

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

Revised Notice of Proposed Rate Actions for Attendant Services in Various Programs, Case Management in the Deaf-Blind and Multiple Disabilities Waiver Program, Home-Delivered Meals in Various Programs, Nursing Facilities, and Pediatric Care Facilities, Effective September 1, 2023.

SUMMARY OF PROPOSED RATE ACTIONS

To be Effective September 1, 2023, for Attendant Services in Various Programs, Case Management in the Deaf-Blind and Multiple Disabilities Waiver Program, Home-Delivered Meals in Various Programs, Nursing Facilities, and Pediatric Care Facilities.

This document contains information relating to proposed payment rates for the following programs:

Community Attendant Services (CAS) / Family Care (FC) / Primary Home Care (PHC);

Community First Choice (CFC);

Community Living Assistance & Support Services (CLASS) Waiver;

Day Activity and Health Services (DAHS);

Deaf-Blind Multiple Disabilities (DBMD) Waiver;

Home and Community-Based Services (HCS) Waiver;

Home-Delivered Meals (HDM);

Home and Community-Based Services Adult Mental Health (HCBS-AMH);

Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions (ICF/IID);

Nursing Facility (NF);

Pediatric Care Facility Special Reimbursement Class of NF;

Residential Care (RC);

STAR Kids / STAR Health – Medically Dependent Children Program (MDCP) Waiver and Non-MDCP;

STAR+PLUS Home and Community-Based Services (HCBS) and Non-HCBS;

Texas Home Living Waiver (TxHmL) Program.

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 July 11, 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/4862721446890562654>

Webinar ID: 497-246-403

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 proposes a correction to payment rates for personal attendant services in CAS/FC/PHC, CFC, CLASS, DAHS, DBMD, HCS, HCBS-AMH, ICF/IID, PCS, RC, STAR Kids/STAR Health MDCP and non-MDCP, STAR+PLUS HCBS and non-HCBS, TxHmL; DBMD case management services; HDM provided under Title III of the Older Americans Act and Titles XX and XIX of the Social Security Act; NF; and Pediatric Care Facilities in accordance with the 2024-25 General Appropriations Act (GAA), Article II, HHSC, House Bill 1, 88th Legislature, Regular Session, 2023, effective September 1, 2023.

Methodology

The proposed payment rates for attendant services in CAS/FC/PHC, CFC, CLASS, DAHS, DBMD, HCS, HCBS-AMH, ICF/IID, PCS, RC, STAR Kids/STAR Health MDCP and non-MDCP, STAR+PLUS HCBS and non-HCBS, and TxHmL, were calculated in accordance with 2024-25 GAA, HHSC, Article II, Rider 30(a) and 1 Texas Administrative Code (TAC) Section 355.7051, relating to Base Wage for a Personal Attendant.

The proposed payment rate for DBMD case management services was calculated in accordance with 2024-25 GAA, HHSC, Article II, Rider 29 and 1 TAC Section 355.513, relating to Reimbursement Methodology for the Deaf-Blind with Multiple Disabilities Waiver Program.

The proposed payment rate for HDM was calculated in accordance with 2024-25 GA, HHSC, Article II, Rider 87 and 1 TAC Section 355.511, relating to Reimbursement Methodology for Home-Delivered Meals.

The proposed payment rate for the Pediatric Care Facility special reimbursement class of NF was calculated in accordance with 2024-25 GAA, HHSC, Article II, Rider 35 and 1 TAC Section 355.316 relating to Reimbursement Setting Methodology for Pediatric Care Facilities.

The proposed payment rates for NF were calculated in accordance with 2024-25 GAA, HHSC, Article II, Rider 24 and 1 TAC Sections 355.307, relating to Reimbursement Methodology for Nursing Facilities.

Proposed Rate Adjustments

Proposed rate adjustments are in Attachment 1.

Potential Testimony Limitations

Due to the number of people anticipated to provide oral testimony at the hearing, HHSC may have to time-limit public testimony to three minutes for each individual depending on the number of participants signed-up to testify prior to the hearing and the time allotted for the rate hearing. HHSC will announce at the beginning of the hearing, the final allotted amount of time for oral testimony.

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 Community Living Assistance & Support Services Waiver (CLASS), effective 9/1/2023

Bill Code	Service Group Code	Service Code	Program	Service Description	Unit	Current Total Rate	Attendant Cost	Other Direct Care Cost	Facility Cost	Admin Cost	Proposed Attendant Cost	Proposed Total Rate	Rate Increase (\$)	Rate Increase (%)	Rate Enhancement
G0100	2	11	CLASS	RESPIRE-IN HOME RESPIRE	1 day	\$ 241.50	\$ 212.16			\$ 29.34	\$ 281.78	\$ 311.12	\$ 69.62	29%	
S0107	2	10B	CLASS	HABILITATION - PREVOCATIONAL	1 hour (ceiling)	\$ 13.85	\$ 10.64			\$ 3.21	\$ 11.75	\$ 14.96	\$ 1.11	8%	*
S0100	2	10	CLASS	HABILITATION - TRAINING	1 hour	\$ 13.85	\$ 10.64			\$ 3.21	\$ 11.75	\$ 14.96	\$ 1.11	8%	*
G0248	2	48	CLASS	HAB TRANSPORTATION	1 hour	\$ 13.85	\$ 10.64			\$ 3.21	\$ 11.75	\$ 14.96	\$ 1.11	8%	*
G1108	2	10CFC	CLASS	CFC PAS/HAB	1 hour	\$ 13.85	\$ 10.64			\$ 3.21	\$ 11.75	\$ 14.96	\$ 1.11	8%	*
G0197	2	11PV	CLASS	CDS RESPIRE IN-HOME	1 day	\$ 217.50	\$ 212.16			\$ 5.34	\$ 281.78	\$ 287.12	\$ 69.62	32%	
G6085	2	10V	CLASS	CDS HABILITATION - TRAINING	1 hour	\$ 13.05	\$ 10.64			\$ 2.41	\$ 11.75	\$ 14.16	\$ 1.11	9%	
G0249	2	48V	CLASS	CDS HAB TRANSPORTATION	1 hour	\$ 13.05	\$ 10.64			\$ 2.41	\$ 11.75	\$ 14.16	\$ 1.11	9%	
G1109	2	10CFV	CLASS	CDS CFC PAS/HAB	1 hour	\$ 13.05	\$ 10.64			\$ 2.41	\$ 11.75	\$ 14.16	\$ 1.11	9%	

Proposed rate was revised on 6/30/2023
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Table 2. Proposed rates for Deaf-blind Multiple Disabilities Waiver (DBMD), effective 9/1/2023

