

**TEXAS HOME LIVING (TxHmL) WAIVER PROGRAM**  
**Payment Rates Effective September 1, 2024**

<b>Service Description</b>	<b>Service Group</b>	<b>Service Code</b>	<b>Bill Code*</b>	<b>Direct Care Cost</b>	<b>Indirect Care Cost</b>	<b>Total Rate</b>	<b>Unit</b>
Behavioral Support	22	43A	M0192	\$72.15	\$7.38	\$79.53	1 hour
Physical Therapy	22	8	M0234	\$73.25	\$4.18	\$77.43	1 hour
Occupational Therapy	22	7V	M0232	\$68.97	\$3.98	\$72.95	1 hour
Speech Therapy	22	9	M0246	\$69.78	\$6.51	\$76.29	1 hour
Audiology	22	35	M0189	\$45.52	\$7.21	\$52.73	1 hour
Dietary	22	34	M0204	\$48.07	\$7.21	\$55.28	1 hour
Registered Nurse (RN)	22	13B	M0307	\$40.98	\$2.41	\$43.39	1 hour
Specialized RN	22	13C	M0309	\$47.13	\$2.77	\$49.90	1 hour
Licensed Vocational Nurse (LVN)	22	13A	M0306	\$26.97	\$2.72	\$29.69	1 hour
Specialized LVN	22	13D	M0308	\$31.02	\$3.12	\$34.14	1 hour

\*Billing information provided in this rate sheet aligns with the HCS and TxHmL Bill Code Crosswalk updated on January 30, 2024, and posted on the HHSC website as of 8/16/2024: <https://www.hhs.texas.gov/providers/long-term-care-providers/long-term-care-provider-resources/long-term-care-bill-code-crosswalks>

**TEXAS HOME LIVING (TxHmL) 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	Total	Unit
CFC PAS/HAB	22	10CFC	M0360	\$14.67		\$3.21	\$17.88	1 hour
Transportation - Community Support Services (CSS)	22	48	M0419	\$14.67		\$3.21	\$17.88	1 hour

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

Service Description	Service Group	Service Code	Bill Code*	Attendant Cost	Other Direct Care Cost	Admin. Cost	Total	Unit
Employment assistance	22	37	M0243	\$19.07	\$3.79	\$10.24	\$33.10	1 hour
Supported employment	22	54	M0207	\$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	Total	Unit
In-Home Respite	22	11X	M0240	\$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	Total	Unit
In a DH Facility	22	11X	M0903	\$10.66		\$8.23	\$18.89	1 hour
Where HH/CC is Provided	22	11X	M0904	\$10.66		\$8.23	\$18.89	1 hour
Where SL or RSS is Provided	22	11X	M0905	\$10.66		\$8.23	\$18.89	1 hour
In a Setting Not Listed	22	11X	M0906	\$10.66		\$8.23	\$18.89	1 hour
In-Camp	22	11X	M1093	\$10.66		\$8.23	\$18.89	1 hour

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\*\*Totals are base rates. For rate enhancement amounts, please see page 4.

**TEXAS HOME LIVING (TxHmL) 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	22	23	M1005	\$2.05	\$0.28	\$2.76	\$1.45	\$6.54	1 hour
On-Site LON 5	22	23	M1100	\$2.87	\$0.40	\$2.76	\$1.45	\$7.48	1 hour
On-Site LON 8	22	23	M1108	\$4.79	\$0.65	\$2.76	\$1.45	\$9.65	1 hour
On-Site LON 6	22	23	M1104	\$4.79	\$0.65	\$2.76	\$1.45	\$9.65	1 hour
On-Site LON 9***	22	23	M1112	\$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)	22	23	M1008	\$2.05	\$0.28	\$2.76	\$1.45	\$6.54	1 hour
On-Site (In-Home) LON 5 (EVV OHFH)	22	23	M1103	\$2.87	\$0.40	\$2.76	\$1.45	\$7.48	1 hour
On-Site (In-Home) LON 8 (EVV OHFH)	22	23	M1111	\$4.79	\$0.65	\$2.76	\$1.45	\$9.65	1 hour
On-Site (In-Home) LON 6 (EVV OHFH)	22	23	M1107	\$4.79	\$0.65	\$2.76	\$1.45	\$9.65	1 hour
On-Site (In-Home) LON 9 (EVV OHFH) ***	22	23	M1115	\$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	22	23	M1006	\$1.76	\$0.24	\$2.69	\$1.41	\$3.35	\$9.45	1 hour
Off-site LON 1 - Enhanced Staffing Level 1	22	23	M1007	\$7.02	\$0.96	\$2.69	\$1.41	\$3.35	\$15.43	1 hour
Off-site LON 1 - Enhanced Staffing Level 2	22	23	M1116	\$14.04	\$1.92	\$2.69	\$1.41	\$3.35	\$23.41	1 hour
Off-site LON 5	22	23	M1101	\$1.76	\$0.24	\$2.69	\$1.41	\$3.35	\$9.45	1 hour
Off-site LON 5 - Enhanced Staffing Level 1	22	23	M1102	\$7.02	\$0.96	\$2.69	\$1.41	\$3.35	\$15.43	1 hour
Off-site LON 5 - Enhanced Staffing Level 2	22	23	M1117	\$14.04	\$1.92	\$2.69	\$1.41	\$3.35	\$23.41	1 hour
Off-site LON 8	22	23	M1109	\$7.02	\$0.96	\$2.69	\$1.41	\$3.35	\$15.43	1 hour
Off-site LON 8 - Enhanced Staffing Level 2	22	23	M1110	\$14.04	\$1.92	\$2.69	\$1.41	\$3.35	\$23.41	1 hour
Off-site LON 6	22	23	M1105	\$7.02	\$0.96	\$2.69	\$1.41	\$3.35	\$15.43	1 hour
Off-site LON 6 - Enhanced Staffing Level 2	22	23	M1106	\$14.04	\$1.92	\$2.69	\$1.41	\$3.35	\$23.41	1 hour
Off-site LON 9***	22	23	M1113	\$17.93	\$4.39	\$1.69	\$0.91	\$0.00	\$24.92	1 hour

