

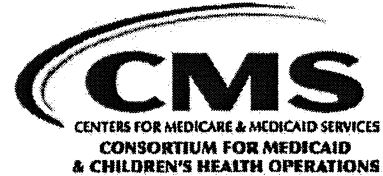
## **Table of Contents**

### **State Plan Amendment (SPA) #: 17-0018 NEMT**

This file contains the following documents in order listed:

1. CMS Approval Letter
2. CMS Form 179
3. Attachment to Block 7 of CMS Form 179
4. Superseding Page Listing (Attachment to Blocks 8 & 9 of CMS Form 179)
5. Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Dallas Regional Office  
1301 Young Street, Suite 833  
Dallas, Texas 75202



**DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI**

October 3, 2017

**Our Reference: SPA TX 17-0018**

Ms. Jamie Snyder  
State Medicaid/CHIP Director  
Health and Human Services Commission  
Post Office Box 13247  
Mail Code H100  
Austin, Texas 78711

**RECEIVED**

OCT 04 2017

OFFICE OF THE STATE  
MEDICAID DIRECTOR

Dear Ms. Snyder:

We have reviewed the State's proposed amendment to the Texas State Plan submitted under Transmittal Number (TN) 17-0018, dated August 18, 2017. This plan amendment revises the State Plan for NEMT services to address changes in two regions of the state.

The current contracts in Regions 1 and 10 expired on August 31, 2017, and the State has elected not to renew those contracts. Services in Regions 1 and 10, currently covered under a Section 1915(b) waiver, will now be provided under the State Plan.

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan, with an effective date of September 1, 2017. A copy of the CMS-179 and the approved plan pages are included with this letter.

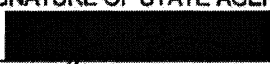
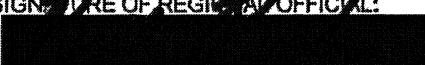
If you have any questions please contact Ford Blunt of my staff. Mr. Blunt may be reached at (214) 767-6381 or by E-mail at [Ford.Blunt@cms.hhs.gov](mailto:Ford.Blunt@cms.hhs.gov).

Sincerely,



Bill Brooks  
Associate Regional Administrator

cc: Dana Williamson, Manager, Policy Development Support

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER:  <b>17-0018</b>	2. STATE:  <b>TEXAS</b>
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE:  <b>September 01, 2017</b>	
5. TYPE OF PLAN MATERIAL (Circle One):  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:  <b>§440.170(a)(4)</b>		7. FEDERAL BUDGET IMPACT: <b>SEE ATTACHMENT</b> a. FFY 2017      \$0 b. FFY 2018      \$0 c. FFY 2019      \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>SEE ATTACHMENT TO BLOCKS 8 &amp; 9</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b>SEE ATTACHMENT TO BLOCKS 8 &amp; 9</b>	
10. SUBJECT OF AMENDMENT: <b>The purpose of this amendment is to revise the State plan for NEMT services to address changes in Regions 1 and 10. The current contract with the contractor in Regions 1 and 10, expires on August 31, 2017, and the State has elected not to renew those contracts. Effective September 1, 2017, services in Regions 1 and 10, currently being provided under a 1915(b) waiver, will be provided under the State Plan. The revision to the State Plan will reflect this change in responsibility for delivery of NEMT services in Regions 1 and 10 from a prepaid ambulatory health plan (PAHP) delivery model to a full-risk broker model under the State Plan.</b>			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt. <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:  		16. RETURN TO:  <b>Jami Snyder</b> <b>State Medicaid Director</b> <b>Post Office Box 13247, MC: H-100</b> <b>Austin, Texas 78711</b>	
13. TYPED NAME: <b>Jami Snyder</b>			
14. TITLE: <b>State Medicaid Director</b>			
15. DATE SUBMITTED: <b>August 18, 2017</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>August 18, 2017</b>		18. DATE APPROVED: <b>October 3, 2017</b>	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>September 1, 2017</b>		20. SIGNATURE OF REGIONAL OFFICIAL:  	
21. TYPED NAME: <b>Bill Brooks</b>		22. TITLE: <b>Associate Regional Administrator</b> <b>Division of Medicaid and Children's Health</b>	
23. REMARKS:  <div style="text-align: center;"><b>RECEIVED</b></div> <div style="text-align: center;">OCT 04 2017</div>			

