

28. a. Transportation (continued).

- ☒ Non-emergency transportation is provided through a brokerage program as an optional medical service in accordance with 1902(a)(70) of the Social Security Act and 42 CFR 440.170(a)(4).

The broker program will operate in the following counties:

Collin, Dallas, Denton, Ellis, Erath, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise.

The State assures it has established a non-emergency medical transportation program in accordance with 1902(a)(70) of the Social Security Act in order to more cost-effectively provide transportation, and can document, upon request from CMS, that the transportation broker was procured in compliance with the requirements of 45 CFR 92.36(b)-(i).

- (1) The State will operate the broker program without the requirements of the following paragraphs of section 1902(a).

- ☒ (1) state-wideness (indicate areas of State that are covered)  
☒ (10)(B) comparability (indicate participating beneficiary groups)  
☒ (23) freedom of choice (indicate mandatory population groups)

- (2) Transportation services provided will include:

- ☒ wheelchair  
☒ taxi  
☐ stretcher car  
☐ bus passes  
☐ tickets  
☒ secured transportation  
☒ other transportation: demand response transport

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**28. Any other medical care (continued)**

**a. Transportation (continued)**

- ☒ Non-emergency transportation is provided through a brokerage program as an optional medical service in accordance with 1902(a)(70) of the Social Security Act and 42 CFR 440.170(a)(4).

The broker program will operate in the designated service delivery area (SDA) which includes Austin, Brazoria, Chambers, Fort Bend, Galveston, Hardin, Harris, Jasper, Jefferson, Liberty, Matagorda, Montgomery, Newton, Orange, Polk, San Jacinto, Tyler, Walker, Waller, and Wharton counties.

The State assures it has established a non-emergency medical transportation program in accordance with 1902(a)(70) of the Social Security Act in order to more cost-effectively provide transportation, and can document, upon request from CMS, that the transportation broker was procured in compliance with the requirements of 45 CFR 92.36(b)-(i).

- (1) The State will operate the broker program without the requirements of the following paragraphs of section 1902(a).

- ☒ (1) state-wideness (indicate areas of state that are covered)  
☒ (10)(B) comparability (indicate participating beneficiary groups)  
☒ (23) freedom of choice (indicate mandatory population groups)

- (2) Transportation services provided will include:

- ☒ wheelchair  
☒ taxi  
☒ stretcher car  
☒ bus passes  
☒ tickets  
☒ secured transportation  
☒ other transportation: demand response transport, attendant, client financial services, lodging, meals, individual contractor, and call center operations

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28. a. Transportation (continued).

(3) The State assures that transportation services will provided under a contract with a broker who:

- (i) is selected through a competitive bidding process based on the State's evaluation for the broker's experience, performance, references, resources, qualifications, and costs:
- (ii) has oversight procedures to monitor beneficiary access and complaints and ensures that transportation is timely and transport personnel are licensed, competent and courteous:
- (iii) is subject to regular auditing and oversight by the State in order to ensure the quality and timeliness of the transportation services provided and the adequacy of beneficiary access to medical care and services:
- (iv) complies with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish (based on prohibitions on physician referrals under Section 1877 and such other prohibitions and requirements as the Secretary determines to be appropriate.)

(4) The broker contract will provide transportation to the following categorically needy populations:

- ☒ Low-income families with children (section 1931)
- ☒ Deemed AFDC - related eligibles
- ☒ Poverty-level related pregnant women
- ☒ Poverty-level infants
- ☒ Poverty-level children 1 through 5
- ☒ Poverty-level children 6 – 18
- ☒ Qualified pregnant women AFDC – related
- ☒ Qualified children AFDC – related
- ☒ IV-E foster care and adoption assistance children
- ☒ TMA recipients (due to employment) (section 1925)
- ☒ TMA recipients (due to child support)
- ☒ SSI recipients

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28. a. Transportation (continued).

