

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S3-13-15  
Baltimore, Maryland 21244-1850



**Center for Medicaid and State Operations, CMSO**

Mr. Chris Traylor  
Associate Commissioner for Medicaid & CHIP  
Health and Human Services Commission  
Post Office Box 13247  
Austin, Texas 78711

RE: TN 09-024

Dear Mr. Traylor:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 09-024. For the period September 1, 2009 through August 31, 2011, payment rates for non-state operated Intermediate Care Facilities for Persons with Mental Retardation (ICF/MR) are to be equal to the payment rates in effect August 31, 2009 plus 1.54 percent.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13) and 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. As part of the review process the State was asked to provide information regarding funding of the State share of expenditures under Attachment 4.19-D. Based upon your responses we are pleased to inform you that Medicaid State plan amendment 09-014 is approved effective September 1, 2009. We are enclosing the HCFA-179 and the new plan page.

If you have any questions, please call Sandra Dasheiff, CPA at (214) 767-6490.

Sincerely,

/S/

Cindy Mann  
Director  
Center for Medicaid and State Operations (CMSO)

Enclosures

bcc: Stuart Goldstein, CO  
Sandra Dasheiff, Dallas RO  
Bill Brooks, ARA Medicaid, Region VI