Home and Community Based Services:
Developmental Disabilities
Rates Effective October 1, 2025-June 30, 2026
Version: 1.1 Issue Date: 11/14/2025

COLORADO
Department of Health Care Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2025	Rate Effective 10/01/2025	Unit Value	Comments
Behavioral Services									
Behavioral Line Staff	H2019	U3				$ 8.08	$ 7.95	15 Minutes	Maximum of 960 units per Service Plan year.
Behavioral Consultation	H2019	U3	22	TG		$ 28.50	$ 28.05	15 Minutes	Maximum of 80 units per Service Plan year.
Behavioral Counseling	H2019	U3	TF	TG		$ 28.50	$ 28.05	15 Minutes	Maximum of 208 combined units of Individual and Group Counseling services per Service Plan year.
Behavioral Counseling, Group	H2019	U3	TF	HQ		$ 9.62	$ 9.47	15 Minutes	
Behavioral Plan Assessment	T2024	U3	22			$ 28.50	$ 28.05	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.									
Tier 1 and Tier 2									
Specialized Habilitation, Outside Denver County									
Specialized Habilitation Level 1	T2021	U3	HQ			$ 4.08	$ 4.02	15 Minutes	
Specialized Habilitation Level 2	T2021	U3	22	HQ		$ 4.38	$ 4.31	15 Minutes	
Specialized Habilitation Level 3	T2021	U3	TF	HQ		$ 4.74	$ 4.67	15 Minutes	
Specialized Habilitation Level 4	T2021	U3	TF	ST		$ 5.36	$ 5.28	15 Minutes	
Specialized Habilitation Level 5	T2021	U3	TG	HQ		$ 6.34	$ 6.24	15 Minutes	
Specialized Habilitation Level 6	T2021	U3	TG	ST		$ 8.58	$ 8.44	15 Minutes	
Specialized Habilitation Level 7	T2021	U3	SC	HQ		$ 12.81	$ 12.61	15 Minutes	
Specialized Habilitation, Denver County									
Specialized Habilitation Level 1	T2021	U3	HQ	HX		$ 4.42	$ 4.35	15 Minutes	
Specialized Habilitation Level 2	T2021	U3	22	HQ	HX	$ 4.71	$ 4.64	15 Minutes	
Specialized Habilitation Level 3	T2021	U3	TF	HQ	HX	$ 5.07	$ 4.99	15 Minutes	
Specialized Habilitation Level 4	T2021	U3	TF	ST	HX	$ 5.70	$ 5.61	15 Minutes	
Specialized Habilitation Level 5	T2021	U3	TG	HQ	HX	$ 6.66	$ 6.56	15 Minutes	

Home and Community Based Services:
Developmental Disabilities
Rates Effective October 1, 2025-June 30, 2026
Version: 1.1 Issue Date: 11/14/2025

COLORADO
Department of Health Care Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2025	Rate Effective 10/01/2025	Unit Value	Comments
Specialized Habilitation Level 6	T2021	U3	TG	ST	HX	$ 8.91	$ 8.77	15 Minutes	
Specialized Habilitation Level 7	T2021	U3	SC	HQ	HX	$ 13.15	$ 12.94	15 Minutes	
Tier 1 and Tier 2									
Supported Community Connections, Outside Denver County									
Supported Community Connections Level 1	T2021	U3				$ 4.72	$ 4.65	15 Minutes	
Supported Community Connections Level 2	T2021	U3	22			$ 5.04	$ 4.96	15 Minutes	
Supported Community Connections Level 3	T2021	U3	TF			$ 5.54	$ 5.45	15 Minutes	
Supported Community Connections Level 4	T2021	U3	TF	22		$ 6.17	$ 6.07	15 Minutes	
Supported Community Connections Level 5	T2021	U3	TG			$ 7.18	$ 7.07	15 Minutes	
Supported Community Connections Level 6	T2021	U3	TG	22		$ 9.07	$ 8.93	15 Minutes	
Supported Community Connections Level 7	T2021	U3	SC			$ 12.81	$ 12.61	15 Minutes	
Supported Community Connections, Denver County									
Supported Community Connections Level 1	T2021	U3	HX			$ 5.05	$ 4.97	15 Minutes	
Supported Community Connections Level 2	T2021	U3	22	HX		$ 5.37	$ 5.29	15 Minutes	
Supported Community Connections Level 3	T2021	U3	TF	HX		$ 5.87	$ 5.78	15 Minutes	
Supported Community Connections Level 4	T2021	U3	TF	22	HX	$ 6.50	$ 6.40	15 Minutes	
Supported Community Connections Level 5	T2021	U3	TG	HX		$ 7.52	$ 7.40	15 Minutes	
Supported Community Connections Level 6	T2021	U3	TG	22	HX	$ 9.41	$ 9.26	15 Minutes	
Supported Community Connections Level 7	T2021	U3	SC	HX		$ 13.15	$ 12.94	15 Minutes	
Tier 3: Individual (All Support Levels) *Must be delivered in person.*									
Supported Community Connections, All Support Levels	S5100	U3	HB			$ 7.83	$ 7.71	15 Minutes	
Dental Services									
Basic	D2999	U3				-	-	Dollar	**Please refer to DIDD Dental Fee Schedule for rates**
Major	D2999	U3	22			-	-	Dollar	
Non-Medical Transportation, Outside Denver County Maximum of 508 units (trips) per Service Plan year (all mileage bands including public conveyance).									

Home and Community Based Services:
Developmental Disabilities
Rates Effective October 1, 2025-June 30, 2026
Version: 1.1 Issue Date: 11/14/2025

