

**HOME AND COMMUNITY-BASED SERVICES (HCS) WAIVER PROGRAM**  
**Payment Rates Effective September 1, 2024**

Service Description	Service Group	Service Code	Bill Code*	Direct Care Cost	Indirect Care Cost	Total Rate	Unit
Host Home/Companion Care							
LON 1 - Intermittent	21	18A	M0122	\$47.24	\$25.32	\$72.56	1 day
LON 5 - Limited	21	18A	M0123	\$50.89	\$25.25	\$76.14	1 day
LON 8 - Extensive	21	18A	M0125	\$69.19	\$24.88	\$94.07	1 day
LON 6 - Pervasive	21	18A	M0124	\$94.81	\$24.37	\$119.18	1 day
LON 9 - Pervasive+	21	18A	M0126	\$124.06	\$23.78	\$147.84	1 day
Social Work - LOC 1	21	36	M0173	\$53.21	\$6.32	\$59.53	1 hour
Social Work - LOC 8	21	36	M0174	\$53.21	\$6.32	\$59.53	1 hour
Behavioral Support - LOC 1	21	43A	M0133	\$72.15	\$7.38	\$79.53	1 hour
Behavioral Support - LOC 8	21	43A	M0134	\$72.15	\$7.38	\$79.53	1 hour
Physical Therapy - LOC 1	21	8	M0135	\$73.25	\$4.18	\$77.43	1 hour
Physical Therapy - LOC 8	21	8	M0136	\$73.25	\$4.18	\$77.43	1 hour
Occupational Therapy - LOC 1	21	7	M0131	\$68.97	\$3.98	\$72.95	1 hour
Occupational Therapy - LOC 8	21	7	M0132	\$68.97	\$3.98	\$72.95	1 hour
Speech Therapy - LOC 1	21	9	M0171	\$69.78	\$6.51	\$76.29	1 hour
Speech Therapy - LOC 8	21	9	M0172	\$69.78	\$6.51	\$76.29	1 hour
Audiology - LOC 1	21	35	M0103	\$45.52	\$7.21	\$52.73	1 hour
Audiology - LOC 8	21	35	M0104	\$45.52	\$7.21	\$52.73	1 hour
Cognitive Rehabilitation Therapy - LOC 1	21	61	M0328	\$72.15	\$7.38	\$79.53	1 hour
Cognitive Rehabilitation Therapy - LOC 8	21	61	M0329	\$72.15	\$7.38	\$79.53	1 hour
Dietary - LOC 1	21	34	M0120	\$48.07	\$7.21	\$55.28	1 hour
Dietary - LOC 8	21	34	M0121	\$48.07	\$7.21	\$55.28	1 hour
Nursing							
Registered Nurse (RN) - LOC 1	21	13B	M0299	\$40.98	\$2.41	\$43.39	1 hour
Registered Nurse (RN) - LOC 8	21	13B	M0303	\$40.98	\$2.41	\$43.39	1 hour
Specialized RN - LOC 1	21	13C	M0301	\$47.13	\$2.77	\$49.90	1 hour
Specialized RN - LOC 8	21	13C	M0305	\$47.13	\$2.77	\$49.90	1 hour
Licensed Vocational Nurse (LVN) - LOC 1	21	13A	M0298	\$26.97	\$2.72	\$29.69	1 hour
Licensed Vocational Nurse (LVN) - LOC 8	21	13A	M0302	\$26.97	\$2.72	\$29.69	1 hour
Specialized LVN - LOC 1	21	13D	M0300	\$31.02	\$3.12	\$34.14	1 hour
Specialized LVN - LOC 8	21	13D	M0304	\$31.02	\$3.12	\$34.14	1 hour
Transition Assistance Services - LOC 1	21	53A	M0377	N/A	N/A	\$158.28	One time
Transition Assistance Services - LOC 8	21	53A	M0378	N/A	N/A	\$158.28	One time

\*Billing information and service descriptions provided in this rate sheet align with the HCS and TxHmL Bill Code Crosswalk updated on January 30, 2024, and posted on the HHSC website as of 6-27-2024: <https://www.hhs.texas.gov/providers/long-term-care-providers/long-term-care-provider-resources/long-term-care-bill-code-crosswalks>

