



TO: Medical Care Advisory Committee

DATE: August 13, 2020

FROM: Samuel West, Financial Services Division

SUBJECT: Home and Community-Based Services (HCS) and Texas Home Living (TxHmL) Programs Day Habilitation and Respite Reimbursement

Agenda Item No.: 6

Amendments to: §355.112, concerning Attendant Compensation Rate Enhancement; and §355.723, concerning Reimbursement Methodology for Home and Community-Based Services and Texas Home Living Programs

BACKGROUND: Federal Requirement Legislative Requirement Other: (e.g., Program Initiative)

The Texas Health and Human Services Commission (HHSC) proposes amendments to §355.112 and §355.723 to ensure compliance with the 21st Century Cures Act, which added Section 1903(I) to the Social Security Act to require all states to implement the use of electronic visit verification (EVV). Section 1903(I) requires that EVV be used for all Medicaid personal care services requiring an in-home visit by a service provider. EVV is a computer-based system that verifies that a service is provided and electronically documents information about the service visit such as the name of the individual who received the service, the name of the service provider, the date and time the service begins and ends, and the location at which the service was provided.

Currently, Home and Community-Based Services (HCS) and Texas Home Living (TxHmL) providers bill day habilitation (DH) using a service code that does not distinguish between in-home and out-of-home DH and bill respite using a service code that does not distinguish between in-home and out-of-home respite. The proposed amendments establish separate service codes for in-home and out-of-home DH and respite to allow HHSC to compare service claims for in-home DH and in-home respite with the information in the EVV aggregator regarding the provision of those services. Further, the proposed amendments establish multiple service codes for out-of-home respite based on the location in which the service is provided to allow HHSC to collect appropriate service cost and claims information. HHSC is currently working to transition HCS and TxHmL claims processing to the Texas Medicaid & Healthcare Partnership. The proposed changes to service codes will be effective when that transition is complete.

ISSUES AND ALTERNATIVES:

None.

STAKEHOLDER INVOLVEMENT:

This proposal will be presented to the HHSC Executive Council on August 20, 2020.

FISCAL IMPACT:

None Yes

RULE DEVELOPMENT SCHEDULE:

July 2020	Publish proposed rules in <i>Texas Register</i>
August 13, 2020	Present to the Medical Care Advisory Committee
August 20, 2020	Present to HHSC Executive Council
November 2020	Publish adopted rules in <i>Texas Register</i>
November 2020	Effective date

REQUESTED ACTION: (Check appropriate box)

- The MCAC recommends approval of the proposed rules for publication.
- Information Only

TITLE 1 ADMINISTRATION
PART 15 TEXAS HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 355 REIMBURSEMENT RATES
SUBCHAPTER A COST DETERMINATION PROCESS
SUBCHAPTER F REIMBURSEMENT METHODOLOGY FOR PROGRAMS SERVING
PERSONS WITH MENTAL ILLNESS OR INTELLECTUAL OR
DEVELOPMENTAL DISABILITY

PROPOSED PREAMBLE

The Executive Commissioner of the Texas Health and Human Services Commission (HHSC) proposes amendments to §355.112, concerning Attendant Compensation Rate Enhancement, and §355.723, concerning Reimbursement Methodology for Home and Community-Based Services and Texas Home Living Programs.

BACKGROUND AND PURPOSE

The purpose of the proposed amendments to §355.112 and §355.723 is to ensure compliance with the 21st Century Cures Act, which added Section 1903(l) to the Social Security Act to require that all states implement the use of electronic visit verification (EVV). Section 1903(l) requires that EVV be used for all Medicaid personal care services requiring an in-home visit by a service provider. EVV is a computer-based system that verifies that a service is provided and electronically documents information about the service visit such as the name of the individual who received the service, the name of the service provider, the date and time the service begins and ends, and the location at which the service was provided.

Currently, Home and Community-Based Services (HCS) and Texas Home Living (TxHmL) providers bill day habilitation (DH) using a service code that does not distinguish between in-home and out-of-home DH and bill respite using a service code that does not distinguish between in-home and out-of-home respite. The proposed amendments establish separate service codes for in-home and out-of-home DH and respite to allow HHSC to compare service claims for in-home DH and in-home respite with the information in the EVV aggregator regarding the provision of those services. Further, the proposed amendments establish multiple service codes for out-of-home respite based on the location in which the service is provided to allow HHSC to collect appropriate service cost and claims information. HHSC is currently working to transition HCS and TxHmL claims processing to the Texas Medicaid & Healthcare Partnership. The proposed changes to service codes will be effective when that transition is complete.

