



TEXAS
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Services

Rate Enhancement Programs – Open Enrollment

Provider Finance Department



Welcome



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New for 2024 (1 of 3)

Pursuant to the 2024-25 General Appropriations Act, House Bill 1, 88th Legislature, Regular Session, 2023, Article II

- Rider 30(a) – HHSC has appropriated funding to increase the base wage for personal attendant services from \$8.11 to \$10.60 for community care providers.
- Rider 30(a) – HHSC has appropriated funding for the attendant compensation rate enhancement program for community care providers.



New for 2024 (2 of 3)

Pursuant to the 2024-25 General Appropriations Act, House Bill 1, 88th Legislature, Regular Session, 2023, Article II

- Rider 24 - HHSC was appropriated funding to provide nursing facility reimbursement rate increases that will increase the wages and benefits of direct care staff.



New for 2024 (3 of 3)

The proposed rates effective September 1, 2023, can be located at: <https://pfd.hhs.texas.gov/rate-packets>



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Texas Administrative Code (TAC)

Title 1, TAC Section 355.308

- Nursing Facility (NF)



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Texas Administrative Code (TAC) (1 of 2)

Title 1, TAC Section 355.112

- Community Living Assistance & Support Services (CLASS),
- Deaf-blind Multiple Disabilities Waiver (DBMD),
- Day Activity & Health Services (DAHS),
- Primary Home Care (PHC),
- Residential Care (RC),



Texas Administrative Code (TAC) (2 of 2)

Title 1, TAC Section 355.112

- Home and Community-based Services (HCS) and Texas Home Living (TxHmL), and
- Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions (ICF/IID)



What's in it for you?

- You will understand the benefits of the Rate Enhancement Program.
- You will be able to enroll in the Rate Enhancement Program.
- You will have access to this information whenever needed.



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Learning Objectives

- Understand the Attendant Compensation Rate Enhancement and the Nursing Facility Direct Care Staff Rate Enhancement Programs.
- Complete enrollment in the Rate Enhancement Program.
- Understand Rate Enhancement responsibilities for providers.



Why Rate Enhancement?

- Participation is voluntary.
- This is an opportunity to improve the quality of care by making wages and benefits more competitive for staff providing attendant or direct care services.
- Providers in the rate enhancement program will benefit from an increase in the amount they can spend for an attendant or direct care compensation.



Responsibilities

- Providers are held accountable for the expenditures of any enhancement funds.
- HHSC uses Cost and Accountability reports to verify staffing and spending requirements.





NF Requirements

- **Staffing Requirement** - Facilities participating in the Direct Care Staff Enhancement agree to maintain a certain level of staffing.
- **Spending Requirement** - Facilities agree to spend 85 percent of their direct care staff compensation revenues on direct care staff compensation.



CC Requirements

- **Spending Requirement** - Agree to spend 90 percent of their attendant revenues on attendant compensation.



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Levels and Add-on Rates



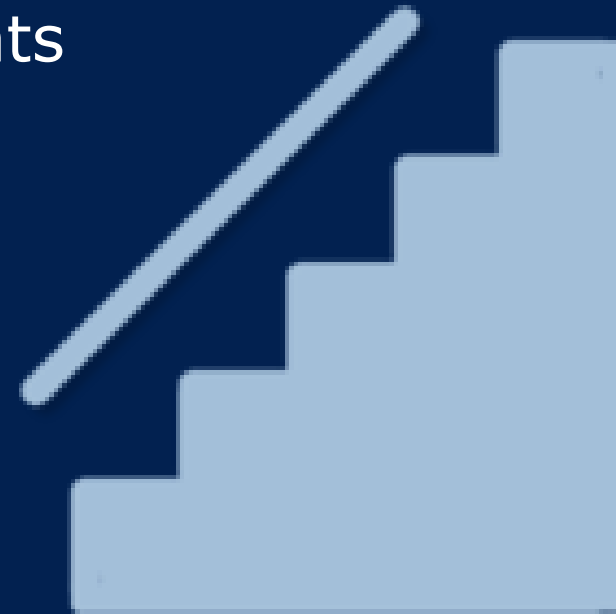
Levels



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Levels are monetary increments above the base rate that can go as high as:

- Level 27 for NF,
- Level 35 for CC, and
- Level 25 for IDD



HCS Add-Ons

Category	Services	Unit Type	Add-on per Unit	Number of Levels
Individualized Skills and Socialization Services	In-home, on-site, and off-site individualized skills and socialization (ISS)	Hourly	\$0.05	25
Non-Individualized Skills and Socialization Services	<ul style="list-style-type: none"> • Community first choice personal attendant services/habilitation • HCS-supported home living transportation • TxHmL community support services transportation • Employment assistance • Supported employment • In-home and out-of-home respite 	Hourly	\$0.05	25
Residential Services	<ul style="list-style-type: none"> • Residential Support Services • Supervised Living 	Daily	\$0.40	25



ICF Add-Ons

Category	Services	Unit Type	Add-on per Unit	# of Levels
Day Habilitation Services	Day Habilitation Services	Daily	\$0.10	25
Residential Services	Residential Services	Daily	\$0.40	25



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Community Care Add-Ons (1 of 3)

Programs	Services	Unit Type	Add-on per Unit	# of Levels
CLASS Waiver	<ul style="list-style-type: none">• Community First Choice (CFC) PAS/HAB• HAB Transportation• Supported Employment (SE)• Employment Assistance (EA)	Hourly	\$0.05	35



Community Care Add-Ons (2 of 3)

Programs	Services	Unit Type	Add-on per Unit	# of Levels
DBMD Waiver	<ul style="list-style-type: none">• ISS On-site, and Off-site• CFC PAS/HAB• SE and EA• Intervener• Chore	Hourly	\$0.05	35



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Community Care Add-Ons (3 of 3)

Programs	Services	Unit Type	Add-on per Unit	# of Levels
DAHS	<ul style="list-style-type: none">• DAHS	Half-day	\$0.05	35
PHC	<ul style="list-style-type: none">• Priority• Non-Priority	Hourly	\$0.05	35
RC	<ul style="list-style-type: none">• Apartment• Non-Apartment	Daily	\$0.05	35



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NF Add-Ons

Category	Services	Unit Type	Add-on per Unit	# of Levels
Nursing Facility	Daily Care	Daily	\$0.40	27



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Considerations for Participation

The following list is not all-inclusive, and there may be other facts to consider in deciding whether to participate.

- The impact of reduced turnover (due to paying higher wages) on your recruiting and training expenses.
- The impact of paying higher wages on the quality of care you deliver to your clients.
- Are willing to meet spending and other program requirements to avoid recoupment.





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Enrollment Process

Steps to successfully enroll in Rate Enhancement



Participation Agreement

- Enrollment Contract Amendment (ECA)
- The ECA must be signed by an authorized signatory as identified by Form 2031
- Enrollment in Rate Enhancement is held from July 1-31



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LTSS Website (1 of 4)



Provider Finance Department

[Home](#) > Long-term Services & Supports

Contact List

24-Hour Residential Child Care & Supervised
Independent Living Program

Adult Foster Care

Adult Mental Health Program

Community Based Alternatives

Community First Choice

Community Living Assistance & Support
Services

Long-term Services & Supports

Overview

The Provider Finance Department (PFD) develops reimbursement methodology rules for Human Service as Commission (HHSC) for Medicaid payment rates and non-Medicaid payment rates (HHS) and the Department of Family and Protective Services (DFPS). PFD develops pay

Announcements

▼ [American Rescue Plan Act \(ARPA\) Home and Community-Based Services \(HCBS\)](#)



LTSS Website (2 of 4)



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Residential Care

[Effective September 1, 2002 \(.pdf\)](#)

STAR+PLUS Cost Reporting

[Effective September 1, 2001 \(.pdf\)](#)

[Effective September 1, 2000 \(.pdf\)](#)

Texas Home Living

Youth Empowerment Services Waiver Program

Rate Enhancement - Attendant Compensation

View [2024 Rate Enhancement - Attendant Compensation Information](#)

View [2023 Rate Enhancement - Attendant Compensation Information](#)

View [2022 Rate Enhancement - Attendant Compensation Information](#)



LTSS Website (3 of 4)



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Provider Finance Department

Search the Site

Go

Menu

[Home](#) > [Long-term Services & Supports](#) > 2024 Rate Enhancement Attendant Compensation Information

2024 Rate Enhancement Attendant Compensation Information

Contact List

24-Hour Residential Child Care & Supervised
Independent Living Program

Adult Foster Care

Adult Mental Health Program

Community Based Alternatives

Community First Choice

Community Living Assistance & Support
Services

Comprehensive Rehabilitation Services
Program

Consumer-managed Personal Assistance
Services

Overview

The 76th Texas Legislature established the Direct Care Staff Enhancement program for nursing facilities and Attendant Compensation Rate Enhancement Program for community care providers (Rate Enhancement). The 81st Texas Legislature expanded the Rate Enhancement programs for providers serving individuals with intellectual and developmental disabilities (IDD). These programs provide funding to incentivize increased compensation, including increased wages and benefits, for attendants and direct care staff.

