

OPERATIONAL MEMO

TITLE:	HOME AND COMMUNITY-BASED SERVICES (HCBS) AMERICAN RESCUE PLAN ACT RATE INCREASES	
SUPERSEDES NUMBER:	N/A	
EFFECTIVE DATE:	APRIL 1, 2021	
DIVISION AND OFFICE:	BENEFITS & SERVICES MANAGEMENT DIVISION, OFFICE OF COMMUNITY LIVING	
PROGRAM AREA:	HCBS SERVICES	
KEY WORDS:	COVID-19, CORONAVIRUS, BENEFITS AND SERVICES, HOME AND COMMUNITY-BASED SERVICES, HCBS, RATE INCREASES, ADULT DAY, DAY HABILITATION, SCC, NMT, SUPPORTED EMPLOYMENT, HOMEMAKER, IHSS, MENTORSHIP, PERSONAL CARE, PREVOCATIONAL SERVICES, RESPITE CARE, ARPA	
OPERATIONAL MEMO NUMBER: HCPF OM 21-071		
ISSUE DATE: OCTOBER 14, 2021		

HCPF Memo Series can be accessed online: https://www.colorado.gov/hcpf/memo-series

Purpose and Audience:

APPROVED BY: BONNIE SILVA

The purpose of this Operational Memo is to inform providers and case management agencies (CMAs) of temporary rate increases using HCBS ARPA funding for some Home and Community-Based Services (HCBS) waiver benefits. The service, corresponding rate increase, and instructions on how to receive the increase are found below.

This funding is part of an overarching effort to leverage the HCBS ARPA funds to stabilize and increase the direct care workforce. The purpose of this funding is to support hiring and retention efforts.

Information:



Below is information on the services for which the temporary rate increases apply, as well as instructions on how to bill.

A 2.11% increase will be applied retroactively to April 1, 2021 and will be in effect through March 31, 2022.

- All corresponding rates for the applicable time frames can be accessed on the Fee Schedules. Please note:
- April 1, 2021 June 30, 2021 has a 2.11% increase applied
- July 1, 2021 forward rates received a 2.5% across the board increase, then the 2.11% increase was applied.

Please review the corresponding <u>Fee Schedules</u> to determine the appropriate rate to bill.

Questions regarding this guidance can be sent to HCPF HCBS Questions@state.co.us.



Home and Community-Based Service Waiver Benefits Temporary Rate Changes Effective April 1, 2021 through March 31, 2022

Service	Unit Type	Impacted Code
Adult Day Services -	Tier 1, 15 Minute Unit	S5100, U6
Members enrolled in the	Tier 2, 2+ Hours	S5102 U6
Brain Injury (BI) Waiver		
Adult Day Services -	Tier 1, 15 Minute Unit	S5100 UA
Members enrolled in the	Basic, 1/2 Day	S5105 UA
Community Mental	Specialized, ½ Day	S5105 UA, TF
Health Services (CMHS)		
Waiver		
Adult Day Services -	Tier 1, 15-Minute Unit	S5100 U1
Members enrolled in the	Basic, ½ Day	S5105 U1
Elderly, Blind, or	Specialized, ½ Day	S5105 U1, TF
Disabled (EBD) Waiver		
Adult Day Services -	Tier 1, 15-Minute Unit	S5100 U1, SC
Members enrolled in the	Basic, ½ Day	S5105 U1, SC
Spinal Cord Injury (SCI)	Specialized, ½ Day	S5105 U1, SC, TF
Waiver	2	T2024 114
Alternative Care Facility	Day	T2031, U1
(ACF) - Members		
enrolled in the Elderly,		
Blind, or Disabled (EBD) Waiver		
Alternative Care Facility	Day	T2031, UA
(ACF) - Members	Day	12031, 0A
enrolled in the		
Community Mental		
Health Services (CMHS)		
Community Connector –	15 Minute Unit	H2021 U9
Members enrolled in the		
Children's Habilitation		
Residential Program		
(CHRP) Waiver		
Community Connector—	15 Minute Unit	H2021 U7
Members enrolled in the		