**Attachment to Block 7 of CMS Form 179**

**Transmittal Number 17-0018**

	<b>Total Fiscal Impact</b>	<b>Federal</b>	<b>State</b>
<b>FFY 2017</b>	\$0	\$0	\$0
<b>FFY 2018</b>	\$0	\$0	\$0
<b>FFY 2019</b>	\$0	\$0	\$0

The proposed amendment is estimated to have no fiscal impact, as it is not expected to have an effect on Medicaid reimbursement rates or cost.

State: Texas  
Date Received: August 18, 2017  
Date Approved: October 3, 2017  
Effective Date: September 1, 2017  
Transmittal Number: 17-0018

**Attachment to Blocks 8 & 9 of CMS Form 179**

**Transmittal Number 17-0018**

**Number of the  
Plan Section or Attachment**

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

Appendix 1 to Attachment 3.1-A  
Page 55

Appendix 1 to Attachment 3.1-A  
Page 55 (TN 16-0015)

Appendix 1 to Attachment 3.1-B  
Page 55

Appendix 1 to Attachment 3.1-B  
Page 55 (TN 16-0015)

Attachment 3.1-D  
Page 3  
Page 4

Attachment 3.1-D  
Page 3 (TN 16-0015)  
Page 4 (TN 16-0015)

State: Texas  
Date Received: August 18, 2017  
Date Approved: October 3, 2017  
Effective Date: September 1, 2017  
Transmittal Number: 17-0018

**28. Any other medical care, and any other type of remedial care recognized under State law, specified by the Secretary (in accordance with section 1905(a)(29) of the Social Security Act and 42 C.F.R. § 440.170)**

a. Transportation (provided in accordance with 42 C.F.R. § 440.170) excluding "school-based" transportation

- Not provided  
 Provided without a broker as an optional medical service (see Appendix 1 to Attachment 3.1-A Pages 62-63)  
 Non-emergency transportation is provided through a brokerage program as an optional medical service in accordance with 1902(a)(70) of the Social Security Act and 42 C.F.R. § 440.170(a)(4).

Non-emergency medical transportation services will be provided under the brokerage program model in the following counties:

