Technical Guidance: Reimbursement Parameters and Allowable Costs for a Texas Emergency Medical Task Force State Mission Assignment

Technical Document

Version 1.0

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Texas Department of State Health Services
Regional and Local Health Operations
Center For Health Preparedness and Response
Preparedness Management Unit

TEXAS Health and Human Services

Texas Department of State Health Services

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Record of Changes

This page includes a table showing the changes made to this document including the date of the change, a description, and rationale, if applicable, and the name of the person who made the change. Any comments or recommendations for changes to this document should be emailed to DSHSFinance@dshs.texas.gov.

Date	Description of Change	Name

For more information regarding this document, please contact:
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Overview

The Reimbursement Parameters and Allowable Costs for a Texas Emergency Medical Task Force (TX EMTF) *State Mission Assignment (SMA)* Technical Guide (TG) provides guidance to emergency responders seeking reimbursement for a TX EMTF SMA deployment.

The Texas Department of State Health Services (DSHS) State Medical Operation Center (SMOC) activates the TX EMTF and issues an SMA in response to a public health or medical incident. The TX EMTF program is administered and can be activated by the DSHS to support impacted jurisdictions with emergency medical support throughout the state when needed.

The TX EMTF is composed of the DSHS, EMTF State Coordinating Organization (TX EMTF SCO), and eight *Regional Coordinating Organizations* (EMTF RCO). The DSHS tasks the TX EMTF SCO with the management of TX EMTF deployed assets through the lifecycle of a response and tracks them until they are demobilized. The EMTF RCOs leverage existing relationships with *Participating Organizations* such as EMS providers, fire departments, hospitals, and healthcare entities to provide personnel and essential resources, see Appendix A: TX EMTF State Coordinating Organization (SCO) Snapshot.

See Appendix B: Terminology for all italicized terms throughout this document.

Purpose

The Reimbursement Parameters and Allowable Costs for a TX EMTF SMA outline the established parameters, allowable costs, and the process to complete a reimbursement packet to ensure the TX EMTF SCO and RCO, and Participating Organizations receive compensation.

Audience

The Center for Health Emergency Preparedness and Response (CHEPR) SMOC Finance Staff assisting with the reimbursement process, TX EMTF SCO and EMTF RCO, Participating Organizations, and Hospital Preparedness Program (HPP) partners.

Scope

The reimbursement parameters included in this guide apply to the TX EMTF SCO and EMTF RCO, and Participating Organizations, and outline deployment resource requirements, reimbursement policies, and allowable cost

guidelines for deployment. The DSHS will maintain this information on the DSHS TX EMTF website and reserves the right to update the current guidance and policy, as needed.

Each reimbursement packet must correspond to activities listed within a designated SMA. Deployments lasting more than 21 days may be submitted in separate packets.

Version Control

This document, version 1.0, is the first published technical guide.

Section 1: Reimbursement Overview

The Department of State Health Services (DSHS) is committed to providing timely reimbursement to the Texas Emergency Medical Task Force State Coordinating Organization (TX EMTF SCO), EMTF Regional Coordinating Organization (RCOs), and Participating Organizations that support TX EMTF State Mission Assignment (SMAs).

Reimbursement Process

To ensure the reimbursement packet is completed and submitted to the appropriate reviewers, the following process is in place:

1) DSHS State Medical Operation Center (SMOC) will issue an SMA to the TX EMTF SCO, see Figure 1: Reimbursement Process Overview
2) TX EMTF SCO will coordinate with the assigned EMTF RCO after the SMA is issued and assign a mission tasking (MT) that provides further direction. The TX EMTF SCO also provides technical assistance (TA)
3) EMTF RCO will coordinate with the Participating Organizations to also provide TA and or appropriate templates that must be completed for reimbursement, see Appendix C: Reimbursement Packet Timeline Snapshot
4) Participating organizations should review Table 1: Reimbursement Packet Checklist and gather all the key elements that make up the reimbursement packet
5) Once the packet is complete, the Participating Organization should submit the reimbursement packet back to the TX EMTF RCO
6) The TX EMTF RCO is responsible for completing a quality assurance review on the submitted reimbursement packet to ensure all applicable items in the checklist are complete
    - If the reimbursement packet is **incomplete,** the TX EMTF RCO will work with the Participating Organization to make the corrections
    - If the reimbursement packet is **complete**, the TX EMTF RCO should complete the following:
    - Sign, indicating that the packet is accurate, valid and complete on the invoice tab under "**Reviewed and Submitted by**"
    - Submit the Reimbursement Packet onto the appropriate DSHS SharePoint folder. The DSHS manages access to SharePoint and provides each TX EMTF RCO access to their own folder to upload their reimbursement packets. TX EMTF RCO can email SMOC Reimbursement inbox for SharePoint access, if needed

