

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICAID AND MEDICAID</b>		1. TRANSMITTAL NUMBER:  <b>09-013</b>	2. STATE:  <b>TEXAS</b>
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICAID AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE:  <b>August 01, 2009</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>42 CFR §440.167</b> <b>Section 1905(a)(24) of the Social Security Act</b>		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2009      \$ 7,743,125 b. FFY 2010      \$ 47,482,020 c. FFY 2011      \$ 50,636,751	
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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  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>The proposed amendment will adjust payment rates for the Primary Home Care program to be equal to the payment rates in effect July 31, 2009 plus \$0.80.</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:	
13. TYPED NAME:  <b>Chris Traylor</b>		<b>Chris Traylor</b> <b>State Medicaid Director</b> <b>Post Office Box 85200</b> <b>Austin, Texas 78711-5200</b>	
14. TITLE:  <b>State Medicaid Director</b>			
15. DATE SUBMITTED:  <b>June 18, 2009</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>18 August, 2009</b>		18. DATE APPROVED: <b>15 September, 2009</b>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>1 August, 2009</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 Form 179**

**Transmittal No. 09-013, Amendment No. 859**

**Number of the  
Plan Section or Attachment**

Attachment 4.19-B  
Page 6c

**Number of the Superseded  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

Attachment 4.19-B  
Page 6c (TN 08-017)

- (D) Recommended payment rate for the service support cost area. The total units of service for each provider agency are summed until the median hour of service is reached. The corresponding projected expense is the weighted median cost component. The weighted median cost component is multiplied by 1.044 to calculate the recommended payment rate for the service support cost area.
- (3) Total recommended payment rate.
- (A) For nonpriority clients. The recommended payment rate is determined by summing the recommended payment rate described in IX (2) and the cost area component from IX (1)(B).
- (B) For Priority 1 clients. The recommended payment rate is determined by summing the recommended payment rate described in IX (2) and the cost area component from IX (1)(C).
- (4) For services provided on or after August 1, 2009 the non-priority attendant cost area described in IX(1)(B) is equal to the rate in effect July 31, 2009, plus \$0.80 and the priority attendant cost area described in IX(1)(C) is equal to the rate in effect July 31, 2009, plus \$0.80. These rates will be posted on the agency's website on September 1, 2009. All rates are available through the agency's website as outlined on Attachment 4.19-B, page 1.

APPROVAL DATE 8-17

STATE	Texas
DATE REC'D	6-18-09
DATE APP'D	9-15-09
DATE EFF	8-1-09
HCTA 179	09-13

TN No. 9-13

Approval Date 9-15-09

Effective Date 8-1-09

Supersedes TN No. 8-17