Rate Enhancement programs are voluntary programs for Long-Term Services and Supports (LTSS) providers. Participating providers receive additional funding to their Medicaid attendant rates and agree to use that funding on compensation for attendant or direct care staff compensation. Program providers agree to spend funds to meet program requirements, or they will be subject to recoupment.

The Provider Finance Department has prepared an informational video on the Rate Enhancement Programs to inform interested providers about the programs' benefits and requirements. The annual open enrollment period begins July 1, 2023.

Enrollment FAQs



LTSS Website (4 of 4)



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2024 Enrollment Forms and Instructions:

View the Participation Status - Levels Awarded (Coming on or before 09/15/2023)

View the [Enrollment Contract Amendment Instructions](#)

Complete the Enrollment Contract Amendment form (Coming Soon)

View the [Enrollment Worksheets and Instructions](#)



LTSS Website (4 of 4)



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2024 Enrollment Worksheets and Instructions

Community Care Attendant Compensation Rate Enhancement

IDD Attendant Compensation Rate Enhancement

Nursing Facility Direct Care Staff Enhancement

State Fiscal Year 2024

Please select the appropriate link below for your program.

Complete the [CLASS worksheets](#) (.xlsx)

View the [CLASS worksheet instructions](#) (.pdf)

Complete the [DAHS worksheets](#) (.xlsx)

View the [DAHS worksheet instructions](#) (.pdf)

Complete the [DBMD worksheet](#) (.xlsx)

View the [DBMD worksheet instructions](#) (.pdf)

Complete the [HCS/TxHmL worksheet](#) (.xlsx)

View the [HCS/TxHmL worksheet instructions](#) (.pdf)



HHSC Portal Log in Screen




HHSC Provider Finance Department (PFD) Open Enrollment



The HHSC Provider Finance Department Open Enrollment Portal is used for annual open enrollment for Community Care providers, providers serving Individuals with Intellectual Disabilities who wish to participate in the Attendant Compensation Rate Enhancement Program, and Nursing Facility (NF) providers who wish to participate in Direct Care Staff Enhancement Program.

NF providers must also submit their NF Liability Insurance Coverage Certification to receive additional funds through Nursing Facility (NF) Liability Insurance Coverage Add-on Rates.

[Open Enrollment Application Provider Login Instructions](#)

Sign in





Login

[Forgot password?](#)
[Change Password?](#)
[New User Account?](#)

Click on the New User Account link if the user does not have a login/password. Upon completion, the user will be able to log in but will not have permissions until assigned a role by the Primary Contact or the Authorized Signatory for the provider.



HHSC Portal Dashboard



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2024 Provider Finance Department Open Enrollment Dashboard

Type	Contract/Component Code Number
PHC	888888886

Inactivity causes the system to time out in 30 minutes. Activity resets the timer.

Open enrollment begins on the first day of July and ends on the last day of that same July preceding the rate year for which payments are being determined, unless the Texas Health and Human Services Commission (HHSC) notified providers before the first day of July that open enrollment has been postponed or cancelled.

The highest enhancement level that any provider may request is listed below for each program type:

- 1. Community Care - Level 35
- 2. NF - Level 27
- 3. IDD - Level 25

Note: NF providers may request a level higher than its current level plus three additional levels.

Levels are awarded within available funds, and it is possible that a facility will not be awarded the level it requests due to limited funding for the enhancement program. No new funds have been appropriated for this program. As a result, increases in enhancement levels will only be possible if other providers choose to reduce their levels.

- 1. To request a rate enhancement level increase, each step must be completed (achieved a green check mark) in sequential order. You can save your work and come back at any time to complete the forms.
- 2. Within each screen, please use the print button to print a hard copy of the form for your records. **Do not submit the printed copy to Provider Finance Department.**

Select one of the options below to increase, decrease, or exit from the RE program.

Yes, I want to decrease my current (SFY23) rate enhancement level in SFY24.

