Home and Community Based Services (HCBS) Colorado Choice Transitions (CCT) Rates Effective from July 1, 2013 through June 30, 2014

Waiver	Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	FY 12-13 Rate	% Change	FY 13-14 Rate	Unit Value	Limit	Comments	Colorado Code of Regulations Citation
HCBS EBD	Adult Day Services - Basic	S5105	U1				$ 21.79	8.26%	$ 23.59	1/2 Day		An individual unit is 4-5 hours per day.	10.CCR.2505-10 8.491.31
HCBS EBD	Adult Day Services - Specialized	S5105	U1	TF			$ 27.83	8.26%	$ 30.13	1/2 Day		An individual unit is 3-5 hours per day.	10.CCR.2505-10 8.491.31
HCBS EBD	Alternative Care Facility	T2031	U1				$ 46.14	8.26%	$ 49.95	1 Day		May be different for clients with 300% income, use PETI for rate.	
HCBS EBD	Community Transition Services (CTS) - Coordinator	T2038	U1				NR*	NA	NR*	Per Transition	$2,000	Combined Limit for Community Transition Services, 1 unit = 1 transition.	10.CCR.2505-10 8.553.2.C
HCBS EBD	Community Transition Services (CTS) - Items Purchased	A9900	U1				NR*	NA	NR*	Per Purchase	$2,000	Combined Limit for Community Transition Services.	10.CCR.2505-10 8.553.2.C
HCBS EBD	Consumer Directed Attendant Support Services (CDASS) - Services (cent per unit)	T2025	U1				$ 0.01	NA	$ 0.01	Monthly Allocation		Determined on FMS SEP Portal by CM.	
HCBS EBD	Consumer Directed Attendant Support Services (CDASS) - Per Member/Per Month (PM/PM)	T2040	U1				$ 310.00	NA	$ 310.00	1 Month		PMPM implemented April 2012.	
HCBS EBD	Home Modifications	S5165	U1				NR*	NA	NR*	Per Modification	$10,000 Lifetime		10.CCR.2505-10 8.493.3.E
HCBS EBD	Homemaker	S5130	U1				$ 3.47	8.26%	$ 3.76	15 minutes			
HCBS EBD	In Home Support Services (IHSS) - Health Maintenance Activities	H0038	U1				$ 6.55	8.26%	$ 7.09	15 minutes			
HCBS EBD	In Home Support Services (IHSS) - Homemaker	S5130	U1	KX			$ 3.47	8.26%	$ 3.76	15 minutes			
HCBS EBD	In Home Support Services (IHSS) - Personal Care	T1019	U1	KX			$ 3.47	8.26%	$ 3.76	15 minutes			
HCBS EBD	In Home Support Services (IHSS) - Relative Personal Care	T1019	U1	HR	KX		$ 3.47	8.26%	$ 3.76	15 minutes	1,776 Units per Year		10.CCR.2505-10 8.485.200
HCBS EBD	Medication Reminder - Install/Purchase	T2029	U1				NR*	NA	NR*	Per Purchase			
HCBS EBD	Medication Reminder - Monitoring	S5185	U1				NR*	NA	NR*	1 Month			
HCBS EBD	Non Medical Transportation - Taxi	A0100	U1				$ 46.98	8.26%	$ 50.86	1 Way Trip	208 Trips, $50.86 per Trip	Combined Limit, Not to exceed the rate with the Public Utilities Commission. Use HB modifier for trips to and from adult day.	10.CCR.2505-10 8.494.50
HCBS EBD	Non Medical Transportation - Mobility Van Mileage Band 1 (0-10 miles)	A0120	U1				$ -	NA	$ 8.14	1 Way Trip	208 Trips	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
HCBS EBD	Non Medical Transportation - Mobility Van Mileage Band 2 (11-20 miles)	A0120	U1	TT			$ -	NA	$ 14.98	1 Way Trip	208 Trips	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50

Waiver	Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	FY 12-13 Rate	% Change	FY 13-14 Rate	Unit Value	Limit	Comments	Colorado Code of Regulations Citation
HCBS EBD	Non Medical Transportation - Mobility Van Mileage Band 3 (over 20 miles)	A0120	U1	TN			$ -	NA	$ 22.30	1 Way Trip	208 Trips	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
HCBS EBD	Non Medical Transportation - Wheelchair Van Mileage Band 1 (0-10 miles)	A0130	U1				$ -	NA	$ 9.65	1 Way Trip	208 Trips	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
HCBS EBD	Non Medical Transportation - Wheelchair Van Mileage Band 2 (11-20 miles)	A0130	U1	TT			$ -	NA	$ 18.06	1 Way Trip	208 Trips	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
HCBS EBD	Non Medical Transportation - Wheelchair Van Mileage Band 3 (over 20 miles)	A0130	U1	TN			$ -	NA	$ 24.59	1 Way Trip	208 Trips	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
HCBS EBD	Personal Care	T1019	U1				$ 3.47	8.26%	$ 3.76	15 minutes			
HCBS EBD	Relative Personal Care	T1019	U1	HR			$ 3.47	8.26%	$ 3.76	15 minutes	1,776 Units per Year		10.CCR.2505-10 8.485.200
HCBS EBD	Personal Emergency Response System (PERS) - Installation	S5160	U1				NR*	NA	NR*	Per Purchase			
HCBS EBD	Personal Emergency Response System (PERS) - Monitoring	S5161	U1				NR*	NA	NR*	1 Month			
HCBS EBD	Respite Care - Alternative Care Facility	S5151	U1				$ 51.38	8.26%	$ 55.62	1 Day	30 Days per Year	Combined Limit for Respite Care.	10.CCR.2505-10 8.492.31
HCBS EBD	Respite Care - In Home	S5150	U1				$ 2.94	8.26%	$ 3.18	15 minutes	30 Days per Year	Combined Limit, Not to exceed the ACF per diem for respite care.	10.CCR.2505-10 8.492.31
HCBS EBD	Respite Care - Nursing Facility	H0045	U1				$ 114.57	8.26%	$ 124.03	1 Day	30 Days per Year	Combined Limit for Respite Care.	10.CCR.2505-10 8.492.31
HCBS CMHS	Adult Day Services - Basic	S5105	UA				$ 21.79	8.26%	$ 23.59	1/2 Day		An individual unit is 4-5 hours per day.	10.CCR.2505-10 8.491.31
HCBS CMHS	Adult Day Services - Specialized	S5105	UA	TF			$ 27.83	8.26%	$ 30.13	1/2 Day		An individual unit is 3-5 hours per day.	10.CCR.2505-10 8.491.31
HCBS CMHS	Alternative Care Facility	T2031	UA				$ 46.14	8.26%	$ 49.95	1 Day		May be different for clients with 300% income, use PETI for rate.	
HCBS CMHS	Consumer Directed Attendant Support Services (CDASS) - Services (cent per unit)	T2025	UA				$ 0.01	NA	$ 0.01	Monthly Allocation		Determined on FMS SEP Portal by CM.	
HCBS CMHS	Consumer Directed Attendant Support Services (CDASS) - Per Member/Per Month (PM/PM)	T2040	UA				$ 310.00	NA	$ 310.00	1 Month		PMPM implemented April 2012.	
HCBS CMHS	Home Modifications	S5165	UA				NR*	NA	NR*	Per Modification	$10,000 Lifetime		10.CCR.2505-10 8.493.3.E
HCBS CMHS	Homemaker	S5130	UA				$ 3.47	8.26%	$ 3.76	15 minutes			
HCBS CMHS	Medication Reminder - Install/Purchase	T2029	UA				NR*	NA	NR*	Per Purchase			

Waiver	Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	FY 12-13 Rate	% Change	FY 13-14 Rate	Unit Value	Limit	Comments	Colorado Code of Regulations Citation
HCBS CMHS	Medication Reminder - Monitoring	S5185	UA				NR*	NA	NR*	1 Month			
HCBS CMHS	Non Medical Transportation - Taxi	A0100	UA				$ 46.98	8.26%	$ 50.86	1 Way Trip	208 Trips, $50.86 per Trip	Combined Limit, Not to exceed the rate with the Public Utilities Commission. Use HB modifier for trips to and from adult day.	10.CCR.2505-10 8.494.50
HCBS CMHS	Non Medical Transportation - Mobility Van Mileage Band 1 (0-10 miles)	A0120	UA				$ -	NA	$ 8.14	1 Way Trip	208 Trips	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
HCBS CMHS	Non Medical Transportation - Mobility Van Mileage Band 2 (11-20 miles)	A0120	UA	TT			$ -	NA	$ 14.98	1 Way Trip	208 Trips	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
HCBS CMHS	Non Medical Transportation - Mobility Van Mileage Band 3 (over 20 miles)	A0120	UA	TN			$ -	NA	$ 22.30	1 Way Trip	208 Trips	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
HCBS CMHS	Non Medical Transportation - Wheelchair Van Mileage Band 1 (0-10 miles)	A0130	UA				$ -	NA	$ 9.65	1 Way Trip	208 Trips	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
HCBS CMHS	Non Medical Transportation - Wheelchair Van Mileage Band 2 (11-20 miles)	A0130	UA	TT			$ -	NA	$ 18.06	1 Way Trip	208 Trips	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
HCBS CMHS	Non Medical Transportation - Wheelchair Van Mileage Band 3 (over 20 miles)	A0130	UA	TN			$ -	NA	$ 24.59	1 Way Trip	208 Trips	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
HCBS CMHS	Personal Care	T1019	UA				$ 3.47	8.26%	$ 3.76	15 minutes			
HCBS CMHS	Relative Personal Care	T1019	UA	HR			$ 3.47	8.26%	$ 3.76	15 minutes	1,776 Units per Year		10.CCR.2505-10 8.485.200
HCBS CMHS	Personal Emergency Response System (PERS) - Installation	S5160	UA				NR*	NA	NR*	Per Purchase			
HCBS CMHS	Personal Emergency Response System (PERS) - Monitoring	S5161	UA				NR*	NA	NR*	1 Month			
HCBS CMHS	Respite Care - Alternative Care Facility	S5151	UA				$ 51.38	8.26%	$ 55.62	1 Day	30 Days per Year	Combined Limit for Respite Care.	10.CCR.2505-10 8.492.31
HCBS CMHS	Respite Care - Nursing Facility	H0045	UA				$ 114.57	8.26%	$ 124.03	1 Day	30 Days per Year	Combined Limit for Respite Care.	10.CCR.2505-10 8.492.31
HCBS BI	Adult Day Services	S5102	U6				$ 45.88	8.26%	$ 49.67	1 Day		At least 2 or more hours of attendance, 1 or more days per week.	
HCBS BI	Assistive Technology	T2029	U6				NR*	NA	NR*	Per Purchase			10.CCR.2505-10 8.555.1
HCBS BI	Behavioral Health Services - Behavioral Programming	H0025	U6				$ 12.94	8.26%	$ 14.01	30 Minutes		Must be re-authorized with BI program coordinator after 30 units of service.	
HCBS BI	Day Treatment	H2018	U6				$ 72.78	8.26%	$ 78.79	1 Day		At least 2 or more hours of attendance, 1 or more days per week.	
HCBS BI	Home Modifications	S5165	U6				NR*	NA	NR*	Per Modification	$10,000 Lifetime		10.CCR.2505-10 8.493.3.E

