TOPICS COVERED

- Rules
- Overview
- Website
- Enhancement Levels
- Open Enrollment
- Enrollment Limitations / Request for Revision (RFR)
- Spending Requirements
- Allowable / Unallowable Compensation
- Time studies
- Time Sheets
TOPICS COVERED

- Group versus individual
- Special requirements for groups
- Spending Requirements and Recoupment
- Who can be counted as an attendant?
- Enrollment Worksheets
- Enrollment Contract Amendment
- Things to consider when making your participation decision
- Authorized Representatives
- Notification of enrollment
- Attendant Compensation Reports
- Non participant help
- Contact/Help
For rates, rules, forms, instructions, amendments and level awards refer to the Rate Analysis Website:

https://rad.hhs.texas.gov/long-term-services-supports

You will find a list of programs.

Click on the name of the program (i.e. HCS, TxHmL, ICF/IID, PHC etc).

Locate "Rate Enhancement - Attendant Compensation".

Click on "View 2021 Rate Enhancement – Attendant Compensation information".

If you have difficulties downloading files, please refer to “Problems with Downloading Excel and Word Files?” section of the website. If this does not solve your issue, please email RAD-LTSS@hhsc.state.tx.us for help.
History

The 76th Texas Legislature directed the Texas Department of Aging and Disability Services (DADS) using its appropriations rider 37 to incentivize increased compensation to attendants. These funds are appropriated for the purpose of improving the quality of care for CLASS, DBMD, DAHS, PHC and RC clients.

The 81st Texas Legislature Implemented September 1, 2010, authorized HHSC using its appropriations rider 67 to replace Fiscal Accountability with a rate enhancement system to ensure prudent use of funding appropriated for the HCS, TxEml and ICF/IID programs.
**Purpose**: To incentivize providers to increase attendant compensation and to hold providers accountable for the expenditure of any enhancement funds.

**Optional Participation**: Participation is voluntary.

**Participation Agreement**: Contracted providers may choose to participate by submitting a signed Enrollment Contract Amendment choosing to enroll and indicating the level of enhanced add-on rate they desire to receive.

**Day Habilitation versus Non-Day Habilitation or Residential Services**: For each component code, providers may choose to participate for non-day habilitation/residential services only, day habilitation services only, or both non-day habilitation/residential and day habilitation services.

**Enrollment**: Enrollment is held in July, before the rate year begins.
**Overview**

**Levels**: During the enrollment period, providers indicate a level of enhancement at which they want to. If the program has more than one service type, you must indicate a level for each service you wish to enroll.

**Component Codes**: Participation is determined at the component code level.

**Spending Requirements**: Participating providers agree to spend 90 percent of their total attendant revenues, including their enhanced add-on rate revenues, on attendant compensation.

**Compliance**: Compliance with the spending requirements will be determined using annual cost or accountability report data submitted by the provider. Compliance will be determined separately for HCS/TxHmL and ICF/IID. Compliance will also be determined separately for non-day habilitation, residential and day habilitation services.
**Overview**

**Recoupment:** Participants failing to meet their spending requirement will be subject to recoupment. At no time will a participating provider’s attendant care rate after recoupment be less than the rate paid to providers not participating in the enhancement program.

**Limited Funding:** It is possible that the level requested by a provider will not be granted due to limited funding.

**Grouping:** Participating component codes controlled by a single entity can be aggregated within a program (HCS/TxHmL or ICF/IID) to comply with the spending requirement.
Rider 44: HCS/TxHML and ICF/IID Enrollment

Rate Analysis, Long-Term Services and Support
Rider 44 Overview

• The Rider provides funds for the creation of separate Rate Enhancement categories according to the number of direct care hours assumed in the service billing unit.

• Add-on amounts will vary for each Rate Enhancement category due to direct care hours in the service billing unit.

