Developmental Disabilities

COLORADO Department of Health Care Policy & Financing

Rates Effective July 1, 2021-June 30, 2022

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2021	Rate Effective 7/01/2021	Unit Value	Comments
Behavioral Services									
Behavioral Line Staff	H2019	U3				\$ 7.23	\$ 7.41	15 Minutes	Maximum of 960 units per Service Plan year.
Behavioral Consultation	H2019	U3	22	TG		\$ 25.54	\$ 26.18	15 Minutes	Maximum of 80 units per Service Plan year.
Behavioral Counseling	H2019	U3	TF	TG		\$ 25.54	\$ 26.18	15 Minutes	Maximum of 208 combined units of
Behavioral Counseling, Group	H2019	U3	TF	HQ		\$ 8.61	\$ 8.83	15 Minutes	Individual and Group Counseling services per Service Plan year.
Behavioral Plan Assessment	T2024	U3	22			\$ 25.54	\$ 26.18	15 Minutes	Maximum of 40 units and one Behavior Plan Assessment per Service Plan year.

Day Habilitation

Maximum of 4,800 combined units of Specialized Habilitation, Supported Community Connections, and Prevocational Services per Service Plan year. Maximum of 7,112 combined units of Specialized Habilitation, Supported Community Connections, Prevocational Services, and Supported Employment per Service Plan year.

Services, and Supported Employment per Service Plan year. Tier 2: Traditional/Current Model													
Service	es may te	mporai	rily be d							ıblic health emei	rgency.		
Specialized Habilitation Level 1	T2021	U3	HQ			\$	2.57	\$		15 Minutes			
Specialized Habilitation Level 2	T2021	U3	22	HQ		\$	2.83	\$	2.96	15 Minutes			
Specialized Habilitation Level 3	T2021	U3	TF	HQ		\$	3.15	\$	3.30	15 Minutes			
Specialized Habilitation Level 4	T2021	U3	TF	22	HQ	\$	3.71	\$	3.88	15 Minutes			
Specialized Habilitation Level 5	T2021	U3	TG	HQ		\$	4.59	\$	4.80	15 Minutes			
Specialized Habilitation Level 6	T2021	U3	TG	22	HQ	\$	6.59	\$	6.89	15 Minutes			
Specialized Habilitation Level 7	T2021	U3	SC	HQ		\$	10.38	\$	10.86	15 Minutes			
			Ti			•	III Suppo red in pers		•				
Specialized Habilitation, All Support Levels	S5100	U3				\$	5.36	\$	5.60	15 Minutes			
Service	es may te	mporai	ily be d				I <mark>/Current</mark>			ıblic health emei	rgency.		
Supported Community Connections Level 1	T2021	U3				\$	3.13	\$		15 Minutes			
Supported Community Connections Level 2	T2021	U3	22			\$	3.42	\$	3.58	15 Minutes			
Supported Community Connections Level 3	T2021	U3	TF			\$	3.87	\$	4.05	15 Minutes			
Supported Community Connections Level 4	T2021	U3	TF	22		\$	4.44	\$	4.65	15 Minutes			

Version: 1.8

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.

Date: 05/11/2022



Developmental Disabilities

COLORADO Department of Health Care Policy & Financing

Rates Effective July 1, 2021-June 30, 2022

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	Rate fective 01/2021		Rate fective 01/2021	Unit Value	Comments
Supported Community Connections Level 5	T2021	U3	TG			\$	5.35	\$	5.60	15 Minutes	
Supported Community Connections Level 6	T2021	U3	TG	22		\$	7.03	\$	7.36	15 Minutes	
Supported Community Connections Level 7	T2021	U3	sc			\$	10.38	\$	10.86	15 Minutes	
			Ti				II Suppo ed in per		vels)		
Supported Community Connections, All Support Levels	S5100	U3	НВ			\$	7.03	\$	7.35	15 Minutes	
Dental Services											
Basic	D2999	U3					-		-	Dollar	Please refer to DIDD Dental Fee Schedule for
Major	D2999	U3	22				-		-	Dollar	rates
Home Delivered Meals	S5170	U3				\$	11.45	\$	11.74	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment
Non-Medical Transportat Maximum of 508 units (trip		rvice P	lan yea	ar (all n	nileage	band	ds includii	ng pu	ıblic conv	eyance).	
Mileage Band 1 (0-10 Miles)	T2003	U3				\$	6.58	\$	6.88	1 Trip	
Mileage Band 2 (11-20 Miles)	T2003	U3	22			\$	13.77	\$	14.40	1 Trip	
Mileage Band 3 (Over 20 Miles)	T2003	U3	TF			\$	20.97	\$	21.93	1 Trip	
Other (public conveyance)	T2004	U3				\$	1.00	\$	1.00	Dollar	Bus passes or other public conveyance may be used only when equivalent to or more cost effective than the applicable mileage range.
Peer Mentorship	H2015	U3				\$	5.92	\$	6.07	15 minutes	Available for 365 days after enrollment
Prevocational Services Maximum of 4,800 combin Service Plan year. Maximu Services, and Supported E	ım of 7,11	12 com	bined ι	units of	Specia						vocational Services per
Prevocational Services Level 1	T2015	U3	HQ			\$	2.57	\$	2.69	15 Minutes	
Prevocational Services Level 2	T2015	U3	22	HQ		\$	2.83	\$	2.96	15 Minutes	
Prevocational Services Level 3	T2015	U3	TF	HQ		\$	3.15	\$	3.30	15 Minutes	
Prevocational Services Level 4	T2015	U3	TF	22	HQ	\$	3.71	\$	3.88	15 Minutes	





