Home and Community Based Services:

Developmental Disabilities

Rates Effective July 1, 2016-June 30, 2017

COLORADO
Department of Health Care Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2015	Rate Effective 7/01/2016	Unit Value	Comments
Behavioral Services									
Behavioral Line Staff	H2019	U3				$ 6.63	$ 6.63	15 Minutes	Maximum of 960 units per Service Plan year.
Behavioral Consultation	H2019	U3	22	TG		$ 24.94	$ 24.94	15 Minutes	Maximum of 80 units per Service Plan year.
Behavioral Counseling	H2019	U3	TF	TG		$ 24.94	$ 24.94	15 Minutes	Maximum of 208 combined units of Individual and Group Counseling services per Service Plan year.
Behavioral Counseling, Group	H2019	U3	TF	HQ		$ 8.40	$ 8.40	15 Minutes	
Behavioral Plan Assessment	T2024	U3	22			$ 24.94	$ 24.94	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.									
Specialized Habilitation Level 1	T2021	U3	HQ			$ 2.36	$ 2.36	15 Minutes	
Specialized Habilitation Level 2	T2021	U3	22	HQ		$ 2.59	$ 2.59	15 Minutes	
Specialized Habilitation Level 3	T2021	U3	TF	HQ		$ 2.89	$ 2.89	15 Minutes	
Specialized Habilitation Level 4	T2021	U3	TF	22	HQ	$ 3.40	$ 3.40	15 Minutes	
Specialized Habilitation Level 5	T2021	U3	TG	HQ		$ 4.21	$ 4.21	15 Minutes	
Specialized Habilitation Level 6	T2021	U3	TG	22	HQ	$ 6.05	$ 6.05	15 Minutes	
Specialized Habilitation Level 7	T2021	U3	SC	HQ		$ 9.52	$ 9.52	15 Minutes	
Supported Community Connections Level 1	T2021	U3				$ 2.87	$ 2.87	15 Minutes	
Supported Community Connections Level 2	T2021	U3	22			$ 3.14	$ 3.14	15 Minutes	
Supported Community Connections Level 3	T2021	U3	TF			$ 3.54	$ 3.54	15 Minutes	
Supported Community Connections Level 4	T2021	U3	TF	22		$ 4.07	$ 4.07	15 Minutes	
Supported Community Connections Level 5	T2021	U3	TG			$ 4.90	$ 4.90	15 Minutes	
Supported Community Connections Level 6	T2021	U3	TG	22		$ 6.44	$ 6.44	15 Minutes	
Supported Community Connections Level 7	T2021	U3	SC			$ 9.52	$ 9.52	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 Maximum of 508 units (trips) per Service Plan year (all mileage bands).									

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Mileage Band 1 (0-10 Miles)	T2003	U3				$ 5.79	$ 5.79	1 Trip	
Mileage Band 2 (11-20 Miles)	T2003	U3	22			$ 12.13	$ 12.13	1 Trip	
Mileage Band 3 (Over 20 Miles)	T2003	U3	TF			$ 18.47	$ 18.47	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 Level 1	T2015	U3	HQ			$ 2.36	$ 2.36	15 Minutes	
Prevocational Services Level 2	T2015	U3	22	HQ		$ 2.59	$ 2.59	15 Minutes	
Prevocational Services Level 3	T2015	U3	TF	HQ		$ 2.89	$ 2.89	15 Minutes	
Prevocational Services Level 4	T2015	U3	TF	22	HQ	$ 3.40	$ 3.40	15 Minutes	
Prevocational Services Level 5	T2015	U3	TG	HQ		$ 4.21	$ 4.21	15 Minutes	
Prevocational Services Level 6	T2015	U3	TG	22	HQ	$ 6.05	$ 6.05	15 Minutes	
Residential Habilitation									
Group Residential Services and Supports-Level 1	T2016	U3	HQ			$ 88.27	$ 88.27	Day	
Group Residential Services and Supports-Level 2	T2016	U3	22	HQ		$ 116.18	$ 116.18	Day	
Group Residential Services and Supports-Level 3	T2016	U3	TF	HQ		$ 136.87	$ 136.87	Day	
Group Residential Services and Supports-Level 4	T2016	U3	TF	22	HQ	$ 161.69	$ 161.69	Day	
Group Residential Services and Supports-Level 5	T2016	U3	TG	HQ		$ 178.62	$ 178.62	Day	
Group Residential Services and Supports-Level 6	T2016	U3	TG	22	HQ	$ 211.36	$ 211.36	Day	
Group Residential Services and Supports-Level 7	T2016	U3	SC	HQ		*NR	*NR	Day	