SECTION-BY-SECTION SUMMARY

The proposed amendment to §355.112 adds new subsection (l)(3), which establishes the methodology for calculating the attendant compensation rate components for HCS and TxHmL DH and respite services.

The proposed amendment to §355.723(b)(1) specifies the HCS and TxHmL DH and respite services with rates that vary by level of need (LON).

The proposed amendment to §355.723(b)(2) specifies the HCS and TxHmL DH and respite services with rates that do not vary by LON.

The proposed amendment to §355.723(d)(10) revises the methodology for calculating the administration and operations cost component to include HCS and TxHmL DH and respite services.

The proposed amendments to §355.723(c); §355.723(d)(1) - (d)(9); and §355.723(d)(11) - (d)(12) implement clarifying edits.

FISCAL NOTE

Trey Wood, Chief Financial Officer, has determined that for each year of the first five years that the rules will be in effect, enforcing or administering the rules do not have foreseeable implications relating to costs or revenues of state or local governments. The proposed rule amendments are administrative in nature, and the current rates will be maintained so no additional cost is anticipated.

GOVERNMENT GROWTH IMPACT STATEMENT

HHSC has determined that during the first five years that the rules will be in effect:

- (1) the proposed rules will not create or eliminate a government program;
- (2) implementation of the proposed rules will not affect the number of HHSC employee positions;
- (3) implementation of the proposed rules will result in no assumed change in future legislative appropriations;
- (4) the proposed rules will not affect fees paid to HHSC;
- (5) the proposed rules will not create a new rule;
- (6) the proposed rules will not expand, limit, or repeal existing rules;
- (7) the proposed rules will not change the number of individuals subject to the rule; and
- (8) the proposed rules will not affect the state's economy.

SMALL BUSINESS, MICRO-BUSINESS, AND RURAL COMMUNITY IMPACT ANALYSIS

Trey Wood has also determined that there will be no adverse economic effect on small businesses, micro-businesses, or rural communities. The rules do not impose any additional costs on small businesses, micro-businesses, or rural communities that are required to comply with the rules.

LOCAL EMPLOYMENT IMPACT

The proposed rules will not affect a local economy.

COSTS TO REGULATED PERSONS

Texas Government Code §2001.0045 does not apply to these rules because the rules do not impose a cost on regulated persons, and they are necessary to receive a source of federal funds or comply with federal law.

PUBLIC BENEFIT AND COSTS

Victoria Grady, Director of Rate Analysis, has determined that for each year of the first five years the rules are in effect, the public benefit will be compliance with the 21st Century Cures Act, a federal law that requires all states to use EVV for Medicaid personal care services.

Trey Wood has also determined that for the first five years the rules are in effect, there are no anticipated economic costs to persons who are required to comply with the proposed rules because the rules implement changes to establish a rate methodology for HCS TxHmL DH and respite services.

TAKINGS IMPACT ASSESSMENT

HHSC has determined that the proposal does not restrict or limit an owner's right to his or her property that would otherwise exist in the absence of government action and, therefore, does not constitute a taking under Texas Government Code §2007.043.

PUBLIC COMMENT

Written comments on the proposal may be submitted to the HHSC Rate Analysis Department, Mail Code H-400, P.O. Box 85200, Austin, Texas 78705-5200, or by email to RAD-LTSS@hhsc.state.tx.us.

To be considered, comments must be submitted no later than 31 days after the date of this issue of the *Texas Register*. Comments must be: (1) postmarked or shipped before the last day of the comment period; (2) hand-delivered before 5:00 p.m. on the last working day of the comment period; or (3) faxed or emailed before midnight on the last day of the comment period. If the last day to submit comments falls on a holiday, comments must be postmarked, shipped, or emailed before midnight on the following business day to be accepted. When faxing or emailing comments, please indicate "Comments on Proposed Rule 20R054" in the subject line.