ANDERSON, ANGELINA, **ARANSAS**, **ARMSTRONG**, ATASCOSA, AUSTIN, **BAILEY**, BANDERA, BASTROP, **BEE**, BELL, BEXAR, BLANCO, BOSQUE, BOWIE, BRAZORIA, BRAZOS, **BRISCOE**, **BROOKS**, BROWN, BURLESON, BURNET, CALDWELL, CALHOUN, CALLAHAN, **CAMERON**, CAMP, **CARSON**, **CASTRO**, CASS, CHAMBERS, CHEROKEE, **CHILDRESS**, **COCHRAN**, COKE, COLEMAN, **COLLINGSWORTH**, COLORADO, COMAL, COMANCHE, CONCHO, CORYELL, CROCKETT, **CROSBY**, **DALLAM**, DALLAS, **DEAF SMITH**, DE WITT, DELTA, DENTON, **DICKENS**, DIMMIT, **DONLEY**, **DUVAL**, EASTLAND, EDWARDS, ELLIS, ERATH, FALLS, FAYETTE, FISHER, **FLOYD**, FORT BEND, FRANKLIN, FREESTONE, FRIO, GALVESTON, **GARZA**, GILLESPIE, GOLIAD, GONZALES, **GRAY**, GREGG, GRIMES, GUADALUPE, **HALE**, **HALL**, HAMILTON, **HANSFORD**, HARDIN, HARRIS, HARRISON, **HARTLEY**, HASKELL, HAYS, HEMPHILL, HENDERSON, **HIDALGO**, HILL, **HOCKLEY**, HOOD, HOPKINS, HOUSTON, HUNT, **HUTCHINSON**, IRION, JACKSON, JASPER, JEFFERSON, **JIM HOGG**, **JIM WELLS**, JOHNSON, JONES, KARNES, KAUFMAN, KENDALL, **KENEDY**, KENT, KERR, KIMBLE, **KING**, KINNEY, **KLEBERG**, KNOX, LA SALLE, LAMAR, **LAMB**, LAMPASAS, LAVACA, LEE, LEON, LIBERTY, LIMESTONE, **LIPSCOMB**, **LIVE OAK**, LLANO, LUBBOCK, LYNN, MADISON, MARION, MASON, MATAGORDA, MAVERICK, MCCULLOCH, MCLENNAN, **MCMULLEN**, MEDINA, MENARD, MILAM, MILLS, MITCHELL, MONTGOMERY, **MOORE**, MORRIS, **MOTLEY**, NACOGDOCHES, NAVARRO, NEWTON, NOLAN, **NUECES**, **OCHILTREE**, **OLDHAM**, ORANGE, PALO PINTO, PANOLA, PARKER, **PARMER**, POLK, **POTTER**, RAINS, **RANDALL**, REAGAN, REAL, RED RIVER, **REFUGIO**, **ROBERTS**, ROBERTSON, ROCKWALL, RUNNELS, RUSK, SABINE, SAN AUGUSTINE, SAN JACINTO, **SAN PATRICIO**, SAN SABA, SCHLEICHER, SCURRY, SHACKELFORD, SHELBY, **SHERMAN**, SMITH, SOMERVELL, **STAR**, STEPHENS, STERLING, STONEWALL, SUTTON, **SWISHER**, TARRANT, TAYLOR, **TERRY**, THROCKMORTON, TITUS, TOM GREEN, TRAVIS, TRINITY, TYLER, UPSHUR, UVALDE, VAL VERDE, VAN ZANDT, VICTORIA, WALKER, WALLER, WASHINGTON, **WEBB**, WHARTON, **WHEELER**, **WILLACY**, WILLIAMSON, WILSON, WOOD, **YOAKUM**, **ZAPATA**, and ZAVALA

The State assures it has established a non-emergency medical transportation program in accordance with 1902(a)(70) of the Social Security Act in order to more cost-effectively provide transportation, and can document, upon request from CMS, that the transportation broker was selected through a competitive bidding process that is consistent with 45 C.F.R. § 92.36(b) through (i) and is based on the State's evaluation of the broker's experience, performance, references, resources, qualifications, and costs.

(1) The State will operate the broker program without the requirements of the following paragraphs of section 1902(a).

- (1) state-wideness (indicate areas of State that are covered)  
 (10)(B) comparability (indicate participating beneficiary groups)  
 (23) freedom of choice (indicate mandatory population groups)

---

TN: 17-0018 Approval Date: 10-03-17  
Supersedes TN: 16-0015 Effective Date: 09-01-17

State: Texas  
Date Received: August 18, 2017  
Date Approved: October 3, 2017  
Effective Date: September 1, 2017  
Transmittal Number: 17-0018

**28. Any other medical care, and any other type of remedial care recognized under State law, specified by the Secretary (in accordance with section 1905(a)(29) of the Social Security Act and 42 C.F.R. § 440.170)**

a. Transportation (provided in accordance with 42 C.F.R. § 440.170) excluding "school-based" transportation

- Not provided  
 Provided without a broker as an optional medical service (see Appendix 1 to Attachment 3.1-A Pages 62-63)  
 Non-emergency transportation is provided through a brokerage program as an optional medical service in accordance with 1902(a)(70) of the Social Security Act and 42 C.F.R. § 440.170(a)(4).