(5) The broker contract will provide transportation to the following categorically needy optional populations:

- ☒ Optional poverty-level – related pregnant women
- ☒ Optional poverty-level – related infants
- ☒ Optional targeted low income children
- ☒ Non IV-E children who are under State adoption assistance agreements
- ☒ Non IV-E independent foster care adolescents who were in foster care on their 18<sup>th</sup> birthday
- ☒ Individuals who meet income and resource requirements of AFDC or SSI
- ☒ Individuals who would meet the income & resource requirements of AFDC if child care costs were paid from earnings rather than by a State agency
- ☒ Individuals who would be eligible for AFDC if State plan had been as broad as allowed Federal law
- ☒ Children aged 15-20 who meet AFDC income and resource requirements
- ☒ Individual who would be eligible for AFDC or SSI if they were not in a medical institution
- ☐ Individuals infected with TB
- ☒ Individuals screened for breast or cervical cancer by CDC program
- ☒ Individual receiving COBRA continuation benefits
- ☒ Individual in special income level group, in a medical institution for at least 30 consecutive days, with gross income not exceeding 300% of SSI income standard
- ☒ Individuals receiving home and community based waiver services who would only be eligible under State plan if in a medical institution (covers only NEMT to standard Medicaid health care services allowable under State plan)
- ☒ Individuals terminally ill if in a medical institution and will receive hospice care
- ☒ Individuals aged or disabled with income not above 100% FPL
- ☒ Individuals working disabled who buy into Medicaid (BBA working disabled group)
- ☒ Employed medically improved individuals who buy into Medicaid under TWWIA Medical Improvement Group
- ☒ Individuals disabled age 18 or younger who would require an institutional level of care (TEFRA 134 kids).

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28. Any other medical care (continued)

a. Transportation (continued)

(6) Payment Methodology:

(A) The State will pay the contracted broker by the following method:

- ☒ (i) risk capitation  
☐ (ii) non-risk capitation  
☒ (iii) other

The full-risk broker is reimbursed a monthly capitated rate for each eligible client residing in their service delivery area. The rate includes operating costs coupled with factors that include historical rates in geographical area, approximate distance between travel points, service operation requirements, beneficiary transportation needs, and quality of service cost for providing the service to the Medicaid beneficiary and their attendant.

A Medicaid eligible individual residing outside of the full-risk broker's SDA may be required to travel into the broker's designated area to receive services. In these cases, the State reimburses the full-risk broker for demand response services using the fee-for-service methodology.

(B) Who will pay the transportation provider?

- ☒ (i) Broker  
☐ (ii) State  
☐ (iii) other

(C) What is the source of the non-Federal share of the transportation payments?

The source of the non-federal share of the transportation payment is the State's general revenue fund.

(D) The State assures that no agreement (contractual or otherwise) exists between the State or any form of local government and the transportation broker to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly). This assurance is not intended to interfere with the ability of a transportation broker to contract for transportation services at a lesser rate and credit any savings to the program.

(E) The State assures that payments proposed under this state plan amendment will be made directly to transportation providers, that the transportation provider payments are fully retained by the transportation providers, that no agreement (contractual or otherwise) exists between the State or local government, and that the transportation provider to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly).

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**28. Any other medical care (continued)**

**a. Transportation (continued)**

(7) The broker is a non-governmental entity:

- ☒ The broker is not itself a provider of transportation nor does it refer to or subcontract with any entity with which it has a prohibited financial relationship as described at 45 CFR 440.170(4)(ii).
- ☐ The broker is itself a provider of transportation or subcontracts with or refers to an entity with which it has a prohibited financial relationship and:
- (i) ☐ transportation is provided in a rural area as defined at 412.62(f) and there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker
  - (ii) ☐ transportation is so specialized that there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker
  - (iii) ☐ the availability of other non-governmental Medicaid participating providers or other providers determined by the State to be qualified is insufficient to meet the need for transportation.