• Applies to Home and Community-Based Services (HCS) and Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions (ICF/IID).
Rate Enhancement Categories

HCS Rate Enhancement Categories
- HCS Day Habilitation services will remain unchanged in a separate Day Habilitation category.
- HCS Non-Day Habilitation services will only include the following hourly services: Supported Home Living Transportation, Respite, Employment Assistance, Supported Employment, and Community First Choice Personal Attendant Services and Habilitation.
- HCS Residential services will be a new separate category and include Residential Support Services and Supervised Living.

ICF and TxHML service categories will remain unchanged.
HCS & ICF Add-Ons

The appropriations from Rider 44(a)(4) allow for revised add-ons for each rate enhancement category, as follows:

<table>
<thead>
<tr>
<th>Category</th>
<th>Services</th>
<th>Unit Type</th>
<th>Current Add-on per unit</th>
<th>New Add-on per Unit</th>
<th>Number of Levels</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Day Habilitation</strong></td>
<td>Day Habilitation Services</td>
<td>Daily</td>
<td>$0.05</td>
<td>$0.10</td>
<td>25</td>
</tr>
<tr>
<td><strong>Non-Day Habilitation</strong></td>
<td>Supported Home Living, CFC PAS/HAB, Respite, Employment Assistance, Supported Employment</td>
<td>Hourly</td>
<td>$0.05</td>
<td>$0.05</td>
<td>25</td>
</tr>
<tr>
<td><strong>Residential</strong></td>
<td>Residential Support Services, Supervised Living</td>
<td>Daily</td>
<td>$0.05</td>
<td>$0.40</td>
<td>25</td>
</tr>
</tbody>
</table>

TxHmL Add-ons will remain unchanged
## HCS & ICF Add-Ons

### Table 2: Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions

<table>
<thead>
<tr>
<th>Category</th>
<th>Services</th>
<th>Unit Type</th>
<th>Current Add-on per unit</th>
<th>New Add-on per Unit</th>
<th># of Levels</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Day Habilitation</strong></td>
<td>Day Habilitation Services</td>
<td>Daily</td>
<td>$0.05</td>
<td>$0.10</td>
<td>25</td>
</tr>
<tr>
<td><strong>Residential</strong></td>
<td>Residential Services</td>
<td>Daily</td>
<td>$0.05</td>
<td>$0.40</td>
<td>25</td>
</tr>
</tbody>
</table>
Revised Enrollment for HCS/TxHML and ICF/IID

- All participating and non-participating providers must modify their enrollment status in the rate enhancement program during the 2021 enrollment period by submitting an enrollment contract amendment.
- There will be no automatic level rollovers from previous enrollments.
- Any provider who fails to submit an enrollment contract amendment will be assumed to be a non-participating contract.
- There will also be no limitations for HCS and ICF/IID contracts applied to the 2021 enrollment period.
- Since the Rate Enhancement program is receiving substantial revisions, including higher add-ons for Day Habilitation and Residential Services, all participating providers should request to enroll at a new level to ensure that they are able to meet the associated spending requirements.
Enhancement Levels

- Providers will be able to select the level of enhancement they want to participate for non-day habilitation services, day habilitation services, and residential services for HCS/TxHmL, day habilitation and residential for ICF/IID; Priority and Non-Priority for PHC.

- **HCS, TxHmL and ICF/IID** - There are 25 levels of enhancement. Level 1 is $0.10 above the non-participant rate for day habilitation; $0.05 above the non-participant rate for non-day habilitation and $0.40 above the non-participant rate for residential.

- **CLASS, DBMD, PHC, DAHS, and RC** - The highest enhancement level is level 35. Each level increased by $0.05 above the nonparticipant rate.
Requested levels

Requested levels are granted as follows:

- HHSC determines projected units of service for component codes requesting each enhancement level and multiplies this number by the enhancement rate add-on amount associated with that enhancement level.

- HHSC compares the sum of the products to available funds.