STATUTORY AUTHORITY

The amendments are authorized by Texas Government Code §531.0055, which provides that the Executive Commissioner of HHSC shall adopt rules for the operation and provision of services by the health and human services agencies; Texas Government Code §531.033, which provides the Executive Commissioner of HHSC with broad rulemaking authority; Texas Human Resources Code §32.021 and Texas Government Code §531.021(a), which provide HHSC with the authority to administer the federal medical assistance (Medicaid) program in Texas; and Texas Government Code §531.021(b-1), which establishes HHSC as the agency responsible for adopting reasonable rules governing the determination of fees, charges, and rates for Medicaid payments under Texas Human Resources Code Chapter 32.

The amendment affects Texas Government Code §531.0055, Texas Government Code Chapter 531, and Texas Human Resources Code Chapter 32.

This agency hereby certifies that this proposal has been reviewed by legal counsel and found to be a valid exercise of the agency's legal authority.

ADDITIONAL INFORMATION

For further information, please call: (512) 424-6637.

Legend:

Single Underline = Proposed new language

~~[Strikethrough and brackets]~~ = Current language proposed for deletion

Regular print = Current language

(No change.) = No changes are being considered for the designated subdivision

TITLE 1	ADMINISTRATION
PART 15	TEXAS HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 355	REIMBURSEMENT RATES
SUBCHAPTER A	COST DETERMINATION PROCESS

§355.112. Attendant Compensation Rate Enhancement.

(a) - (k) (No change).

(l) *Determination of attendant compensation rate component for nonparticipating contracts.*

(1) For the PHC; DAHS; RC; CLASS--DSA; CBA--HCSS; DBMD; and CBA--AL/RC programs, HHSC will calculate an attendant compensation rate component for nonparticipating contracts as follows.

(A) Determine for each contract included in the cost report database used in determination of rates in effect on September 1, 1999, the attendant compensation cost center from subsection (c) of this section.

(B) Adjust the cost center data from subparagraph (A) of this paragraph in order to account for inflation utilizing the inflation factors used in the determination of the September 1, 1999 rates.

(C) For each contract included in the cost report database used to determine rates in effect on September 1, 1999, divide the result from subparagraph (B) of this paragraph by the corresponding units of service. Provider projected costs per unit of service are rank-ordered from low to high, along with the provider's corresponding units of service. For DAHS, the median cost per unit of service is selected. For all other programs, the units of service are summed until the median unit of service is reached. The corresponding projected cost per unit of service is the weighted median cost component. The result is multiplied by 1.044 for PHC, CLASS--DSA, CBA--HCSS, and DBMD; and by 1.07 for RC, CBA--AL/RC, and DAHS. The result is the attendant compensation rate component for nonparticipating contracts.

(D) The attendant compensation rate component for nonparticipating contracts will remain constant over time, except in the case of increases to the attendant compensation rate component for nonparticipating contracts explicitly mandated by the Texas legislature and for adjustments necessitated by increases in the minimum wage. Adjustments necessitated by increases in the minimum wage are limited to ensuring that these rates are adequate to cover mandated minimum wage levels.

(2) For ICF/IID DH, ICF/IID residential services, HCS SL/RSS, HCS DH, HCS SHL/CFC PAS HAB, HCS respite, HCS supported employment, HCS employment assistance, TxHmL DH, TxHmL CSS and CFC PAS HAB, TxHmL respite, TxHmL supported employment, and TxHmL employment assistance, for each level of need (LON), HHSC will calculate an attendant compensation rate component for nonparticipating contracts for each service as follows:

(A) For each service, for each LON, determine the percent of the fully-funded model rate in effect on August 31, 2010 for that service accruing from attendants. For ICF/IID, the fully-funded model is the model as calculated under §355.456(d) of this chapter (relating to Reimbursement Methodology) before any adjustments made in accordance with §355.101 of this subchapter (relating to Introduction) and §355.109 of this subchapter (relating to Adjusting Reimbursement When New Legislation, Regulations, or Economic Factors Affect Costs). For HCS and TxHmL, the fully-funded model is the model as calculated under §355.723(d) of this chapter (relating to Reimbursement Methodology for Home and Community-based Services and Texas Home Living Programs) before any adjustments made in accordance with §355.101 and §355.109 of this subchapter for the rate period.

