

## **Table of Contents**

**State/Territory Name: Texas**

**State Plan Amendment (SPA) : 23-0011**

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  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

June 14, 2023

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

RE: Texas TN 23-0011

Dear Director: Stephanie Stephens,

We have reviewed the proposed Texas State Plan Amendment (SPA) to Attachment 4.19-B, TX#23-0011, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on May 30, 2023. The proposed amendment updates the family planning services fee schedule.

Based upon the information provided by the State, we have approved the amendment with an effective date of April 1, 2023. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Monica Neiman at: [Monica.Neiman@cms.hhs.gov](mailto:Monica.Neiman@cms.hhs.gov).

Sincerely,

*Todd McMillion*

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <b>2 3 0 0 1 1</b>	2. STATE <b>T X</b>
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3. PROGRAM IDENTIFICATION: TITLE **XIX** OF THE SOCIAL SECURITY ACT

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**April 1, 2023**

5. FEDERAL STATUTE/REGULATION CITATION  
**Social Security Act §1902(a)(30); 42 CFR §447.201(b),  
,1905(a)(4)(C)**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY **2023** \$ **\$6,197**  
b. FFY **2024** \$ **\$10,897**

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
  
**Attachment 4.19-B  
Page 2f**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
  
**Attachment 4.19-B  
Page 2f (TN 22-0019)**

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  
**Stephanie Stephens** Digitally signed by Stephanie Stephens  
Date: 2023.05.30 10:17:50 -05'00'

12. TYPED NAME  
**Stephanie Stephens**

13. TITLE  
**State Medicaid Director**

14. DATE SUBMITTED  
~~May 31, 2023~~ **May 30, 2023**

15. RETURN TO  
**Stephanie Stephens  
State Medicaid Director  
Post Office Box 13247, MC: H-100  
Austin, Texas 78711**

**FOR CMS USE ONLY**

16. DATE RECEIVED <b>May 30, 2023</b>	17. DATE APPROVED <b>June 14, 2023</b>
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
**April 1, 2023**

20. TYPED NAME OF APPROVING OFFICIAL  
**Todd McMillion**

19. SIGNATURE OF APPROVING OFFICIAL  
*Todd McMillion*

21. TITLE OF APPROVING OFFICIAL  
**Director, Division of Reimbursement Review.**

22. REMARKS  
**Pen and Ink change approved by the state and processed by CMS on the following field of 179 Form:  
Box 5: To include: 1905(a)(4)(C)  
Box 14: Correct Submission Date: May 30, 2023.**

**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, 2023. The fee schedule was posted on the agency website on April 15, 2023.

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TN: 23-0011 Approval Date: June 14, 2023

Supersedes TN: 22-0019 Effective Date: 04/01/2023