# **Rate Guide**

# Long-Term Services and Supports (LTSS) for STAR+PLUS



Please use the information below as guidance on where rates for STAR+PLUS Long-Term Services and Support (LTSS) codes can be located within the Texas Health and Human Services Commission (HHSC) website. As a reminder, not all LTSS services are rate-enhanced eligible.

Effective September 1, 2023, the minimum base wage paid to a personal attendant increased from \$8.11 per hour to \$10.60 per hour. Superior HealthPlan updated its system to accommodate the rate changes identified and published by HHSC.

Please note: Rates are payable in 15-minute increments, based off a provider's contracted rates, and are rounded to the nearest whole number.

#### **Acronym Definitions**

For reference, please see the table below for a list of acronyms utilized in this guide.

| Acronym  | Definitions  |
|----------|--|
| CBA      | Community Based Alternative                                  |
| CDS      | Consumer Directed Service                                    |
| CFC      | Community First Choice                                       |
| DAHS     | Day Activity and Health Services                             |
| ERS      | Emergency Response Services                                  |
| HAB      | Habilitation   |
| HCBS     | Home and Community Based Services (STAR+PLUS Waiver)         |
| HHSC     | Texas Health and Human Services Commission                   |
| Non-HCBS | Non-Home and Community Based Services (Non-STAR+PLUS Waiver) |
| PAS      | Personal Attendant Services                                  |
| PHC      | Primary Home Care  |
| SRO      | Service Responsibility Option                                |
| SPW      | STAR+PLUS Waiver   |

Please review the following pages with detailed tables listing services, their applicable billing codes and where to locate the codes on the HHSC website.

## Community First Choice (CFC) – Emergency Response Services (ERS), Personal Care Services (PCS) and Habilitation (HAB)

#### **ERS**

- For the services listed in the table below, rate will match "ERS ceiling."
- Not rate-enhanced eligible.
- Payable at 1 month = 1 unit
- To access the payment rates online, please review CFC Links to Payment Rates (PDF).

| Service Type                             | HCPC  | Modifiers | Rate    |
|--|-------|-----------|---------|
| ERS (Monthly) (STAR+PLUS HCBS) (CFC)     | S5161 | U3, U7    | \$29.76 |
| ERS (Monthly) (non-STAR+PLUS HCBS) (CFC) | S5161 | U5, U7    | \$29.76 |

#### PAS

- For the services listed in the table below, rate will match "CFC State Plan (i.e., STAR+PLUS) PAS and HAB per hour."
- Rate-enhanced eligible.
- Payable in 15-minute increments.

| Service Type   | НСРС  | Modifiers  | Base Rate |
|--|-------|------------|-----------|
| PAS Agency Model (Non-HCBS) (CFC)                        | S5125 | U5, U7     | \$3.63    |
| PAS Agency Model (HCBS) (CFC)                            | S5125 | U3, U7     | \$3.63    |
| PAS Service Responsibility Option (SRO) (Non-HCBS) (CFC) | S5125 | U5, U7, UD | \$3.63    |
| PAS Service Responsibility Option (SRO) (HCBS) (CFC)     | S5125 | U3, U7, UD | \$3.63    |

#### **HAB**

- For the services listed in the table below, rate will match "CFC State Plan (i.e., STAR+PLUS) PAS and HAB per hour."
- Rate-enhanced eligible.
- Payable in 15-minute increments.

| Service Type  | HCPC  | Modifiers  | Base Rate |
|---|-------|------------|-----------|
| Habilitation Agency Model (Non-HCBS) (CFC)                        | T2017 | U5, U7     | \$3.63    |
| Habilitation Agency Model (HCBS) (CFC)                            | T2017 | U3, U7     | \$3.63    |
| Habilitation Service Responsibility Option (SRO) (Non-HCBS) (CFC) | T2017 | U5, U7, UD | \$3.63    |
| Habilitation Service Responsibility Option (SRO) (HCBS) (CFC)     | T2017 | U3, U7, UD | \$3.63    |

#### CFC, PAS, CDS, and HAB, CDS Rates

- For the services listed in the table below, rate will match page 1 "STAR+PLUS, STAR Kids, and STAR Health PAS & Habilitation\*."
- Rate-enhanced eligible.
- Payable in 15-minute increments.

