Table of Contents

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

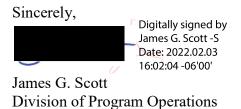
Re: TX SPA 21-0049

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.



TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 2 1 0 0 4 9 T X 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT
TO: CENTER DIRECTOR	4. PROPOSED EFFECTIVE DATE
CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) SEE ATTACHMENT TO BLOCKS 8 & 9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 edical transportation services. 10. GOVERNOR'S REVIEW (Check One)	um requirements are metby drivers and providers of nonemergency
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.
Stephanie Stephens Date: 2021.12.30 12. TYPED NAME Digitally signed by Stephens Date: 2021.12.30 11:45:26 - 06'00'	S. RETURN TO
Stephanie Stephens 13. TITLE State Medicaid Director 14. DATE SUBMITTED	State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711
December 30, 2021	
FOR CM S US	
16. DATE RECEIVED December 30, 2021	7. DATE APPROVED February 3, 2022
PLAN APPROVED - ON	E COPY ATTACHED
18. EFFECTIVE DATE OF APPROVED MATERIAL December 1, 2021	9. SIGNA ROVING OFFICIAL Digitally signed by James G. Scott -S Date: 2022.02.03 16:03:14 -06'00'
20. TYPED NAME OF APPROVING OFFICIAL 2	1. TITLE OF APPROVING OFFICIAL
James G. Scott	Director, Division of Program Operations
22. REWARKS	

FORM CMS-179 (09/24)

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.

TN: <u>21-0049</u> Approval Date: <u>02-03-2022</u> Supersedes TN: <u>21-0003</u> Effective Date: <u>12-01-2021</u>