

**STAR+PLUS - Home and Community-Based Services
Payment Rates Effective September 1, 2024**

Service Description	Bill Code*	Mod 1	Mod 2	Mod 3	Mod 4	Rate	Billing Unit
Adult Foster Care - Level 1	S5140	U1				\$19.19	1 day
Adult Foster Care - Level 2	S5140	U2				\$33.10	1 day
Adult Foster Care - Level 3	S5140	U3				\$67.20	1 day
Emergency Response Services (Installation and Testing)	S5160					\$50.00	1 service (ceiling)
Emergency Response Services (Monthly)	S5161	U3				\$37.61	1 month (ceiling)
Emergency Response Services (Monthly) (CFC)	S5161	U3	U7			\$37.61	1 month (ceiling)
Nursing Services - LVN (1 visit) Nursing Care in Home by LVN (AO)	S9124	U3				\$29.69	1 hour
Nursing Services - LVN (1 visit) Nursing Care in Home by LVN (AO) (Specialized)	S9124	U3	UA			\$34.14	1 hour
Nursing Services - LVN (1 visit) Nursing Care in Home by LVN (SRO)	S9124	U3	UD			\$29.69	1 hour
Nursing Services - LVN (1 visit) Nursing Care in Home by LVN (SRO) (Specialized)	S9124	U3	UD	UA		\$34.14	1 hour
Nursing Services - RN (1 visit) Nursing Care in the Home by RN (AO)	S9123	U3				\$43.39	1 hour
Nursing Services - RN (1 visit) Nursing Care in the Home by RN (AO) (Specialized)	S9123	U3	UA			\$49.90	1 hour
Nursing Services - RN (1 visit) Nursing Care in the Home by RN (SRO)	S9123	U3	UD			\$43.39	1 hour
Nursing Services - RN (1 visit) Nursing Care in the Home by RN (SRO) (Specialized)	S9123	U3	UD	UA		\$49.90	1 hour
Occupational Therapy: Home per diem (SRO) **	S9129	U3	UD			\$72.95	1 hour

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Occupational Therapy: Home per diem (AO) **	S9129	U3				\$72.95	1 hour
Physical Therapy in the Home per diem (AO) **	S9131	U3				\$77.43	1 hour
Physical Therapy in the Home per diem (SRO) **	S9131	U3	UD			\$77.43	1 hour
Speech Therapy in the Home per diem (AO) **	S9128	U3				\$76.29	1 hour
Speech Therapy in the Home per diem (SRO) **	S9128	U3	UD			\$76.29	1 hour
Respite Care - Adult Foster Care (Level 1)	S5151	UD	U1			\$33.28	1 day
Respite Care - Adult Foster Care (Level 2)	S5151	UD	U2			\$47.19	1 day
Respite Care - Adult Foster Care (Level 3)	S5151	UD	U3			\$81.30	1 day
Respite Care - Nursing Facility	S5151					<u>NF RUG RATE ***</u>	1 day
Transition Assistance Services (TAS)	T2038					\$158.28	1 time
Home Delivered Meals HCBS	S5170					\$6.46	1 meal

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**Therapy codes reflect an hourly rate.

***<https://pfd.hhs.texas.gov/long-term-services-supports/nursing-facility-nf>

Note: Agency Option (AO), Service Responsibility Option (SRO), Community First Choice (CFC)