Waiver	Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	FY 12-13 Rate	% Change	FY 13-14 Rate	Unit Value	Limit	Comments	Colorado Code of Regulations Citation
HCBS BI	Independent Living Skills Training (ILST)	T2013	U6				$ 23.55	8.26%	$ 25.50	1 Hour			
HCBS BI	Mental Health Counseling - Family	H0004	U6	HR			$ 13.37	8.26%	$ 14.47	15 minutes		Must be re-authorized with BI program coordinator after 30 units of service.	
HCBS BI	Mental Health Counseling - Group	H0004	U6	HQ			$ 7.49	8.26%	$ 8.11	15 minutes		Must be re-authorized with BI program coordinator after 30 units of service.	
HCBS BI	Mental Health Counseling - Individual	H0004	U6				$ 13.37	8.26%	$ 14.47	15 minutes		Must be re-authorized with BI program coordinator after 30 units of service.	
HCBS BI	Non Medical Transportation - Taxi	A0100	U6				$ 46.98	8.26%	$ 50.86	1 Way Trip	208 Trips, $50.86 per Trip	Combined Limit, Not to exceed the rate with the Public Utilities Commission. Use HB modifier for trips to and from adult day.	10.CCR.2505-10 8.494.50
HCBS BI	Non Medical Transportation - Mobility Van Mileage Band 1 (0-10 miles)	A0120	U6				$ -	NA	$ 8.14	1 Way Trip	208 Trips	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
HCBS BI	Non Medical Transportation - Mobility Van Mileage Band 2 (11-20 miles)	A0120	U6	TT			$ -	NA	$ 14.98	1 Way Trip	208 Trips	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
HCBS BI	Non Medical Transportation - Mobility Van Mileage Band 3 (over 20 miles)	A0120	U6	TN			$ -	NA	$ 22.30	1 Way Trip	208 Trips	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
HCBS BI	Non Medical Transportation - Wheelchair Van Mileage Band 1 (0-10 miles)	A0130	U6				$ -	NA	$ 9.65	1 Way Trip	208 Trips	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
HCBS BI	Non Medical Transportation - Wheelchair Van Mileage Band 2 (11-20 miles)	A0130	U6	TT			$ -	NA	$ 18.06	1 Way Trip	208 Trips	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
HCBS BI	Non Medical Transportation - Wheelchair Van Mileage Band 3 (over 20 miles)	A0130	U6	TN			$ -	NA	$ 24.59	1 Way Trip	208 Trips	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
HCBS BI	Personal Care	T1019	U6				$ 3.53	8.26%	$ 3.82	15 minutes			
HCBS BI	Relative Personal Care	T1019	U6	HR			$ 3.53	8.26%	$ 3.82	15 minutes	1,776 Units per Year		10.CCR.2505-10 8.485.200
HCBS BI	Personal Emergency Response System (PERS) - Installation	S5160	U6				NR*	NA	NR*	Per Purchase			
HCBS BI	Personal Emergency Response System (PERS) - Monitoring	S5161	U6				NR*	NA	NR*	1 Month			
HCBS BI	Respite Care - In Home	S5150	U6				$ 2.94	8.26%	$ 3.18	15 minutes	30 Days per Year	Combined Limit for Respite Care. All inclusive of client's needs.	10.CCR.2505-10 8.492.31
HCBS BI	Respite Care - Nursing Facility	H0045	U6				$ 108.40	8.26%	$ 117.35	1 Day	30 Days per Year	Combined Limit for Respite Care.	10.CCR.2505-10 8.492.31
HCBS BI	Substance Abuse Counseling - Family	T1006	U6	HR	HF		$ 53.53	8.26%	$ 57.95	1 Hour			
HCBS BI	Substance Abuse Counseling - Group	H0047	U6	HQ	HF		$ 29.98	8.26%	$ 32.46	1 Hour			10.CCR.2505-10 8.555.1

Waiver	Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	FY 12-13 Rate	% Change	FY 13-14 Rate	Unit Value	Limit	Comments	Colorado Code of Regulations Citation
HCBS BI	Substance Abuse Counseling - Individual	H0047	U6	HF			$ 53.53	8.26%	$ 57.95	1 Hour			10.CCR.2505-10 8.555.1
HCBS BI	Supported Living Program	T2033	U6				FS*	NA	FS*	1 Day		Per diem rate set by HCPF using acuity Levels of client population.	
HCBS BI	Transitional Living	T2016	U6				$ 126.61	8.26%	$ 137.07	1 Day			
HCBS PLWA	Adult Day Services - Basic	S5105	U2				$ 21.79	8.26%	$ 23.59	1/2 Day		An individual unit is 4-5 hours per day.	10.CCR.2505-10 8.491.31
HCBS PLWA	Adult Day Services - Specialized	S5105	U2	TF			$ 27.83	8.26%	$ 30.13	1/2 Day		An individual unit is 3-5 hours per day.	10.CCR.2505-10 8.491.31
HCBS PLWA	Homemaker	S5130	U2				$ 3.47	8.26%	$ 3.76	15 minutes			
HCBS PLWA	Non Medical Transportation - Taxi	A0100	U2				$ 46.98	8.26%	$ 50.86	1 Way Trip	208 Trips, $50.86 per Trip	Combined Limit, Not to exceed the rate with the Public Utilities Commission. Use HB modifier for trips to and from adult day.	10.CCR.2505-10 8.494.50
HCBS PLWA	Non Medical Transportation - Mobility Van Mileage Band 1 (0-10 miles)	A0120	U2				$ -	NA	$ 8.14	1 Way Trip	208 Trips	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
HCBS PLWA	Non Medical Transportation - Mobility Van Mileage Band 2 (11-20 miles)	A0120	U2	TT			$ -	NA	$ 14.98	1 Way Trip	208 Trips	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
HCBS PLWA	Non Medical Transportation - Mobility Van Mileage Band 3 (over 20 miles)	A0120	U2	TN			$ -	NA	$ 22.30	1 Way Trip	208 Trips	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
HCBS PLWA	Non Medical Transportation - Wheelchair Van Mileage Band 1 (0-10 miles)	A0130	U2				$ -	NA	$ 9.65	1 Way Trip	208 Trips	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
HCBS PLWA	Non Medical Transportation - Wheelchair Van Mileage Band 2 (11-20 miles)	A0130	U2	TT			$ -	NA	$ 18.06	1 Way Trip	208 Trips	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
HCBS PLWA	Non Medical Transportation - Wheelchair Van Mileage Band 3 (over 20 miles)	A0130	U2	TN			$ -	NA	$ 24.59	1 Way Trip	208 Trips	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
HCBS PLWA	Personal Care	T1019	U2				$ 3.47	8.26%	$ 3.76	15 minutes			
HCBS PLWA	Relative Personal Care	T1019	U2	HR			$ 3.47	8.26%	$ 3.76	15 minutes	1,776 Units per Year		10.CCR.2505-10 8.485.200
HCBS PLWA	Personal Emergency Response System (PERS) - Installation	S5160	U2				NR*	NA	NR*	Per Purchase			
HCBS PLWA	Personal Emergency Response System (PERS) - Monitoring	S5161	U2				NR*	NA	NR*	1 Month			
HCBS SCI	Adult Day Services - Basic	S5105	U1	SC			$ 21.90	8.26%	$ 23.71	1/2 Day	520 Units	Combined Limit, An individual unit is 4-5 hours per day.	10.CCR.2505-10 8.491.31
HCBS SCI	Adult Day Services - Specialized	S5105	U1	SC	TF		$ 27.97	8.26%	$ 30.28	1/2 Day	520 Units	Combined Limit, An individual unit is 3-5 hours per day.	10.CCR.2505-10 8.491.31