Bill Code	Service Group Code	Service Code	Program	Service Description	Unit	Current Total Rate	Attendant Cost	Other Direct Care Cost	Facility Cost	Admin Cost	Proposed Attendant Cost	Proposed Total Rate	Rate Increase (\$)	Rate Increase (%)	Rate Enhancement
G0937	16	19E	DBMD	ASSISTED LIVING - HABILITATION 24 HR	1 day	\$ 143.65	\$ 81.88			\$ 61.77	\$ 83.83	\$ 145.60	\$ 1.95	1%	
G0938	16	19F	DBMD	18 HOUR ASSISTED LIVING	1 day	\$ 123.89	\$ 70.62			\$ 53.27	\$ 72.57	\$ 125.84	\$ 1.95	2%	
G0900	16	19	DBMD	ASSISTED LIVING - APT (LEVEL 6)	1 day	\$ 143.65	\$ 81.88			\$ 61.77	\$ 83.83	\$ 145.60	\$ 1.95	1%	
G0744	16	17E	DBMD	PAS CHORE	1 hour	\$ 13.52	\$ 11.18			\$ 2.34	\$ 11.74	\$ 14.08	\$ 0.56	4%	*
G0100	16	11	DBMD	RESPIRE - IN HOME	1 day	\$ 261.15	\$ 229.16			\$ 31.99	\$ 281.77	\$ 313.76	\$ 52.61	20%	
G0252	16	48	DBMD	HAB TRANSPORTATION	1 hour	\$ 15.30	\$ 12.09			\$ 3.21	\$ 13.27	\$ 16.48	\$ 1.18	8%	*
G1108	16	10CFC	DBMD	CFC PAS/HAB	1 hour	\$ 15.30	\$ 12.09			\$ 3.21	\$ 13.27	\$ 16.48	\$ 1.18	8%	*
G0730	16	17	DBMD	RESIDENTIAL HABILITATION	1 hour	\$ 15.30	\$ 12.09			\$ 3.21	\$ 13.27	\$ 16.48	\$ 1.18	8%	*
S0101	16	10	DBMD	HABILITATION - ADL'S	1 hour	\$ 15.30	\$ 12.09			\$ 3.21	\$ 13.27	\$ 16.48	\$ 1.18	8%	*
G0197	16	11PV	DBMD	CDS RESPIRE IN-HOME	1 day	\$ 237.15	\$ 229.16			\$ 7.99	\$ 281.77	\$ 289.76	\$ 52.61	22%	
G0253	16	48V	DBMD	CDS HAB TRANSPORTATION	1 hour	\$ 15.30	\$ 12.09			\$ 3.21	\$ 13.27	\$ 16.48	\$ 1.18	8%	
G1109	16	10CFV	DBMD	CDS CFC PAS/HAB	1 hour	\$ 15.30	\$ 12.09			\$ 3.21	\$ 13.27	\$ 16.48	\$ 1.18	8%	
G0717	16	17V	DBMD	CDS RESIDENTIAL HABILITATION	1 hour	\$ 15.30	\$ 12.09			\$ 3.21	\$ 13.27	\$ 16.48	\$ 1.18	8%	

Proposed rate was revised on 6/30/2023
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Table 3. Proposed rates for Home and Community-Based Services Waiver (HCS), effective 9/1/2023

Bill Code	Service Group Code	Service Code	Program	Service Description	Unit	Current Total Rate	Attendant Cost	Other Direct Care Cost	Facility Cost	Admin Cost	Proposed Attendant Cost	Proposed Total Rate	Rate Increase (\$)	Rate Increase (%)	Rate Enhancement
M0143	21	11X	HCS	HOURLY RESPITE - LOC 1	1 hour	\$ 18.89	\$ 10.66			\$ 8.23	\$ 11.77	\$ 20.00	\$ 1.11	6%	
M0144	21	11X	HCS	HOURLY RESPITE - LOC 8	1 hour	\$ 18.89	\$ 10.66			\$ 8.23	\$ 11.77	\$ 20.00	\$ 1.11	6%	
M0354	21	10CFC	HCS	CFC PAS/HAB - LOC 1	1 hour	\$ 18.23	\$ 15.02			\$ 3.21	\$ 15.15	\$ 18.36	\$ 0.13	1%	*
M0366	21	10CFC	HCS	CFC PAS/HAB - LOC 8	1 hour	\$ 18.23	\$ 15.02			\$ 3.21	\$ 15.15	\$ 18.36	\$ 0.13	1%	*
M0372	21	48	HCS	TRANSPORTATION - LOC 1	1 hour	\$ 18.23	\$ 15.02			\$ 3.21	\$ 15.15	\$ 18.36	\$ 0.13	1%	*
M0374	21	48	HCS	TRANSPORTATION - LOC 8	1 hour	\$ 18.23	\$ 15.02			\$ 3.21	\$ 15.15	\$ 18.36	\$ 0.13	1%	*
M0149	21	46	HCS	RESIDENTIAL SUPPORT SERVICES - LON 1	1 day = 18 hours, excluding 6 hours for Day Hab	\$ 137.54	\$ 66.50	\$ 8.08	\$ 26.44	\$ 36.52	\$ 78.04	\$ 149.08	\$ 11.54	8%	*
M0150	21	46	HCS	RESIDENTIAL SUPPORT SERVICES - LON 5	1 day = 18 hours, excluding 6 hours for Day Hab	\$ 146.47	\$ 74.21	\$ 9.03	\$ 26.56	\$ 36.67	\$ 85.74	\$ 158.00	\$ 11.53	8%	*
M0152	21	46	HCS	RESIDENTIAL SUPPORT SERVICES - LON 8	1 day = 18 hours, excluding 6 hours for Day Hab	\$ 159.49	\$ 85.48	\$ 10.40	\$ 26.72	\$ 36.89	\$ 97.03	\$ 171.04	\$ 11.55	7%	*
M0151	21	46	HCS	RESIDENTIAL SUPPORT SERVICES - LON 6	1 day = 18 hours, excluding 6 hours for Day Hab	\$ 181.27	\$ 104.35	\$ 12.70	\$ 26.97	\$ 37.25	\$ 115.88	\$ 192.80	\$ 11.53	6%	*
M0153	21	46	HCS	RESIDENTIAL SUPPORT SERVICES - LON 9	1 day = 18 hours, excluding 6 hours for Day Hab	\$ 268.71	\$ 180.10	\$ 21.90	\$ 28.02	\$ 38.69	\$ 191.63	\$ 280.24	\$ 11.53	4%	*
M0166	21	47	HCS	SUPERVISED LIVING - LON 1	1 day = 18 hours, excluding 6 hours for Day Hab	\$ 137.54	\$ 66.50	\$ 8.08	\$ 26.44	\$ 36.52	\$ 78.04	\$ 149.08	\$ 11.54	8%	*
M0167	21	47	HCS	SUPERVISED LIVING - LON 5	1 day = 18 hours, excluding 6 hours for Day Hab	\$ 146.47	\$ 74.21	\$ 9.03	\$ 26.56	\$ 36.67	\$ 85.74	\$ 158.00	\$ 11.53	8%	*
M0169	21	47	HCS	SUPERVISED LIVING - LON 8	1 day = 18 hours, excluding 6 hours for Day Hab	\$ 159.49	\$ 85.48	\$ 10.40	\$ 26.72	\$ 36.89	\$ 97.03	\$ 171.04	\$ 11.55	7%	*
M0168	21	47	HCS	SUPERVISED LIVING - LON 6	1 day = 18 hours, excluding 6 hours for Day Hab	\$ 181.27	\$ 104.35	\$ 12.70	\$ 26.97	\$ 37.25	\$ 115.88	\$ 192.80	\$ 11.53	6%	*
M0170	21	47	HCS	SUPERVISED LIVING - LON 9	1 day = 18 hours, excluding 6 hours for Day Hab	\$ 268.71	\$ 180.10	\$ 21.90	\$ 28.02	\$ 38.69	\$ 191.63	\$ 280.24	\$ 11.53	4%	*
M0145	21	11XV	HCS	HOURLY RESPITE - CDS - LOC 1	1 hour	\$ 17.89	\$ 10.66			\$ 7.23	\$ 11.77	\$ 19.00	\$ 1.11	6%	
M0146	21	11XV	HCS	HOURLY RESPITE - CDS - LOC 8	1 hour	\$ 17.89	\$ 10.66			\$ 7.23	\$ 11.77	\$ 19.00	\$ 1.11	6%	
M0355	21	10CFV	HCS	CFC PAS/HAB - CDS - LOC 1	1 hour	\$ 22.71	\$ 18.71			\$ 4.00	\$ 18.84	\$ 22.84	\$ 0.13	1%	
M0367	21	10CFV	HCS	CFC PAS/HAB - CDS - LOC 8	1 hour	\$ 22.71	\$ 18.71			\$ 4.00	\$ 18.84	\$ 22.84	\$ 0.13	1%	
M0373	21	48V	HCS	TRANSPORTATION CDS - LOC 1	1 hour	\$ 22.71	\$ 18.71			\$ 4.00	\$ 18.84	\$ 22.84	\$ 0.13	1%	
M0418	21	48V	HCS	TRANSPORTATION CDS - LOC 8	1 hour	\$ 22.71	\$ 18.71			\$ 4.00	\$ 18.84	\$ 22.84	\$ 0.13	1%	

Proposed rate was revised on 6/30/2023

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Proposed rate was revised on 6/30/2023