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Children's Extensive		
Supports (CES) Waiver		
Homemaker -Members	15 Minute Unit	S5130 U1
enrolled in the Elderly,		
Blind, or Disabled (EBD)		
Waiver		
Homemaker -Members	15 Minute Unit	S5130 UA
enrolled in the		
Community Mental		
Health Services (CMHS)		
Waiver		
Homemaker -Members	15 Minute Unit	S5130 SC
enrolled in the Spinal		
Cord Injury (SCI)		
Waiver		
Homemaker – Members	Basic, 15 Minute Unit	S5130 U8
enrolled in the	Enhanced, 15 Minute	S5130 U8, 22
Supported Living	Unit	,
Services (SLS) Waiver		
Homemaker – Members	Basic, 15 Minute Unit	S5130 U7
enrolled in the	Enhanced, 15 Minute	S5130 U7, 22
Children's Extensive	Unit	,
Supports (CES) Waiver		
In-Home Support	IHSS-Health –	H0038 U1
Services (IHSS) -	Maintenance, 15	
Members enrolled in the	Minute Unit	
Elderly, Blind, or	IHSS Homemaker, 15	S5130 U1, KX
Disabled (EBD) Waiver	Minute Unit	
	IHSS-Personal Care,	T1019 U1, KX
	15 Minute Unit	
	IHSS-Relative	T 1019 HR, KX
	Personal Care, 15	1 1010 1110 100
	Minute Unit	
	i i i i i i i i i i i i i i i i i i i	
In-Home Support	IHSS-Health	H0038 U1 SC
Services (IHSS) -	Maintenance, 15	
Members enrolled in the	Minute Unit	S5130 U1, SC, KX
Spinal Cord Injury (SCI)	IHSS-Homemaker, 15	T1019 U1, SC, KX
opiniar cora Injury (SCI)	Minute Unit	T1019 U1, SC, HR, KX
	IHSS-Personal Care,	11015 01, 50, 1110, 100
	15 Minute Unit	
	13 Millage Offic	



	IHSS-Relative Personal Care, 15 Minute Unit	
Mentorship - Members enrolled in the Elderly, Blind, or Disabled (EBD) Waiver	15 Minute Unit	H2015 U1
Mentorship - Members enrolled in the Community Mental Health Services (CMHS) Waiver	15 Minute Unit	H2015 UA
Mentorship - Members enrolled in the Brain Injury (BI) Waiver	15 Minute Unit	H2015 U6
Mentorship - Members enrolled in the Spinal Cord Injury (SCI) Waiver	15 Minute Unit	H2015 U1, SC
Mentorship — Members enrolled in the Developmental Disabilities (DD) Waiver	15 Minute Unit	H2015 U3
Mentorship — Members enrolled in the Children's Habilitation Residential Program (CHRP) Waiver	15 Minute Unit	H2021 U9, HI, HM
Mentorship — Members enrolled in the Supported Living Services (SLS) Waiver	15 Minute Unit 15 Minute Unit	H2021 U8 H2015 U8
Non-Medical Transportation (NMT) – Members enrolled in the Brain Injury (BI) Waiver	Adult Day Service NMT - Mobility Van Mileage Band 1 Mileage Band 2 Mileage Band 3 Adult Day Service NMT - Wheelchair Van	A0120 U6, HB A0120 U6, TT, HB A0120 U6, TN, HB



	Mileage Band 1 Mileage Band 2 Mileage Band 3 NMT - Mobility Van Mileage Band 1 Mileage Band 2	A0130 U6, HB A0130 U6, TT, HB A0130 U6, TN, HB A0120 U6 A0120 U6, TT
	Mileage Band 3 NMT - Wheelchair Van Mileage Band 1 Mileage Band 2 Mileage Band 3	A0120 U6, TN A0120 U6, TN A0130 U6 A0130 U6, TT A0130 U6, TN
Non-Medical	Adult Day Service	
Transportation –	NMT - Mobility Van	A0420 HA HB
Members enrolled in the	Mileage Band 1	A0120 UA, HB
Community Mental Health Services (CMHS)	Mileage Band 2 Mileage Band 3	A0120 UA, TT, HB A0120 UA, TN, HB
Waiver	Mileage Danu 3	AU120 UA, TN, HB
waivei	Adult Day Service	
	NMT -	
	Wheelchair Van	
	Mileage Band 1	A0130 UA, HB
	Mileage Band 2	A0130 UA, TT, HB
	Mileage Band 3	A0130 UA, TN, HB
		, ,
	NMT - Mobility Van	
	Mileage Band 1	A0120 UA
	Mileage Band 2	A0120 UA, TT
	Mileage Band 3	A0120 UA, TN
	NMT - Wheelchair Van	
	Mileage Band 1	A0130 UA
	Mileage Band 2	A0130 UA, TT
	Mileage Band 3	A0130 UA, TN
Non-Medical	Mileage Band 1	T2003 U3
Transportation –	Mileage Band 2	T2003 U3, 22
Members enrolled in the	Mileage Band 3	T2003 U3, TF



