Children with Life Limiting Illness (CLLI) Waiver (Previously the Pediatric Hospice Waiver)*



Rates Effective July 1, 2021-June 30, 2022

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate ffective /01/2021		Rate ffective /01/2021	Unit Value	Comments
Expressive Therapy											
Art and Play Therapy	H2032	UD	HA			\$	16.18	\$	16.58	15 Minutes	Combined maximum of
Art and Play Therapy Group	H2032	UD	НА	HQ		\$	9.05	\$	9.28	15 Minutes	156 units (39 hours) for all Expressive Therapy
Music Therapy	H2032	UD				\$	16.18	\$	16.58	15 Minutes	services per Service Plan
Music Therapy Group	H2032	UD	HQ			\$	9.05	\$	9.28	15 Minutes	year.
ntegrative Therapy											
Massage Therapy	97124	UD				\$	18.06	\$	18.51	15 Minutes	Maximum of 96 units (24 hours) per Service Plan year
Palliative/Supportive Car	e Skilled										
Care Coordination	G9012	UD				\$	20.55	\$	21.06	15 Minutes	
Pain and Symptom Management	S9123	UD				\$	77.50	\$	79.44	Hour	
Respite Services										•	
Unskilled(4 hours or less), Base Rate	S5150	UD				\$	5.50	\$	5.76	15 Minutes	
Unskilled(4 hours or less), Rate Enhancement	S5150	UD	TU				-	\$	1.41	15 Minutes	
Unskilled (4 hours or more), Base Rate	S5151	UD				\$	98.95	\$	103.52	Day	
Unskilled (4 hours or more), Rate Enhancement	S5151	UD	TU				-	\$	25.39	Day	
CNA (4 hours or less), Base Rate	T1005	UD				\$	7.21	\$	7.55	15 Minutes	
CNA (4 hours or less), Rate Enhancement	T1005	D	IJ				ı	\$	1.84	15 Minutes	
CNA (4 hours or more), Base Rate	S9125	UD				\$	128.11	\$	134.02	Day	Combined maximum of
CNA (4 hours or more), Rate Enhancement	S9125	UD	TU				-	\$	32.80	Day	30 calendar days per Service Plan year for all Respite Care services.
Skilled RN, LPN (4 hours or less), Base Rate	T1005	UD	TD			\$	15.68	\$	16.41	15 Minutes	
Skilled RN, LPN (4 hours or less), Rate Enhancement	T1005	UD	TD	TU			-	\$	4.02	15 Minutes	
Skilled RN, LPN (4 hours or more), Base Rate	S9125	UD	TD			\$	282.06	\$	295.07	Day	

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Skilled RN, LPN (4 hours or more), Rate Enhancement	S9125	UD	TD	TU			-	\$	72.42	Day		
Camp (Group, Overnight) Base Rate	T2037	DD				\$	199.58	\$	208.78	Day		
Camp (Group, Overnight), Rate Enhancement	T2037	UD	TU				-	\$	51.25	Day		
Therapeutic Services	Therapeutic Services											
Bereavement Counseling	S0257	UD	НК			\$	1,126.44	\$	1,154.60	Lump Sum	One time lump sum payment per client.	
Therapeutic Life Limiting Illness Support-Individual	S0257	UD				\$	25.12	\$	25.75	15 Minutes		
Therapeutic Life Limiting Illness Support-Family	S0257	UD	HR			\$	25.12	\$	25.75	15 Minutes	Combined maximum of 392 units (98 hours) per Service Plan year.	
Therapeutic Life Limiting Illness Support-Group	S0257	UD	HQ			\$	14.82	\$	15.19	15 Minutes		

	Legend								
HA	Child/adolescent program								
HK	Specialized Mental Health services for high risk populations								
HQ	Group Setting								
HR	Relative providing care								
TD	RN providing care								
UD	Children with Life Limiting Illness								

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Version: 1.4 Date: 01/18/2022





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Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Effe	late ective 1/2021	 Rate fective 01/2021	Unit Value	Comments
Case Management	T1016	U5				\$	8.85	\$ 9.07	15 minutes	
IHSS Health Maintenance, Outside Denver County	H0038	U5				\$	7.44	\$ 7.78	15 minutes	
IHSS Health Maintenance, Denver County	H0038	U5				\$	7.57	\$ 7.92	15 minutes	

	Legend
U5	Children's HCBS

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Version: 1.4 Date: 01/18/2022