Table 4. Proposed rates for Texas Home Living Waiver (TxHmL), effective 9/1/2023

Bill Code	Service Group Code	Service Code	Program	Service Description	Unit	Current Total Rate	Attendant Cost	Other Direct Care Cost	Facility Cost	Admin Cost	Proposed Attendant Cost	Proposed Total Rate	Rate Increase (\$)	Rate Increase (%)	Rate Enhancement
M0240	22	11X	TxHmL	HOURLY RESPITE - LOC 1	1 hour	\$ 18.89	\$ 10.66			\$ 8.23	\$ 11.77	\$ 20.00	\$ 1.11	6%	
M0360	22	10CFC	TxHmL	CFC PAS/HAB	1 hour	\$ 17.73	\$ 14.52	\$ 3.21			\$ 14.67	\$ 17.88	\$ 0.15	1%	*
M0419	22	48	TxHmL	TRANSPORTATION - COMMUNITY SUPPORT	1 hour	\$ 17.73	\$ 14.52	\$ 3.21			\$ 14.67	\$ 17.88	\$ 0.15	1%	
M0241	22	11XV	TxHmL	HOURLY RESPITE - CDS - LOC 1	1 hour	\$ 17.89	\$ 10.66			\$ 7.23	\$ 11.77	\$ 19.00	\$ 1.11	6%	
M0361	22	10CFV	TxHmL	CFC PAS/HAB - CDS	1 hour	\$ 22.01	\$ 18.03	\$ 3.98			\$ 18.18	\$ 22.16	\$ 0.15	1%	
M0420	22	48V	TxHmL	TRANSPORTATION CDS - COMMUNITY SUPPORT	1 hour	\$ 22.01	\$ 18.03	\$ 3.98			\$ 18.18	\$ 22.16	\$ 0.15	1%	

Proposed rate was revised on 6/30/2023

Proposed rate was revised on 6/30/2023

Table 5. Proposed rates for Community Attendant Services (CAS) / Family Care (FC) / Primary Home Care (PHC), effective 9/1/2023

Bill Code	Service Group Code	Service Code	Program	Service Description	Unit	Current Total Rate	Attendant Cost	Other Direct Care Cost	Facility Cost	Admin Cost	Proposed Attendant Cost	Proposed Total Rate	Rate Increase (\$)	Rate Increase (%)	Rate Enhancement
G0742	7	17D	CAS	PAS COMMUNITY ATTENDANT SERVICES (1929B) - LVL 2 (PRIORITY)	1 hour	\$ 11.57	\$ 9.32			\$ 2.25	\$ 11.75	\$ 14.00	\$ 2.43	21%	*
G0743	7	17D	CAS	PAS COMMUNITY ATTENDANT SERVICES (1929B) - LVL 1 (NON-PRIORITY)	1 hour	\$ 11.35	\$ 9.28			\$ 2.07	\$ 11.77	\$ 13.84	\$ 2.49	22%	*
G0756	7	17DS	CAS	CAS (SRO) - NON-PRIORITY	1 hour	\$ 11.35	\$ 9.28			\$ 2.07	\$ 11.77	\$ 13.84	\$ 2.49	22%	*
G0755	7	17DS	CAS	CAS (SRO) - PRIORITY	1 hour	\$ 11.57	\$ 9.32			\$ 2.25	\$ 11.75	\$ 14.00	\$ 2.43	21%	*
G0748	7	17DV	CAS	CDS COMMUNITY ATTENDANT SERVICES (1929B) - LEVEL 2 (PRIORITY)	1 hour	\$ 10.77	\$ 9.32			\$ 1.45	\$ 11.75	\$ 13.20	\$ 2.43	23%	
G0749	7	17DV	CAS	CDS COMMUNITY ATTENDANT SERVICES (1929B) - LEVEL 1 (NON-PRIORITY)	1 hour	\$ 10.55	\$ 9.28			\$ 1.27	\$ 11.77	\$ 13.04	\$ 2.49	24%	
G0701	7	17	PHC	PERSONAL ASSISTANCE SERVICES - LEVEL 2 - PRIORITY	1 hour	\$ 11.57	\$ 9.32			\$ 2.25	\$ 11.75	\$ 14.00	\$ 2.43	21%	*
G0702	7	17	PHC	PERSONAL ASSISTANCE SERVICES - LEVEL 1 - NON-PRIORITY	1 hour	\$ 11.35	\$ 9.28			\$ 2.07	\$ 11.77	\$ 13.84	\$ 2.49	22%	*
G0752	7	17S	PHC	PAS (SRO) NON-PRIORITY	1 hour	\$ 11.35	\$ 9.28			\$ 2.07	\$ 11.77	\$ 13.84	\$ 2.49	22%	*
G0751	7	17S	PHC	PAS (SRO) PRIORITY	1 hour	\$ 11.57	\$ 9.32			\$ 2.25	\$ 11.75	\$ 14.00	\$ 2.43	21%	*
G0718	7	17V	PHC	CDS-PERSONAL ASSISTANCE SERVICES (PAS) - IND LVL 1 (NON-PRIORITY)	1 hour	\$ 10.55	\$ 9.28			\$ 1.27	\$ 11.77	\$ 13.04	\$ 2.49	24%	
G0717	7	17V	PHC	CDS-PERSONAL ASSISTANCE SERVICES (PAS) - IND LVL 2 (PRIORITY)	1 hour	\$ 10.77	\$ 9.32			\$ 1.45	\$ 11.75	\$ 13.20	\$ 2.43	23%	
G0740	7	17C	FC	PAS FAMILY CARE - LVL 2 (PRIORITY)	1 hour	\$ 11.57	\$ 9.32			\$ 2.25	\$ 11.75	\$ 14.00	\$ 2.43	21%	*
G0741	7	17C	FC	PAS FAMILY CARE - LVL 1 (NON-PRIORITY)	1 hour	\$ 11.35	\$ 9.28			\$ 2.07	\$ 11.77	\$ 13.84	\$ 2.49	22%	*
G0754	7	17CS	FC	PAS FAMILY CARE SRO - NON-PRIORITY	1 hour	\$ 11.35	\$ 9.28			\$ 2.07	\$ 11.77	\$ 13.84	\$ 2.49	22%	*
G0753	7	17CS	FC	PAS FAMILY CARE SRO - PRIORITY	1 hour	\$ 11.57	\$ 9.32			\$ 2.25	\$ 11.75	\$ 14.00	\$ 2.43	21%	*
G0745	7	17CV	FC	PARTICIPANT - PAS FAMILY CARE CDS - LVL 2 (PRIORITY)	1 hour	\$ 10.77	\$ 9.32			\$ 1.45	\$ 11.75	\$ 13.20	\$ 2.43	23%	
G0746	7	17CV	FC	PARTICIPANT PAS FAMILY CARE CDS - LVL 1 (NON-PRIORITY)	1 hour	\$ 10.55	\$ 9.28			\$ 1.27	\$ 11.77	\$ 13.04	\$ 2.49	24%	

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Table 6. Proposed rates for Day Activity and Health Services (DAHS), effective 9/1/2023

Bill Code	Service Group Code	Service Code	Program	Service Description	Unit	Current Total Rate	Attendant Cost	Other Direct Care Cost	Facility Cost	Admin Cost	Proposed Attendant Cost	Proposed Total Rate	Rate Increase (\$)	Rate Increase (%)	Rate Enhancement
C0202	7	29A	DAHS	DAY ACTIVITY/HEALTH SERVICES (DAHS) - TITLE XX	3-5 hours = 1 unit; 6+ hours = 2 units	\$ 14.41	\$ 3.56	\$ 3.55	\$ 2.36	\$ 4.94	\$ 5.87	\$ 16.72	\$ 2.31	16%	*
C0200	7	29	DAHS	DAY ACTIVITY AND HEALTH SERVICES (DAHS) - TITLE XIX	3-5 hours = 1 unit; 6+ hours = 2 units	\$ 14.41	\$ 3.56	\$ 3.55	\$ 2.36	\$ 4.94	\$ 5.87	\$ 16.72	\$ 2.31	16%	*