(8) The broker is a governmental entity and provides transportation itself or refers to or subcontracts with another governmental entity for transportation. The governmental broker will:

- ☐ Maintain an accounting system such that all funds allocated to the Medicaid brokerage program and all costs charged to the Medicaid brokerage will be completely separate from any other program.
- ☐ Document that with respect to each individual beneficiary's specific transportation needs, the government provider is the most appropriate and lowest cost alternative.
- ☐ Document that the Medicaid program is paying no more for fixed route public transportation than the rate charged to the general public and no more for public paratransit services than the rate charged to other State human services agencies for the same service.

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**28. Any other medical care (continued)**

**a. Transportation (continued)**

(9) Please describe how the NEMT brokerage program operates:

The full-risk broker is responsible for directly implementing and managing the NEMT services in specific service delivery areas using a network of providers contracted or enlisted by the broker. The broker serves as the single point of contact for authorizing services, determining the most cost effective mode of transportation that meets the beneficiary's needs, scheduling, dispatching, setting costs, and trip reporting. The broker must ensure services are provided to eligible clients requiring transportation according to the specifications contained in their contract. The full-risk broker is responsible for fulfilling the terms of the transportation contract, which include the following:

- Operating transportation service centers (call centers);
- Assessing, documenting and verifying service needs;
- Recruiting and contracting directly with providers;
- Reimbursing providers directly;
- Overseeing quality assurance to monitor beneficiary access and complaints;
- Ensuring that providers have the necessary experience, performance, references, resources, and qualifications;
- Conducting criminal background checks;
- Ensuring providers employ personnel that are: licensed, as required by state, federal, or local ordinance and are competent and courteous;
- Reserving and assigning trips to providers based on the beneficiaries' needs;
- Reconciling provider billing records against state records;
- Resolving claim and service delivery issues with providers on a timely basis;
- Submitting claims to the State;
- Payment administration;
- Administrative oversight and reporting;
- Monitoring providers to ensure that all contractual requirements are met;
- Sanctioning providers, as deemed necessary to correct deficiencies; and
- Terminating a provider's enrollment when deemed in the best interest of the State.

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28. a. Transportation (continued).

- ☒ Non-emergency transportation is provided through a brokerage program as an optional medical service in accordance with 1902(a)(70) of the Social Security Act and 42 CFR 440.170(a)(4).

The broker program will operate in the following counties:

Collin, Dallas, Denton, Ellis, Erath, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise.

The State assures it has established a non-emergency medical transportation program in accordance with 1902(a)(70) of the Social Security Act in order to more cost-effectively provide transportation, and can document, upon request from CMS, that the transportation broker was procured in compliance with the requirements of 45 CFR 92.36(b)-(i).

- (1) The State will operate the broker program without the requirements of the following paragraphs of section 1902(a).

- ☒ (1) state-wideness (indicate areas of State that are covered)  
☒ (10)(B) comparability (indicate participating beneficiary groups)  
☒ (23) freedom of choice (indicate mandatory population groups)

- (2) Transportation services provided will include:

- ☒ wheelchair  
☒ taxi  
☐ stretcher car  
☐ bus passes  
☐ tickets  
☒ secured transportation  
☒ other transportation: demand response transport

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**28. Any other medical care (continued)**

**a. Transportation (continued)**

- ☒ Non-emergency transportation is provided through a brokerage program as an optional medical service in accordance with 1902(a)(70) of the Social Security Act and 42 CFR 440.170(a)(4).

The broker program will operate in the designated service delivery area (SDA) which includes Austin, Brazoria, Chambers, Fort Bend, Galveston, Hardin, Harris, Jasper, Jefferson, Liberty, Matagorda, Montgomery, Newton, Orange, Polk, San Jacinto, Tyler, Walker, Waller, and Wharton counties.

The State assures it has established a non-emergency medical transportation program in accordance with 1902(a)(70) of the Social Security Act in order to more cost-effectively provide transportation, and can document, upon request from CMS, that the transportation broker was procured in compliance with the requirements of 45 CFR 92.36(b)-(i).