COLORADO Department of Health Care Policy & Financing

Rates Effective July 1, 2021-June 30, 2022

nates Effective July 1,			, ===	_			D : 1 :		Distri		
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate fective 01/2021		Rate fective 01/2021	Unit Value	Comments
Prevocational Services Level 5	T2015	U3	TG	HQ		\$	4.59	\$	4.80	15 Minutes	
Prevocational Services Level 6	T2015	U3	TG	22	HQ	\$	6.59	\$	6.89	15 Minutes	
Residential Habilitation,	Outside	Denve	r Coun	ty							
Group Residential Services and Supports- Level 1	T2016	U3	HQ			\$	116.82	\$	122.27	Day	
Group Residential Services and Supports- Level 2	T2016	U3	22	HQ		\$	140.71	\$	147.27	Day	
Group Residential Services and Supports- Level 3	T2016	U3	TF	HQ		\$	159.22	\$	166.64	Day	
Group Residential Services and Supports- Level 4	T2016	U3	TF	22	HQ	\$	181.66	\$	190.03	Day	
Group Residential Services and Supports- Level 5	T2016	U3	TG	HQ		\$	198.98	\$	208.25	Day	
Group Residential Services and Supports- Level 6	T2016	U3	TG	22	HQ	\$	231.12	\$	241.90	Day	
Group Residential Services and Supports- Level 7	T2016	U3	SC	HQ		*NF	₹	*NF	₹	Day	
Individual Residential Services and Supports- Level 1	T2016	U3				\$	70.78	\$	74.08	Day	
Individual Residential Services and Supports- Level 2	T2016	U3	22			\$	114.35	\$	119.68	Day	
Individual Residential Services and Supports- Level 3	T2016	U3	TF			\$	139.74	\$	146.25	Day	
Individual Residential Services and Supports- Level 4	T2016	U3	TF	22		\$	170.12	\$	178.05	Day	
Individual Residential Services and Supports- Level 5	T2016	U3	TG			\$	195.49	\$	204.61	Day	
Individual Residential Services and Supports- Level 6	T2016	U3	TG	22		\$	245.69	\$	257.14	Day	
Individual Residential Services and Supports- Level 7	T2016	U3	SC			*NF	₹	*NF	₹	Day	
Individual Residential Services and Supports/Host Home- Level 1	T2016	U3	тт			\$	65.64	\$	68.70	Day	