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Developmental		
Disabilities (DD) Waiver		
Non-Medical	Adult Day Service	
Transportation –	NMT - Mobility Van	
Members enrolled in the	Mileage Band 1	A0120 U1, HB
Elderly, Blind, or	Mileage Band 2	A0120 U1, TT, HB
Disabled (EBD) Waiver	Mileage Band 3	A0120 U1, TN, HB
		, ,
	Adult Day Service	
	NMT -	
	Wheelchair Van	
	Mileage Band 1	A0130 U1, HB
	Mileage Band 2	A0130 U1, TT, HB
	Mileage Band 3	A0130 U1, TN, HB
	meage ballu 3	AUISO UI, IIV, IID
	NIMT Mobility Van	
	NMT - Mobility Van	A0120 III
	Mileage Band 1	A0120 U1
	Mileage Band 2	A0120 U1, TT
	Mileage Band 3	A0120 U1, TN
	NMT - Wheelchair Van	
	Mileage Band 1	A0130 U1
	Mileage Band 2	A0130 U1, TT
	Mileage Band 3	A0130 U1, TN
Non-Medical	Adult Day Service	
Transportation –	NMT - Mobility Van	
Members enrolled in the	Mileage Band 1	A0120 U1, SC, HB
Spinal Cord Injury (SCI)	Mileage Band 2	A0120 U1, SC, TT, HB
Waiver	Mileage Band 3	A0120 U1, SC, TN, HB
		, , ,
	Adult Day Service	
	NMT -	
	Wheelchair Van	
	Mileage Band 1	A0130 U1, HB
	Mileage Band 2	A0130 U1, TT, HB
	Mileage Band 3	A0130 U1, TN, HB
	NINAT NA - I-: 11:1- NA	
	NMT - Mobility Van	40420 114 60
	Mileage Band 1	A0120 U1, SC
	Mileage Band 2	A0120 U1, SC, TT
	Mileage Band 3	A0120 U1, SC, TN



	NMT - Wheelchair Van Mileage Band 1 Mileage Band 2 Mileage Band 3	A0130 U1, SC A0130 U1, SC, TT A0130 SC, U1, TN
Non-Medical	Mileage Band 1	T2003 U8
Transportation –	Mileage Band 2	T2003 U8, 22
Members enrolled in the	Mileage Band 3	T2003 U8, TF
	Initeage band 5	12005 00, 11
Supported Living		
Services (SLS) Waiver Personal Care -	Porconal Caro 15	T1019 U1
	Personal Care, 15 Minute Unit	11019 01
Members enrolled in the		T1010 111 11D
Elderly, Blind, or	Personal Care-	T1019 U1, HR
Disabled (EBD) Waiver	Relative, 15 Minute	
	Unit	
Personal Care -	Personal Care, 15	T1019 UA
Members enrolled in the	Minute Unit	
Community Mental	Personal Care-	T1019 UA, HR
Health Services (CMHS)	Relative, 15 Minute	
Waiver	Unit	
Personal Care -	Personal Care, 15	T1019 U6
Members enrolled in the	Minute Unit	
Brain Injury (BI) Waiver	Personal Care-	T1019 U6, HR
	Relative, 15 Minute	
	Unit	
Personal Care -	Personal Care, 15	T1019 U1 SC
Members enrolled in the	Minute Unit	
Spinal Cord Injury (SCI)	Personal Care-	T1019 U1, SC, HR
Waiver	Relative, 15 Minute	
	Unit	
Personal Care -	Personal Care, 15	T1019 U8
Members enrolled in the	Minute Unit	
Supported Living		
Services (SLS) Waiver		
Prevocational Services -	15 Minute Unit	
Members enrolled in the	Level 1	T2015 U3, HQ
	Level 2	T2015 U3, 22, HQ