Waiver	Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	FY 12-13 Rate	% Change	FY 13-14 Rate	Unit Value	Limit	Comments	Colorado Code of Regulations Citation
HCBS SCI	Alternative Therapies - Acupuncture	97814	U1	SC			$ 16.25	8.26%	$ 17.59	15 Minutes	204 units	Combined Limit for Alternative Therapies.	10.CCR.2505-10 8.517.10.B.6.A
HCBS SCI	Alternative Therapies - Chiropractic	98942	U1	SC			$ 16.25	8.26%	$ 17.59	15 Minutes	204 units	Combined Limit for Alternative Therapies.	10.CCR.2505-10 8.517.10.B.6.A
HCBS SCI	Alternative Therapies - Massage	97124	U1	SC			$ 12.50	8.26%	$ 13.53	15 Minutes	204 units	Combined Limit for Alternative Therapies.	10.CCR.2505-10 8.517.10.B.6.A
HCBS SCI	Consumer Directed Attendant Support Services (CDASS) - Services (cent per unit)	T2025	U1	SC			$ 0.01	NA	$ 0.01	Monthly Allocation		Determined on FMS SEP Portal by CM.	
HCBS SCI	Consumer Directed Attendant Support Services (CDASS) - Per Member/Per Month (PM/PM)	T2040	U1	SC			$ 310.00	NA	$ 310.00	1 Month		PMPM implemented April 2012.	
HCBS SCI	Home Modifications	S5165	U1	SC			NR*	NA	NR*	Per Modification	$10,000 Lifetime		10.CCR.2505-10 8.493.3.E
HCBS SCI	Homemaker	S5130	U1	SC			$ 3.47	8.26%	$ 3.76	15 Minutes			
HCBS SCI	In Home Support Services (IHSS) - Health Maintenance Activities	H0038	U1	SC			$ 6.55	8.26%	$ 7.09	15 Minutes			
HCBS SCI	In Home Support Services (IHSS) - Homemaker	S5130	U1	SC	KX		$ 3.47	8.26%	$ 3.76	15 Minutes			
HCBS SCI	In Home Support Services (IHSS) - Personal Care	T1019	U1	SC	KX		$ 3.47	8.26%	$ 3.76	15 Minutes			
HCBS SCI	In Home Support Services (IHSS) - Relative Personal Care	T1019	U1	SC	HR	KX	$ 3.47	8.26%	$ 3.76	15 Minutes	1,776 Units per Year		10.CCR.2505-10 8.485.200
HCBS SCI	Medication Reminder - Install/Purchase	T2029	U1	SC			NR*	NA	NR*	Per Purchase			
HCBS SCI	Medication Reminder - Monitoring	S5185	U1	SC			NR*	NA	NR*	1 Month			
HCBS SCI	Non Medical Transportation - Taxi	A0100	U1	SC			$ 46.98	8.26%	$ 50.86	1 Way Trip	208 Trips, 520 Trips to and from Adult Day, $50.86 per Trip	Combined Limit, Not to exceed the rate with the Public Utilities Commission. Use HB modifier for trips to and from adult day.	10.CCR.2505-10 8.494.50
HCBS SCI	Non Medical Transportation - Mobility Van Mileage Band 1 (0-10 miles)	A0120	U1	SC			$ -	NA	$ 8.14	1 Way Trip	208 Trips, 520 Trips to and from Adult Day	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50

Waiver	Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	FY 12-13 Rate	% Change	FY 13-14 Rate	Unit Value	Limit	Comments	Colorado Code of Regulations Citation
HCBS SCI	Non Medical Transportation - Mobility Van Mileage Band 2 (11-20 miles)	A0120	U1	SC	TT		$ -	NA	$ 14.98	1 Way Trip	208 Trips, 520 Trips to and from Adult Day	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
HCBS SCI	Non Medical Transportation - Mobility Van Mileage Band 3 (over 20 miles)	A0120	U1	SC	TN		$ -	NA	$ 22.30	1 Way Trip	208 Trips, 520 Trips to and from Adult Day	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
HCBS SCI	Non Medical Transportation - Wheelchair Van Mileage Band 1 (0-10 miles)	A0130	U1	SC			$ -	NA	$ 9.65	1 Way Trip	208 Trips, 520 Trips to and from Adult Day	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
HCBS SCI	Non Medical Transportation - Wheelchair Van Mileage Band 2 (11-20 miles)	A0130	U1	SC	TT		$ -	NA	$ 18.06	1 Way Trip	208 Trips, 520 Trips to and from Adult Day	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
HCBS SCI	Non Medical Transportation - Wheelchair Van Mileage Band 3 (over 20 miles)	A0130	U1	SC	TN		$ -	NA	$ 24.59	1 Way Trip	208 Trips, 520 Trips to and from Adult Day	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
HCBS SCI	Personal Care	T1019	U1	SC			$ 3.47	8.26%	$ 3.76	15 Minutes			
HCBS SCI	Relative Personal Care	T1019	U1	SC	HR		$ 3.47	8.26%	$ 3.76	15 Minutes	1,776 Units per Year		10.CCR.2505-10 8.485.200
HCBS SCI	Personal Emergency Response System (PERS) - Installation	S5160	U1	SC			NR*	NA	NR*	Per Purchase			
HCBS SCI	Personal Emergency Response System (PERS) - Monitoring	S5161	U1	SC			NR*	NA	NR*	1 Month			
HCBS SCI	Respite Care - Alternative Care Facility	S5151	U1	SC			$ 51.38	8.26%	$ 55.62	1 Day	30 Days per Year	Combined Limit for Respite Care.	10.CCR.2505-10 8.492.31
HCBS SCI	Respite Care - In Home	S5150	U1	SC			$ 2.95	8.26%	$ 3.19	15 Minutes	30 Days per Year, 540 units	Combined Limit for Respite Care.	10.CCR.2505-10 8.492.31
HCBS SCI	Respite Care - Nursing Facility	H0045	U1	SC			$ 114.57	8.26%	$ 124.03	1 Day	30 Days per Year	Combined Limit for Respite Care.	10.CCR.2505-10 8.492.31
HCBS DD	Behavioral Health Services - Line Staff	H2019	U3				$ 6.12	4.00%	$ 6.36	15 Minutes	960 Units per Year*	*Service Plan Year.	10.CCR.2505-10 8.500.5.1.d.vii.4
HCBS DD	Behavioral Health Services - Consultation	H2019	U3	22	TG		$ 23.00	4.00%	$ 23.92	15 Minutes	80 Units per Year*	*Service Plan Year.	10.CCR.2505-10 8.500.5.1.d.iii

Waiver	Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	FY 12-13 Rate	% Change	FY 13-14 Rate	Unit Value	Limit	Comments	Colorado Code of Regulations Citation
HCBS DD	Behavioral Health Services - Behavior Counseling (Individual)	H2019	U3	TF	TG		$ 23.00	4.00%	$ 23.92	15 Minutes	208 Units per Year*	Limit combines Individual and Group services, *Service Plan Year.	10.CCR.2505-10 8.500.5.1.vi.3
HCBS DD	Behavioral Health Services - Behavior Counseling (Group)	H2019	U3	TF	HQ		$ 7.75	4.00%	$ 8.06	15 Minutes	208 Units per Year*	Limit combines Individual and Group services, *Service Plan Year.	10.CCR.2505-10 8.500.5.1.vi.3
HCBS DD	Behavioral Health Services - Plan Assessment	T2024	U3	22			$ 23.00	4.00%	$ 23.92	15 Minutes	40 Units per Year*	Applies to new enrollments, any amendment to this service in a current Service Plan or at the CSR. *Service Plan Year.	10.CCR.2505-10 8.500.5.1.d.v
HCBS DD	Specialized Habilitation - Level 1	T2021	U3	HQ			$ 2.18	4.00%	$ 2.27	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.5.2.f
HCBS DD	Specialized Habilitation - Level 2	T2021	U3	22	HQ		$ 2.39	4.00%	$ 2.49	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.5.2.f
HCBS DD	Specialized Habilitation - Level 3	T2021	U3	TF	HQ		$ 2.66	4.00%	$ 2.77	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.5.2.f
HCBS DD	Specialized Habilitation - Level 4	T2021	U3	TF	22	HQ	$ 3.13	4.00%	$ 3.26	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.5.2.f
HCBS DD	Specialized Habilitation - Level 5	T2021	U3	TG	HQ		$ 3.88	4.00%	$ 4.04	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.5.2.f
HCBS DD	Specialized Habilitation - Level 6	T2021	U3	TG	22	HQ	$ 5.58	4.00%	$ 5.80	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.5.2.f
HCBS DD	Specialized Habilitation - Level 7	T2021	U3	SC	HQ		$ 8.78	4.00%	$ 9.13	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.5.2.f
HCBS DD	Supported Community Connections - Level 1	T2021	U3				$ 2.65	4.00%	$ 2.76	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.5.2.f
HCBS DD	Supported Community Connections - Level 2	T2021	U3	22			$ 2.90	4.00%	$ 3.02	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.5.2.f
HCBS DD	Supported Community Connections - Level 3	T2021	U3	TF			$ 3.26	4.00%	$ 3.39	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.5.2.f

Waiver	Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	FY 12-13 Rate	% Change	FY 13-14 Rate	Unit Value	Limit	Comments	Colorado Code of Regulations Citation
HCBS DD	Supported Community Connections - Level 4	T2021	U3	TF	22		$ 3.75	4.00%	$ 3.90	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.5.2.f
HCBS DD	Supported Community Connections - Level 5	T2021	U3	TG			$ 4.52	4.00%	$ 4.70	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.5.2.f
HCBS DD	Supported Community Connections - Level 6	T2021	U3	TG	22		$ 5.94	4.00%	$ 6.18	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.5.2.f
HCBS DD	Supported Community Connections - Level 7	T2021	U3	SC			$ 8.78	4.00%	$ 9.13	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.5.2.f
HCBS DD	Dental Services - Basic	D2999	U3				$ 1.00	NA	$ 1.00	1 Dollar	$2,000	Amount beyond limit requires authorization from DDD. Diagnostic and Treatment are combined into a single billing service code.	10.CCR.2505-10 8.500.5.3.i
HCBS DD	Dental Services - Major	D2999	U3	22			$ 1.00	NA	$ 1.00	1 Dollar	$10,000 Lifetime	Limit is for the life of the waiver period beginning July 1, 2009 through June 30, 2014.	10.CCR.2505-10 8.500.5.3.i
HCBS DD	Non Medical Transportation - Mileage Level 1 (0-10 Miles)	T2003	U3				$ 5.34	4.00%	$ 5.55	1 Trip	508 Trips per Year*, 2 Trips per Day	Combined Limit, *Service Plan Year.	10.CCR.2505-10 8.500.5.4.b
HCBS DD	Non Medical Transportation - Mileage Level 2 (11-20 Miles)	T2003	U3	22			$ 11.19	4.00%	$ 11.64	1 Trip	508 Trips per Year*, 2 Trips per Day	Combined Limit, *Service Plan Year.	10.CCR.2505-10 8.500.5.4.b
HCBS DD	Non Medical Transportation - Mileage Level 3 (21 and up Miles)	T2003	U3	TF			$ 17.04	4.00%	$ 17.72	1 Trip	508 Trips per Year*, 2 Trips per Day	Combined Limit, *Service Plan Year.	10.CCR.2505-10 8.500.5.4.b
HCBS DD	Non Medical Transportation - Other (public conveyance)	T2004	U3				$ 1.00	NA	$ 1.00	1 Dollar		One dollar per unit for the cost of a bus pass or other public conveyance may only be used when it is more cost effective than or equivalent to the applicable mileage band.	10.CCR.2505-10 8.500.5.4.b
HCBS DD	Prevocational Services - Level 1	T2015	U3	HQ			$ 2.18	4.00%	$ 2.27	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.5.2.f