**HOME AND COMMUNITY-BASED SERVICES (HCS) WAIVER PROGRAM**  
**Supervised Living (3-bed) and Residential Support Services (4-bed)**  
**Payment Rates Effective September 1, 2024**

**Supervised Living Services (SL)**

<b>Level of Need</b>	<b>Service Group</b>	<b>Service Code</b>	<b>Bill Code *</b>	<b>Attendant Cost</b>	<b>Other Direct Care Cost</b>	<b>Indirect Care Cost</b>	<b>Total Rate **</b>	<b>Unit ***</b>
LON 1 (Intermittent)	21	47	M0166	\$78.04	\$8.08	\$62.96	\$149.08	1 day
LON 5 (Limited)	21	47	M0167	\$85.74	\$9.03	\$63.23	\$158.00	1 day
LON 8 (Extensive)	21	47	M0169	\$97.03	\$10.40	\$63.61	\$171.04	1 day
LON 6 (Pervasive)	21	47	M0168	\$115.88	\$12.70	\$64.22	\$192.80	1 day
LON 9 (Pervasive+)	21	47	M0170	\$191.63	\$21.90	\$66.71	\$280.24	1 day

**Residential Support Services (RSS)**

<b>Level of Need</b>	<b>Service Group</b>	<b>Service Code</b>	<b>Bill Code *</b>	<b>Attendant Cost</b>	<b>Other Direct Care Cost</b>	<b>Indirect Care Cost</b>	<b>Total Rate **</b>	<b>Unit ***</b>
LON 1 (Intermittent)	21	46	M0149	\$78.04	\$8.08	\$62.96	\$149.08	1 day
LON 5 (Limited)	21	46	M0150	\$85.74	\$9.03	\$63.23	\$158.00	1 day
LON 8 (Extensive)	21	46	M0152	\$97.03	\$10.40	\$63.61	\$171.04	1 day
LON 6 (Pervasive)	21	46	M0151	\$115.88	\$12.70	\$64.22	\$192.80	1 day
LON 9 (Pervasive+)	21	46	M0153	\$191.63	\$21.90	\$66.71	\$280.24	1 day

\*Billing information and service descriptions provided in this rate sheet align with the HCS and TxHmL Bill Code Crosswalk updated on January 30, 2024, and posted on the HHSC website as of 6-27-2024: <https://www.hhs.texas.gov/providers/long-term-care-providers/long-term-care-provider-resources/long-term-care-bill-code-crosswalks>

\*\*Totals are base rates. For rate enhancement amounts, please see page 3.

\*\*\*1 day = 18 hours.

**HOME AND COMMUNITY-BASED SERVICES (HCS) WAIVER PROGRAM  
Rate Enhancement Amounts for SL/RSS  
Payment Rates Effective September 1, 2024**

<b>Rate Enhancement Participation Level</b>	<b>Total RE Payment Amount</b>	<b>Unit</b>
Participant Level 1	\$0.40	1 day
Participant Level 2	\$0.80	1 day
Participant Level 3	\$1.20	1 day
Participant Level 4	\$1.60	1 day
Participant Level 5	\$2.00	1 day
Participant Level 6	\$2.40	1 day
Participant Level 7	\$2.80	1 day
Participant Level 8	\$3.20	1 day
Participant Level 9	\$3.60	1 day
Participant Level 10	\$4.00	1 day
Participant Level 11	\$4.40	1 day
Participant Level 12	\$4.80	1 day
Participant Level 13	\$5.20	1 day
Participant Level 14	\$5.60	1 day
Participant Level 15	\$6.00	1 day
Participant Level 16	\$6.40	1 day
Participant Level 17	\$6.80	1 day
Participant Level 18	\$7.20	1 day
Participant Level 19	\$7.60	1 day
Participant Level 20	\$8.00	1 day
Participant Level 21	\$8.40	1 day
Participant Level 22	\$8.80	1 day
Participant Level 23	\$9.20	1 day
Participant Level 24	\$9.60	1 day
Participant Level 25	\$10.00	1 day

Note: Total RE Payment Amounts above are to be added to base rates for Supervised Living and Residential Support Services on page 2.