COLORADO
Department of Health Care Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2025	Rate Effective 10/01/2025	Unit Value	Comments
Mileage Band 1 (0-10 Miles)	T2003	U3				$ 13.62	$ 13.41	1 Trip	
Mileage Band 2 (11-20 Miles)	T2003	U3	22			$ 25.18	$ 24.78	1 Trip	
Mileage Band 3 (Over 20 Miles)	T2003	U3	TF			$ 34.39	$ 33.85	1 Trip	
Non-Medical Transportation, Denver County Maximum of 508 units (trips) per Service Plan year (all mileage bands including public conveyance).									
Mileage Band 1 (0-10 Miles)	T2003	U3	HX			$ 14.26	$ 14.04	1 Trip	
Mileage Band 2 (11-20 Miles)	T2003	U3	22	HX		$ 26.34	$ 25.93	1 Trip	
Mileage Band 3 (Over 20 Miles)	T2003	U3	TF	HX		$ 35.90	$ 35.33	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.
Prevocational Services 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.									
Prevocational Services, Outside Denver County									
Prevocational Services Level 1	T2015	U3	HQ			$ 4.08	$ 4.02	15 Minutes	
Prevocational Services Level 2	T2015	U3	22	HQ		$ 4.38	$ 4.31	15 Minutes	
Prevocational Services Level 3	T2015	U3	TF	HQ		$ 4.74	$ 4.67	15 Minutes	
Prevocational Services Level 4	T2015	U3	TF	22		$ 5.36	$ 5.28	15 Minutes	
Prevocational Services Level 5	T2015	U3	TG	HQ		$ 6.34	$ 6.24	15 Minutes	
Prevocational Services Level 6	T2015	U3	TG	22		$ 8.58	$ 8.44	15 Minutes	
Prevocational Services, Denver County									
Prevocational Services Level 1	T2015	U3	HQ	HX		$ 4.42	$ 4.35	15 Minutes	
Prevocational Services Level 2	T2015	U3	22	HQ	HX	$ 4.71	$ 4.64	15 Minutes	
Prevocational Services Level 3	T2015	U3	TF	HQ	HX	$ 5.07	$ 4.99	15 Minutes	
Prevocational Services Level 4	T2015	U3	TF	22	HX	$ 5.70	$ 5.61	15 Minutes	

Home and Community Based Services:

Developmental Disabilities

Rates Effective October 1, 2025-June 30, 2026

Version: 1.1 Issue Date: 11/14/2025

COLORADO
Department of Health Care Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2025	Rate Effective 10/01/2025	Unit Value	Comments
Prevocational Services Level 5	T2015	U3	TG	HQ	HX	$ 6.66	$ 6.56	15 Minutes	
Prevocational Services Level 6	T2015	U3	TG	22	HX	$ 8.91	$ 8.77	15 Minutes	
Residential Habilitation, Outside Denver County									
Group Residential Services and Supports-Level 1	T2016	U3	HQ			$ 215.36	$ 211.97	Day	
Group Residential Services and Supports-Level 2	T2016	U3	22	HQ		$ 221.19	$ 217.71	Day	
Group Residential Services and Supports-Level 3	T2016	U3	TF	HQ		$ 245.83	$ 241.96	Day	
Group Residential Services and Supports-Level 4	T2016	U3	TF	ST		$ 258.45	$ 254.38	Day	
Group Residential Services and Supports-Level 5	T2016	U3	TG	HQ		$ 270.40	$ 266.14	Day	
Group Residential Services and Supports-Level 6	T2016	U3	TG	ST		$ 320.27	$ 315.23	Day	
Group Residential Services and Supports-Level 7	T2016	U3	SC	HQ		*NR	*NR	Day	
Individual Residential Services and Supports-Level 1	T2016	U3				$ 92.11	$ 90.66	Day	
Individual Residential Services and Supports-Level 2	T2016	U3	22			$ 150.21	$ 147.84	Day	
Individual Residential Services and Supports-Level 3	T2016	U3	TF			$ 185.46	$ 182.54	Day	
Individual Residential Services and Supports-Level 4	T2016	U3	TF	22		$ 228.43	$ 224.83	Day	
Individual Residential Services and Supports-Level 5	T2016	U3	TG			$ 266.01	$ 261.82	Day	
Individual Residential Services and Supports-Level 6	T2016	U3	TG	22		$ 339.35	$ 334.01	Day	
Individual Residential Services and Supports-Level 7	T2016	U3	SC			*NR	*NR	Day	
Individual Residential Services and Supports/Host Home-Level 1	T2016	U3	TT			$ 84.91	$ 83.57	Day	

Home and Community Based Services:

Developmental Disabilities

Rates Effective October 1, 2025-June 30, 2026

Version: 1.1 Issue Date: 11/14/2025

COLORADO
Department of Health Care Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2025	Rate Effective 10/01/2025	Unit Value	Comments
Individual Residential Services and Supports/Host Home-Level 2	T2016	U3	22	TT		$ 138.44	$ 136.26	Day	
Individual Residential Services and Supports/Host Home-Level 3	T2016	U3	TF	TT		$ 170.86	$ 168.17	Day	
Individual Residential Services and Supports/Host Home-Level 4	T2016	U3	TF	TU		$ 210.43	$ 207.12	Day	
Individual Residential Services and Supports/Host Home-Level 5	T2016	U3	TG	TT		$ 244.98	$ 241.12	Day	
Individual Residential Services and Supports/Host Home-Level 6	T2016	U3	TG	TU		$ 312.56	$ 307.64	Day	
Individual Residential Services and Supports/Host Home-Level 7	T2016	U3	SC	TT		*NR	*NR	Day	
Residential Habilitation, Denver County									
Group Residential Services and Supports-Level 1	T2016	U3	HQ	HX		$ 217.44	$ 214.02	Day	
Group Residential Services and Supports-Level 2	T2016	U3	22	HQ	HX	$ 222.98	$ 219.47	Day	
Group Residential Services and Supports-Level 3	T2016	U3	TF	HQ	HX	$ 247.87	$ 243.97	Day	
Group Residential Services and Supports-Level 4	T2016	U3	TF	ST	HX	$ 259.75	$ 255.66	Day	
Group Residential Services and Supports-Level 5	T2016	U3	TG	HQ	HX	$ 271.10	$ 266.83	Day	
Group Residential Services and Supports-Level 6	T2016	U3	TG	ST	HX	$ 322.35	$ 317.27	Day	
Group Residential Services and Supports-Level 7	T2016	U3	SC	HQ		*NR	*NR	Day	
Individual Residential Services and Supports-Level 1	T2016	U3	HX			$ 99.32	$ 97.76	Day	

Home and Community Based Services:

Developmental Disabilities

Rates Effective October 1, 2025-June 30, 2026

Version: 1.1 Issue Date: 11/14/2025

COLORADO
Department of Health Care Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2025	Rate Effective 10/01/2025	Unit Value	Comments
Individual Residential Services and Supports-Level 2	T2016	U3	22	HX		$ 162.51	$ 159.95	Day	
Individual Residential Services and Supports-Level 3	T2016	U3	TF	HX		$ 201.42	$ 198.25	Day	
Individual Residential Services and Supports-Level 4	T2016	U3	TF	22	HX	$ 249.10	$ 245.18	Day	
Individual Residential Services and Supports-Level 5	T2016	U3	TG	HX		$ 291.42	$ 286.83	Day	
Individual Residential Services and Supports-Level 6	T2016	U3	TG	22	HX	$ 373.65	$ 367.77	Day	
Individual Residential Services and Supports-Level 7	T2016	U3	SC			*NR	*NR	Day	
Individual Residential Services and Supports/Host Home-Level 1	T2016	U3	TT	HX		$ 91.40	$ 89.96	Day	
Individual Residential Services and Supports/Host Home-Level 2	T2016	U3	22	TT	HX	$ 149.50	$ 147.15	Day	
Individual Residential Services and Supports/Host Home-Level 3	T2016	U3	TF	TT	HX	$ 185.19	$ 182.27	Day	
Individual Residential Services and Supports/Host Home-Level 4	T2016	U3	TF	TU	HX	$ 229.04	$ 225.43	Day	
Individual Residential Services and Supports/Host Home-Level 5	T2016	U3	TG	TT	HX	$ 267.78	$ 263.56	Day	
Individual Residential Services and Supports/Host Home-Level 6	T2016	U3	TG	TU	HX	$ 343.40	$ 337.99	Day	
Individual Residential Services and Supports/Host Home-Level 7	T2016	U3	SC	TT		*NR	*NR	Day	
Specialized Medical Equipment and Supplies									

Home and Community Based Services:

Developmental Disabilities

Rates Effective October 1, 2025-June 30, 2026

Version: 1.1 Issue Date: 11/14/2025

COLORADO
Department of Health Care Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2025	Rate Effective 10/01/2025	Unit Value	Comments
Disposable Supplies	T2028	U3				$ 1.00	$ 1.00	Dollar	
Equipment	T2029	U3				$ 1.00	$ 1.00	Dollar	
Supported Employment The maximum Supported Employment units per Service Plan year are limited to 7,112 minus the combined total units for Specialized Habilitation, Supported Community Connections and Prevocational Services, which are limited to a maximum of 4,800 units									
Supported Employment, Outside Denver County									
Job Coaching, Group-Level 1	T2019	U3	HQ			$ 5.06	$ 4.98	15 Minutes	
Job Coaching, Group-Level 2	T2019	U3	22	HQ		$ 5.44	$ 5.35	15 Minutes	
Job Coaching, Group-Level 3	T2019	U3	TF	HQ		$ 5.91	$ 5.82	15 Minutes	
Job Coaching, Group-Level 4	T2019	U3	TF	22		$ 6.63	$ 6.53	15 Minutes	
Job Coaching, Group-Level 5	T2019	U3	TG	HQ		$ 7.67	$ 7.55	15 Minutes	
Job Coaching, Group-Level 6	T2019	U3	TG	22		$ 9.67	$ 9.52	15 Minutes	
Job Coaching-Individual	T2019	U3	SC			$ 17.07	$ 16.80	15 Minutes	
Job Development-Group	H2023	U3	HQ			$ 6.28	$ 6.18	15 Minutes	
Job Development, Individual-Levels 1-2	H2023	U3				$ 17.07	$ 16.80	15 Minutes	
Job Development, Individual-Levels 3-4	H2023	U3	22			$ 17.07	$ 16.80	15 Minutes	
Job Development, Individual-Levels 5-6	H2023	U3	TF			$ 17.07	$ 16.80	15 Minutes	
Supported Employment, Denver County									
Job Coaching, Group-Level 1	T2019	U3	HQ	HX		$ 5.39	$ 5.31	15 Minutes	
Job Coaching, Group-Level 2	T2019	U3	22	HQ	HX	$ 5.77	$ 5.68	15 Minutes	
Job Coaching, Group-Level 3	T2019	U3	TF	HQ	HX	$ 6.25	$ 6.15	15 Minutes	
Job Coaching, Group-Level 4	T2019	U3	TF	22	HX	$ 6.97	$ 6.86	15 Minutes	
Job Coaching, Group-Level 5	T2019	U3	TG	HQ	HX	$ 8.01	$ 7.88	15 Minutes	
Job Coaching, Group-Level 6	T2019	U3	TG	22	HX	$ 10.01	$ 9.85	15 Minutes	
Job Coaching-Individual	T2019	U3	SC	HX		$ 17.40	$ 17.13	15 Minutes	
Job Development-Group	H2023	U3	HQ	HX		$ 6.60	$ 6.50	15 Minutes	
Job Development, Individual-Levels 1-2	H2023	U3	HX			$ 17.40	$ 17.13	15 Minutes	

Home and Community Based Services:

Developmental Disabilities

Rates Effective October 1, 2025-June 30, 2026

Version: 1.1 Issue Date: 11/14/2025

COLORADO
Department of Health Care Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2025	Rate Effective 10/01/2025	Unit Value	Comments
Job Development, Individual-Levels 3-4	H2023	U3	22	HX		$ 17.40	$ 17.13	15 Minutes	
Job Development, Individual-Levels 5-6	H2023	U3	TF	HX		$ 17.40	$ 17.13	15 Minutes	
Job Placement	H2024	U3				$ 1.00	$ 1.00	Dollar	
Job Placement Group	H2024	U3	HQ			$ 1.00	$ 1.00	Dollar	
Benefits Planning	T2019	U3	HI			$ 26.90	$ 26.48	15 Minutes	Maximum of 40 units per Service Plan year
Workplace Assistance , Outside Denver County	T2019	U3	HB			$ 15.19	$ 14.95	15 Minutes	
Workplace Assistance , Denver County	T2019	U3	HB			$ 15.19	$ 14.95	15 Minutes	
Wellness Education Benefit									
Wellness Education Benefit	98960	U3				$ 3.75	$ 3.69	Month	12 Units Limit
Community Transition Services									
Coordinator	T2038	U3				$ 8.55	$ 8.42	15 minutes	40 units (10 hours); available up to 30 days after enrollment **Please see endnote**
Home Delivered Meals	S5170	U3				$ 12.78	$ 12.58	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment **Please see endnote**
Peer Mentorship	H2015	U3				$ 6.61	$ 6.51	15 minutes	Available for 365 days after enrollment
Setup Expenses	A9900	U3				$ 2,000.00	$ 2,000.00	One Time Payment	$2000.00 available for up to 30 days following HCBS enrollment. An additional $500.00 available with Department approval. **Please see endnote**
Vision	V2799	U3				$ 1.00	$ 1.00	Dollar	
Regional Center Services, Grand Junction									
Residential Habilitation, Group Residential Services and Supports	T2016	U3	SC	HQ	HI	NR*	NR*	Day	

