

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF                  STATE PLAN MATERIAL                  FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER: <b>08-033</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>October 1, 2008</b>	
5. TYPE OF PLAN MATERIAL ( <i>Circle One</i> ): <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 ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION: <b>Title XIX, Section 1905 (a)(xiii)(4)(C), Social Security Act, as amended 42 USC §1396d(a)(xiii)(4)(C)</b>		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2009 <b>\$451,117</b> b. FFY 2010 <b>\$489,913</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>SEE ATTACHMENT TO BLOCKS 8 AND 9</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ): <b>SEE ATTACHMENT TO BLOCKS 8 AND 9</b>	
10. SUBJECT OF AMENDMENT: <b>The proposed amendment updates the fee schedules for Family Planning services.</b>			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt. <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>[Signature]</i>		16. RETURN TO: <b>Chris Traylor State Medicaid Director Post Office Box 85200 Austin, Texas 78708</b>	
13. TYPED NAME: <b>Chris Traylor</b>			
14. TITLE: <b>State Medicaid Director</b>			
15. DATE SUBMITTED: <b>November 10, 2008</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>10 November, 2008</b>		18. DATE APPROVED: <b>11 September, 2009</b>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>1 October, 2008</b>		20. SIGNATURE OF REGIONAL OFFICIAL: <i>[Signature]</i>	
21. TYPED NAME: <b>Bill Brooks</b>		22. TITLE: <b>Associate Regional Administrator Div of Medicaid &amp; Children's Health</b>	
23. REMARKS:			

7. Reimbursement Methodology for Family Planning Services.

- (a) Payment for Family Planning services are 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. Family Planning Clinics 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 services effective for services on or after October 1, 2008. The updated fee schedule was posted on October 7, 2008.

STATE	Texas
DATE RECD	11-10-08
DATE APVD	9-11-09
DATE EFF	10-1-08
HOTA 179	08-33

Supersedes TN No. 08-22

TN No. 08-33

Approval Date 9-11-09

Effective Date 10-1-08

Supersedes TN No. 08-22

**Attachment 8 & 9 of CMS Form 179  
Transmittal No. 08-033, Amendment No. 837**

**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 08-022)