| Service Type     | HCPC  | Modifiers  | Base Rate |
|------------------|-------|------------|-----------|
| CDS Non-HCBS CFC | S5125 | U5, U7, UC | \$3.43    |
| PAS CDS HCBS CFC | S5125 | U3, U7, UC | \$3.43    |
| CDS Non-HCBS CFC | T2017 | U5, U7, UC | \$3.63    |
| HAB CDS HCBS CFC | T2017 | U3, U7, UC | \$3.59    |

#### **CFC CDS Monthly Administration Fee**

- For CFC Monthly Administration Fee rates, please see the CFC Links to Payment Rates (PDF)
- Monthly rate listed.
- Not rate-enhanced eligible.
- Payable at 1 month = 1 unit

| Service Type                      | НСРС  | Modifiers  | Rate     |
|-----------------------------------|-------|------------|----------|
| FMS Fee, Monthly Fee (CFC)        | T2040 | U5, U9, U7 | \$114.40 |
| FMS Fee, Monthly Fee (CFC) (HCBS) | T2040 | U3, U9, U7 | \$210.08 |

## **Primary Home Care/PAS Rates (S5125)**

#### **PAS Waiver and SRO Waiver**

- For the services listed in the table below, rate will match "Proxy Rates CBA PAS."
  - o For PAS Waiver and SRO Waiver rates, please review Payment Rate Information on the <u>HHSC STAR+PLUS</u> <u>Provider Finance Department webpage</u>.
- Rate-enhanced eligible.
- Payable in 15-minute increments.

| Service Type                                   | НСРС  | Modifiers | Base Rate |
|--|-------|-----------|-----------|
| PAS Agency Model (HCBS)                        | S5125 | U3        | \$3.57    |
| PAS Service Responsibility Option (SRO) (HCBS) | S5125 | U3, UD    | \$3.57    |

#### **PAS CDS Waiver**

- For the services listed in the table below, rate will match "CDS PAS Client Payment Rate per hour."
  - o For PAS CDS Waiver rates, please review *Payment Rate Information* on the <u>HHSC STAR+PLUS Provider</u> Finance Department webpage.
- Rate-enhanced eligible.
- Payable in 15-minute increments.

| Service Type | HCPC  | Modifiers | Base Rate |
|--------------|-------|-----------|-----------|
| PAS CDS HCBS | S5125 | U3, UC    | \$3.48    |

# **PAS CDS Monthly Administration Fee**

| Service Type   | HCPC  | Modifiers | Rate     |
|--|-------|-----------|----------|
| Financial Management Service (FMS) Fee, Monthly Fee (HCBS) | T2040 | U3, U9    | \$210.08 |

#### **PAS Non-Waiver and SRO Non-Waiver**

- For PAS Non-Waiver and SRO Non-Waiver rates, please review *Payment Rate Information* on the <u>HHSC STAR+PLUS Provider Finance Department webpage</u>.
- Rate-enhanced eligible.
- Payable in 15-minute increments.

For the services listed in the table below, rate will be determined by the following calculation:

"Non-Priority Payment Rates per hour nonparticipant rate\*"

PLUS (+)

"Priority Payment Rates per hour nonparticipant rate\*"

Divided by 2

Blended Rate
\*15-minute increments (blended rate/4)

| Service Type                                       | НСРС  | Modifiers | Base Rate |
|--|-------|-----------|-----------|
| PAS Agency Model (Non-HCBS)                        | S5125 | U5        | \$3.56    |
| PAS Service Responsibility Option (SRO) (Non-HCBS) | S5125 | U5, UD    | \$3.56    |

#### **PAS Non-Waiver CDS**

- For PAS Non-Waiver CDS rates, please review *Payment Rate Information* on the <u>HHSC STAR+PLUS Provider Finance Department webpage</u>.
- Rate-enhanced eligible.
- Payable in 15-minute increments.