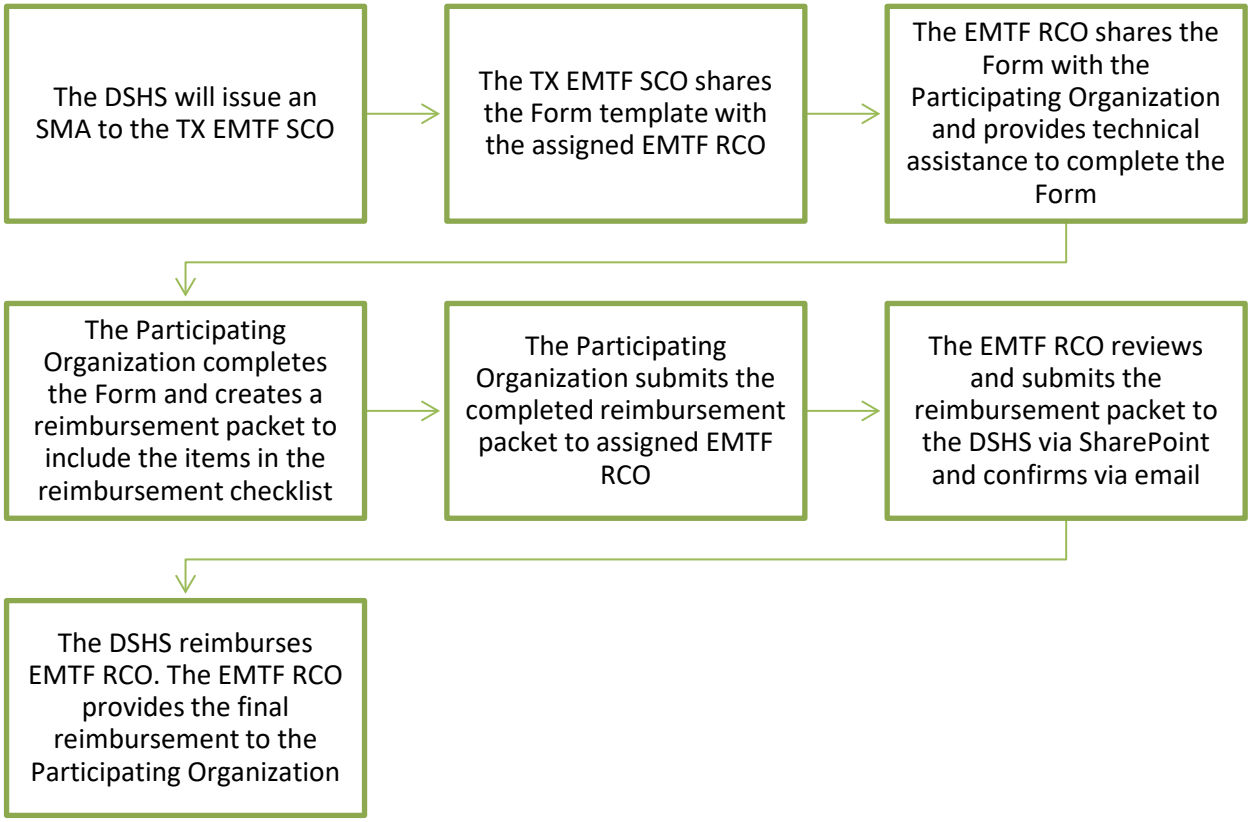
- Once the packet is uploaded into the appropriate SharePoint folder, the EMTF RCO should send a follow-up email confirming that the packet has been uploaded. Emails should be sent to the SMOC Reimbursement inbox. The email subject line must have the **following format:**
  - **Incident Name_Organization_Deployment Dates**
  - Organizations submitting multiple packets for the same incident and dates will number their submissions*: Weather227_Austin Fire_02102027-02282027 1*
  - *Weather227_Austin Fire_02102027-02282027 2*
  - *Weather227_Austin Fire_02102027-02282027 3*

7) If DSHS is unable to open a Reimbursement Packet, it will be returned to the EMTF RCO
8) The DSHS Finance POC will assign a tracking number to the Reimbursement Packet. The SharePoint folder will be renamed to include the tracking number
9) Once the packet is uploaded and accessible, the DSHS Finance Team will review the reimbursement packet submissions and provide technical assistance, as needed
10) If the reimbursement packet is incomplete, the DSHS Finance POC will notify the TX EMTF RCO via email and provide audit findings
    - The DSHS Finance Team reserves the right to audit previously approved packets. If any corrections are requested, the TX EMTF RCO must submit the requested corrections within 30 days
    - The reimbursement packet correction process is subject to the following limitations:
      - A reimbursement packet may undergo no more than three (3) correction iterations
      - Upon completion of the third correction iteration:
    - A final determination shall be made to identify substantiated eligible costs
      - Substantiated costs shall be forwarded to the Regional Coordinating Organization (RCO) for payment processing
    - Costs not substantiated within the initial packet:
      - May be submitted in a supplemental reimbursement packet, provided submission occurs within the applicable 30-day timeframe and in accordance with established submission requirements

- If the reimbursement packet is complete, the DSHS Finance POC will submit it to Accounts Payable (AP) for payment, and send an email notification to the TX EMTF RCO and SCO

11) The DSHS will reimburse the EMTF RCO within 45 days of an approved reimbursement packet. Thereafter, the EMTF RCO is responsible for reimbursing the Participating Organization. See Appendix C: Reimbursement Packet Timeline Snapshot.