- (1) The State will operate the broker program without the requirements of the following paragraphs of section 1902(a).

- ☒ (1) state-wideness (indicate areas of state that are covered)  
☒ (10)(B) comparability (indicate participating beneficiary groups)  
☒ (23) freedom of choice (indicate mandatory population groups)

- (2) Transportation services provided will include:

- ☒ wheelchair  
☒ taxi  
☒ stretcher car  
☒ bus passes  
☒ tickets  
☒ secured transportation  
☒ other transportation: demand response transport, attendant, client financial services, lodging, meals, individual contractor, and call center operations

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28. a. Transportation (continued).

- (3) The State assures that transportation services will be provided under a contract with a broker who:
- (i) is selected through a competitive bidding process based on the State's evaluation for the broker's experience, performance, references, resources, qualifications, and costs;
  - (ii) has oversight procedures to monitor beneficiary access and complaints and ensures that transportation is timely and transport personnel are licensed, competent and courteous;
  - (iii) is subject to regular auditing and oversight by the State in order to ensure the quality and timeliness of the transportation services provided and the adequacy of beneficiary access to medical care and services;
  - (iv) complies with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish (based on prohibitions on physician referrals under Section 1877 and such other prohibitions and requirements as the Secretary determines to be appropriate.)

- (4) The broker contract will provide transportation to the following categorically needy populations:

- ☒ Low-income families with children (section 1931)
- ☒ Deemed AFDC - related eligibles
- ☒ Poverty-level related pregnant women
- ☒ Poverty-level infants
- ☒ Poverty-level children 1 through 5
- ☒ Poverty-level children 6 - 18
- ☒ Qualified pregnant women AFDC - related
- ☒ Qualified children AFDC - related
- ☒ IV-E foster care and adoption assistance children
- ☒ TMA recipients (due to employment) (section 1925)
- ☒ TMA recipients (due to child support)
- ☒ SSI recipients

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28. a. Transportation (continued).

(5) The broker contract will provide transportation to the following categorically needy optional populations:

- ☒ Optional poverty-level – related pregnant women
- ☒ Optional poverty-level – related infants
- ☒ Optional targeted low income children
- ☒ Non IV-E children who are under State adoption assistance agreements
- ☒ Non IV-E independent foster care adolescents who were in foster care on their 18<sup>th</sup> birthday
- ☒ Individuals who meet income and resource requirements of AFDC or SSI
- ☒ Individuals who would meet the income & resource requirements of AFDC if child care costs were paid from earnings rather than by a State agency
- ☒ Individuals who would be eligible for AFDC if State plan had been as broad as allowed Federal law
- ☒ Children aged 15-20 who meet AFDC income and resource requirements
- ☒ Individual who would be eligible for AFDC or SSI if they were not in a medical institution
- ☐ Individuals infected with TB
- ☒ Individuals screened for breast or cervical cancer by CDC program
- ☒ Individual receiving COBRA continuation benefits
- ☒ Individual in special income level group, in a medical institution for at least 30 consecutive days, with gross income not exceeding 300% of SSI income standard
- ☒ Individuals receiving home and community based waiver services who would only be eligible under State plan if in a medical institution (covers only NEMT to standard Medicaid health care services allowable under State plan)
- ☒ Individuals terminally ill if in a medical institution and will receive hospice care
- ☒ Individuals aged or disabled with income not above 100% FPL
- ☒ Individuals working disabled who buy into Medicaid (BBA working disabled group)
- ☒ Employed medically improved individuals who buy into Medicaid under TWWIA Medical Improvement Group
- ☒ Individuals disabled age 18 or younger who would require an institutional level of care (TEFRA 134 kids).

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28. Any other medical care (continued)

a. Transportation (continued)

(6) Payment Methodology:

(A) The State will pay the contracted broker by the following method:

- ☒ (i) risk capitation  
☐ (ii) non-risk capitation  
☒ (iii) other

The full-risk broker is reimbursed a monthly capitated rate for each eligible client residing in their service delivery area. The rate includes operating costs coupled with factors that include historical rates in geographical area, approximate distance between travel points, service operation requirements, beneficiary transportation needs, and quality of service cost for providing the service to the Medicaid beneficiary and their attendant.