Developmental Disabilities

COLORADO Department of Health Care Policy & Financing

Rates Effective July 1, 2021-June 30, 2022

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Ef	Rate fective 01/2021		Rate fective 01/2021	Unit Value	Comments
Individual Residential Services and Supports/Host Home- Level 2	T2016	U3	22	TT		\$	106.06	\$		Day	
Individual Residential Services and Supports/Host Home- Level 3	T2016	U3	TF	ТТ		\$	129.58	\$	135.62	Day	
Individual Residential Services and Supports/Host Home- Level 4	T2016	U3	TF	22	TT	\$	157.79	\$	165.14	Day	
Individual Residential Services and Supports/Host Home- Level 5	T2016	U3	TG	TT		\$	181.30	\$	189.75	Day	
Individual Residential Services and Supports/Host Home- Level 6	T2016	U3	TG	22	TT	\$	227.87	\$	238.50	Day	
Individual Residential Services and Supports/Host Home- Level 7	T2016	U3	SC	TT		*NR	.	*NF	?	Day	
Residential Habilitation,	Denver C	ounty									
Group Residential Services and Supports- Level 1	T2016	U3	HQ			\$	122.73	\$	128.39	Day	
Group Residential Services and Supports- Level 2	T2016	U3	22	HQ		\$	148.24	\$	155.08	Day	
Group Residential Services and Supports- Level 3	T2016	U3	TF	HQ		\$	168.40	\$	176.16	Day	
Group Residential Services and Supports- Level 4	T2016	U3	TF	22	HQ	\$	192.96	\$	201.85	Day	
Group Residential Services and Supports- Level 5	T2016	U3	TG	HQ		\$	212.65	\$	222.46	Day	
Group Residential Services and Supports- Level 6	T2016	U3	TG	22	HQ	\$	248.70	\$	260.17	Day	
Group Residential Services and Supports- Level 7	T2016	U3	sc	HQ		*NR	R	*NF	₹	Day	
Individual Residential Services and Supports- Level 1	T2016	U3				\$	75.44	\$	78.92	Day	
Individual Residential Services and Supports- Level 2	T2016	U3	22			\$	122.50	\$	128.14	Day	





COLORADO Department of Health Care Policy & Financing

Rates Effective July 1, 2021-June 30, 2022

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Effe	Rate ective 1/2021		Rate fective 01/2021	Unit Value	Comments
Individual Residential Services and Supports- Level 3	T2016	U3	TF			\$	150.57	\$	157.51	Day	
Individual Residential Services and Supports- Level 4	T2016	U3	TF	22		\$	184.52	\$	193.02	Day	
Individual Residential Services and Supports- Level 5	T2016	U3	TG			\$	213.67	\$	223.52	Day	
Individual Residential Services and Supports- Level 6	T2016	U3	TG	22		\$	270.88	\$	283.37	Day	
Individual Residential Services and Supports- Level 7	T2016	U3	SC			*NR		*NF	2	Day	
Individual Residential Services and Supports/Host Home- Level 1	T2016	U3	TT			\$	69.58	\$	72.79	Day	
Individual Residential Services and Supports/Host Home- Level 2	T2016	U3	22	П		\$	112.97	\$	118.17	Day	
Individual Residential Services and Supports/Host Home- Level 3	T2016	U3	TF	ТТ		\$	138.78	\$	145.18	Day	
Individual Residential Services and Supports/Host Home- Level 4	T2016	U3	TF	22	TT	\$	170.09	\$	177.93	Day	
Individual Residential Services and Supports/Host Home- Level 5	T2016	U3	TG	TT		\$	196.90	\$	205.97	Day	
Individual Residential Services and Supports/Host Home- Level 6	T2016	U3	TG	22	TT	\$	249.62	\$	261.13	Day	
Individual Residential Services and Supports/Host Home- Level 7	T2016	U3	SC	TT		*NR		*NF	₹	Day	
Specialized Medical Equi	ipment a	nd Sup	plies								
Disposable Supplies	T2028	U3				\$	1.00	\$	1.00	Dollar	
Equipment	T2029	U3				\$	1.00	\$	1.00	Dollar	
Supported Employment The maximum Supported I Habilitation, Supported Co											
Job Coaching, Group- Level 1	T2019	U3	HQ			\$	3.44	\$	3.60	15 Minutes	