Proposed rate was revised on 6/30/2023

Proposed rate was revised on 6/30/2023

Table 7. Proposed rates for HCBS Adult Mental Health (HCBS AMH), effective 9/1/2023

Bill Code	Modifier 1	Modifier 2	Program	Service Description	Unit	Current Total Rate	Attendant Cost	Other Direct Care Cost	Facility Cost	Admin Cost	Proposed Attendant Cost	Proposed Total Rate	Rate Increase (\$)	Rate Increase (%)	Rate Enhancement
T2031	HK	HE	HCBS AMH	ASSISTED LIVING SERVICES	1 day	\$ 31.47	\$ 17.94			\$ 13.53	\$ 19.87	\$ 33.40	\$ 1.93	6%	
T1005	HK	HE	HCBS AMH	IN-HOME RESPITE	15 minutes	\$ 2.49	\$ 2.03			\$ 0.46	\$ 2.94	\$ 3.40	\$ 0.91	37%	

Proposed rate was revised on 6/30/2023

Table 8. Proposed rates for Personal Care Services Fee-For-Service (PCS), effective 9/1/2023

Bill Code	Modifier 1	Modifier 2	Program	Service Description	Unit	Current Total Rate	Attendant Cost	Other Direct Care Cost	Facility Cost	Admin Cost	Proposed Attendant Cost	Proposed Total Rate	Rate Increase (\$)	Rate Increase (%)	Rate Enhancement
T1019	U6		PCS	PERSONAL CARE SERVICES - AGENCY	15 minutes	\$ 2.95	\$ 2.26			\$ 0.69	\$ 2.93	\$ 3.62	\$ 0.67	23%	
T1019	U7		PCS	PERSONAL CARE SERVICES - CDS	15 minutes	\$ 2.75	\$ 2.26			\$ 0.49	\$ 2.93	\$ 3.42	\$ 0.67	24%	
T1019	UA		PCS	PERSONAL CARE SERVICES, BEHAVIORAL HEALTH CONDITION - AGENCY	15 minutes	\$ 3.46	\$ 2.66			\$ 0.80	\$ 2.93	\$ 3.73	\$ 0.27	8%	
T1019	UB		PCS	PERSONAL CARE SERVICES, BEHAVIORAL HEALTH CONDITION - CDS	15 minutes	\$ 3.26	\$ 2.66			\$ 0.60	\$ 2.93	\$ 3.53	\$ 0.27	8%	
T1019	UD		PCS	CFC - PERSONAL CARE SERVICES - AGENCY	15 minutes	\$ 2.95	\$ 2.26			\$ 0.69	\$ 2.93	\$ 3.62	\$ 0.67	23%	
T1019	U3		PCS	CFC - PERSONAL CARE SERVICES - CDS	15 minutes	\$ 2.75	\$ 2.26			\$ 0.49	\$ 2.93	\$ 3.42	\$ 0.67	24%	
T1019	U9		PCS	CFC - PERSONAL CARE SERVICES, BEHAVIORAL HEALTH CONDITION - AGENCY	15 minutes	\$ 3.46	\$ 2.66			\$ 0.80	\$ 2.93	\$ 3.73	\$ 0.27	8%	
T1019	U4		PCS	CFC - PERSONAL CARE SERVICES, BEHAVIORAL HEALTH CONDITION - CDS	15 minutes	\$ 3.26	\$ 2.66			\$ 0.60	\$ 2.93	\$ 3.53	\$ 0.27	8%	

Proposed rate was revised on 6/30/2023

Proposed rate was revised on 6/30/2023

Proposed rate was revised on 6/30/2023

Proposed rate was revised on 6/30/2023

Proposed rate was revised on 6/30/2023

Proposed rate was revised on 6/30/2023

Table 9. Proposed rates for Residential Care (RC), effective 9/1/2023

Bill Code	Service Group Code	Service Code	Program	Service Description	Unit	Current Total Rate	Attendant Cost	Other Direct Care Cost	Facility Cost	Admin Cost	Proposed Attendant Cost	Proposed Total Rate	Rate Increase (\$)	Rate Increase (%)	Rate Enhancement
G0945	7	19K	RC	RESIDENTIAL CARE - APARTMENT	1 day	\$ 38.02	\$ 10.93			\$ 27.09	\$ 16.08	\$ 43.17	\$ 5.15	14%	
G0946	7	19L	RC	RESIDENTIAL CARE - NON-APARTMENT	1 day	\$ 29.36	\$ 10.93			\$ 18.43	\$ 16.08	\$ 34.51	\$ 5.15	18%	

Proposed rate was revised on 6/30/2023

Proposed rate was revised on 6/30/2023

*Only base rates and rate components are shown for services participating in the Attendant Compensation Rate Enhancement Program. To confirm rate enhancement add-on amounts, see the fee schedules posted on the HHSC website at: <https://pfd.hhs.texas.gov/long-term-services-supports>

Table 12. Proposed rates for STAR+PLUS Home and Community-based Services (HCBS), effective 9/1/2023