A Medicaid eligible individual residing outside of the full-risk broker's SDA may be required to travel into the broker's designated area to receive services. In these cases, the State reimburses the full-risk broker for demand response services using the fee-for-service methodology.

(B) Who will pay the transportation provider?

- ☒ (i) Broker  
☐ (ii) State  
☐ (iii) other

(C) What is the source of the non-Federal share of the transportation payments?

The source of the non-federal share of the transportation payment is the State's general revenue fund.

(D) The State assures that no agreement (contractual or otherwise) exists between the State or any form of local government and the transportation broker to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly). This assurance is not intended to interfere with the ability of a transportation broker to contract for transportation services at a lesser rate and credit any savings to the program.

(E) The State assures that payments proposed under this state plan amendment will be made directly to transportation providers, that the transportation provider payments are fully retained by the transportation providers, that no agreement (contractual or otherwise) exists between the State or local government, and that the transportation provider to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly).

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**28. Any other medical care (continued)**

**a. Transportation (continued)**

(7) The broker is a non-governmental entity:

- ☒ The broker is not itself a provider of transportation nor does it refer to or subcontract with any entity with which it has a prohibited financial relationship as described at 45 CFR 440.170(4)(ii).
- ☐ The broker is itself a provider of transportation or subcontracts with or refers to an entity with which it has a prohibited financial relationship and:
  - (i) ☐ transportation is provided in a rural area as defined at 412.62(f) and there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker
  - (ii) ☐ transportation is so specialized that there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker
  - (iii) ☐ the availability of other non-governmental Medicaid participating providers or other providers determined by the State to be qualified is insufficient to meet the need for transportation.

(8) The broker is a governmental entity and provides transportation itself or refers to or subcontracts with another governmental entity for transportation. The governmental broker will:

- ☐ Maintain an accounting system such that all funds allocated to the Medicaid brokerage program and all costs charged to the Medicaid brokerage will be completely separate from any other program.
- ☐ Document that with respect to each individual beneficiary's specific transportation needs, the government provider is the most appropriate and lowest cost alternative.
- ☐ Document that the Medicaid program is paying no more for fixed route public transportation than the rate charged to the general public and no more for public paratransit services than the rate charged to other State human services agencies for the same service.

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**28. Any other medical care (continued)**

**a. Transportation (continued)**

(9) Please describe how the NEMT brokerage program operates:

The full-risk broker is responsible for directly implementing and managing the NEMT services in specific service delivery areas using a network of providers contracted or enlisted by the broker. The broker serves as the single point of contact for authorizing services, determining the most cost effective mode of transportation that meets the beneficiary's needs, scheduling, dispatching, setting costs, and trip reporting. The broker must ensure services are provided to eligible clients requiring transportation according to the specifications contained in their contract. The full-risk broker is responsible for fulfilling the terms of the transportation contract, which include the following:

- Operating transportation service centers (call centers);
- Assessing, documenting and verifying service needs;
- Recruiting and contracting directly with providers;
- Reimbursing providers directly;
- Overseeing quality assurance to monitor beneficiary access and complaints;
- Ensuring that providers have the necessary experience, performance, references, resources, and qualifications;
- Conducting criminal background checks;
- Ensuring providers employ personnel that are: licensed, as required by state, federal, or local ordinance and are competent and courteous;
- Reserving and assigning trips to providers based on the beneficiaries' needs;
- Reconciling provider billing records against state records;
- Resolving claim and service delivery issues with providers on a timely basis;
- Submitting claims to the State;
- Payment administration;
- Administrative oversight and reporting;
- Monitoring providers to ensure that all contractual requirements are met;
- Sanctioning providers, as deemed necessary to correct deficiencies; and
- Terminating a provider's enrollment when deemed in the best interest of the State.

