## **Table of Contents**

**State/Territory Name: Texas** 

State Plan Amendment (SPA): 24-0016

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 230 South Dearborn Chicago, Illinois 60604



## **Financial Management Group**

May 8, 2024

Director: Emely Zalkovsky State Medicaid/CHIP Director Health and Human Services Commission Mail Code: H100 Post Office Box 13247 Austin, Texas 78711

RE: TN 24-0016

Dear Director: Emely Zalkovsky:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Texas state plan amendment (SPA) to Attachment 4.19-B TX-24-0016, which was submitted to CMS on May 3, 2024. This plan amendment updates the family planning services fee schedules.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of April 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Monica Neiman at 214-767-4456 or via email at Monica.Neiman@cms.hhs.gov.

Sincerely,

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES  TO: CENTER DIRECTOR |   |
|--|---|
| CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES   | April 1, 2024   |
| 5. FEDERAL STATUTE/REGULATION CITATION   | 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 2024 \$ \$2.752                                   |
| Social Security Act §§1902(a)(30) & 1905(a)(4)(C); 42 CFR §447.201(b).   | a FFY 2024 \$ \$2,752<br>b. FFY 2025 \$ \$5,445   |
| 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT   | 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)                                 |
| Attachment 4.19-B<br>Page 2f   | Attachment 4.19-B<br>Page 2f (TN 23-0011)   |
| 9. SUBJECT OF AMENDMENT  |   |
| The proposed amendment updates the family planning services fee schedule.  |   |
| 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   | 15. RETURN TO   |
|  | Emily Zalkovala   |
| 12. TYPED NAME Emily Zalkovsky   | Emily Zalkovsky<br>State Medicaid Director<br>Post Office Box 13247, MC: H-100                              |
| 13. TITLE State Medicaid Director  | Austin, Texas 78711   |
| 14. DATE SUBM <b>I</b> TTED  |   |
| May 3, 2024  |   |
| FOR CMS USE ONLY  16. DATE RECEIVED  17. DATE APPROVED   |   |
| May 3, 2024  | May 8, 2024   |
| PLAN APPROVED - ONE COPY ATTACHED  |   |
| 18. EFFECTIVE DATE OF APPROVED MATERIAL  April 1, 2024   | 19. SIGNATURE OF APPROVING OFFICIAL   |
| 20. TYPED NAME OF APPROVING OFFICIAL   | 21. TITLE OF APPROVING OFFICIAL   |
| Todd McMillion   | Director, Division of Reimbursement Review  |
| 22. REMARKS  |   |
|  |   |

## 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 in Attachment 4.19-B, page 1.
- (c) The agency's fee schedule was revised with new fees for family planning providers effective April 1, 2024. The fee schedule will be posted on the agency website on April 15, 2024.

TN: <u>24-0016</u> Approval Date: <u>May 8, 2024</u>

Supersedes TN: <u>23-0011</u> Effective Date: <u>April 1, 2024</u>