



## OPERATIONAL MEMO

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<b>TITLE:</b>	<b>HOME AND COMMUNITY-BASED SERVICES (HCBS) AMERICAN RESCUE PLAN ACT BASE WAGE RATE INCREASE</b>
<b>SUPERSEDES NUMBER:</b>	N/A
<b>EFFECTIVE DATE:</b>	<b>DECEMBER 13, 2021</b>
<b>DIVISION AND OFFICE:</b>	<b>BENEFITS &amp; SERVICES MANAGEMENT DIVISION, OFFICE OF COMMUNITY LIVING</b>
<b>PROGRAM AREA:</b>	<b>HCBS SERVICES</b>
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### **Purpose and Audience:**

The purpose of this Operational Memo is to inform providers and case management agencies (CMAs) of the new base wage for select Home and Community-Based Services (HCBS) waiver services. The Centers for Medicare & Medicaid Services (CMS) and Joint Budget Committee members approved a plan put forward by the Polis-Primavera administration and the Department of Health Care Policy & Financing (the Department) to institute a base wage for Direct Care Workers. Starting January 1, 2022, Direct Care Workers providing select HCBS will receive a base wage of \$15 per hour or an increase to per diem wages.



This funding is part of an overarching effort to leverage the American Rescue Plan Act (ARPA) funds to stabilize and increase the direct care workforce. The purpose of this funding is to support hiring and retention efforts. Funding will be provided to HCBS providers through a rate increase.

**Information:**

A \$15 per hour base wage for Direct Care Workers providing specific HCBS waiver services will be effective January 1, 2022.

Individual Residential Services and Supports (IRSS) Direct Care Workers that receive a per diem wage will see a corresponding percentage increase to the per diem wage effective January 1, 2022.

Please review the corresponding [Provider Rates and Fee Schedule](#) to determine the appropriate rate to bill. A Frequently Asked Questions document is available that addresses common stakeholder questions. Finally, the Department has provided the standard notification letter for Direct Care Workers.

**Eligible Services & Waivers<sup>0</sup>**

- Adult Day Services - BI, CMHS, EBD, SCI
- Alternative Care Facility (ACF) - BI, CMHS
- Community Connector – CES, CHRP
- Consumer Directed Attendant Support Services (CDASS) - BI, CMHS, EBD, SCI, SLS
- Group Residential Support Services (GRSS) - DD
- Homemaker - CES, CMHS, EBD, SCI, SLS
- Homemaker Enhanced – CES, SLS
- In-Home Support Services (IHSS) - CHCBS, EBD, SCI
- Individual Residential Support Services (IRSS) - DD
- Job Coaching – DD, SLS
- Job Development – DD, SLS
- Mentorship – SLS
- Personal Care – BI, CMHS, EBD, SCI, SLS, and state plan Pediatric Personal Care
- Prevocational Services – DD, SLS
- Respite – BI, CES, CLLI, CHRP, CMHS, EBD, SCI, SLS
- Specialized Habilitation – DD, SLS
- Supported Community Connections – DD, SLS
- Supported Living Program - BI



## **Provider Notification and Reporting Responsibilities**

- Providers must notify Direct Care Workers who are affected by the base wage requirement no later than January 31, 2022 and every year after on that date through Fiscal Year 2023-24 using the attached Department approved letter and ensure that the Department's contact information is provided for workers to submit questions, concerns or complaints.
- On or before June 30, 2022 and June 30, 2023, providers must submit an attestation to the Department that all Direct Care Workers receive the required base wage or per diem wage increase.
  - Providers are required to increase IRSS Direct Care Worker's per diem wage effective January 1, 2022 by the percent of the reimbursement rate increase.
  - CDASS Authorized Representatives/Employers of Record are exempt from attestation requirements.
- The Department will notify providers through a separate Operational Memo when the attestation is available for reporting and instructions to complete the form prior to June 30, 2022 and June 30, 2023.
- Providers must keep true and accurate records to support and demonstrate that all Direct Care Workers received the base wage or a per diem wage increase. These records must be retained for no less than six (6) years.

## **Billing Procedures for New Claims**

Providers should bill according to the rates outlined above and in the published [Provider Rates and 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: Community Centered Board 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@dxc.com](mailto:CCMHelpdesk@dxc.com) to request a data fix, which may require Department review and approval.



## **Billing Procedures for ACF and SLP (T2031/T2033) Services and Respite Services (S5151, S5150, and T2036)**

In order to get the increase, providers must bill a supplemental, temporary code to get the differential between the amount paid for the original DOS and the rate increase. The Department will load these codes onto each impacted PAR.

- Steps necessary before providers bill temporary codes:
  - Providers must check Prior Authorizations for presence of supplemental, temporary code, or verify its existence by contacting the Provider Services Call Center at 1-844-235-2387

### **Attachment(s) & Links:**

[Base Wage Requirement for Direct Care Workers – Frequently Asked Questions \(December 2021\)](#)

[Base Wage Notification Letter for Direct Care Workers](#)

Base Wage Requirement Regulations – [10 C.C.R. 2505-10 Section 8.511](#)

[Provider Rates and Fee Schedule](#)

### **Department Contacts:**

[HCPF\\_HCBS\\_Questions@state.co.us](mailto:HCPF_HCBS_Questions@state.co.us) for questions regarding waiver services and rate increase.

[HCPF\\_WageCompliance\\_FCU@state.co.us](mailto:HCPF_WageCompliance_FCU@state.co.us) for questions regarding reporting requirements and maintaining supporting documentation.

[HCPF\\_DCWorkforce@state.co.us](mailto:HCPF_DCWorkforce@state.co.us) for general questions or feedback relating to workforce issues.