Service Description *	Bill Code **	Mod 1 **	Mod 2	Mod 3	Mod 4 **	Rate	Billing Unit
Out-of-Home Respite						l .	
Respite Care, not hospice New rate effective January 1, 2024	S5151					\$199.10	per diem
Respite Care, not hospice, with full vent New rate effective January 1, 2024	S5151	U2				\$399.40	per diem
Respite Care, not hospice, with partial vent New rate effective January 1, 2024	S5151	U1				\$280.42	per diem
Respite Care, not hospice, with trach New rate effective January 1, 2024	S5151	U3				\$319.28	per diem
Respite Care, Camp Setting	T2027					\$2.46	15 minutes
In-Home Respite			Γ	ı	I	I	
Attendant (AO)	T1005	U4	U1			\$3.33	15 minutes
Attendant (SRO)	T1005	U4	U2			\$3.33	15 minutes
Attendant with RN delegation (AO)	T1005	U4	TD	U1		\$3.36	15 minutes
Attendant with RN delegation (SRO)	T1005	U4	TD	U2		\$3.36	15 minutes
LVN (AO)	T1005	TE	U1			\$7.42	15 minutes
LVN (SRO)	T1005	TE	U2			\$7.42	15 minutes
RN (AO)	T1005	TD	U1			\$10.85	15 minutes
RN (SRO)	T1005	TD	U2			\$10.85	15 minutes
Specialized LVN (AO)	T1005	TE	U7	U1		\$8.54	15 minutes
Specialized LVN (SRO)	T1005	TE	U7	U2		\$8.54	15 minutes
Specialized RN (AO)	T1005	TD	U7	U1		\$12.48	15 minutes
Specialized RN (SRO)	T1005	TD	U7	U2		\$12.48	15 minutes
Flexibile Family Support Services		1	Ι		1	I	
Attendant (AO)	S9482	U4	U1			\$3.33	15 minutes
Attendant (SRO)	S9482	U4	U2			\$3.33	15 minutes
Attendant with RN delegation (AO)	S9482	U4	TD	U1		\$3.36	15 minutes
Attendant with RN delegation (SRO)	S9482	U4	TD	U2		\$3.36	15 minutes
LVN (AO)	S9482	TE	U1			\$7.42	15 minutes
LVN (SRO)	S9482	TE	U2			\$7.42	15 minutes
RN (AO)	S9482	TD	U1			\$10.85	15 minutes
RN (SRO)	S9482	TD	U2			\$10.85	15 minutes
Specialized LVN (AO)	S9482	TE	U7	U1		\$8.54	15 minutes
Specialized LVN (SRO)	S9482	TE	U7	U2		\$8.54	15 minutes

Service Description *	Bill Code **	Mod 1 **	Mod 2 **	Mod 3 **	Rate	Billing Unit
Specialized RN (AO)	S9482	TD	U7	U1	\$12.48	15 minutes
Specialized RN (SRO)	S9482	TD	U7	U2	\$12.48	15 minutes
Transition Assistance Services	T2038				\$158.28	per service
Employment Assistance (AO)	H2025	U1			\$6.52	15 minutes
Employment Assistance (SRO)	H2025	U2			\$6.52	15 minutes
Supported Employment (AO)	H2023	U1			\$6.52	15 minutes
Supported Employment (SRO)	H2023	U2			\$6.52	15 minutes

^{*} AO = Agency Option; SRO = Service Responsibility Option; CFC = Community First Choice.

^{**} Bill codes, modifiers, and billing units were current according to the STAR Kids Handbook at the time this rate sheet was published (September 1, 2023). For the most up-to-date bill code information, please see: https://www.hhs.texas.gov/handbooks/star-kids-handbook/appendix-iii-ltss-billing-matrix-crosswalk.

Consumer Directed Services (CDS)

Service Description *	Bill Code **	Mod 1	Mod 2 **	Mod 3 **	Mod 4 **	Rate	Billing Unit
FMS Fee, Monthly Fee	T2040	U9	U6			\$210.08	Monthly
FMS Fee, Monthly Fee (CFC)	T2040	U9	U2	U6		\$210.08	Monthly
In-Home Respite							
Attendant with RN delegation	T1005	U4	TD	UC		\$3.16	15 minutes
Attendant	T1005	U4	UC			\$3.13	15 minutes
RN	T1005	TD	UC			\$10.60	15 minutes
Specialized RN	T1005	TD	U7	UC		\$12.23	15 minutes
LVN	T1005	TE	UC			\$7.17	15 minutes
Specialized LVN	T1005	TE	U7	UC		\$8.29	15 minutes
Flexibile Family Support Services							
Attendant with RN delegation	S9482	U4	TD	UC		\$3.16	15 minutes
Attendant	S9482	U4	UC			\$3.13	15 minutes
RN	S9482	TD	UC			\$10.60	15 minutes
Specialized RN	S9482	TD	U7	UC		\$12.23	15 minutes
LVN	S9482	TE	UC			\$7.17	15 minutes
Specialized LVN	S9482	TE	U7	UC		\$8.29	15 minutes
Employment Assistance	H2025	UC				\$6.32	15 minutes
Supported Employment	H2023	UC				\$6.32	15 minutes

^{*} CFC = Community First Choice

^{**} Bill codes, modifiers, and billing units were current according to the STAR Kids Handbook at the time this rate sheet was published (September 1, 2023). For the most up-to-date bill code information, please see: https://www.hhs.texas.gov/handbooks/star-kids-handbook/appendix-iii-ltss-billing-matrix-crosswalk.

Other Services*

Service Description	Bill Code	Mod 1	Mod 2	Mod 3	Mod 4	Note:
RN Assessment for delegation of PCS tasks (MDCP)	G0162	U1	U6			
RN Assessment for delegation of CFC tasks (MDCP)	G0162	U2	U6			
RN training and ongoing supervision of delegated tasks (MDCP)	G0495	U6				
PDN, LVN (MDCP)	T1000	TE	U6			
PDN, Specialized LVN (MDCP)	T1000	TE	UA	U6		
PDN, RN (MDCP)	T1000	TD	U6			
PDN, Specialized RN (MDCP)	T1000	TD	UA	U6		
PDN, Independently Enrolled LVN (MDCP)	T1000	U3	TE	U6		
PDN, Independently Enrolled Specialized LVN (MDCP)	T1000	U3	TE	UA	U6	
PDN, Independently Enrolled RN (MDCP)	T1000	U3	TD	U6		
Adaptive Aids - Not Otherwise Specified (NOS)	T2028					Paid at Cost
Adaptive Aids - Not Otherwise Specified (NOS)	T2028					Paid at Cost
Adaptive Aid- Medical Equipment	T2029					Paid at Cost
Adaptive Aid- Vehicle Modification	T2039					Paid at Cost
Minor Home Modifications	S5165					Paid at Cost

Other Services, Consumer Directed Services (CDS)*

Service Description	Bill Code	Mod 1	Mod 2	Mod 3	Mod 4	Note:
Adaptive Aids - Not Otherwise Specified (NOS), (CDS)	T2028	UC				Paid at Cost
Adaptive Aid- Medical Equipment (CDS)	T2029	UC				Paid at Cost
Adaptive Aid- Vehicle Modification (CDS)	T2039	UC				Paid at Cost
Minor Home Modifications (CDS)	S5165	UC				Paid at Cost

^{*} 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