Purpose and Audience:

The purpose of this Operational Memo is to inform Providers and Case Management Agencies of temporary rate increases in response to the COVID-19 pandemic 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.

Please Note: It is the Department’s expectation that during this critical period, providers use this additional funding to ensure Direct Care Workers/Direct Support Professionals continue to serve Colorado’s most vulnerable populations at the risk of their own health, and to ensure emerging infection control guidance is effectively implemented.

Providers must continue to modify their operations to follow the most recent guidance from the Centers for Disease Control (CDC), the Colorado Department of Public Health and Environment (CDPHE) and the President’s Coronavirus Guidelines for America. The
Department requires all providers to follow this guidance. The formal guidance can be found on CMS’ website here.

Information:

The Department has received approval from the federal Centers for Medicare & Medicaid Services (CMS) to temporarily increase rates for select Home and Community-Based Services benefits in response to the COVID-19 illness.

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

These rate changes go into effect today, retroactive to April 1, 2020 and will go through June 30, 2020. However, the Department may adjust the rates back to the original rates at its discretion.

Providers are encouraged to monitor the CDC website for information and resources and contact their local health department when needed. The Centers for Medicare & Medicaid Services (CMS) has issued guidance on infection control and prevention for Home Health entities.

Questions regarding this guidance can be sent to HCPF_HCBS_Questions@state.co.us.
# Home and Community-Based Service Waiver and State Plan Benefits Temporary Rate Changes