Non-emergency medical transportation services will be provided under the brokerage program model in the following counties:

ANDERSON, ANGELINA, **ARANSAS**, **ARMSTRONG**, ATASCOSA, AUSTIN, **BAILEY**, BANDERA, BASTROP, **BEE**, BELL, BEXAR, BLANCO, BOSQUE, BOWIE, BRAZORIA, BRAZOS, **BRISCOE**, **BROOKS**, BROWN, BURLESON, BURNET, CALDWELL, CALHOUN, CALLAHAN, **CAMERON**, CAMP, **CARSON**, **CASTRO**, CASS, CHAMBERS, CHEROKEE, **CHILDRESS**, **COCHRAN**, COKE, COLEMAN, **COLLINGSWORTH**, COLORADO, COMAL, COMANCHE, CONCHO, CORYELL, CROCKETT, **CROSBY**, **DALLAM**, DALLAS, **DEAF SMITH**, DE WITT, DELTA, DENTON, **DICKENS**, DIMMIT, **DONLEY**, **DUVAL**, EASTLAND, EDWARDS, ELLIS, ERATH, FALLS, FAYETTE, FISHER, **FLOYD**, FORT BEND, FRANKLIN, FREESTONE, FRIO, GALVESTON, **GARZA**, GILLESPIE, GOLIAD, GONZALES, **GRAY**, GREGG, GRIMES, GUADALUPE, **HALE**, **HALL**, HAMILTON, **HANSFORD**, HARDIN, HARRIS, HARRISON, **HARTLEY**, HASKELL, HAYS, HEMPHILL, HENDERSON, **HIDALGO**, HILL, **HOCKLEY**, HOOD, HOPKINS, HOUSTON, HUNT, **HUTCHINSON**, IRION, JACKSON, JASPER, JEFFERSON, **JIM HOGG**, **JIM WELLS**, JOHNSON, JONES, KARNES, KAUFMAN, KENDALL, **KENEDY**, KENT, KERR, KIMBLE, **KING**, KINNEY, **KLEBERG**, KNOX, LA SALLE, LAMAR, **LAMB**, LAMPASAS, LAVACA, LEE, LEON, LIBERTY, LIMESTONE, **LIPSCOMB**, **LIVE OAK**, LLANO, LUBBOCK, LYNN, MADISON, MARION, MASON, MATAGORDA, MAVERICK, MCCULLOCH, MCLENNAN, **MCMULLEN**, MEDINA, MENARD, MILAM, MILLS, MITCHELL, MONTGOMERY, **MOORE**, MORRIS, **MOTLEY**, NACOGDOCHES, NAVARRO, NEWTON, NOLAN, **NUECES**, **OCHILTREE**, **OLDHAM**, ORANGE, PALO PINTO, PANOLA, PARKER, **PARMER**, POLK, **POTTER**, RAINS, **RANDALL**, REAGAN, REAL, RED RIVER, **REFUGIO**, **ROBERTS**, ROBERTSON, ROCKWALL, RUNNELS, RUSK, SABINE, SAN AUGUSTINE, SAN JACINTO, **SAN PATRICIO**, SAN SABA, SCHLEICHER, SCURRY, SHACKELFORD, SHELBY, **SHERMAN**, SMITH, SOMERVELL, **STAR**, STEPHENS, STERLING, STONEWALL, SUTTON, **SWISHER**, TARRANT, TAYLOR, **TERRY**, THROCKMORTON, TITUS, TOM GREEN, TRAVIS, TRINITY, TYLER, UPSHUR, UVALDE, VAL VERDE, VAN ZANDT, VICTORIA, WALKER, WALLER, WASHINGTON, **WEBB**, WHARTON, **WHEELER**, **WILLACY**, WILLIAMSON, WILSON, WOOD, **YOAKUM**, **ZAPATA**, and ZAVALA

The State assures it has established a non-emergency medical transportation program in accordance with 1902(a)(70) of the Social Security Act in order to more cost-effectively provide transportation, and can document, upon request from CMS, that the transportation broker was selected through a competitive bidding process that is consistent with 45 C.F.R. § 92.36(b) through (i) and is based on the State's evaluation of the broker's experience, performance, references, resources, qualifications, and costs.

