

**TEXAS HEALTH AND HUMAN SERVICES COMMISSION
PROVIDER FINANCE DEPARTMENT**

**Notice of Proposed Adjustments to Fees, Rates, or Charges for
Medicaid Biennial Calendar Fee Review of the following:**

**STAR Kids Community First Choice Personal Attendant and
Habilitation (CFC PAS/HAB) Consumer Directed Services Option
(CDS)**

**STAR Kids/STAR Health Prescribed Pediatric Extended Care Centers
(PPECC)**

Effective June 1, 2023

SUMMARY OF PROPOSED ADJUSTMENTS

To be Effective June 1, 2023, for STAR Kids CFC PAS/HAB CDS Option and STAR Kids/STAR Health PPECC.

This document contains information relating to proposed payment rates for STAR Kids Community First Choice Personal Attendant and Habilitation (CFC PAS/HAB) Consumer Directed Services (CDS) Option; and STAR Kids/STAR Health Prescribed Pediatric Extended Care Centers (PPECC), effective June 1, 2023.

Hearing

Texas Health and Human Services Commission (HHSC) will conduct an in-person public hearing to receive comments on proposed payment rates at 9:00 a.m. on May 19, 2023.

The public hearing will be held at the following meeting site:

HHSC John H Winters Building
Public Hearing Room 125, First Floor
701 W. 51st Street
Austin, TX 78751

This hearing will be conducted both in-person and as an online event. To join the hearing from your computer, tablet, or smartphone, register for the hearing in advance using the following link:

Registration URL:

<https://attendee.gotowebinar.com/register/2214045213189178454>

Webinar ID: 844-109-835

After registering, you will receive a confirmation email containing information about joining the webinar. Instructions for dialing in by phone will be provided after you register.

The hearing will be held in compliance with Texas Human Resources Code Section 32.0282, which requires public notice of hearings on proposed Medicaid reimbursements. HHSC will consider feedback shared during the hearing before final rate approval. If you have any questions regarding the information in this document, please contact:

HHSC Provider Finance Department, Long-term Services and Supports
Email: PFD-LTSS@hhs.texas.gov

HHSC will archive the recorded public hearing. The recording can be accessed on-demand after the hearing at <https://hhs.texas.gov/about-hhs/communications-events/live-archived-meetings>.

Background

HHSC is responsible for the reimbursement determination functions for the Texas Medicaid Program. Proposed rates are calculated using established methodologies that conform to the Social Security Act and related federal regulations, the federally approved Texas Medicaid State Plan, all applicable state statutes and rules, and other requirements. HHSC reviews the Medicaid reimbursement rates for specific Long-term Services and Supports services every two years. These biennial reviews result in rates that are increased, decreased, or remain the same. The reviews are conducted to ensure that rates continue to be based on established rate methodologies.

Methodology

The specific administrative rules that govern the establishment of bounds this proposal were calculated following Title 1 of the Texas Administrative Code (TAC):

- Section 355.9090 Reimbursement Methodology for Community First Choice;
- Section 355.9080, Reimbursement Methodology for Prescribed Pediatric Extended Care Centers.

Proposed Rate Adjustments

Proposed rate adjustments are in Attachment 1.

Written Comments

Written comments regarding the proposed payment rates may be submitted instead of, or in addition to, oral testimony until 5:00 p.m. the day of the hearing. Written comments may be sent by U.S. mail to Texas Health and Human Services Commission, Attention: Provider Finance Department, Mail Code H-400, P.O. Box 149030, Austin, Texas 78714-9030; by fax to Provider Finance at (512) 730-7475; or by email to PFD-LTSS@hhs.texas.gov. In addition, written comments may be sent by overnight mail or hand delivered to Texas Health and Human Services Commission, Attention: Provider Finance, Mail Code H-400, North Austin Complex, 4601 W. Guadalupe St., Austin, TX 78751.

Persons with disabilities who wish to attend the hearing and require auxiliary aids or services should contact HHSC Provider Finance Department by calling (512) 730-7401 at least 72 hours before the hearing so appropriate arrangements can be made.

Preferred Communication

Contact the HHSC Provider Finance Department by phone at (737) 867-7817 or by email at PFD-LTSS@hhs.texas.gov if you have any questions regarding the information in this document.

Table 1. Proposed rates for STAR Kids Community First Choice Personal Attendant and Habilitation (CFC PAS/HAB) Services

Service Description	Proposed Rate	Unit	Bill code	Mod 1	Mod 2	Mod 3	Mod 4
CFC Habilitation and Attendant Care, HAB - Consumer Directed Services Model	\$3.26	15-min	T1019	U9	UC		
CFC Habilitation and Attendant Care, HAB - Consumer Directed Services Model (MDCP)	\$3.26	15-min	T1019	U9	UC	U6	

* The proposed rate is aligned with the PCS CDS rate (bill code T1019, modifier UC, effective 12/1/2022) of \$3.26 per 15-min increment unit.

Bill codes provided in this rate sheet align with the billing matrices posted on the HHSC website as of 02-23-2023.

Long-term Care Bill Code Crosswalk:

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

Table 2. Proposed Rates for STAR Kids/STAR Health Prescribed Pediatric Extended Care Centers

Service Description	Proposed Rate	Unit	Bill Code	Modifier	Program Name
Prescribed Pediatric Extended Care, greater than 4 hours	\$ 389.49	per diem	T1025		STAR Health
Prescribed Pediatric Extended Care, up to 4 hours	\$ 32.46	per hour	T1026		STAR Health
Prescribed Pediatric Extended Care, greater than 4 hours	\$ 389.49	per diem	T1025		STAR Kids
Prescribed Pediatric Extended Care, up to 4 hours	\$ 32.46	per hour	T1026		STAR Kids
Prescribed Pediatric Extended Care, greater than 4 hours	\$ 389.49	per diem	T1025	U6	STAR Health MDCP
Prescribed Pediatric Extended Care, up to 4 hours	\$ 32.46	per hour	T1026	U6	STAR Health MDCP
Prescribed Pediatric Extended Care, greater than 4 hours	\$ 389.49	per diem	T1025	U6	STAR Kids MDCP
Prescribed Pediatric Extended Care, up to 4 hours	\$ 32.46	per hour	T1026	U6	STAR Kids MDCP