Bill Code	Modifier 1	Modifier 2	Modifier 3	Program	Service Description	Unit	Current Total Rate	Attendant Cost	Other Direct Care Cost	Admin Cost	Facility Cost	Proposed Attendant Cost	Proposed Total Rate	Proposed Total Rate per 15-min	Rate Increase (\$)	Rate Increase (%)	
T2031	U1			STAR+PLUS HCBS	LEVEL 1 - ASSISTED LIVING APARTMENT - SINGLE	1 day	\$ 63.71	\$ 28.74		\$34.97		\$ 32.59	\$ 67.56		\$3.85	6%	
T2031	UB	U1		STAR+PLUS HCBS	LEVEL 1 - ASSISTED LIVING APARTMENT - DOUBLE	1 day	\$ 56.71	\$ 28.74		\$27.97		\$ 32.59	\$ 60.56		\$3.85	7%	
T2031	UA	U1		STAR+PLUS HCBS	LEVEL 1 - ASSISTED LIVING NON-APARTMENT	1 day	\$ 38.16	\$ 28.74		\$ 9.42		\$ 32.58	\$ 42.00		\$3.84	10%	
T2031	U2			STAR+PLUS HCBS	LEVEL 2 - ASSISTED LIVING APARTMENT - SINGLE	1 day	\$ 58.75	\$ 23.90		\$34.85		\$ 27.75	\$ 62.60		\$3.85	7%	
T2031	UB	U2		STAR+PLUS HCBS	LEVEL 2 - ASSISTED LIVING APARTMENT - DOUBLE	1 day	\$ 51.76	\$ 23.90		\$27.86		\$ 27.74	\$ 55.60		\$3.84	7%	
T2031	UA	U2		STAR+PLUS HCBS	LEVEL 2 - ASSISTED LIVING NON-APARTMENT	1 day	\$ 33.20	\$ 23.90		\$ 9.30		\$ 27.74	\$ 37.04		\$3.84	12%	
T2031	U3			STAR+PLUS HCBS	LEVEL 3 - ASSISTED LIVING APARTMENT - SINGLE	1 day	\$ 51.99	\$ 17.31		\$34.68		\$ 21.16	\$ 55.84		\$3.85	7%	
T2031	UB	U3		STAR+PLUS HCBS	LEVEL 3 - ASSISTED LIVING APARTMENT - DOUBLE	1 day	\$ 45.00	\$ 17.31		\$27.69		\$ 21.15	\$ 48.84		\$3.84	9%	
T2031	UA	U3		STAR+PLUS HCBS	LEVEL 3 - ASSISTED LIVING NON-APARTMENT	1 day	\$ 26.45	\$ 17.31		\$ 9.14		\$ 21.18	\$ 30.32		\$3.87	15%	
T2031	U4			STAR+PLUS HCBS	LEVEL 4 - ASSISTED LIVING APARTMENT - SINGLE	1 day	\$ 54.58	\$ 19.74		\$34.84		\$ 23.60	\$ 58.44		\$3.86	7%	
T2031	UB	U4		STAR+PLUS HCBS	LEVEL 4 - ASSISTED LIVING APARTMENT - DOUBLE	1 day	\$ 47.59	\$ 19.74		\$27.85		\$ 23.59	\$ 51.44		\$3.85	8%	
T2031	UA	U4		STAR+PLUS HCBS	LEVEL 4 - ASSISTED LIVING NON-APARTMENT	1 day	\$ 29.03	\$ 19.74		\$ 9.29		\$ 23.59	\$ 32.88		\$3.85	13%	
T2031	U5			STAR+PLUS HCBS	LEVEL 5 - ASSISTED LIVING APARTMENT - SINGLE	1 day	\$ 48.35	\$ 13.76		\$34.59		\$ 17.61	\$ 52.20		\$3.85	8%	
T2031	UB	U5		STAR+PLUS HCBS	LEVEL 5 - ASSISTED LIVING APARTMENT - DOUBLE	1 day	\$ 41.37	\$ 13.76		\$27.61		\$ 17.63	\$ 45.24		\$3.87	9%	
T2031	UA	U5		STAR+PLUS HCBS	LEVEL 5 - ASSISTED LIVING NON-APARTMENT	1 day	\$ 22.81	\$ 13.76		\$ 9.05		\$ 17.63	\$ 26.68		\$3.87	17%	
T2031	U6			STAR+PLUS HCBS	LEVEL 6 - ASSISTED LIVING APARTMENT - SINGLE	1 day	\$ 46.63	\$ 12.07		\$34.56		\$ 15.92	\$ 50.48		\$3.85	8%	
T2031	UB	U6		STAR+PLUS HCBS	LEVEL 6 - ASSISTED LIVING APARTMENT - DOUBLE	1 day	\$ 39.64	\$ 12.07		\$27.57		\$ 15.91	\$ 43.48		\$3.84	10%	
T2031	UA	U6		STAR+PLUS HCBS	LEVEL 6 - ASSISTED LIVING NON-APARTMENT	1 day	\$ 21.08	\$ 12.07		\$ 9.01		\$ 15.91	\$ 24.92		\$3.84	18%	
T1005	U3			STAR+PLUS HCBS	RESPIRE CARE AGENCY OPTION	1 day	\$ 241.24	\$ 180.93		\$60.31		\$ 281.77	\$ 342.08	\$ 3.56	\$ 100.84	42%	Proposed rate was revised on 6/30/2023
T1005	U3	UD		STAR+PLUS HCBS	RESPIRE CARE SERVICE RESPONSIBILITY OPTION (SRO)	1 day	\$ 241.24	\$ 180.93		\$60.31		\$ 281.77	\$ 342.08	\$ 3.56	\$ 100.84	42%	Proposed rate was revised on 6/30/2023
T1005	U3	UC		STAR+PLUS HCBS	RESPIRE CARE CONSUMER DIRECTED SERVICES (CDS)	1 day	\$ 217.24	\$ 180.93		\$36.31		\$ 281.77	\$ 318.08	\$ 79.52	\$ 100.84	46%	Proposed rate was revised on 6/30/2023
T2017	U3	U7		STAR+PLUS HCBS	HABILITATION AGENCY MODEL (CFC)	1 hour	\$ 12.80	\$ 10.04		\$ 2.76		\$ 11.76	\$ 14.52	\$ 3.63	\$ 1.72	13%	Proposed rate was revised on 6/30/2023
T2017	U3	U7	UD	STAR+PLUS HCBS	HABILITATION SERVICE RESPONSIBILITY OPTION (SRO) (CFC)	1 hour	\$ 12.80	\$ 10.04		\$ 2.76		\$ 11.76	\$ 14.52	\$ 3.63	\$ 1.72	13%	Proposed rate was revised on 6/30/2023
T2017	U3	U7	UC	STAR+PLUS HCBS	HABILITATION CONSUMER DIRECTED SERVICES (CDS) (CFC)	1 hour	\$ 13.04	\$ 10.45		\$ 2.59		\$ 11.77	\$ 14.36	\$ 3.59	\$ 1.32	10%	Proposed rate was revised on 6/30/2023
S5125	U3	U1		STAR+PLUS HCBS	PAS PROTECTIVE SUPERVISION AGENCY MODEL	1 hour	\$ 11.60	\$ 9.09		\$ 2.51		\$ 11.77	\$ 14.28	\$ 3.57	\$ 2.68	23%	Proposed rate was revised on 6/30/2023
S5125	U3	U1	UD	STAR+PLUS HCBS	PAS PROTECTIVE SUPERVISION SERVICE RESPONSIBILITY OPTION (SRO)	1 hour	\$ 11.60	\$ 9.09		\$ 2.51		\$ 11.77	\$ 14.28	\$ 3.57	\$ 2.68	23%	Proposed rate was revised on 6/30/2023
S5125	U3	U1	UC	STAR+PLUS HCBS	PAS PROTECTIVE SUPERVISION CONSUMER DIRECTED SERVICES (CDS)	1 hour	\$ 11.26	\$ 9.09		\$ 2.17		\$ 11.75	\$ 13.92	\$ 3.48	\$ 2.66	24%	Proposed rate was revised on 6/30/2023
S5125	U3			STAR+PLUS HCBS	PAS AGENCY MODEL	1 hour	\$ 11.60	\$ 9.09		\$ 2.51		\$ 11.77	\$ 14.28	\$ 3.57	\$ 2.68	23%	Proposed rate was revised on 6/30/2023
S5125	U3	UD		STAR+PLUS HCBS	PAS SERVICE RESPONSIBILITY OPTION (SRO)	1 hour	\$ 11.60	\$ 9.09		\$ 2.51		\$ 11.77	\$ 14.28	\$ 3.57	\$ 2.68	23%	Proposed rate was revised on 6/30/2023
S5125	U3	UC		STAR+PLUS HCBS	PAS CONSUMER DIRECTED SERVICES (CDS)	1 hour	\$ 11.26	\$ 9.09		\$ 2.17		\$ 11.75	\$ 13.92	\$ 3.48	\$ 2.66	24%	Proposed rate was revised on 6/30/2023
S5125	U3	U7		STAR+PLUS HCBS	PAS AGENCY MODEL (CFC)	1 hour	\$ 12.80	\$ 10.04		\$ 2.76		\$ 11.76	\$ 14.52	\$ 3.63	\$ 1.72	13%	Proposed rate was revised on 6/30/2023
S5125	U3	U7	UD	STAR+PLUS HCBS	PAS SERVICE RESPONSIBILITY OPTION (SRO) (CFC)	1 hour	\$ 12.80	\$ 10.04		\$ 2.76		\$ 11.76	\$ 14.52	\$ 3.63	\$ 1.72	13%	Proposed rate was revised on 6/30/2023
S5125	U3	U7	UC	STAR+PLUS HCBS	PAS CONSUMER DIRECTED SERVICES (CDS) (CFC)	1 hour	\$ 12.00	\$ 10.04		\$ 1.96		\$ 11.76	\$ 13.72	\$ 3.43	\$ 1.72	14%	Proposed rate was revised on 6/30/2023

Table 14. Prosped rates for STAR Kids/STAR Health - Medically Dependent Children's Program (MDCP), effective 9/1/2023