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**Medical Transportation Program, continued.**

**1. Nonemergency Transportation**

To ensure necessary transportation for recipients to and from visits with enrolled Medicaid providers, the single state agency uses several types of transportation and related services that comply with federal assurance of nonemergency medical transportation (NEMT) rules and regulations, are efficient and cost effective, and meet the transportation needs of the beneficiary. The single state agency makes payment for the most effective and efficient transportation that meets the need for the recipient and does not endanger the recipient's health.

Transportation in Texas is provided through three models. These models are the full risk broker, 1915(b) waiver, and the state plan brokerage model.

Full Risk Broker Model

In service delivery areas (SDAs), transportation and related services (e.g., mass transit, meals, lodging) are provided through a full risk broker that meets the requirements outlined in 42 CFR 440.170(a)(4). The full risk broker is paid a negotiated per-member per-month rate. The counties included in the full risk broker model are:

Austin, Brazoria, Chambers, Fort Bend, Galveston, Hardin, Harris, Jasper, Jefferson, Liberty, Matagorda, Montgomery, Newton, Orange, Polk, San Jacinto, Tyler, Walker, Waller, and Wharton counties.

State Plan Brokerage Model

In these transportation service areas (TSAs), demand response services are provided through a state plan approved broker. Demand response services are authorized by state staff and arranged and provided by the broker. The broker is paid a negotiated fee-for-service rate. All other transportation services (e.g., mass transit, meals, lodging) are authorized and arranged by state staff. These services are provided under the authority of the state plan.

The counties included in this model are:

Collin, Dallas, Denton, Ellis, Erath, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise.

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**Medical Transportation Program, continued.**

1915(b) Waiver Model

In these transportation service areas (TSAs), demand response services are provided through regional contracted brokers (also known as transportation service area providers (TSAPs)) through the authority of a 1915(b) waiver. Demand response services are authorized by state staff and arranged and provided by the regional contracted broker. The regional contracted broker is paid a negotiated fee-for-service rate. All other transportation services in the TSAs (e.g., mass transit, meals, lodging) are authorized and arranged by state staff. These services are provided under the authority of the State Plan.

The following is a listing of counties served under the 1915(b) waiver model:

Anderson, Andrews, Angelina, Aransas, Archer, Armstrong, Atascosa, Bailey, Bandera, Bastrop, Baylor, Bee, Bell, Bexar, Borden, Bosque, Bowie, Blanco, Brazos, Brewster, Briscoe, Brooks, Brown, Burleson, Burnet, Caldwell, Calhoun, Callahan, Cameron, Camp, Carson, Cass, Castro, Cherokee, Childress, Clay, Cochran, Coke, Collingsworth, Coleman, Colorado, Comal, Comanche, Concho, Cooke, Coryell, Cottle, Crane, Crockett, Crosby, Culberson, Dallam, Dawson, Deaf Smith, Delta, De Witt, Dickens, Dimmit, Donley, Duval, Eastland, Ector, Edwards, El Paso, Falls, Fannin, Fayette, Fisher, Foard, Floyd, Franklin, Freestone, Frio, Gaines, Garza, Gillespie, Glasscock, Goliad, Gonzales, Gray, Grayson, Gregg, Grimes, Guadalupe, Hardeman, Harrison, Hale, Hall, Hamilton, Hansford, Hartley, Haskell, Hays, Hemphill, Henderson, Hidalgo, Hill, Hockley, Hopkins, Houston, Howard, Hudspeth, Hutchinson, Irion, Jack, Jackson, Jeff Davis, Jim Hogg, Jim Wells, Jones, Karnes, Kenedy, Kent, Kendall, Kerr, Kimble, King, Kinney, Kleberg, Knox, Lamar, Lamb, Lampasas, La Salle, Lavaca, Lee, Leon, Limestone, Lipscomb, Live Oak, Llano, Loving, Lubbock, Lynn, Madison, Marion, Martin, Mason, Maverick, McCulloch, McLennan, McMullen, Medina, Menard, Midland, Milam, Mills, Mitchell, Montague, Moore, Morris, Motley, Ochiltree, Oldham, Nacogdoches, Nolan, Nueces, Panola, Parmer, Pecos, Potter, Presidio Rains, Randall, Reagan, Real, Red River, Reeves, Refugio, Roberts, Robertson, Runnels, Rusk, Sabine, San Augustine, San Patricio, San Saba, Schleicher, Scurry, Shackelford, Shelby, Sherman, Smith, Starr, Stephens, Sterling, Stonewall, Sutton, Swisher, Taylor, Terrell, Terry, Throckmorton, Titus, Tom Green, Travis, Trinity, Upshur, Upton, Uvalde, Val Verde, Van Zandt, Victoria, Ward, Washington, Webb, Wheeler, Wichita, Wilbarger, Willacy, Williamson, Wilson, Winkler, Wood, Yoakum Young, Zapata, and Zavala.