Waiver	Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	FY 12-13 Rate	% Change	FY 13-14 Rate	Unit Value	Limit	Comments	Colorado Code of Regulations Citation
HCBS DD	Prevocational Services - Level 2	T2015	U3	22	HQ		$ 2.39	4.00%	$ 2.49	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.5.2.f
HCBS DD	Prevocational Services - Level 3	T2015	U3	TF	HQ		$ 2.66	4.00%	$ 2.77	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.5.2.f
HCBS DD	Prevocational Services - Level 4	T2015	U3	TF	22	HQ	$ 3.13	4.00%	$ 3.26	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.5.2.f
HCBS DD	Prevocational Services - Level 5	T2015	U3	TG	HQ		$ 3.88	4.00%	$ 4.04	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.5.2.f
HCBS DD	Prevocational Services - Level 6	T2015	U3	TG	22	HQ	$ 5.58	4.00%	$ 5.80	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.5.2.f
HCBS DD	Supported Employment Group - Level 1	T2019	U3	HQ			$ 2.92	4.00%	$ 3.04	15 Minutes	7,112 units	The maximum Supported Employment units per Service Plan Year is 7,112 minus the combined total units for Specialized Habilitation, Supported Community Connections and Prevocational Services.	10.CCR.2505-10 8.500.5.2.g
HCBS DD	Supported Employment Group - Level 2	T2019	U3	22	HQ		$ 3.19	4.00%	$ 3.32	15 Minutes	7,112 units	The maximum Supported Employment units per Service Plan Year is 7,112 minus the combined total units for Specialized Habilitation, Supported Community Connections and Prevocational Services.	10.CCR.2505-10 8.500.5.2.g
HCBS DD	Supported Employment Group - Level 3	T2019	U3	TF	HQ		$ 3.56	4.00%	$ 3.70	15 Minutes	7,112 units	The maximum Supported Employment units per Service Plan Year is 7,112 minus the combined total units for Specialized Habilitation, Supported Community Connections and Prevocational Services.	10.CCR.2505-10 8.500.5.2.g
HCBS DD	Supported Employment Group - Level 4	T2019	U3	TF	22	HQ	$ 4.11	4.00%	$ 4.27	15 Minutes	7,112 units	The maximum Supported Employment units per Service Plan Year is 7,112 minus the combined total units for Specialized Habilitation, Supported Community Connections and Prevocational Services.	10.CCR.2505-10 8.500.5.2.g

Waiver	Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	FY 12-13 Rate	% Change	FY 13-14 Rate	Unit Value	Limit	Comments	Colorado Code of Regulations Citation
HCBS DD	Supported Employment Group - Level 5	T2019	U3	TG	HQ		$ 4.91	4.00%	$ 5.11	15 Minutes	7,112 units	The maximum Supported Employment units per Service Plan Year is 7,112 minus the combined total units for Specialized Habilitation, Supported Community Connections and Prevocational Services.	10.CCR.2505-10 8.500.5.2.g
HCBS DD	Supported Employment Group - Level 6	T2019	U3	TG	22	HQ	$ 6.40	4.00%	$ 6.66	15 Minutes	7,112 units	The maximum Supported Employment units per Service Plan Year is 7,112 minus the combined total units for Specialized Habilitation, Supported Community Connections and Prevocational Services.	10.CCR.2505-10 8.500.5.2.g
HCBS DD	Supported Employment Individual - All Levels	T2019	U3	SC			$ 12.01	4.00%	$ 12.49	15 Minutes	7,112 units	The maximum Supported Employment units per Service Plan Year is 7,112 minus the combined total units for Specialized Habilitation, Supported Community Connections and Prevocational Services.	10.CCR.2505-10 8.500.5.2.g
HCBS DD	Job Development Group - All Levels	H2023	U3	HQ			$ 3.83	4.00%	$ 3.98	15 Minutes	100 Units	Must not be otherwise available for Division Vocational Rehabilitation.	
HCBS DD	Job Development - Levels 1-2	H2023	U3				$ 12.01	4.00%	$ 12.49	15 Minutes	80 units	Must not be otherwise available for Division Vocational Rehabilitation.	
HCBS DD	Job Development - Levels 3-4	H2023	U3	22			$ 12.01	4.00%	$ 12.49	15 Minutes	100 Units	Must not be otherwise available for Division Vocational Rehabilitation.	
HCBS DD	Job Development - Levels 5-6	H2023	U3	TF			$ 12.01	4.00%	$ 12.49	15 Minutes	120 Units	Must not be otherwise available for Division Vocational Rehabilitation.	
HCBS DD	Job Placement - Individual	H2024	U3				$ 1.00	NA	$ 1.00	1 Dollar	1,000 Units	Must not be otherwise available through Division Vocational Rehabilitation. Max units do not start over with service plan year and are paid to find a successful job for the individual.	
HCBS DD	Job Placement - Group	H2024	U3	HQ			$ 1.00	NA	$ 1.00	1 Dollar	400 units	Must not be otherwise available through Division Vocational Rehabilitation. Max units do not start over with service plan year and are paid to find a successful job for the individual.	
HCBS DD	Group Home - Level 1	T2016	U3	HQ			$ 81.42	4.00%	$ 84.68	1 Day			
HCBS DD	Group Home - Level 2	T2016	U3	22	HQ		$ 107.17	4.00%	$ 111.46	1 Day			
HCBS DD	Group Home - Level 3	T2016	U3	TF	HQ		$ 126.25	4.00%	$ 131.30	1 Day			

Waiver	Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	FY 12-13 Rate	% Change	FY 13-14 Rate	Unit Value	Limit	Comments	Colorado Code of Regulations Citation
HCBS DD	Group Home - Level 4	T2016	U3	TF	22	HQ	$ 149.15	4.00%	$ 155.12	1 Day			
HCBS DD	Group Home - Level 5	T2016	U3	TG	HQ		$ 164.76	4.00%	$ 171.35	1 Day			
HCBS DD	Group Home - Level 6	T2016	U3	TG	22	HQ	$ 194.96	4.00%	$ 202.76	1 Day			
HCBS DD	Group Home - Level 7	T2016	U3	SC	HQ		NR*	NA	NR*	1 Day		Individual DDD approved rate.	
HCBS DD	Personal Care Alternative - Level 1	T2016	U3				$ 59.86	4.00%	$ 62.25	1 Day			
HCBS DD	Personal Care Alternative - Level 2	T2016	U3	22			$ 96.73	4.00%	$ 100.60	1 Day			
HCBS DD	Personal Care Alternative - Level 3	T2016	U3	TF			$ 118.18	4.00%	$ 122.91	1 Day			
HCBS DD	Personal Care Alternative - Level 4	T2016	U3	TF	22		$ 143.88	4.00%	$ 149.64	1 Day			
HCBS DD	Personal Care Alternative - Level 5	T2016	U3	TG			$ 165.34	4.00%	$ 171.95	1 Day			
HCBS DD	Personal Care Alternative - Level 6	T2016	U3	TG	22		$ 207.79	4.00%	$ 216.10	1 Day			
HCBS DD	Personal Care Alternative - Level 7	T2016	U3	SC			NR*	NA	NR*			Individual DDD approved rate.	
HCBS DD	Host Home - Level 1	T2016	U3	TT			$ 55.52	4.00%	$ 57.74	1 Day			
HCBS DD	Host Home - Level 2	T2016	U3	22	TT		$ 89.70	4.00%	$ 93.29	1 Day			
HCBS DD	Host Home - Level 3	T2016	U3	TF	TT		$ 109.59	4.00%	$ 113.97	1 Day			
HCBS DD	Host Home - Level 4	T2016	U3	TF	22	TT	$ 133.44	4.00%	$ 138.78	1 Day			
HCBS DD	Host Home - Level 5	T2016	U3	TG	TT		$ 153.33	4.00%	$ 159.46	1 Day			
HCBS DD	Host Home - Level 6	T2016	U3	TG	22	TT	$ 192.72	4.00%	$ 200.43	1 Day			
HCBS DD	Host Home - Level 7	T2016	U3	SC	TT		NR*	NA	NR*	1 Day		Individual DDD approved rate.	

Waiver	Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	FY 12-13 Rate	% Change	FY 13-14 Rate	Unit Value	Limit	Comments	Colorado Code of Regulations Citation
HCBS DD	Specialized Medical Equipment and Supplies - Disposable	T2028	U3				$ 1.00	NA	$ 1.00	1 Dollar		Services may be authorized by a CCB up to the DDD pre-established thresholds, beyond which DDD prior authorization is required.	
HCBS DD	Specialized Medical Equipment and Supplies - Equipment	T2029	U3				$ 1.00	NA	$ 1.00	1 Dollar		Services may be authorized by a CCB up to the DDD pre-established thresholds, beyond which DDD prior authorization is required.	
HCBS DD	Vision Services	V2799	U3				$ 1.00	NA	$ 1.00	1 Dollar		Services may be authorized by a CCB up to the DDD pre-established thresholds, beyond which DDD prior authorization is required.	
HCBS SLS	Assistive Technology	T2035	U8				$ 1.00	NA	$ 1.00	1 Dollar	$10,000 Lifetime	Limit applies to the combination of Assistive Technology, Vehicle Modifications and Home Accessibility Adaptations.	10.CCR.2505-10 8.500.94.1.k
HCBS SLS	Behavioral Health Services - Line Staff	H2019	U8				$ 6.12	4.00%	$ 6.36	15 Minutes	960 Units per Year*	*Service Plan Year.	10.CCR.2505-10 8.500.94.2.d.vii.4
HCBS SLS	Behavioral Health Services - Consultation	H2019	U8	22	TG		$ 23.00	4.00%	$ 23.92	15 Minutes	80 Units per Year*	*Service Plan Year.	10.CCR.2505-10 8.500.94.2.d.iii
HCBS SLS	Behavioral Health Services - Behavior Counseling (Individual)	H2019	U8	TF	TG		$ 23.00	4.00%	$ 23.92	15 Minutes	208 Units per Year*	Limit combines Individual and Group services, *Service Plan Year.	10.CCR.2505-10 8.500.94.2.d.vi.3
HCBS SLS	Behavioral Health Services - Behavior Counseling (Group)	H2019	U8	TF	HQ		$ 7.75	4.00%	$ 8.06	15 Minutes	208 Units per Year*	Limit combines Individual and Group services, *Service Plan Year.	10.CCR.2505-10 8.500.94.2.d.vi.3
HCBS SLS	Behavioral Health Services - Plan Assessment	T2024	U8	22			$ 23.00	4.00%	$ 23.92	15 Minutes	40 Units per Year*	Applies to new enrollments, any amendment to this service in a current Service Plan or at the CSR. *Service Plan Year.	10.CCR.2505-10 8.500.94.2.d.v
HCBS SLS	Specialized Habilitation - Level 1	T2021	U8	HQ			$ 2.18	4.00%	$ 2.27	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.94.3.f
HCBS SLS	Specialized Habilitation - Level 2	T2021	U8	22	HQ		$ 2.39	4.00%	$ 2.49	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.94.3.f
HCBS SLS	Specialized Habilitation - Level 3	T2021	U8	TF	HQ		$ 2.66	4.00%	$ 2.77	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.94.3.f
HCBS SLS	Specialized Habilitation - Level 4	T2021	U8	TF	22	HQ	$ 3.13	4.00%	$ 3.26	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.94.3.f

