



## OPERATIONAL MEMO

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<b>TITLE:</b>	<b>HOME AND COMMUNITY-BASED SERVICES (HCBS) AMERICAN RESCUE PLAN ACT RATE INCREASE CONTINUATION</b>
<b>SUPERSEDES NUMBER:</b>	<b>HCPF OM 21-072</b>
<b>EFFECTIVE DATE:</b>	<b>APRIL 1, 2022</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>
<b>KEY WORDS:</b>	<b>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, ACF, SLP, AMERICAN RESCUE PLAN ACT (ARPA)</b>
<b>OPERATIONAL MEMO NUMBER: HCPF OM 22-010</b>	
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<b>APPROVED BY: COLIN LAUGHLIN</b>	

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*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 provide updated information to providers and case management agencies (CMAs) on the extension of the temporary rate increases using Home and Community-Based Services (HCBS) American Rescue Plan Act (ARPA) funding.

This updated memo also provides additional billing instructions to Alternative Care Facility (ACF) and Supported Living Program (SLP) providers on how to bill the increased amounts. The service, corresponding rate increase, and instructions on how to receive the increase are found below. Updates to the information are bolded and italicized.

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:**

**The 2.11% increase has been extended and will continue to be applied through July 31, 2022.**

Below is information on the services for which the temporary rate increases apply, as well as instructions on how to bill. As a reminder, providers have 365 days from the date of service to submit claims. If you have not already submitted claims for the retroactive increase beginning April 1, 2021, please be sure to do so.

Please review the "HCBS American Rescue Plan (ARPA) Rate Schedule," located on the Department's [Fee Schedules](#) web page to determine the appropriate rate to bill.

Questions regarding this guidance can be sent to [HCPF\\_HCBS\\_Questions@state.co.us](mailto:HCPF_HCBS_Questions@state.co.us).

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

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

<b>Children's Extensive Supports (CES) Waiver</b>		
<b>Homemaker –Members enrolled in the Elderly, Blind, or Disabled (EBD) Waiver</b>	15 Minute Unit	S5130 U1
<b>Homemaker –Members enrolled in the Community Mental Health Services (CMHS) Waiver</b>	15 Minute Unit	S5130 UA
<b>Homemaker –Members enrolled in the Spinal Cord Injury (SCI) Waiver</b>	15 Minute Unit	S5130 SC
<b>Homemaker –Members enrolled in the Supported Living Services (SLS) Waiver</b>	Basic, 15 Minute Unit Enhanced, 15 Minute Unit	S5130 U8 S5130 U8, 22
<b>Homemaker –Members enrolled in the Children's Extensive Supports (CES) Waiver</b>	Basic, 15 Minute Unit Enhanced, 15 Minute Unit	S5130 U7 S5130 U7, 22
<b>In-Home Support Services (IHSS) - Members enrolled in the Elderly, Blind, or Disabled (EBD) Waiver</b>	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  T1019 HR, KX
<b>In-Home Support Services (IHSS) - Members enrolled in the Spinal Cord Injury (SCI)</b>	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	
<b>Mentorship – Members enrolled in the Children’s Habilitation Residential Program (CHRP) Waiver</b>	15 Minute Unit	H2021 U9, HI, HM
<b>Mentorship – Members enrolled in the Supported Living Services (SLS) Waiver</b>	15 Minute Unit	H2021 U8
<b>Non-Medical Transportation (NMT) – Members enrolled in the Brain Injury (BI) Waiver</b>	<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 U6, HB A0120 U6, TT, HB A0120 U6, TN, HB</p> <p>A0130 U6, HB A0130 U6, TT, HB A0130 U6, TN, HB</p> <p>A0120 U6 A0120 U6, TT A0120 U6, TN</p> <p>A0130 U6 A0130 U6, TT A0130 U6, TN</p>
<b>Non-Medical Transportation – Members enrolled in the Community Mental Health Services (CMHS) Waiver</b>	<p>Adult Day Service NMT - Mobility Van Mileage Band 1 Mileage Band 2 Mileage Band 3</p> <p>Adult Day Service NMT -</p>	<p>A0120 UA, HB A0120 UA, TT, HB A0120 UA, TN, HB</p>

	<p>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>A0130 UA, HB                      A0130 UA, TT, HB                      A0130 UA, TN, HB</p> <p>A0120 UA                      A0120 UA, TT                      A0120 UA, TN</p> <p>A0130 UA                      A0130 UA, TT                      A0130 UA, TN</p>
<p><b>Non-Medical                      Transportation –                      Members enrolled in the                      Developmental                      Disabilities (DD) Waiver</b></p>	<p>Mileage Band 1                      Mileage Band 2                      Mileage Band 3</p>	<p>T2003 U3                      T2003 U3, 22                      T2003 U3, TF</p>
<p><b>Non-Medical                      Transportation –                      Members enrolled in the                      Elderly, Blind, or                      Disabled (EBD) Waiver</b></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</p>