(1) The State will operate the broker program without the requirements of the following paragraphs of section 1902(a).

- (1) state-wideness (indicate areas of State that are covered)  
 (10)(B) comparability (indicate participating beneficiary groups)  
 (23) freedom of choice (indicate mandatory population groups)

TN: 17-0018 Approval Date: 10-03-17

Supersedes TN: 16-0015 Effective Date: 09-01-17

State: Texas  
Date Received: August 18, 2017  
Date Approved: October 3, 2017  
Effective Date: September 1, 2017  
Transmittal Number: 17-0018

**Medical Transportation Program (continued)**

- (7) *Out-of-state transport* to contiguous counties or bordering counties in adjoining states (Louisiana, Arkansas, Oklahoma, and New Mexico) that are within 50 miles of the Texas border, if services are medically necessary and it is the customary or general practice of clients in a particular locality within Texas to obtain services from an out-of-state provider that is enrolled as a Texas Medicaid provider. Out-of-state transport also includes travel to states outside of the adjoining states for medically necessary medical care or other health care services that cannot be provided within the state of Texas.
- (8) *Commercial airline transportation services* for a client and attendant to a covered health care service, when it is the most cost effective option or when necessary to meet the client's medical needs.
- (9) *Transportation of an attendant, if necessary.*

Transportation in Texas is provided through three models. These models are the NEMT Brokerage Program Model, the 1915(b) Waiver (TX-24) Model, and the 1915(b)(4) Fee-For-Service Selective Contracting Program (TX-26) Model. In cases where NEMT ceases to be provided for any reason through the NEMT Brokerage Program Model, the 1915(b)(4) Waiver (TX-24) Model, or the 1915(b)(4) Fee-For-Service Selective Contracting Program (TX-26) Model, the State will utilize the optional medical NEMT service allowing for free choice of providers or the administrative NEMT service when the free choice of providers is not available.

NEMT Brokerage Program Model

In nine Managed Transportation Organization (MTO) Regions and two service delivery areas (SDAs), transportation and related services (e.g., mass transit, meals, lodging) are provided through a broker that meets the requirements outlined in 42 C.F.R. § 440.170(a)(4). The broker is paid a capitated, per-member-per-month rate. The NEMT Brokerage Program Model includes three contractors and the following counties:

ANDERSON, ANGELINA, ARANSAS, ARMSTRONG, ATASCOSA, AUSTIN, BAILEY, BANDERA, BASTROP, BEE, BELL, BEXAR, BLANCO, BOSQUE, BOWIE, BRAZORIA, BRAZOS, BRISCOE, BROOKS, BROWN, BURLESON, BURNET, CALDWELL, CALHOUN, CALLAHAN, CAMERON, CAMP, CARSON, CASTRO, CASS, CHAMBERS, CHEROKEE, CHILDRESS, COCHRAN, COKE, COLEMAN, COLLINGSWORTH, COLORADO, COMAL, COMANCHE, CONCHO, CORYELL, CROCKETT, CROSBY, DALLAM, DALLAS, DEAF SMITH, DE WITT, DELTA, DENTON, DICKENS, DIMMIT, DONLEY, DUVAL, EASTLAND, EDWARDS, ELLIS, ERATH, FALLS, FAYETTE, FISHER, FLOYD, FORT BEND, FRANKLIN, FREESTONE, FRIO, GALVESTON, GARZA, GILLESPIE, GOLIAD, GONZALES, GRAY, GREGG, GRIMES, GUADALUPE, HALE, HALL, HAMILTON, HANSFORD, HARDIN, HARRIS, HARRISON, HARTLEY, HASKELL, HAYS, HEMPHILL, HENDERSON, HIDALGO, HILL, HOCKLEY, HOOD, HOPKINS, HOUSTON, HUNT, HUTCHINSON, IRION, JACKSON, JASPER, JEFFERSON, JIM HOGG, JIM WELLS, JOHNSON, JONES, KARNES, KAUFMAN, KENDALL, KENEDY, KENT, KERR, KIMBLE, KING, KINNEY, KLEBERG, KNOX, LA SALLE, LAMAR, LAMB, LAMPASAS, LAVACA, LEE, LEON, LIBERTY, LIMESTONE, LIPSCOMB, LIVE OAK, LLANO, LUBBOCK, LYNN, MADISON, MARION, MASON, MATAGORDA, MAVERICK, MCCULLOCH, MCLENNAN, MCMULLEN, MEDINA, MENARD, MILAM, MILLS, MITCHELL, MONTGOMERY, MOORE, MORRIS, MOTLEY, NACOGDOCHES, NAVARRO,