Waiver	Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	FY 12-13 Rate	% Change	FY 13-14 Rate	Unit Value	Limit	Comments	Colorado Code of Regulations Citation
HCBS SLS	Specialized Habilitation - Level 5	T2021	U8	TG	HQ		$ 3.88	4.00%	$ 4.04	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.94.3.f
HCBS SLS	Specialized Habilitation - Level 6	T2021	U8	TG	22	HQ	$ 5.58	4.00%	$ 5.80	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.94.3.f
HCBS SLS	Supported Community Connections - Level 1	T2021	U8				$ 2.65	4.00%	$ 2.76	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.94.3.f
HCBS SLS	Supported Community Connections - Level 2	T2021	U8	22			$ 2.90	4.00%	$ 3.02	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.94.3.f
HCBS SLS	Supported Community Connections - Level 3	T2021	U8	TF			$ 3.26	4.00%	$ 3.39	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.94.3.f
HCBS SLS	Supported Community Connections - Level 4	T2021	U8	TF	22		$ 3.75	4.00%	$ 3.90	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.94.3.f
HCBS SLS	Supported Community Connections - Level 5	T2021	U8	TG			$ 4.52	4.00%	$ 4.70	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.94.3.f
HCBS SLS	Supported Community Connections - Level 6	T2021	U8	TG	22		$ 5.94	4.00%	$ 6.18	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.94.3.f
HCBS SLS	Dental Services - Basic	D2999	U8				$ 1.00	NA	$ 1.00	1 Dollar	$2,000	Amount beyond limit requires authorization from DDD. Diagnostic and Treatment are combined into a single billing service code.	10.CCR.2505-10 8.500.94.4.j
HCBS SLS	Dental Services - Major	D2999	U8	22			$ 1.00	NA	$ 1.00	1 Dollar	$10,000 Lifetime	Limit is for the life of the waiver period beginning July 1, 2009 through June 30, 2014.	10.CCR.2505-10 8.500.94.4.j
HCBS SLS	Home Accessibility Adaptations	S5165	U8				$ 1.00	NA	$ 1.00	1 Dollar	$10,000 Lifetime	Limit applies to the combination of Assistive Technology, Vehicle Modifications and Home Accessibility Adaptations.	10.CCR.2505-10 8.500.94.5.k
HCBS SLS	Homemaker - Basic	S5130	U8				$ 3.50	4.00%	$ 3.64	15 Minutes			
HCBS SLS	Homemaker - Enhanced	S5130	U8	22			$ 5.65	4.00%	$ 5.88	15 Minutes		Requires a habilitative plan as described in the waiver or extraordinary cleaning due to the individual behavioral or medical needs.	

Waiver	Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	FY 12-13 Rate	% Change	FY 13-14 Rate	Unit Value	Limit	Comments	Colorado Code of Regulations Citation
HCBS SLS	Mentorship	H2021	U8				$ 9.22	4.00%	$ 9.59	15 Minutes	192 Units per Year	Limit waived for training regarding child care.	10.CCR.2505-10 8.500.94.7.f
HCBS SLS	Non Medical Transportation - Mileage Level 1 (0-10 Miles)	T2003	U8				$ 5.34	4.00%	$ 5.55	1 Trip	508 Trips per Year*, 2 Trips per Day	Combined Limit, *Service Plan Year.	10.CCR.2505-10 8.500.94.8.b
HCBS SLS	Non Medical Transportation - Mileage Level 2 (11-20 Miles)	T2003	U8	22			$ 11.19	4.00%	$ 11.64	1 Trip	508 Trips per Year*, 2 Trips per Day	Combined Limit, *Service Plan Year.	10.CCR.2505-10 8.500.94.8.b
HCBS SLS	Non Medical Transportation - Mileage Level 3 (21 and up Miles)	T2003	U8	TF			$ 17.04	4.00%	$ 17.72	1 Trip	508 Trips per Year*, 2 Trips per Day	Combined Limit, *Service Plan Year.	10.CCR.2505-10 8.500.94.8.b
HCBS SLS	Non Medical Transportation - Mileage not in Day Program	T2003	U8	SC			$ 5.34	4.00%	$ 5.55	1 Way Trip	4 Trips per Week	Mileage band 1	10.CCR.2505-10 8.500.94.8.b
HCBS SLS	Non Medical Transportation - Other (public conveyance)	T2004	U8				$ 1.00	NA	$ 1.00	1 Dollar		One dollar per unit for the cost of a bus pass or other public conveyance may only be used when it is more cost effective than or equivalent to the applicable mileage band.	10.CCR.2505-10 8.500.94.8.b
HCBS SLS	Personal Emergency Response System (PERS)	S5161	U8				$ 1.00	NA	$ 1.00	1 Dollar		Services may be authorized by a CCB up to the DDD pre-established thresholds, beyond which DDD prior authorization is required.	
HCBS SLS	Personal Care	T1019	U8				$ 4.57	4.00%	$ 4.75	15 Minutes			
HCBS SLS	Prevocational Services - Level 1	T2015	U8	HQ			$ 2.18	4.00%	$ 2.27	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.94.3.f
HCBS SLS	Prevocational Services - Level 2	T2015	U8	22	HQ		$ 2.39	4.00%	$ 2.49	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.94.3.f
HCBS SLS	Prevocational Services - Level 3	T2015	U8	TF	HQ		$ 2.66	4.00%	$ 2.77	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.94.3.f
HCBS SLS	Prevocational Services - Level 4	T2015	U8	TF	22	HQ	$ 3.13	4.00%	$ 3.26	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.94.3.f

Waiver	Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	FY 12-13 Rate	% Change	FY 13-14 Rate	Unit Value	Limit	Comments	Colorado Code of Regulations Citation
HCBS SLS	Prevocational Services - Level 5	T2015	U8	TG	HQ		$ 3.88	4.00%	$ 4.04	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.94.3.f
HCBS SLS	Prevocational Services - Level 6	T2015	U8	TG	22	HQ	$ 5.58	4.00%	$ 5.80	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.94.3.f
HCBS SLS	Professional Services - Massage Therapy	97124	U8				$ 17.20	4.00%	$ 17.89	15 Minutes			
HCBS SLS	Professional Services - Movement Therapy (Bachelors)	G0176	U8				$ 14.34	4.00%	$ 14.91	15 Minutes			
HCBS SLS	Professional Services - Movement Therapy (Masters)	G0176	U8	22			$ 21.02	4.00%	$ 21.86	15 Minutes			
HCBS SLS	Professional Services - Hippotherapy (Individual)	S8940	U8				$ 19.11	4.00%	$ 19.87	15 Minutes			
HCBS SLS	Professional Services - Hippotherapy (Group)	S8940	U8	HQ			$ 8.12	4.00%	$ 8.44	15 Minutes			
HCBS SLS	Recreation Pass - Access Fee	S5199	U8				$ 1.00	NA	$ 1.00	1 Dollar		Services may be authorized by a CCB up to the DDD pre-established thresholds, beyond which DDD prior authorization is required. This service is limited to the need to access professional services as described in the July 1, 2009 FAQs.	
HCBS SLS	Respite Care - Individual	S5150	U8				$ 4.57	4.00%	$ 4.75	15 Minutes	10 hours per day		10.CCR.2505-10 8.500.94.12.d.i
HCBS SLS	Respite Care - Individual Day	S5151	U8				$ 182.55	4.00%	$ 189.85	1 Day		A Day is > 10 hours (including individual and/or group setting).	
HCBS SLS	Respite Care - Group	S5151	U8	HQ			$ 1.00	NA	$ 1.00	1 Dollar		Not to exceed the respite individual rates (i.e. 15 minute rate if 10 hours or less in a day or daily rate if more than 10 hours in a day). Time must be counted toward the appropriate annual Limit.	10.CCR.2505-10 8.500.94.12.d.iii
HCBS SLS	Respite Care - Camp	T2036	U8				$ 1.00	NA	$ 1.00	1 Dollar		Not to exceed the respite individual rates (i.e. 15 minute rate if 10 hours or less in a day or daily rate if more than 10 hours in a day). Time must be counted toward the appropriate annual Limit.	10.CCR.2505-10 8.500.94.12.d.iii