- If the sum of the products is less than or equal to available funds, all requested enhancements are granted.
Requested levels

Requested levels are granted as follows:

• If the sum of the products is greater than available funds, preexisting enhancements are rolled over and, if funds remain available, new enhancements are granted beginning with the lowest level of enhancement and granting each successive level of enhancement until requested enhancements are granted within available funds.

• A provider can request a reduction in level or to discontinue participation at any time. Providers who withdraw or reduce are still responsible for meeting spending requirements on monies already received.
## Timeline

<table>
<thead>
<tr>
<th>Date</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2020</td>
<td>2021 Open Enrollment</td>
</tr>
<tr>
<td>January 2021</td>
<td>2019 Notification of Recoupments</td>
</tr>
<tr>
<td>January-March 2021</td>
<td>2019 Collection of Recoupments</td>
</tr>
<tr>
<td>March/April 2021</td>
<td>2020 Cost / Accountability Reports (as needed) due</td>
</tr>
<tr>
<td>Spring / Summer 2021</td>
<td>2020 Review of Cost / Accountability Reports</td>
</tr>
</tbody>
</table>
Open Enrollment

• Pre-existing enhancements will have priority over new enhancements.

• Requested enhancements will be distributed, beginning with the lowest level of enhancement and granting each successive level of enhancement until requested enhancements are granted within available funds.

• Excluding HCS and ICF, providers that do not receive a limitation notification and who do not wish to change their level, will automatically be re-enrolled in the enhancement at their current level of participation.
Request for Revision (RFR) Report

- Excluding HCS and ICF, if you had a recoupment on your 2018 report, you will have your 2021 level of participation limited to the level you achieved on the 2018 report.

- If your 2018 report does not represent your current attendant compensation level, you may request a revision of your enrollment limitation.

- Details on submitting an on-line RFR are included in the limitation notification and the RFR instructions on the Rate Analysis webpage for your program.
Request for Revision (RFR) Report

- The RFR must be received by July 31, 2020.
- Faxes and emails will not be accepted.
- If the RFR shows you are spending at a higher level, you may keep the level shown on the RFR or avoid being limited altogether.
Spending Requirements

- Participants must spend 90% of their attendant revenues on attendant compensation or HHSC will recoup the difference.
- No participating provider’s attendant rate after spending recoupment will ever be less than the attendant base rate.
# Allowable/Unallowable Compensation

<table>
<thead>
<tr>
<th>Allowable</th>
<th>Unallowable</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Salaries and Wages</td>
<td>• Meals, room and board furnished to direct care employees</td>
</tr>
<tr>
<td>• Attendant Contract Labor</td>
<td>• T-shirts</td>
</tr>
<tr>
<td>• Payroll Taxes</td>
<td>• uniforms</td>
</tr>
<tr>
<td>• Workers' Compensation</td>
<td>• food items</td>
</tr>
<tr>
<td>• Employer-Paid Health Insurance</td>
<td>• plaques/trophies</td>
</tr>
<tr>
<td>• Employer-Paid Life Insurance</td>
<td>• gift certificates</td>
</tr>
<tr>
<td>• Other Employer-Paid Benefits</td>
<td>• job-related training reimbursements and job certification renewal fees</td>
</tr>
</tbody>
</table>
Time Sheets

- Must be used for staff performing attendant functions less than 100% of their time but greater than 80% of their time. Staff members that perform attendant functions less than 100% of their time that do not perform a time study **will not** be considered an attendant for the Rate Enhancement.

- The minimum allowable duration for a time study is four weeks per year. Randomly select one week per quarter.
A time study must be for 100% of the paid time of the staff, including vacation and sick leave, for the period covered by the time study.

The time study must show the employee’s start and stop time, total hours worked and actual time worked in 30-minute increments or less, and the functions performed.