For the services listed in the table below, rate will be determined by the following calculation:

"Client Non-Priority Payment Rates for Determining the Client's Budget - per hour\*"

PLUS (+)

"Client Priority Payment Rates for Determining the Client's Budget - per hour\*"

Divided by 2

Blended Rate
\*15-minute increments (blended rate/4)

| Service Type         | НСРС  | Modifiers | Base Rate |
|----------------------|-------|-----------|-----------|
| PAS (CDS) (Non-HCBS) | S5125 | U5, UC    | \$3.36    |

# **PAS CDS Monthly Administration Fee**

| Service Type   | НСРС  | Modifiers | Rate     |
|--|-------|-----------|----------|
| Financial Management Service (FMS) Fee, Monthly Fee (Non-HCBS) | T2040 | U5, U9    | \$114.40 |

## **PAS Protective Supervision**

- For PAS Protective Supervision rates, please review *Payment Rate Information* on the <u>HHSC STAR+PLUS</u> Provider Finance Department webpage.
- Not rate-enhanced eligible.
- Payable in 15-minute increments.

| Service Type                                   | НСРС  | Modifiers  | Base Rate |
|--|-------|------------|-----------|
| PAS Protective Supervision Agency Model (HCBS) | S5125 | U3, U1     | \$3.57    |
| PAS Protective Supervision (SRO) (HCBS)        | S5125 | U3, U1, UD | \$3.57    |
| PAS Protective Supervision (CDS) (HCBS)        | S5125 | U3, U1, UC | \$3.57    |

#### **Day Activity and Health Services (DAHS)**

- For DAHS rates, please see the <u>DAHS Payment Rates Per Unit of Service (PDF)</u>
- Rate-enhanced eligible.
- Payable in 15-minute increments.

| Service Type | HCPC  | Modifiers | Base Rate |
|--------------|-------|-----------|-----------|
| DAHS         | S5101 | N/A       | \$16.72   |

#### **Home Delivered Meals**

- For Home Delivered Meals rates, please see the Home-Delivered Meals Payment Rates (PDF)
- Not rate-enhanced eligible.
- Payable in 15-minute increments.

| Service Type             | HCPC  | Modifiers | Rate   |
|--------------------------|-------|-----------|--------|
| SPW Home Delivered Meals | S5170 | NO MOD    | \$6.46 |

#### **ERS**

- For ERS rates, please see the <u>HHSC ERS webpage</u>.
- Not rate-enhanced eligible.
- Payable in 15-minute increments.

| Service Type   | HCPC  | Modifiers | Rate    |
|--|-------|-----------|---------|
| Emergency Response Services (Monthly) (STAR+PLUS HCBS) | S5161 | U3        | \$29.76 |
| Emergency Response Services (Installation and Testing) | S5160 | NO MOD    | \$29.76 |

## **Adult Foster Care (AFC)**

- For the services listed in the table below, rate will match "Adult foster care Out-of-Home Respite Client Payment Rate per day."
  - o For Adult Foster Care rates, please review the *Payment Rate Information* on the <u>HHSC AFC Provider Finance</u> <u>Department webpage</u>. Or "Out-of-home Respite AFC" found on the <u>STAR+PLUS Home and CBS (PDF)</u>.
- Not rate-enhanced eligible.
- Payable in 15-minute increments.

## **AFC**

| Service Type  | HCPC  | Modifiers | Rate    |
|---------------|-------|-----------|---------|
| AFC – Level 1 | S5140 | U1        | \$19.19 |
| AFC – Level 2 | S5140 | U2        | \$33.10 |
| AFC – Level 3 | S5140 | U3        | \$67.20 |

# **AFC Out-of-Home Respite Care**

| Service Type               | HCPC  | Modifiers | Rate    |
|----------------------------|-------|-----------|---------|
| Respite Care AFC (Level 1) | S5151 | UD, U1    | \$33.28 |
| Respite Care AFC (Level 2) | S5151 | UD, U2    | \$47.19 |
| Respite Care AFC (Level 3) | S5151 | UD, U3    | \$81.30 |

# **Assisted Living (AL)/Residential Care (RC)**

- For AL/RC rates, please review the *Payment Rate Information* on the <u>HHSC RC Provider Finance Department webpage</u>.
- Rate-enhanced eligible.
- Payable in 15-minute increments.

