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



Rates Effective April 1, 2021-June 30, 2021

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate Effective 7/01/2020		Rates Effective 4/01/2021	Unit Value	Comments
Expressive Therapy											-
Art and Play Therapy Art and Play Therapy	H2032 H2032	D D	HA HA	HQ		\$ \$	16.18 9.05	\$ \$	16.18 9.05	15 Minutes 15 Minutes	Combined maximum of 156 units (39 hours) for
Group		OD	ПА	ΠQ		Φ			9.00	15 Millutes	all Expressive Therapy services per Service Plan
Music Therapy	H2032	UD				\$	16.18	\$	16.18	15 Minutes	
Music Therapy Group	H2032	UD	HQ			\$	9.05	\$	9.05	15 Minutes	year.
Integrative Therapy											
Massage Therapy	97124	UD				\$	18.06	\$	18.06	15 Minutes	Maximum of 96 units (24 hours) per Service Plan year
Palliative/Supportive Car	e Skilled										
Care Coordination	G9012	UD				\$	20.55	\$	20.55	15 Minutes	
Pain and Symptom Management	S9123	UD				\$	77.50	\$	77.50	Hour	
Respite Services										•	
Unskilled(4 hours or less)	S5150	UD				\$	5.50	\$	5.61	15 Minutes	
Unskilled (4 hours or more)	S5151	UD				\$	98.95	\$	101.03	Day	•
CNA (4 hours or less)	T1005	UD				\$	7.21	\$	7.36	15 Minutes	Combined maximum of
CNA (4 hours or more)	S9125	UD				\$	128.11	\$	130.81	Day	30 calendar days per
Skilled RN, LPN (4 hours or less)	T1005	UD	TD			\$	15.68	\$	16.00	15 Minutes	Service Plan year for all Respite Care services.
Skilled RN, LPN (4 hours or more)	S9125	UD	TD			\$	282.06	\$	288.01	Day	
Camp (Group, Overnight)	T2037	UD				\$	199.58	\$	203.79	Day	
Therapeutic Services											
Bereavement Counseling	S0257	UD	НК			\$	1,126.44	\$	1,126.44	Lump Sum	One time lump sum payment per client.
Therapeutic Life Limiting Illness Support-Individual	S0257	UD				\$	25.12	\$	25.12	15 Minutes	
Therapeutic Life Limiting Illness Support-Family	S0257	UD	HR			\$	25.12	\$	25.12	15 Minutes	Combined maximum of 392 units (98 hours) per Service Plan year.
Therapeutic Life Limiting Illness Support-Group	S0257	UD	HQ			\$	14.82	\$	14.82	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							







Children's Home and Community Based Services (CHCBS) Waiver

Rates Effective April 1, 2021-June 30, 2021

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Effe	ate ctive 1/2020	Eff	Rates fective 01/2021	Unit Value	Comments
Case Management	T1016	U5				\$	8.85	\$	8.85	15 minutes	
IHSS Health Maintenance, Outside Denver County	H0038	U5				\$	7.43	\$	7.58	15 minutes	
IHSS Health Maintenance, Denver County	H0038	U5				\$	7.57	\$	7.72	15 minutes	