(B) For each service, for each LON, multiply the percent of the fully-funded model rate in effect on August 31, 2010 for that service accruing from attendants from subparagraph (A) of this paragraph by the total adopted reimbursement rate for that service in effect on August 31, 2010. Effective September 1, 2019, the result is multiplied by 1.044 for HCS SHL/CFC PAS HAB, HCS respite, HCS supported employment, HCS employment assistance, TxHmL CSS and CFC/PAS HAB, TxHmL respite, TxHmL supported employment, and TxHmL employment assistance and by 1.07 for HCS SL/RSS, HCS DH, TxHmL DH and ICF Residential and ICF DH. The result is the attendant compensation rate component for that service for nonparticipating contracts.

(C) The attendant compensation rate component for nonparticipating contracts will remain constant over time, except in the case of increases to the attendant compensation rate component for nonparticipating contracts explicitly mandated by the Texas legislature; and for adjustments necessitated by increases in the minimum wage. Adjustments necessitated by increases in the minimum wage are limited to ensuring that these rates are adequate to cover mandated minimum wage levels.

(D) Effective July 1, 2017, the attendant compensation rate component for nonparticipating contracts for HCS SHL/CFC PAS HAB and TxHmL CSS and CFC PAS HAB is equal to \$14.52 per hour.

(E) Effective September 1, 2019, the attendant compensation rate component for nonparticipating contracts for HCS SHL/CFC PAS HAB is calculated using cost data from the most recently audited cost report multiplied by 1.044.

(F) Effective January 1, 2020, the attendant compensation rate component for nonparticipating contracts for HCS SL/RSS is calculated using cost data from the most recently audited cost report multiplied by 1.07.

(3) Effective upon service claims being made billable through the Texas Medicaid & Healthcare Partnership, HHSC will calculate an attendant compensation rate component for nonparticipating contracts for each of the following services per subparagraphs (A) and (B) of this paragraph: HCS in-home DH, HCS out-of-home DH, HCS in-home respite (HCS IHR), HCS out-of-home respite (HCS OHR) in a respite facility, HCS OHR in a setting where HCS SL/RSS is provided, HCS OHR in a setting where host home (HH)/companion care (CC) services are provided, HCS OHR in a camp, HCS OHR in a DH facility, HCS OHR in another setting not listed above, TxHmL in-home DH, TxHmL out-of-home DH, TxHmL IHR, TxHmL OHR in a respite facility, TxHmL OHR in a setting where HCS SL/RSS is provided, TxHmL OHR in a setting where HH/CC services are provided, TxHmL OHR in a camp, TxHmL OHR in a DH facility, and TxHmL out-of-home respite in another setting not listed above.

(A) For each service, for each LON, determine the percent of the fully-funded model rate in effect on August 31, 2019 for that service accruing from attendants. For HCS and TxHmL, the fully-funded model is the model as calculated under §355.723(d) of this chapter before any adjustments made in accordance with §355.101 and §355.109 of this subchapter for the rate period.

(B) For each service, for each LON, multiply the percent of the fully-funded model rate in effect on August 31, 2019 for that service accruing from attendants from subparagraph (A) of this paragraph by the total adopted reimbursement rate for that service in effect on August 31, 2019.

(i) The result is multiplied by 1.044 for HCS in-home DH, HCS IHR, HCS OHR in a respite facility, HCS OHR in a setting where HH/CC services are provided, HCS OHR in a camp, and HCS OHR in another setting.

(ii) The result is multiplied by 1.07 for HCS out-of-home DH, HCS OHR in a DH facility, and HCS OHR in a setting where HCS SL/RSS is provided.

(m) - (hh) (No change).

TITLE
PART 15
CHAPTER 355
SUBCHAPTER F

ADMINISTRATION
TEXAS HEALTH AND HUMAN SERVICES COMMISSION
REIMBURSEMENT RATES
REIMBURSEMENT METHODOLOGY FOR PROGRAMS SERVICE
PERSONS WITH MENTAL ILLNESS OR INTELLECTUAL OR
DEVELOPMENTAL DISABILITY

§355.723. Reimbursement Methodology for Home and Community-Based Services and Texas Home Living Programs.

(a) Prospective payment rates. The Texas Health and Human Services Commission (HHSC) sets payment rates to be paid prospectively to Home and Community-based Services (HCS) and Texas Home Living (TxHmL) providers.

(b) Levels of need.