**Effective April 01, 2020 through June 30, 2020**

<table>
<thead>
<tr>
<th>Service</th>
<th>Current Rate</th>
<th>% increase</th>
<th>New Temporary Rate Loaded on PAR</th>
<th>New Temporary Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alternative Care Facility (ACF) - Members enrolled in the Elderly, Blind, or Disabled (EBD) Waiver</strong></td>
<td>$65.55; this rate may vary based on individual member payment to the provider</td>
<td>8</td>
<td>$5.24</td>
<td>T2031, U1, TU</td>
</tr>
<tr>
<td><strong>Alternative Care Facility (ACF) - Members enrolled in the Community Mental Health Services (CMHS) Waiver</strong></td>
<td>$65.55; this rate may vary based on individual member payment to the provider</td>
<td>8</td>
<td>$5.24</td>
<td>T2031, UA, TU</td>
</tr>
</tbody>
</table>
| **CHRP Residential – Foster Care**                                     | Level 1 – $56.67  
Level 2 – $91.55  
Level 3 – $111.86  
Level 4 – $136.21  
Level 5 – $156.49  
Level 6 – $196.70 | 8          | Level 1 – $61.20  
Level 2 – $98.97  
Level 3 – $120.81  
Level 4 – $147.11  
Level 5 – $169.01  
Level 6 – $212.43 | Not applicable, bill procedure codes on approved PAR. |
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<tr>
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| **CHRP Residential – Group Home**            | Level 1 – $83.90  
Level 2 – $109.38  
Level 3 – $128.86  
Level 4 – $152.22  
Level 5 – $168.17  
Level 6 – $198.29 | 8          | Level 1 – $89.74  
Level 2 – $118.13  
Level 3 – $139.16  
Level 4 – $164.39  
Level 5 – $181.62  
Level 6 – $214.16 | Not applicable, bill procedure codes on approved PAR. |
| **Consumer Directed Attendant Support Services (CDASS) (EBD, SCI, CMHS, BI)** | Personal Care – $4.54  
Homemaker – $4.54  
Health Maintenance Activities – $7.51 | 4          | Personal Care – $4.72  
Homemaker – $4.72  
Health Maintenance Activities – $7.81 | T2025 U1 TU  
T2025 U1 SC TU  
T2025 UA TU  
T2025 U6 TU |
| **Consumer Directed Attendant Support Services (CDASS) (SLS)** | Personal Care – $5.91  
Homemaker – $4.48  
Enhanced Homemaker - $7.28  
Health Maintenance Activities – $7.51 | 4          | Personal Care – $6.15  
Homemaker – $4.66  
Enhanced Homemaker - $7.57  
Health Maintenance Activities – $7.81 | T2025 U8 TU  
T2025 U8 SE TU |
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<tr>
<td><strong>Group Residential Services and Supports (GRSS)</strong></td>
<td>Level 1 – $118.00&lt;br&gt;Level 2 – $142.13&lt;br&gt;Level 3 – $160.83&lt;br&gt;Level 4 – $183.49&lt;br&gt;Level 5 – $200.99&lt;br&gt;Level 6 – $233.45</td>
<td>8</td>
<td>Level 1 – $127.44&lt;br&gt;Level 2 – $153.50&lt;br&gt;Level 3 – $173.70&lt;br&gt;Level 4 – $1198.17&lt;br&gt;Level 5 – $217.07&lt;br&gt;Level 6 – $252.12</td>
<td>Not applicable, bill procedure codes on approved PAR.</td>
</tr>
<tr>
<td><strong>Group Residential Services and Supports (GRSS)</strong></td>
<td>Level 7 – Negotiated Rate</td>
<td>8</td>
<td>Per member increase will vary, providers must verify individual rate loaded on the Temporary Code.</td>
<td>T2016 U3 SC HQ TU</td>
</tr>
<tr>
<td><strong>Homemaker (SLS, CES)</strong></td>
<td>Basic - $4.49&lt;br&gt;Enhanced - $7.28</td>
<td>4</td>
<td>Basic - $4.67&lt;br&gt;Enhanced - $7.57</td>
<td>Not applicable, bill procedure codes on approved PAR.</td>
</tr>
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<td><strong>Homemaker (EBD, SCI, CMHS, BI)</strong></td>
<td>$4.98</td>
<td>4</td>
<td>$5.18</td>
<td>Not applicable, bill procedure codes on approved PAR.</td>
</tr>
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<td>Service</td>
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| **Individual Residential Services and Supports (IRSS)** | Level 1 – $71.49  
Level 2 – $115.51  
Level 3 – $141.15  
Level 4 – $171.84  
Level 5 – $197.47  
Level 6 – $248.17 | 8 | Level 1 – $77.21  
Level 2 – $124.75  
Level 3 – $152.44  
Level 4 – $1185.59  
Level 5 – $213.26  
Level 6 – $268.02 | Not applicable, bill procedure codes on approved PAR. |
| **Individual Residential Services and Supports (IRSS)** | Level 7 – Negotiated Rate | 8 | Per member increase will vary, providers must verify individual rate loaded on the Temporary Code. | T2016 U3 SC TU |
| **Individual Residential Services and Supports (IRSS) – Host Home** | Level 1 – $66.31  
Level 2 – $107.13  
Level 3 – $130.89  
Level 4 – $159.38  
Level 5 – $183.13  
Level 6 – $230.17 | 8 | Level 1 – $71.61  
Level 2 – $115.70  
Level 3 – $141.36  
Level 4 – $172.13  
Level 5 – $197.78  
Level 6 – $248.58 | Not applicable, bill procedure codes on approved PAR. |
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<td>Individual Residential Services and Supports (IRSS) – Host Home</td>
<td>Level 7 – Negotiated Rate</td>
<td>8</td>
<td>Per member increase will vary, providers must verify individual rate loaded on the Temporary Code.</td>
<td>T2016 U3 SC TT TU</td>
</tr>
<tr>
<td>In-Home Support Services (IHSS)</td>
<td>Personal Care – $4.98 Relative Personal Care - $4.98 Homemaker – $4.98 Health Maintenance Activities – $7.51</td>
<td>4</td>
<td>Personal Care – $5.18 Relative Personal Care – $5.18 Homemaker – $5.18 Health Maintenance Activities – $7.81</td>
<td>Not applicable, bill procedure codes on approved PAR.</td>
</tr>
<tr>
<td>Personal Care and Relative Personal Care (EBD, SCI, CMHS, BI)</td>
<td>$4.98</td>
<td>4</td>
<td>$5.18</td>
<td>Not applicable, bill procedure codes on approved PAR.</td>
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<tr>
<td>Personal Care (SLS)</td>
<td>$5.84</td>
<td>4</td>
<td>$6.07</td>
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<tr>
<td>Transitional Living Program (TLP)</td>
<td>Level 1 – $360.81</td>
<td>8</td>
<td>Level 1 – $389.68</td>
<td>Not applicable, bill procedure codes on approved PAR.</td>
</tr>
<tr>
<td></td>
<td>Level 2 – $386.59</td>
<td></td>
<td>Level 2 – $417.51</td>
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<tr>
<td></td>
<td>Level 3 – $413.43</td>
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<td>Level 3 – $446.51</td>
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<td></td>
<td>Level 4 – $441.92</td>
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<td>Level 4 – $477.27</td>
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<tr>
<td></td>
<td>Level 5 – $468.27</td>
<td></td>
<td>Level 5 – $505.73</td>
<td></td>
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</table>
Billing Procedures for services with established rates:

Claims Paid to Date:
- Providers for the following services will need to adjust claims submitted and paid with Dates of Service on or after April 1, 2020. Claims do not need to be voided, just adjusted to the new rate. Follow this link to the Quick Sheet on how to Copy, Adjust, or Void a Claim.