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Service Description	Bill Code*	Mod 1	Mod 2	Mod 3	Mod 4	Rate	Billing Unit
Habilitation (AO) (CFC)	T2017	U3	U7			\$3.63	15 minutes
Habilitation (SRO) (CFC)	T2017	U3	U7	UD		\$3.63	15 minutes
PAS (AO)	S5125	U3				\$3.57	15 minutes
PAS (AO) (CFC)	S5125	U3	U7			\$3.63	15 minutes
PAS (SRO)	S5125	U3	UD			\$3.57	15 minutes
PAS (SRO) (CFC)	S5125	U3	U7	UD		\$3.63	15 minutes
PAS Protective Supervision (AO)	S5125	U3	U1			\$3.57	15 minutes
PAS Protective Supervision (SRO)	S5125	U3	U1	UD		\$3.57	15 minutes
Cognitive Rehabilitation Therapy	97129	U3				\$19.88	15 minutes
Cognitive Rehabilitation Therapy	97130	U3				\$19.88	15 minutes
Cognitive Rehabilitation Therapy (SRO)	97129	U3	UD			\$19.88	15 minutes
Employment Assistance	H2025	U3				\$6.52	15 minutes
Employment Assistance (SRO)	H2025	U3	UD			\$6.52	15 minutes
Supported Employment	H2023	U3				\$6.52	15 minutes
Supported Employment (SRO)	H2023	U3	UD			\$6.52	15 minutes
Respite Care (AO)	T1005	U3				\$3.56	15 minutes
Respite Care (SRO)	T1005	U3	UD			\$3.56	15 minutes

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Note: Agency Option (AO), Service Responsibility Option (SRO), Community First Choice (CFC)

**STAR+PLUS - Home and Community-Based Services
Assisted Living**

Payment Rates Effective September 1, 2024

Assisted Living - Single Occupancy

Service Description	Bill Code*	Mod 1	Mod 2	Mod 3	Mod 4	Rate	Unit
Level 1: SSC, CC1, RAD, CC2, PE2, SE3, & SE1	T2031	U1				\$67.56	1 day
Level 2: RAA, RAB, CB1, RAC, CB2, SE2, PD2, PE1, & SSB	T2031	U2				\$62.60	1 day
Level 3: CA2, PC1, BB1, & IB1	T2031	U3				\$55.84	1 day
Level 4: SSA, PC2, BB2, IB2, & PD1	T2031	U4				\$58.44	1 day
Level 5: PB1, CA1, & PB2	T2031	U5				\$52.20	1 day
Level 6: PA1, BA1, PA2, BA2, IA1, & IA2	T2031	U6				\$50.48	1 day

Assisted Living Apartment - Double Occupancy

Service Description	Bill Code*	Mod 1	Mod 2	Mod 3	Mod 4	Rate	Unit
Level 1: SSC, CC1, RAD, CC2, PE2, SE3, & SE1	T2031	UB	U1			\$60.56	1 day
Level 2: RAA, RAB, CB1, RAC, CB2, SE2, PD2, PE1, & SSB	T2031	UB	U2			\$55.60	1 day
Level 3: CA2, PC1, BB1, & IB1	T2031	UB	U3			\$48.84	1 day
Level 4: SSA, PC2, BB2, IB2, & PD1	T2031	UB	U4			\$51.44	1 day
Level 5: PB1, CA1, & PB2	T2031	UB	U5			\$45.24	1 day
Level 6: PA1, BA1, PA2, BA2, IA1, & IA2	T2031	UB	U6			\$43.48	1 day

Assisted Living - Non-Apartment

Service Description	Bill Code*	Mod 1	Mod 2	Mod 3	Mod 4	Rate	Unit
Level 1: SSC, CC1, RAD, CC2, PE2, SE3, & SE1	T2031	UA	U1			\$42.00	1 day
Level 2: RAA, RAB, CB1, RAC, CB2, SE2, PD2, PE1, & SSB	T2031	UA	U2			\$37.04	1 day
Level 3: CA2, PC1, BB1, & IB1	T2031	UA	U3			\$30.32	1 day
Level 4: SSA, PC2, BB2, IB2, & PD1	T2031	UA	U4			\$32.88	1 day
Level 5: PB1, CA1, & PB2	T2031	UA	U5			\$26.68	1 day
Level 6: PA1, BA1, PA2, BA2, IA1, & IA2	T2031	UA	U6			\$24.92	1 day

**STAR+PLUS - Home and Community-Based Services
Respite Care**

Payment Rates Effective September 1, 2024

Respite Care - Assisted Living (Non-Apartment)

