



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, PREVOCAIONAL SERVICES, RESPITE CARE, ARPA
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APPROVED BY: BONNIE SILVA	

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

Purpose and Audience:

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 [Fee Schedules](#) 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 - Members enrolled in the Brain Injury (BI) Waiver	Tier 1, 15 Minute Unit Tier 2, 2+ Hours	S5100, U6 S5102 U6
Adult Day Services - Members enrolled in the Community Mental Health Services (CMHS) Waiver	Tier 1, 15 Minute Unit Basic, ½ Day Specialized, ½ Day	S5100 UA S5105 UA S5105 UA, TF
Adult Day Services - Members enrolled in the Elderly, Blind, or Disabled (EBD) Waiver	Tier 1, 15-Minute Unit Basic, ½ Day Specialized, ½ Day	S5100 U1 S5105 U1 S5105 U1, TF
Adult Day Services - Members enrolled in the Spinal Cord Injury (SCI) Waiver	Tier 1, 15-Minute Unit Basic, ½ Day Specialized, ½ Day	S5100 U1, SC S5105 U1, SC S5105 U1, SC, TF
Alternative Care Facility (ACF) - Members enrolled in the Elderly, Blind, or Disabled (EBD) Waiver	Day	T2031, U1
Alternative Care Facility (ACF) - Members enrolled in the Community Mental Health Services (CMHS)	Day	T2031, UA
Community Connector – Members enrolled in the Children’s Habilitation Residential Program (CHRP) Waiver	15 Minute Unit	H2021 U9
Community Connector– Members enrolled in the	15 Minute Unit	H2021 U7



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



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



Developmental Disabilities (DD) Waiver		
<p>Non-Medical Transportation – Members enrolled in the Elderly, Blind, or Disabled (EBD) Waiver</p>	<p>Adult Day Service NMT - Mobility Van Mileage Band 1 Mileage Band 2 Mileage Band 3</p> <p>Adult Day Service NMT - Wheelchair Van Mileage Band 1 Mileage Band 2 Mileage Band 3</p> <p>NMT - Mobility Van Mileage Band 1 Mileage Band 2 Mileage Band 3</p> <p>NMT - Wheelchair Van Mileage Band 1 Mileage Band 2 Mileage Band 3</p>	<p>A0120 U1, HB A0120 U1, TT, HB A0120 U1, TN, HB</p> <p>A0130 U1, HB A0130 U1, TT, HB A0130 U1, TN, HB</p> <p>A0120 U1 A0120 U1, TT A0120 U1, TN</p> <p>A0130 U1 A0130 U1, TT A0130 U1, TN</p>
<p>Non-Medical Transportation – Members enrolled in the Spinal Cord Injury (SCI) Waiver</p>	<p>Adult Day Service NMT - Mobility Van Mileage Band 1 Mileage Band 2 Mileage Band 3</p> <p>Adult Day Service NMT - Wheelchair Van Mileage Band 1 Mileage Band 2 Mileage Band 3</p> <p>NMT - Mobility Van Mileage Band 1 Mileage Band 2 Mileage Band 3</p>	<p>A0120 U1, SC, HB A0120 U1, SC, TT, HB A0120 U1, SC, TN, HB</p> <p>A0130 U1, HB A0130 U1, TT, HB A0130 U1, TN, HB</p> <p>A0120 U1, SC A0120 U1, SC, TT A0120 U1, SC, TN</p>



	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 Transportation – Members enrolled in the Supported Living Services (SLS) Waiver	Mileage Band 1 Mileage Band 2 Mileage Band 3	T2003 U8 T2003 U8, 22 T2003 U8, TF
Personal Care - Members enrolled in the Elderly, Blind, or Disabled (EBD) Waiver	Personal Care, 15 Minute Unit Personal Care-Relative, 15 Minute Unit	T1019 U1 T1019 U1, HR
Personal Care - Members enrolled in the Community Mental Health Services (CMHS) Waiver	Personal Care, 15 Minute Unit Personal Care-Relative, 15 Minute Unit	T1019 UA T1019 UA, HR
Personal Care - Members enrolled in the Brain Injury (BI) Waiver	Personal Care, 15 Minute Unit Personal Care-Relative, 15 Minute Unit	T1019 U6 T1019 U6, HR
Personal Care - Members enrolled in the Spinal Cord Injury (SCI) Waiver	Personal Care, 15 Minute Unit Personal Care-Relative, 15 Minute Unit	T1019 U1 SC T1019 U1, SC, HR
Personal Care - Members enrolled in the Supported Living Services (SLS) Waiver	Personal Care, 15 Minute Unit	T1019 U8
Prevocational Services - Members enrolled in the	15 Minute Unit Level 1 Level 2	T2015 U3, HQ T2015 U3, 22, HQ