Home and Community Based Services:
Developmental Disabilities
Rates Effective October 1, 2025-June 30, 2026

Version: 1.1 Issue Date: 11/14/2025

COLORADO
Department of Health Care Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2025	Rate Effective 10/01/2025	Unit Value	Comments
Specialized Habilitation	T2021	U3	SC	HQ	HI	NR*	NR*	15 Minutes	
Supported Community Connections	T2021	U3	SC	HI		NR*	NR*	15 Minutes	
Regional Center Services, Pueblo									
Residential Habilitation, Group Residential Services and Supports	T2016	U3	SC	HQ	HB	NR*	NR*	Day	
Specialized Habilitation	T2021	U3	SC	HQ	HB	NR*	NR*	15 Minutes	
Supported Community Connections	T2021	U3	SC	HB		NR*	NR*	15 Minutes	

Legend	
NR*	**Individually approved DDD rate**
22	(CPT Defn: Increased procedural services)
HB	**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.**

Community First Choice (CFC) is a new Medicaid State Plan Benefit that expands services and service delivery options for home and community-based services (HCBS) to members who need long-term care beginning July 1, 2025. These services listed are transitioning to under the CFC program. Please refer to the CFC Operational Memo and provider bulletin for further updates.

HCPF OM 25-026 Community First Choice (CFC)

Home and Community Based Services:

Supported Living Services

Rates Effective October 1, 2025-June 30, 2026

Version: 1.1 Issue Date: 11/14/2025

COLORADO
Department of Health Care Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2025	Rate Effective 10/01/2025	Unit Value	Comments
Behavioral Services									
Behavioral Line Staff	H2019	U8				$ 8.08	$ 7.95	15 Minutes	Maximum of 960 units per Service Plan year.
Behavioral Consultation	H2019	U8	22	TG		$ 28.50	$ 28.05	15 Minutes	Maximum of 80 units per Service Plan year.
Behavioral Counseling	H2019	U8	TF	TG		$ 28.50	$ 28.05	15 Minutes	Maximum of 208 combined units of Individual and Group Counseling services per Service Plan year.
Behavioral Counseling Group	H2019	U8	TF	HQ		$ 9.62	$ 9.47	15 Minutes	
Behavioral Plan Assessment	T2024	U8	22			$ 28.50	$ 28.05	15 Minutes	Maximum of 40 units and one Behavior Plan Assessment per Service Plan year.
Consumer Directed Attendant Support Services (CDASS), Outside Denver County									
CDASS Homemaker	T2025	U8				$ 6.30	$ 6.20	15 Minutes	**Please see endnote**
CDASS Enhanced Homemaker	T2025	U8				$ 9.42	$ 9.27	15 Minutes	
CDASS Personal Care	T2025	U8				$ 6.82	$ 6.71	15 Minutes	**Please see endnote**
CDASS Health Maintenance	T2025	U8	SE			$ 9.57	$ 9.42	15 Minutes	
Consumer Directed Attendant Support Services (CDASS), Denver County									
CDASS Homemaker	T2025	U8				$ 6.65	$ 6.54	15 Minutes	**Please see endnote**
CDASS Enhanced Homemaker	T2025	U8				$ 9.70	$ 9.54	15 Minutes	
CDASS Personal Care	T2025	U8				$ 7.06	$ 6.95	15 Minutes	**Please see endnote**
CDASS Health Maintenance	T2025	U8	SE			$ 9.67	$ 9.52	15 Minutes	
CDASS Per Member Per Month, By FMS Vendor									
Public Partnerships, LLC-FEA	T2040	U8				$ 103.21	$ 103.21	Month	**Please see endnote**
Palco- FEA	T2040	U8				$ 103.21	$ 103.21	Month	
Day Habilitation Maximum of 7,112 combined units of Specialized Habilitation, Supported Community Connections, Prevocational Services, and Supported Employment per Service Plan year.									
Tier 1 and Tier 2									
Specialized Habilitation, Outside Denver County									
Specialized Habilitation Level 1	T2021	U8	HQ			$ 4.08	$ 4.02	15 Minutes	
Specialized Habilitation Level 2	T2021	U8	22	HQ		$ 4.38	$ 4.31	15 Minutes	

Home and Community Based Services:

Supported Living Services

Rates Effective October 1, 2025-June 30, 2026

Version: 1.1 Issue Date: 11/14/2025

COLORADO
Department of Health Care Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2025	Rate Effective 10/01/2025	Unit Value	Comments
Specialized Habilitation Level 3	T2021	U8	TF	HQ		$ 4.74	$ 4.67	15 Minutes	
Specialized Habilitation Level 4	T2021	U8	TF	TU		$ 5.36	$ 5.28	15 Minutes	
Specialized Habilitation Level 5	T2021	U8	TG	HQ		$ 6.34	$ 6.24	15 Minutes	
Specialized Habilitation Level 6	T2021	U8	TG	TU		$ 8.58	$ 8.44	15 Minutes	
Specialized Habilitation, Denver County									
Specialized Habilitation Level 1	T2021	U8	HQ	HX		$ 4.42	$ 4.35	15 Minutes	
Specialized Habilitation Level 2	T2021	U8	22	HQ	HX	$ 4.71	$ 4.64	15 Minutes	
Specialized Habilitation Level 3	T2021	U8	TF	HQ	HX	$ 5.07	$ 4.99	15 Minutes	
Specialized Habilitation Level 4	T2021	U8	TF	TU	HX	$ 5.70	$ 5.61	15 Minutes	
Specialized Habilitation Level 5	T2021	U8	TG	HQ	HX	$ 6.66	$ 6.56	15 Minutes	
Specialized Habilitation Level 6	T2021	U8	TG	TU	HX	$ 8.91	$ 8.77	15 Minutes	
Tier 1 and Tier 2									
Supported Community Connections, Outside Denver County									
Supported Community Connections Level 1	T2021	U8				$ 4.72	$ 4.65	15 Minutes	
Supported Community Connections Level 2	T2021	U8	22			$ 5.04	$ 4.96	15 Minutes	
Supported Community Connections Level 3	T2021	U8	TF			$ 5.54	$ 5.45	15 Minutes	
Supported Community Connections Level 4	T2021	U8	TF	22		$ 6.17	$ 6.07	15 Minutes	
Supported Community Connections Level 5	T2021	U8	TG			$ 7.18	$ 7.07	15 Minutes	
Supported Community Connections Level 6	T2021	U8	TG	22		$ 9.07	$ 8.93	15 Minutes	
Supported Community Connections, Denver County									
Supported Community Connections Level 1	T2021	U8	HX			$ 5.05	$ 4.97	15 Minutes	
Supported Community Connections Level 2	T2021	U8	22	HX		$ 5.37	$ 5.29	15 Minutes	
Supported Community Connections Level 3	T2021	U8	TF	HX		$ 5.87	$ 5.78	15 Minutes	