Developmental Disabilities

Rates Effective July 1, 2021-June 30, 2022



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Ra Effect 01/01/			Rate Effective 7/01/2021	Unit Value	Comments
Job Coaching, Group- Level 2	T2019	U3	22	HQ		\$	3.78	\$	3.95	15 Minutes	
Job Coaching, Group- Level 3	T2019	U3	TF	HQ		\$	4.20	\$	4.40	15 Minutes	
Job Coaching, Group- Level 4	T2019	U3	TF	22	HQ	\$	4.86	\$	5.08	15 Minutes	
Job Coaching, Group- Level 5	T2019	U3	TG	HQ		\$	5.79	\$	6.05	15 Minutes	
Job Coaching, Group- Level 6	T2019	U3	TG	22	HQ	\$	7.57	\$	7.92	15 Minutes	
Job Coaching-Individual	T2019	U3	sc			\$	14.20	\$	14.86	15 Minutes	
Job Development-Group	H2023	U3	HQ			\$	4.53	\$	4.74	15 Minutes	
Job Development, Individual-Levels 1-2	H2023	U3				\$	14.20	\$	14.86	15 Minutes	
Job Development, Individual-Levels 3-4	H2023	U3	22			\$	14.20	\$	14.86	15 Minutes	
Job Development, Individual-Levels 5-6	H2023	U3	TF			\$	14.20	\$	14.86	15 Minutes	
Job Placement	H2024	U3				\$	1.00	\$	1.00	Dollar	
Job Placement Group	H2024	U3	HQ			\$	1.00	\$	1.00	Dollar	
Community Transition Se	ervices										
Coordinator	T2038	U3				\$	7.66	\$	7.85	15 minutes	40 units (10 hours); available up to 30 days after enrollment
Items Purchased	A9900	U3				\$ 1,5	00.00	\$	1,500.00	One Time Payment	Up to \$2,000.00 by request; available up to 30 days after enrollment
Vision	V2799	U3				\$	1.00	\$	1.00	Dollar	
Regional Center Services	s, Grand	Juncti	on								
Residential Habilitation, Group Residential Services and Supports Level 7	T2016	U3	SC	HQ	HI	-		NR	*	Day	
Specialized Habilitation, Level 7	T2021	U3	sc	HQ	НІ	-	-	NR	*	15 Minutes	Effective 11/01/2021
Supported Community Connections Level 7	T2021	U3	sc	Ħ		-	-	NR	*	15 Minutes	
Regional Center Services	s, Pueblo)									
Residential Habilitation, Group Residential Services and Supports Level 7	T2016	U3	SC	HQ	НВ	-		NR	*	Day	Effective 11/01/2021
Specialized Habilitation, Level 7	T2021	U3	sc	HQ	НВ	-		NR	*	15 Minutes	



COLORADO Department of Health Care Policy & Financing

Rates Effective July 1, 2021-June 30, 2022

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2021	Rate Effective 07/01/2021	Unit Value	Comments
Supported Community Connections Level 7	T2021	U3	sc	НВ		-	NR*	15 Minutes	Effective 11/01/2021

	Legend
NR*	Individually approved DDD rate
22	(CPT Defn: Increased procedural services)
НВ	Adult program, non-geriatric
HQ	Group Setting
SC	Medically Necessary Service or Supply
TF	Intermediate Level of Care
TG	Complex/High Tech Level of Care
TT	Individualized service provided to more one patient in the same setting
U3	Developmentally Disabled (HCPCS Defn: Medicaid Level of Care 1, as defined by each state)
HI	Integrated mental Health, substance abuse program.

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources. www.colorado.gov/hcpf





Rates Effective July 1, 2021-June 30, 2022

	Proc	Mod	Mod	Mod	Mod		Rate		Rate		
Service Description	Code	#1	#2	#3	#4		fective 01/2021		ffective /01/2021	Unit Value	Comments
Assistive Technology	T2035	U8				\$	1.00	\$		Dollar	Maximum of \$10,000 of Assistive Technology, Home Accessibility Adaptations, and Vehicle Modifications combined per Waiver Renewal Period (7/1/19 - 6/30/24).
Behavioral Services											
Behavioral Line Staff	H2019	U8				\$	7.23	\$	7.41	15 Minutes	Maximum of 960 units per Service Plan year.
Behavioral Consultation	H2019	U8	22	TG		\$	25.54	\$	26.18	15 Minutes	Maximum of 80 units per Service Plan year.
Behavioral Counseling	H2019	U8	TF	TG		\$	25.54	\$	26.18	15 Minutes	Maximum of 208 combined units of
Behavioral Counseling Group	H2019	U8	TF	HQ		\$	8.61	\$	8.83	15 Minutes	Individual and Group Counseling services per Service Plan year.
Behavioral Plan Assessment	T2024	U8	22			\$	25.54	\$	26.18	15 Minutes	Maximum of 40 units and one Behavior Plan Assessment per Service Plan year.
Consumer Directed Atter	ndant Su	pport (Service	es (CD	ASS), (Outs	ide Denve	er C	ounty		
CDASS Homemaker	T2025	U8				\$	4.44	\$	4.55	15 Minutes	
CDASS Enhanced Homemaker	T2025	U8				\$	7.21	\$	7.39	15 Minutes	Effective 11/01/2021
CDASS Personal Care	T2025	U8				\$	5.85	\$	6.00	15 Minutes	Lifective 11/01/2021
CDASS Health Maintenance	T2025	U8	SE			\$	7.43	\$	7.62	15 Minutes	
Consumer Directed Atter	ndant Su	pport	Service	es (CD	ASS), [Denv	er Count	y			
CDASS Homemaker	T2025	U8				\$	4.59	\$	4.70	15 Minutes	
CDASS Enhanced Homemaker	T2025	U8				\$	7.47	\$	7.66	15 Minutes	
CDASS Personal Care	T2025	U8				\$	6.05	\$	6.20	15 Minutes	Effective 11/01/2021
CDASS Health Maintenance	T2025	U8	SE			\$	7.57	\$	7.76	15 Minutes	
CDASS Per Member Per	Month, B	y FMS	Vendo	or							
Public Partnerships, LLC-FEA	T2040	U8				\$	103.21	\$	103.21	Month	
Palco- FEA	T2040	U8				\$	85.00	\$	85.00	Month	
Day Habilitation Maximum of 7,112 combin Supported Employment pe				Habilit	ation, S	Supp	orted Con	nmui	nity Conne	ections, Prevoca	tional Services, and
Service	es may te	mporai	rily be o				al/Current			ublic health eme	rgency.
Specialized Habilitation Level 1	T2021	U8	HQ			\$	2.57	\$	2.69	15 Minutes	