Figure 1: Reimbursement Process Overview



Reimbursement Packet Checklist

The Reimbursement Packet Checklist outlines a variety of documents that make up a reimbursement packet. For a streamlined reimbursement process, Participating Organizations must include all applicable components of the checklist.

Table 1: Reimbursement Packet Checklist

Reimbursement Packet Checklist		
Checkbox	**File**	**Document Description**
☐	SMA	A 213-form issued by the DSHS SMOC to activate the TX EMTF
☐	TX EMTF Mission Tasking	A form issued by the TX EMTF SCO outlines what service is being requested and other details from the SMA
☐	*Texas Standard Incident Reimbursement Form*	An Excel spreadsheet that contains the consolidated forms calculated for reimbursement
☐	B-13 Voucher	A State of Texas Purchase Voucher to be completed by the TX EMTF RCO
☐	*ICS-214 Form*	An Incident Command System (ICS) *activity log* form. One form per person per day must be submitted unless the crew is working the same times and conducting the same duties
☐	Deployed labor pay-rates and timesheets	A copy of the deployed labor pay-rates and associated timesheets
☐	Pay Policy	A copy of the Participating Organization's pay policy

☐	Mileage Google Maps	A website link used to calculate privately owned vehicles (POV) mileage to and from locations
☐	Receipts	Itemized expenses receipts with proof of payment, such as: ▪ Lodging ▪ Rental car ▪ Fuel when eligible (i.e., rental cars) ▪ Airline tickets ▪ Tolls/parking Material cost

Section 2: Texas Standard Incident Reimbursement Form

The Texas Standard Incident Reimbursement Form is one component of the reimbursement packet, as outlined in Table 1: Reimbursement Packet Checklist. The Texas Standard Incident Reimbursement Form is an excel document that is composed of thirteen spreadsheet tabs. Each tab must be completed if the Participating Organization is seeking reimbursement for that specific component.

After all the fields are completed on each tab, the Participating Organization must sign to certify that the information is accurate, and the costs are eligible for reimbursement according to the state and or agency policies.

Tab 1: Basic Info and Start Page

The **Basic Info and Start** page is the first tab on the excel spreadsheet. This tab collects general applicant information. The table below lists the tab components and provides a brief description of each.

Table 2: Basic Info and Start Up Tab Components for Tab 1

Tab 1: Basic Information	
Spreadsheet Components	**Description of Components**
Responder	Identify the city, county, department, and/or single resource submitting the reimbursement
Associated State of Texas Assistance Requests (STARs)	Identify all associated STAR(s).
Location/Site	Location where the work was performed during the event
Description of the Work Performed	Type of work performed. This should align with the State Mission Assignment (SMA) (i.e., sheltering, medical evacuation, staging, transportation of medically needy individuals)
Incident/Event	Name and number assigned to the event in WebEOC. Do not modify or
Category	Refers to the Federal Emergency Management Agency (FEMA) or State

	Categories under the Public Assistance (PA) program – Category B-Emergency Protective Measures (Including search and rescue, shelter operations, mass feeding, emergency medical services, evacuation, and reentry efforts, traffic control, and securing equipment and facilities against disaster damage
Response Type	Enter response type (e.g., EMS, shelter, or other)
Period Covering	*Period of performance (POP)* for all cost-seeking reimbursements
Signatory Name and Title	Name of the certifying official completing the forms and completion date
Date	The date the forms are completed; The date must be updated with each revision

Tab 2: Invoice Tab

The table below describes the spreadsheet fields within this **Invoice Tab**.

Table 3: Invoice Tab Spreadsheet Fields for Tab 2

Tab 2: Invoice	
Spreadsheet Components	**Description of Components**
Responder Information	Name of Participating Organization, address, city, date, and zip code
Remit Payment To	Name of EMTF RCO, address, city, date, and zip code
Review and Submitted By	Name of individual who reviewed and submitted the invoice
Copies of Receipts and Payment Vouchers Attached Checkbox	Check yes or no

Force Account Labor, Travel and Other Costs	Total and Cumulative Total Breakdowns. Note: Other costs could include additional payroll, such as flex benefits if your Participating Organization pays for it
Description of Work Performed in Tab 1, Row 14 Note: All acronyms should be spelled out	Include a brief narrative of services and tasks performed, along with the STAR number from the SMA and the unique disaster number/name from WebEOC. The unique disaster number/name should follow the naming convention of: **2-digit year-00XX Name of Incident** (e.g., 24-0014 26APR Severe Weather)