**Single Occupancy**\*This is the base rate and would apply if provider is not rate enhanced and would be applicable to each level of assisted living modifier.

| Service Type  | НСРС  | Modifiers | Base Rate |
|---|-------|-----------|-----------|
| AL Apartment – Single Occupancy (one day) Not Rate-enhanced (All AL Levels) | T2031 | *         | \$38.49   |
| AL Apartment – Single Occupancy (one day) AL 6                              | T2031 | U6        | \$50.48   |
| AL Apartment – Single Occupancy (one day) AL 5                              | T2031 | U5        | \$52.20   |
| AL Apartment – Single Occupancy (one day) AL 4                              | T2031 | U4        | \$58.44   |
| AL Apartment – Single Occupancy (one day) AL 3                              | T2031 | U3        | \$55.84   |
| AL Apartment – Single Occupancy (one day) AL 2                              | T2031 | U2        | \$62.60   |
| AL Apartment – Single Occupancy (one day) AL 1                              | T2031 | U1        | \$67.56   |

**Double Occupancy**\*This is the base rate and would apply if provider is not rate enhanced and would be applicable to each level of assisted living modifier.

| Service Type  | НСРС  | Modifiers | Base<br>Rate |
|---|-------|-----------|--------------|
| RC Apartment – Double Occupancy (one day) Not Rate-enhanced (All AL Levels) | T2031 | *         | \$29.44      |
| RC Apartment – Double Occupancy (one day) AL 6                              | T2031 | UB, U6    | \$43.48      |
| RC Apartment – Double Occupancy (one day) AL 5                              | T2031 | UB, U5    | \$45.24      |
| RC Apartment – Double Occupancy (one day) AL 4                              | T2031 | UB, U4    | \$51.44      |
| RC Apartment – Double Occupancy (one day) AL 3                              | T2031 | UB, U3    | \$48.84      |
| RC Apartment – Double Occupancy (one day) AL 2                              | T2031 | UB, U2    | \$55.60      |
| RC Apartment – Double Occupancy (one day) AL 1                              | T2031 | UB, U1    | \$60.56      |

# Non-Apartment

\*This is the base rate and would apply if provider is not rate enhanced and would be applicable to each level of assisted living modifier.

| Service Type   | НСРС  | Modifiers | Base<br>Rate |
|--|-------|-----------|--------------|
| RC – Non-Apartment (one day) Not Rate-enhanced (All AL Levels) | T2031 | *         | \$20.19      |
| RC – Non-Apartment (one day) AL 6                              | T2031 | UA, U6    | \$24.92      |
| RC – Non-Apartment (one day) AL 5                              | T2031 | UA, U5    | \$26.68      |
| RC – Non-Apartment (one day) AL 4                              | T2031 | UA, U4    | \$32.88      |
| RC – Non-Apartment (one day) AL 3                              | T2031 | UA, U3    | \$30.32      |
| RC – Non-Apartment (one day) AL 2                              | T2031 | UA, U2    | \$37.04      |
| RC – Non-Apartment (one day) AL 1                              | T2031 | UA, U1    | \$42.00      |

## **Professional Services**

- For Professional Service rates, please review the *Payment Rate Information* on the <u>HHSC Community Living Assistance & Support Service (CLASS) Provider Finance Department webpage</u>.
- Not rate-enhanced eligible.
- Payable in 15-minute increments.

## **Nursing Services**

- For the Registered Nurse (RN) Nursing Care services listed in the table below, rate will match "RN Nursing Services per hour."
- For the Licensed Vocation Nurse (LVN) Nursing Care services listed in the table below, rate will match "LVN per hour."

| Service Type  | НСРС  | Modifiers  | Rate    |
|---|-------|------------|---------|
| Nursing assessment/evaluation   | T1001 | NO MOD     | \$33.44 |
| Nursing Services RN (1 visit) Nursing Care in the Home by RN Agency Option (AO)                           | S9123 | U3         | \$43.39 |
| Nursing Services RN (1 visit) Nursing Care in the Home by RN Agency Option (AO) (Specialized)             | S9123 | U3, UA     | \$49.90 |
| Nursing Services – RN Nursing Care in the Home by RN CDS  | S9123 | U3, UC     | \$42.39 |
| Nursing Services RN (1 visit) Nursing Care in the Home by RN CDS (Specialized)                            | S9123 | U3, UC, UA | \$48.90 |
| Nursing Services – RN Nursing Care in the Home by RN SRO  | S9123 | U3, UD     | \$43.39 |
| Nursing Services RN (1 visit) Nursing Care in the Home by RN SRO (Specialized)                            | S9123 | U3, UD, UA | \$49.90 |
| Nursing Services – LVN (1 visit) Nursing Care in Home by LVN Agency Option (AO)                           | S9124 | U3         | \$29.69 |
| Nursing Services LVN (1 visit) Nursing Care in Home by LVN Agency Option (AO) (Specialized)               | S9124 | U3, UA     | \$34.14 |
| Nursing Services – LVN Nursing Care in Home by LVN CDS  | S9124 | U3, UC     | \$28.69 |
| Nursing Services LVN (1 visit) Nursing Care in Home by LVN Consumer Directed Services (CDS) (Specialized) | S9124 | U3, UC, UA | \$33.14 |
| Nursing Services – LVN Nursing Care in Home by LVN SRO  | S9124 | U3, UD     | \$29.69 |
| Nursing Services LVN (1 visit) Nursing Care in Home by LVN SRO (Specialized)                              | S9124 | U3, UD, UA | \$34.14 |

