

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 10-030	2. STATE: TEXAS
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: September 1, 2010	
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: 42 USC 1396n(g)		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2010 \$(5,249) b. FFY 2011 \$(56,071) c. FFY 2012 \$(55,156)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SEE ATTACHMENT TO BLOCKS 8 AND 9		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SEE ATTACHMENT TO BLOCKS 8 AND 9	
10. SUBJECT OF AMENDMENT: The proposed amendment is an update to the mental health targeted casement management fee schedule and implements the one percent payment reduction for reimbursements paid to mental health case management providers.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt. <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Billy R. Millwee State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711	
13. TYPED NAME: Billy R. Millwee			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: June 9, 2010			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 9 June, 2010		18. DATE APPROVED: 21 APRIL 2011	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 September, 2010		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS:			

STATE <u>Texas</u>	A
DATE REC'D <u>6-9-10</u>	
DATE APPV'D <u>4-2-11</u>	
DATE EFF <u>9-1-10</u>	
HCFA 179 <u>10-30</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 reimbursement for services effective September 1, 2010 will be equal to the reimbursement on August 31, 2010, less one percent.
 - The agency's fee schedule was revised with new fees effective for services on or after September 1, 2010. The fee schedule was posted by October 1, 2010.
 - All fee schedules are available through the agency's website as outlined on Attachment 4.19-B, Page 1

TN 10-30 Approval Date 4-2-11 Effective Date 9-1-10

Supersedes TN 07-44

SUPERSEDES: TN- 07-44