



Date: October 25, 2022

To: Assisted Living Providers
Community First Choice (CFC) Providers
Community Living Assistance and Support Services (CLASS)
Deaf-Blind with Multiple Disabilities (DBMD)
Home and Community-Based Services (HCS)
Home and Community-based Services (HCBS) – Adult Mental Health Providers
Primary Home Care and Community Attendant Services (PHC/CAS)
Texas Home Living (TxHmL)
STAR+PLUS Day Activity and Health Services (DAHS)
STAR Kids Adult Day Care Providers
STAR+PLUS Home and Community-Based Services (HCBS) and Non-HCBS Providers
STAR Kids and STAR Health Medically Dependent Children Program (MDCP) and Non-MDCP Providers
Consumer Directed Services Providers
Financial Management Services Agencies

Subject: Information Letter No. 2022-52 American Rescue Plan Act (ARPA) Home and Community-Based Services (HCBS) Provider Retention Payments Attestation and Reporting Requirements

The Texas Health and Human Services Commission (HHSC) has implemented the American Rescue Plan Act (ARPA) Home and Community-Based Services (HCBS) Provider Retention payments, a part of the [HHSC ARPA HCBS Spending Plan](#).

Temporary rate add-on were made on eligible HCBS service claims with dates of service between March 1, 2022 and August 31, 2022. HHSC will not include the add-on rate in calculating the cost of services on an individual plan of care or individual service plan.

HHSC adopted a rule, Title 1 Texas Administrative Code (1 TAC) [355.207](#), concerning the ARPA HCBS Provider Retention Payment, which establishes the criteria and requirements. HHSC requires providers who deliver eligible HCBS services with service dates between March 1, 2022 and August 31, 2022, to submit an attestation, an initial report, and a final report.

Attestation, Initial and Final Reports

HHSC has reopened the ARPA HCBS Provider Retention Payments Attestation and Initial Report. The Attestation and Initial Report were initially open from May 18, 2022 to August 15, 2022. HHSC is extending the deadline to 30 calendar days after the end of the federally-declared novel coronavirus (COVID-19) Public Health Emergency (PHE). If the deadline falls on a weekend day, national holiday, or state holiday, then the deadline will fall on the following business day. The official federally-declared COVID-19 PHE notifications can be viewed [here](#).

The Final Report has also opened and is due 30 calendar days after the end of the federally-declared COVID-19 PHE. If the deadline falls on a weekend day, national holiday, or state holiday, then the deadline will fall on the following business day. The Attestation, Initial Report, and Final Report can be accessed on the HHSC Provider Finance Department Long-term Services and Supports website [here](#). In addition, the Financial Management Services Agencies (FMSA) Templates, a FAQ document, a compliance list, and other information can be viewed on the same website.

HCBS ARPA Required Reporting and Attestation Acceptable Submission List

HHSC will be publishing a list of providers who billed claims eligible for HCBS ARPA add-on rates. This list will indicate if each provider's attestation, initial, and final report submission have been reviewed and accepted. The HCBS ARPA Provider Retention Payments Compliance List will be updated every 14 calendar days. The list is available on the [HHSC Provider Finance Website](#).

Consumer Directed Services (CDS) Employers and Financial Management Services Agencies (FMSA)

The CDS participant, as the employer of record, may choose to submit the required attestation and reports or work with the Financial Management Services Agency (FMSA) to submit the attestation and reports on the CDS participant's behalf. FMSAs may also reach out to the CDS participants to offer assistance in submitting the attestation and reports. FMSAs can submit the required information for multiple CDS participants in the [FMSA HCBS ARPA Attestation and Initial Report Template](#). If completing the attestation and reports on behalf of a CDS participant, FMSAs should work with the CDS participant to collect all required data. The deadline for the attestation, initial and final report is now 30 calendar days after the end of the

federally-declared COVID-19 PHE. If the deadline falls on a weekend day, national holiday, or state holiday, then the deadline will fall on the following business day.

Fee Schedule and Claims Submission

- A list of eligible services and a fee schedule is available on the [HHSC Provider Finance Website](#).
- Additional information about how to calculate an employer's available funds can be found in the [Frequently Asked Questions document](#).
- More information about the required attestation and reporting is available on the [HHSC Provider Finance website](#). HHSC encourages all providers to review the [Frequently Asked Questions document](#).

Recoupment and Reconciliation

Providers who do not submit the attestation, initial report, and final report will be subject to recoupment of all HCBS ARPA funds.

Resources

HHSC published a Frequently Asked Questions document for HCBS ARPA Provider Retention payments on the [HHSC Provider Finance Website](#).

HHSC is also maintaining the [HHSC ARPA HCBS Spending Plan](#) webpage to include quarterly updates.

Please contact the HHSC Provider Finance Department, Long-term Services and Supports Center for Information and Training at PFD-LTSS@hhs.texas.gov or (512) 867-7817 if you have questions regarding the rates or this letter.

Sincerely,

[signature on file]

Samuel West
Director of Provider Finance Department for Long-term Services and Supports