

## **Table of Contents**

**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



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**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](mailto:matthew.klein@cms.hhs.gov)

Sincerely,

A solid black rectangular box used to redact the signature of the sender.

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 ACT

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. 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 \$ 43,682  
b. 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

[Redacted Signature]

15. RETURN TO

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

12. TYPED NAME

**Ricardo Garcia**

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

14. DATE SUBMITTED

**December 20, 2024**

**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

[Redacted Signature]

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.

<b>Service</b>	<b>Policy</b>
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.