Time sheets used in a time study must cover a full working day and cover all of the tasks and programs involved.
# Time Sheet Example

**DAILY TIME SHEET**

**DATE:** 8/9/20XX

**EMPLOYEE NAME:** Jane Smith, RN

<table>
<thead>
<tr>
<th>TIME (hh:mm)</th>
<th>CLIENT NAME</th>
<th>DUTIES/ACTIVITIES PERFORMED</th>
<th>MEDICARE</th>
<th>PHC</th>
<th>DBMD</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 AM</td>
<td>Edwards, A.</td>
<td>Travel to A. Edwards</td>
<td>0:30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8:30 AM</td>
<td>Edwards, A.</td>
<td>Supervisory Visit</td>
<td>1:00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:30 AM</td>
<td>Jane, S.</td>
<td>Travel to supervise visit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:45 AM</td>
<td>Jane, S.</td>
<td>Supervision</td>
<td>1:30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:15 AM</td>
<td>Adams, J.</td>
<td>Travel to Nursing Visit</td>
<td>0:30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:30 AM</td>
<td>Adams, J.</td>
<td>Skilled Nursing</td>
<td>0:45</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:30 PM</td>
<td>Adams, J.</td>
<td>Travel Back to Office</td>
<td>0:30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:00 PM</td>
<td></td>
<td>Lunch</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:30 PM</td>
<td></td>
<td>Phone Calls RE: Adaptive Aids</td>
<td>1:00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2:30 PM</td>
<td>Shroy, V.</td>
<td>Supervisory Visit for ADL tasks only</td>
<td>:45</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3:15 PM</td>
<td>Hall, J.</td>
<td>Filled in for absent attendant</td>
<td>:45</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4:00 PM</td>
<td></td>
<td>Annual Leave / Vacation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL for the DAY:** 8:00

---

**DAILY SUMMARY BY PROGRAM/CONTRACT #**

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>CONTRACT #</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHC</td>
<td>0009999000</td>
<td>2:25</td>
</tr>
<tr>
<td>Medicare</td>
<td>XX XXXXX</td>
<td>1:45</td>
</tr>
<tr>
<td>DBMD</td>
<td>0008888000</td>
<td>3:50</td>
</tr>
<tr>
<td>Indirect</td>
<td>N/A</td>
<td>0:30</td>
</tr>
</tbody>
</table>

**Signature:** Jane Smith  
**Date:** August 9, 20XX

**Supervisor:** Mary Evans  
**Date:** 8/9/20XX
GROUP VERSUS INDIVIDUAL

What does it mean to participate as a group?

• Component codes participating as a group are evaluated as meeting, or failing to meet, their spending targets in the aggregate for the specific program - this means that some component codes in the group can fail to meet their targets as long as other component codes in the group exceed their targets by enough to makeup the difference.

• This is useful when you have some component codes in lower-wage areas and some in higher-wage areas.

• Rules limiting what component codes can be combined into a group appear in 1 TAC §355.112(ee).

• For component codes participating as a group, the enhancement level for a specific service (e.g., non-day habilitation services, day habilitation services, or residential services) must be the same for all component codes.
SPECIAL REQUIREMENTS PERTAINING TO GROUPS

• **New Contracts / Component Codes.** If a provider whose contract or component codes are participating as a group acquires a participating business from another provider, that business must participate as part of the new owner's group.

• **Voluntary Withdrawal.** Providers whose contracts or component codes are participating as a group must request to withdraw all component codes in the group.
SPECIAL REQUIREMENTS PERTAINING TO GROUPS

Terminated Contracts / Component Codes. Contracts or component codes which have been terminated or undergone a change of ownership from the provider organization to another organization must complete an individual report (i.e., a FINAL report) at the time of their termination or change of ownership and meet spending requirements as an individual component code. The aggregate analyses for the annual reporting period will not include these component codes.
• A participating provider's attendant compensation costs per unit of service must be greater than or equal to 90% of the provider's HHSC attendant participating rate.

