

## **Table of Contents**

**State/Territory Name: TX**

**State Plan Amendment (SPA) : 22-0003**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

March 23, 2022

Ms. Stephanie Stephens  
State Medicaid/CHIP Director  
Health and Human Services Commission  
Mail Code: H100  
Post Office Box 13247  
Austin, Texas 78711

RE: Texas TN 22-0003

Dear Ms. Stephens:

We have reviewed the proposed Texas State Plan Amendment (SPA) to Attachment 4.19-B, TX#22-0003, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 02, 2022. The proposed amendment will adjust payment rates for the Primary Home Care (PHC) program to support the PHC base wage of \$8.11.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Monica Neiman at: [Monica.Neiman@cms.hhs.gov](mailto:Monica.Neiman@cms.hhs.gov).

Sincerely,

*Todd McMillion*

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL  
OF STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER  
**2 2 0 0 0 3**

2. STATE  
**T X**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) PRIMARY HOME CARE (PHC)

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**January 1, 2022**

5. FEDERAL STATUTE/REGULATION CITATION  
**42 CFR § 440.167  
Section 1905(a)(24) of the Social Security Act**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY **2022** \$ **418,597**  
b. FFY **2023** \$ **522,929**

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**Attachment 4.19-B Page 6c**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
**TN 19-0033**

9. SUBJECT OF AMENDMENT  
**The proposed amendment will adjust payment rates for the Primary Home Care (PHC) program to support the PHC base wage of \$8.11.**

10. GOVERNOR'S REVIEW (Check One)  
 GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  
 OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt.

11. SIGNATURE OF STATE AGENCY OFFICIAL  
Stephanie Stephens  
Digitally signed by Stephanie Stephens  
Date: 2022.03.02 11:43:34 -06'00'

12. TYPED NAME  
**Stephanie Stephens**

13. TITLE  
**State Medicaid Director**

14. DATE SUBMITTED  
**March 2, 2022**

15. RETURN TO  
**Stephanie Stephens  
State Medicaid Director  
Post Office Box 13247, MC: H-100  
Austin, Texas 78711**

**FOR CMS USE ONLY**

16. DATE RECEIVED  
March 2, 2022

17. DATE APPROVED  
March 23, 2022

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
January 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL  
*Todd McMillion*

20. TYPED NAME OF APPROVING OFFICIAL  
Todd McMillion

21. TITLE OF APPROVING OFFICIAL  
Director of Division of Reimbursement Review

22. REMARKS

**14. Reimbursement Methodology For Primary Home Care Services,  
continued**

- (D) Recommended payment rate for the service support cost area. The total units of service for each provider agency are summed until the median hour of service is reached. The corresponding projected expense is the weighted median cost component. The weighted median cost component is multiplied by 1.044 to calculate the recommended payment rate for the service support cost area.
- (3) Total recommended payment rate.
  - (A) For non-priority clients. The recommended payment rate is determined by summing the service support cost area described in IX(1)(A) and the attendant cost area from IX(1)(B).
  - (B) For Priority 1 clients. The recommended payment rate is determined by summing the service support cost area described in IX(1)(A) and the attendant cost area from IX(1)(C).
- (4) Increases to the attendant cost area. All rates are available through the agency's website as outlined in Attachment 4.19-B, Page 1.
  - (A) For services provided on or after September 1, 2019, the non-priority attendant cost area described in IX(1)(B) is equal to the rate in effect August 31, 2019, plus \$0.11. The priority attendant cost area described in IX(1)(C) is equal to the rate in effect August 31, 2019, plus \$0.09. These rates were posted on the agency's website on September 1, 2019.
  - (B) For services provided on or after January 1, 2022, the non-priority attendant cost area described in IX(1)(B) is equal to the rate in effect December 31, 2021, plus \$0.01. The priority attendant cost area described in IX(1)(C) is equal to the rate in effect December 31, 2021, plus \$0.01. These rates were posted on the agency's website on January 1, 2022.