Waiver	Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	FY 12-13 Rate	% Change	FY 13-14 Rate	Unit Value	Limit	Comments	Colorado Code of Regulations Citation
HCBS SLS	Specialized Medical Equipment and Supplies - Disposable	T2028	U8				$ 1.00	NA	$ 1.00	1 Dollar		Services may be authorized by a CCB up to the DDD pre-established thresholds, beyond which DDD prior authorization is required.	
HCBS SLS	Specialized Medical Equipment and Supplies - Equipment	T2029	U8				$ 1.00	NA	$ 1.00	1 Dollar		Services may be authorized by a CCB up to the DDD pre-established thresholds, beyond which DDD prior authorization is required.	
HCBS SLS	Supported Employment Group - Level 1	T2019	U8	HQ			$ 2.92	4.00%	$ 3.04	15 Minutes	7,112 Units	The maximum Supported Employment units per Service Plan Year is 7,112 minus the combined total units for Specialized Habilitation, Supported Community Connections and Prevocational Services.	10.CCR.2505-10 8.500.94.14.k
HCBS SLS	Supported Employment Group - Level 2	T2019	U8	22	HQ		$ 3.19	4.00%	$ 3.32	15 Minutes	7,112 Units	The maximum Supported Employment units per Service Plan Year is 7,112 minus the combined total units for Specialized Habilitation, Supported Community Connections and Prevocational Services.	10.CCR.2505-10 8.500.94.14.k
HCBS SLS	Supported Employment Group - Level 3	T2019	U8	TF	HQ		$ 3.56	4.00%	$ 3.70	15 Minutes	7,112 Units	The maximum Supported Employment units per Service Plan Year is 7,112 minus the combined total units for Specialized Habilitation, Supported Community Connections and Prevocational Services.	10.CCR.2505-10 8.500.94.14.k
HCBS SLS	Supported Employment Group - Level 4	T2019	U8	TF	22	HQ	$ 4.11	4.00%	$ 4.27	15 Minutes	7,112 Units	The maximum Supported Employment units per Service Plan Year is 7,112 minus the combined total units for Specialized Habilitation, Supported Community Connections and Prevocational Services.	10.CCR.2505-10 8.500.94.14.k
HCBS SLS	Supported Employment Group - Level 5	T2019	U8	TG	HQ		$ 4.91	4.00%	$ 5.11	15 Minutes	7,112 Units	The maximum Supported Employment units per Service Plan Year is 7,112 minus the combined total units for Specialized Habilitation, Supported Community Connections and Prevocational Services.	10.CCR.2505-10 8.500.94.14.k
HCBS SLS	Supported Employment Group - Level 6	T2019	U8	TG	22	HQ	$ 6.40	4.00%	$ 6.66	15 Minutes	7,112 Units	The maximum Supported Employment units per Service Plan Year is 7,112 minus the combined total units for Specialized Habilitation, Supported Community Connections and Prevocational Services.	10.CCR.2505-10 8.500.94.14.k

Waiver	Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	FY 12-13 Rate	% Change	FY 13-14 Rate	Unit Value	Limit	Comments	Colorado Code of Regulations Citation
HCBS SLS	Supported Employment Individual - All Levels	T2019	U8	SC			$ 12.01	4.00%	$ 12.49	15 Minutes	7,112 Units	The maximum Supported Employment units per Service Plan Year is 7,112 minus the combined total units for Specialized Habilitation, Supported Community Connections and Prevocational Services.	10.CCR.2505-10 8.500.94.14.k
HCBS SLS	Job Development Group - All Levels	H2023	U8	HQ			$ 3.83	4.00%	$ 3.98	15 Minutes	100 Units	Must not be otherwise available for Division Vocational Rehabilitation.	
HCBS SLS	Job Development - Levels 1-2	H2023	U8				$ 12.01	4.00%	$ 12.49	15 Minutes	80 units	Must not be otherwise available for Division Vocational Rehabilitation.	
HCBS SLS	Job Development - Levels 3-4	H2023	U8	22			$ 12.01	4.00%	$ 12.49	15 Minutes	100 Units	Must not be otherwise available for Division Vocational Rehabilitation.	
HCBS SLS	Job Development - Levels 5-6	H2023	U8	TF			$ 12.01	4.00%	$ 12.49	15 Minutes	120 Units	Must not be otherwise available for Division Vocational Rehabilitation.	
HCBS SLS	Job Placement - Group	H2024	U8	HQ			$ 1.00	NA	$ 1.00	1 Dollar	400 units	Must not be otherwise available through Division Vocational Rehabilitation. Max units do not start over with service plan year and are paid to find a successful job for the individual.	
HCBS SLS	Job Placement - Individual	H2024	U8				$ 1.00	NA	$ 1.00	1 Dollar	1,000 Units	Must not be otherwise available through Division Vocational Rehabilitation. Max units do not start over with service plan year and are paid to find a successful job for the individual.	
HCBS SLS	Vehicle Modifications	T2039	U8				$ 1.00	NA	$ 1.00	1 Dollar	$10,000 Lifetime	Limit applies to the combination of Assistive Technology, Vehicle Modifications and Home Accessibility Adaptations.	10.CCR.2505-10 8.500.94.15.c
HCBS SLS	Vision Services	V2799	U8				$ 1.00	NA	$ 1.00	1 Dollar		Services may be authorized by a CCB up to the DDD pre-established thresholds, beyond which DDD prior authorization is required.	
HCBS CWA	Behavioral Health Services - Behavior Therapies (Lead Therapist)	H0004	UL				$ 21.64	NA	$ 21.64	15 minutes			
HCBS CWA	Behavioral Health Services - Behavior Therapies (Senior Therapist)	H0004	UL	52			$ 11.21	NA	$ 11.21	15 minutes			
HCBS CWA	Behavioral Health Services - Line Staff	H2019	UL				$ 3.53	NA	$ 3.53	15 minutes			
HCBS CHCBS	Case Management	T1016	U5				$ 7.79	8.26%	$ 8.43	15 Minutes			

Waiver	Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	FY 12-13 Rate	% Change	FY 13-14 Rate	Unit Value	Limit	Comments	Colorado Code of Regulations Citation
HCBS CHCBS	In Home Support Services (IHSS) - Health Maintenance Activities	H0038	U5				$ 6.55	8.26%	$ 7.09	15 minutes			
HCBS CLLI	Expressive Therapy	G0176	UD				$ 54.61	8.26%	$ 59.12	1 Hour	39 Hours	Limit resets every 365 days.	10.CCR.2505-10 8.504.2.D
HCBS CLLI	Individual Counseling	H0004	UD				$ 13.65	8.26%	$ 14.78	15 Minutes	98 Hours	Limited across all H0004. Limit resets every 365 days.	10.CCR.2505-10 8.504.2.C.2
HCBS CLLI	Family Counseling	H0004	UD	HR			$ 13.65	8.26%	$ 14.78	15 Minutes	98 Hours	Limited across all H0004. Limit resets every 365 days.	10.CCR.2505-10 8.504.2.C.2
HCBS CLLI	Group Counseling	H0004	UD	HQ			$ 7.65	8.26%	$ 8.28	15 Minutes	98 Hours	Limited across all H0004. Limit resets every 365 days.	10.CCR.2505-10 8.504.2.C.2
HCBS CLLI	Respite Care - Unskilled	S5150	UD				$ 3.47	8.26%	$ 3.76	15 Minutes	4 Hours per visit, 30 Days	Unique dates of service per 365 days.	10.CCR.2505-10 8.504.2.E
HCBS CLLI	Respite Care - Unskilled (Day)	S5151	UD				$ 69.61	8.26%	$ 75.36	1 Day	30 Days	Unique dates of service per 365 days.	10.CCR.2505-10 8.504.2.E
HCBS CLLI	Respite Care - Skilled (RN/LPN)	T1005	UD				$ 8.95	8.26%	$ 9.69	15 Minutes	4 Hours per visit, 30 Days	Unique dates of service per 365 days.	10.CCR.2505-10 8.504.2.E
HCBS CLLI	Respite Care - Skilled (RN/LPN) (Day)	S9125	UD				$ 143.44	8.26%	$ 155.29	1 Day	30 Days	Unique dates of service per 365 days.	10.CCR.2505-10 8.504.2.E
HCBS CLLI	Palliative/Supportive Care - Skilled (RN/LPN)	S9126	UD				$ 131.91	8.26%	$ 142.81	1 Day			
HCBS CLLI	Palliative/Supportive Care - Skilled (RN/LPN)	T2043	UD				$ 32.05	8.26%	$ 34.70	1 Hour	4 Hours per visit		
HCBS CES	Adapted Therapeutic Recreational Equipment and Fees - Equipment	T1999	U7				$ 1.00	NA	$ 1.00	1 Dollar	$1,000 per year	Combined Limit for Adapted Therapeutic Recreational Equipment and Fees.	10.CCR.2505-10 8.530.40.A.1.f
HCBS CES	Adapted Therapeutic Recreational Equipment and Fees - Fees	S5199	U7				$ 1.00	NA	$ 1.00	1 Dollar	$1,000 per year	Combined Limit for Adapted Therapeutic Recreational Equipment and Fees.	10.CCR.2505-10 8.530.40.A.1.f
HCBS CES	Assistive Technology	T2035	U7				$ 1.00	NA	$ 1.00	1 Dollar	$10,000 Lifetime	Limit applies to the combination of Assistive Technology, Vehicle Modifications and Home Accessibility Adaptations.	10.CCR.2505-10 8.503.40.A.2.k
HCBS CES	Behavioral Health Services - Line Staff	H2019	U7				$ 6.12	4.00%	$ 6.36	15 Minutes	960 Units per Year*	*Service Plan Year.	
HCBS CES	Behavioral Health Services - Consultation	H2019	U7	22	TG		$ 23.00	4.00%	$ 23.92	15 Minutes			
HCBS CES	Behavioral Health Services - Behavior Counseling (Individual)	H2019	U7	TF	TG		$ 23.00	4.00%	$ 23.92	15 Minutes			
HCBS CES	Behavioral Health Services - Behavior Counseling (Group)	H2019	U7	TF	HQ		$ 7.75	4.00%	$ 8.06	15 Minutes			

