



Date: Sept. 7, 2023

To: Community Living Assistance and Support Services (CLASS)
Case Management Agencies (CMAs)
Community Living Assistance and Support Services (CLASS)
Direct Services Agencies (DSAs)
Deaf Blind with Multiple Disabilities (DBMD) Program Providers
Financial Management Services Agencies (FMSAs)

Subject: Information Letter No. 2023-38
Individual Plan of Care (IPC) Revision Process to Update
Attendant Rates in the CLASS and DBMD Programs Effective Sept.
1, 2023

HHSC has approved increased attendant payment rates per [Information Letter 2023-33](#) in the CLASS and DBMD Programs effective Sept. 1, 2023. In response to the rate increases, action is required **only** for authorized individual plans of care (IPCs) that include one or more of the following service codes:

Waiver Program	Service Code	Service Type
CLASS	10B	Habilitation - Prevocational Services
	10CFV	Consumer Directed Services (CDS) Community First Choice (CFC) Personal Assistance Services or Habilitation (PAS/HAB)
	11PV	Respite In-Home (CDS Option)
	48V	Transportation - Habilitation
DBMD	11PV	Respite In-Home (CDS Option)
	10CFV	CDS CFC PAS/HAB
	48V	Transportation - Residential Habilitation

These IPCs will require manual revisions by the service planning team (SPT). An IPC that does not include a service in the table above is not required to be revised.

What actions are needed due to the rate increases?

IPCs that include any of the services in the table above must be revised to reflect the increased attendant payment rates. **An IPC revised to reflect increased rates must not include any other type of revision to allow for an expedited review of changes.** IPC revisions regarding rate increases must be completed as follows:

For a renewal or enrollment IPC with a begin date of Sept. 1 or later

- **If the SPT has not met to develop the renewal IPC,** the SPT must use the correct IPC form to ensure the rates effective Sept. 1 are used in the development of the renewal IPC. HHSC Utilization Review (UR) will remand a renewal IPC that is not completed on the correct form.
- **If the SPT has met to develop the renewal IPC,** the SPT must submit a revised IPC reflecting the increased rates that has the same effective date as the renewal IPC. The revised IPC must be submitted using the process outlined in the *IPC Revision Process* section below.

For renewal or enrollment IPCs with a begin date prior to Sept 1.

The SPT must submit a revised IPC reflecting the increased rates to ensure sufficient funding is available to process claims at the increased rate.

IPC Revision Process

The SPT will need to determine the number of units used or expected to be used prior to Sept. 1 for each impacted service code. The determined number of units must remain funded at the previous rate. Service units that are expected to be utilized on or after Sept. 1 must be adjusted to be funded at the increased rate as of Sept. 1. Case managers must use the individual program plan (IPP) to capture the breakdown of funded units while applying old and new rate settings.

The preferred submission method of a revised IPC reflecting rate increases is in the IDD Operations Portal. The submission through the portal must include:

- A selection of "Rate Change" as submission type;

- Uploaded copy of IPC reflecting funding at previous and new rate;
- Statement of “2023 Rate Change” on the first page of the uploaded copy of the IPC;
- IPP(s) capturing the calculation of service units at previous and new rates.

CMAs, DSAs, and FMSAs should use the Medicaid Eligibility Services Authorization Verification (MESAV) feature available per Texas Medicaid and Healthcare Partnership’s (TMHP) TexMedConnect application to confirm that the rate changes have been completed as proposed by the SPTs.

Timeline For Submission of Revised IPCs

The SPT must begin developing revised IPCs as soon as possible to ensure timely updates to individual budgets. Revised IPCs reflecting increased attendant payment rates should be prioritized in order of the end date of the current IPC. All revised IPCs related to increased rates must be submitted by **Dec. 31, 2023**.

Form Updates

CLASS

HHSC has revised [Form 3621](#) and [Form 3621-T](#) to ensure the rate on the form reflects the increased rate effective Sept. 1. CLASS CMAs and DSAs must use the revised form.

DBMD

HHSC has revised [Form 6500](#) and [Form 6500-T](#) to ensure the rate on the form reflects the increased rate effective Sept. 1. DBMD providers must use the revised form.

Form and Budget Workbook Updates

Each CDS employer will need to revise their budget to reflect the rate increases. See 40 [TAC §41.511](#), Budget Revisions and Approval. Both the CDS employer and the FMSA must sign a new approval page and write “rate increase” on the new approval page. Budget workbooks will be updated to include the new rates and posted to the [CDS Forms and Handbooks](#) webpage.

Per 40 [TAC §41.505](#), Payroll Budgeting, CDS employers are required to complete a new [Wage and Benefits Employee Compensation Plan](#), for each employee. Form 1730 is used to notify the employee and the FMSA of change(s) to the employee's Wage and Benefits Plan before the end of the pay period in which the change is to become effective. The CDS employer completes this form based on the budget approved for the program service.

Note: Overtime is still allowable under the newly published rate. The CDS employer determines how much of their budget can be used for overtime.

Questions related to the IPC revision process related to rate changes can be sent to CLASSPolicy@hhs.texas.gov or DBMDPolicy@hhs.texas.gov.

Questions related to the attendant rates can be sent to the HHSC Provider Finance Department, Long Term Services and Supports, Center of Information and Training at PDF-LTSS@hhs.texas.gov.

Sincerely,

[signature on file]

Michelle Erwin
Deputy Associate Commissioner, Office of Policy
Medicaid and CHIP Services