

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER:  <b>07-044</b>	2. STATE:  <b>TEXAS</b>
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
		4. PROPOSED EFFECTIVE DATE:  <b>October 1, 2007</b>	
5. TYPE OF PLAN MATERIAL ( <i>Circle One</i> ):  <input type="checkbox"/> COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> ) <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
6. FEDERAL STATUTE/REGULATION CITATION:  <b>42 USC 1396n(g)</b>		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT b. FFY 2008      \$ 0 c. FFY 2009      \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>SEE ATTACHMENT TO BLOCKS 8 &amp; 9</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  <b>SEE ATTACHMENT TO BLOCKS 8 &amp; 9</b>	
10. SUBJECT OF AMENDMENT:  <b>The amendment provides for the mental health targeted case management interim reimbursement rate in effect on September 30, 2007 to continue to be in effect from October 1, 2007 through August 31, 2010.</b>			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <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>Billy R. Millwee</b>		<b>Billy R. Millwee State Medicaid Director Post Office Box 85200 Austin, Texas 78708</b>	
14. TITLE: <b>State Medicaid Director</b>			
15. DATE SUBMITTED: <b>October 29, 2007</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>29 October, 2007</b>		18. DATE APPROVED: <b>18 APRIL 2011</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>1 October, 2007</b>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>Bill Brooks</b>		<b>Division of Medicaid &amp; Children's Health</b>	
23. REMARKS:			

STATE <u>Texas</u>	<b>A</b>
DATE REC'D <u>10-29-07</u>	
DATE APPV'D <u>4-18-11</u>	
DATE EFF <u>10-1-07</u>	
HCFA 179 <u>0744</u>	

**21. Case management for persons with chronic mental illness**

Reimbursement for case management services for individuals with chronic mental illness is subject to the specifications, conditions and limitations required by the Health and Human Services Commission (HHSC) or its designee. These include the specifications provided in OMB Circular A-87 and A-102.

The statewide reimbursement rates for the case management services program are interim throughout the rate period and subsequently adjusted to cost. HHSC or its designee determines statewide reimbursement rates biennially. The reimbursement rates are based upon allowable costs, as specified by the operating agency or its designee, for qualified staff, travel, facility, and administrative overhead expenditures. The unit of service is a fifteen minute face-to-face contact with a Medicaid-eligible individual.

The interim reimbursement rate in effect on September 30, 2007 will remain in effect from October 1, 2007 through August 31, 2010.

Claims for reimbursement for case management services include:

- Date of Service;
- Name of recipient;
- Identifying Medicaid number;
- Address;
- Name of provider agency;
- Unit(s) of service delivered; and
- Place of service.

Reimbursement rates are determined in the following manner:

1. Inclusion of certain reported expenses. Provider agencies must ensure that all requested costs are included in the cost report. Failure to do so may result in penalties.
  2. Several different kinds of data are collected. These include the number of units of service. The cost data include direct costs, programmatic indirect costs, and general and administrative overhead costs.
- The agency's fee schedule was not revised with new fees effective for services on or after September 1, 2007 because the rates were not changed. The fee schedule was posted by September 1, 2007.
  - All fee schedules are available through the agency's website as outlined on Attachment 4.19-B, Page 1.

TN 07-44

Approval Date 4-18-11

Effective Date 10-1-07

Supersedes TN 04-08