Home and Community Based Services:

Supported Living Services

Rates Effective October 1, 2025-June 30, 2026

Version: 1.1 Issue Date: 11/14/2025

COLORADO
Department of Health Care Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2025	Rate Effective 10/01/2025	Unit Value	Comments
Supported Community Connections Level 4	T2021	U8	TF	22	HX	$ 6.50	$ 6.40	15 Minutes	
Supported Community Connections Level 5	T2021	U8	TG	HX		$ 7.52	$ 7.40	15 Minutes	
Supported Community Connections Level 6	T2021	U8	TG	22	HX	$ 9.41	$ 9.26	15 Minutes	
Tier 3: Individual (All Support Levels) *Must be delivered in person.*									
Supported Community Connections, All Support Levels	S5100	U8	HB			$ 7.83	$ 7.71	15 Minutes	
Dental Services									
Basic	D2999	U8				-	-	Dollar	**Please refer to DIDD Dental Fee Schedule for rates**
Major	D2999	U8	22			-	-	Dollar	
Extraordinary Cleaning, Outside Denver County Effective July 1, 2025									
Extraordinary Cleaning 15 minute unit	S5130	U8	SC			$ 8.59	$ 8.45	15 Minutes	
Extraordinary Cleaning, Denver County Effective July 1, 2025									
Extraordinary Cleaning 15 minute unit	S5130	U8	SC	HX		$ 8.94	$ 8.80	15 Minutes	
Extraordinary Cleaning Dollar unit	S5130	U8	TU			$ 1.00	$ 1.00	Dollar	
Homemaker, Outside Denver County									
Basic	S5130	U8				$ 6.60	$ 6.49	15 Minutes	**Please see endnote**
Enhanced	S5130	U8	22			$ 8.59	$ 8.45	15 Minutes	Requires a habilitative plan as described in the waiver or extraordinary cleaning due to individual behavioral or medical needs.
Homemaker, Denver County									
Basic	S5130	U8	HX			$ 6.99	$ 6.88	15 Minutes	**Please see endnote**
Enhanced	S5130	U8	22	HX		$ 8.94	$ 8.80	15 Minutes	Requires a habilitative plan as described in the waiver or extraordinary cleaning due to individual behavioral or medical needs.

Home and Community Based Services:

Supported Living Services

Rates Effective October 1, 2025-June 30, 2026

Version: 1.1 Issue Date: 11/14/2025

COLORADO
Department of Health Care Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2025	Rate Effective 10/01/2025	Unit Value	Comments
Mentorship									
Mentorship, Outside Denver County	H2021	U8				$ 13.39	$ 13.18	15 Minutes	Maximum of 192 units per Service Plan year.
Mentorship, Denver County	H2021	U8	HX			$ 13.73	$ 13.51	15 Minutes	
Modifications and Assistive Adaptations									
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 (7/1/25 - 6/30/30).
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 (7/1/25 - 6/30/30).
Assistive Technology	T2035	U8				$ 1.00	$ 1.00	Dollar	Maximum of $10,000 of Assistive Technology, Home Accessibility Adaptations, and Vehicle Modifications combined per Waiver Renewal Period (7/1/25 - 6/30/30).
Non-Medical Transportation, Outside Denver County Maximum of 508 units (trips) per Service Plan year (all mileage bands including public conveyance).									
Mileage Band 1 (0-10 Miles)	T2003	U8				$ 13.62	$ 13.41	1 Trip	
Mileage Band 2 (11-20 Miles)	T2003	U8	22			$ 25.18	$ 24.78	1 Trip	
Mileage Band 3 (Over 20 Miles)	T2003	U8	TF			$ 34.39	$ 33.85	1 Trip	
Non-Medical Transportation, Denver County Maximum of 508 units (trips) per Service Plan year (all mileage bands including public conveyance).									
Mileage Band 1 (0-10 Miles)	T2003	U8	HX			$ 14.26	$ 14.04	1 Trip	
Mileage Band 2 (11-20 Miles)	T2003	U8	22	HX		$ 26.34	$ 25.93	1 Trip	

Home and Community Based Services:

Supported Living Services

Rates Effective October 1, 2025-June 30, 2026

Version: 1.1 Issue Date: 11/14/2025

COLORADO
Department of Health Care Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2025	Rate Effective 10/01/2025	Unit Value	Comments
Mileage Band 3 (Over 20 Miles)	T2003	U8	TF	HX		$ 35.90	$ 35.33	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			$ 14.90	$ 14.67	4 Trips per week	All Distances. Maximum of 208 units (4 trips per week) per Service Plan year.
Personal Care Services, Outside Denver County									
Personal Care	T1019	U8				$ 7.07	$ 6.96	15 Minutes	**Please see endnote**
Personal Care Services, Denver County									
Personal Care	T1019	U8	HX			$ 7.38	$ 7.26	15 Minutes	**Please see endnote**
Personal Emergency Response System (PERS)									
Install/Purchase	S5160	U8				NR*	NR*	Purchase	1 unit = 1 purchase **Please see endnote**
Monitoring	S5161	U8				NR*	NR*	Month	1 unit = 1 month **Please see endnote**
Remote Supports Technology									
Remote Supports Service	0593T	U8				$ 2.55	$ 2.51	15 Minutes	35,040 units (96 units per day for 365 days) **Please see endnote**
Remote Supports Technology	A9279	U8				NR*	NR*	Month	1 unit = 1 month **Please see endnote**
Prevocational Services Maximum of 7,112 combined units of Specialized Habilitation, Supported Community Connections, Prevocational Services, and Supported Employment per Service Plan year.									
Prevocational Services, Outside Denver County									
Prevocational Services Level 1	T2015	U8	HQ			$ 4.08	$ 4.02	15 Minutes	
Prevocational Services Level 2	T2015	U8	22	HQ		$ 4.38	$ 4.31	15 Minutes	
Prevocational Services Level 3	T2015	U8	TF	HQ		$ 4.74	$ 4.67	15 Minutes	
Prevocational Services Level 4	T2015	U8	TF	22		$ 5.36	$ 5.28	15 Minutes	

