

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

**Notice of Public Hearing on Proposed Rate Actions for Biennial Fee
Review, Effective September 1, 2024.**

SUMMARY OF PROPOSED RATE ACTIONS

This document contains information relating to the proposed rate actions for biennial fee review for Support Consultation and Financial Management Services Agency (FMSA) monthly fees. The Texas Health and Human Services Commission (HHSC) is proposing these payment rates to ensure there are adequate funds to serve individuals receiving these services. The proposed Medicaid interim payment rates are to be effective September 1, 2024.

Hearing

HHSC will conduct a public hearing to receive comments on proposed payment rates on May 21, 2024, at 9:00 a.m. Central Daylight Time (CDT).

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, register for the hearing in advance using the following link:

<https://attendee.gotowebinar.com/register/8064549891168508245>.

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 (PFD), 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

As part of the biennial fee review, which includes existing services with rates reviewed at least once every two years, HHSC is proposing rate changes to the FMSA monthly fees. The rate actions under Support Consultation are under Community Attendant Services (CAS), the Community Living Assistance and Support Services (CLASS) waiver, the Deaf Blind with Multiple Disabilities (DBMD) waiver, Family Care (FC), the Home and Community-based Services (HCS) waiver, Primary Home Care (PHC), and Texas Home Living (TxHmL) waiver programs. The rates are proposed to be effective September 1, 2024.

Methodology

The proposed payment rates were determined in accordance with Title 1 of the Texas Administrative Code Section 355.114, which addresses the reimbursement methodology for Consumer Directed Services Payment Option.

Proposed Rate Adjustments

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

- Attachment 1: Proposed Rates for Support Consultation, effective September 1, 2024.
- Attachment 2: Proposed Rates for FMSA, effective September 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. (CDT) on the day of the hearing. Written comments may be sent by U.S. mail to the 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 the HHSC PFD by calling (512) 730-7401 at least 72 hours before the hearing so appropriate arrangements can be made.

Preferred Communication

Contact the HHSC PFD 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

Table 1. Proposed Rates for Support Consultation, effective 9/1/2024.

Program	Service Description	Bill Code	Service Group	Service Code	Unit	Current Rate	Proposed Rate	Rate Change %
CAS	CDS CAS SUPPORT CONSULTATION	G0759	7	57DV	1 hour	\$ 15.37	\$ 26.52	73%
CLASS	CDS SUPPORT CONSULTATION	G0757	2	57V	1 hour	\$ 15.37	\$ 26.52	73%
CLASS	CDS CFC SUPPORT CONSULTATION	G1115	2	57CFV	1 hour	\$ 15.37	\$ 26.52	73%
DBMD	CDS SUPPORT CONSULTATION	G0757	16	57V	1 hour	\$ 16.82	\$ 26.52	58%
DBMD	CDS CFC Support Consultation	G1115	16	57CFV	1 hour	\$ 16.82	\$ 26.52	58%
FC	CDS FC SUPPORT CONSULTATION	G0758	7	57CV	1 hour	\$ 15.37	\$ 26.52	73%
HCS	CDS SUPPORT CONSULTATION - LC 1	M0162	21	57V	1 hour	\$ 15.37	\$ 26.52	73%
HCS	CDS SUPPORT CONSULTATION - LC 8	M0163	21	57V	1 hour	\$ 15.37	\$ 26.52	73%
HCS	CDS CFC SUPPORT CONSULTATION - LOC 1	M0411	21	57CFV	1 hour	\$ 15.37	\$ 26.52	73%
HCS	CDS CFC SUPPORT CONSULTATION - LOC 8	M0412	21	57CFV	1 hour	\$ 15.37	\$ 26.52	73%
PHC	CDS PHC SUPPORT CONSULTATION	G0757	7	57V	1 hour	\$ 15.37	\$ 26.52	73%
TxHmL	CDS SUPPORT CONSULTATION - LC 1	M0314	22	57V	1 hour	\$ 15.37	\$ 26.52	73%

Program	Service Description	Bill Code	Service Group	Service Code	Unit	Current Rate	Proposed Rate	Rate Change %
TxHmL	CDS CFC SUPPORT CONSULTATION	M0413	22	57CFV	1 hour	\$ 15.37	\$ 26.52	73%

Attachment 2

Table 2. Proposed Rates for FMSA.