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Developmental	Level 3	T2015 U3, TF, HQ
Disabilities (DD) Waiver	Level 4	T2015 U3, TF, 22, HQ
	Level 5	T2015 U3, TG, HQ
	Level 6	T2015 U3, TG, 22, HQ
Prevocational Services -	15 Minute Unit	
Members enrolled in the	Level 1	T2015 U8, HQ
Supported Living	Level 2	T2015 U8, 22, HQ
Services (SLS) Waiver	Level 3	T2015 U8, TF, HQ
	Level 4	T2015 U8, TF, 22, HQ
	Level 5	T2015 U8, TG, HQ
	Level 6	T2015 U8, TG, 22, HQ
Residential Habilitation -	Group Residential -	
Members enrolled in the	Day	T2016 U3, HQ
Developmental Developmental	Level 1	T2016 U3, 12, HQ
Disabilities (DD) Waiver	Level 2	T2016 U3, TF, HQ
Disabilities (DD) Walver	Level 3	T2016 U3, TF, 22, HQ
	Level 4	T2016 U3, TG, HQ
	Level 5	T2016 U3, TG, TQ
	Level 6	12010 03, 1G 22, 11Q
	Level 0	
	Individual Residential	
	- Day	T2016 U2
	Level 1	T2016 U3
	Level 2	T2016 U3, 22
	Level 3	T2016 U3, TF
	Level 4	T2016 U3, TF, 22
	Level 5	T2016 U3, TG
	Level 6	T2016 U3, TG, 22
	_ ,,,,	
	Individual Residential-	
	Host Home, Day	
	Level 1	
	Level 2	
	Level 3	T2016 U3, TT
	Level 4	T2016 U3, 22, TT
	Level 5	T2016 U3, TF, TT
	Level 6	T2016 U3, TF, 22, TT
		T2016 U3, TG, TT
		T2016 U3, TG, 22, TT



Respite Care - Members enrolled in the Elderly, Blind, or Disabled (EBD)	Respite-Alternative Care Facility (ACF), Day	S5151 U1
Waiver	In-Home Respite 15- Minute, Unit	S5150 U1
	Respite-Nursing Facility, Day	H0045 U1
Respite Care - Members enrolled in the	Respite -Alternative Care Facility (ACF),	S5151 UA
Community Mental Health Services (CMHS) Waiver	Day Respite-Nursing Facility, Day	H0045 UA
Respite Care - Members enrolled in the Brain	In-Home Respite 15- Minute Unit	S5151 U6
Injury (BI) Waiver	Respite-Nursing Facility, Day	H0045 U6
Respite Care - Members enrolled in the Spinal Cord Injury (SCI)	Respite-Alternative Care Facility (ACF), Day	S5151 U1, SC
Waiver	In-Home Respite, 15 Minute Unit Respite-Nursing Facility, Day	S5150 U1, SC H0045 U1, SC
Respite Care - Members enrolled in the	Individual, 15 Minute Unit	S5150, U8
Supported Living	Individual, Day	S5151, U8
Services (SLS) Waiver	Group Camp (Group, Overnight)	S5151, U8, HQ T2036, U8
Respite Care — Members enrolled in the	Individual, 15-Minute Unit	S5150, U7
Children's Extensive	Individual, Day	S5151, U7
Supports (CES) Waiver	Group Camp (Group, Overnight)	S5151, U7, HQ T2036, U7
Respite Care - Members enrolled in the	Unskilled (4 hours or	S5150, UD
Children's Life Limiting Illness (CLLI) Waiver	less), 15 Minute Unit Unskilled (4 hours or more), 15 Minute Unit CNA (4 hours or less),	S5151, UD
	15 Minute Unit	T1005, UD



	CNA (4 hours or more), 15 Minute Unit	S9125, UD
	Skilled RN, LPN (4	T1005, UD, TD
	hours or less), 15	,
	Minute Unit	
	Skilled RN, LPN (4	CO13E UD TD
	hours or more), 15 Minute Unit	S9125, UD, TD
	Timace Offic	
		T2037, UD
Respite Care - Members	Individual – In Family	S5150, U9, HA
enrolled in the Children's Habilitation	Home, 15 Minute Unit Individual Day– In	S5151, U9, HA
Residential Program	Family Home	33131, 03, 11A
(CHRP) Waiver	Individual – In	S5150, U9, HI
	Residential Settings,	
	15 Minute Unit	CE1E1 LIO LII
	Individual Day- In Residential Settings	S5151, U9, HI
Specialized Habilitation	15 Minute Unit	
- Members enrolled in	Level 1	T2021 U3, HQ
the Developmental	Level 2	T2021 U3, 22, HQ
Disabilities (DD) Waiver	Level 3 Level 4	T2021 U3, TF, HQ
	Level 5	T2021 U3, TF, 22, HQ T2021 U3, TG, HQ
	Level 6	T2021 U3, TG, 11Q
	1:1 Individualized	S5100 U3
	Service For all Support Levels 15 Minute Unit	
	Levels 13 Milliute Offit	
Specialized Habilitation	15 Minute Unit	T2024 U0 U0
 Members enrolled in the Supported Living 	Level 1 Level 2	T2021 U8, HQ
Services (SLS) Waiver	Level 3	T2021 U8, 22, HQ T2021 U8, TF, HQ
	Level 4	T2021 U8, TF, 22, HQ
	Level 5	T2021 U8, TG, HQ
	Level 6	T2021 U8, TG, 22, HQ