Version: 1.9

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.

Date: 10/10/2022

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.

www.colorado.gov/hcpf





COLORADO Department of Health Care Policy & Financing

Rates Effective July 1, 2021-June 30, 2022

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Effe	Rate ective 1/2021	 Rate fective 01/2021	Unit Value	Comments
Specialized Habilitation Level 2	T2021	U8	22	HQ		\$	2.83	\$ 2.96	15 Minutes	
Specialized Habilitation Level 3	T2021	U8	TF	HQ		\$	3.15	\$ 3.30	15 Minutes	
Specialized Habilitation Level 4	T2021	U8	TF	22	HQ	\$	3.71	\$ 3.88	15 Minutes	
Specialized Habilitation Level 5	T2021	U8	TG	HQ		\$	4.59	\$ 4.80	15 Minutes	
Specialized Habilitation Level 6	T2021	U8	TG	22	HQ	\$	6.59	\$ 6.89	15 Minutes	
			Ti			•	l Suppo ed in per	vels)		
Specialized Habilitation, All Support Levels	S5100	U8				\$	5.36	\$ 5.60	15 Minutes	
Service	es may te	mporai	rily be d				Current		ıblic health emei	rgency.
Supported Community Connections Level 1	T2021	U8				\$	3.13	\$ 3.28	15 Minutes	
Supported Community Connections Level 2	T2021	U8	22			\$	3.42	\$ 3.58	15 Minutes	
Supported Community Connections Level 3	T2021	U8	TF			\$	3.87	\$ 4.05	15 Minutes	
Supported Community Connections Level 4	T2021	U8	TF	22		\$	4.44	\$ 4.64	15 Minutes	
Supported Community Connections Level 5	T2021	U8	TG			\$	5.35	\$ 5.59	15 Minutes	
Supported Community Connections Level 6	T2021	U8	TG	22		\$	7.03	\$ 7.36	15 Minutes	
			Ti				Suppo ed in per	vels)		
Supported Community Connections, All Support Levels	S5100	U8	НВ			\$	7.03	\$ 7.36	15 Minutes	
Dental Services										
Basic	D2999	U8					-	-	Dollar	Please refer to DIDD
Major	D2999	U8	22				-	-	Dollar	Dental Fee Schedule for rates
Home Accessibility Adaptations	S5165	U8				\$	1.00	\$ 1.00	Dollar	Maximum of \$10,000 of Assistive Technology, Home Accessibility Adaptations, and Vehicle Modifications combined per Waiver Renewal Period (7/1/19 - 6/30/24).