Home and Community Based Services:

Supported Living Services

Rates Effective October 1, 2025-June 30, 2026

Version: 1.1 Issue Date: 11/14/2025

COLORADO
Department of Health Care Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2025	Rate Effective 10/01/2025	Unit Value	Comments
Prevocational Services Level 5	T2015	U8	TG	HQ		$ 6.34	$ 6.24	15 Minutes	
Prevocational Services Level 6	T2015	U8	TG	22		$ 8.58	$ 8.44	15 Minutes	
Prevocational Services, Denver County									
Prevocational Services Level 1	T2015	U8	HQ	HX		$ 4.42	$ 4.35	15 Minutes	
Prevocational Services Level 2	T2015	U8	22	HQ	HX	$ 4.71	$ 4.64	15 Minutes	
Prevocational Services Level 3	T2015	U8	TF	HQ	HX	$ 5.07	$ 4.99	15 Minutes	
Prevocational Services Level 4	T2015	U8	TF	22	HX	$ 5.70	$ 5.61	15 Minutes	
Prevocational Services Level 5	T2015	U8	TG	HQ	HX	$ 6.66	$ 6.56	15 Minutes	
Prevocational Services Level 6	T2015	U8	TG	22	HX	$ 8.91	$ 8.77	15 Minutes	
Professional Services									
Adaptive Therapeutic Equine Activities Individual	S8940	U8				$ 23.55	$ 23.55	15 Minutes	**Effective July 1, 2025**
Adaptive Therapeutic Equine Activities Group	S8940	U8	HQ			$ 10.02	$ 10.02	15 Minutes	
Massage Therapy	97124	U8				$ 21.32	$ 20.98	15 Minutes	
Movement Therapy Bachelors	G0176	U8				$ 17.78	$ 17.50	15 Minutes	
Movement Therapy Masters	G0176	U8	22			$ 26.04	$ 25.63	15 Minutes	
Recreational Facility Fees / Passes	S5199	U8				$ 1.00	$ 1.00	Dollar	
Respite Care									
Group	S5151	U8	HQ			$ 1.00	$ 1.00	Dollar	Group Respite rates may not exceed the rate paid for Individual Respite.
Camp (Group, Overnight)	T2036	U8				$ 1.00	$ 1.00	Dollar	
Respite Care, Outside Denver County									
Individual	S5150	U8				$ 7.39	$ 7.27	15 Minutes	Use Individual Day rate

Home and Community Based Services:

Supported Living Services

Rates Effective October 1, 2025-June 30, 2026

Version: 1.1 Issue Date: 11/14/2025

COLORADO
Department of Health Care Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2025	Rate Effective 10/01/2025	Unit Value	Comments
Individual Day	S5151	U8				$ 316.33	$ 311.35	Day	when Respite services exceed 40 units (10 hours) in a 24 hour period.
Respite Care, Denver County									
Individual	S5150	U8	HX			$ 7.71	$ 7.59	15 Minutes	Use Individual Day rate when Respite services exceed 40 units (10 hours) in a 24 hour period.
Individual Day	S5151	U8	HX			$ 339.23	$ 333.89	Day	
Specialized Medical Equipment and Supplies									
Disposable Supplies	T2028	U8				$ 1.00	$ 1.00	Dollar	
Equipment	T2029	U8				$ 1.00	$ 1.00	Dollar	
Supported Employment Maximum combined units of Specialized Habilitation, Supported Community Connections, Prevocational and Supported Employment is 7,112 units per plan year.									
Supported Employment, Outside Denver County									
Job Coaching, Group-Level 1	T2019	U8	HQ			$ 5.06	$ 4.98	15 Minutes	
Job Coaching, Group-Level 2	T2019	U8	22	HQ		$ 5.44	$ 5.35	15 Minutes	
Job Coaching, Group-Level 3	T2019	U8	TF	HQ		$ 5.91	$ 5.82	15 Minutes	
Job Coaching, Group-Level 4	T2019	U8	TF	22		$ 6.63	$ 6.53	15 Minutes	
Job Coaching, Group-Level 5	T2019	U8	TG	HQ		$ 7.67	$ 7.55	15 Minutes	
Job Coaching, Group-Level 6	T2019	U8	TG	22		$ 9.67	$ 9.52	15 Minutes	
Job Coaching-Individual	T2019	U8	SC			$ 17.07	$ 16.80	15 Minutes	
Job Development-Group	H2023	U8	HQ			$ 6.28	$ 6.18	15 Minutes	
Job Development, Individual-Levels 1-2	H2023	U8				$ 17.07	$ 16.80	15 Minutes	
Job Development, Individual-Levels 3-4	H2023	U8	22			$ 17.07	$ 16.80	15 Minutes	
Job Development, Individual-Levels 5-6	H2023	U8	TF			$ 17.07	$ 16.80	15 Minutes	
Supported Employment, Denver County									

Home and Community Based Services:

Supported Living Services

Rates Effective October 1, 2025-June 30, 2026

Version: 1.1 Issue Date: 11/14/2025

COLORADO
Department of Health Care Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2025	Rate Effective 10/01/2025	Unit Value	Comments
Job Coaching, Group-Level 1	T2019	U8	HQ	HX		$ 5.39	$ 5.31	15 Minutes	
Job Coaching, Group-Level 2	T2019	U8	22	HQ	HX	$ 5.77	$ 5.68	15 Minutes	
Job Coaching, Group-Level 3	T2019	U8	TF	HQ	HX	$ 6.25	$ 6.15	15 Minutes	
Job Coaching, Group-Level 4	T2019	U8	TF	22	HX	$ 6.97	$ 6.86	15 Minutes	
Job Coaching, Group-Level 5	T2019	U8	TG	HQ	HX	$ 8.01	$ 7.88	15 Minutes	
Job Coaching, Group-Level 6	T2019	U8	TG	22	HX	$ 10.01	$ 9.85	15 Minutes	
Job Coaching-Individual	T2019	U8	SC	HX		$ 17.40	$ 17.13	15 Minutes	
Job Development-Group	H2023	U8	HQ	HX		$ 6.60	$ 6.50	15 Minutes	
Job Development, Individual-Levels 1-2	H2023	U8	HX			$ 17.40	$ 17.13	15 Minutes	
Job Development, Individual-Levels 3-4	H2023	U8	22	HX		$ 17.40	$ 17.13	15 Minutes	
Job Development, Individual-Levels 5-6	H2023	U8	TF	HX		$ 17.40	$ 17.13	15 Minutes	
Job Placement-Individual	H2024	U8				$ 1.00	$ 1.00	Dollar	
Job Placement-Group	H2024	U8	HQ			$ 1.00	$ 1.00	Dollar	
Benefits Planning	T2019	U8	HI			$ 26.90	$ 26.48	15 Minutes	Maximum of 40 units per Service Plan year
Workplace Assistance, Outside Denver County	T2019	U8	HB			$ 15.19	$ 14.95	15 Minutes	
Workplace Assistance, Denver County	T2019	U8	HB			$ 15.19	$ 14.95	15 Minutes	
Wellness Education Benefit									
Wellness Education Benefit	98960	U8				$ 3.75	$ 3.69	Month	12 Units Limit
Community Transition Services									
Coordinator	T2038	U8				$ 8.55	$ 8.42	15 minutes	40 units (10 hours); available up to 30 days after enrollment **Please see endnote**

