



Long-Term Services and Supports (LTSS)

Rate Guide 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 (HHS) website. As a reminder, not all LTSS services are rate-enhanced eligible.

Effective September 1, 2019, the minimum base wage paid to a personal attendant increased from \$8.00 per hour to \$8.11 per hour. Superior HealthPlan updated its system to accommodate the rate changes identified and published by HHS.

Please note: Rates payable in 15-minute increments are rounded to the nearest whole number.

Acronym Definitions

- **CBA** – Community Based Alternative
- **CDS** – Consumer Directed Services
- **CFC** – Community First Choice
- **DAHS** – Day Activity and Health Services
- **HAB** – Habilitation
- **HCBS** – Home and Community Based Services (STAR+PLUS Waiver)
- **HHS** – Texas Health and Human Services
- **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

CFC Rates

For CFC rates, please see [Community First Choice \(CFC\) Payment Rates Effective September 1, 2019 \(PDF\)](#).

1. Emergency Response Services

- For the services listed in the table below, rate will match “Emergency Response Services (ERS) CFC - ceiling per month.”
- Not rate-enhanced eligible.

HPCP	Service Type	Modifiers
S5161	Emergency Response Services (Monthly) (SPW) (CFC)	U3, U3, U3
S5161	Emergency Response Services (Monthly) (Non-SPW) (CFC)	U7, U7, U7

2. CFC PAS and HAB Rates

- For the services listed in the table below, rate will match “Community First Choice (CFC) State Plan (i.e., STAR+PLUS) - Attendant and Habilitation – per hour.”
- Rate-enhanced eligible.
- [Payable in 15-minute increments.](#)

HPCP	Service Type	Modifiers	Base Rate
S5125	PAS Agency Model (Non-HCBS) (CFC)	U5, U7	\$3.20
S5125	PAS Agency Model (HCBS) (CFC)	U3, U7	\$3.20
S5125	PAS Service Responsibility Option (SRO) (Non-HCBS) (CFC)	U5, UD, U7	\$3.20
S5125	PAS Service Responsibility Option (SRO) (HCBS) (CFC)	U3, UD, U7	\$3.20
T2017	Habilitation Agency Model (Non-HCBS) (CFC)	U5, U7	\$3.20
T2017	Habilitation Agency Model (HCBS) (CFC)	U3, U7	\$3.20
T2017	Habilitation Service Responsibility Option (SRO) (Non-HCBS) (CFC)	U5, UD, U7	\$3.20
T2017	Habilitation Service Responsibility Option (SRO) (HCBS) (CFC)	U3, UD, U7	\$3.20

Long-Term Services and Supports (LTSS)

Rate Guide



3. CFC PAS CDS and HAB CDS Rates

- For the services listed in the table below, rate will match “*Client CFC Payment Rate for Determining the Client's Budget – per hour*.*”
- Rate-enhanced eligible.
- Payable in 15-minute increments.

HCPC	Service Type	Modifiers	Base Rate
S5125	PAS Consumer Directed Services (CDS) (Non-HCBS) (CFC)	U5, UC, U7	\$3.00
S5125	PAS Consumer Directed Services (CDS) (HCBS) (CFC)	U3, UC, U7	\$3.00
T2017	Habilitation Consumer Directed Services (Non-HCBS) (CFC)	U5, UC, U7	\$3.00
T2017	Habilitation Consumer Directed Services (HCBS) (CFC)	U3, UC, U7	\$3.00

4. CFC CDS Monthly Administration Fee

- For CFC CFS Monthly Administration Fee rates, please see [Community First Choice \(CFC\) Payment Rates Effective September 1, 2019 \(PDF\)](#).
- Monthly rate listed.
- Not rate-enhanced eligible.

HCPC	Service Type	Modifiers
T1019	CFC CDS Admin Fee – once per month	U5

Primary Home Care/PAS Rates (S5125)

1. PAS Waiver and SRO Waiver

- For the services listed in the table below, rate will match “*Proxy Rates Community Based Alternative (CBA) Personal Assistance Services (PAS) – nonparticipant.*”
 - For PAS Waiver and SRO Waiver rates, please see the [HHS Community Based Alternatives \(CBA\) webpage](#).
- Rate-enhanced eligible.
- Payable in 15-minute increments.