		A0130 U1, TN
<b>Non-Medical Transportation – Members enrolled in the Spinal Cord Injury (SCI) Waiver</b>	<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, 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> <p>A0130 U1, SC A0130 U1, SC, TT A0130 SC, U1, TN</p>
<b>Non-Medical Transportation – Members enrolled in the Supported Living Services (SLS) Waiver</b>	Mileage Band 1 Mileage Band 2 Mileage Band 3	T2003 U8 T2003 U8, 22 T2003 U8, TF
<b>Personal Care - Members enrolled in the Elderly, Blind, or Disabled (EBD) Waiver</b>	Personal Care, 15 Minute Unit Personal Care-Relative, 15 Minute Unit	T1019 U1 T1019 U1, HR
<b>Personal Care - Members enrolled in the Community Mental Health Services (CMHS) Waiver</b>	Personal Care, 15 Minute Unit Personal Care-Relative, 15 Minute Unit	T1019 UA T1019 UA, HR

<b>Personal Care - Members enrolled in the Brain Injury (BI) Waiver</b>	Personal Care, 15 Minute Unit Personal Care-Relative, 15 Minute Unit	T1019 U6 T1019 U6, HR
<b>Personal Care - Members enrolled in the Spinal Cord Injury (SCI) Waiver</b>	Personal Care, 15 Minute Unit Personal Care-Relative, 15 Minute Unit	T1019 U1 SC T1019 U1, SC, HR
<b>Personal Care - Members enrolled in the Supported Living Services (SLS) Waiver</b>	Personal Care, 15 Minute Unit	T1019 U8
<b>Prevocational Services - Members enrolled in the Developmental Disabilities (DD) Waiver</b>	15 Minute Unit Level 1 Level 2 Level 3 Level 4 Level 5 Level 6	T2015 U3, HQ T2015 U3, 22, HQ T2015 U3, TF, HQ T2015 U3, TF, 22, HQ T2015 U3, TG, HQ T2015 U3, TG, 22, HQ
<b>Prevocational Services - Members enrolled in the Supported Living Services (SLS) Waiver</b>	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
<b>Residential Habilitation - Members enrolled in the Developmental Disabilities (DD) Waiver</b>	Group Residential - Day Level 1 Level 2 Level 3 Level 4 Level 5 Level 6  Individual Residential - Day Level 1 Level 2 Level 3	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



	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, 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
<b>Respite Care - Members enrolled in the Elderly, Blind, or Disabled (EBD) Waiver</b>	Respite-Alternative Care Facility (ACF), Day In-Home Respite 15-Minute, Unit Respite-Nursing Facility, Day	S5151 U1  S5150 U1  H0045 U1
<b>Respite Care - Members enrolled in the Community Mental Health Services (CMHS) Waiver</b>	Respite -Alternative Care Facility (ACF), Day Respite-Nursing Facility, Day	S5151 UA  H0045 UA
<b>Respite Care - Members enrolled in the Brain Injury (BI) Waiver</b>	In-Home Respite 15-Minute Unit Respite-Nursing Facility, Day	S5151 U6  H0045 U6
<b>Respite Care - Members enrolled in the Spinal Cord Injury (SCI) Waiver</b>	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
<b>Respite Care - Members enrolled in the Supported Living Services (SLS) Waiver</b>	Individual, 15 Minute Unit Individual, Day Group Camp (Group, Overnight)	S5150, U8  S5151, U8 S5151, U8, HQ T2036, U8

<b>Respite Care – Members enrolled in the Children's Extensive Supports (CES) Waiver</b>	Individual, 15-Minute Unit Individual, Day Group Camp (Group, Overnight)	S5150, U7  S5151, U7 S5151, U7, HQ T2036, U7
<b>Respite Care - Members enrolled in the Children's Life Limiting Illness (CLLI) Waiver</b>	Unskilled (4 hours or less), 15 Minute Unit Unskilled (4 hours or more), 15 Minute Unit CNA (4 hours or less), 15 Minute Unit 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	S5150, UD  S5151, UD  T1005, UD S9125, UD  T1005, UD, TD    S9125, UD, TD   T2037, UD
<b>Respite Care - Members enrolled in the Children's Habilitation Residential Program (CHRP) Waiver</b>	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
<b>Specialized Habilitation – Members enrolled in the Developmental Disabilities (DD) Waiver</b>	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

<b>Specialized Habilitation – Members enrolled in the Supported Living Services (SLS) Waiver</b>	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, HQ T2021 U8, 22, HQ T2021 U8, TF, HQ T2021 U8, TF, 22, HQ T2021 U8, TG, HQ T2021 U8, TG, 22, HQ  S5100 U8
<b>Supported Community Connections (SCC) – Members enrolled in the Developmental Disabilities (DD) Waiver</b>	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
<b>Supported Community Connections (SCC) – Members enrolled in the Supported Living Services (SLS) Waiver</b>	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
<b>Supported Employment – Members enrolled in the Developmental Disabilities (DD) Waiver</b>	Job Coaching – Group Level 1 Level 2 Level 3	T2019 U3, HQ T2019 U3, 22, HQ T2021 U3, TF, HQ