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**Medical Transportation Program, continued.**

**2. Administrative Services**

As an administrative activity, the following NEMT services are required to assure the availability of necessary transportation as outlined in the Medicaid regulations 42 CFR §431.53 and in addition to transportation provided as an optional Medicaid service. The following administrative NEMT services are provided by this state plan:

- a. Demand response contracted transportation. Transportation that involves using contractor dispatched vehicles in response to request for individual or shared one-way trips in those areas of the state that are not covered by a contract with a full risk broker in accordance with 1902(a)(70) of the Social Security Act and 42 CFR 440.170(a)(4). Regional contracted brokers must comply with applicable federal and state rules and regulations (including this state plan) and fulfill all the terms of the transportation contract. In Texas, demand response services are provided through the 1915(b) waiver and the full risk brokers.
- b. Client financial services. Transportation-related services authorized by the single state agency and provided in advance of travel and disbursed to the eligible recipient, responsible party, or Individual Transportation Provider (ITP) for the purpose of funding transportation or transportation-related services (e.g., gasoline, meals and or lodging). The State's claim for federal financial participation in these expenditures will not be made until after the recipient has received the medical care for which the expenditures were necessary.
- c. Individual contracted self-transportation. Transportation services involving the Medicaid beneficiary or parent of a Medicaid beneficiary who is enrolled as an ITP and drives independently to a covered Medicaid service. The ITP has an approved agreement with the single state agency to receive mileage reimbursement at the state-established rate provided the ITP meets the terms of the agreement. The ITP is required to submit documents substantiating conformance to legal requirements, such as vehicle registration, vehicle insurance coverage and a valid driver's license.

**3. Population Served**

The single state agency provides transportation services to the categorically needy and medically needy optional populations as identified in Appendix 1 to Attachment 3.1-A/B.

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**Medical Transportation Program, continued.**

**4. Single State Agency Responsibilities**

The single state agency is responsible for determining eligibility, benefit coverage, and authorizations and approval of nonemergency transportation services for eligible recipients. The single state agency is responsible for ensuring that the recipient is eligible for Medicaid and has no other means of transportation. The single agency ensures the following:

- a. Transportation services are provided only by contracted or enrolled Medicaid transportation providers.
- b. Transportation services are provided only in conjunction to a covered Medicaid service that has been determined medically necessary.
- c. Medicaid is the payor of last resort, with certain exceptions allowed by federal regulations or law.
- d. Medicaid recipient is informed about rights and responsibilities.
- e. Eligible recipients receive the most appropriate mode of transportation.

To be a covered benefit for which providers can be reimbursed, the single state agency must ensure that that transportation provided is appropriate to each recipient's particular combination of physical limitations, geographic locations, and available source of care.

In the areas outside the full risk broker SDA, the single state agency must authorize all nonemergency medical transportation before services are provided in order for the provider to be considered for reimbursement. Add-on trips, which include but are not limited to trips to the pharmacy, laboratory, are generally prescribed by the recipient's health care provider and immediately follow an authorized health care appointment. The single state agency approves these add-on trips through a post-certification review.

