



TEXAS HEALTH AND HUMAN SERVICES COMMISSION

ALBERT HAWKINS
EXECUTIVE COMMISSIONER

January 16, 2009

To: Residential Care Providers

Subject: Information Letter No. 09-12
Rule §355.509 Reimbursement Methodology for Residential Care

Effective January 25, 2009, the Health and Human Services Commission (HHSC) adopted an amendment to Title 1 of the Texas Administrative Code (TAC) §355.509 relating to Reimbursement Methodology for Residential Care. Complete details of the amendment were published in the October 24, 2008 (33 *TexReg* 8701) and January 16, 2009 (34 *TexReg* 336) issues of the *Texas Register*.

Archived issues of the Texas Register can be accessed through the following websites:

<http://texinfo.library.unt.edu/texasregister/2008.htm>
<http://texinfo.library.unt.edu/texasregister/2009.htm>

This rule establishes the reimbursement methodology for the Residential Care program and has been updated to add a condition under which a Residential Care provider may be excused from submitting a Texas Medicaid Cost Report. The adopted amendment revises §355.509(b)(3) to excuse a Residential Care provider from submitting a cost report if the provider's total number of Residential Care billable days of service is 366 or fewer in the provider's fiscal year.

If you have any questions about this letter or the amendments to 1 TAC §355.509, please contact Luis Morales, Rate Analyst at 512-491-1376 or luis.morales@hhsc.state.tx.us.

Sincerely,

[signature on file]

Pam McDonald, Director
Rate Analysis for Long term Care