Tab 3: Deployed Labor Tabs

The **Deployed Labor Tab** provides an accounting of the individual's daily hours spent on disaster work. The following information is required:

- The responder's name and job title
- Pay rates and policies for regular, day-to-day business operations should be applied to deployments
    - The payroll policy in effect at the time of disaster must include overtime policy and differentiation between exempt and
    - nonexempt personnel. It must also include regular and OT payrates for each employee
    - Refer to existing pay policy to calculate an hourly rate for salaried personnel (e.g., divide their annual salary by 2080)
- Hours worked (regular and overtime) and *fringe benefit* amount. The Department of State Health Services (DSHS) will reimburse actual labor costs plus Fringe Benefits
    - **Exception:** Physicians, Nurse Practitioners, and Physician Assistants are to be paid a flat rate – with no overtime (OT) nor fringe benefits
- Pay rates, bonuses, additional pay, and/or compensation rates that are unique and only apply to SMA deployments or disasters are not eligible for reimbursement

- The Participating Organization should not expect or seek reimbursement for significant additional expenditures to support a deployment. If the deployment cannot be supported with existing internal staff and assets, the agency should decline the deployment
- Separate pay policies unique to SMA deployments and used outside of regular day-to-day policies are **not** acceptable and will **not** be considered
- Payroll database reports for deployment pay periods should include the following:
    - Proof of payment, which can be satisfied by an itemized pay stub
    - All hours worked during the period involved
    - Pay rates for both regular and overtime hours
    - Benefits paid for each employee
- Additionally, the pay rates listed in the **Tab. 3 Deployed Labor Summary Tab** must be supported by a system-generated document, such as a pay stub. Also include the shift calendar relevant to the pay periods in question
- All labor costs submitted for reimbursement must be supported by an Incident Command System (ICS)-214 Form
    - Each deployed individual shall complete and submit an ICS-214 for every calendar day of deployment
    - Exception: Only Mobile Medical Units (MMU), Ambulance Staging Management Team (ASMT) or similar crew members that perform the same deployment activities during the same time can submit a group ICS-214 form
    - ICS-214 Form must reflect a full 24-hour operational period (0000–2359) for each deployment day
    - Failure to submit compliant ICS-214 documentation may result in partial or full denial of labor reimbursement
- All labor hours must be entered in the Reimbursement Form on the corresponding **calendar day** worked
- Non-working hours **cannot** be used to meet the threshold for overtime rates
- Deployed labor for *volunteer personnel* or unpaid staff is reimbursed portal-to-portal
    - Volunteer/unpaid staff do not need to provide a system-generated timesheet or paystub supporting documentation

  - They must provide an ICS-214 Form (if deployed), if not deployed, they will need a time sheet

- The DSHS will reimburse volunteer and unpaid staff at an established labor rate set by TX EMTF for each hour they are deployed. If a member works more than 40 hours within the 7-day period beginning on the day of deployment, they will receive overtime pay at one and a half times the established rate for those extra hours. Pay rates for volunteer and unpaid staff can be found in Appendix D: TX EMTF Established Labor and Equipment Rates and FEMA Rates

Tab 4: Backfill Labor Tab

The **Backfill Labor Tab** should be completed for overtime costs when a responder's normal position is backfilled. This tab includes items such as:

- Reimbursable backfill overtime costs, which are defined as labor costs above regular time for personnel who are required to fill the regularly scheduled shift of the deployed team members
- Employee name, job title, hours worked (regular and overtime), and fringe benefit amount
- An accounting of the individual's daily hours spent on backfill duty
- Name of the deployed member for whom the individual is providing backfill
- The payroll policy in effect at the time of disaster must include the overtime policy and differentiation between exempt and nonexempt
- personnel. It must also include regular and OT payrates for each employee
- Payroll database reports for deployment pay period that include proof of payment, all hours worked for periods involved, pay rates for regular and overtime hours, and benefits paid to the individual employee. A paystub with an itemized breakdown will satisfy the requirement for proof of payment
- Time sheets showing all hours worked during the pay periods involved must be signed by a supervisor
- Shift schedule applicable to the pay periods involved
- All labor hours must be entered on the corresponding calendar day
- Backfill overtime costs may exist outside the SMA timeframe, but should not exceed the pay period from when the deployed member was logged as activated and demobilized

Tab 5: Benefits Calculation Tab

The **Benefits Calculation Tab** contains the Fringe Benefit Calculation Worksheet that assists in calculating fringe benefits.