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\*\*Totals are base rates. For rate enhancement amounts, please see page 4.

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

**TEXAS HOME LIVING (TxHmL) WAIVER PROGRAM**  
**Rate Enhancement Amounts**  
**Payment Rates Effective September 1, 2024**

**Rate Enhancement Add-On for Community First Choice (CFC) Community Support Services (CSS); 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 2 and 3.

**TEXAS HOME LIVING (TxHmL) WAIVER PROGRAM**  
**Consumer Directed Services (CDS)**  
**Payment Rates Effective September 1, 2024**

Service Description	Service Group	Service Code	Bill Code*	Total Rate	Unit
Financial Management Services Agency Fee	22	63V	M0209	\$210.08	1 month
CFC PAS/HAB	22	10CFV	M0361	\$22.16	1 hour
Transportation - Community Support Services (CSS)	22	48V	M0420	\$22.16	1 hour
In-Home Respite	22	11XV	M0241	\$19.00	1 hour
Out-of-Home Respite					
In a DH Facility	22	11XV	M0907	\$17.89	1 hour
Where HH/CC is Provided	22	11XV	M0908	\$17.89	1 hour
Where SL or RSS is Provided	22	11XV	M0909	\$17.89	1 hour
In a Setting Not Listed	22	11XV	M0910	\$17.89	1 hour
In-Camp	22	11XV	M1094	\$17.89	1 hour
Supported Employment	22	37V	M0244	\$32.10	1 hour
Employment Assistance	22	54V	M0208	\$32.10	1 hour
Physical Therapy - In-Home	22	8V	G2285	\$76.43	1 hour
Physical Therapy - Out-of-Home	22	8V	G2329	\$76.43	1 hour
Occupational Therapy - In-Home	22	7V	G2284	\$71.95	1 hour
Occupational Therapy - Out-of-Home	22	7V	G2328	\$71.95	1 hour
Speech Therapy	22	9V	M0247	\$75.29	1 hour
Audiology	22	35V	M0190	\$51.73	1 hour
Behavioral Support	22	43AV	M0193	\$78.53	1 hour
Dietary	22	34V	M0205	\$54.28	1 hour
Nursing					
Registered Nurse (RN)	22	13BV	M0311	\$42.39	1 hour
Licensed Vocational Nurse (LVN)	22	13AV	M0310	\$28.69	1 hour
Specialized RN	22	13CV	M0313	\$48.90	1 hour
Specialized LVN	22	13DV	M0312	\$33.14	1 hour
RN - In-Home	22	13BV	G2279	\$42.39	1 hour
LVN - In-Home	22	13AV	G2279	\$28.69	1 hour
Specialized RN - In-Home	22	13CV	G2283	\$48.90	1 hour
Specialized LVN - In-Home	22	13DV	G2283	\$33.14	1 hour
RN - Out-of-Home	22	13BV	G2323	\$42.39	1 hour
LVN - Out-of-Home	22	13AV	G2321	\$28.69	1 hour
Specialized RN - Out-of-Home	22	13CV	G2325	\$48.90	1 hour
Specialized LVN - Out-of-Home	22	13DV	G2327	\$33.14	1 hour
Support Consultation	22	57V	M0314	\$26.52	1 hour
- New Rate Eff. September 1, 2024					
CFC Support Consultation	22	57CFV	M0413	\$26.52	1 hour
- New Rate Eff. September 1, 2024					

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<https://www.hhs.texas.gov/providers/long-term-care-providers/long-term-care-provider-resources/long-term-care-bill-code-crosswalks>

