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State/Territory Name: Texas

State Plan Amendment (SPA) #: 21-0049

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

February 3, 2022

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

Re: TX SPA 21-0049

Dear Ms. Stephens:

We have reviewed the proposed Texas State Plan Amendment (SPA) TX 21-0049, which was submitted to the Centers for Medicare and Medicaid Services (CMS) on December 30, 2021. The purpose of the amendment is to attest that certain specific minimum requirements are met by drivers and providers of non-emergency medical transportation services.

Based upon the information provided by the State, we have approved the amendment with an effective date of December 1, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional or need further assistance, please contact Ford Blunt of my staff at (214) 767-6381 or by email at Ford.Blunt@cms.hhs.gov.

Sincerely,

A black rectangular box redacting the signature of James G. Scott.

Digitally signed by
James G. Scott -S
Date: 2022.02.03
16:02:04 -06'00'

James G. Scott
Division of Program Operations

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

1. TRANSMITTAL NUMBER

2 1 0 0 4 9

2. STATE

T X

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
December 01, 2021

5. FEDERAL STATUTE/REGULATION CITATION
Title XIX of the SSA, §1902(a)(87)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2021 \$ 0
b. FFY 2022 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
SEE ATTACHMENT TO BLOCKS 8 & 9

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
SEE ATTACHMENT TO BLOCKS 8 & 9

9. SUBJECT OF AMENDMENT

The purpose of the amendment is to attest that certain specific minimum requirements are met by drivers and providers of nonemergency medical transportation services.

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: 2021.12.30
11:45:26 -06'00'

15. RETURN TO

**State Medicaid Director
Post Office Box 13247, MC: H-100
Austin, Texas 78711**

12. TYPED NAME

Stephanie Stephens

13. TITLE

State Medicaid Director

14. DATE SUBMITTED

December 30, 2021

FOR CMS USE ONLY

16. DATE RECEIVED

December 30, 2021

17. DATE APPROVED

February 3, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

December 1, 2021

19. SIGNATURE OF APPROVING OFFICIAL

Digitally signed by James G. Scott -S
Date: 2022.02.03 16:03:14 -06'00'

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

Attachment to Blocks 8 & 9 of CMS Form 179

Transmittal Number 21-0049

**Number of the
Plan Section or Attachment**

Attachment 3.1-D
Page 6

**Number of the Superseded
Plan Section or Attachment**

Attachment 3.1-D
Page 6 (TN 21-0003)

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 to and from a service or facility for which the reimbursement rate structure includes transportation funds, except for transportation to and from renal dialysis services for clients who are enrolled in the Medicaid program and residing in a nursing facility.

8. Program Monitoring and Validation

Monitoring activities are outlined in a risk-based monitoring plan that is developed using key contract requirements, agency rules, and state and federal laws. Each element is weighted based on the level of risk to program operations, agency business needs, and cost containment. HHSC conducts monitoring activities to determine a performing provider's compliance with contract requirements, including adherence to the contract provisions that relate to quality and service standards. The State ensures performing provider contract compliance through the following activities:

- Annual and random field audits.
- Targeted field and desk audits in response to client complaints, complaint trends, and incident and accident trends.
- Monthly desk reviews of vehicle credentialing records, including annual inspection and vehicle registration.
- Monthly desk reviews of driver records and training requirements, including validation of driver's license and driver records, drug and substance abuse checks, and criminal history checks.
- Federal and state screening requirements for driver: U.S. Department of Health and Human Services-Office of Inspector General's List of Excluded Individuals and Entities (LEIE) (applies to TNCs and their drivers); HHSC Inspector General exclusion list, Excluded Parties List System (EPLS) on the System for Award Management (SAM) (applies to TNCs and their drivers), Texas Comptroller of Public Accounts' Vendor Debarment List, and Social Security Administration's Death Master File.
- Monthly review and reconciliation of payment requests, including reviews of prior authorization approvals for submitted claims and comparison of driver logs to covered healthcare services.
- Auditing performance improvement plans initiated in response to corrective action plans put in place to address performance deficiencies.
- Matching transportation services against a covered healthcare service using a logic developed by HHSC and its claims administrator.
- Call center metrics are reviewed monthly to ensure compliance with *Frew* measures in areas subject to these requirements.
- Client satisfaction surveys conducted by the external quality review organization (EQRO).

The level of transportation capacity is reviewed by HHSC and adjusted accordingly to ensure clients are receiving timely and safe transportation services. Monitoring is ongoing and additional monitoring will be done principally through monitoring of complaints. HHSC uses an accelerated monitoring activity when complaint information analysis suggests that there is a decrease in the quality of service provided to eligible clients. HHSC performs monitoring through ride-alongs and on-site observations to ensure that clients are transported safely, comfortably, and in the manner that best suits their medical needs. HHSC also monitors quality of services including timely service delivery by reviewing vehicles, driver logs and reviewing complaints.

The State attests that all minimum requirements outlined in 1902(a)(87) of the Social Security Act are met.