Service Description	Bill Code*	Mod 1	Mod 2	Mod 3	Mod 4	Rate	Unit
Level 1: SSC, CC1, RAD, CC2, PE2, SE3, & SE1	S5151	U8	UA	U1		\$61.05	1 day
Level 2: RAA, RAB, CB1, RAC, CB2, SE2, PD2, PE1, & SSB	S5151	U8	UA	U2		\$56.09	1 day
Level 3: CA2, PC1, BB1, & IB1	S5151	U8	UA	U3		\$49.34	1 day
Level 4: SSA, PC2, BB2, IB2, & PD1	S5151	U8	UA	U4		\$51.92	1 day
Level 5: PB1, CA1, & PB2	S5151	U8	UA	U5		\$45.70	1 day
Level 6: PA1, BA1, PA2, BA2, IA1, & IA2	S5151	U8	UA	U6		\$43.97	1 day

Respite Care - Assisted Living Apartment (Double Occupancy)

Service Description	Bill Code*	Mod 1	Mod 2	Mod 3	Mod 4	Rate	Unit
Level 1: SSC, CC1, RAD, CC2, PE2, SE3, & SE1	S5151	U8	UB	U1		\$79.60	1 day
Level 2: RAA, RAB, CB1, RAC, CB2, SE2, PD2, PE1, & SSB	S5151	U8	UB	U2		\$74.65	1 day
Level 3: CA2, PC1, BB1, & IB1	S5151	U8	UB	U3		\$67.89	1 day
Level 4: SSA, PC2, BB2, IB2, & PD1	S5151	U8	UB	U4		\$70.48	1 day
Level 5: PB1, CA1, & PB2	S5151	U8	UB	U5		\$64.26	1 day
Level 6: PA1, BA1, PA2, BA2, IA1, & IA2	S5151	U8	UB	U6		\$62.53	1 day

Respite Care - Assisted Living Apartment (Single Occupancy)

Service Description*	Bill Code	Mod 1	Mod 2	Mod 3	Mod 4	Rate	Unit
Level 1: SSC, CC1, RAD, CC2, PE2, SE3, & SE1	S5151	U8	U9	U1		\$86.60	1 day
Level 2: RAA, RAB, CB1, RAC, CB2, SE2, PD2, PE1, & SSB	S5151	U8	U9	U2		\$81.64	1 day
Level 3: CA2, PC1, BB1, & IB1	S5151	U8	U9	U3		\$74.88	1 day
Level 4: SSA, PC2, BB2, IB2, & PD1	S5151	U8	U9	U4		\$77.47	1 day
Level 5: PB1, CA1, & PB2	S5151	U8	U9	U5		\$71.24	1 day
Level 6: PA1, BA1, PA2, BA2, IA1, & IA2	S5151	U8	U9	U6		\$69.52	1 day

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**STAR+PLUS - Home and Community-Based Services
Consumer Directed Services (CDS)
Payment Rates Effective September 1, 2024**

Service Description	Bill Code*	Mod 1	Mod 2	Mod 3	Mod 4	Rate	Unit
Financial Management Service (FMS) Fee	T2040	U3	U9			\$210.08	1 month
FMS Fee, Monthly Fee (CFC)	T2040	U3	U9	U7		\$210.08	1 month
Nursing Services - RN (1 visit) Nursing Care in the Home by RN	S9123	U3	UC			\$42.39	1 hour
Nursing Services - RN (1 visit) Nursing Care in the Home by RN (Specialized)	S9123	U3	UC	UA		\$48.90	1 hour
Nursing Services - LVN (1 visit) Nursing Care in Home by LVN	S9124	U3	UC			\$28.69	1 hour
Nursing Services - LVN (1 visit) Nursing Care in Home by LVN (Specialized)	S9124	U3	UC	UA		\$33.14	1 hour
Physical Therapy in the home	S9131	U3	UC			\$76.43	1 hour
Speech Therapy in the home	S9128	U3	UC			\$75.29	1 hour
Occupational Therapy in the home	S9129	U3	UC			\$71.95	1 hour
Respite Care - Nursing Facility	S5151	UC				<u>NF RUG RATE minus</u> <u>\$12.00 ***</u>	1 day
Habilitation (CFC)	T2017	U3	U7	UC		\$3.59	15 minutes
PAS	S5125	U3	UC			\$3.48	15 minutes
PAS (CFC)	S5125	U3	U7	UC		\$3.43	15 minutes
PAS Protective Supervision	S5125	U3	U1	UC		\$3.48	15 minutes
Cognitive Rehabilitation Therapy	97129	U3	UC			\$19.63	15 minutes
Cognitive Rehabilitation Therapy	97130	U3	UC			\$19.63	15 minutes