	Legend
U5	Children's HCBS







Rates Effective April 1, 2021-June 30, 2021

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Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate ffective /01/2020	Rates ffective /01/2021	Unit Value	Comments
Foster Home										
Foster Home Level 1	H0041	U9				\$	56.10	\$ 56.10	Day	
Foster Home Level 2	H0041	U9	22			\$	90.63	\$ 90.63	Day	
Foster Home Level 3	H0041	U9	TF			\$	110.74	\$ 110.74	Day	
Foster Home Level 4	H0041	U9	TF	22		\$	134.85	\$ 134.85	Day	
Foster Home Level 5	H0041	U9	TG			\$	154.92	\$ 154.92	Day	
Foster Home Level 6	H0041	U9	TG	22		\$	194.73	\$ 194.73	Day	
Group Home										
Group Home Level 1	T2016	U9				\$	82.26	\$ 82.26	Day	
Group Home Level 2	T2016	U9	22			\$	108.29	\$ 108.29	Day	
Group Home Level 3	T2016	U9	TF			\$	127.57	\$ 127.57	Day	
Group Home Level 4	T2016	U9	TF	22		\$	150.69	\$ 150.69	Day	
Group Home Level 5	T2016	U9	TG			\$	166.48	\$ 166.48	Day	
Group Home Level 6	T2016	U9	TG	22		\$	196.31	\$ 196.31	Day	
Residential Child Care Fa	acility (R	CCF)								
RCCF Level 1	T2016	U9	НА			\$	510.35	\$ 510.35	Day	
RCCF Level 2	T2016	U9	НА	TJ		\$	531.95	\$ 531.95	Day	1
RCCF Level 3	T2016	U9	НА	TF		\$	559.95	\$ 559.95	Day	Effective 01/01/2021
RCCF Level 4	T2016	U9	НА	TG		\$	589.00	\$ 589.00	Day	
RCCF Level 5	T2016	U9	НА	TT		\$	619.99	\$ 619.99	Day	
RCCF Level 6	T2016	U9	НА	22			NR*	NR*	Day	
Intensive Support Servic	es									
Wraparound Plan	H2021	U9	НІ	TL		\$	27.21	\$ 27.21	15 Minutes	
Prevention and Monitoring	H2021	U9	НІ	HN		\$	27.21	\$ 27.21	15 Minutes	
Child and Youth Mentorship	H2021	U9	НІ	НМ		\$	7.53	\$ 7.53	15 Minutes	
Professional Services										
Hippo Therapy	S8940	U9				\$	21.44	\$ 21.44	15 Minutes	
Hippo Therapy Group	S8940	U9	HQ			\$	9.11	\$ 9.11	15 Minutes	
Movement Therapy- Bachelors	G0176	U9				\$	16.10	\$ 16.10	15 Minutes	
Movement Therapy- Masters	G0176	U9	22			\$	23.59	\$ 23.59	15 Minutes	
Massage Therapy	97124	U9				\$	18.93	\$ 18.93	15 Minutes	
Respite Care										
Individual - In Family Home	S5150	U9	НА			\$	5.35	\$ 5.56	15 Minutes	Use Individual Day rate when Respite services
Individual Day - In Family Home	S5151	U9	НА			\$	211.58	\$ 220.59	Day	exceed 40 units (10 hours) in a 24 hour period. No more than 7
Individual - In Residential Settings	S5150	U9	НІ			\$	5.35	\$ 5.56	15 Minutes	consecutive days per month and not to exceed







Rates Effective April 1, 2021-June 30, 2021

Individual Day - In Residential Settings	S5151	U9	HI		\$	211.58	\$ 220.59	Day	28 days in a calendar year.
Community Connector	H2021	U9			\$	9.85	\$ 10.05	15 Minutes	Limited to 1040 units or 260 hours per year Effective November 30, 2020
Transition Support Servi	ces								
Wraparound Plan	H2021	U9	НА	TL	\$	27.21	\$ 27.21	15 Minutes	
Prevention and Monitoring	H2021	U9	НА	HN	\$	27.21	\$ 27.21	15 Minutes	
Child and Youth Mentorship	H2021	U9	НА	НМ	\$	7.53	\$ 7.53	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							





ADJUSTMENT TABLE										
WAIVER TYPE	PERCENT CHANGE	MULTIPLIER								
Across the Board Decrease Effect	ive July 1, 20	020								
HCBS EBD	-1.000%	0.99000								
HCBS CMHS	-1.000%	0.99000								
HCBS BI	-1.000%	0.99000								
HCBS SCI	-1.000%	0.99000								
HCBS DD	-1.000%	0.99000								
HCBS SLS	-1.000%	0.99000								
HCBS/DDD/DHS CES	-1.000%	0.99000								
HCBS/DDD/DHS CLLI	-1.000%	0.99000								
HCBS/DDD/DHS CHCBS	-1.000%	0.99000								
HCBS/DDD/DHS CHRP	-1.000%	0.99000								
COVID-19 Related Increases Effective	ve January 1,	, 2021								
Adult Day Services, All Levels	27.400%	1.27400								
Non-Medical Transportation, All Adult										
Waivers	27.400%	1.27400								
Specialized Habilitation, All Levels	27.400%	1.27400								
Supported Community Connections	27.400%	1.27400								
Supported Employment, All Levels	27.400%	1.27400								
American Rescue Plan Act Increase	2.110%	1.02110								



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