Bill Code	Modifier 1	Modifier 2	Modifier 3	Program	Service Description	Unit	Current Total Rate	Attendant Cost	Other Direct Care Cost	Admin Cost	Facility Cost	Proposed Attendant Cost	Proposed Total Rate	Proposed Total Rate per 15-min	Rate Increase (\$)	Rate Increase (%)	
S5101	U6			STAR Kids MDCP	DAY ACTIVITIES & HEALTH SERVICES (3-6 HOURS)	3-5 hours = 1 unit; 6+ hours = 2 units	\$ 14.41	\$ 3.56	\$ 3.55	\$ 4.94	\$ 2.36	\$ 5.87	\$ 16.72		\$ 2.31	16%	Proposed rate was revised on 6/30/2023
S9482	U4	U1		STAR Kids MDCP	ATTENDANT, AGENCY MODEL - FLEXIBLE FAMILY SUPPORTS	1 hour	\$ 12.06	\$ 10.49		\$ 1.57		\$ 11.75	\$ 13.32	\$ 3.33	\$ 1.26	10%	Proposed rate was revised on 6/30/2023
S9482	U4	U2		STAR Kids MDCP	ATTENDANT, SRO - FLEXIBLE FAMILY SUPPORTS	1 hour	\$ 12.06	\$ 10.49		\$ 1.57		\$ 11.75	\$ 13.32	\$ 3.33	\$ 1.26	10%	Proposed rate was revised on 6/30/2023
S9482	U4	UC		STAR Kids MDCP	ATTENDANT, CDS OPTION - FLEXIBLE FAMILY SUPPORTS	1 hour	\$ 11.26	\$ 10.49		\$ 0.77		\$ 11.75	\$ 12.52	\$ 3.13	\$ 1.26	11%	Proposed rate was revised on 6/30/2023
S9482	U4	TD	U1	STAR Kids MDCP	ATTENDANT WITH RN DELEGATION, AGENCY MODEL - FLEXIBLE FAMILY SUPPORTS	1 hour	\$ 13.06	\$ 11.36		\$ 1.70		\$ 11.74	\$ 13.44	\$ 3.36	\$ 0.38	3%	Proposed rate was revised on 6/30/2023
S9482	U4	TD	U2	STAR Kids MDCP	ATTENDANT WITH RN DELEGATION, SRO - FLEXIBLE FAMILY SUPPORTS	1 hour	\$ 13.06	\$ 11.36		\$ 1.70		\$ 11.74	\$ 13.44	\$ 3.36	\$ 0.38	3%	Proposed rate was revised on 6/30/2023
S9482	U4	TD	UC	STAR Kids MDCP	ATTENDANT WITH RN DELEGATION, CDS OPTION - FLEXIBLE FAMILY SUPPORTS	1 hour	\$ 12.26	\$ 11.36		\$ 0.90		\$ 11.74	\$ 12.64	\$ 3.16	\$ 0.38	3%	Proposed rate was revised on 6/30/2023
T1005	U4	U1		STAR Kids MDCP	ATTENDANT, AGENCY MODEL - IN HOME RESPITE	1 hour	\$ 12.06	\$ 10.49		\$ 1.57		\$ 11.75	\$ 13.32	\$ 3.33	\$ 1.26	10%	Proposed rate was revised on 6/30/2023
T1005	U4	U2		STAR Kids MDCP	ATTENDANT, SRO - IN HOME RESPITE	1 hour	\$ 12.06	\$ 10.49		\$ 1.57		\$ 11.75	\$ 13.32	\$ 3.33	\$ 1.26	10%	Proposed rate was revised on 6/30/2023
T1005	U4	TD	U1	STAR Kids MDCP	ATTENDANT WITH RN DELEGATION, AGENCY MODEL - IN HOME RESPITE	1 hour	\$ 13.06	\$ 11.36		\$ 1.70		\$ 11.74	\$ 13.44	\$ 3.36	\$ 0.38	3%	Proposed rate was revised on 6/30/2023
T1005	U4	TD	U2	STAR Kids MDCP	ATTENDANT WITH RN DELEGATION, SRO - IN HOME RESPITE	1 hour	\$ 13.06	\$ 11.36		\$ 1.70		\$ 11.74	\$ 13.44	\$ 3.36	\$ 0.38	3%	Proposed rate was revised on 6/30/2023
T1005	U4	TD	UC	STAR Kids MDCP	ATTENDANT WITH RN DELEGATION, CDS OPTION - IN HOME RESPITE	1 hour	\$ 12.26	\$ 11.36		\$ 0.90		\$ 11.74	\$ 12.64	\$ 3.16	\$ 0.38	3%	Proposed rate was revised on 6/30/2023
T1005	U4	UC		STAR Kids MDCP	ATTENDANT, CDS OPTION - IN HOME RESPITE	1 hour	\$ 11.26	\$ 10.49		\$ 0.77		\$ 11.75	\$ 12.52	\$ 3.13	\$ 1.26	11%	Proposed rate was revised on 6/30/2023

Table 10. Proposed rates for Intermediate Care Facilities for Individuals with an Intellectual Disability (ICF/IID) or Related Conditions, effective 9/1/2023

Bill Code	Service Group Code	Service Code	Program	Service Description	Unit	Day Hab Direct Care	Day Hab Other Direct Care	Day Hab Admin	Residential Direct Care	Residential Other Direct Care	Residential Admin	Current Total Rate	Proposed Day Hab Direct Care	Proposed Residential Direct Care	Proposed Total Rate	Total Rate Increase (\$)	Rate Increase (%)
F0205	6	1	ICF	ICF/IID NON-STATE COMMUNITY RESIDENTIAL LON 1 - SMALL	1 day	\$ 8.06	\$ 1.22	\$ 5.60	\$ 47.52	\$ 22.44	\$ 65.39	\$ 150.23	\$ 9.06	\$ 51.33	\$ 155.04	\$ 4.81	3%
F0206	6	1	ICF	ICF/IID NON-STATE COMMUNITY RESIDENTIAL LON 5 - SMALL	1 day	\$ 10.07	\$ 1.53	\$ 7.02	\$ 54.99	\$ 22.34	\$ 71.93	\$ 167.88	\$ 11.07	\$ 58.79	\$ 172.68	\$ 4.80	3%
F0208	6	1	ICF	ICF/IID NON-STATE COMMUNITY RESIDENTIAL LON 8 - SMALL	1 day	\$ 13.39	\$ 2.03	\$ 9.35	\$ 67.40	\$ 22.21	\$ 77.54	\$ 191.92	\$ 14.39	\$ 71.20	\$ 196.72	\$ 4.80	3%
F0207	6	1	ICF	ICF/IID NON-STATE COMMUNITY RESIDENTIAL LON 6 - SMALL	1 day	\$ 20.14	\$ 3.05	\$ 14.02	\$ 91.70	\$ 27.58	\$ 80.47	\$ 236.96	\$ 21.14	\$ 95.50	\$ 241.76	\$ 4.80	2%
F0209	6	1	ICF	ICF/IID NON-STATE COMMUNITY RESIDENTIAL LON 9 - SMALL	1 day	\$ 64.17	\$ 10.08	\$ 56.05	\$ 157.60	\$ 26.26	\$ 91.95	\$ 406.11	\$ 65.17	\$ 161.41	\$ 410.92	\$ 4.81	1%
F0205	6	1	ICF	ICF/IID NON-STATE COMMUNITY RESIDENTIAL LON 1 - MEDIUM	1 day	\$ 8.06	\$ 1.22	\$ 5.60	\$ 35.86	\$ 19.68	\$ 51.85	\$ 122.27	\$ 9.06	\$ 39.67	\$ 127.08	\$ 4.81	4%
F0206	6	1	ICF	ICF/IID NON-STATE COMMUNITY RESIDENTIAL LON 5 - MEDIUM	1 day	\$ 10.07	\$ 1.53	\$ 7.02	\$ 42.81	\$ 19.80	\$ 57.92	\$ 139.15	\$ 11.07	\$ 46.62	\$ 143.96	\$ 4.81	3%
F0208	6	1	ICF	ICF/IID NON-STATE COMMUNITY RESIDENTIAL LON 8 - MEDIUM	1 day	\$ 13.39	\$ 2.03	\$ 9.35	\$ 54.43	\$ 19.94	\$ 66.30	\$ 165.44	\$ 14.39	\$ 58.23	\$ 170.24	\$ 4.80	3%
F0207	6	1	ICF	ICF/IID NON-STATE COMMUNITY RESIDENTIAL LON 6 - MEDIUM	1 day	\$ 20.14	\$ 3.05	\$ 14.02	\$ 65.46	\$ 29.59	\$ 67.03	\$ 199.29	\$ 21.14	\$ 69.29	\$ 204.12	\$ 4.83	2%
F0209	6	1	ICF	ICF/IID NON-STATE COMMUNITY RESIDENTIAL LON 9 - MEDIUM	1 day	\$ 64.17	\$ 10.08	\$ 56.05	\$ 155.64	\$ 24.51	\$ 75.39	\$ 385.84	\$ 65.17	\$ 159.44	\$ 390.64	\$ 4.80	1%
F0205	6	1	ICF	ICF/IID NON-STATE COMMUNITY RESIDENTIAL LON 1 - LARGE	1 day	\$ 8.06	\$ 1.22	\$ 5.60	\$ 29.03	\$ 15.56	\$ 59.95	\$ 119.42	\$ 9.06	\$ 32.85	\$ 124.24	\$ 4.82	4%
F0206	6	1	ICF	ICF/IID NON-STATE COMMUNITY RESIDENTIAL LON 5 - LARGE	1 day	\$ 10.07	\$ 1.53	\$ 7.02	\$ 32.88	\$ 16.12	\$ 60.54	\$ 128.16	\$ 11.07	\$ 36.68	\$ 132.96	\$ 4.80	4%
F0208	6	1	ICF	ICF/IID NON-STATE COMMUNITY RESIDENTIAL LON 8 - LARGE	1 day	\$ 13.39	\$ 2.03	\$ 9.35	\$ 38.40	\$ 16.89	\$ 63.49	\$ 143.55	\$ 14.39	\$ 42.21	\$ 148.36	\$ 4.81	3%
F0207	6	1	ICF	ICF/IID NON-STATE COMMUNITY RESIDENTIAL LON 6 - LARGE	1 day	\$ 20.14	\$ 3.05	\$ 14.02	\$ 60.27	\$ 33.42	\$ 64.56	\$ 195.46	\$ 21.14	\$ 64.09	\$ 200.28	\$ 4.82	2%
F0209	6	1	ICF	ICF/IID NON-STATE COMMUNITY RESIDENTIAL LON 9 - LARGE	1 day	\$ 63.56	\$ 9.99	\$ 56.05	\$ 143.97	\$ 44.48	\$ 69.20	\$ 387.25	\$ 64.56	\$ 147.80	\$ 392.08	\$ 4.83	1%