COLORADO Department of Health Care Policy & Financing

Rates Effective July 1, 2021-June 30, 2022

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Ef	Rate fective 01/2021		Rate ffective /01/2021	Unit Value	Comments
Home Delivered Meals	S5170	U8				\$	11.45	\$	11.74	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment
Homemaker											
Basic, Outside Denver County	S5130	U8				\$	4.45	\$	4.66	15 Minutes	
Enhanced, Outside Denver County	S5130	U8	22			\$	7.21	\$	7.55	15 Minutes	Requires a habilitative plan as described in the waiver or extraordinary cleaning due to individual behavioral or medical needs.
Basic, Denver County	S5130	U8				\$	5.68	\$	5.95	15 Minutes	
Enhanced, Denver County	S5130	U8	22			\$	7.93	\$	8.30	15 Minutes	Requires a habilitative plan as described in the waiver or extraordinary cleaning due to individual behavioral or medical needs.
Life Skills Training	H2014	U8				\$	11.91	\$	12.21	15 minutes	24 units (6 hours) per day; up to 160 units (40 hours) per week. Available for 365 days after enrollment
Mentorship	H2021	U8				\$	10.91	\$	11.42	15 Minutes	Maximum of 192 units per Service Plan year.
Non-Medical Transportat Maximum of 508 units (trip		rvice P	lan yea	ar (all n	nileage	band	ds includi	ng p	ublic conv	eyance).	
Mileage Band 1 (0-10 Miles)	T2003	U8				\$	6.58	\$	6.88	1 Trip	
Mileage Band 2 (11-20 Miles)	T2003	U8	22			\$	13.77	\$	14.40	1 Trip	
Mileage Band 3 (Over 20 Miles)	T2003	U8	TF			\$	20.97	\$	21.93	1 Trip	
Other (public conveyance)	T2004	U8				\$	1.00	\$	1.00	Dollar	Bus passes or other public conveyance may be used only when equivalent to or more cost effective than the applicable mileage range.
Mileage-Not in Day Program	T2003	U8	SC			\$	6.58	\$	6.88	4 Trips per week	All Distances. Maximum of 208 units (4 trips per week) per Service Plan year.
Peer Mentorship	H2015	U8				\$	5.92	\$	6.07	15 minutes	Available for 365 days after enrollment
Personal Care Services											







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
Personal Care, Outside Denver County	T1019	U8				\$	5.78	\$	6.04	15 Minutes	
Personal Care, Denver County	T1019	U8				\$	6.53	\$	6.83	15 Minutes	
Personal Emergency Response System (PERS)	S5161	U8				\$	1.00	\$	1.00	Dollar	
Prevocational Services Maximum of 7,112 combin Supported Employment pe				Habilit	ation, S	Supp	orted Con	nmui	nity Conne	ections, Prevoca	tional Services, and
Prevocational Services Level 1	T2015	U8	HQ			\$	2.57	\$	2.69	15 Minutes	
Prevocational Services Level 2	T2015	U8	22	HQ		\$	2.83	\$	2.96	15 Minutes	
Prevocational Services Level 3	T2015	U8	TF	HQ		\$	3.15	\$	3.30	15 Minutes	
Prevocational Services Level 4	T2015	U8	TF	22	HQ	\$	3.71	\$	3.88	15 Minutes	
Prevocational Services Level 5	T2015	U8	TG	HQ		\$	4.59	\$	4.80	15 Minutes	
Prevocational Services Level 6	T2015	U8	TG	22	HQ	\$	6.59	\$	6.89	15 Minutes	
Professional Services											
Massage Therapy	97124	U8				\$	19.10	\$	19.58	15 Minutes	
Movement Therapy Bachelors	G0176	U8				\$	15.93	\$	16.33	15 Minutes	
Movement Therapy Masters	G0176	U8	22			\$	23.34	\$	23.92	15 Minutes	
Hippotherapy Individual	S8940	U8				\$	21.22	\$	21.75	15 Minutes	
Hippotherapy Group	S8940	U8	HQ			\$	9.02	\$	9.25	15 Minutes	
Recreational Facility Fees / Passes	S5199	U8				\$	1.00	\$	1.00	Dollar	
Respite Care											
Individual, Base Rate	S5150	U8				\$	5.64	\$	5.91	15 Minutes	
Individual, Rate Enhancement	S5150	U8	TU				-	\$	1.44	15 Minutes	Use Individual Day rate when Respite services
Individual Day, Base Rate	S5151	U8				\$	225.72	\$	236.12	Day	exceed 40 units (10 hours) in a 24 hour period.
Individual Day, Rate Enhancement	S5151	U8	TU					\$	57.96	Day	
Group	S5151	U8	HQ			\$	1.00	\$	1.00	Dollar	Group Respite rates may
Camp (Group, Overnight)	T2036	U8				\$	1.00	\$	1.00	Dollar	not exceed the rate paid for Individual Respite.
Specialized Medical Equi	ipment a	nd Sup	plies								





