

## Table of Contents

State/Territory Name: Texas

State Plan Amendment (SPA) #: 16-0009

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Superseding Page Listing
- 4) Approved Page(s)

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Dallas Regional Office  
1301 Young Street, Suite 833  
Dallas, Texas 75202



**DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI**

---

June 6, 2016

Our Reference: SPA TX 16-0009

Mr. Gary Jessee  
State Medicaid/CHIP Director  
Health and Human Services Commission  
Post Office Box 13247  
Mail Code H100  
Austin, Texas 78711

Dear Mr. Jessee:

We have reviewed the State's proposed amendment to the Texas State Plan submitted under Transmittal Number 16-0009, dated March 31, 2016. This state plan amendment updates the Medicaid fee schedules for family planning services.

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with an effective date of January 1, 2016. A copy of the CMS-179 and approved plan page are enclosed with this letter.



If you have any questions please contact Suzette Seng of my staff. Ms. Seng may be reached at (214) 767-6478 or by Email at [Suzette.Seng@cms.hhs.gov](mailto:Suzette.Seng@cms.hhs.gov).

Sincerely,

A black rectangular box redacting the signature of Bill Brooks.

Bill Brooks  
Associate Regional Administrator

cc: Dana Williamson, Manager, Policy Development Support

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER:  <div style="text-align: center; font-weight: bold;">16-0009</div>	2. STATE:  <div style="text-align: center; font-weight: bold;">TEXAS</div>
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE:  <div style="text-align: center; font-weight: bold;">January 1, 2016</div>		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:  <b>42 U.S.C. §1396a(a)(30) and 1396d(a)(4)(C); 42 CFR §447.201(b) and §440.210(a).</b>		7. FEDERAL BUDGET IMPACT: <b>SEE ATTACHMENT</b> a. FFY 2016 <b>\$1,224,902</b> b. FFY 2017 <b>\$1,705,380</b> c. FFY 2018 <b>\$1,780,088</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>SEE ATTACHMENT TO BLOCKS 8 &amp; 9</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b>SEE ATTACHMENT TO BLOCKS 8 &amp; 9</b>	
10. SUBJECT OF AMENDMENT:  <b>The proposed amendment updates the Medicaid family planning fee schedule.</b>			
11. GOVERNOR'S REVIEW (Check One):  <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt. <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY: 		16. RETURN TO:  <b>Gary Jessee State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711</b>	
13. TYPED NAME: <b>Gary Jessee</b>		14. TITLE: <b>State Medicaid Director</b>	
15. DATE SUBMITTED: <b>March 31, 2016</b>			
17. DATE RECEIVED:      March 31, 2016			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
18. DATE APPROVED:      June 06, 2016		19. EFFECTIVE DATE OF APPROVED MATERIAL: <div style="text-align: center;">January 01, 2016</div>	
20. SIGNATURE OF REGIONAL ADMINISTRATOR: 		21. TYPED NAME: <div style="text-align: center;">Bill Brooks</div>	
22. TITLE:      Associate Regional Administrator Division of Medicaid and Children's Health		23. REMARKS:	

**Attachment to Blocks 8 & 9 of CMS Form 179**

**Transmittal Number 16-0009**

**Number of the  
Plan Section or Attachment**

Attachment 4.19-B  
Page 2f

**Number of the Superseded  
Plan Section or Attachment**

Attachment 4.19-B  
Page 2f (TN 14-049)

State: Texas  
Date Received: 3-31-16  
Date Approved: 6-6-16  
Date Effective: 1-1-16  
Transmittal Number: 16-0009

**7. Reimbursement Methodology for Family Planning Services.**

- (a) Payment for Family Planning services is made in accordance with the provisions contained in items 1 (Physicians and Certain Other Practitioners), 3 (Clinical Labs), 35 (Certified Family and Pediatric Nurse Practitioners), and 41 (Certified Registered Nurse Anesthetists and Advanced Nurse Practitioners) depending on the service provided and the provider type. For other agencies which are physician-directed and are approved to provide family planning services under this state plan, the upper payment limits will not be in excess of a fee schedule, as approved by the Single State Agency, for each of the professional services authorized as benefits.
- (b) All fee schedules are available through the agency's website as outlined on Attachment 4.19-B, page 1.
- (c) The agency's fee schedule was revised with new fees for family planning providers effective January 1, 2016. The fee schedule was posted on the agency website on January 15, 2016.

State: Texas
Date Received: 3-31-16
Date Approved: 6-6-16
Date Effective: 1-1-16
Transmittal Number: 16-0009