*Only base rates and rate components are shown for services participating in the Attendant Compensation Rate Enhancement Program. To confirm rate enhancement add-on amounts, see the fee schedules posted on the HHSC website at:

<https://pfd.hhs.texas.gov/long-term-services-supports>

**Rate change is calculated based on a comparison of the current direct care component rate effective 9/1/2014, excluding the temporary add-on effective 6/10/2023 - 8/31/2023.

and a proposed Direct Care component rate, effective 9/1/2023.

Table 15. Proposed Rate for Case Management in Deaf-blind Multiple Disabilities (DBMD) Waiver, effective 9/1/2023

Bill Code	Service Group	Service Code	Program Name	Service Description	Current Unit	Current Rate	Proposed Unit	Proposed Rate	Rate Increase %*
G0200	16	12	DBMD	Case Management Services	1 hour	\$ 57.97	1 month	\$ 251.30	217%

*Rate increase percentage represents average monthly cost increase. Current billing per client is \$79.24 per month and 1.37 hourly units per month.

Table 16. Proposed rates for Home-Delivered Meals (HDM), effective 9/1/2023

Bill Code	Service Group/ Modifier 1	Service Code/ Modifier 2	Program Name	Service Description	FFS or MCO	Unit	Current Rate	Proposed Rate	Rate Increase %
			Title III	Home Delivered Meals	FFS	1 Meal	\$ 5.31	\$ 6.46	22%
C0100	7	25	Title XX	Home Delivered Meals	FFS	1 Meal	\$ 5.31	\$ 6.46	22%
S5170	HK	HW	HCBS-AMH (Non-Medicaid)	Home Delivered Meals	FFS	1 Meal	\$ 5.61	\$ 6.46	15%
S5170	U7		STAR+PLUS Non-HCBS	Home Delivered Meals	MCO	1 Meal	\$ 6.12	\$ 6.46	6%
S5170	U3		STAR+PLUS HCBS	Home Delivered Meals	MCO	1 Meal	\$ 6.12	\$ 6.46	6%

Table 17. Proposed rates for Pediatric Care Facility Special Reimbursement Class of NF (Truman W. Smith Children's Care Center), effective 9/1/2023

Service Group	Service Code	Unit	Program Name	Current Rate	Proposed Rate	Rate Increase %
1	1	1 day	Pediatric Care Facility	\$ 363.45	\$ 425.42	17%

Table 18. Proposed rates for Nursing Facility (NF) Daily Care, effective 9/1/2023*

