

## **STAR+PLUS Patient Driven Payment Model Long-Term Care Methodology (PDPM LTC) Implementation**

Beginning September 1, 2025, the Texas Health and Human Services Commission (HHSC) will implement updates to the billing matrix for Long-Term Services and Supports (LTSS) provided through the STAR+PLUS Home and Community Based Services (HCBS) program. These changes support the transition to the Patient-Driven Payment Model for Long-term Care (PDPM LTC), a new nursing facility reimbursement model that applies to members in STAR+PLUS HCBS. The revised LTSS billing matrix includes new procedure codes and modifiers for assisted living and respite care services.

Effective on and after September 1, 2025, Molina Healthcare of Texas will process claims for members with a PDPM LTC level using the new procedure codes and modifiers once a member is reassessed and a PDPM level is assigned. Members who are currently receiving services under RUG-based assessments will continue under that methodology until they undergo reassessment.

### **Provider Responsibilities – Pre-Member Reassessment (RUG Level)**

Providers should continue to bill using existing authorizations, in addition to current codes and modifiers, until the member's new assessment and annual Individual Service plan (ISP) is completed.

### **Provider Responsibilities – Post-Member Reassessment (PDPM Level)**

Once a member has been reassessed and assigned a PDPM level on or after September 1, 2025, Molina will issue a new authorization to the provider with the corresponding PDPM level for the new assessment period. Once this new authorization is issued, providers must submit claims for STAR+PLUS LTSS services using the appropriate codes and modifiers on the date of service. Providers must also:

- Review the updates to the long-term services and supports (LTSS) billing matrices and use the new procedure codes and modifiers when submitting prior authorizations and claims;
- Adjust prior authorization requests to align with the revised LTSS billing codes;
- Update internal systems and billing processes to reflect the transition from RUG to PDPM LTC billing requirements;
- Ensure that staff responsible for claims and billing are trained on the new LTSS billing matrix;

If a provider submits a claim with the wrong codes for services rendered after the member has been reassessed and assigned a PDPM level:

- The claim may be denied due to the use of retired codes or modifiers; and
- Providers must resubmit the claim using the appropriate codes from the updated billing matrix.

## ALF Billing Example RUG vs PDPM

RUG Methodology			
Reimbursement Level	STAR+PLUS Waiver ISP & Authorization Timeframe	Claims Timeframe	Modifiers
Single Occupancy – Level 1 ALF	1/1/2025 – 12/31/2025	1/1/2025 – 12/31/2025	U1
PDPM Methodology			
Reimbursement Level	STAR+PLUS Waiver ISP & Authorization Timeframe	Claims Timeframe	Modifiers
Single Occupancy – Level 1 ALF	1/1/26 – 12/31/26	1/1/26 – 12/31/26	U1 and U2

For a copy of the updated billing matrix and details on the changes, see the [STAR+PLUS LTSS Billing Matrix](#).

For questions regarding a member's claims, please contact [NFProviderServices@MolinaHealthcare.com](mailto:NFProviderServices@MolinaHealthcare.com).