



TEXAS HEALTH AND HUMAN SERVICES COMMISSION

ALBERT HAWKINS
EXECUTIVE COMMISSIONER

October 17, 2007

Dear Interested Party:

The Texas Health and Human Services Commission (HHSC) is soliciting nominations for the Pilot Project to Simplify, Streamline, and Reduce Costs Associated with Medicaid Cost Reporting and Auditing Process for Certain Providers Workgroup to be established by HHSC pursuant to House Bill (H.B.) 2540 from the 80th Legislature, Regular Session, 2007. **The application deadline is November 1, 2007 (please use the attached application form).**

H.B. 2540 requires that the workgroup include members who represent public and private providers of Intermediate Care Facility for Persons with Mental Retardation (ICF/MR) services and home and community-based services (HCS) waiver services; experienced cost report preparers who have received cost report training from HHSC; accounting firms licensed under Chapter 901, Occupations Code, who are familiar with the ICF/MR and HCS programs; HHSC staff; and other interested stakeholders as determined by the HHSC Executive Commissioner.

The workgroup will be responsible for: (1) developing and proposing cost reporting forms and processes, audit processes, and rules necessary to implement the pilot project; (2) developing a plan for monitoring the pilot project's implementation and recommendations for improving and expanding the pilot project to other Medicaid programs; (3) establishing an implementation date for the pilot; and (4) monitoring wage levels of direct care staff of providers to assess the value and need for minimum spending levels. As well, the workgroup will submit quarterly status reports to the Lieutenant Governor, the Speaker of the House of Representatives, the Senate Finance Committee, and the House Appropriations Committee.

Along with H.B. 2540's requirements, nominees should meet the following qualifications:

- If applicable, be in good standing with the Medicaid, CHIP and other HHS programs;
- Commit to full participation in activities including attendance at regularly scheduled meetings. It is estimated that the workgroup initially will meet at least monthly. The frequency of future meetings will be determined by the workgroup;
- Be familiar with business cost collection/classification or accounting principles;
- Be free from conflicts of interest; and
- Possess adequate technology (e-mail) to ensure timely communication with committee staff.

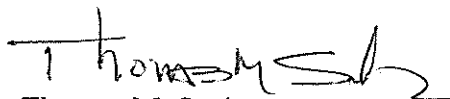
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HHSC's goal is to appoint workgroup members who represent the diversity of Texas ICF/MR and HCS providers, cost report preparers and accounting firms familiar with the ICF/MR and/or HCS programs. Members will be appointed for the lifespan of the workgroup.

We look forward to receiving your application and working with the workgroup to develop this pilot project. Please let me know if you have any questions or need additional information. I have asked Pam McDonald, Director of Rate Analysis for Long-Term Care, to be the lead staff on this matter. Please send applications to Ms. McDonald by November 1, 2007. Ms. McDonald can be reached at (512) 491-1373 or by e-mail at Pam.McDonald@hhsc.state.tx.us.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas M. Suehs". The signature is written in a cursive style with a long horizontal line extending to the left.

Thomas M. Suehs
Deputy Executive Commissioner for Financial Services

Attachment



Texas Health and Human Services Commission

APPLICATION FOR WORKGROUP APPOINTMENT

Please complete this application for consideration for the Pilot Project to Simplify, Streamline, and Reduce Costs Associated with Medicaid Cost Reporting and Auditing Process for Certain Providers Workgroup. If questions are not applicable, enter "NA." In addition, please submit a resume. Your eligibility will be determined from the information you submit in this application and your resume.

1. Name: _____
First *Middle* *Last*

2. Education: _____

3. Professional License, Registration or Certification, if applicable: _____

4. Provider Specialty, if applicable: _____

5. Please designate which of the following for which you are applying to represent on the committee: Public Provider of Intermediate Care Facility for Persons with Mental Retardation (ICF/MR) Services and/or Home and Community-based Services (HCS) Waiver Services; Private Provider of ICF/MR and/or HCS Services; Cost Report Preparer; Accounting Firm; Other. If "Other," describe your applicable expertise: _____

6. Describe your knowledge of, familiarity with, or understanding of: 1) the financial operations of ICF/MR and/or HCS providers; 2) Texas Medicaid Cost Reporting Requirements for ICF/MR and/or HCS cost reports; 3) federal requirements pertaining to Medicaid cost reporting; and 4) general accounting and financial reporting principles:

7. Why do you wish to serve in this capacity? _____

8. Personal and professional achievements (include activities which address contributions you could make to the workgroup):

9. Have you ever been disciplined by any licensing board/professional or civic organization, including the Office of Investigation and Enforcement for Medicaid/CHIP? Yes No If yes, please explain:

10. Have you ever been convicted of a felony or a misdemeanor (excluding traffic violations)? Yes No If yes, please explain:

10. Please list any potential conflicts of interest:

11. Home Address

12. Employment Address

Street or P.O. Box Apartment #

Name of Employer

City State Zip

Street or P.O. Box Suite #

() ()

City State Zip

Home # Fax #

() ()

Home e-mail

Business # Fax #

13. Please indicate where you would like to receive future communications:

Current Position Title

_____ Home _____ Employment

Work e-mail

I ATTEST THAT ALL INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND CORRECT.

Signature of Nominee Date

PLEASE RETURN THIS FORM TO:

Texas Health and Human Services Commission
P.O. Box 85200, Mail Code H-400
Austin, Texas 78708-5200
Attn. Pam McDonald, Rate Analysis for Long-Term Care