



Date: May 19, 2023

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: Revised Information Letter No. 2023-18 (Replaces 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) 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](#).

The ARPA HCBS Retention Payments were distributed as a temporary rate add-on on eligible service claims with dates of service from 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. Eligible providers who receive the

add-ons but fail to complete the required attestation and reporting will be subject to recoupment of the associated payment add-ons.

## **Attestation, Initial and Final Reports**

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. The attestation, initial, and final reports are due 90 calendar days after the end of the federally-declared COVID-19 Public Health Emergency (PHE), which expired on May 11, 2023. The deadline for the attestation and reports has been extended to Wednesday, August 9, 2023.

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.

## **ARPA HCBS Required Reporting and Attestation Acceptable Submission List**

HHSC will be publishing a list of providers who billed claims eligible for ARPA HCBS add-on rates. This list will indicate if each provider's attestation, initial, and final report submission have been reviewed and accepted. The ARPA HCBS 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 ARPA HCBS Attestation and Initial Report Template](#) or the [FMSA ARPA HCBS Final 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 due 90 calendar days after the end of the federally-declared COVID-19 Public Health Emergency (PHE), which expired on May 11, 2023.

The deadline for the attestation and reports has been extended to Wednesday, August 9, 2023.

## **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 ARPA HCBS funds.

## **Resources**

HHSC published a Frequently Asked Questions document for ARPA HCBS 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](mailto:PFD-LTSS@hhs.texas.gov) or (512) 867-7817 if you have questions regarding the rates or this letter.

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ARPA and HCBS Provider Retention Payments Attestation and Reporting Requirements  
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Sincerely,

*[signature on file]*

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