Tab 6: Benefit Instructions Tab

The **Benefits Instructions Tab** is an extension of the **Tab 5: Benefits Calculation Tab** that includes additional information on estimated and current fringe benefit rates. Each Participating Organization should complete the members' fringe benefit information. The rates calculated must be carried to the **Tab 3: Deployed Labor Summary Tab.**

- Note: Exceptions include Physician ($200/hr.), Nurse Practitioner ($100/hr.), and Physician Assistant ($100/hr.) which are all to be paid a flat rate, with no fringe benefits

Tab 7: Travel Summary Tab

The Travel Summary Tab contains information on the TX EMTF Daily Meal and Incidental Flat Rate for meals and personal incidentals, as well as lodging and mileage for personal vehicle (POV) usage.

Daily EMTF Meal and Incidental Flat Rate

The deployed EMTF Participating Organization will be eligible for reimbursement utilizing a flat rate amount per day, per person. This flat rate will cover employee meals and incidentals (no receipts required) at the rate established on the Texas Comptroller Website for in-and out-of-state meal rates.

- Note: TX EMTF Daily Meal and Incidental Flat Rate is paid "Portal-to-Portal" during the duration of deployment

The TX EMTF Daily Meal and Incidental Flat Rate will be recorded on Tab 7: Travel Tab of the Texas Standard Incident Reimbursement Form and will be validated by Tab 3: Deployed Labor Tab and ICS-214 Form(s) for the deployed member for those days.

Group meals are eligible for reimbursement to support sustained operations for site-specific operations, such as Mobile Medical Units (MMUs) and staging operations:

- MMU and Ambulance Staging Management Team (ASMT), members: When a member is provided with all (3+) meals from the MMU or ASMT, these members will not be eligible to receive Daily Incidentals and Meal flat rate. The Participating Organization will be eligible for the Daily Incidentals and Meal flat rate while traveling or if the member is

assigned to a mission away or traveling from where the MMU/ASMT and all 3 meals are not provided.

- Invoice/Receipt must include:
  - Vendor and location purchase date
  - Provide detailed itemization with cost per unit
  - Proof of payment
  - A list/roster of members for group meals
  - Listed/rostered members for group meals should not claim meal expenses

Lodging

Group lodging or room blocks are not eligible for reimbursement without prior authorization on the SMA.

- Invoice/Receipt must include:
  - Vendor and location
  - Room occupant and room number
  - Arrival and departure date
  - Provide detailed itemization with cost per unit
  - Proof of payment (Lodging receipt must show a "zero" balance)
- If lodging daily costs are over the U.S. General Services Administration (GSA) rate where deployed, a written justification must be provided
- All lodging costs must be supported with an occupant's labor for all days claimed and will include an occupant's ICS-214 Form, **which lists the room number**
- **Note**: If a deployed member is required to move locations and is approved to secure a second hotel room for the same night, the member must annotate this on the ICS-214 Form along with the person who authorized the second hotel room
- Alternative lodging, such as Airbnb, is allowable if the daily rate, including fees, is below the GSA rate for the number of members lodging. The same supporting documentation as hotels is needed

Privately Owned Vehicles

- Mileage at the time of deployment is reimbursable at the state rate listed on the Texas Comptroller website
- Maps shall be submitted with start and stop addresses, calculated to/from, as supporting documentation using Google Maps

- Mileage is calculated from the pickup of a vehicle to when demobilization is completed
- No other costs are reimbursable for Privately Owned Vehicles (POVs)

Other Expenses

The Participating Organization should itemize "other" expenses such as airline tickets, parking, tolls, and taxi fees, if applicable.

Airline Tickets

If the Participating Organization travels by air, only an economy-class ticket and checked baggage fees (up to two bags) will be reimbursable. Any additional fees or upgrades will require justification and should be annotated on the member's ICS-214 Form.

- Invoice/Receipt must include:
- Vendor
- Departure/destination
- Travel date
- Provide detailed itemization
- Proof of payment

Parking, Tolls and Taxi

- Invoice/Receipt must include:
- Vendor and location
- Purchase date
- Proof of payment
- Tolls and parking will be reviewed for reasonableness and justification

Tab 8: Equipment Tab

TX EMTF established ambulance rates for Medical Intensive Care Unit (MICU), Advanced Life Support (ALS), Basic Life Support (BLS) and Ambulance Buses (AMBUS) are listed in Appendix D: TX EMTF Established Labor and Equipment Rates

- For all vehicles and equipment other than those listed in Appendix A, they will be reimbursed at the closest rate listed in the FEMA Schedule of Equipment Rates
    - The amounts listed on the FEMA Schedule of Equipment Rates will be used to reimburse Participating Organizations for entity-owned equipment

