

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 11-006	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: February 1, 2011	
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 CFR §440.130		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2011 \$(431,753) b. FFY 2012 \$(600,636) c. FFY 2013 \$(620,817)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SEE ATTACHMENT TO BLOCKS 8 & 9		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SEE ATTACHMENT TO BLOCKS 8 & 9	
10. SUBJECT OF AMENDMENT: The proposed amendment is an update to the mental health rehabilitative services fee schedule and implements a one percent payment reduction.			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt.	
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: February 3, 2011			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 3 February, 2011		18. DATE APPROVED: 2 May 2011	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 February, 2011		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>2-3-11</u>	
DATE APPV'D	<u>5-2-11</u>	
DATE EFF	<u>2-1-11</u>	
HCFA 179	<u>11-06</u>	

27. Rehabilitative Services

The Texas Department of State Health Services (DSHS) will reimburse qualified providers for rehabilitative services provided to Medicaid eligible persons with mental illness.

The Health and Human Services Commission (HHSC) determines reimbursement rates using a cost reporting process. Rehabilitative services providers are reimbursed a uniform, statewide, interim rate with a cost-related year-end settle-up. The interim rate is determined prospectively and at least biennially. An interim rate is set for each service type.

The interim reimbursement rates in effect on September 30, 2007 will remain in effect for the period October 1, 2007 through August 31, 2010.

Reimbursements are determined in the following manner:

1. Inclusion of certain reported expenses. Providers must ensure that all requested allowable costs are included in the cost report. The cost report must be formatted according to HHSC's specifications.
 2. Data collection. HHSC collects several different kinds of data. These include the number of units of rehabilitative services that clients receive and allowable cost data. The cost data will be derived from time-study logs, payroll records, time sheets, and general ledgers. The cost data will include allowable programmatic direct, programmatic indirect, and general and administrative overhead costs.
 - (a) Data is collected by the type of service delivered. These services are specified in Appendix 1 to Attachment 3.1-A, pages 31a to 31h, and Appendix 1 to Attachment 3.1-B, pages 31a to 31h, of the Texas Medicaid State Plan.
 - (b) A unit of service is defined as 15 continuous minutes for crisis intervention services, medication training and support, psychosocial rehabilitative services, and skills training and development, and 45-60 continuous minutes for Day programs for acute needs.
 - (c) Services are provided by staff who meet credentialing, competency, and/or training requirements promulgated by the single state agency or its designee, with the approval of the single state agency.
- The reimbursement for services effective September 1, 2010 through January 31, 2011 will be equal to the reimbursement on August 31, 2010, less one percent.
 - The reimbursement for services effective February 1, 2011 will be equal to the reimbursement on August 31, 2010, less two percent.
 - The agency's fee schedule was revised with new fees effective for services on or after February 1, 2011. The fee schedule will be posted by April 8, 2011.
 - All fee schedules are available through the agency's website as outlined on Attachment 4.19-B, Page 1.

TN 11-06 Approval Date 5-2-11 Effective Date 2-1-11

Supersedes TN 10-29

SUPERSEDES: TN- 10-29