• A provider will not be enrolled in the Attendant Compensation Rate Enhancement at a level higher than it achieved on its most recently available, audited Cost / Accountability Report used for Attendant Compensation Rate Enhancement purposes. HHSC will issue a notification letter that informs a provider in writing of its enrollment limitations (if any) prior to the first day of the open enrollment period.
SPENDING REQUIREMENTS AND RECOUPLMENT

- Request for Revision. A provider may request a revision of its enrollment limitation if the provider’s most recently available, audited Cost / Accountability Report does not represent its current attendant compensation levels.
**SPENDING REQUIREMENTS AND RECOUPEMENT**

**Recoupment** – HHSC will recoup the difference between your HHSC attendant compensation revenue per unit of service multiplied by 0.90 and your compensation cost per unit of service for each unit of service provided to a HHSC consumer during the rate year.

Your HHSC attendant compensation rate after recoupment will not be lower than the nonparticipant rate for your program.
WHO CAN BE COUNTED AS AN ATTENDANT?

An attendant is the unlicensed caregiver providing direct assistance to clients with Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL).

Attendants do not include: Director, administrator, assistant director, assistant administrator, clerical and secretarial staff, professional staff, other administrative staff, licensed staff, attendant supervisors or maintenance and groundskeeping staff.

Staff other than attendants may deliver attendant services and be considered an attendant if they must perform attendant services to prevent a break in service. These staff would be reported as “Other staff delivering attendant services.” In DBMD, does not apply to Intervener, Chore, Supported Employment or Employment Assistance services.
WHO CAN BE COUNTED AS AN ATTENDANT? (Cont’d)

Attendants **do** include drivers for HCS SL/RSS and day habilitation and ICF/IID.

Attendants **do** include medication aides for HCS SL/RSS and for ICF/IID.

Attendant contract labor – non-staff attendants. Non-staff refers to personnel who provide services to the facility intermittently, whose fee or compensation is not subject to employer payroll tax contributions and who perform tasks routinely performed by employees.
WHO CAN BE COUNTED AS AN ATTENDANT? (Cont’d)

Attendant expenses must be direct costed. Direct costing requires daily timesheets documenting time spent performing attendant services for the contract.

80% Rule – attendants must perform attendant functions at least 80% of their total time worked to be counted as attendants.

Attendants do include drivers in the DAHS and RC programs.

Attendants do include medication aides in the RC program.

Attendants do not include Intervener I, II and III in the DBMD program.
WHO CAN BE COUNTED AS AN ATTENDANT? (Cont’d)

In the case of HCS Supported Home Living (SHL) and TxHmL Community Support Services (CSS), staff other than attendants may deliver attendant services and be considered an attendant during the time they are delivering attendant services if they must perform attendant services that cannot be delivered by another attendant to prevent a break in services. In such a situation, the staff person would be required to keep timesheets and only that time spent delivering attendant services on a fill-in basis would be reported as attendant time.

Except in the special circumstances described above, the attendant may not perform any nonattendant functions.

The goal is to get money into the hands of lowest-paid staff to improve quality of care.
ENROLLMENT WORKSHEETS

Enrollment worksheets are available on our website to help you make your enrollment decisions.

• Allow providers to calculate spending requirements and potential differences between costs and revenues under the enhancement for their component code or group.

• This information can be used by providers to help them make an informed decision about participation in the enhancement program.

• There are different worksheets for the three programs and for non-day habilitation, day habilitation services, and residential services in HCS/TxHmL and for residential and day habilitation services in ICF/IID.
ENROLLMENT WORKSHEETS (cont’d)

Enrollment worksheets are available on our website to help you make your enrollment decisions.

- There are different worksheets for programs that have more than one service type; PHC, HCS/TxHmL and ICF/IID.
- The worksheets are fully functional and will do all mathematical calculations for you.
- These worksheets are for your information only; do not return them to HHSC.
WORKSHEET REPORTING PERIOD

Select a reporting period that is representative of your typical caseload and staffing and that is as close to the open enrollment period as possible.

