

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

Notice of Proposed Rate Actions Related to Emergency Response Services (ERS) rates under STAR+PLUS non-Home and Community-Based Services (HCBS), STAR+PLUS HCBS, Community First Choice (CFC), Title XX programs; and STAR Kids/STAR Health Medically Dependent Children Program (MDCP) Out-of-Home Respite, Effective January 1, 2024.

SUMMARY OF PROPOSED RATE ACTIONS

This document contains information relating to the following proposed rate actions: Emergency Response Services (ERS) rates under STAR+PLUS non-Home and Community-Based Services (HCBS), STAR+PLUS HCBS, Community First Choice (CFC), and Title XX programs, and STAR Kids/STAR Health Medically Dependent Children Program (MDCP) Out-of-Home Respite, effective January 1, 2024.

Hearing

The Texas Health and Human Services Commission (HHSC) will conduct a public hearing to receive comments on proposed payment rates at 9:00 a.m. (CST) on November 14, 2023.

The public hearing will be held at the following meeting site:
HHSC North Austin Complex Building
Public Hearing Room 1.401
4601 W. Guadalupe St.
Austin, Texas 78751

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

Registration URL:

<https://attendee.gotowebinar.com/register/44179910691418972>

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 (LTSS)
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 utilizing established methodologies that conform to the Social Security Act and federal regulations, the federally approved Texas Medicaid State Plan or Medicaid waivers, all applicable state statutes and rules, and other requirements. HHSC reviews the Medicaid and Non-Medicaid reimbursement rates for all LTSS 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 the fees in this proposal were calculated in accordance with Title 1 of the Texas Administrative Code (TAC):

- 1 TAC Section 355.510, concerning Reimbursement Methodology for Emergency Response Services (ERS).
- 1 TAC Section 355.507, related to the Reimbursement Methodology for the Medically Dependent Children Program.

Proposed Rate Adjustments

Specific proposed payment rate adjustments are listed in the attachments outlined below:

Attachment 1: Rate Actions for Emergency Response Services (ERS) rates under STAR+PLUS non-Home and Community-Based Services (HCBS), STAR+PLUS HCBS, Community First Choice (CFC), and Title XX programs, effective January 1, 2024.

Attachment 2: Rate Actions for STAR Kids/STAR Health Medically Dependent Children Program (MDCP) Out-of-Home Respite rates, effective January 1, 2024.

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. (CST) 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 Department, 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 the 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.