	<p>Level 4 Level 5 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>T2021 U3, TF, 22, HQ T2021 U3, TG, HQ T2021 U3, TG, 22, HQ</p> <p>T2019 U3, SC</p> <p>H2023 U3, HQ</p> <p>H2023 U3</p> <p>H2023 U3, 22</p> <p>H2023 U3, TF</p>
<p><b>Supported Employment – Members enrolled in the Supported Living Services (SLS) Waiver</b></p>	<p>Job Coaching – Group</p> <p>Level 1 Level 2 Level 3 Level 4 Level 5 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 T2019 U8, 22, HQ T2021 U8, TF, HQ T2021 U8, TF, 22, HQ T2021 U8, TG, HQ 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><b>Supported Living Program – Members</b></p>	<p>Day</p> <p>Tier 1 Tier 2</p>	<p>T2033 U6, TU T2033 U6 HB, TU</p>

<b>enrolled in the Brain Injury (BI) Waiver</b>	Tier 3	T2033 U6 HE, TU
	Tier 4	T2033 U6 HK, TU
	Tier 5	T2033 U6 HB, HE, TU
	Tier 6	T2033 U6 HB, HK, TU

**Billing Procedures for New Claims (except ACF and SLP Services):**

- 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@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**

- The ARPA Base Wage increase as well as the 2.11% increase can continue to be billed through July 31, 2022.
- Providers do not need to adjust claims for ACF and SLP services in order to get the rate increase.
- 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:
    - Provider checks Prior Authorizations for presence of supplemental, temporary code, or verifies its existence by contacting the Provider Services Call Center at 1-844-235- 2387.
  - The rates for the base rate listed below may vary by member. Continue to verify each member's daily per diem rate with the case manager or in the Gainwell Provider Portal.

Service	Proc Code	Mod 1	Effective Date	End Date	Rate
T2031	U1/UA	TU	1/1/2021	3/31/2021	\$5.19

T2031	U1/UA	blank	1/1/2021	3/31/2021	\$64.89
Total amount when both lines are billed unless otherwise noted by PETI					<b>\$70.08</b>

T2031	U1/UA	TU	4/1/2021	6/30/2021	\$1.37
T2031	U1/UA	blank	4/1/2021	6/30/2021	\$64.89
Total amount when both lines are billed unless otherwise noted by PETI					<b>\$66.26</b>

T2031	U1/UA	TU	7/1/2021	12/31/2021	\$1.40
T2031	U1/UA	blank	7/1/2021	12/31/2021	\$66.51
Total amount when both lines are billed unless otherwise noted by PETI					<b>\$67.91</b>

T2031	U1/UA	TU	1/1/2022	12/31/2299*	\$23.85
T2031	U1/UA	blank	1/1/2022	12/31/2299*	\$66.51
Total amount when both lines are billed unless otherwise noted by PETI					<b>\$90.36</b>

- Below are the dollar amounts for the base rate and TU modifier line for SLP services and the corresponding timeframes.

Service	Proc Code	Mod 1	Mod2	Mod3	Mod4	Effective Date	End Date	Rate
Tier 1 Base	T2033	U6				1/1/2022	12/31/2299*	\$ 202.86
Tier 1 TU	T2033	U6	TU			1/1/2022	12/31/2299*	\$ 16.45
Total amount when both lines are billed unless otherwise noted by PETI								<b>\$ 219.31</b>

Tier 2 Base	T2033	U6	HB			1/1/2022	12/31/2299*	\$ 235.36
Tier 2 TU	T2033	U6	HB	TU		1/1/2022	12/31/2299*	\$ 19.09
Total amount when both lines are billed unless otherwise noted by PETI								<b>\$ 254.45</b>

Tier 3 Base	T2033	U6	HE			1/1/2022	12/31/2299*	\$ 261.52
Tier 3 TU	T2033	U6	HE	TU		1/1/2022	12/31/2299*	\$ 21.21
Total amount when both lines are billed unless otherwise noted by PETI								<b>\$ 282.73</b>

Tier 4 Base	T2033	U6	HK			1/1/2022	12/31/2299*	\$ 311.72
Tier 4 TU	T2033	U6	HK	TU		1/1/2022	12/31/2299*	\$ 25.28
Total amount when both lines are billed unless otherwise noted by PETI								<b>\$ 337.00</b>

Tier 5 Base	T2033	U6	HB	HE		1/1/2022	12/31/2299*	\$ 342.31
Tier 5 TU	T2033	U6	HB	HE	TU	1/1/2022	12/31/2299*	\$ 27.76
Total amount when both lines are billed unless otherwise noted by PETI								<b>\$ 370.07</b>

Tier 6 Base	T2033	U6	HB	HK		1/1/2022	12/31/2299*	\$ 378.91
Tier 6 TU	T2033	U6	HB	HK	TU	1/1/2022	12/31/2299*	\$ 30.73

Total amount when both lines are billed unless otherwise noted by PETI	\$ 409.64
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12/31/2299\* indicates this is the active rate unless otherwise updated.

**Attachment(s)**

None

**Department Contact:**

[HCPF\\_HCBS\\_Questions@state.co.us](mailto:HCPF_HCBS_Questions@state.co.us)