The reporting period may be of any length, although a minimum of one payroll period is recommended.

Examples:

- One payroll period in June
- One month (i.e., June 1 – June 30)
- Your most recent cost or accountability reporting period
To check for inconsistencies in data and errors in calculations, complete worksheets for two different reporting periods at least three months apart and compare the results. Large variances indicate either:

- An error in completing the worksheets or
- Large fluctuations in caseload and staff; such fluctuations should be taken into account when making your enrollment decision.
### Fiscal Year 2021 Primary Home Care (PHC) Worksheet: Priority

#### STEP 1
Enter Priority attendant costs and units of service during your selected reporting period

<table>
<thead>
<tr>
<th>Reporting Period - Beginning</th>
<th>Reporting Period - Ending</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Priority Attendants**
(exclude all costs for services delivered to Star+Plus clients)

<table>
<thead>
<tr>
<th>Category</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Staff and Contracted Attendant Wages</td>
<td></td>
</tr>
<tr>
<td>Payroll Taxes</td>
<td></td>
</tr>
<tr>
<td>FICA &amp; Medicare</td>
<td></td>
</tr>
<tr>
<td>State and Federal Unemployment</td>
<td></td>
</tr>
<tr>
<td>Workers' Compensation</td>
<td></td>
</tr>
<tr>
<td>Insurance Premiums</td>
<td></td>
</tr>
<tr>
<td>Paid Claims</td>
<td></td>
</tr>
<tr>
<td>Employee Benefits</td>
<td></td>
</tr>
<tr>
<td>Health Insurance</td>
<td></td>
</tr>
<tr>
<td>Life Insurance</td>
<td></td>
</tr>
<tr>
<td>Other Benefits</td>
<td></td>
</tr>
<tr>
<td>Mileage Reimbursement</td>
<td></td>
</tr>
<tr>
<td><strong>Total Attendant Cost</strong></td>
<td><strong>$</strong></td>
</tr>
</tbody>
</table>

**Units of Service** *Medicaid Units Only*

<table>
<thead>
<tr>
<th>Category</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Priority Units of Service (excluding Star+Plus)</td>
<td></td>
</tr>
</tbody>
</table>

Box A $ - .00

Box B units
**STEP 2**

Calculate Priority attendant cost per unit of service during your selected reporting period

<table>
<thead>
<tr>
<th>Total Attendant Cost</th>
<th>Units of Service</th>
<th>Attendant cost per unit of service</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ \text{Box A} \quad -$</td>
<td>/ \quad /</td>
<td>$ \text{Box C} \quad -$</td>
</tr>
</tbody>
</table>

**STEP 3**

Attendant rate and spending requirement for participating at level

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
<th>Column C</th>
<th>Column D</th>
<th>Column E</th>
<th>Column F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter Level Participant Status -- HERE --</td>
<td>Attendant Rate Component $9.31 \times 0.90 = $8.38</td>
<td>Difference Between Attendant Rate Component and Required Spending $9.93 \quad \text{Column B minus Column C}</td>
<td>Current Attendant Spending $\text{Box C} \quad -$</td>
<td>Required Spending Increase (If less than zero, set to zero) 8.38 \quad \text{Column C minus Column E}</td>
<td></td>
</tr>
</tbody>
</table>
ENROLLMENT CONTRACT AMENDMENT (ECA)

A properly completed on-line ECA must:

• Be signed by an authorized representative as per the HHSC Signature Authority Designation Form applicable to the provider’s contract or ownership type.

• Be received by the Rate Analysis by 5:00 p.m. on July 31, 2020.

• Faxes and emails will not be accepted.

• Indicate the provider’s enrollment decision for all services within the HCS, ICF and PHC programs by entering a check mark or “X” in the participation decision boxes.

• Reflect the correct 3-character component code and contracted provider name.