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

**TEXAS HOME LIVING (TxHmL) WAIVER PROGRAM**  
**Consumer Directed Services (CDS) Individualized Skills and Socialization Rates**  
**Payment Rates Effective September 1, 2024**

Service Description	Service Group	Service Code	Bill Code*	Total Rate	Unit
<b>On-Site</b>					
LON 1	22	23V	M1009	\$5.74	1 hour
LON 5	22	23V	M1129	\$6.68	1 hour
LON 8	22	23V	M1131	\$8.85	1 hour
LON 6	22	23V	M1130	\$8.85	1 hour
LON 9	22	23V	M1132	\$24.12	1 hour
<b>On-Site (In-Home) (EVV OHFH)</b>					
LON 1	22	23V	M1012	\$5.74	1 hour
LON 5	22	23V	M1133	\$6.68	1 hour
LON 6	22	23V	M1134	\$8.85	1 hour
LON 8	22	23V	M1135	\$8.85	1 hour
LON 9	22	23V	M1136	\$24.12	1 hour
<b>Off-Site</b>					
LON 1	22	23V	M1010	\$8.65	1 hour
LON 5	22	23V	M1125	\$8.65	1 hour
LON 8	22	23V	M1127	\$14.63	1 hour
LON 6	22	23V	M1126	\$14.63	1 hour
LON 9	22	23V	M1128	\$24.12	1 hour
<b>Off-Site - Enhanced Staffing</b>					
LON 1 - Level 1	22	23V	M1123	\$14.63	1 hour
LON 1 - Level 2	22	23V	M1011	\$22.61	1 hour
LON 5 - Level 1	22	23V	M1124	\$14.63	1 hour
LON 5 - Level 2	22	23V	M1120	\$22.61	1 hour
LON 8	22	23V	M1122	\$22.61	1 hour
LON 6	22	23V	M1121	\$22.61	1 hour

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**TEXAS HOME LIVING (TxHmL) WAIVER PROGRAM  
REQUISITION FEES**

**Payment Rates Effective September 1, 2024**

**Requisition Fees - Adaptive Aids, Medical Supplies**

<b>Service Description</b>	<b>Service Group</b>	<b>Service Code</b>	<b>Bill Code*</b>	<b>Total Rate</b>
Under \$500	22	41	M0178	10% of cost
\$500 to \$999.99	22	41	M0179	\$54.03
\$1,000 to \$1,499.99	22	41	M0180	\$92.85
\$1,500 to \$1,999.99	22	41	M0181	\$105.66
\$2,000 to \$2,499.99	22	41	M0182	\$118.86
\$2,500 to \$2,999.99	22	41	M0183	\$134.21
\$3,000 to \$3,499.99	22	41	M0184	\$140.81
\$3,500 to \$3,999.99	22	41	M0185	\$147.02
\$4,000 to \$4,499.99	22	41	M0186	\$153.62
\$4,500 to \$4,999.99	22	41	M0187	\$160.22
\$5,000 and over	22	41	M0188	\$168.96

**Requisition Fees - Dental**

<b>Service Description</b>	<b>Service Group</b>	<b>Service Code</b>	<b>Bill Code*</b>	<b>Total Rate</b>
Under \$500	22	41E	M0321	10% of cost
\$500 to \$999.99	22	41E	M0322	\$54.03
\$1,000 to \$1,499.99	22	41E	M0323	\$92.85
\$1,500 to \$1,999.99	22	41E	M0969	\$105.66
\$2,000 to \$2,499.99	22	41E	M0970	\$118.86
\$2,500 to \$2,999.99	22	41E	M0971	\$134.21
\$3,000 to \$3,499.99	22	41E	M0972	\$140.81
\$3,500 to \$3,999.99	22	41E	M0973	\$147.02
\$4,000 to \$4,499.99	22	41E	M0974	\$153.62
\$4,500 to \$4,999.99	22	41E	M0975	\$160.22
\$5,000 and over	22	41E	M0976	\$168.96

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REQUISITION FEES  
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>
Under \$500	22	41B	M0464	10% of cost
\$500 to \$999.99	22	41B	M0465	\$80.04
\$1,000 to \$1,499.99	22	41B	M0466	\$118.86
\$1,500 to \$1,999.99	22	41B	M0467	\$131.67
\$2,000 to \$2,499.99	22	41B	M0468	\$163.89
\$2,500 to \$2,999.99	22	41B	M0469	\$196.50
\$3,000 to \$3,499.99	22	41B	M0470	\$227.19
\$3,500 to \$3,999.99	22	41B	M0471	\$258.27
\$4,000 to \$4,499.99	22	41B	M0472	\$284.28
\$4,500 to \$4,999.99	22	41B	M0473	\$309.90
\$5,000 to \$5,499.99	22	41B	M0474	\$335.91
\$5,500 to \$5,999.99	22	41B	M0475	\$361.92
\$6,000 to \$6,499.99	22	41B	M0476	\$395.15
\$6,500 and over	22	41B	M0477	\$428.76

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