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State Plan Amendment

SPA 19-0033 PHC Attendant Minimum Wage - Effective 09/01/2019

This file contains the following documents in order listed:

1. CMS Approval Letter
2. CMS Form 179
3. Superseding Page Listing (Attachment to Blocks 8 & 9 of CMS Form 179)
4. Approved SPA Page
Regional Operations Group

November 7, 2019

Our Reference: TX SPA 19-0033

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

Dear Ms. Muth:

We have reviewed the State’s proposed amendment to the Texas State Plan submitted under Transmittal Number 19-0033, dated September 30, 2019. This state plan amendment adjusts payment rates for the Primary Home Care (PHC) program in support of increasing the PHC attendant base wage to $8.11 per hour.

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with an effective date change of September 1, 2019. A copy of the CMS-179, and approved plan page are enclosed with this letter.

If you have any questions, please contact Ford Blunt of my staff. Mr. Blunt may be reached at (214) 767-6381 or by e-mail at Ford.Blunt@cms.hhs.gov.

Sincerely,

Bill Brooks
Director
Regional Operations Group
The proposed amendment will adjust payment rates for the Primary Home Care (PHC) program in support of increasing the PHC attendant base wage to $8.11 per hour.
<table>
<thead>
<tr>
<th>Number of the Plan Section or Attachment</th>
<th>Number of the Superseded Plan Section or Attachment</th>
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State: Texas
Date Received: 09-30-19
Date Approved: 11-07-19
Date Effective: 09-01-19
Transmittal Number: 19-0033
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, 2015, the non-priority attendant cost area described in IX(1)(B) is equal to the rate in effect August 31, 2015, plus $0.15, and the priority attendant cost area described in IX(1)(C) is equal to the rate in effect August 31, 2009, plus $0.80. These rates were posted on the agency’s website on September 1, 2015.

(B) 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, and 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.