Exceptions to the transportation provisions contained in this plan may be authorized by the Health and Human Services Commission or its designee when, in the opinion of the Commission, circumstances of medical necessity warrant such exceptions.

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**Medical Transportation Program, continued.**

**5. Procurement and Purchase of Services**

The single state agency must competitively bid transportation and transportation-related contracts according to state and federal law for NEMT. All transportation service providers are selected based on an assessment that includes, experience, references, qualifications and credentials, resources, and costs. Additionally, the transportation service providers must ensure that transport personnel are licensed, qualified, competent, and courteous. Transportation service providers must have oversight procedures in place to monitor beneficiary access and complaints.

The claim for FFP will not be made until an eligible recipient uses the service to obtain transportation for a necessary medical service.

The single state agency purchases tickets from intracity and intercity mass transit providers (e.g., bus, rail, air) with state funds as an administratively efficient way to assure the availability of NEMT service by participating mass transit provider for eligible recipients whose medical conditions allow. The claim for FFP will not be made until an eligible recipient uses the ticket to obtain transportation for a necessary medical service.

**6. Program Limitations**

Transportation and related services are limited to trips for Medicaid beneficiaries and their approved attendants to and from Medicaid-covered services.

Transportation for full-benefit dual eligible beneficiaries to obtain prescription medications covered under the Medicare Part D benefit will be provided at the same level and under the same restrictions as is offered to all Medicaid beneficiaries.

**7. Non-covered Services**

Transportation to and from services that are not medically necessary or that are not provided in compliance with Texas Medicaid Program policy and procedures.

Transportation by ambulance or nonemergency ambulance, except as described in the relevant section of the state plan.

Transportation from one medical or institutional facility to another.

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## 12. Medical Transportation

**Full risk broker services** – Authorized nonemergency medical transportation services furnished to eligible recipients in each service delivery area as defined in this state plan are reimbursed according to a monthly risk capitation rate for each eligible client in its service delivery area.

**State-authorized transportation services** – All state-authorized transportation services are reimbursed on a fee-for-service basis. These transportation services include client financial services, mileage, meals, lodging, and mass transit. In cases where a client resides in a non-full risk broker service delivery area but must travel to a full risk broker area for health care services, the state arranges for transportation to the full risk broker area and, when applicable, arranges for meals and lodging while the client is in the full risk broker area. The full risk broker arranges demand response transportation for the individual to and from the health care service during the stay. In these instances, the full risk broker is paid for demand response transportation on a fee-for-service basis.

The table below outlines the payment policies for each transportation service. The fee schedule is effective for services provided on or after March 15, 2012.

Service	Policy
Contractor demand response – Regional Contracted Broker (TSAP)	Rates are negotiated as a part of the contract and cannot exceed prevailing charges in the locality for comparable services under comparable circumstances.
Contractor demand response – Full risk broker at FFS rate	Per mile rates are negotiated as a part of a contract and cannot exceed prevailing charges in the locality for comparable services under comparable circumstances.
Air	HHSC pays general public airfare (non-refundable) plus a flat transaction fee of \$12.99.
Commercial & public fixed route transportation	HHSC pays the public fare price.
Individual Transportation Provider-Other	ITPs are paid \$0.50 per mile.
Individual Transportation Provider-Self	ITPs are paid \$0.50 per mile.
Lodging	Rates are negotiated under HHSC contract. If contracted lodging is not available, HHSC negotiates the government rate when possible. The rate cannot exceed prevailing charges in the locality for comparable services under comparable circumstances.
Contracted Meals	HHSC contracts with hospitals and local restaurants to provide vouchers for meals. In cases where no contract is available, the client will be reimbursed up to \$25/day.
Client Financial Services	The rates are inclusive of mileage, hotels, meals, etc., and are determined as listed above.

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