RUG Group	Bill Code	Service Group	Service Code	Unit	Current Direct Care	Other Residential Care	Dietary	General & Admin	Fixed Capital	Total Rate, effective 9/1/2014	Proposed Direct Care	Proposed Total Rate	Rate Change, \$ **	Rate Change, % **
RAD	RG001	1	1	1 day	\$ 109.87	\$ 36.79	\$ 12.62	\$ 27.25	\$ 6.83	\$ 193.36	\$ 136.79	\$ 220.28	\$ 26.92	13.9%
RAC	RG002	1	1	1 day	\$ 92.97	\$ 31.12	\$ 12.62	\$ 27.25	\$ 6.83	\$ 170.79	\$ 115.77	\$ 193.59	\$ 22.80	13.3%
RAB	RG003	1	1	1 day	\$ 85.18	\$ 28.52	\$ 12.62	\$ 27.25	\$ 6.83	\$ 160.40	\$ 106.05	\$ 181.27	\$ 20.87	13.0%
RAA	RG004	1	1	1 day	\$ 70.70	\$ 23.67	\$ 12.62	\$ 27.25	\$ 6.83	\$ 141.07	\$ 88.04	\$ 158.41	\$ 17.34	12.3%
SE3	RG005	1	1	1 day	\$ 138.02	\$ 46.21	\$ 12.62	\$ 27.25	\$ 6.83	\$ 230.93	\$ 171.85	\$ 264.76	\$ 33.83	14.6%
SE2	RG006	1	1	1 day	\$ 111.90	\$ 37.47	\$ 12.62	\$ 27.25	\$ 6.83	\$ 196.07	\$ 139.33	\$ 223.50	\$ 27.43	14.0%
SE1	RG007	1	1	1 day	\$ 92.56	\$ 30.99	\$ 12.62	\$ 27.25	\$ 6.83	\$ 170.25	\$ 115.24	\$ 192.93	\$ 22.68	13.3%
SSC	RG008	1	1	1 day	\$ 89.58	\$ 29.99	\$ 12.62	\$ 27.25	\$ 6.83	\$ 166.27	\$ 111.53	\$ 188.22	\$ 21.95	13.2%
SSB	RG009	1	1	1 day	\$ 82.78	\$ 27.71	\$ 12.62	\$ 27.25	\$ 6.83	\$ 157.19	\$ 103.06	\$ 177.47	\$ 20.28	12.9%
SSA	RG010	1	1	1 day	\$ 82.51	\$ 27.62	\$ 12.62	\$ 27.25	\$ 6.83	\$ 156.83	\$ 102.73	\$ 177.05	\$ 20.22	12.9%
CC2	RG011	1	1	1 day	\$ 66.76	\$ 22.36	\$ 12.62	\$ 27.25	\$ 6.83	\$ 135.82	\$ 83.14	\$ 152.20	\$ 16.38	12.1%
CC1	RG012	1	1	1 day	\$ 61.40	\$ 20.55	\$ 12.62	\$ 27.25	\$ 6.83	\$ 128.65	\$ 76.46	\$ 143.71	\$ 15.06	11.7%
CB2	RG013	1	1	1 day	\$ 58.35	\$ 19.54	\$ 12.62	\$ 27.25	\$ 6.83	\$ 124.59	\$ 72.67	\$ 138.91	\$ 14.32	11.5%
CB1	RG014	1	1	1 day	\$ 54.13	\$ 18.13	\$ 12.62	\$ 27.25	\$ 6.83	\$ 118.96	\$ 67.40	\$ 132.23	\$ 13.27	11.2%
CA2	RG015	1	1	1 day	\$ 49.62	\$ 16.62	\$ 12.62	\$ 27.25	\$ 6.83	\$ 112.94	\$ 61.80	\$ 125.12	\$ 12.18	10.8%
CA1	RG016	1	1	1 day	\$ 44.55	\$ 14.91	\$ 12.62	\$ 27.25	\$ 6.83	\$ 106.16	\$ 55.47	\$ 117.08	\$ 10.92	10.3%
IB2	RG017	1	1	1 day	\$ 49.76	\$ 16.65	\$ 12.62	\$ 27.25	\$ 6.83	\$ 113.11	\$ 61.96	\$ 125.31	\$ 12.20	10.8%
IB1	RG018	1	1	1 day	\$ 44.02	\$ 14.73	\$ 12.62	\$ 27.25	\$ 6.83	\$ 105.45	\$ 54.82	\$ 116.25	\$ 10.80	10.2%
IA2	RG019	1	1	1 day	\$ 37.16	\$ 12.44	\$ 12.62	\$ 27.25	\$ 6.83	\$ 96.30	\$ 46.27	\$ 105.41	\$ 9.11	9.5%
IA1	RG020	1	1	1 day	\$ 33.43	\$ 11.19	\$ 12.62	\$ 27.25	\$ 6.83	\$ 91.32	\$ 41.64	\$ 99.53	\$ 8.21	9.0%
BB2	RG021	1	1	1 day	\$ 48.22	\$ 16.14	\$ 12.62	\$ 27.25	\$ 6.83	\$ 111.06	\$ 60.04	\$ 122.88	\$ 11.82	10.6%
BB1	RG022	1	1	1 day	\$ 40.31	\$ 13.50	\$ 12.62	\$ 27.25	\$ 6.83	\$ 100.51	\$ 50.19	\$ 110.39	\$ 9.88	9.8%
BA2	RG023	1	1	1 day	\$ 35.81	\$ 11.99	\$ 12.62	\$ 27.25	\$ 6.83	\$ 94.50	\$ 44.59	\$ 103.28	\$ 8.78	9.3%
BA1	RG024	1	1	1 day	\$ 29.07	\$ 9.74	\$ 12.62	\$ 27.25	\$ 6.83	\$ 85.51	\$ 36.20	\$ 92.64	\$ 7.13	8.3%
PE2	RG025	1	1	1 day	\$ 54.62	\$ 18.29	\$ 12.62	\$ 27.25	\$ 6.83	\$ 119.61	\$ 68.01	\$ 133.00	\$ 13.39	11.2%
PE1	RG026	1	1	1 day	\$ 49.72	\$ 16.64	\$ 12.62	\$ 27.25	\$ 6.83	\$ 113.06	\$ 61.92	\$ 125.26	\$ 12.20	10.8%
PD2	RG027	1	1	1 day	\$ 50.91	\$ 17.04	\$ 12.62	\$ 27.25	\$ 6.83	\$ 114.65	\$ 63.40	\$ 127.14	\$ 12.49	10.9%
PD1	RG028	1	1	1 day	\$ 45.85	\$ 15.35	\$ 12.62	\$ 27.25	\$ 6.83	\$ 107.90	\$ 57.10	\$ 119.15	\$ 11.25	10.4%
PC2	RG029	1	1	1 day	\$ 43.70	\$ 14.63	\$ 12.62	\$ 27.25	\$ 6.83	\$ 105.03	\$ 54.42	\$ 115.75	\$ 10.72	10.2%
PC1	RG030	1	1	1 day	\$ 40.47	\$ 13.55	\$ 12.62	\$ 27.25	\$ 6.83	\$ 100.72	\$ 50.39	\$ 110.64	\$ 9.92	9.8%
PB2	RG031	1	1	1 day	\$ 38.48	\$ 12.88	\$ 12.62	\$ 27.25	\$ 6.83	\$ 98.06	\$ 47.93	\$ 107.51	\$ 9.45	9.6%
PB1	RG032	1	1	1 day	\$ 34.92	\$ 11.69	\$ 12.62	\$ 27.25	\$ 6.83	\$ 93.31	\$ 43.48	\$ 101.87	\$ 8.56	9.2%
PA2	RG033	1	1	1 day	\$ 30.57	\$ 10.23	\$ 12.62	\$ 27.25	\$ 6.83	\$ 87.50	\$ 38.07	\$ 95.00	\$ 7.50	8.6%
PA1	RG034	1	1	1 day	\$ 26.86	\$ 9.00	\$ 12.62	\$ 27.25	\$ 6.83	\$ 82.56	\$ 33.46	\$ 89.16	\$ 6.60	8.0%
BC1	RG035	1	1	1 day	\$ 26.86	\$ 9.00	\$ 12.62	\$ 27.25	\$ 6.83	\$ 82.56	\$ 33.46	\$ 89.16	\$ 6.60	8.0%
PCE	RG036	1	1	1 day	\$ 26.86	\$ 9.00	\$ 12.62	\$ 27.25	\$ 6.83	\$ 82.56	\$ 33.46	\$ 89.16	\$ 6.60	8.0%

*Only base rates and rate components are shown for services participating in the Attendant Compensation Rate Enhancement Program.

To confirm rate enhancement add-on amounts, see the fee schedules posted on the HHSC website at: <https://pfd.hhs.texas.gov/long-term-services-supports>

**Rate change is calculated based on a comparison of the current direct care component rate effective 9/1/2014, excluding the temporary add-on effective 6/10/2023 - 8/31/2023. and a proposed Direct Care component rate, effective 9/1/2023.

All proposed rates are subject to state and federal approvals as applicable.

Methodology and Justification Notes

¹The proposed payment rates for attendant services in CAS/FC/PHC, CFC, CLASS, DAHS, DBMD, HCS, HCBS-AMH, ICF/IID, PCS, RC, STAR Kids/STAR Health MDCP and non-MDCP, STAR+PLUS HCBS and non-HCBS, and TxHmL, were calculated in accordance with 2024-25 GAA, HHSC, Article II, Rider 30(a) and 1 Texas Administrative Code (TAC) Section 355.7051, relating to Base Wage for a Personal Attendant.

²The proposed payment rate for DBMD case management services was calculated in accordance with 2024-25 GAA, HHSC, Article II, Rider 29 and 1 TAC Section 355.513, relating to Reimbursement Methodology for the Deaf-Blind with Multiple Disabilities Waiver Program.

³The proposed payment rate for HDM was calculated in accordance with 2024-25 GA, HHSC, Article II, Rider 87 and 1 TAC Section 355.511, relating to Reimbursement Methodology for Home-Delivered Meals.

⁴The proposed payment rate for the Pediatric Care Facility special reimbursement class of NF was calculated in accordance with 2024-25 GAA, HHSC, Article II, Rider 35 and 1 TAC Section 355.316 relating to Reimbursement Setting Methodology for Pediatric Care Facilities.

⁵The proposed payment rates for NF were calculated in accordance with 2024-25 GAA, HHSC, Article II, Rider 24 and 1 TAC Sections 355.307, relating to Reimbursement Methodology for Nursing Facilities.

Attendant Services Notes

⁶Rate increases are reflected only in the attendant compensation cost component. Other cost components did not receive rate increases.

⁷Only base rates and rate components are shown for services participating in the Attendant Compensation Rate Enhancement Program. To confirm rate enhancement add-on amounts, see the fee schedules posted on the HHSC website at <https://pfd.hhs.texas.gov/long-term-services-supports>.

Bill Code Notes

⁸The bill codes provided align with the Long-term Care Bill Code Crosswalks effective 02-23-2023, the STAR+PLUS LTSS Codes and Modifiers billing matrix effective 12-01-2022, and the STAR Kids LTSS Billing Matrix and Crosswalk effective 12-01-2022, posted on the HHSC website as of 06-05-2023 (see links below).

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

<https://www.hhs.texas.gov/handbooks/starplus-handbook/appendix-xvi-long-term-services-supports-codes-modifiers>

<https://www.hhs.texas.gov/handbooks/star-kids-handbook/appendix-iii-ltss-billing-matrix-crosswalk>