(1) Variable rates. Rates vary by level of need (LON) for the following services: ~~Residential Support Services, Supervised Living, Host Home/Companion Care, and HCS Day Habilitation.~~

(A) HCS day habilitation (DH);

(B) host home (HH)/companion care (CC);

(C) residential support services (RSS);

(D) supervised living (SL); and

(E) effective upon service claims being made billable through the Texas Medicaid & Healthcare Partnership (TMHP):

(i) HCS in-home DH;

(ii) HCS out-of-home DH;

(iii) HCS out-of-home respite (HCS OHR) in a DH facility;

(iv) HCS OHR in a setting where SL or RSS is provided; and

(v) HCS OHR in a setting where HH/CC is provided.

(2) Non-variable rates. Rates do not vary by LON level of need for the following services: ~~Supported Home Living, High Medical Needs Support, Community Support Services, Supported Employment, Employment Assistance, Respite, Registered Nurse (RN), Licensed Vocational Nurse (LVN), High Medical Needs RN, High Medical Needs LVN, Dietary, Behavioral Support, Physical Therapy, Occupational Therapy, Speech Therapy, Audiology, Cognitive Rehabilitative Therapy, Social Work, and TxHmL Day Habilitation.~~

(A) audiology;

(B) behavioral support;

(C) cognitive rehabilitative therapy (CRT);

(D) community support services (CSS);

(E) dietary;

(F) employment assistance (EA);

(G) high medical needs licensed vocational nurse (LVN);

(H) high medical needs registered nurse (RN);

(I) high medical needs support;

(J) LVN;

(K) occupational therapy (OT);

(L) physical therapy (PT);

(M) RN;

(N) respite;

(O) social work;

(P) speech therapy;

(Q) supported employment (SE);

(R) supported home living (SHL); and

(S) effective upon service claims being made billable through TMHP:

(i) HCS in-home respite (IHR);

(ii) HCS OHR in a camp;

(iii) HCS OHR in a respite facility;

(iv) TxHmL in-home DH;

(v) TxHmL out-of-home DH;

(vi) TxHmL OHR in a DH facility;

(vii) TxHmL OHR in a setting where HH/CC is provided;

(viii) TxHmL OHR in a setting where SL or RSS is provided; and

(ix) HCS and TxHmL OHR in a setting that is not listed above.

(c) Recommended rates.

(1) Rate ~~models~~Models. The recommended modeled rates are determined for each HCS and TxHmL service listed in subsection (b)(1) - (2) of this section by type and, for services listed in subsection (b)(1) of this section, by LON-level-of-need to include the following cost components: direct care worker staffing costs (wages, benefits, modeled staffing ratios for direct care workers, direct care trainers and job coaches), other direct service staffing costs (wages for direct care supervisors, benefits, modeled staffing ratios); facility costs (for respite care only); room and board costs for overnight, ~~OHR-out-of-home-respite~~ care; administration and operation costs; and professional consultation and program support costs. The determination of all components except for the direct care worker staffing costs component is based on cost reports submitted by HCS and TxHmL providers in accordance with §355.722 of this subchapter (relating to Reporting Costs by Home and Community-based Services (HCS) and Texas Home Living (TxHmL) Providers). The determination of the direct care worker staffing costs component is calculated as specified in §355.112 of this chapter (relating to Attendant Compensation Rate Enhancement).

(2) ~~SHL and CSS-Supported Home Living and Community Support Services~~.

(A) Effective July 1, 2017, the recommended modeled rates for HCS ~~SHL Supported Home Living~~ and TxHmL ~~CSS-Community Support Services~~ include the following cost components: direct care worker staffing costs, and administration and operation costs. The modeled rates for these two services do not include a cost component for other direct service staffing costs. The determination of the administration and operation cost component is calculated as specified in subsection (d)(10) of this section. The determination of the direct care worker staffing costs component is calculated as specified in §355.112 of this chapter.

(B) Effective September 1, 2019, the recommended modeled rate for HCS ~~SHL-Supported Home Living~~ is calculated as specified in subsection (c)(1) and subsection (d) of this section.

(C) Effective September 1, 2019, the recommended modeled rate for TxHmL ~~CSS-Community Support Services~~ is equal to the rate that was in effect for these services on August 31, 2019.

(3) High ~~medical needs support~~Medical Needs Support. Payment rates for high medical needs support ~~High Medical Needs Support~~ are developed based on payment rates determined for other programs that provide similar services. If payment rates are not available from other programs that provide similar services, payment rates are determined using a pro forma analysis in accordance with §355.105(h) of this chapter (relating to General Reporting and Documentation Requirements, Methods, and Procedures).