Rates Effective July 1, 2021-June 30, 2022

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate Effective 1/01/2021	Rate Effective 07/01/2021		Unit Value	Comments
Disposable Supplies	T2028	U8				\$	1.00	\$	1.00	Dollar	
Equipment	T2029	U8				\$	1.00	\$	1.00	Dollar	
Supported Employment Maximum combined units of is 7,112 units per plan yea		lized H	abilitat	ion, Su	pporte	d Co	ommunity (Con	inections, F	Prevocational and	d Supported Employment
Job Coaching, Group- Level 1	T2019	U8	HQ			\$	3.44	\$	3.60	15 Minutes	
Job Coaching, Group- Level 2	T2019	U8	22	HQ		\$	3.78	\$	3.95	15 Minutes	
Job Coaching, Group- Level 3	T2019	U8	TF	HQ		\$	4.20	\$	4.40	15 Minutes	
Job Coaching, Group- Level 4	T2019	U8	TF	22	HQ	\$	4.86	\$	5.08	15 Minutes	
Job Coaching, Group- Level 5	T2019	U8	TG	HQ		\$	5.79	\$	6.05	15 Minutes	
Job Coaching, Group- Level 6	T2019	U8	TG	22	HQ	\$	7.57	\$	7.92	15 Minutes	
Job Coaching-Individual	T2019	U8	SC			\$	14.20	\$	14.86	15 Minutes	
Job Development-Group	H2023	U8	HQ			\$	4.53	\$	4.74	15 Minutes	
Job Development, Individual-Levels 1-2	H2023	U8				\$	14.20	\$	14.86	15 Minutes	
Job Development, Individual-Levels 3-4	H2023	U8	22			\$	14.20	\$	14.86	15 Minutes	
Job Development, Individual-Levels 5-6	H2023	U8	TF			\$	14.20	\$	14.86	15 Minutes	
Job Placement-Individual	H2024	U8				\$	1.00	\$	1.00	Dollar	
Job Placement-Group	H2024	U8	HQ			\$	1.00	\$	1.00	Dollar	
Community Transition Se	ervices										
Coordinator	T2038	U8				\$	7.66	\$	7.85	15 minutes	40 units (10 hours); available up to 30 days after enrollment
Items Purchased	A9900	U8				\$	1,500.00	\$	1,500.00	One Time Payment	Up to \$2,000.00 by request; available up to 30 days after enrollment
Vehicle Modifications	T2039	U8				\$	1.00	\$	1.00	Dollar	Maximum of \$10,000 of Assistive Technology, Home Accessibility Adaptations, and Vehicle Modifications combined per Waiver Renewal Period (7/1/19 - 6/30/24).
Vision	V2799	U8				\$	1.00	\$	1.00	Dollar	

Support Level Authorization Limits (SPAL)									
Support Level 1	\$16,805.30								







Rates Effective July 1, 2021-June 30, 2022

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2021	Rate Effective 07/01/2021	Unit Value	Comments
Support Level 2					\$2	22,444.64			
Support Leve	el 3				\$2	25,239.21			
Support Leve	el 4				\$2	28,995.20			
Support Leve	el 5				\$:	34,935.86			
Support Leve	el 6				\$4	45,790.23			

Overall Service Plan Limit
\$58,812.08

Support Level Authorization Limits (SPAL) Denver										
Support Level 1	\$18,314.98									
Support Level 2	\$24,460.88									
Support Level 3	\$27,506.49									
Support Level 4	\$31,599.89									
Support Level 5	\$38,074.23									
Support Level 6	\$49,903.66									

Overall Service Plan Limit Denver
\$64,854.26

	Legend
22	(CPT Defn: Increased procedural services)
НВ	Adult program, non-geriatric
HQ	Group Setting
SC	Medically Necessary Service or Supply
TF	Intermediate Level of Care
TG	Complex/High Tech Level of Care
TT	Individualized service provided to more one patient in the same setting
U8	Supported Living Services (HCPCS Defn: Medicaid Level of Care 1, as defined by each state)