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Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2015	Rate Effective 7/01/2016	Unit Value	Comments
Individual Residential Services and Supports-Level 1	T2016	U3				$ 64.89	$ 64.89	Day	
Individual Residential Services and Supports-Level 2	T2016	U3	22			$ 104.86	$ 104.86	Day	
Individual Residential Services and Supports-Level 3	T2016	U3	TF			$ 128.12	$ 128.12	Day	
Individual Residential Services and Supports-Level 4	T2016	U3	TF	22		$ 155.99	$ 155.99	Day	
Individual Residential Services and Supports-Level 5	T2016	U3	TG			$ 179.25	$ 179.25	Day	
Individual Residential Services and Supports-Level 6	T2016	U3	TG	22		$ 225.27	$ 225.27	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			$ 60.19	$ 60.19	Day	
Individual Residential Services and Supports/Host Home-Level 2	T2016	U3	22	TT		$ 97.25	$ 97.25	Day	
Individual Residential Services and Supports/Host Home-Level 3	T2016	U3	TF	TT		$ 118.81	$ 118.81	Day	
Individual Residential Services and Supports/Host Home-Level 4	T2016	U3	TF	22	TT	$ 144.67	$ 144.67	Day	
Individual Residential Services and Supports/Host Home-Level 5	T2016	U3	TG	TT		$ 166.23	$ 166.23	Day	
Individual Residential Services and Supports/Host Home-Level 6	T2016	U3	TG	22	TT	$ 208.93	$ 208.93	Day	
Individual Residential Services and Supports/Host Home-Level 7	T2016	U3	SC	TT		*NR	*NR	Day	
Specialized Medical Equipment and Supplies									
Disposable Supplies	T2028	U3				$ 1.00	$ 1.00	Dollar	
Equipment	T2029	U3				$ 1.00	$ 1.00	Dollar	

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Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2015	Rate Effective 7/01/2016	Unit Value	Comments
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.									
Job Coaching, Group-Level 1	T2019	U3	HQ			$ 3.16	$ 3.16	15 Minutes	
Job Coaching, Group-Level 2	T2019	U3	22	HQ		$ 3.46	$ 3.46	15 Minutes	
Job Coaching, Group-Level 3	T2019	U3	TF	HQ		$ 3.85	$ 3.85	15 Minutes	
Job Coaching, Group-Level 4	T2019	U3	TF	22	HQ	$ 4.45	$ 4.45	15 Minutes	
Job Coaching, Group-Level 5	T2019	U3	TG	HQ		$ 5.32	$ 5.32	15 Minutes	
Job Coaching, Group-Level 6	T2019	U3	TG	22	HQ	$ 6.94	$ 6.94	15 Minutes	
Job Coaching-Individual	T2019	U3	SC			$ 13.02	$ 13.02	15 Minutes	
Job Development-Group	H2023	U3	HQ			$ 4.15	$ 4.15	15 Minutes	
Job Development, Individual-Levels 1-2	H2023	U3				$ 13.02	$ 13.02	15 Minutes	
Job Development, Individual-Levels 3-4	H2023	U3	22			$ 13.02	$ 13.02	15 Minutes	
Job Development, Individual-Levels 5-6	H2023	U3	TF			$ 13.02	$ 13.02	15 Minutes	
Job Placement	H2024	U3				$ 1.00	$ 1.00	Dollar	
Job Placement Group	H2024	U3	HQ			$ 1.00	$ 1.00	Dollar	
Vision	V2799	U3				$ 1.00	$ 1.00	Dollar	