HCPC	Service Type	Modifiers	Base Rate
S5125	PAS Agency Model (HCBS)	U3	\$2.90
S5125	PAS Service Responsibility Option (SRO) (HCBS)	U3, UD	\$2.90

2. PAS CDS Waiver

- For the services listed in the table below, rate will match “*Consumer Directed Services Personal Assistance Services (PAS) Client Payment Rate - per hour.*”
 - For PAS CDS Waiver rates, please see the [HHS Community Based Alternatives \(CBA\) webpage](#).
- Rate-enhanced eligible.
- Payable in 15-minute increments.

HCPC	Service Type	Modifiers	Base Rate
S5125	PAS Consumer Directed Services (CDS) (HCBS)	U3, UC	\$2.82

Long-Term Services and Supports (LTSS)

Rate Guide



3. PAS CDS Monthly Administration Fee

HCPC	Service Type	Modifiers
T2040	PAS CDS Admin Fee – once per month (HCBS)	U3

4. PAS Non-Waiver and SRO Non-Waiver

- For PAS Non-Waiver and SRO Non-Waiver rates, please see the [HHS Primary Home Care \(PHC\) webpage](#).
- Rate-enhanced eligible.
- [Payable in 15-minute increments](#).

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

$$\begin{aligned} &\text{"Non-Priority Payment Rates per hour nonparticipant rate*"} \\ &\quad \text{PLUS (+)} \\ &\text{"Priority Payment Rates per hour nonparticipant rate*"} \\ &\quad \text{Divided by 2} \\ &= \\ &\text{Blended Rate} \\ &\text{*15-minute increments (blended rate/4)} \end{aligned}$$

HCPC	Service Type	Modifiers	Base Rate
S5125	PAS Agency Model (Non-HCBS)	U5	\$2.86
S5125	PAS Service Responsibility Option (SRO) (Non-HCBS)	U5, UD	\$2.86

5. PAS Non-Waiver CDS

- For PAS Non-Waiver CDS rates, please see the [HHS Primary Home Care \(PHC\) webpage](#).
- Rate-enhanced eligible.
- [Payable in 15-minute increments](#).

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

$$\begin{aligned} &\text{"Client Non-Priority Payment Rates for Determining the Client's Budget - per hour*"} \\ &\quad \text{PLUS (+)} \\ &\text{"Client Priority Payment Rates for Determining the Client's Budget - per hour*"} \\ &\quad \text{Divided by 2} \\ &= \\ &\text{Blended Rate} \\ &\text{*15-minute increments (blended rate/4)} \end{aligned}$$

HCPC	Service Type	Modifiers	Base Rate
S5125	PAS Consumer Directed Services (CDS) (Non-HCBS)	U5, UC	\$2.66

6. PAS CDS Monthly Administration Fee

HCPC	Service Type	Modifiers
T2040	PAS CDS Admin Fee – once per month (Non-HCBS)	U7

Long-Term Services and Supports (LTSS)

Rate Guide



7. PAS Protective Supervision

- For PAS Protective Supervision rates, please see the [HHS Primary Home Care \(PHC\) webpage](#).
- Not rate-enhanced eligible.
- Payable in 15-minute increments.

HCPC	Service Type	Modifiers	Base Rate
S5125	PAS Protective Supervision Agency Model (HCBS)	U3, U1	\$2.84
S5125	PAS Protective Supervision (SRO) (HCBS)	U3, UD, U1	\$2.84
S5125	PAS Protective Supervision (CDS) (HCBS)	U3, UC, U1	\$2.64

Day Activity and Health Services (DAHS)

- For DAHS rates, please see [DAHS Payment Rates Per Unit of Service Effective September 1, 2019 \(PDF\)](#).
- Rate-enhanced eligible.

HCPC	Service Type	Modifiers
S5101	Day Activities and Health Services	N/A

Home Delivered Meals

- For Home Delivered Meals rates, please see the [HHS Home-Delivered Meals \(HDM\) webpage](#).
- Not rate-enhanced eligible.