Waiver	Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	FY 12-13 Rate	% Change	FY 13-14 Rate	Unit Value	Limit	Comments	Colorado Code of Regulations Citation
HCBS CES	Behavioral Health Services - Plan Assessment	T2024	U7				$ 1.00	NA	$ 1.00	1 Dollar			
HCBS CES	Behavioral Health Services - Plan Assessment	T2024	U7	22			$ 23.00	4.00%	$ 23.92	15 Minutes	40 Units per Year*	*Service Plan Year.	10.CCR.2505-10 8.503.40.A.3.d.ii.1
HCBS CES	Community Connector	H2021	U7				$ 7.68	4.00%	$ 7.99	15 Minutes			
HCBS CES	Home Modifications	S5165	U7				$ 1.00	NA	$ 1.00	1 Dollar	$10,000 Lifetime	Limit applies to the combination of Assistive Technology, Vehicle Modifications and Home Accessibility Adaptations.	10.CCR.2505-10 8.503.40.A.2.k
HCBS CES	Homemaker - Basic	S5130	U7				$ 3.50	4.00%	$ 3.64	15 Minutes			
HCBS CES	Homemaker - Enhanced	S5130	U7	22			$ 5.65	4.00%	$ 5.88	15 Minutes		Requires a habilitative plan as described in the waiver or extraordinary cleaning due to the individual behavioral or medical needs.	
HCBS CES	Parent Education	H1010	U7				$ 1.00	NA	$ 1.00	1 Dollar	$1,000 per year		10.CCR.2505-10 8.503.40.A.7.e
HCBS CES	Personal Care	T1019	U7				$ 4.57	4.00%	$ 4.75	15 Minutes	1,880 Units per Year, 10 Hours per Day	Limit includes Individual and Group settings.	
HCBS CES	Professional Services - Hippotherapy (Individual)	S8940	U7				$ 19.11	4.00%	$ 19.87	15 Minutes			
HCBS CES	Professional Services - Hippotherapy (Group)	S8940	U7	HQ			$ 8.12	4.00%	$ 8.44	15 Minutes			
HCBS CES	Professional Services - Massage Therapy	97124	U7				$ 17.20	4.00%	$ 17.89	15 Minutes			
HCBS CES	Professional Services - Movement Therapy (Bachelors)	G0176	U7				$ 14.34	4.00%	$ 14.91	15 Minutes			
HCBS CES	Professional Services - Movement Therapy (Masters)	G0176	U7	22			$ 21.02	4.00%	$ 21.86	15 Minutes			
HCBS CES	Respite Care - Individual	S5150	U7				$ 4.57	4.00%	$ 4.75	15 Minutes	1,880 Units per Year, 10 Hours per Day	Limit includes Individual and Group settings.	10.CCR.2505-10 8.503.40.A.10.g
HCBS CES	Respite Care - Individual Day	S5151	U7				$ 182.55	4.00%	$ 189.85	1 Day	30 Days per Year	One Day is > 10 hours (including individual and/or group settings).	10.CCR.2505-10 8.503.40.A.10.g

Waiver	Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	FY 12-13 Rate	% Change	FY 13-14 Rate	Unit Value	Limit	Comments	Colorado Code of Regulations Citation
HCBS CES	Respite Care - Group	S5151	U7	HQ			$ 1.00	NA	$ 1.00	1 Dollar		Not to exceed the respite individual rates (i.e. 15 minute rate if 10 hours or less in a day or daily rate if more than 10 hours in a day). Time must be counted toward the appropriate annual Limit.	10.CCR.2505-10 8.503.40.A.10.g
HCBS CES	Respite Care - Camp	T2036	U7				$ 1.00	NA	$ 1.00	1 Dollar		Not to exceed the respite individual rates (i.e. 15 minute rate if 10 hours or less in a day or daily rate if more than 10 hours in a day). Time must be counted toward the appropriate annual Limit.	10.CCR.2505-10 8.503.40.A.10.g
HCBS CES	Specialized Medical Equipment and Supplies - Disposable	T2028	U7				$ 1.00	NA	$ 1.00	1 Dollar		Services may be authorized by a CCB up to the DDD pre-established thresholds, beyond which DDD prior authorization is required.	
HCBS CES	Specialized Medical Equipment and Supplies - Equipment	T2029	U7				$ 1.00	NA	$ 1.00	1 Dollar		Services may be authorized by a CCB up to the DDD pre-established thresholds, beyond which DDD prior authorization is required.	
HCBS CES	Vehicle Modifications	T2039	U7				$ 1.00	NA	$ 1.00	1 Dollar	$10,000 Lifetime	Limit applies to the combination of Assistive Technology, Vehicle Modifications and Home Accessibility Adaptations.	10.CCR.2505-10 8.503.40.A.2.k
HCBS CES	Vision Services	V2799	U7				$ 1.00	NA	$ 1.00	1 Dollar		Services may be authorized by a CCB up to the DDD pre-established thresholds, beyond which DDD prior authorization is required.	
HCBS CHRP	Behavioral Health Services - Line Staff	H2019	U9				$ 7.80	2.00%	$ 7.96	15 Minutes			
HCBS CHRP	Behavioral Health Services - Behavioral Plan Specialist	H2019	U9	22			$ 11.96	2.00%	$ 12.20	15 Minutes			
HCBS CHRP	Behavioral Health Services - Senior Therapist	H2019	U9	TF			$ 23.88	2.00%	$ 24.36	15 Minutes			
HCBS CHRP	Behavioral Health Services - Lead Therapist	H2019	U9	TF	22		$ 30.26	2.00%	$ 30.87	15 Minutes			
HCBS CHRP	Behavioral Health Services - Plan Assessment	H0002	U9				$ 0.99	NA	$ 0.99	$0.99	700 units		
HCBS CHRP	Foster Home - Level 1	H0041	U9				$ 51.52	2.00%	$ 52.55	1 Day			
HCBS CHRP	Foster Home - Level 2	H0041	U9	22			$ 83.24	2.00%	$ 84.90	1 Day			

Waiver	Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	FY 12-13 Rate	% Change	FY 13-14 Rate	Unit Value	Limit	Comments	Colorado Code of Regulations Citation
HCBS CHRP	Foster Home - Level 3	H0041	U9	TF			$ 101.70	2.00%	$ 103.73	1 Day			
HCBS CHRP	Foster Home - Level 4	H0041	U9	TF	22		$ 123.83	2.00%	$ 126.31	1 Day			
HCBS CHRP	Foster Home - Level 5	H0041	U9	TG			$ 142.28	2.00%	$ 145.13	1 Day			
HCBS CHRP	Foster Home - Level 6	H0041	U9	TG	22		$ 178.83	2.00%	$ 182.41	1 Day			
HCBS CHRP	Group Home - Level 1	T2016	U9				$ 75.55	2.00%	$ 77.06	1 Day			
HCBS CHRP	Group Home - Level 2	T2016	U9	22			$ 99.45	2.00%	$ 101.44	1 Day			
HCBS CHRP	Group Home - Level 3	T2016	U9	TF			$ 117.16	2.00%	$ 119.50	1 Day			
HCBS CHRP	Group Home - Level 4	T2016	U9	TF	22		$ 138.40	2.00%	$ 141.17	1 Day			
HCBS CHRP	Group Home - Level 5	T2016	U9	TG			$ 152.89	2.00%	$ 155.95	1 Day			
HCBS CHRP	Group Home - Level 6	T2016	U9	TG	22		$ 180.29	2.00%	$ 183.90	1 Day			
HCBS CHRP	Professional Services - Hippotherapy (Individual)	S8940	U9				$ 19.70	2.00%	$ 20.09	15 Minutes			
HCBS CHRP	Professional Services - Hippotherapy (Group)	S8940	U9	HQ			$ 8.37	2.00%	$ 8.54	15 Minutes			
HCBS CHRP	Professional Services - Movement Therapy (Bachelors)	G0176	U9				$ 14.78	2.00%	$ 15.08	15 Minutes			
HCBS CHRP	Professional Services - Movement Therapy (Masters)	G0176	U9	22			$ 21.67	2.00%	$ 22.10	15 Minutes			
HCBS CHRP	Supported Community Connections	H2021	U9				$ 9.05	2.00%	$ 9.23	15 Minutes			
CCT EBD	Adult Day Services - Basic	S5105	UC				$ 21.79	8.26%	$ 23.59	1/2 Day		An individual unit is 4-5 hours per day.	10.CCR.2505-10 8.491.31
CCT EBD	Adult Day Services - Specialized	S5105	UC	TF			$ 27.83	8.26%	$ 30.13	1/2 Day		An individual unit is 3-5 hours per day.	10.CCR.2505-10 8.491.31
CCT EBD	Assistive Technology - Extended	T2029	UC				NR*	NA	NR*	Per Purchase		**Demonstration Service**	10.CCR.2505-10 8.555.1
CCT EBD	Caregiver Education	S5110	UC				$ 12.19	NA	$ 12.19	15 Minutes	120 Units	**Demonstration Service**	10.CCR.2505-10 8.555.1

Waiver	Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	FY 12-13 Rate	% Change	FY 13-14 Rate	Unit Value	Limit	Comments	Colorado Code of Regulations Citation
CCT EBD	Community Transition Services (CTS) - Coordinator	T2038	UC				NR*	NA	NR*	Per Transition	$2,000	**Demonstration Service**	10.CCR.2505-10 8.555.1
CCT EBD	Community Transition Services (CTS) - Items Purchased	A9900	UC				NR*	NA	NR*	Per Purchase	$1,500	**Demonstration Service**	10.CCR.2505-10 8.555.1
CCT EBD	Consumer Directed Attendant Support Services (CDASS) - Services (cent per unit)	T2025	UC				$ 0.01	NA	$ 0.01	Monthly Allocation		Determined on FMS SEP Portal by CM.	
CCT EBD	Consumer Directed Attendant Support Services (CDASS) - Per Member/Per Month (PM/PM)	T2040	UC				$ 310.00	NA	$ 310.00	1 Month		PMPM implemented April 2012.	
CCT EBD	Dental Services	D2999	UC				NR*	NA	NR*	Per Procedure	$8,000 Lifetime	**Demonstration Service**	10.CCR.2505-10 8.555.1
CCT EBD	Enhanced Nursing Services (RN)	T1002	UC				$ 8.87	NA	$ 8.87	15 Minutes		**Demonstration Service**, service is provided in the first 30 days post transition only.	10.CCR.2505-10 8.555.1
CCT EBD	Home Delivered Meals	S5170	UC				$ 10.80	NA	$ 10.80	Per Delivery/Meal	728 Meals	**Demonstration Service**, time limited for CCT clients, may be provided more often during initial weeks after discharge from an institution.	10.CCR.2505-10 8.555.1
CCT EBD	Home Modifications	S5165	UC				NR*	NA	NR*	Per Modification	$10,000 Lifetime		10.CCR.2505-10 8.493.3.E
CCT EBD	Home Modifications - Extended	S5165	UC	KG			NR*	NA	NR*	Per Modification	$5,000 Lifetime	**Demonstration Service**, can only be accessed when Home Modification limits have been reached.	10.CCR.2505-10 8.555.1
CCT EBD	Homemaker	S5130	UC				$ 3.47	8.26%	$ 3.76	15 minutes			
CCT EBD	In Home Support Services (IHSS) - Health Maintenance Activities	H0038	UC				$ 6.55	8.26%	$ 7.09	15 minutes			
CCT EBD	In Home Support Services (IHSS) - Homemaker	S5130	UC	KX			$ 3.47	8.26%	$ 3.76	15 minutes			
CCT EBD	In Home Support Services (IHSS) - Personal Care	T1019	UC	KX			$ 3.47	8.26%	$ 3.76	15 minutes			
CCT EBD	In Home Support Services (IHSS) - Relative Personal Care	T1019	UC	HR	KX		$ 3.47	8.26%	$ 3.76	15 minutes	1,776 Units per Year	No limit on In Home Support Services provided by parents of adult children.	10.CCR.2505-10 8.485.200
CCT EBD	Independent Living Skills Training (ILST)	H2014	UC				$ 9.33	NA	$ 9.33	15 Minutes	24 units per day	**Demonstration Service**	10.CCR.2505-10 8.555.1
CCT EBD	Intensive Case Management	T1016	UC				$ 21.10	NA	$ 21.10	15 Minutes		**Demonstration Service**	10.CCR.2505-10 8.555.1
CCT EBD	Medication Reminder - Install/Purchase	T2029	UC	TF			NR*	NA	NR*	Per Purchase			