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

DIDD Targeted Case Management (TCM)

Rates Effective July 1, 2016-June 30, 2017

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Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2015	Rate Effective 7/01/2016	Unit Value	Comments
Targeted Case Management	T1017	U4				$ 15.87	$ 15.87	15 Minutes	Maximum of 240 units per fiscal year

Home and Community Based Services:

Supported Living Services

Rates Effective July 1, 2016-June 30, 2017

COLORADO
Department of Health Care Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2015	Rate Effective 07/01/2016	Unit Value	Comments
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 (7/1/14 - 6/30/19).
Behavioral Services									
Behavioral Line Staff	H2019	U8				$ 6.63	$ 6.63	15 Minutes	Maximum of 960 units per Service Plan year.
Behavioral Consultation	H2019	U8	22	TG		$ 24.94	$ 24.94	15 Minutes	Maximum of 80 units per Service Plan year.
Behavioral Counseling	H2019	U8	TF	TG		$ 24.94	$ 24.94	15 Minutes	Maximum of 208 combined units of Individual and Group Counseling services per Service Plan year.
Behavioral Counseling Group	H2019	U8	TF	HQ		$ 8.40	$ 8.40	15 Minutes	
Behavioral Plan Assessment	T2024	U8	22			$ 24.94	$ 24.94	15 Minutes	Maximum of 40 units and one Behavior Plan Assessment per Service Plan year.
Day Habilitation Maximum of 7,112 combined units of Specialized Habilitation, Supported Community Connections, Prevocational Services, and Supported Employment per Service Plan year.									
Specialized Habilitation Level 1	T2021	U8	HQ			$ 2.36	$ 2.36	15 Minutes	
Specialized Habilitation Level 2	T2021	U8	22	HQ		$ 2.59	$ 2.59	15 Minutes	
Specialized Habilitation Level 3	T2021	U8	TF	HQ		$ 2.89	$ 2.89	15 Minutes	
Specialized Habilitation Level 4	T2021	U8	TF	22	HQ	$ 3.40	$ 3.40	15 Minutes	
Specialized Habilitation Level 5	T2021	U8	TG	HQ		$ 4.21	$ 4.21	15 Minutes	
Specialized Habilitation Level 6	T2021	U8	TG	22	HQ	$ 6.05	$ 6.05	15 Minutes	
Supported Community Connections Level 1	T2021	U8				$ 2.87	$ 2.87	15 Minutes	
Supported Community Connections Level 2	T2021	U8	22			$ 3.14	$ 3.14	15 Minutes	
Supported Community Connections Level 3	T2021	U8	TF			$ 3.54	$ 3.54	15 Minutes	
Supported Community Connections Level 4	T2021	U8	TF	22		$ 4.07	$ 4.07	15 Minutes	
Supported Community Connections Level 5	T2021	U8	TG			$ 4.90	$ 4.90	15 Minutes	
Supported Community Connections Level 6	T2021	U8	TG	22		$ 6.44	$ 6.44	15 Minutes	
Dental Services									

Home and Community Based Services:

Supported Living Services

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Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2015	Rate Effective 07/01/2016	Unit Value	Comments
Basic	D2999	U8				-	-	Dollar	**Please refer to DIDD Dental Fee Schedule for rates**
Major	D2999	U8	22			-	-	Dollar	
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 (7/1/14 - 6/30/19).
Homemaker									
Basic	S5130	U8				$ 3.73	$ 3.73	15 Minutes	
Enhanced	S5130	U8	22			$ 6.13	$ 6.13	15 Minutes	Requires a habilitative plan as described in the waiver or extraordinary cleaning due to individual behavioral or medical needs.
Mentorship	H2021	U8				$ 10.00	$ 10.00	15 Minutes	Maximum of 192 units per Service Plan year.
Non Medical Transportation Maximum of 508 trips (all mileage bands) per Service Plan year.									
Mileage Band 1 (0-10 Miles)	T2003	U8				$ 5.79	$ 5.79	1 Trip	
Mileage Band 2 (11-20 Miles)	T2003	U8	22			$ 12.13	$ 12.13	1 Trip	
Mileage Band 3 (Over 20 Miles)	T2003	U8	TF			$ 18.47	$ 18.47	1 Trip	
Mileage-Not in Day Program	T2003	U8	SC			$ 5.79	$ 5.79	4 Trips per wee	All Distances. Maximum of 208 units (4 trips per week) per Service Plan year.
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.
Personal Care	T1019	U8				$ 4.95	$ 4.95	15 Minutes	
Personal Emergency Response System (PERS)	S5161	U8				$ 1.00	$ 1.00	Dollar	
Prevocational Services Maximum of 7,112 combined units of Specialized Habilitation, Supported Community Connections, Prevocational Services, and Supported Employment per Service Plan year.									

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Supported Living Services

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Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2015	Rate Effective 07/01/2016	Unit Value	Comments
Prevocational Services Level 1	T2015	U8	HQ			$ 2.36	$ 2.36	15 Minutes	
Prevocational Services Level 2	T2015	U8	22	HQ		$ 2.59	$ 2.59	15 Minutes	
Prevocational Services Level 3	T2015	U8	TF	HQ		$ 2.89	$ 2.89	15 Minutes	
Prevocational Services Level 4	T2015	U8	TF	22	HQ	$ 3.40	$ 3.40	15 Minutes	
Prevocational Services Level 5	T2015	U8	TG	HQ		$ 4.21	$ 4.21	15 Minutes	
Prevocational Services Level 6	T2015	U8	TG	22	HQ	$ 6.05	$ 6.05	15 Minutes	
Professional Services									
Massage Therapy	97124	U8				$ 18.65	$ 18.65	15 Minutes	
Movement Therapy Bachelors	G0176	U8				$ 15.55	$ 15.55	15 Minutes	
Movement Therapy Masters	G0176	U8	22			$ 22.79	$ 22.79	15 Minutes	
Hippotherapy Individual	S8940	U8				$ 20.72	$ 20.72	15 Minutes	
Hippotherapy Group	S8940	U8	HQ			$ 8.81	$ 8.81	15 Minutes	
Recreational Facility Fees / Passes	S5199	U8				$ 1.00	$ 1.00	Dollar	
Respite Care									
Individual	S5150	U8				$ 4.87	$ 4.87	15 Minutes	Use Individual Day rate when Respite services exceed 40 units (10 hours) in a 24 hour period.
Individual Day	S5151	U8				$ 194.60	$ 194.60	Day	
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	
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.									
Job Coaching, Group-Level 1	T2019	U8	HQ			$ 3.16	$ 3.16	15 Minutes	
Job Coaching, Group-Level 2	T2019	U8	22	HQ		$ 3.46	$ 3.46	15 Minutes	
Job Coaching, Group-Level 3	T2019	U8	TF	HQ		$ 3.85	$ 3.85	15 Minutes	
Job Coaching, Group-Level 4	T2019	U8	TF	22	HQ	$ 4.45	$ 4.45	15 Minutes	
Job Coaching, Group-Level 5	T2019	U8	TG	HQ		$ 5.32	$ 5.32	15 Minutes	
Job Coaching, Group-Level 6	T2019	U8	TG	22	HQ	$ 6.94	$ 6.94	15 Minutes	

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Job Coaching-Individual	T2019	U8	SC			$ 13.02	$ 13.02	15 Minutes	
Job Development-Group	H2023	U8	HQ			$ 4.15	$ 4.15	15 Minutes	
Job Development, Individual-Levels 1-2	H2023	U8				$ 13.02	$ 13.02	15 Minutes	
Job Development, Individual-Levels 3-4	H2023	U8	22			$ 13.02	$ 13.02	15 Minutes	
Job Development, Individual-Levels 5-6	H2023	U8	TF			$ 13.02	$ 13.02	15 Minutes	
Job Placement-Individual	H2024	U8				$ 1.00	$ 1.00	Dollar	
Job Placement-Group	H2024	U8	HQ			$ 1.00	$ 1.00	Dollar	
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 (7/1/14 - 6/30/19).
Vision	V2799	U8				$ 1.00	$ 1.00	Dollar	