• Any contracted provider not currently participating whose properly completed ECA is not received by Rate Analysis by 5:00 p.m. on July 31, 2020 will be a non-participant in the enhancement for fiscal year 2021.
Any participating contracted provider desiring to increase their level whose properly completed ECA is not received by Rate Analysis by 5:00 p.m. on July 31, 2020 will not be considered for the requested increase.

Excluding HCS and ICF, contracted providers who are already participants and do not desire to change their current participation levels or status do not need to submit a new ECA. Their levels will be rolled over as currently enrolled, within available funds.

HCS and ICF providers must fill out and submit an ECA to be eligible to participate in rate enhancement.
Things to consider when making your participation decision

- Compare your attendant cost per unit of service with the attendant rate component and the required attendant spending for each enhancement level. At which enhancement level is your attendant cost per unit of service most comparable?

- At which level of enhancement will you feel most comfortable, taking into consideration recoupment for failure to meet spending requirements.

- The impact of reduced turnover (due to paying higher wages) on your recruiting and training expenses.
Things to consider when making your participation decision (cont’d)

• The impact of paying higher wages on the quality of care you deliver to your clients.

• Whether any improvements in the quality of care you deliver would lead more clients to choose your agency to provide their services, thus leading to a higher utilization rate.

• The total operational costs against the total rate to determine your ability to meet the attendant spending requirements.
HHSC Rate Analysis will post on its website a list of contracted providers, their enrollment status (i.e., participant or nonparticipant) and enhancement level awarded on or around September 17, 2020.

This will be the only notification of enrollment status provided by Rate Analysis.

Rate Analysis Website: https://rad.hhs.texas.gov/long-term-services-supports
• Click on "Long-Term Services and Supports."
• Next you will find a list of programs.
• Click on the name of the program.
• Locate "Rate Enhancement - Attendant Compensation."
• Click on “View 2021.”
• Click on “Participation Status – Levels Awarded.”
Providers who begin participation on a date other than the 1st day of their fiscal year or who end participation before the end of their fiscal year will be required to submit an Accountability Report (AR) to allow HHSC to analyze their compliance with Attendant Compensation Rate Enhancement spending requirements for that fiscal year.
WHAT HAPPENS IF I CHOOSE TO BE A NONPARTICIPANT?

- You receive the same base rate as a participant with no enhancements.
- You have no spending requirements.
- It might be harder to become a participant in future years. The granting of enhancements is limited to available funding and participating component codes will receive priority consideration when future enhancements are awarded.
- You still have to complete cost reports.
- Attendant compensation component of your HHSC payment rate is frozen, except for increases necessary to cover mandated minimum wage levels and changes explicitly mandated by the Texas legislature.
# Contact

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<thead>
<tr>
<th>Resources</th>
<th>Telephone</th>
<th>E-mail</th>
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| Center for Information and Training (CIT)  
For assistance with Cost or Accountability Report completion, instructions, informal reviews and/or general guidance. | (512) 424-6637 | rad-ltss@hhsc.state.tx.us |
| Cost Report Requests and Submission  
(Including STAR+PLUS) | (512) 438-2680 | costinformation@hhsc.state.tx.us |
| Cost Report Excusal | | radcostreportverification@hhsc.state.tx.us |
| State of Texas Automated Information Reporting System (STAIRS) | (512) 438-2680 | costinformation@hhsc.state.tx.us |
| Enrollment for Rate Enhancement | (512) 438-2680 | costreporttrain@hhsc.state.tx.us |
| Training Information and Registration | (512) 438-2680 | costreporttrain@hhsc.state.tx.us |
| Problems Viewing or Downloading from Website | (512) 438-2680 | costinformation@hhsc.state.tx.us |
Contact Us

• Rate Analysis LTSS Website:
  https://rad.hhs.texas.gov/long-term-services-supports

• Rate Analysis LTSS Center for Information and Training:
  Email: RAD-LTSS@hhsc.state.tx.us
  Phone: (512) 424-6637
Thank you