Bill Code	Modifier	Modifier	Modifier	Program Name	Service Description	Unit	Current Rate	Proposed Rate	Rate Increase %
G0227				Community Care for Aged/Disabled	Monthly Administration Fee - Primary Home Care / Community Attendant Service Consumer Directed Service	1 month	\$ 114.40	\$ 120.55	5.4%
G0223				Community Care for Aged/Disabled	Monthly Community Care for Aged/Disabled Orientation Fee - Consumer Directed Service	1 month	\$ 114.40	\$ 120.55	5.4%
G0747				Community Care for Aged/Disabled	Monthly Agency Administration - Family Care - Personal Attendant Service - Consumer Directed Service	1 month	\$ 14.40	\$ 120.55	5.4%
G0723				Consumer Managed Personal Attendant Services	Personal Attendant Services - Client Directed Services - Agency Fee	1 month	\$ 114.40	\$ 120.55	5.4%

Bill Code	Modifier	Modifier	Modifier	Program Name	Service Description	Unit	Current Rate	Proposed Rate	Rate Increase %
T1019	U5			Personal Care Services	Administration Fee for Consumer Directed Service Option - Once per month - Community First Choice Only	1 month	\$ 114.40	\$ 120.55	5.4%
T1019	U8			Personal Care Services	Administration Fee for Consumer Directed Service Option - Once per month, Per 15 minutes	1 month	\$ 114.40	\$ 120.55	5.4%
T2040	U7			STAR+PLUS Medicare-Medicaid Program	Agency - Medicare-Medicaid Program - (Non - Home and Community Based Services) Consumer Directed Services	1 month	\$ 114.40	\$ 120.55	5.4%
T2040	U5	U9		STAR+PLUS Medicare-Medicaid Program	Agency - Medicare-Medicaid Program - (Non - Home and Community Based Services) Consumer Directed Services	1 month	\$ 114.40	\$ 120.55	5.4%
T2040	U5	U9	U7	STAR+PLUS Medicare-Medicaid Program	Financial Management Service Fee - Consumer Directed Services - Community First Choice	1 month	\$ 114.40	\$ 120.55	5.4%
T2040	U7			STAR+PLUS	Agency - (Non - Home and Community Based Services) Consumer Directed Services	1 month	\$ 114.40	\$ 120.55	5.4%

Bill Code	Modifier	Modifier	Modifier	Program Name	Service Description	Unit	Current Rate	Proposed Rate	Rate Increase %
T2040	U5	U9		STAR+PLUS	Agency - (Non - Home and Community Based Services) Consumer Directed Services	1 month	\$ 114.40	\$ 120.55	5.4%
T2040	U5	U9	U7	STAR+PLUS	Financial Management Service Fee - Consumer Directed Services - Community First Choice	1 month	\$ 114.40	\$ 120.55	5.4%
T2040	U5			STAR Health	Financial Management Service Fee, Community First Choice, Non - Medically Dependent Children Program	1 month	\$ 114.40	\$ 120.55	5.4%
T2040	U9	U2		STAR Health	Financial Management Service Fee, Community First Choice, Non - Medically Dependent Children Program	1 month	\$ 114.40	\$ 120.55	5.4%
T2040	U8			STAR Health	Financial Management Service Fee, Personal Care Services	1 month	\$ 114.40	\$ 120.55	5.4%
T2040	U9	U1		STAR Health	Financial Management Service Fee, Personal Care Services	1 month	\$ 114.40	\$ 120.55	5.4%

Bill Code	Modifier	Modifier	Modifier	Program Name	Service Description	Unit	Current Rate	Proposed Rate	Rate Increase %
T2040	U5			STAR Kids	Financial Management Service Fee, Community First Choice, Non - Medically Dependent Children Program	1 month	\$ 114.40	\$ 120.55	5.4%
T2040	U9	U2		STAR Kids	Financial Management Service Fee, Community First Choice, Non - Medically Dependent Children Program	1 month	\$ 114.40	\$ 120.55	5.4%
T2040	U8			STAR Kids	Financial Management Service Fee, Personal Care Services	1 month	\$ 114.40	\$ 120.55	5.4%
T2040	U9	U1		STAR Kids	Financial Management Service Fee, Personal Care Services	1 month	\$ 114.40	\$ 120.55	5.4%