HCPC	Service Type	Modifiers
S5170	SPW Home Delivered Meals	U3
S5170	Non-SPW Home Delivered Meals	U7

Emergency Response Services

- For Emergency Response Services rates, please see the [HHS Emergency Response Services \(ERS\) webpage](#).
- Not rate-enhanced eligible.

HCPC	Service Type	Modifiers
S5161	Emergency Response Services (Monthly) (SPW)	U3, U3
S5161	Emergency Response Services (Monthly) (Non-SPW)	U7, U7, U7

Long-Term Services and Supports (LTSS)

Rate Guide



Adult Foster Care

- For the services listed in the table below, rate will match “Adult foster care Out-of-Home Respite Client Payment Rate – per day.”
 - For Adult Foster Care rates, please see the [HHS Community Based Alternatives \(CBA\) webpage](#).
- Not rate-enhanced eligible.

HCPC	Service Type	Modifiers
S5140	Adult Foster Care – Level 1	99, U3
S5140	Adult Foster Care – Level 2	99, U4
S5140	Adult Foster Care – Level 3	99, U5

Assisted Living (AL)/Residential Care

- For Assisted Living/Residential Care rates, please see the [HHS Residential Care \(RC\) webpage](#).
- Rate-enhanced eligible.

1. Single Occupancy

HCPC	Service Type	Modifiers	Base Rate
T2031	Assisted Living Apartment – Single Occupancy (one day) Not Rate-enhanced (All AL Levels)		\$38.88
T2031	Assisted Living Apartment – Single Occupancy (one day) AL 6	99, U8, U1, U1	\$47.02
T2031	Assisted Living Apartment – Single Occupancy (one day) AL 5	99, U7, U1, U1	\$48.74
T2031	Assisted Living Apartment – Single Occupancy (one day) AL 4	99, U6, U1, U1	\$54.97
T2031	Assisted Living Apartment – Single Occupancy (one day) AL 3	99, U5, U1, U1	\$52.38
T2031	Assisted Living Apartment – Single Occupancy (one day) AL 2	99, U4, U1, U1	\$59.14
T2031	Assisted Living Apartment – Single Occupancy (one day) AL 1	99, U3, U1, U1	\$64.10

2. Double Occupancy

HCPC	Service Type	Modifiers	Base Rate
T2031	Residential Care Apartment – Double Occupancy (one day) Not Rate-enhanced (All AL Levels)		\$29.83
T2031	Residential Care Apartment – Double Occupancy (one day) AL 6	99, U8, U2, U1	\$40.03
T2031	Residential Care Apartment – Double Occupancy (one day) AL 5	99, U7, U2, U1	\$41.76
T2031	Residential Care Apartment – Double Occupancy (one day) AL 4	99, U6, U2, U1	\$47.98
T2031	Residential Care Apartment – Double Occupancy (one day) AL 3	99, U5, U2, U1	\$45.39
T2031	Residential Care Apartment – Double Occupancy (one day) AL 2	99, U4, U2, U1	\$52.15
T2031	Residential Care Apartment – Double Occupancy (one day) AL 1	99, U3, U2, U1	\$57.10

Long-Term Services and Supports (LTSS)

Rate Guide



3. Non-Apartment

HCPC	Service Type	Modifiers	Base Rate
T2031	Residential Care – Non-Apartment (one day) Not Rate-enhanced (All AL Levels)		\$20.58
T2031	Residential Care – Non-Apartment (one day) AL 6	99, U8, U2, U2	\$21.47
T2031	Residential Care – Non-Apartment (one day) AL 5	99, U7, U2, U2	\$23.20
T2031	Residential Care – Non-Apartment (one day) AL 4	99, U6, U2, U2	\$29.42
T2031	Residential Care – Non-Apartment (one day) AL 3	99, U5, U2, U2	\$26.84
T2031	Residential Care – Non-Apartment (one day) AL 2	99, U4, U2, U2	\$33.59
T2031	Residential Care – Non-Apartment (one day) AL 1	99, U3, U2, U2	\$38.55

Professional Services

- For Professional Service rates, please see the [HHS Community Living Assistance & Support Services \(CLASS\) webpage](#).
- Not rate-enhanced eligible.