	1.1 Individualized	CE100 H9
	1:1 Individualized Service For all Support Levels 15 Minute Unit	S5100 U8
Supported Community Connections (SCC) – Members enrolled in the Developmental Disabilities (DD) Waiver	15 Minute Unit Level 1 Level 2 Level 3 Level 4 Level 5 Level 6 Level 7 1:1 Individualized Service For all Support Levels 15 Minute Unit	T2021 U3 T2021 U3, 22 T2021 U3, TF T2021 U3, TF, 22 T2021 U3, TG T2021 U3, TG, 22 T2021 U3, SC
Supported Community Connections (SCC) – Members enrolled in the Supported Living Services (SLS) Waiver	15 Minute Unit Level 1 Level 2 Level 3 Level 4 Level 5 Level 6 1:1 Individualized Service For all Support Levels 15 Minute Unit	T2021 U8 T2021 U8, 22 T2021 U8, TF T2021 U8, TF, 22 T2021 U8, TG T2021 U8, TG, 22 S5100 U8, HB
Supported Employment - Members enrolled in the Developmental Disabilities (DD) Waiver	Job Coaching – Group Level 1 Level 2 Level 3 Level 4 Level 5 Level 6 Job Coaching- Individual	T2019 U3, HQ T2019 U3, 22, HQ T2021 U3, TF, HQ T2021 U3, TF, 22, HQ T2021 U3, TG, HQ T2021 U3, TG, 22, HQ T2019 U3, SC



	Job Development – Group Job Development, Individual-Levels 1-2 Job Development, Individual-Levels 3-4 Job Development, Individual-Levels 5-6	H2023 U3, HQ H2023 U3 H2023 U3, 22 H2023 U3, TF
Supported Employment – Members enrolled in the Supported Living Services (SLS) Waiver	Job Coaching – Group Level 1 Level 2 Level 3 Level 4 Level 5 Level 6 Job Coaching- Individual	T2019 U8, HQ T2019 U8, 22, HQ T2021 U8, TF, HQ T2021 U8, TF, 22, HQ T2021 U8, TG, HQ T2021 U8, TG, 22, HQ T2019 U8, SC
	Job Development – Group Job Development, Individual-Levels 1-2 Job Development, Individual-Levels 3-4 Job Development, Individual-Levels 5-6	H2023 U8, HQ H2023 U8 H2023 U8, 22 H2023 U8, TF
Supported Living Program – Members enrolled in the Brain Injury (BI) Waiver	Day Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6	T2033 U6 T2033 U6 HB T2033 U6 HE T2033 U6 HK T2033 U6 HB, HE T2033 U6 HB, HK



Billing Procedures for Claims Paid to Date:

- Providers who deliver the services listed above in the table will need to adjust claims submitted and paid with Dates of Service on or after April 1, 2021. Claims do not need to be voided, just adjusted to the new rate indicated above. <u>Follow</u> <u>this link</u> to the Quick Sheet on how to Copy, Adjust, or Void a Claim.
- Providers should contact the Gainwell Technologies Provider Call Center at 1-844-235-2387 with questions about how to adjust a claim.

Billing Procedures for New Claims:

• Providers should bill according to the rates outlined above and in the published fee schedule.

Over Cost Containment (OCC)

If the average daily cost for a PAR exceeds the \$285 OCC amount due to the increased rates, the case manager does not need approval from Telligen.

SLS Waiver Revisions: CCB Case Managers Only

 Should SLS PARs suspend for Error Message B015 as a result of any revisions, allow one day for resolution through the system. If still not resolved, contact the <u>CCMHelpdesk@dxc.com</u> to request a data fix, which may require Department review and approval.

Attachment(s):

None

Department Contact:

HCPF HCBS Questions@state.co.us