- The FEMA rate is all-inclusive and covers all costs eligible for ownership and normal operation of equipment, including depreciation, overhead, routine maintenance, field repairs (not associated with damage), fuel, lubricants, tires, Occupational Safety and Health Administration (OSHA) equipment, and other costs incidental to the operation. These costs will not be reimbursed separately
- All equipment must be in good mechanical condition and complete with all required attachments. The hourly equipment reimbursement rates include all fuel costs. The responding entity is responsible for the purchase of fuel while on the incident
- Reimbursement will be eligible at the amount posted in the FEMA Schedule at the time the asset was deployed, unless otherwise specified in the SMA
- Equipment description must include the make, model and type of equipment
- FEMA cost code, unless an TX EMTF established rate is used, in which case the TX EMTF rate should be entered as the cost code
- Operator name and ICS-214 Form detailing how vehicle/equipment was used

- Enter dates and hours the equipment was utilized
  - Equipment rates are reimbursed portal-to-portal until demobilization is complete
  - Vehicles/equipment must align with an operator's labor hours for all hours claimed, as applicable

Damages, Repairs, and Maintenance *Damages*

Damages must be directly caused by the response to the incident to be considered eligible for reimbursement.

Repairs

When there is damage to equipment during deployment, the Participating Organization should first file a claim with its insurance provider in accordance with its local policy. The insurance deductible is eligible for reimbursement, and the Participating Organization must provide:

- Proof of insurance, which identifies the amount of the deductible
  - If the Participating Organization does not file with their insurance carrier, the DSHS may reimburse up to the deductible amount. However, the Participating Organization must still provide the documentation listed below

- An invoice documenting the cost incurred to repair the damage
- Proof of payment
- Narrative of when, how, where, and who/what was involved in the vehicle damage or need for repair
- An ICS-214 Form, which documents any repairs, maintenance, and/or damage
- Photos of damage, if appropriate
- Pre-deployment and daily inspection sheets
- Maintenance log
- Other costs that are incurred during an SMA deployment that are not covered by insurance (e.g., towing charges, tire repair, etc.) should be documented with receipts

Maintenance

The EMTF RCO or Participating Organization must conduct an inspection prior to mobilizing, which confirms that the equipment is working properly.

- This inspection must be documented in the ICS-214 Form
- Inspections should be conducted before deployment and then updated daily by the Participating Organization
- The DSHS will not reimburse routine, regularly scheduled maintenance unless it is needed during an extended deployment (Greater than 21 days)

Tab 9: Materials Summary Tab

The tab has fields for the responder to detail materials, goods and services used during deployment. The tab includes fields to describe the vendor, detail what, where and why the material(s) were purchased, and various other fields such as the service date, quantity, unit price, total price, date of purchase, and sheet total.

- Invoice/receipts must include:
  - Vendor and location
  - Purchase date
  - Provide detailed itemization
  - Proof of payment

The Participating Organization must:

- Review the receipts for reimbursement eligibility

- **Ineligible costs** include but are not limited to tobacco products, personal hygiene items, and alcoholic beverages
- Provide an explanation for the use of items purchased that are not listed on the SMA or approved TX EMTF Component Typing document
- **Non-incidental** material costs will be considered on a case-by-case basis with appropriate documentation.
- **Note:** Laundry costs may be eligible for reimbursement to deployed members activated for more than 5 days. Laundry costs for uniforms are eligible for reimbursement regardless of the activation length

Tab 10: Rental Equipment Tab

The Rental Equipment Tab has fields for the responder to indicate the type of equipment that was rented, hours and number of days used, rates per hour (with or without an operator), total rental cost and the vendor information and invoice number.

- Invoice/Receipts must include:
  - Vendor and location
  - Service date(s)
  - Vehicle/equipment type
  - Equipment/vehicle type must match the operational and capacity needs and or per typing for that component
- Provide detailed itemization
- Proof of payment
- Rental agreement
- ICS-214 Form for the operator
- Description of use on how the equipment/vehicle relates to the SMA

Optional services from rental equipment/vehicles, such as supplemental insurance, are not reimbursable.

The DSHS does not reimburse a usage fee for equipment purchased and maintained via funding from/through DSHS, the State of Texas, and/or Federal funding sources.

Tab 11: Contract Work Tab

The Contract Work Tab contains the dates worked, contractor information, invoice number, amount, and scope. Participating Organization must provide:

- Copies of the contracts

- Memorandum of Understanding (MOU) or other documentation that outlines terms, rates, and conditions to support reimbursement claims
- Invoices and supporting documentation
- Proof of payment
- All pre-existing procurement rules must be adhered to, and terms and rates must be reasonable

Tab 12: Incident Hours Form Tab

The Incident Hours Form is used when vehicles or equipment are used to provide services for the incident. Fields include:

- Location
- Description of work performed
- Equipment number
- Equipment description
- Operators and supervisor name
- Date and the number of hours the equipment was used

Tab 13: Incident Mileage Tab

The Incident Mileage Form Tab is used when vehicles are used to transport personnel only and not to provide services for the incident. Fields include:

- Date
- Unit of assignment
- Purpose of the trip
- Origin
- Destination
- Odometer start and end, and the total miles