**STAR+PLUS - Home and Community-Based Services
Consumer Directed Services (CDS)
Payment Rates Effective September 1, 2024**

Service Description	Bill Code*	Mod 1	Mod 2	Mod 3	Mod 4	Rate	Unit
Supported Employment	H2023	U3	UC			\$6.32	15 minutes
Employment Assistance	H2025	U3	UC			\$6.32	15 minutes
Respite Care	T1005	U3	UC			\$3.31	15 minutes

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**<https://pfd.hhs.texas.gov/long-term-services-supports/nursing-facility-nf>

Note: Community First Choice (CFC)

**STAR+PLUS - State Plan Services
Payment Rates Effective September 1, 2024**

Service Description	Bill Code*	Mod 1	Mod 2	Mod 3	Mod 4	Rate	Unit
Day Activities & Health Services (3-6 hours)	S5101					\$16.72	3-6 Hours = 1 unit
Day Activities & Health Services (over 6 hours)	S5101					\$33.44	over 6 Hours = 2 units
Emergency Response Services (Installation and Testing)	S5160					\$29.76	1 service (ceiling)
Emergency Response Services (Monthly) (CFC)	S5161	U5	U7			\$29.76	1 month (ceiling)
Habilitation (AO) (CFC)	T2017	U5	U7			\$3.63	15 minutes
Habilitation (SRO) (CFC)	T2017	U5	U7	UD		\$3.63	15 minutes
PAS (AO)	S5125	U5				\$3.56	15 minutes
PAS (AO) (CFC)	S5125	U5	U7			\$3.63	15 minutes
PAS (SRO)	S5125	U5	UD			\$3.56	15 minutes
PAS (SRO) (CFC)	S5125	U5	U7	UD		\$3.63	15 minutes

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Note: Agency Option (AO), Service Responsibility Option (SRO), Community First Choice (CFC)

**STAR+PLUS - State Plan Services
Consumer Directed Services (CDS)
Payment Rates Effective September 1, 2024**

Service Description	Bill Code*	Mod 1	Mod 2	Mod 3	Mod 4	Rate	Unit
Financial Management Service (FMS) Fee, Monthly Fee - New Rate Eff. September 1, 2024	T2040	U5	U9			\$120.55	1 month
Financial Management Service (FMS) Fee, Monthly Fee (CFC) - New Rate Eff. September 1, 2024	T2040	U5	U9	U7		\$120.55	1 month
Habilitation (CFC)	T2017	U5	U7	UC		\$3.59	15 minutes
PAS	S5125	U5	UC			\$3.36	15 minutes
PAS (CFC)	S5125	U5	U7	UC		\$3.43	15 minutes

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Note: Community First Choice (CFC)

**STAR+PLUS - State Plan Services
Payment Rates Effective September 1, 2024**

Other Services*

Service Description	Bill Code**	Mod 1	Mod 2	Mod 3	Mod 4
Non-Emergency Transport - 1 way trip	T2003				
Minor Home Modifications	S5165				
Nursing assessment/evaluation	T1001				
Community/Work Reintegration-CRT	97537	U3			
Community/Work Reintegration-CRT (SRO)	97537	U3	UD		

Other Services, Consumer Directed Services (CDS)*

Service Description	Bill Code**	Mod 1	Mod 2	Mod 3	Mod 4
Non-Emergency Transport - 1 way trip	T2003				

*Payment rate information is published by procedure code in the applicable Texas Medicaid Fee Schedule located on the Texas Medicaid & Healthcare Partnership (TMHP) website (see Fee Schedules):

<https://public.tmhp.com/FeeSchedules/Default.aspx>

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