Children's Extensive Supports Waiver

COLORADO Department of Health Care Policy & Financing

Rates Effective July 1, 2021-June 30, 2022

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	Rate fective 01/2021		Rate fective 01/2021	Unit Value	Comments
Adapted Therapeutic Re	creationa	ıl Equi	pment	and F	ees	01/0	71/2021	011	01/2021		
Equipment	T1999	U7				\$	1.00	\$	1.00	Dollar	Maximum \$1,000 units
Fees	S5199	U7				\$	1.00	\$	1.00	Dollar	per year (i.e., \$1,000.00 per year combined limit)
Assistive Technology	T2035	U7				\$	1.00	\$	1.00	Dollar	Maximum of \$10,000 of Assistive Technology, Home Accessibility Adaptations, and Vehicle Modifications combined per Waiver Renewal Period (7/1/19 - 6/30/24).
Community Connector	H2021	U7				\$	9.08	\$	9.51	15 Minutes	
Home Accessible Adaptations	S5165	U7				\$	1.00	\$	1.00	Dollar	Maximum of \$10,000 of Assistive Technology, Home Accessibility Adaptations, and Vehicle Modifications combined per Waiver Renewal Period (7/1/19 - 6/30/24).
Homemaker	•				•						
Basic, Outside Denver County	S5130	U7				\$	4.45	\$	4.66	15 Minutes	
Enhanced, Outside Denver County	S5130	U7	22			\$	7.21	\$	7.55	15 Minutes	Requires a habilitative plan as described in the waiver or extraordinary cleaning due to individual behavioral or medical needs.
Basic, Denver County	S5130	U7				\$	5.68	\$	5.93	15 Minutes	
Enhanced, Denver County	S5130	U7	22			\$	7.93	\$	8.30	15 Minutes	Requires a habilitative plan as described in the waiver or extraordinary cleaning due to individual behavioral or medical needs.
Parent Education	H1010	U7				\$	1.00	\$	1.00	Dollar	Maximum of \$1,000 per Service Plan year.
Professional Services											
Hippo Therapy	S8940	U7				\$	21.22	\$	21.75	15 Minutes	
Hippo Therapy Group	S8940	U7	HQ			\$	9.02	\$	9.25	15 Minutes	
Massage	97124	U7				\$	19.10	\$	19.58	15 Minutes	
Movement Therapy- Bachelors	G0176	U7				\$	15.93	\$	16.33	15 Minutes	
Movement Therapy-					ì						





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 Effective 07/01/2021		Unit Value	Comments
Respite Maximum of 30 days and 1	1,880 add	litional	15 min	ute uni	ts per \$	Servi	ce Plan ye	ear.			
Respite Services- Individual Base Rate	S5150	U7				\$	5.64	\$	5.91	15 Minutes	
Respite Services- Individual Rate Enhancement	S5150	U7	TU				-	\$	1.44	15 Minutes	Use Individual Day rate when Respite services exceed 40 units (10
Respite Services- Individual, Per Diem Base Rate	S5151	U7				\$	225.72	\$	236.12	Day	hours) in a 24 hour period.
Respite Services- Individual, Per Diem Rate Enhancement	S5151	U7	TU					\$	57.96	Day	
Respite Services-Group	S5151	U7	HQ			\$	1.00	\$	1.00	Dollar	Group Respite rates may
Camp (Group, Overnight)	T2036	U7				\$	1.00	\$	1.00	Dollar	not exceed the rate paid for Individual Respite.
Specialized Medical Equi Services may be authorize				shed Co	CB thre	sho	ds, beyon	d wh	nich DDD	prior authorization	on is required.
Disposable Supplies	T2028	U7				\$	1.00	\$	1.00	Dollar	
Equipment	T2029	U7				\$	1.00	\$	1.00	Dollar	
Vehicle Modifications	T2039	U7				\$	1.00	\$	1.00	Dollar	Maximum of \$10,000 of Assistive Technology, Home Accessibility Adaptations, and Vehicle Modifications combined per Waiver Renewal Period (7/1/19 - 6/30/24).
Youth Day Services Services limited to clients a	ages 12 t	hrough	17. Lir	mited to	ten (1	0) h	ours per c	alen	dar day.		
Individual	T2027	U7				\$	5.64	\$	5.78	15 Minutes	
Group	T2027	U7	HQ			\$	1.88	\$	1.93	15 Minutes	

Overall Service Plan Limit	
\$50,285.32	

Overall Service Plan Limit Denver
\$51,386.79

Legend								
22	(CPT Defn: Increased procedural services)							
HQ	Group Setting							
HR	Relative providing care							







Rates Effective July 1, 2021-June 30, 2022

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2021	Rate Effective 07/01/2021	Unit Value	Comments	
TF	Intermediate Level of Care									
TG	Complex/High Tech Level of Care									
U7	Children's Extensive Support									

Home and Community Based Services FY 21-22 Rate Schedules



ADJUSTMENT TABLE							
WAIVER TYPE	PERCENT	MULTIPLIER					
WAIVERTIFE	CHANGE						
Across the Board Increase Effective July 1, 2021							
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					



