



INFORMATIONAL MEMO

TITLE:	FISCAL YEAR 2022-2023 PROVIDER RATE ADJUSTMENTS
SUPERSEDES NUMBER:	N/A
EFFECTIVE DATE:	JULY 1, 2022
DIVISION AND OFFICE:	BENEFITS AND SERVICES MANAGEMENT DIVISION, OFFICE OF COMMUNITY LIVING
PROGRAM AREA:	HEALTH FIRST COLORADO, HOME AND COMMUNITY BASED SERVICES
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APPROVED BY: CANDACE BAILEY	

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Purpose and Audience:

The purpose of this Informational Memo is to inform providers, members, and stakeholder of an across-the-board increase for many Health First Colorado Medicaid services, as well as targeted rate increases for some services, as outlined below.

Information:

Health First Colorado's (Colorado's Medicaid Program) Across-the-Board provider rate increases were approved during the 2022 legislative session and are effective for dates of service beginning July 1, 2022. All non-Home and Community-Based Services (non-HCBS) service rate adjustments are subject to Centers for Medicare & Medicaid Services (CMS) approval prior to implementation. The fee schedules located on the Provider Rates & Fee Schedule web page have been updated to reflect the approved 2.0% across-the-board (ATB) rate increases. Rates will be updated in the Colorado interChange once approval is received from CMS.

Services & Supplies Approved for Across-the-Board Increases:

- Physician and clinic services,

- Dental Services,
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services,
- Family planning services,
- Inpatient hospital services,
- Outpatient hospital services,
- Laboratory & x-ray services
- Durable medical equipment, supplies, and prosthetics,
- Non-physician practitioner services,
- Tobacco cessation counseling for pregnant women,
- Ambulatory surgery center services,
- Dialysis center services,
- Audiology services,
- Screening, brief intervention, and referral to treatment (SBIRT) services,
- Rehabilitation/behavioral health services,
- Outpatient substance abuse services,
- Case management services for substance abuse treatment,
- Vision services,
- Extended services for pregnant women,
- Home and community-based services (HCBS),
- Private duty nursing,
- Acute and long-term home health,
- IDD targeted case management,
- Anesthesia services,
- Laboratory and pathology services, and
- Targeted Case Management-Transition Services.

The 2.0% across-the-board increase for HCBS waivers services does not require CMS approval prior to implementation. Claims with dates of service on or after July 1, 2022, will be reimbursed at an increased rate for providers for the following waivers:

- HCBS - Brain Injury (BI)
- HCBS - Children's Extensive Supports (CES)
- HCBS - Children's Home and Community Based Service (CHCBS)
- HCBS - Children with Life Limiting Illness (CLLI)
- HCBS – Children's Residential Habilitation Program (CHRP)
- HCBS - Community Mental Health Supports (CMHS)
- HCBS - Developmental Disability (DD)
- HCBS - Elderly, Blind and Disabled (EBD)
- HCBS - Spinal Cord Injury (SCI)
- HCBS - Supported Living Services (SLS)

In addition to service rate increases, there will also be increases to the Service Plan Authorization Limit (SPAL) on the Supported Living Services (SLS) waiver and the Overall Spending Limit on the Children's Extensive Supports (CES) and SLS waivers. Increases for these limits are in the tables below.

SLS Service Plan Authorization Limit (SPAL)

Support Level	7/1/2022 SPAL (Denver)	7/1/2022 SPAL
Level 1	\$23,928.30	\$19,112.67
Level 2	\$31,957.86	\$25,526.29
Level 3	\$35,936.92	\$28,704.55
Level 4	\$41,284.87	\$32,976.24
Level 5	\$49,743.53	\$39,723.55
Level 6	\$65,198.54	\$52,077.23
Overall	\$66,886.98	\$83,739.76

Overall CES Spending Limit

Overall Spending Limit Denver 07/01/2022	Overall Spending Limit Outside Denver 07/01/2022
\$55,510.17	\$54,622.63

Additionally, several targeted service increases were approved during the 2022 legislative session and are effective for dates of service beginning July 1, 2022.

The Services Approved for Targeted Rate Increases:

- Massage Therapy* (SCI, CLLI) – \$19.97 now matching SLS waiver
- Group Home/Foster Home* (CHRP) - See Rate Sheet – aligns with group home and host home rates in the DD waiver, including Denver and non-Denver rates
- Respite individual 15-minute unit and individual day in the family home* (CHRP) - \$6.56 15-min and \$268.62 per day
- Non-Medical Transportation (NMT) (SLS/DD) – Mileage Band 1: \$9.64; SLS Mileage not in Day Program \$13.96 – Rate increases based on the Medicaid Provider Rate Review Advisory Committee (MPRRAC) recommendations to raise rates for any procedure code below 80% of the Benchmark to be repriced to 80% of the benchmark rate. For more information on the MPRRAC process, please refer to the [MPRRAC Reports](#).

- Transitional Living Program* (TLP) (BI) - \$669.60 per day
- Supported Living Services (SLP) (BI) - New Negotiated Rate for members at a higher acuity than the current level 6

*Service received both a TRI and ATB.

Alternative Care Facilities (ACF) and Supported Living Program (SLP)

For July 1, 2022 through July 31, 2022 providers will bill the TU modifier Prior Authorization Request (PAR) line to receive the 2.11% American Rescue Plan Act (ARPA) increase. The \$15.00 an hour Base Wage increase has been added to the base rate for services and is no longer part of the TU modifier rate line. Please note the ATB has been applied to the base rate and base wage as noted in the table below.

Service / Code	Base Rate + Base Wage + 2% ATB	TU Modifier Line
ACF T2031	\$90.74	\$1.40
SLP T2033 Tier 1	\$219.33	\$4.28
SLP T2033 Tier 2	\$254.47	\$4.97
SLP T2033 Tier 3	\$282.75	\$5.52
SLP T2033 Tier 4	\$337.03	\$6.58
SLP T2033 Tier 5	\$370.11	\$7.22
SLP T2033 Tier 6	\$409.67	\$8.00

Attachment(s):

None

Department Contact:

HCPF_HCBS_Questions@state.co.us

Victoria Martinez, Victoria.l.martinez@state.co.us