicaid Director</b> <b>Post Office Box 85200</b> <b>Austin, Texas 78708</b>	
13. TYPED NAME:  <b>Chris Traylor</b>			
14. TITLE:  <b>State Medicaid Director</b>			
15. DATE SUBMITTED:  <b>September 27, 2007</b>			
17. DATE RECEIVED: <b>October 2, 2007</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>October 2, 2007</b>		18. DATE APPROVED: <b>July 17, 2009</b>	
PLAN APPROVED -		COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:  <b>September 1, 2007</b>		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME:  <b>Bill Brooks</b>		22. TITLE: <b>Associate Regional Administrator</b> <b>Div of Medicaid &amp; Children's Health</b>	
23. REMARKS:			

**Attachment to Blocks 8 and 9 to CMS-179**

**Transmittal No. 07-009B, Amendment No. 768**

**Number of the  
Plan Section or Attachment**

Attachment 4.19-B  
Page 25k.3 – New Page

**Number of the Superseded  
Plan Section or Attachment**

Attachment 4.19-B  
N/A

32. Reimbursement Methodologies for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services - continued

- 15) Personal Care Services (PCS) Consumer Directed Services (CDS). PCS delivered through the CDS payment option are reimbursed in accordance with page 6(f) of Attachment 4.19-B, relating to the reimbursement methodology for Primary Home Care CDS.

STATE	Texas	A
DATE REC'D	10-2-07	
DATE APPV'D	7-17-09	
DATE EFF	9-1-07	
HCFA 179	07-09(B)	

SUPERSEDES NONE - NEW PAGE

IN No 07-09(B)

Approval Date 7-17-09

Effective Date 9-1-07

Supersedes IN No SUPERSEDES NONE - NEW PAGE