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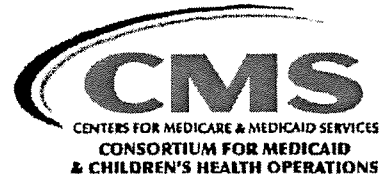
### **State Plan Amendment**

#### **SPA 18-0006 Family Planning Fees - Effective 01/01/2018**

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

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**

April 19, 2018

Our Reference: TX SPA 18-0006

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

**RECEIVED**

APR 19 2018

**OFFICE OF THE STATE  
MEDICAID DIRECTOR**

Dear Ms. Muth:

We have reviewed the State's proposed amendment to your Medicaid State Plan submitted under Transmittal Number (TN) 18-0006, dated March 27, 2018. This amendment updates the family planning services fee schedule.

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, 2018, as requested. A copy of the CMS-179 form as well as the approved plan pages are included 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](mailto:Ford.Blunt@cms.hhs.gov).

Sincerely,

A black rectangular redaction box covering 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: <b>18-0006</b>	2. STATE: <b>TEXAS</b>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: <b>January 1, 2018</b>	
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>Social Security Act §1902(a)(30); 42 C.F.R. § 447.201(b).</b>	7. FEDERAL BUDGET IMPACT: <b>SEE ATTACHMENT</b> a. FFY 2018 <b>\$494,802</b> b. FFY 2019 <b>\$673,223</b> c. FFY 2020 <b>\$683,995</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 family planning services 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 OFFICIAL: 	16. RETURN TO: <b>Stephanie Muth State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711</b>	
13. TYPED NAME: <b>Stephanie Muth</b>		
14. TITLE: <b>State Medicaid Director</b>		
15. DATE SUBMITTED: <b>March 27, 2018</b>		
<b>FOR REGIONAL OFFICE USE ONLY</b>		
17. DATE RECEIVED: <b>March 27, 2018</b>	18. DATE APPROVED: <b>April 19, 2018</b>	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>		
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>January 1, 2018</b>	20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>Bill Brooks</b>	22. TITLE: <b>Associate Regional Administrator Division of Medicaid and Children's Health</b>	
23. REMARKS:		

**RECEIVED**

APR 19 2018

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

**Transmittal Number 18-0006**

**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 17-0007)

State: Texas  
Date Received: 03-27-18  
Date Approved: 04-19-18  
Date Effective: 01-01-18  
Transmittal Number: 18-0006

**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, 2018. The fee schedule was posted on the agency website on January 15, 2018.

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TN: 18-0006 Approval Date: 04-19-18  
Supersedes TN: 17-0007 Effective Date: 01-01-18

State: Texas  
Date Received: 03-27-18  
Date Approved: 04-19-18  
Date Effective: 01-01-18  
Transmittal Number: 18-0006