

## **Table of Contents**

**State/Territory Name: Texas**

**State Plan Amendment (SPA) #: 22-0023**

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

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May 25, 2023

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

**Re: Texas State Plan Amendment (SPA) 22-0023**


Dear Ms. Stephens:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) under transmittal number (TN) TX SPA 22-0023. This SPA was submitted on August 31, 2022. The purpose of the amendment is to expand the settings an ambulance provider may transport a beneficiary to from only a nursing facility or hospital to any appropriate setting.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that TX Medicaid SPA 22-0023 was approved on May 25, 2023, with an effective date of September 1, 2022.

If you have any questions, please contact Ford Blunt at 214-767-6381 or via email at [Ford.Blunt@cms.hhs.gov](mailto:Ford.Blunt@cms.hhs.gov).

Sincerely,

 Digitally signed by  
James G. Scott -5  
Date: 2023.05.25  
12:30:14 -05'00'

James G. Scott, Director  
Division of Program Operations

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

1. TRANSMITTAL NUMBER

2 2 0 0 2 3

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

**September 1, 2022**

5. FEDERAL STATUTE/REGULATION CITATION

Title XIX of SSA

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ (173,911)  
b. FFY 2024 \$ (154,487)  
c. FFY 2025 \$ (151,804)

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

**Appendix 1 to Attachment 3.1-A, page 46-47a  
Appendix 1 to Attachment 3.1-B, page 46-47a**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

**Appendix 1 to Attachment 3.1-A, page 46-47a (TN 07-13)  
Appendix 1 to Attachment 3.1-B, page 46-47a (TN 07-13)**

9. SUBJECT OF AMENDMENT

**This SPA expands the settings an ambulance provider may transport a beneficiary to from only a nursing facility or hospital to any appropriate setting.**

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

Emily Zalkovsky  
Digitally signed by Emily Zalkovsky  
Date: 2023.05.19 12:36:18 -05'00'

15. RETURN TO

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

12. TYPED NAME **Emily Zalkovsky on behalf of Stephanie Stephens**

13. TITLE **Deputy State Medicaid Director**

14. DATE SUBMITTED

**May 19, 2023**

**FOR CMS USE ONLY**

16. DATE RECEIVED

**May 19, 2023**

17. DATE APPROVED

**May 25, 2023**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

**September 1, 2022**

19. SIGNING OFFICIAL

Digitally signed by James G. Scott -S  
Date: 2023.05.25 12:30:40 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL

**James G. Scott**

21. TITLE OF APPROVING OFFICIAL

**Director, Division of Program Operations**

22. REMARKS

**This is a revised CMS-179. The original CMS-179 was submitted on August 31, 2022.**

24.a. Transportation

Payment will be made for ambulance services, provided the following conditions are met and the services are provided in accordance with laws, regulations and guidelines governing ambulance services under Part B of Medicare.

- A. To be covered, ambulance services must be medically necessary and reasonable. Medical necessity is established when the recipient's condition is such that use of any other method of transportation is contraindicated and no other suitable transportation is available. For a recipient receiving ambulance services, when some means of transportation other than ambulance could be used without endangering the recipient's health, no payment may be made for ambulance services.
- B. Any recipient whose condition is such that use of any other method of transportation is contraindicated will be transported to and from the provider of his choice who is generally available and used by other residents of the community for any appropriate medical care included under the state agency's Title XIX plan. The transport must be prior authorized by the state agency or its designee.

If no participating provider of the appropriate care is available within the community, transportation will be to and from the nearest participating provider who can provide appropriate medical care included under the state agency's Title XIX plan.

Any recipient whose condition is such that use of any other method of transportation is not contraindicated will be transported to the nearest hospital, skilled nursing facility or other destination that would ordinarily be expected to have the appropriate facilities for the treatment of the injury or illness involved. Ambulance services from a hospital or skilled nursing facility to such recipient's home is covered if the recipient's home is within the locality of the hospital or skilled nursing facility or if the recipient's home is outside of the locality but such hospital or skilled nursing facility is the nearest one with appropriate facilities.

24.a. Transportation (Continued)

(Continued) The term "locality," with respect to ambulance service for recipient's whose condition is such that use of any other method of transportation is not contraindicated, means the service area surrounding the hospital or skilled nursing facility from which individuals normally come or are expected to come for hospital or skilled nursing services. The term "appropriate facilities," with respect to ambulance service for recipients whose condition is such that use of any other method of transportation is not contraindicated, means that the facility is generally equipped to provide the needed care for the illness or injury involved. It is the institution, its equipment, its personnel and its capability to provide the services necessary to support the required medical care that determine whether it has appropriate facilities.

- C. The ambulance services must be provided by an ambulance service supplier and the ambulance must be equipped as an ambulance and operated by trained personnel in accordance with state laws, and under the appropriate rules, licensing, or regulations of the area in which the ambulance is operated.

In addition to limitations specified above, medical transportation is limited as follows:

- The use of medical transportation must be for health-related purposes.
- Reimbursement will not be made to Title XIX recipients.
- Payment for medical transportation to and/or from providers of covered Title XIX services on behalf of eligible recipients will be made only where transportation is not otherwise available through the individual recipient's family, friends or community resources who will provide the services free or transportation of any means other than ambulance is contraindicated and no other suitable transportation is available.
- Payment will only be made to approved medical transportation providers.

24.a. Transportation (Continued)

- 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.
- In order to be a covered benefit for which reimbursement may be made, the transportation provided must be appropriate to each eligible recipient's particular combination of physical limitations, geographic location, and available source of care.
- Transportation for full benefit dual eligible recipients to obtain prescription medications covered under the Medicare Part D benefit will be provided at the same level of service, and under the same restrictions, as is offered to all Medicaid recipients.

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