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Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate ffective /01/2021	Rate ffective /01/2021	Unit Value	Comments
Foster Home						0 11		 		
Foster Home Level 1	H0041	U9				\$	56.10	\$ 57.50	Day	
Foster Home Level 2	H0041	U9	22			\$	90.63	\$ 92.90	Day	
Foster Home Level 3	H0041	U9	TF			\$	110.74	\$ 113.51	Day	
Foster Home Level 4	H0041	U9	TF	22		\$	134.85	\$ 138.22	Day	
Foster Home Level 5	H0041	U9	TG			\$	154.92	\$ 158.79	Day	
Foster Home Level 6	H0041	U9	TG	22		\$	194.73	\$ 199.60	Day	
Group Home										
Group Home Level 1	T2016	U9				\$	82.26	\$ 84.32	Day	
Group Home Level 2	T2016	U9	22			\$	108.29	\$ 111.00	Day	
Group Home Level 3	T2016	U9	TF			\$	127.57	\$ 130.76	Day	
Group Home Level 4	T2016	U9	TF	22		\$	150.69	\$ 154.46	Day	
Group Home Level 5	T2016	U9	TG			\$	166.48	\$ 170.64	Day	
Group Home Level 6	T2016	U9	TG	22		\$	196.31	\$ 201.22	Day	
Residential Child Care F	acility (R	CCF)								
RCCF Level 1	T2016	U9	НА			\$	510.35	\$ 523.11	Day	
RCCF Level 2	T2016	U9	НА	TJ		\$	531.95	\$ 545.25	Day	
RCCF Level 3	T2016	U9	HA	TF		\$	559.95	\$ 573.95	Day	Effective 04/04/2024
RCCF Level 4	T2016	U9	НА	TG		\$	589.00	\$ 603.73	Day	Effective 01/01/2021
RCCF Level 5	T2016	U9	HA	TT		\$	619.99	\$ 635.49	Day	
RCCF Level 6	T2016	U9	НА	22			NR*	NR*	Day	
Intensive Support Service	ces									
Wraparound Plan	H2021	U9	Н	TL		\$	27.21	\$ 27.89	15 Minutes	
Prevention and Monitoring	H2021	U9	Н	HN		\$	27.21	\$ 27.89	15 Minutes	
Child and Youth Mentorship	H2021	U9	НІ	НМ		\$	7.53	\$ 7.72	15 Minutes	
Professional Services										
Hippo Therapy	S8940	U9				\$	21.44	\$ 21.98	15 Minutes	
Hippo Therapy Group	S8940	U9	HQ			\$	9.11	\$ 9.34	15 Minutes	
Movement Therapy- Bachelors	G0176	U9				\$	16.10	\$ 16.50	15 Minutes	
Movement Therapy- Masters	G0176	U9	22			\$	23.59	\$ 24.18	15 Minutes	
Massage Therapy	97124	U9				\$	18.93	\$ 19.40	15 Minutes	
Respite Care		1								
Individual - In Family Home Base Rate	S5150	U9	НА			\$	5.35	\$ 5.60	15 Minutes	
Individual - In Family Home Rate Enhancement	S5150	U9	НА	TU			-	\$ 1.37	15 Minutes	Use Individual Day rate when Respite services

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Rates Effective July 1, 2021-June 30, 2022

Individual Day - In Family Home Base Rate	S5151	U9	НА			\$	211.58	\$	221.33	Day	exceed 40 units (10 hours) in a 24 hour period. No more than 7 consecutive days per
Individual Day - In Family Home Rate Enhancement	S5151	U9	НА	TU			-	\$	54.33	Day	month and not to exceed 28 days in a calendar year.
Individual - In Residential Settings	S5150	U9	Ξ			\$	5.35	\$	5.60	15 Minutes	
Individual Day - In Residential Settings	S5151	U9	НІ			\$	211.58	\$	216.87	Day	
Community Connector	H2021	U9				\$	9.85	\$	10.31	15 Minutes	Limited to 1040 units or 260 hours per year Effective November 30, 2020
Transition Support Services											
Wraparound Plan	H2021	U9	HA	TL		\$	27.21	\$	27.89	15 Minutes	
Prevention and Monitoring	H2021	U9	НА	HN		\$	27.21	\$	27.89	15 Minutes	
Child and Youth Mentorship	H2021	U9	НА	НМ		\$	7.53	\$	7.72	15 Minutes	

	Legend								
22	(CPT Defn: Increased procedural services)								
HA	Child/Adolescent Program								
HQ	Group Setting								
HR	Relative providing care								
TF	Intermediate Level of Care								
TG	Complex/High Tech Level of Care								
TJ	Program Group, Child and/or Adolescent								
TT	Individualized service provided to more than one patient in same setting								
U9	Children's Habilitation Residential Program								

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Home and Community Based Services FY 21-22 Rate Schedules



ADJUSTMENT TAE	3LE				
WAIVER TYPE	PERCENT	MULTIPLIER			
WAIVER TIPE	CHANGE	WIOLTIPLIER			
Across the Board Increase Effect	ive July 1, 20)21			
HCBS EBD	2.500%	1.02500			
HCBS CMHS	2.500%	1.02500			
HCBS BI	2.500%	1.02500			
HCBS SCI	2.500%	1.02500			
HCBS DD	2.500%	1.02500			
HCBS SLS	2.500%	1.02500			
HCBS/DDD/DHS CES	2.500%	1.02500			
HCBS/DDD/DHS CLLI	2.500%	1.02500			
HCBS/DDD/DHS CHCBS	2.500%	1.02500			
HCBS/DDD/DHS CHRP	2.500%	1.02500			
American Rescue Plan Act Increase	2.110%	1.02110			
American Rescue Plan Act Increase,					
Respite Services	25.000%	1.25000			



