

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER: <b>10-051</b>	2. STATE: <b>TEXAS</b>
	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: <b>December 1, 2010</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 §440.70</b>	7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2011      \$0 b. FFY 2012      \$0 c. FFY 2013      \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>SEE ATTACHMENT TO BLOCKS 8 AND 9</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>SEE ATTACHMENT TO BLOCKS 8 AND 9</b>	
10. SUBJECT OF AMENDMENT: <b>The proposed amendment allows, as part of the home health benefit, certain home health supplies to be provided by pharmacies enrolled in the Vendor Drug Program.</b>		
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: <b>Billy R. Millwee State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711</b>	
13. TYPED NAME: <b>Billy R. Millwee</b>		
14. TITLE: <b>State Medicaid Director</b>		
15. DATE SUBMITTED: <b>October 5, 2010</b>		
<b>FOR REGIONAL OFFICE USE ONLY</b>		
17. DATE RECEIVED: <b>6 October 2010</b>	18. DATE APPROVED: <b>20 December 2010</b>	
PLAN APPROVED - ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>1 December 2010</b>	20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: <b>Bill Brooks</b>	22. TITLE: <b>Associate Regional Administrator Division of Medicaid &amp; Children's Health</b>	
23. REMARKS:		

7. Home Health Care Services (continued)

Home Health Supplies Provided by a Pharmacy

- (a) Certain home health supplies that may be provided by a participating pharmacy are specified by the Title XIX single state agency and require a physician's prescription. These supplies do not require prior authorization unless otherwise specified.
- (b) HHSC lists home health supplies that may be provided by a participating pharmacy on its website: <http://www.txvendordrug.com>. This list includes the insulin syringes and needles referenced on Page 14 of this Appendix.
- (c) Participating pharmacies are licensed pharmacies enrolled as Title XIX providers with the Vendor Drug Program.

STATE <u>Texas</u>	<b>A</b>
DATE REC'D. <u>10-6-10</u>	
DATE APP'VD. <u>12-20-10</u>	
DATE EFF. <u>12-1-10</u>	
HCFA 179 TN <u>10-51</u>	

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TN 10-51 Approval Date 12-20-10 Effective Date 12-1-10

Supersedes TN NONE - New Page

SUPERSEDES: TN NONE - New Page

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