1. Nursing Services

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

HCPC	Service Type	Modifiers
S9123	Nursing Services – RN (1 visit) Nursing Care in the Home by RN Agency Option (AO) (SPW)	U3, U3
S9123	Nursing Services – RN Nursing Care in the Home by RN Consumer Directed Services (CDS)	U3, 99, 99, UC
S9123	Nursing Services – RN Nursing Care in the Home by RN Service Responsibility Option (SRO)	U3, 99, 99, US
S9124	Nursing Services – LVN (1 visit) Nursing Care in Home by LVN Agency Option (AO) (SPW)	U3, U3
S9124	Nursing Services – LVN Nursing Care in Home by LVN Consumer Directed Services (CDS)	U3, 99, 99, UC
S9124	Nursing Services – LVN Nursing Care in Home by LVN Service Responsibility Option (SRO)	U3, 99, 99, US

2. Physical Therapy

- For the services listed in the table below, rate will match “Physical Therapy (PT) - per hour.”

HCPC	Service Type	Modifiers
S9131	Physical Therapy – Agency Model (Non-SPW)	U7, U5
S9131	Physical Therapy – Agency Model (SPW)	U3, U3
S9131	Physical Therapy – Consumer Directed Services (CDS) (SPW)	U3, 99, 99, UC
S9131	Physical Therapy – Service Responsibility Option (SRO) (SPW)	U3, 99, 99, US

Long-Term Services and Supports (LTSS)

Rate Guide



3. Speech Therapy

- For the services listed in the table below, rate will match “Speech & Language Therapy (SP) - per hour.”

HCPC	Service Type	Modifiers
S9128	Speech Therapy – Agency Model (Non-SPW)	U7, U5
S9128	Speech Therapy – Agency Model (SPW)	U3, U3
S9128	Speech Therapy – Consumer Directed Services (CDS) (SPW)	U3, 99, 99, UC
S9128	Speech Therapy – Service Responsibility Option (SRO) (SPW)	U3, 99, 99, US

4. Occupational Therapy

- For the services listed in the table below, rate will match “Occupational Therapy (OT) – per hour.”

HCPC	Service Type	Modifiers
S9129	Occupational Therapy – Agency Model (Non-SPW)	U7, U5
S9129	Occupational Therapy – Agency Model (SPW)	U3, U3
S9129	Occupational Therapy – Consumer Directed Services (CDS) (SPW)	U3, 99, 99, UC
S9129	Occupational Therapy – Service Responsibility Option (SRO) (SPW)	U3, 99, 99, US

Cognitive Rehab Therapy, Supportive Employment and Employment Assistance

- For the Cognitive RT & Community/Work Reintegration services listed in the table below, rate will match “Cognitive Rehabilitation Therapy - per hour.”
- For the Supportive Employment & Employment Assistance services listed in the table below, rate will match “Employment Assistance and Supported Employment.”
 - For Cognitive Rehab Therapy, Supportive Employment and Employment Assistance rates, please see the [HHS Community Living Assistance & Support Services \(CLASS\) webpage](#).

HCPC	Service Type	Modifier
97532	Cognitive RT (SPW)	U3, U3
97532	Cognitive RT (CDS) (SPW)	U3, 99, 99, UC
97532	Cognitive RT (SRO) (SPW)	U3, 99, 99, US
97537	Community/Work Reintegration – CRT (SPW)	U3, U3
97537	Community/Work Reintegration – CRT (CDS) (SPW)	U3, 99, 99, UC
97537	Community/Work Reintegration-CRT (SRO) (SPW)	U3, 99, 99, US
H2025	Supportive Employment (SPW)	U3, U3
H2025	Supportive Employment (CDS) (SPW)	U3, 99, 99, UC
H2025	Supportive Employment (SRO) (SPW)	U3, 99, 99, US
H2023	Employment Assistance (SPW)	U3, U3
H2023	Employment Assistance (CDS) (SPW)	U3, 99, 99, UC
H2023	Employment Assistance (SRO) (SPW)	U3, 99, 99, US

Additional Information

For questions or additional information, please contact your dedicated [Account Manager](#).