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State/Territory Name: TX

State Plan Amendment (SPA) #: 24-0036

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
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

01/06/2025

Director: Emily Zalkovsky
State Medicaid/CHIP Director
Health and Human Services Commission
Mail Code: H100
Post Office Box 13247
Austin, Texas 78711

Dear Director Emily Zalkovsky,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Texas State Plan Amendment (SPA) to Attachment 4.19-B TN: #24-0036, which was submitted to CMS on December 20, 2024. The amendment updates the Nonemergency Medical Transportation Demand Response fee schedule.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of November 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Matthew Klein at 214-767-4625 or via email at matthew.klein@cms.hhs.gov

Sincerely,

A large black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

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

1. TRANSMITTAL NUMBER

2 4 _ 0 0 3 6

2. STATE

T X

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACTTO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES4. PROPOSED EFFECTIVE DATE
November 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

Social Security Act §1905(a)(30); 42 CFR §440.170.

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 43,682b. FFY 2026 \$ 52,970

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

**Attachment 4.19-B
Page 4**8. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable)**Attachment 4.19-B
Page 4 (TN 21-0003)**

9. SUBJECT OF AMENDMENT

The proposed amendment updates the Nonemergency Medical Transportation Demand Response fee schedule.

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

12. TYPED NAME

Ricardo Garcia13. TITLE
**Deputy Executive Commissioner of Policy and Quality
(Signing on behalf of Emily Zalkovsky, State Medicaid Director)**

14. DATE SUBMITTED

December 20, 2024

15. RETURN TO

**Emily Zalkovsky
State Medicaid Director
Post Office Box 13247, MC: H-100
Austin, Texas 78711****FOR CMS USE ONLY**

16. DATE RECEIVED

12/20/2024

17. DATE APPROVED

January 6, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

11/01/2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

12. Medical Transportation

(a) NEMT Demand Response Transportation Services

- (1) NEMT Demand Response Transportation Services (DRTS) are reimbursed based on the lesser of the provider's billed charges or fees established by the Texas Health and Human Services Commission (HHSC). Fees established by HHSC are based on 1) an analysis of historical claims data; 2) Medicare Fees; 3) a review of the fees paid by other states; 4) a fee for comparable procedure codes; or 5) an inflation index.
- (2) Fees based off historical claims analysis were categorized into three county types based on population density: metro, micro, and rural. The three county types are identified by modifiers billed in conjunction with the payable procedure(s).
- (3) All fee schedules are available through the agency's website as outlined on Attachment 4.19-B, page 1.
- (4) The agency's fee schedule was revised with new reimbursement rates for NEMT Demand Response Transportation Services effective November 1, 2024. This fee schedule will be posted on the agency's website by March 15, 2025.

(b) Other transportation services

The table below outlines the payments for each transportation service provided on or after June 1, 2021.

Service	Policy
Air	HHSC pays general public airfare (non-refundable) at the best possible price to the location traveled at times that meet the client's medical needs.
Commercial & public fixed route transportation	HHSC pays the public fare price for the means of transportation that is most cost effective.
Individual Transportation Participant-Other	ITPs are paid the mileage reimbursement rate for State of Texas employees as adopted by the single state agency.
Individual Transportation Participant-Self	ITPs are paid the mileage reimbursement rate for State of Texas employees as adopted by the single state agency.
Lodging	HHSC negotiates the government rate when possible. HHSC pays the best rate that can be secured in the area that meets the client's medical needs.
Meals	Meals are paid at \$25.00 per day per person.
Advanced Funds	The rates are inclusive of mileage, hotels, meals, etc., and are determined as listed above.