**HOME AND COMMUNITY-BASED SERVICES (HCS) WAIVER PROGRAM**  
**Services in Rate Enhancement Program**  
**Payment Rates Effective September 1, 2024**

Service Description	Service Group	Service Code	Bill Code *	Attendant Cost	Other Direct Care Cost	Indirect Care Cost	Total Rate **	Unit
CFC PAS/HAB - LOC 1	21	10CFC	M0354	\$15.15		\$3.21	\$18.36	1 hour
CFC PAS/HAB - LOC 8	21	10CFC	M0366	\$15.15		\$3.21	\$18.36	1 hour
Transportation - LOC 1	21	48	M0372	\$15.15		\$3.21	\$18.36	1 hour
Transportation - LOC 8	21	48	M0374	\$15.15		\$3.21	\$18.36	1 hour

**Supported Employment (SE) and Employment Assistance (EA)**

Service Description	Service Group	Service Code	Bill Code *	Attendant Cost	Other Direct Care Cost	Indirect Care Cost	Total Rate **	Unit
Supported Employment - LOC 1	21	37	M0154	\$19.07	\$3.79	\$10.24	\$33.10	1 hour
Supported Employment - LOC 8	21	37	M0155	\$19.07	\$3.79	\$10.24	\$33.10	1 hour
Employment Assistance - LOC 1	21	54	M0347	\$19.07	\$3.79	\$10.24	\$33.10	1 hour
Employment Assistance - LOC 8	21	54	M0332	\$19.07	\$3.79	\$10.24	\$33.10	1 hour

**In-Home Respite**

Service Description	Service Group	Service Code	Bill Code *	Attendant Cost	Other Direct Care Cost	Indirect Care Cost	Total Rate **	Unit
In-Home Respite - LOC 1	21	11X	M0143	\$11.77		\$8.23	\$20.00	1 hour
In-Home Respite - LOC 8	21	11X	M0144	\$11.77		\$8.23	\$20.00	1 hour

**Out-of-Home Respite**

Service Description	Service Group	Service Code	Bill Code *	Attendant Cost	Other Direct Care Cost	Indirect Care Cost	Total Rate **	Unit
In a DH Facility - LOC 1	21	11X	M0850	\$10.66		\$8.23	\$18.89	1 hour
In a DH Facility - LOC 8	21	11X	M0851	\$10.66		\$8.23	\$18.89	1 hour
Where SL or RSS is Provided - LOC 1	21	11X	M0855	\$10.66		\$8.23	\$18.89	1 hour
Where SL or RSS is Provided - LOC 8	21	11X	M0856	\$10.66		\$8.23	\$18.89	1 hour
Where HH/CC is Provided - LOC 1	21	11X	M0860	\$10.66		\$8.23	\$18.89	1 hour
Where HH/CC is Provided - LOC 8	21	11X	M0861	\$10.66		\$8.23	\$18.89	1 hour
In a Setting Not Listed - LOC 1	21	11X	M0865	\$10.66		\$8.23	\$18.89	1 hour
In a Setting Not Listed - LOC 8	21	11X	M0866	\$10.66		\$8.23	\$18.89	1 hour
In-Camp - LOC 1	21	11X	M0867	\$10.66		\$8.23	\$18.89	1 hour
In-Camp - LOC 8	21	11X	M0868	\$10.66		\$8.23	\$18.89	1 hour
In a Respite Facility - LOC 1	21	11X	M0869	\$10.66		\$8.23	\$18.89	1 hour
In a Respite Facility - LOC 8	21	11X	M0870	\$10.66		\$8.23	\$18.89	1 hour

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\*\*Totals are base rates. For rate enhancement amounts, please see page 6.

**HOME AND COMMUNITY-BASED SERVICES (HCS) WAIVER PROGRAM**  
**Services in Rate Enhancement Program**  
**Payment Rates Effective September 1, 2024**

**Individualized Skills and Socialization On-Site Rates (per hour)**

Service Description	Service Group	Service Code	Bill Code *	Attendant Cost	Other Direct Care Cost	Facility Cost	Admin. Cost	Total Rate **	Unit
On-Site LON 1	21	23	M0977	\$2.05	\$0.28	\$2.76	\$1.45	\$6.54	1 hour
On-Site LON 5	21	23	M0981	\$2.87	\$0.40	\$2.76	\$1.45	\$7.48	1 hour
On-Site LON 8	21	23	M0989	\$4.79	\$0.65	\$2.76	\$1.45	\$9.65	1 hour
On-Site LON 6	21	23	M0985	\$4.79	\$0.65	\$2.76	\$1.45	\$9.65	1 hour
On-Site LON 9 ***	21	23	M0993	\$17.93	\$4.39	\$1.69	\$0.91	\$24.92	1 hour