(d) Administration and operation cost component. The administration and operation cost component included in the recommended rates described in subsection (c) of this section for each HCS and TxHmL service type is determined as follows.

(1) Step 1. Determine total projected administration and operation costs and projected units of service by service type using cost reports submitted by HCS and TxHmL providers in accordance with §355.722 of this subchapter.

(2) Step 2. Determine the ~~HH/CC-host home/companion care~~ coordinator component of the ~~HH/CC-host home/companion care~~ rate as follows:

(A) For fiscal years 2010 through 2013, the ~~HH/CC-host home/companion care~~ coordinator component of the ~~HH/CC-host home/companion care~~ rate was modeled using the weighted average ~~HH/CC-host home/companion care~~ coordinator wage as reported on the most recently available and reliable audited HCS cost report plus 10.25 percent for payroll taxes and benefits inflated to the rate period and a consumer to ~~HH/CC-host home/companion care~~ coordinator ratio of 1:15.

(B) For fiscal years 2012 and 2013, the ~~HH/CC-host home/companion care~~ coordinator component of the ~~HH/CC-host home/companion care~~ rate was remodeled using a consumer to ~~HH/CC-host home/companion care~~ coordinator ratio of 1:20.

(C) For fiscal years 2014 and thereafter, this component is determined by summing total reported ~~HH/CC-host home/companion care~~ coordinator wages and allocated payroll taxes and benefits from the most recently available audited HCS cost report, inflating those costs to the rate period, and dividing the resulting product by the total number of host home units of service reported on that cost report.

(3) Step 3. Determine total ~~HH/CC-host home/companion care~~ coordinator dollars as follows. Multiply the ~~HH/CC-host home/companion care~~ coordinator component of the ~~HH/CC-host home/companion care~~ rate from paragraph (2) of this subsection by the total number of ~~HH/CC-host home/companion care~~ units of service reported on the most recently available, reliable audited HCS cost report database.

(4) Step 4. Determine total projected administration and operation costs after offsetting total ~~HH/CC-host home/companion care~~ coordinator dollars as follows. Subtract the total ~~HH/CC-host home/companion care~~ coordinator dollars from paragraph (3) of this subsection from the total projected administration and operation costs from paragraph (1) of this subsection.

(5) Step 5. Determine projected weighted units of service for each HCS and TxHmL service type as follows. ÷

(A) ~~SL and RSS in HCS-Supervised Living and Residential Support Services in HCS~~. Projected weighted units of service for ~~SL and RSS-Supervised Living and Residential Support Services~~ equal projected ~~SL and RSS-Supervised Living and Residential Support~~ units of service times a weight of 1.00.

(B) ~~DH-Day Habilitation~~ in HCS and TxHmL. Projected weighted units of service for ~~DH-Day Habilitation~~ equal projected ~~DH Day Habilitation~~ units of service times a weight of 0.25.

(C) ~~HH/CC-Host Home/Companion Care~~ in HCS. Projected weighted units of service for ~~HH/CC-Host Home/Companion Care~~ equal projected ~~HH/CC-Host Home/Companion Care~~ units of service times a weight of 0.50.

(D) ~~SHL-Supported Home Living~~ in HCS, ~~high medical needs support-High Medical Needs Support~~ in HCS, and ~~CSS-Community Support Services~~ in TxHmL. For each service, projected weighted units of service equal projected units of service times a weight of 0.30.

(E) Respite in HCS and TxHmL. Projected weighted units of service for ~~respite Respite~~ equal projected ~~respite-Respite~~ units of service times a weight of 0.20.

(F) ~~SE-Supported Employment~~ in HCS and TxHmL. Projected weighted units of service for ~~SE-Supported Employment~~ equal projected ~~Supported Employment~~ units of service times a weight of 0.25.

(G) Behavioral ~~support-Support~~ in HCS and TxHmL. Projected weighted units of service for ~~behavioral support-Behavioral Support~~ equal projected ~~behavioral support-Behavioral Support~~ units of service times a weight of 0.18.