Home and Community Based Services:

Supported Living Services

Rates Effective October 1, 2025-June 30, 2026

Version: 1.1 Issue Date: 11/14/2025

COLORADO
Department of Health Care Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2025	Rate Effective 10/01/2025	Unit Value	Comments
Home Delivered Meals	S5170	U8				$ 12.78	$ 12.58	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment **Please see endnote**
Life Skills Training	H2014	U8				$ 13.29	$ 13.08	15 minutes	24 units (6 hours) per day; up to 160 units (40 hours) per week. Available for 365 days after enrollment
Peer Mentorship	H2015	U8				$ 6.61	$ 6.51	15 minutes	Available for 365 days after enrollment
Setup Expenses	A9900	U8				$ 2,000.00	$ 2,000.00	One Time Payment	$2000.00 available for up to 30 days following HCBS enrollment. An additional $500.00 available with Department approval. **Please see endnote**
Vision	V2799	U8				$ 1.00	$ 1.00	Dollar	

Overall SLS Waiver Cap/Limit
$77,955.96

Legend	
22	(CPT Defn: Increased procedural services)
HB	**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)
HI	**Integrated mental Health, substance abuse program.**

Community First Choice (CFC) is a new Medicaid State Plan Benefit that expands services and service delivery options for home and community-based services (HCBS) to members who need long-term care beginning July 1, 2025. These services listed are transitioning to under the CFC program. Please refer to the CFC Operational Memo and provider bulletin for further updates.

Note: The HCBS-SLS service rates are also applicable to the State Supported Living Services (State SLS) program and Omnibus Reconciliation Act of 1987 Specialized Services (OBRA-SS) program.

HCPF OM 25-026 Community First Choice (CFC)

Home and Community Based Services:

Children's Extensive Supports Waiver

Rates Effective October 1, 2025-June 30, 2026

Version: 1.0 Issue Date: 09/10/2025

COLORADO
Department of Health Care Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2025	Rate Effective 10/01/2025	Unit Value	Comments
Adapted Therapeutic Recreational Equipment and Fees									
Equipment	T1999	U7				$ 1.00	$ 1.00	Dollar	Maximum $1,000 units per year (i.e., $1,000.00 per year combined limit)
Fees	S5199	U7				$ 1.00	$ 1.00	Dollar	
Community Connector									
Community Connector, Outside Denver County	H2021	U7				$ 12.22	$ 12.03	15 Minutes	Limited to 2080 units or 520 hours per year
Community Connector, Denver County	H2021	U7	HX			$ 12.56	$ 12.36	15 Minutes	
Community Connector Parental Provision , Outside Denver County	H2021	U7	HA			$ 12.22	$ 12.03	15 Minutes	
Community Connector Parental Provision , Denver County	H2021	U7	HA	HX		$ 12.56	$ 12.36	15 Minutes	Limited to 2080 units or 520 hours per year
Extraordinary Cleaning, Outside Denver County Effective July 1, 2025									
Extraordinary Cleaning 15 minute unit	S5130	U7	SC			$ 8.59	$ 8.45	15 Minutes	
Extraordinary Cleaning, Denver County Effective July 1, 2025									
Extraordinary Cleaning 15 minute unit	S5130	U7	SC	HX		$ 8.94	$ 8.80	15 Minutes	
Extraordinary Cleaning Dollar unit	S5130	U7	TU			$ 1.00	$ 1.00	Dollar	
Homemaker, Outside Denver County									
Basic	S5130	U7				$ 6.60	$ 6.49	15 Minutes	**Please see endnote**
Enhanced	S5130	U7	22			$ 8.59	$ 8.45	15 Minutes	Requires a habilitative plan as described in the waiver or extraordinary cleaning due to individual behavioral or medical needs.
Basic Parental Provision	S5130	U7	HA	HI		$ 6.60	$ 6.49	15 Minutes	
Enhanced Parental Provision	S5130	U7	HA			$ 8.59	$ 8.45	15 Minutes	
Homemaker, Denver County									
Basic	S5130	U7	HX			$ 6.99	$ 6.88	15 Minutes	**Please see endnote**

Home and Community Based Services:

Children's Extensive Supports Waiver

Rates Effective October 1, 2025-June 30, 2026

Version: 1.0 Issue Date: 09/10/2025

COLORADO
Department of Health Care Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2025	Rate Effective 10/01/2025	Unit Value	Comments
Enhanced	S5130	U7	22	HX		$ 8.94	$ 8.80	15 Minutes	Requires a habilitative plan as described in the waiver or extraordinary cleaning due to individual behavioral or medical needs.
Basic Parental Provision	S5130	U7	HA	HI	HX	$ 6.99	$ 6.88	15 Minutes	
Enhanced Parental Provision	S5130	U7	HA	HX		$ 8.94	$ 8.80	15 Minutes	
Parent Education	H1010	U7				$ 1.00	$ 1.00	Dollar	Maximum of $1,000 per Service Plan year.
Modifications and Assistive Adaptations									
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 (7/1/25 - 6/30/30).
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 (7/1/25 - 6/30/30).
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 (7/1/25 - 6/30/30).
Assistive Technology Device	T2035	U7	SE			NR*	NR*	Per Purchase	Maximum of $10,000 of Assistive Technology, Home Accessibility Adaptations, and Vehicle Modifications combined per Waiver Renewal Period (7/1/25 - 6/30/30).