Plan Maintenance

The Texas Department of State Health Services (DSHS) Center for Health Emergency Preparedness and Response (CHEPR) is responsible for maintaining this document. Recommended changes should be emailed to the Disaster Finance Team at: DSHSFinance@dshs.texas.gov

This document will be reviewed by DSHS every year. Lessons learned from exercises and real-world incidents during a given year will be incorporated into the document at that time. Revisions should be documented in the Records of Changes Section of this document, or submitted online at https://rlhodshs.gov1Technical Guidance_June_26_2026.qualtrics.com/jfe/form/SV_eEZ63hmu5d7IkvA

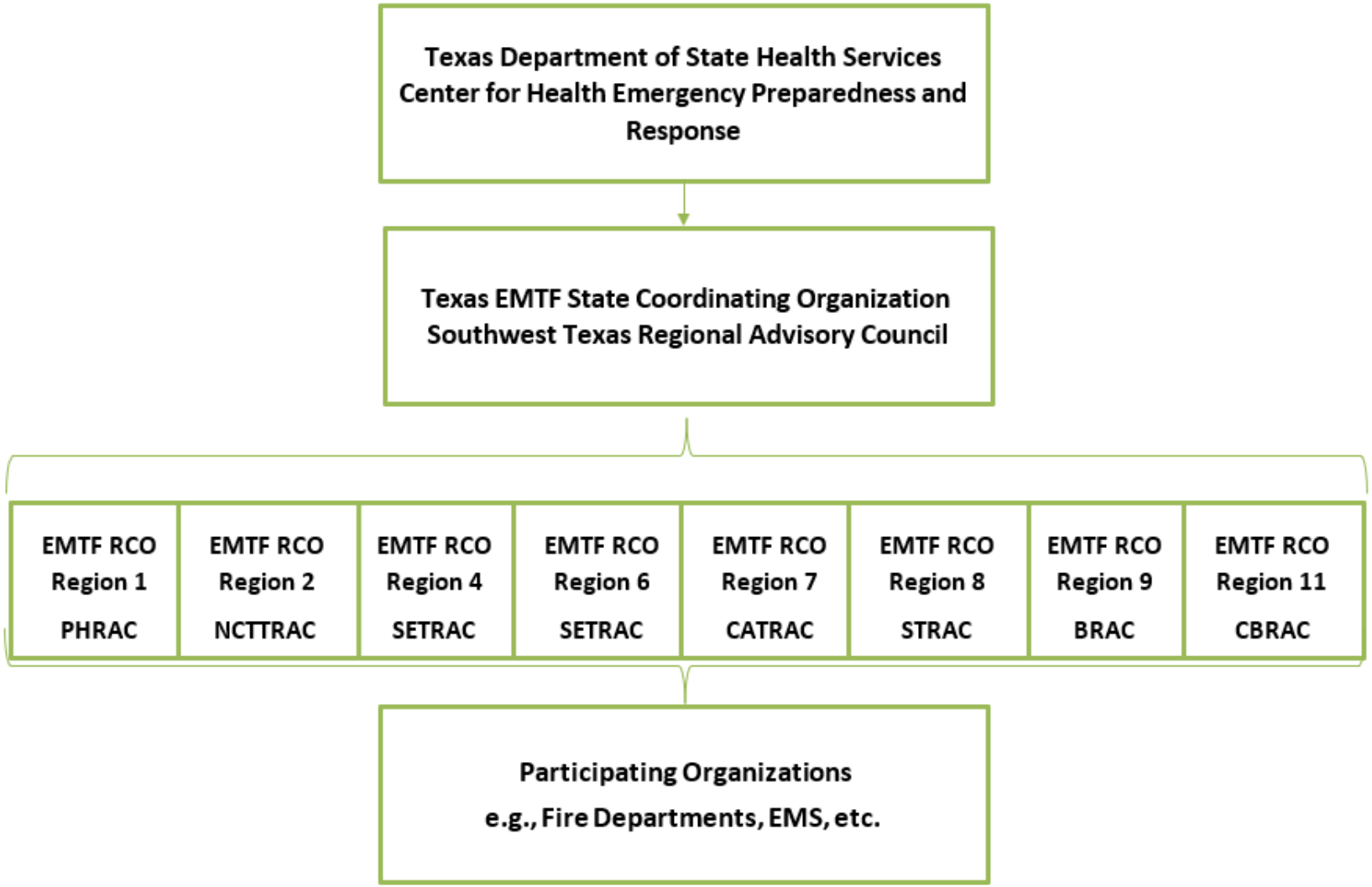
References

Department of State Health Services (DSHS) Supporting Documents

- Standard Operating Guides
  - Administration, Logistics and Finance SOG (Under Development)