# **Physical Therapy**

• For the services listed in the table below, rate will match "Physical Therapy (PT)."

| Service Type      | HCPC  | Modifiers | Rate    |
|-------------------|-------|-----------|---------|
| PT – Agency Model | S9131 | U3        | \$77.43 |
| PT – CDS          | S9131 | U3, UC    | \$76.43 |
| PT –SRO           | S9131 | U3, UD    | \$77.43 |

# **Speech Therapy**

• For the services listed in the table below, rate will match "Speech & Language Therapy (SP)."

| Service Type      | HCPC  | Modifiers | Rate    |
|-------------------|-------|-----------|---------|
| SP – Agency Model | S9128 | U3        | \$76.29 |
| SP -CDS           | S9128 | U3, UC    | \$75.29 |
| SP –SRO           | S9128 | U3, UD    | \$76.29 |

# **Occupational Therapy**

• For the services listed in the table below, rate will match "Occupational Therapy (OT)"

| Service Type      | HCPC  | Modifiers | Rate    |
|-------------------|-------|-----------|---------|
| OT – Agency Model | S9129 | U3        | \$72.95 |
| OT -CDS           | S9129 | U3, UC    | \$71.95 |
| OT –SRO           | S9129 | U3, UD    | \$72.95 |

## Cognitive Rehab Therapy (RT), Supportive Employment and Employment Assistance

- For the Cognitive RT & Community/Work Reintegration services listed in the table below, rate will match "Cognitive RT per hour."
- For the Supportive Employment & Employment Assistance services listed in the table below, rate will match "Employment Assistance and Supported Employment."
  - o For Cognitive RT, Supportive Employment and Employment Assistance rates, please review the *Payment Rate Information* on the <u>HHSC CLASS Provider Finance Department webpage</u>.

| Service Type                             | НСРС  | Modifier | Rate    |
|--|-------|----------|---------|
| Cognitive RT                             | 97129 | U3       | \$19.88 |
| Cognitive RT                             | 97130 | U3       | \$19.88 |
| Cognitive RT (CDS)                       | 97129 | U3, UC   | \$19.63 |
| Cognitive RT (CDS)                       | 97130 | U3, UC   | \$19.63 |
| Cognitive RT (SRO)                       | 97129 | U3, UD   | \$19.88 |
| Cognitive RT (SRO)                       | 97130 | U3, UD   | \$19.88 |
| Community/Work Reintegration – CRT       | 97537 | U3       | \$19.63 |
| Community/Work Reintegration – CRT (CDS) | 97537 | U3, UC   | \$19.63 |
| Community/Work Reintegration-CRT (SRO)   | 97537 | U3, UD   | \$19.63 |
| Supportive Employment                    | H2023 | U3       | \$26.07 |
| Supportive Employment (CDS)              | H2023 | U3, UC   | \$26.07 |
| Supportive Employment (SRO)              | H2023 | U3, UD   | \$26.07 |
| Employment Assistance                    | H2025 | U3       | \$26.07 |
| Employment Assistance (CDS)              | H2025 | U3, UC   | \$26.07 |
| Employment Assistance (SRO)              | H2025 | U3, UD   | \$26.07 |

## **Respite Care – Out of Home**

- For Assisted Living/Respite Care rates, due to being manually priced please review the information in the authorization.
- Not rate-enhanced eligible.
- Payable in 15-minute increments.