Home and Community Based Services:

Children's Extensive Supports Waiver

Rates Effective October 1, 2025-June 30, 2026

Version: 1.0 Issue Date: 09/10/2025

COLORADO
Department of Health Care Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2025	Rate Effective 10/01/2025	Unit Value	Comments
Professional Services									
Adaptive Therapeutic Equine Activities Individual	S8940	U7				$ 23.55	$ 23.55	15 Minutes	**Effective July 1, 2025**
Adaptive Therapeutic Equine Activities Group	S8940	U7	HQ			$ 10.02	$ 10.02	15 Minutes	
Massage	97124	U7				$ 21.32	$ 20.98	15 Minutes	
Movement Therapy-Bachelors	G0176	U7				$ 17.78	$ 17.50	15 Minutes	
Movement Therapy-Masters	G0176	U7	22			$ 26.04	$ 25.63	15 Minutes	
Respite, Outside Denver County Maximum of 30 days and 1,880 additional 15 minute units per Service Plan year.									
Unskilled Respite Services-Individual	S5150	U7				$ 7.39	$ 7.27	15 Minutes	Use Individual Day rate when Respite services exceed 40 units (10 hours) in a 24 hour period.
Unskilled Respite Services-Individual, Per Diem	S5151	U7				$ 316.33	$ 311.35	Day	The total amount of respite provided in one support plan year may not exceed an amount equal to 30 day units and 1,880 15-minute units.
Respite Services-Group	S5151	U7	HQ			$ 1.00	$ 1.00	Dollar	Group Respite rates may not exceed the rate paid for Individual Respite.
Camp (Group, Overnight)	T2036	U7				$ 1.00	$ 1.00	Dollar	
Skilled CNA (4 hours or less)	T1005	U7				$ 8.56	$ 8.43	15 Minutes	
Skilled CNA (4 hours or more)	S9125	U7				$ 158.51	$ 156.01	Day	
Skilled RN, LPN (4 hours or less)	T1005	U7	TD			$ 18.00	$ 17.72	15 Minutes	
Skilled RN, LPN (4 hours or more)	S9125	U7	TD			$ 345.69	$ 340.25	Day	
Skilled Therapeutic (4 hours or less)	T1005	U7	HA			$ 8.56	$ 8.43	15 Minutes	
Skilled Therapeutic (4 hours or more)	S9125	U7	HA			$ 158.51	$ 156.01	Day	

Home and Community Based Services:

Children's Extensive Supports Waiver

Rates Effective October 1, 2025-June 30, 2026

Version: 1.0 Issue Date: 09/10/2025

COLORADO
Department of Health Care Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2025	Rate Effective 10/01/2025	Unit Value	Comments
Respite, Denver County Maximum of 30 days and 1,880 additional 15 minute units per Service Plan year.									
Unskilled Respite Services-Individual	S5150	U7	HX			$ 7.71	$ 7.59	15 Minutes	Use Individual Day rate when Respite services exceed 40 units (10 hours) in a 24 hour period.
Unskilled Respite Services-Individual, Per Diem,	S5151	U7	HX			$ 339.23	$ 333.89	Day	The total amount of respite provided in one support plan year may not exceed an amount equal to 30 day units and 1,880 15-minute units.
Respite Services-Group	S5151	U7	HQ			$ 1.00	$ 1.00	Dollar	Group Respite rates may not exceed the rate paid for Individual Respite.
Camp (Group, Overnight)	T2036	U7				$ 1.00	$ 1.00	Dollar	
Skilled CNA (4 hours or less)	T1005	U7	HX			$ 8.90	$ 8.76	15 Minutes	
Skilled CNA (4 hours or more)	S9125	U7	HX			$ 165.89	$ 163.28	Day	
Skilled RN, LPN (4 hours or less)	T1005	U7	TD	HX		$ 18.34	$ 18.05	15 Minutes	
Skilled RN, LPN (4 hours or more)	S9125	U7	TD	HX		$ 365.91	$ 360.15	Day	
Skilled Therapeutic (4 hours or less)	T1005	U7	HA	HX		$ 8.90	$ 8.76	15 Minutes	
Skilled Therapeutic (4 hours or more)	S9125	U7	HA	HX		$ 165.89	$ 163.28	Day	
Specialized Medical Equipment and Supplies Services may be authorized up to the pre-established CCB thresholds, beyond which DDD prior authorization is required.									
Disposable Supplies	T2028	U7				$ 1.00	$ 1.00	Dollar	
Equipment	T2029	U7				$ 1.00	$ 1.00	Dollar	
Wellness Education Benefit									
Wellness Education Benefit	98960	U7				$ 3.75	$ 3.69	Month	12 Units Limit
Youth Day Services Services limited to clients ages 12 through 17. Limited to ten (10) hours per calendar day for 90 days/certification period.									
Individual	T2027	U7				$ 6.30	$ 6.20	15 Minutes	
Group	T2027	U7	HQ			$ 2.10	$ 2.07	15 Minutes	

Home and Community Based Services:

Children's Extensive Supports Waiver

Rates Effective October 1, 2025-June 30, 2026

Version: 1.0 Issue Date: 09/10/2025

COLORADO
Department of Health Care Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2025	Rate Effective 10/01/2025	Unit Value	Comments

Overall Service Plan Limit
$61,176.74

Legend	
22	(CPT Defn: Increased procedural services)
HQ	Group Setting
HR	Relative providing care
TF	Intermediate Level of Care
TG	Complex/High Tech Level of Care
U7	Children's Extensive Support

Community First Choice (CFC) is a new Medicaid State Plan Benefit that expands services and service delivery options for home and community-based services (HCBS) to members who need long-term care beginning July 1, 2025. These services listed are transitioning to under the CFC program. Please refer to the CFC Operational Memo and provider bulletin for further updates.

HCPF OM 25-026 Community First Choice (CFC)

Home and Community Based Services:
FY 25-26 Rate Schedules
Rates Effective October 1, 2025-June 30, 2026
Version: 1.0 Issue Date: 09/01/2025

COLORADO
Department of Health Care Policy & Financing

ADJUSTMENT TABLE		
Across the Board Decrease Effective October 1, 2025		
Service Title	PERCENT CHANGE	MULTIPLIER
HCBS EBD	1.600%	0.98400
HCBS CMHS	1.600%	0.98400
HCBS BI	1.600%	0.98400
HCBS CIH	1.600%	0.98400
HCBS DD	1.600%	0.98400
HCBS SLS	1.600%	0.98400
HCBS/DDD/DHS CES	1.600%	0.98400
HCBS/DDD/DHS CwCHN	1.600%	0.98400
HCBS/DDD/DHS CHCBS	1.600%	0.98400
HCBS/DDD/DHS CHRP	1.600%	0.98400