---

TN: <u>17-0018</u>	Approval Date: <u>10-03-17</u>
Supersedes TN: <u>16-0015</u>	Effective Date: <u>09-01-17</u>

State: Texas
Date Received: August 18, 2017
Date Approved: October 3, 2017
Effective Date: September 1, 2017
Transmittal Number: 17-0018



**Medical Transportation Program (continued)**

NEWTON, NOLAN, NUECES, OCHILTREE, OLDHAM, ORANGE, PALO PINTO, PANOLA, PARKER, PARMER, POLK, POTTER, RAINS, RANDALL, REAGAN, REAL, RED RIVER, REFUGIO, ROBERTS, ROBERTSON, ROCKWALL, RUNNELS, RUSK, SABINE, SAN AUGUSTINE, SAN JACINTO, SAN PATRICIO, SAN SABA, SCHLEICHER, SCURRY, SHACKELFORD, SHELBY, SHERMAN, SMITH, SOMERVELL, STAR, STEPHENS, STERLING, STONEWALL, SUTTON, SWISHER, TARRANT, TAYLOR, TERRY, THROCKMORTON, TITUS, TOM GREEN, TRAVIS, TRINITY, TYLER, UPSHUR, UVALDE, VAL VERDE, VAN ZANDT, VICTORIA, WALKER, WALLER, WASHINGTON, WEBB, WHARTON, WHEELER, WILLACY, WILLIAMSON, WILSON, WOOD, YOAKUM, ZAPATA, and ZAVALA

1915(b) Waiver (TX-24) Model

In one Managed Transportation Organization (MTO) Region, transportation and related services (e.g., mass transit, meals, lodging) are provided through an MTO under the authority of a 1915(b) waiver. The managed transportation organization may own, operate, and maintain a fleet of vehicles. The managed transportation organization is paid a capitated, per-member-per-month rate.

The 1915(b) Waiver (TX-24) Model includes one contractor and the following counties:

ANDREWS, BORDEN, BREWSTER, CRANE, CULBERSON, DAWSON, ECTOR, EL PASO, GAINES, GLASSCOCK, HOWARD, HUDSPETH, JEFF DAVIS, LOVING, MARTIN, MIDLAND, PECOS, PRESIDIO, REEVES, TERRELL, UPTON, WARD, WINKLER

1915(b)(4) Fee-For-Service Selective Contracting Program (TX-26) Model

In one Managed Transportation Organization (MTO) Region, demand response transportation services are provided under the authority of a 1915(b)(4) Fee-For-Service Selective Contracting Program. All other transportation services (e.g.; mass transit, meals, lodging, advanced funds, mileage reimbursement) are authorized and arranged by state staff. These services are provided under the authority of the state plan and are reimbursed on a fee-for-service basis.

The 1915(b)(4) Fee-For-Service Selective Contracting Program (TX-26) includes the following counties:

ARCHER, BAYLOR, CLAY, COLLIN, COOKE, COTTLE, FANNIN, FOARD, GRAYSON, HARDEMAN, JACK, MONTAGUE, WICHITA, WILBARGER, WISE, and YOUNG

---

TN: <u>17-0018</u>	Approval Date: <u>10-03-17</u>
Supersedes TN: <u>16-0015</u>	Effective Date: <u>09-01-17</u>

State: Texas
Date Received: August 18, 2017
Date Approved: October 3, 2017
Effective Date: September 1, 2017
Transmittal Number: 17-0018