## **Nursing Facility**

| Service Type                 | HCPC  | Modifiers | Rate            |
|------------------------------|-------|-----------|-----------------|
| Respite CareNursing Facility | S5151 | UC        | Manually priced |

## **Assisted Living Apartment (Single Occupancy)**

- For Assisted Living/Respite Care rates, please see the <u>HHSC Residential Care Provider Finance Department webpage</u>.
- Not rate-enhanced eligible
- Payable in 15-minute increments.
- For Respite Care Agency Option and SRO see the rates on page 1 under In-home Respite. This will give you the daily rate. In order to find the 15 min rate, the daily rate must be divided by 24 and then by 4.
- STAR+PLUS Home and Community-Based Services (PDF)

| Service Type   | НСРС  | Modifiers  | Rate    |
|--|-------|------------|---------|
| Respite Care - AL Apartment – Single Occupancy (one day) Level 6 | S5151 | U8, U9, U6 | \$69.52 |
| Respite Care - AL Apartment – Single Occupancy (one day) Level 5 | S5151 | U8, U9, U5 | \$71.24 |
| Respite Care - AL Apartment – Single Occupancy (one day) Level 4 | S5151 | U8, U9, U4 | \$77.47 |
| Respite Care - AL Apartment – Single Occupancy (one day) Level 3 | S5151 | U8, U9, U3 | \$74.88 |
| Respite Care - AL Apartment – Single Occupancy (one day) Level 2 | S5151 | U8, U9, U2 | \$81.64 |
| Respite Care - AL Apartment – Single Occupancy (one day) Level 1 | S5151 | U8, U9, U1 | \$86.60 |

## **Assisted Living Apartment (Double Occupancy)**

| Service Type   | HCPC  | Modifiers  | Rate    |
|--|-------|------------|---------|
| Respite Care - AL Apartment – Double Occupancy (one day) Level 6 | S5151 | U8, UB, U6 | \$62.53 |
| Respite Care - AL Apartment – Double Occupancy (one day) Level 5 | S5151 | U8, UB, U5 | \$64.26 |
| Respite Care - AL Apartment – Double Occupancy (one day) Level 4 | S5151 | U8, UB, U4 | \$70.48 |
| Respite Care - AL Apartment – Double Occupancy (one day) Level 3 | S5151 | U8, UB, U3 | \$67.89 |
| Respite Care - AL Apartment – Double Occupancy (one day) Level 2 | S5151 | U8, UB, U2 | \$74.65 |
| Respite Care - AL Apartment – Double Occupancy (one day) Level 1 | S5151 | U8, UB, U1 | \$79.60 |

## **Assisted Living (Non-Apartment)**

| Service Type                                   | HCPC  | Modifiers  | Rate    |
|--|-------|------------|---------|
| Respite Care – Non-Apartment (one day) Level 6 | S5151 | U8, UA, U6 | \$43.97 |
| Respite Care – Non-Apartment (one day) Level 5 | S5151 | U8, UA, U5 | \$45.70 |
| Respite Care – Non-Apartment (one day) Level 4 | S5151 | U8, UA, U4 | \$51.92 |
| Respite Care – Non-Apartment (one day) Level 3 | S5151 | U8, UA, U3 | \$49.43 |
| Respite Care – Non-Apartment (one day) Level 2 | S5151 | U8, UA, U2 | \$56.09 |
| Respite Care – Non-Apartment (one day) Level 1 | S5151 | U8, UA, U1 | \$61.05 |

#### Respite Care - In Home

- For Assisted Living/Respite Care rates, please see the
- Not rate-enhanced eligible
- For Respite Care Agency Option and SRO see the rates on page 1 under In-home Respite. This will give you the daily rate. In order to find the 15 min rate, the daily rate must be divided by 24 and then by 4.
- <u>STAR+PLUS Home and Community-Based Services (PDF)</u>
  For Respite Care CDS see the rates on page 3 under In-home Respite. This will give you the daily rate. In order to find the 15 min rate, the daily rate must be divided by 24 and then by 4.
- STAR+PLUS Home and Community-Based Services (PDF)
- Payable in 15-minute increments.

For the services listed in the table below, rate will be determined by the following calculation:

"In-home Respite Day rate\*"

Divided by 24 hours in the day

Divided by 4

\*15-minute increments (4)

| Service Type       | НСРС  | Modifiers | Base<br>Rate |
|--------------------|-------|-----------|--------------|
| Respite Care (AO)  | T1005 | U3        | \$3.56       |
| Respite Care (CDS) | T1005 | U3, UC    | \$3.31       |
| Respite Care (SRO) | T1005 | U3, UD    | \$3.56       |

#### **Additional Information**

For questions or additional information, please contact your Account Manager. To access their contact information visit Find My Account Manager.