Appendices

Appendix A: EMTF Structure



Appendix B. Terminology

- **Activity Log:** A completed Incident Command System (ICS)-214 Activity Log Form (preferably a Texas Emergency Medical Task Force [TX EMTF] ICS-214 Form) details activation time, notable response activity including meetings/briefings, and demobilization time. The TX EMTF ICS-214 Form and "**How to Guide**" can be provided by the TX EMTF State Coordinating Organization (TX EMTF SCO) or found on the TX EMTF website
- **Demobilization:** Upon demobilization, timekeeping, cost tracking, and reimbursement eligibility cease for all personnel and assets
- **EMTF Regional Coordinating Organization (EMTF RCO):** TX EMTF RCO is a regional TX EMTF contractor serving as a regional point-of-contact for the Department of State Health Services (DSHS) to mobilize and activate TX EMTF components and demobilize those components. Provides administrative oversight and maintains readiness of the regional EMTF assets
- **Fringe Benefits:** Additional agency or organization-specific benefits or services provided to an employee beyond an hourly rate or salary – such as insurance, workers' compensation, retirement, etc.
- **Participating Organization:** Participating Organizational Responders are Emergency Medical Services (EMS) Providers, Fire Departments, Hospitals, and Healthcare entities that have agreements with the EMTF RCO with personnel and essential resources to respond throughout the State when needed
- **Period of Performance (POP):** The start and end dates on the Reimbursement Packet represent the POP. All eligible costs must fall within the POP listed on the Texas Standard Incident Reimbursement Form
    - **Note:** POPs must fall within the start and end dates of the SMA
- **Portal-to-Portal:** When personnel or equipment are deployed under an SMA, labor billing shall begin when personnel are activated for deployment and end when personnel return to their home or regular duty station, whichever results in the shorter billing period. Equipment billing shall follow the same portal-to-portal methodology to begin upon activation for deployment and end when the asset is ready for re-deployment at the home or regular duty station, whichever is shorter
- **Reimbursement Packet:** Is composed of the Texas Standard Incident Form forms and all the invoices and supporting evidence for submitting for reimbursement

- **Texas Standard Incident Reimbursement Form:** To summarize costs related to a state mission assignment, please complete this form to request reimbursement for eligible costs outlined in this document
- **State Mission Assignment (SMA):** Written authorization from DSHS to activate state resources and or assets
- **Volunteer Personnel:** Staff who are unpaid when working in their normal capacities at their home agency (i.e., a volunteer fire department or volunteer EMS agency)

Appendix C: Reimbursement Packet Timeline Snapshot

Reimbursement Phase	Deadline	Description
Reimbursement Packet Submission	60 Days	Allowed time for the invoice and documentation must be submitted after demobilization
Department of State Health Services (DSHS) Initial Audit Review	30 Days	Completeness and compliance review
Corrections	30 Days	Up to three correction iterations for the same findings (up to 90 days)
Payment	45 Days	The anticipated timeframe for payment is issued to the RCO or SCO after processing
Supplemental Packet	As allowed (Additional submissions will be accepted when delays such as equipment repair, equipment replacement, etc. necessitate the delay)	Additional costs submitted separately

Appendix D: TX EMTF Established Labor and Equipment Rates

The Texas Emergency Medical Task Force (TX EMTF) State Coordinating Organization (SCO) is responsible for preparing and proposing rate adjustments to the EMTF Executive Committee in alignment with the publishing of the updated Federal Emergency Management Administration (FEMA) Schedule of Equipment Rates every other year.

The TX EMTF Executive Committee will review and submit updated rates to the Department of State Health Services (DSHS) for approval prior to the new rates going into effect.

The DSHS, in collaboration with the TX EMTF SCO, established a set of reimbursable equipment rates. As of July 5, 2025, the DSHS will reimburse equipment rates as an ***all-inclusive rate***, shown in the tables below. Items such as fuel and maintenance, etc., will no longer be reimbursed as separate items (see Tab 8: Equipment Tab for further details).

Texas EMTF Established Labor Rates FEMA Equipment Rates

Clinician Type	Hourly Rates
Physician	$200
Nurse Practitioner	$100
Physician Assistant	$100

Rates for Volunteer or Unpaid staff	Hourly Rates
Paramedics, Ambulance Staging Management Team (ASMT), and logistics support personnel	$24.39
Advanced Emergency Medical Technician (EMT)	$20.76
EMT Basics	$17.13

Texas EMTF Equipment Rates

Resource	Hourly Rates
Ambulance Basic Life Support (BLS)	$47.92

Ambulance Advanced Life Support (ALS)	$54.92
Medical Intensive Care Unit (MICU)	$57.92
Ambulance Bus (AMBUS)	$63.75
*Note: Daily rates are **inclusive** of fuel, maintenance, and other expenses.	

FEMA Equipment Rates

The FEMA Schedule of Equipment Rates is located at the FEMA Assistance website

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TEXAS
Health and Human Services

Texas Department of State Health Services