(H) ~~Audiology, CRT, OT, PT, and speech therapy-Physical Therapy, Occupational Therapy, Speech Therapy, Audiology, and Cognitive Rehabilitative Therapy~~ in HCS and TxHmL. Projected weighted units of service for ~~audiology, CRT, OT, PT, and speech therapy-Physical Therapy, Occupational Therapy, Speech Therapy, Audiology, and Cognitive Rehabilitative Therapy~~ equal projected ~~audiology, CRT, OT, PT, and speech therapy-Physical Therapy, Occupational Therapy, Speech Therapy, Audiology, and Cognitive Rehabilitative Therapy~~ units of service times a weight of 0.18.

(I) Social ~~work-Work~~ in HCS. Projected weighted units of service for ~~social work-Social Work~~ equal projected ~~social work-Social Work~~ units of service times a weight of 0.18.

(J) Nursing in HCS and TxHmL and ~~high medical needs nursing-High Medical Needs Nursing~~ in HCS. Projected weighted units of service for ~~nursing and high medical needs nursing-Nursing and High Medical Needs Nursing~~ equal projected ~~nursing and high medical needs nursing-Nursing and High Medical Needs Nursing~~ units of service times a weight of 0.25.

(K) ~~EA-Employment Assistance~~ in HCS and TxHmL. Projected weighted units of service for ~~EA-Employment Assistance~~ equal projected ~~EA-Employment Assistance~~ units of service times a weight of 0.25.

(L) Dietary in HCS and TxHmL. Projected weighted units of service for dietary ~~Dietary~~ equal projected dietary-~~Dietary~~ units of service times a weight of 0.18.

(6) Step 6. Calculate total projected weighted units of service by summing the projected weighted units of service from paragraph (5)(A) - (L) of this subsection.

(7) Step 7. Calculate the percent of total administration and operation costs to be allocated to the service type by dividing the projected weighted units for the service type from paragraph (5) of this subsection by the total projected weighted units of service from paragraph (6) of this subsection.

(8) Step 8. Calculate the total administration and operation cost to be allocated to that service type by multiplying the percent of total administration and operation costs allocated to the service type from paragraph (7) of this subsection by the total administration and operation costs after offsetting total host home/companion care coordinator dollars from paragraph (4) of this subsection.

(9) Step 9. Calculate the administration and operation cost component per unit of service for each HCS and TxHmL service type by dividing the total administration and operation cost to be allocated to that service type from paragraph (8) of this subsection by the projected units of service for that service type from paragraph (1) of this subsection.

(10) Step 10. The final recommended administration and operation cost component per unit of service for each HCS and TxHmL service type is calculated as follows:

(A) For the following services, HCS-supported home-living, HCS-respite, HCS-supported employment, HCS-employment assistance, TxHmL-community supports services, TxHmL-respite, TxHmL-supported employment, and TxHmL-employment assistance multiply the administration and operation cost component from paragraph (9) of this subsection by 1.044:

(i) CSS;

(ii) EA;

(iii) SE;

(iv) SHL; and

(v) effective upon service claims being made billable through TMHP:

(I) in-home DH;

(II) HCS OHR in a camp;

(III) HCS OHR in a respite facility;

(IV) HCS OHR in a setting where HH/CC is provided; and

(V) HCS OHR in a setting that is not listed.

(B) For the following services, HCS SL/RSS, HCS DH, and TxHmL DH multiply the administration and operation cost component from paragraph (9) of this subsection by 1.07: ▸

(i) RSS;

(ii) SL; and

(iii) effective upon service claims being made billable through TMHP:

(I) out-of-home DH;

(II) HCS OHR in a DH facility; and

(III) HCS OHR in a setting where SL or RSS is provided.

(11) Step 11. Effective July 1, 2017, the final recommended administration and operation cost component per unit of service for SHL-Supported Home Living in HCS, CSS-Community Support Services in TxHmL, and high medical needs support High Medical Needs Support in HCS is equal to the administrative and facility cost component of habilitation services-Habilitation Services in the Community Living Assistance and Support Services ~~(CLASS)~~ program as specified in §355.505 of this chapter (relating to Reimbursement Methodology for the Community Living Assistance and Support Services Waiver Program).

(12) Step 12. Effective September 1, 2019, the recommended modeled rates for all TxHmL services except TxHmL CSS-Community Support Services are equal to the rates that were in effect for these services on August 31, 2019. The recommended modeled rate for TxHmL CSS-Community Support Services is calculated as specified in subsection (c)(2)(C) of this section.

(e) – (f) (No change.)