**Individualized Skills and Socialization On-Site Rates (In-Home) (per hour)**

Service Description	Service Group	Service Code	Bill Code*	Attendant Cost	Other Direct Care Cost	Facility Cost	Admin. Cost	Total Rate **	Unit
On-Site (In-Home) LON 1 (EVV OHFH)	21	23	M0980	\$2.05	\$0.28	\$2.76	\$1.45	\$6.54	1 hour
On-Site (In-Home) LON 5 (EVV OHFH)	21	23	M0984	\$2.87	\$0.40	\$2.76	\$1.45	\$7.48	1 hour
On-Site (In-Home) LON 8 (EVV OHFH)	21	23	M0992	\$4.79	\$0.65	\$2.76	\$1.45	\$9.65	1 hour
On-Site (In-Home) LON 6 (EVV OHFH)	21	23	M0988	\$4.79	\$0.65	\$2.76	\$1.45	\$9.65	1 hour
On-Site (In-Home) LON 9 *** (EVV OHFH)	21	23	M0996	\$17.93	\$4.39	\$1.69	\$0.91	\$24.92	1 hour
On-Site (In-Home) LON 1 - Other Residential Types	21	23	M1095	\$2.05	\$0.28	\$2.76	\$1.45	\$6.54	1 hour
On-Site (In-Home) LON 5 - Other Residential Types	21	23	M1096	\$2.87	\$0.40	\$2.76	\$1.45	\$7.48	1 hour
On-Site (In-Home) LON 8 - Other Residential Types	21	23	M1098	\$4.79	\$0.65	\$2.76	\$1.45	\$9.65	1 hour
On-Site (In-Home) LON 6 - Other Residential Types	21	23	M1097	\$4.79	\$0.65	\$2.76	\$1.45	\$9.65	1 hour
On-Site (In-Home) LON 9 - Other Residential Types	21	23	M1099	\$17.93	\$4.39	\$1.69	\$0.91	\$24.92	1 hour

**Individualized Skills and Socialization Off-Site Rates (per hour)**

Service Description	Service Group	Service Code	Bill Code *	Attendant Cost	Other Direct Care Cost	Facility Cost	Admin. Cost	Transport. Cost	Total Rate **	Unit
Off-Site LON 1	21	23	M0978	\$1.76	\$0.24	\$2.69	\$1.41	\$3.35	\$9.45	1 hour
Off-Site LON 1 - Enhanced Staffing Level 1	21	23	M0979	\$7.02	\$0.96	\$2.69	\$1.41	\$3.35	\$15.43	1 hour
Off-Site LON 1 - Enhanced Staffing Level 2	21	23	M1118	\$14.04	\$1.92	\$2.69	\$1.41	\$3.35	\$23.41	1 hour
Off-Site LON 5	21	23	M0982	\$1.76	\$0.24	\$2.69	\$1.41	\$3.35	\$9.45	1 hour
Off-Site LON 5 - Enhanced Staffing Level 1	21	23	M0983	\$7.02	\$0.96	\$2.69	\$1.41	\$3.35	\$15.43	1 hour
Off-Site LON 5 - Enhanced Staffing Level 2	21	23	M1119	\$14.04	\$1.92	\$2.69	\$1.41	\$3.35	\$23.41	1 hour
Off-Site LON 8	21	23	M0990	\$7.02	\$0.96	\$2.69	\$1.41	\$3.35	\$15.43	1 hour
Off-Site LON 8 - Enhanced Staffing Level 2	21	23	M0991	\$14.04	\$1.92	\$2.69	\$1.41	\$3.35	\$23.41	1 hour
Off-Site LON 6	21	23	M0986	\$7.02	\$0.96	\$2.69	\$1.41	\$3.35	\$15.43	1 hour
Off-Site LON 6 - Enhanced Staffing Level 2	21	23	M0987	\$14.04	\$1.92	\$2.69	\$1.41	\$3.35	\$23.41	1 hour
Off-Site LON 9 ***	21	23	M0994	\$17.93	\$4.39	\$1.69	\$0.91	\$0.00	\$24.92	1 hour

\*\*Totals are base rates. For rate enhancement amounts, please see page 6.