Developmental Disabilities (DD) Waiver	Level 3 Level 4 Level 5 Level 6	T2015 U3, TF, HQ T2015 U3, TF, 22, HQ T2015 U3, TG, HQ T2015 U3, TG, 22, HQ
Prevocational Services - Members enrolled in the Supported Living Services (SLS) Waiver	15 Minute Unit Level 1 Level 2 Level 3 Level 4 Level 5 Level 6	T2015 U8, HQ T2015 U8, 22, HQ T2015 U8, TF, HQ T2015 U8, TF, 22, HQ T2015 U8, TG, HQ T2015 U8, TG, 22, HQ
Residential Habilitation - Members enrolled in the Developmental Disabilities (DD) Waiver	Group Residential - Day Level 1 Level 2 Level 3 Level 4 Level 5 Level 6 Individual Residential - Day Level 1 Level 2 Level 3 Level 4 Level 5 Level 6 Individual Residential-Host Home, Day Level 1 Level 2 Level 3 Level 4 Level 5 Level 6	T2016 U3, HQ T2016 U3, 22, HQ T2016 U3, TF, HQ T2016 U3, TF, 22, HQ T2016 U3, TG, HQ T2016 U3, TG 22, HQ T2016 U3 T2016 U3, 22 T2016 U3, TF T2016 U3, TF, 22 T2016 U3, TG T2016 U3, TG, 22 T2016 U3, TT T2016 U3, 22, TT T2016 U3, TF, TT 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) Waiver	Respite-Alternative Care Facility (ACF), Day In-Home Respite 15-Minute, Unit Respite-Nursing Facility, Day	S5151 U1 S5150 U1 H0045 U1
Respite Care - Members enrolled in the Community Mental Health Services (CMHS) Waiver	Respite -Alternative Care Facility (ACF), Day Respite-Nursing Facility, Day	S5151 UA H0045 UA
Respite Care - Members enrolled in the Brain Injury (BI) Waiver	In-Home Respite 15-Minute Unit Respite-Nursing Facility, Day	S5151 U6 H0045 U6
Respite Care - Members enrolled in the Spinal Cord Injury (SCI) Waiver	Respite-Alternative Care Facility (ACF), Day In-Home Respite, 15 Minute Unit Respite-Nursing Facility, Day	S5151 U1, SC S5150 U1, SC H0045 U1, SC
Respite Care - Members enrolled in the Supported Living Services (SLS) Waiver	Individual, 15 Minute Unit Individual, Day Group Camp (Group, Overnight)	S5150, U8 S5151, U8 S5151, U8, HQ T2036, U8
Respite Care – Members enrolled in the Children's Extensive Supports (CES) Waiver	Individual, 15-Minute Unit Individual, Day Group Camp (Group, Overnight)	S5150, U7 S5151, U7 S5151, U7, HQ T2036, U7
Respite Care - Members enrolled in the Children's Life Limiting Illness (CLLI) Waiver	Unskilled (4 hours or less), 15 Minute Unit Unskilled (4 hours or more), 15 Minute Unit CNA (4 hours or less), 15 Minute Unit	S5150, UD S5151, UD T1005, UD



	CNA (4 hours or more), 15 Minute Unit Skilled RN, LPN (4 hours or less), 15 Minute Unit Skilled RN, LPN (4 hours or more), 15 Minute Unit	S9125, UD T1005, UD, TD S9125, UD, TD T2037, UD
Respite Care - Members enrolled in the Children’s Habilitation Residential Program (CHRP) Waiver	Individual – In Family Home, 15 Minute Unit Individual Day– In Family Home Individual – In Residential Settings, 15 Minute Unit Individual Day– In Residential Settings	S5150, U9, HA S5151, U9, HA S5150, U9, HI S5151, U9, HI
Specialized Habilitation – Members enrolled in the Developmental Disabilities (DD) 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 U3, HQ T2021 U3, 22, HQ T2021 U3, TF, HQ T2021 U3, TF, 22, HQ T2021 U3, TG, HQ T2021 U3, TG, 22, HQ S5100 U3
Specialized Habilitation – Members enrolled in the Supported Living Services (SLS) Waiver	15 Minute Unit Level 1 Level 2 Level 3 Level 4 Level 5 Level 6	T2021 U8, HQ T2021 U8, 22, HQ T2021 U8, TF, HQ T2021 U8, TF, 22, HQ T2021 U8, TG, HQ T2021 U8, TG, 22, HQ



	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 S5100 U3, HB
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



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



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. [Follow this link](#) 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 CCMHelpdesk@dx.com to request a data fix, which may require Department review and approval.

Attachment(s):

None

Department Contact:

HCPF_HCBS_Questions@state.co.us