ECA



HHSC Portal Enrollment Contract Amendment (1 of 2)



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TEXAS HEALTH AND HUMAN SERVICES COMMISSION (HHSC) PRIMARY HOME CARE (PHC) Attendant Compensation Rate Enhancement Enrollment Contract Amendment

IMPORTANT: The completed Enrollment Contract Amendment **must be received by 5:00 p.m., Jul 31,**

By execution of this Enrollment Contract Amendment, I acknowledge receipt of the Enrollment Contract Amendment to the **Primary Home Care (PHC)** contract. I agree to accept and be bound by the aforementioned Enrollment Contract Amendment and the rules in Title 1 of the Texas Administrative Code (TAC) §355.112 for Medicaid programs as a revision to my contract.

The purpose of the Enrollment Contract Amendment is to implement the legacy Texas Department of Aging and Disability Services (DADS) appropriations rider 37 passed by the 76th Legislature [General Appropriations Act, 76th Leg., R.S., Art. II, "Department of Aging and Disability Services," (rider no. 37)] through the establishment of procedures for increased wages and benefits for community care attendants. Providers agreeing to participate and receiving the additional funds must demonstrate compliance with additional requirements and must spend the additional funds intended for attendant wages and benefits as specified, or the funds intended for those purposes will be recouped by HHSC. For providers who choose not to participate in the enhancement program and not receive additional funds, the attendant compensation rate component will remain constant over time, except for adjustment necessitated by increases in the federal minimum wage.

Contracts from which HHSC Provider Finance Department has not received an acceptable request to modify their enrollment by 5:00 p.m. on Jul 31, **will continue with the service category(ies) and levels of participation in effect during the open enrollment period** within available funds.

An initial enrollment contract amendment is required from each provider choosing to participate in the attendant compensation rate enhancement. On the enrollment contract amendment, the provider must specify for each contract a desire to participate or not and a preferred participation level.

For PHC contracts, providers must specify to have priority, nonpriority or both priority and nonpriority services participate in the attendant compensation rate enhancement.



HHSC Portal Enrollment Contract Amendment (2 of 2)



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[View a list of current levels](#)

☐ Yes, this contract chooses to enroll in Attendant Compensation Rate Enhancement.

Enter the requested enhancement level in the box labeled "Requested Level" for each service. (must indicate a level between 1 and 35). **NOTE:** Levels are awarded within available funds, and it is possible that you will not be awarded the level you request due to limited funding for the enhancement program.

Requested Level for Priority

Requested Level for Nonpriority

☐ No, this contract chooses **not** to enroll in Attendant Compensation Rate Enhancement; or requests to withdraw participation from the Attendant Compensation Rate Enhancement.

777777775
9-Digit Contract Number - PHC

Test PHC
Name of Authorized Signatory per HHSC Signature Authority Designation Form (Form 2031) (must be the person submitting this form)

Legal Entity Name as it appears on contract

Street Address of Legal Entity

Legal Entity City State Legal Entity Zip Code

E-mail Address of Authorized Signatory

Last month of the IRS fiscal year for this entity. If this is incorrect please call (512) 438-2680.

- -
Telephone Number

- -
Facsimile Number

☐ I attest I am the Authorized Signatory for the above contract number and Legal Entity per the HHSC Signature Authority Designation Form (Form 2031) and all information included in this form is accurate and complete by as entered.

Date Submitted:

Submission of Form:
1. Verify all data.
2. Submit the form by clicking the submit button.

Submit Request

Logout Submit Request

Please verify all data before submitting.





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NF Liability Insurance

Steps to successfully enroll in the NF Liability Insurance Add-on



NF Liability Insurance Certification (1 of 4)



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- ✓ RFR
- ✓ Methodology Certification
- ✓ Report Certification
- ✗ ECA
- ✗ NF Liability Insurance Certification



NF Liability Insurance Certification (2 of 4)



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Nursing Facility Liability Insurance Coverage Certification

Overview

In accordance with Title 1 of the TAC §355.312. Reimbursement Setting Methodology--Liability Insurance Costs, the Health and Human Services Commission (HHSC) is requiring an attestation from all nursing facility (NF) providers to receive additional funds through Nursing Facility (NF) Liability Insurance Coverage Add-on Rates.

NF providers serving Medicaid residents can only receive this add-on rate by maintaining acceptable liability insurance coverage, in accordance with Section 32.028(h) of the Texas Human Resources Code.

Providers shall attest, during the open enrollment period, to maintain acceptable liability insurance coverage prior to the rate year the liability insurance add-on rates will be paid. This attestation will be for the rate year: 09/01/2022-08/31/2023.

For additional information, please see the Information Letter sent by HHSC and/or posted on the HHSC Website.