\*\*\*LON 9 Rate is aligned with the LON 9 Day Habilitation rate before 3/1/2023.

**HOME AND COMMUNITY-BASED SERVICES (HCS) WAIVER PROGRAM**  
**Rate Enhancement Amounts**  
**Payment Rates Effective September 1, 2024**

**Rate Enhancement Add-On for CFC PAS/HAB and SHL Transportation; Employment Services; Hourly Respite; Individualized Skills and Socialization**

<b>Rate Enhancement Participation Level</b>	<b>Total RE Payment Amount</b>	<b>Unit</b>
Participant Level 1	\$0.05	1 hour
Participant Level 2	\$0.10	1 hour
Participant Level 3	\$0.15	1 hour
Participant Level 4	\$0.20	1 hour
Participant Level 5	\$0.25	1 hour
Participant Level 6	\$0.30	1 hour
Participant Level 7	\$0.35	1 hour
Participant Level 8	\$0.40	1 hour
Participant Level 9	\$0.45	1 hour
Participant Level 10	\$0.50	1 hour
Participant Level 11	\$0.55	1 hour
Participant Level 12	\$0.60	1 hour
Participant Level 13	\$0.65	1 hour
Participant Level 14	\$0.70	1 hour
Participant Level 15	\$0.75	1 hour
Participant Level 16	\$0.80	1 hour
Participant Level 17	\$0.85	1 hour
Participant Level 18	\$0.90	1 hour
Participant Level 19	\$0.95	1 hour
Participant Level 20	\$1.00	1 hour
Participant Level 21	\$1.05	1 hour
Participant Level 22	\$1.10	1 hour
Participant Level 23	\$1.15	1 hour
Participant Level 24	\$1.20	1 hour
Participant Level 25	\$1.25	1 hour

Note: Total RE Payment Amounts above are to be added to base rates for services in the Rate Enhancement Program on pages 4 and 5.

**HOME AND COMMUNITY-BASED SERVICES (HCS) WAIVER PROGRAM**  
**Consumer Directed Services (CDS)**  
**Payment Rates Effective September 1, 2024**

<b>Service Description</b>	<b>Service Group</b>	<b>Service Code</b>	<b>Bill Code*</b>	<b>Total Rate</b>	<b>Unit</b>
Financial Management Services Agency Fee - LOC 1	21	63V	M0111	\$210.08	1 month
Financial Management Services Agency Fee - LOC 8	21	63V	M0112	\$210.08	1 month
CFC PAS/HAB - LOC 1	21	10CFV	M0355	\$22.84	1 hour
CFC PAS/HAB - LOC 8	21	10CFV	M0367	\$22.84	1 hour
Transportation - LOC 1	21	48V	M0373	\$22.84	1 hour
Transportation - LOC 8	21	48V	M0418	\$22.84	1 hour
In-Home Respite - LOC 1	21	11XV	M0145	\$19.00	1 hour
In-Home Respite - LOC 8	21	11XV	M0146	\$19.00	1 hour
Out-of-Home Respite					
LOC 1 - In a DH Facility	21	11XV	M0871	\$17.89	1 hour
LOC 8 - In a DH Facility	21	11XV	M0872	\$17.89	1 hour
LOC 1 - Where SL or RSS is Provided	21	11XV	M0873	\$17.89	1 hour
LOC 8 - Where SL or RSS is Provided	21	11XV	M0874	\$17.89	1 hour
LOC 1 - Where HH/CC is Provided	21	11XV	M0875	\$17.89	1 hour
LOC 8 - Where HH/CC is Provided	21	11XV	M0876	\$17.89	1 hour
LOC 1 - In a Setting Not Listed	21	11XV	M0877	\$17.89	1 hour
LOC 1 - In-Camp	21	11XV	M1091	\$17.89	1 hour
LOC 8 - In-Camp	21	11XV	M1092	\$17.89	1 hour
Supported Employment - LOC 1	21	37V	M0349	\$32.10	1 hour
Supported Employment - LOC 8	21	37V	M0334	\$32.10	1 hour
Employment Assistance - LOC 1	21	54V	M0348	\$32.10	1 hour
Employment Assistance - LOC 8	21	54V	M0333	\$32.10	1 hour
Cognitive Rehabilitation Therapy - LOC 1	21	61V	M0330	\$78.53	1 hour
Cognitive Rehabilitation Therapy - LOC 8	21	61V	M0331	\$78.53	1 hour
Nursing					
Registered Nurse (RN) - LOC 1	21	13BV	M0351	\$42.39	1 hour
Registered Nurse (RN) - LOC 8	21	13BV	M0338	\$42.39	1 hour
Specialized RN - LOC 1	21	13CV	M0353	\$48.90	1 hour
Specialized RN - LOC 8	21	13CV	M0337	\$48.90	1 hour