Support Level Authorization Limits (SPAL)	
Support Level 1	$13,219.00
Support Level 2	$17,673.00
Support Level 3	$19,882.00
Support Level 4	$22,867.00
Support Level 5	$27,524.00
Support Level 6	$36,181.00

Overall Service Plan Limit
$46,274.00

Legend	
22	(CPT Defn: Increased procedural services)
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)

Home and Community Based Services:

Children's Extensive Supports Waiver

Rates Effective July 1, 2016-June 30, 2017

COLORADO
Department of Health Care Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2015	Rate Effective 07/01/2016	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	
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 (7/1/14 - 6/30/19).
Behavioral Services									
Behavioral Line Staff	H2019	U7				$ 6.63	$ 6.63	15 Minutes	
Behavioral Consultation	H2019	U7	22	TG		$ 24.94	$ 24.94	15 Minutes	
Behavioral Counseling	H2019	U7	TF	TG		$ 24.94	$ 24.94	15 Minutes	
Behavioral Counseling Group	H2019	U7	TF	HQ		$ 8.40	$ 8.40	15 Minutes	
Behavioral Plan Assessment	T2024	U7	22			$ 24.94	$ 24.94	15 Minutes	Maximum of 40 units and one Behavior Plan Assessment per Service Plan year.
Community Connector	H2021	U7				$ 8.33	$ 8.33	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 (7/1/14 - 6/30/19).
Homemaker									
Basic	S5130	U7				$ 3.73	$ 3.73	15 Minutes	
Enhanced	S5130	U7	22			$ 6.13	$ 6.13	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.
Personal Care	T1019	U7				$ 4.95	$ 4.95	15 Minutes	
Professional Services									
Hippo Therapy	S8940	U7				$ 20.72	$ 20.72	15 Minutes	
Hippo Therapy Group	S8940	U7	HQ			$ 8.81	$ 8.81	15 Minutes	
Massage	97124	U7				$ 18.65	$ 18.65	15 Minutes	
Movement Therapy-Bachelors	G0176	U7				$ 15.55	$ 15.55	15 Minutes	

Home and Community Based Services:

Children's Extensive Supports Waiver

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Movement Therapy-Masters	G0176	U7	22			$ 22.79	$ 22.79	15 Minutes	
Respite Maximum of 30 days and 1,880 additional 15 minute units per Service Plan year.									
Respite Services-Individual	S5150	U7				$ 4.95	$ 4.95	15 Minutes	Use Individual Day rate when Respite services exceed 40 units (10 hours) in a 24 hour period.
Respite Services-Individual, Per Diem	S5151	U7				$ 197.91	$ 197.91	Day	
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	
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	
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 (7/1/14 - 6/30/19).
Vision Services	V2799	U7				$ 1.00	$ 1.00	Dollar	

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**

COLORADO
Department of Health Care Policy & Financing

ADJUSTMENT TABLE		
WAIVER TYPE	PERCENT CHANGE	MULTIPLIER
HH, PDN	0.00%	1.0000
HCBS EBD	0.00%	1.0000
HCBS CMHS	0.00%	1.0000
HCBS BI	0.00%	1.0000
HCBS SCI	0.00%	1.0000
HCBS DD	0.00%	1.0000
HCBS SLS	0.00%	1.0000
HCBS/DDD/DHS CWA	0.00%	1.0000
HCBS/DDD/DHS CHCBS	0.00%	1.0000
HCBS/DDD/DHS CLLI	0.00%	1.0000
HCBS/DDD/DHS CES	0.00%	1.0000
HCBS/DDD/DHS CHRP	0.00%	1.0000