Attachment 1. Proposed Rates for Emergency Response Services Effective 1/1/2024

Service Description	Bill Code	Service Group Code	Service Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Unit	Current Rate	Proposed Rate	Average Rate Change %
CFC ERS ONGOING MONTHLY - LOC 1	M0358	21	20CFC					1 month	\$29.76	\$37.61	26%
CFC ERS ONGOING MONTHLY - LOC 8	M0370	21	20CFC					1 month	\$29.76	\$37.61	26%
CFC ERS Ongoing Monthly - LOC 1	M0358	12	20CFC					1 month	\$29.76	\$37.61	26%
CFC ERS Ongoing Monthly - LOC 8	M0370	12	20CFC					1 month	\$29.76	\$37.61	26%
CFC ERS ONGOING MONTHS	G1114	2	20CFC					1 month	\$29.76	\$37.61	26%
CFC ERS PURCHASE ONLY	G1113	2	20CFC					one time payment	\$29.76	\$50.00	68%
CFC ERS; INITIAL MONTH	G1112	2	20CFC					1 month	\$29.76	\$37.61	26%
CFC ERS INITIAL MONTH	G1112	16	20CFC					1 month	\$29.76	\$37.61	26%
CFC ERS ONGOING MONTHS	G1114	16	20CFC					1 month	\$29.76	\$37.61	26%
CFC ERS PURCHASE ONLY	G1113	16	20CFC					one time payment	\$29.76	\$50.00	68%
EMERGENCY RESPONSE SERVICES - ALL SERVICES	G1000	7	20					1 month	\$29.76	\$37.61	26%
EMERGENCY RESPONSE SERVICES - ALL SERVICES	G1000	7	20					1 month	\$29.76	\$37.61	26%
EMERGENCY RESPONSE SERVICES - INITIAL MONTH	G1000	7	20					1 month	\$29.76	\$37.61	26%
EMERGENCY RESPONSE SERVICES - ONGOING MONTH	G1000	7	20					1 month	\$29.76	\$37.61	26%
CFC ERS- INITIAL MONTH LON 8	M0368	12	20CFC					1 month	\$29.76	\$37.61	26%
Emergency Response Services (Installation and Testing)	S5160							one time payment	\$29.76	\$50.00	68%
Emergency Response Services (Monthly)	S5161			U3	U3			1 month	\$29.76	\$37.61	26%
Emergency Response Services (Monthly) (CFC)	S5161			U2				1 month	\$29.76	\$37.61	26%
Emergency Response Services (Monthly) (CFC) (MDCP)	S5161			U2	U6			1 month	\$29.76	\$37.61	26%
Emergency Response Services (Installation and Testing)	S5160							one time payment	\$29.76	\$50.00	68%
Emergency Response Services (Monthly)	S5161			U3	U3			1 month	\$29.76	\$37.61	26%
Emergency Response Services (Monthly) (CFC)	S5161			U2				1 month	\$29.76	\$37.61	26%
Emergency Response Services (Monthly) (CFC) (MDCP)	S5161			U2	U6			1 month	\$29.76	\$37.61	26%
Emergency Response Services (Installation and Testing)	S5160							one time payment	\$29.76	\$50.00	68%
Emergency Response Services (Installation and Testing)	S5160							one time payment	\$29.76	\$50.00	68%
Emergency Response Services (Monthly) (Non-HCBS)	S5161			U7	U7			1 month	\$29.76	\$37.61	26%
Emergency Response Services (Monthly) (Non-HCBS)	S5161			U7	U7			1 month	\$29.76	\$37.61	26%
Emergency Response Services (Monthly) (Non-HCBS) (CFC)	S5161			U7	U7	U7		1 month	\$29.76	\$37.61	26%
Emergency Response Services (Monthly) (Non-HCBS) (CFC)	S5161			U7	U7	U7		1 month	\$29.76	\$37.61	26%
Emergency Response Services (Monthly) (Non-HCBS) (CFC)	S5161			U5	U7			1 month	\$29.76	\$37.61	26%
Emergency Response Services (Monthly) (Non-HCBS) (CFC)	S5161			U5	U7			1 month	\$29.76	\$37.61	26%
Emergency Response Services (Monthly) (HCBS)	S5161			U3	U3			1 month	\$29.76	\$37.61	26%
Emergency Response Services (Monthly) (HCBS)	S5161			U3	U3			1 month	\$29.76	\$37.61	26%
Emergency Response Services (Monthly) (HCBS) (CFC)	S5161			U3	U3	U3		1 month	\$29.76	\$37.61	26%
Emergency Response Services (Monthly) (HCBS) (CFC)	S5161			U3	U3	U3		1 month	\$29.76	\$37.61	26%
Emergency Response Services (Monthly) (HCBS)	S5161			U3				1 month	\$29.76	\$37.61	26%
Emergency Response Services (Monthly) (HCBS)	S5161			U3				1 month	\$29.76	\$37.61	26%
Emergency Response Services (Monthly) (HCBS) (CFC)	S5161			U3	U7			1 month	\$29.76	\$37.61	26%
Emergency Response Services (Monthly) (HCBS) (CFC)	S5161			U3	U7			1 month	\$29.76	\$37.61	26%
CFC ERS ONGOING MONTHLY	M0364	22	20CFC					1 month	\$29.76	\$37.61	26%
CFC ERS Ongoing Monthly	M0364	15	20CFC					1 month	\$29.76	\$37.61	26%

Attachment 2: Proposed Rates for STAR Kids/STAR Health MDCP Out-of-Home Respite effective 1/1/2024

Service Description	Bill Code	Modifier	Unit	Proposed Rate
Respite Care, not hospice	661		per diem	\$ 199.10
Respite Care, not hospice, with partial vent	661	U1	per diem	\$ 280.42
Respite Care, not hospice, with full vent	661	U2	per diem	\$ 399.40
Respite Care, not hospice, with trach	661	U3	per diem	\$ 319.28

Current rates can be found at:

[STAR Kids and STAR Health | Provider Finance Department \(texas.gov\)](#)