**HOME AND COMMUNITY-BASED SERVICES (HCS) WAIVER PROGRAM**  
**Consumer Directed Services (CDS)**  
**Payment Rates Effective September 1, 2024**

<b>Service Description</b>	<b>Service Group</b>	<b>Service Code</b>	<b>Bill Code*</b>	<b>Total Rate</b>	<b>Unit</b>
Licensed Vocational Nurse (LVN) - LOC 1	21	13AV	M0350	\$28.69	1 hour
Licensed Vocational Nurse (LVN) - LOC 8	21	13AV	M0335	\$28.69	1 hour
Specialized LVN - LOC 1	21	13DV	M0352	\$33.14	1 hour
Specialized LVN - LOC 8	21	13DV	M0336	\$33.14	1 hour
Support Consultation - LOC 1 - <b>New Rate Effective September 1, 2024</b>	21	57V	M0162	\$26.52	1 hour
Support Consultation - LOC 8 - <b>New Rate Effective September 1, 2024</b>	21	57V	M0163	\$26.52	1 hour
CFC Support Consultation - <b>New Rate Effective September 1, 2024</b>	21	57CFV	M0411	\$26.52	1 hour
CFC Support Consultation - LOC 8 - <b>New Rate Effective September 1, 2024</b>	21	57CFV	M0412	\$26.52	1 hour

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Note: LON (level of need), LOC (level of care), CFC (Community First Choice)



# HOME AND COMMUNITY-BASED SERVICES (HCS) WAIVER PROGRAM

## Requisition Fees

**Payment Rates Effective September 1, 2024**

### Requisition Fees - Adaptive Aids, Medical

Service Description	Service Group (LOC 1)	Service Code (LOC 1)	Bill Code * (LOC 1)	Service Group (LOC 8)	Service Code (LOC 8)	Bill Code * (LOC 8)	Total Rate
Under \$500	21	41	M0248	21	41	M0259	10% of cost
\$500 to \$999.99	21	41	M0249	21	41	M0260	\$54.03
\$1,000 to \$1,499.99	21	41	M0250	21	41	M0261	\$92.85
\$1,500 to \$1,999.99	21	41	M0251	21	41	M0262	\$105.66
\$2,000 to \$2,499.99	21	41	M0252	21	41	M0263	\$118.86
\$2,500 to \$2,999.99	21	41	M0253	21	41	M0264	\$134.21
\$3,000 to \$3,499.99	21	41	M0254	21	41	M0265	\$140.81
\$3,500 to \$3,999.99	21	41	M0255	21	41	M0266	\$147.02
\$4,000 to \$4,499.99	21	41	M0256	21	41	M0267	\$153.62
\$4,500 to \$4,999.99	21	41	M0257	21	41	M0268	\$160.22
\$5,000 and over	21	41	M0258	21	41	M0269	\$168.96

### Requisition Fees - Dental

Service Description	Service Group (LOC 1)	Service Code (LOC 1)	Bill Code * (LOC 1)	Service Group (LOC 8)	Service Code (LOC 8)	Bill Code * (LOC 8)	Total Rate
Under \$500	21	41E	M0315	21	41E	M0318	10% of cost
\$500 to \$999.99	21	41E	M0316	21	41E	M0319	\$54.03
\$1,000 to \$1,499.99	21	41E	M0320	21	41E	M0317	\$92.85
\$1,500 to \$1,999.99	21	41E	M0953	21	41E	M0961	\$105.66
\$2,000 to \$2,499.99	21	41E	M0954	21	41E	M0962	\$118.86
\$2,500 to \$2,999.99	21	41E	M0955	21	41E	M0963	\$134.21
\$3,000 to \$3,499.99	21	41E	M0956	21	41E	M0964	\$140.81
\$3,500 to \$3,999.99	21	41E	M0957	21	41E	M0965	\$147.02
\$4,000 to \$4,499.99	21	41E	M0958	21	41E	M0966	\$153.62
\$4,500 to \$4,999.99	21	41E	M0959	21	41E	M0967	\$160.22
\$5,000 and over	21	41E	M0960	21	41E	M0968	\$168.96