Contacts

- For questions regarding the completion of this attestation, please email Long-Term Support and Services at PFD-LTSS@hhs.texas.gov
- For technical questions or issues, please email Provider Finance Cost Information at CostInformationPFD@hhs.texas.gov

IMPORTANT: A properly completed LIABILITY INSURANCE COVERAGE CERTIFICATION packet must be submitted yearly during the month of open enrollment occurring in July.

Definitions

1. **Provider** - A person who has a written agreement with HHSC to provide Medicaid NF services to an individual or a person who is contracted with a managed care organization as defined in §353.2 of this title (relating to Definitions) to provide Medicaid NF services.
2. **Independently Procured Insurance** - An insurance transaction involving an insurance contract independently procured from an insurance company not licensed in Texas through negotiations occurring entirely outside the state of Texas that is reported and on which premium tax is paid.
3. **Open Enrollment Period** - Open enrollment period begins on the first day of July and ends on the last day of that same July preceding the rate year for which payments are being determined. A provider who fails to submit an acceptable attestation of agreement within the open enrollment period will not receive the Nursing Facility (NF) Liability Insurance Coverage Add-on Rates.
4. **Purchased Captive Insurance** - General or professional liability insurance purchased from a non-admitted captive insurance company that insures solely directors and officers, liability insurance for the directors and officers of the company's parent and affiliated companies, and the risks of the company's parent and affiliated companies if applicable.
5. **Purchased Commercial Liability Insurance** - Either general or professional liability insurance from a commercial carrier or a non-profit service corporation in an arm's-length transaction that provides for the shifting of risk to the unrelated party. The commercial carrier or non-profit service corporation must meet the requirements as set by the Texas Department of Insurance (TDI) for authorized insurance.
6. **Rate year** - The rate year begins on the first day of September and ends on the last day of August of the following year.
7. **Self-Insurance** - Self-insurance is a means whereby a provider undertakes the risk to protect itself against anticipated liabilities by providing funds equivalent to liquidate those liabilities. If a provider enters into an arrangement with an unrelated party that does not provide for the shifting of risk to the unrelated party, such an agreement shall be considered self-insurance. Self-insurance is not purchased liability insurance.



NF Liability Insurance Certification (3 of 4)



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Instructions
Complete all fields below as appropriate. Read the attestations and check the boxes to agree to the attestations. Click the Submit button when completed.
A separate certification must be submitted for each contract.

Legal Entity/Facility Information

Legal Entity Name as it appears on the contract with HHSC

DBA

Authorized Signatory Name

Nursing Facility Name

Facility Street Address

Facility City

Facility State

Facility Zip Code

Facility Phone Number

Facility Fax

Facility Email

Nursing Facility Contract Information

Facility Name or dba

9-Digit Contract Number

4-Digit Facility Number

National Provider Identifier (NPI)

☐ Enrolled Medicaid Provider



NF Liability Insurance Certification (4 of 4)



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Type of Coverage

To be completed by Individual Legally Responsible

Choose the type of liability insurance coverage obtained by the provider.

Select Coverage Type



☐ I attest that the provider has purchased liability insurance issued through an entity meeting any one of the following criteria:

Select Coverage Type

Complete only if Independently Procured Insurance

☐ I attest if the provider purchased Independently Procured Insurance, the insurance policy was purchased through an independently procured insurance arrangement, and taxes on the premiums were paid to and received by the Texas Comptroller for the calendar year in which the policy was procured, continued, or renewed. (Leave blank if the provider did not purchase independently procured insurance.)

Complete only for Captive Insurance

☐ I attest the provider paid taxes on premiums of Captive Insurance, purchased through a captive insurance company, to the Texas Comptroller for the calendar year in which the policy was procured, continued, or renewed. (Leave blank if the provider did not purchase captive insurance.)

Attestation

☐ I attest the provider has not obtained insurance from an insurer or person engaged in unauthorized insurance; as set forth in Chapter 101 of the Texas Insurance Code, Unauthorized Insurance.

☐ I attest that I am a person legally authorized to sign for this provider and that the information entered above is correct to the best of my knowledge and belief. After submission of this attestation, if I become aware of a change in the information that is relevant to this attestation, I will notify HHSC.

Enter Signatory Name

Enter Signatory Title

Enter Signatory Phone

(123) 456-7890 x12345

Enter Signatory Email Address

Review information for accuracy before clicking the submit button at the top.



Contact us



For Assistance with:

Telephone

E-mail

Enrollment for Rate
Enhancement

(737) 867-7793

PFD-RE@hhs.texas.gov





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Thank you

HHSC LTSS Center for Information and Training
Please enroll before July 31.