Unbilled Claims:
- For claims for services that have not yet been billed, providers will need to submit new claims at the higher rates.
  - Transitional Living Program (TLP)
  - CHRP Residential (Foster Home and Group Home)
  - Group Residential Supports and Services (GRSS), except Level 7
  - Homemaker
  - Individual Residential Supports and Services (IRSS), except Level 7
  - IHSS
  - Personal Care

Billing Procedures for services with member-specific rates:
- The Department will calculate the rate increase for these services, and load the new, temporary code onto each member’s HCBS Prior Authorization.
- Providers should start checking for the existence of this temporary code the week of May 4, 2020.
- The earliest Date of Service for which these codes can be billed is April 1, 2020.
- Providers should use the DXC web portal to obtain the rate for the code on the Prior Authorization, or contact DXC’s call center to inquire about the new daily rate.

Claims Paid to Date:
- Providers for the following services will not need to adjust past claims in order to get the rate increase.
- Providers will need to submit a claim that contains the new, temporary code for each service, which will reimburse the provider for the percentage increase of the rate.
- The earliest Date of Service for which these codes can be billed is April 1, 2020.
- Providers should use the DXC web portal to obtain the rate on the code on the Prior Authorization, or contact DXC’s call center to inquire about the new daily rate or member allocation.
Unbilled Claims:

- Providers will need to bill two codes to get paid in full: one code for the existing, daily rate, (entered on the PAR by case managers) and one code in order to get the temporary rate increase (entered on the PAR by the Department).
  - Alternative Care Facilities
  - CDASS
  - Supported Living Program (SLP)
  - IRSS and GRSS Level 7 Residential Services

Case Managers: Procedures for services with member-specific rates

- Temporary codes will be added to active, current HCBS PARs by the Department the week of May 4, 2020, no changes will be applied the PETI worksheet or the CDASS worksheet.
- The Department will continue to add temporary codes to HCBS Prior Authorizations not created by May 4, 2020 with service start dates before June 30, 2020.
- Case managers need not take action with respect to these temporary codes, and should not revise or edit the added lines so as to ensure proper provider reimbursement.
- This guidance applies to all PARs with these services on lines that are effective between April 1, 2020 and June 30, 2020.
- If case managers have questions about the appearance of lines on a PAR or how to perform revisions, they should contact CCMHelpdesk@DXC.com.

Additional References for this document & Resource Links

- Recommendations for Long-Term Care Facilities (CDC)
- Steps Healthcare Facilities Can Take Now to Prepare for Coronavirus Disease 2019 (COVID-19) (CDC)
- FAQs for Healthcare Providers Regarding Medicare Billing and Payment (CMS)
- Coronavirus Preparation and Response Toolkit (Argentum)
- Interim Health Care Infection Prevention and Control Recommendations for Patients Under Investigation for Coronavirus Disease 2019 (COVID-19) (CDC)
- Handwashing Video (Ecolab)
- Information Regarding COVID-19 AHCA/NCAL (American Health Care Association / National Center for Assisted Living)
• **Handwashing 101** (ServSafe)

Follow the [CDC website](https://www.cdc.gov) to keep up with the general trends and what’s happening. Communicating with your [state health department](https://www.colorado.gov/pacific/hcpf/COVID) and watching local news will help you with specifics.

**Attachment(s):**

None

**Department Contact:**

[HCDF_HCBS_Questions@state.co.us](mailto:HCDF_HCBS_Questions@state.co.us)

**Department COVID-19 Webpage:**

[https://www.colorado.gov/pacific/hcpf/COVID](https://www.colorado.gov/pacific/hcpf/COVID)

For specific information, please call the CDPHE Call Center at 303-692-2700. For general questions about COVID-19: Call CO-Help at 303-389-1687 or 1-877-462-2911 or email COHELP@RMPDC.org, for answers in English and Spanish (Español), Mandarin (普通), and more.