### Requisition Fees - Minor Home Modifications

Service Description	Service Group (LOC 1)	Service Code (LOC 1)	Bill Code * (LOC 1)	Service Group (LOC 8)	Service Code (LOC 8)	Bill Code * (LOC 8)	Total Rate
Under \$500	21	41B	M0430	21	41B	M0444	10% of cost
\$500 to \$999.99	21	41B	M0431	21	41B	M0446	\$80.04
\$1,000 to \$1,499.99	21	41B	M0432	21	41B	M0447	\$118.86
\$1,500 to \$1,999.99	21	41B	M0433	21	41B	M0448	\$131.67
\$2,000 to \$2,499.99	21	41B	M0434	21	41B	M0449	\$163.89
\$2,500 to \$2,999.99	21	41B	M0435	21	41B	M0450	\$196.50
\$3,000 to \$3,499.99	21	41B	M0436	21	41B	M0451	\$227.19
\$3,500 to \$3,999.99	21	41B	M0437	21	41B	M0452	\$258.27
\$4,000 to \$4,499.99	21	41B	M0438	21	41B	M0453	\$284.28
\$4,500 to \$4,999.99	21	41B	M0439	21	41B	M0445	\$309.90
\$5,000 to \$5,499.99	21	41B	M0440	21	41B	M0454	\$335.91
\$5,500 to \$5,999.99	21	41B	M0441	21	41B	M0455	\$361.92
\$6,000 to \$6,499.99	21	41B	M0442	21	41B	M0456	\$395.15
\$6,500 and over	21	41B	M0443	21	41B	M0457	\$428.76

**HOME AND COMMUNITY-BASED SERVICES (HCS) WAIVER PROGRAM**  
**Requisition Fees**  
**Payment Rates Effective September 1, 2024**

**Requisition Fees - Transition Assistance Services - Minor Home Modifications**

Service Description	Service Group (LOC 1)	Service Code (LOC 1)	Bill Code * (LOC 1)	Service Group (LOC 8)	Service Code (LOC 8)	Bill Code * (LOC 8)	Total Rate
Under \$500	21	41BA	M0383	21	41BA	M0397	10% of cost
\$500 to \$999.99	21	41BA	M0384	21	41BA	M0398	\$80.04
\$1,000 to \$1,499.99	21	41BA	M0385	21	41BA	M0399	\$118.86
\$1,500 to \$1,999.99	21	41BA	M0386	21	41BA	M0400	\$131.67
\$2,000 to \$2,499.99	21	41BA	M0387	21	41BA	M0401	\$163.89
\$2,500 to \$2,999.99	21	41BA	M0388	21	41BA	M0402	\$196.50
\$3,000 to \$3,499.99	21	41BA	M0389	21	41BA	M0403	\$227.19
\$3,500 to \$3,999.99	21	41BA	M0390	21	41BA	M0404	\$258.27
\$4,000 to \$4,499.99	21	41BA	M0391	21	41BA	M0405	\$284.28
\$4,500 to \$4,999.99	21	41BA	M0392	21	41BA	M0406	\$309.90
\$5,000 to \$5,499.99	21	41BA	M0393	21	41BA	M0407	\$335.91
\$5,500 to \$5,999.99	21	41BA	M0394	21	41BA	M0408	\$361.92
\$6,000 to \$6,499.99	21	41BA	M0395	21	41BA	M0409	\$395.15
\$6,500 and over	21	41BA	M0396	21	41BA	M0410	\$428.76

\*Billing information and service descriptions provided in this rate sheet align with the HCS and TxHmL Bill Code Crosswalk updated on January 30, 2024, and posted on the HHSC website as of 6-27-2024: <https://www.hhs.texas.gov/providers/long-term-care-providers/long-term-care-provider-resources/long-term-care-bill-code-crosswalks>