Waiver	Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	FY 12-13 Rate	% Change	FY 13-14 Rate	Unit Value	Limit	Comments	Colorado Code of Regulations Citation
CCT EBD	Medication Reminder - Monitoring	S5185	UC				NR*	NA	NR*	1 Month			
CCT EBD	Peer Mentorship	H2015	UC				$ 5.36	NA	$ 5.36	15 Minutes		**Demonstration Service**	10.CCR.2505-10 8.555.1
CCT EBD	Non Medical Transportation - Taxi	A0100	UC				$ 46.98	8.26%	$ 50.86	1 Way Trip	208 Trips, $50.86 per Trip	Combined Limit, Not to exceed the rate with the Public Utilities Commission. Use HB modifier for trips to and from adult day.	10.CCR.2505-10 8.494.50
CCT EBD	Non Medical Transportation - Mobility Van Mileage Band 1 (0-10 miles)	A0120	UC				$ -	NA	$ 8.14	1 Way Trip	208 Trips	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
CCT EBD	Non Medical Transportation - Mobility Van Mileage Band 2 (11-20 miles)	A0120	UC	TT			$ -	NA	$ 14.98	1 Way Trip	208 Trips	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
CCT EBD	Non Medical Transportation - Mobility Van Mileage Band 3 (over 20 miles)	A0120	UC	TN			$ -	NA	$ 22.30	1 Way Trip	208 Trips	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
CCT EBD	Non Medical Transportation - Wheelchair Van Mileage Band 1 (0-10 miles)	A0130	UC				$ -	NA	$ 9.65	1 Way Trip	208 Trips	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
CCT EBD	Non Medical Transportation - Wheelchair Van Mileage Band 2 (11-20 miles)	A0130	UC	TT			$ -	NA	$ 18.06	1 Way Trip	208 Trips	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
CCT EBD	Non Medical Transportation - Wheelchair Van Mileage Band 3 (over 20 miles)	A0130	UC	TN			$ -	NA	$ 24.59	1 Way Trip	208 Trips	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
CCT EBD	Personal Care	T1019	UC				$ 3.47	8.26%	$ 3.76	15 minutes			
CCT EBD	Relative Personal Care	T1019	UC	HR			$ 3.47	8.26%	$ 3.76	15 minutes	1,776 Units per Year		10.CCR.2505-10 8.485.200
CCT EBD	Personal Emergency Response System (PERS) - Installation	S5160	UC				NR*	NA	NR*	Per Purchase			
CCT EBD	Personal Emergency Response System (PERS) - Monitoring	S5161	UC				NR*	NA	NR*	1 Month			
CCT EBD	Respite Care - Alternative Care Facility	S5151	UC				$ 51.38	8.26%	$ 55.62	1 Day	30 Days per Year	Combined Limit for Respite Care.	10.CCR.2505-10 8.492.31
CCT EBD	Respite Care - Nursing Facility	H0045	UC				$ 114.57	8.26%	$ 124.03	1 Day	30 Days per Year	Combined Limit for Respite Care.	10.CCR.2505-10 8.492.31
CCT EBD	Respite Care - In Home	S5150	UC				$ 2.94	8.26%	$ 3.18	15 minutes	30 Days per Year	Combined Limit for Respite Care. Not to exceed the Alternative Care Facility per diem for respite care.	10.CCR.2505-10 8.492.31
CCT EBD	Substance Abuse Counseling - Individual	H0047	UC	HF			$ 72.94	NA	$ 72.94	1 Hour		**Demonstration Service**	10.CCR.2505-10 8.555.1
CCT EBD	Substance Abuse Counseling - Group	H0047	UC	HQ	HF		$ 39.39	NA	$ 39.39	1 Hour		**Demonstration Service**	10.CCR.2505-10 8.555.1

Waiver	Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	FY 12-13 Rate	% Change	FY 13-14 Rate	Unit Value	Limit	Comments	Colorado Code of Regulations Citation
CCT EBD	Transitional Behavioral Health Services	H0025	UC				$ 25.31	NA	$ 25.31	30 Minutes		**Demonstration Service**	10.CCR.2505-10 8.555.1
CCT EBD	Transitional Specialized Day Rehabilitation Services	S5101	UC				$ 36.45	NA	$ 36.45	1/2 Day		**Demonstration Service**, an individual unit is 4-5 hours per day.	10.CCR.2505-10 8.555.1
CCT EBD	Vision Services - Extended	V2799	UC				NR*	NA	NR*	Per Procedure	$1,000	**Demonstration Service**	
CCT CMHS	Adult Day Services - Basic	S5105	UC				$ 21.79	8.26%	$ 23.59	1/2 Day		An individual unit is 4-5 hours per day.	10.CCR.2505-10 8.491.31
CCT CMHS	Adult Day Services - Specialized	S5105	UC	TF			$ 27.83	8.26%	$ 30.13	1/2 Day		An individual unit is 3-5 hours per day.	10.CCR.2505-10 8.491.31
CCT CMHS	Assistive Technology - Extended	T2029	UC				NR*	NA	NR*	Per Purchase		**Demonstration Service**	10.CCR.2505-10 8.555.1
CCT CMHS	Caregiver Education	S5110	UC				$ 12.19	NA	$ 12.19	15 Minutes	120 Units	**Demonstration Service**	10.CCR.2505-10 8.555.1
CCT CMHS	Community Transition Services (CTS) - Coordinator	T2038	UC				NR*	NA	NR*	Per Transition	$2,000	**Demonstration Service**	10.CCR.2505-10 8.555.1
CCT CMHS	Community Transition Services (CTS) - Items Purchased	A9900	UC				NR*	NA	NR*	Per Purchase	$1,500	**Demonstration Service**	10.CCR.2505-10 8.555.1
CCT CMHS	Consumer Directed Attendant Support Services (CDASS) - Services (cent per unit)	T2025	UC				$ 0.01	NA	$ 0.01	Monthly Allocation		Determined on FMS SEP Portal by CM.	
CCT CMHS	Consumer Directed Attendant Support Services (CDASS) - Per Member/Per Month (PM/PM)	T2040	UC				$ 310.00	NA	$ 310.00	1 Month		PMPM implemented April 2012.	
CCT CMHS	Dental Services	D2999	UC				NR*	NA	NR*	Per Procedure	$8,000 Lifetime	**Demonstration Service**	10.CCR.2505-10 8.555.1
CCT CMHS	Enhanced Nursing Services (RN)	T1002	UC				$ 8.87	NA	$ 8.87	15 Minutes		**Demonstration Service**, service is provided in the first 30 days post transition only.	10.CCR.2505-10 8.555.1
CCT CMHS	Home Delivered Meals	S5170	UC				$ 10.80	NA	$ 10.80	Per Delivery	728 Meals	**Demonstration Service**, time limited for CCT clients, may be provided more often during initial weeks after discharge from an institution.	10.CCR.2505-10 8.555.1
CCT CMHS	Home Modifications	S5165	UC				NR*	NA	NR*	Per Modification	$10,000 Lifetime		10.CCR.2505-10 8.493.3.E
CCT CMHS	Home Modifications - Extended	S5165	UC	KG			NR*	NA	NR*	Per Modification	$5,000 Lifetime	**Demonstration Service**, can only be accessed when Home Modification limits have been reached.	10.CCR.2505-10 8.555.1
CCT CMHS	Homemaker	S5130	UC				$ 3.47	8.26%	$ 3.76	15 Minutes			

Waiver	Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	FY 12-13 Rate	% Change	FY 13-14 Rate	Unit Value	Limit	Comments	Colorado Code of Regulations Citation
CCT CMHS	Independent Living Skills Training (ILST)	H2014	UC				$ 9.33	NA	$ 9.33	15 Minutes	24 units per day	**Demonstration Service**	10.CCR.2505-10 8.555.1
CCT CMHS	Intensive Case Management	T1016	UC				$ 21.10	NA	$ 21.10	15 Minutes		**Demonstration Service**	10.CCR.2505-10 8.555.1
CCT CMHS	Medication Reminder - Install/Purchase	T2029	UC	TF			NR*	NA	NR*	Per Purchase			
CCT CMHS	Medication Reminder - Monitoring	S5185	UC				NR*	NA	NR*	1 Month			
CCT CMHS	Non Medical Transportation - Taxi	A0100	UC				$ 46.98	8.26%	$ 50.86	1 Way Trip	208 Trips, $50.86 per Trip	Combined Limit, Not to exceed the rate with the Public Utilities Commission. Use HB modifier for trips to and from adult day.	10.CCR.2505-10 8.494.50
CCT CMHS	Non Medical Transportation - Mobility Van Mileage Band 1 (0-10 miles)	A0120	UC				$ -	NA	$ 8.14	1 Way Trip	208 Trips	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
CCT CMHS	Non Medical Transportation - Mobility Van Mileage Band 2 (11-20 miles)	A0120	UC	TT			$ -	NA	$ 14.98	1 Way Trip	208 Trips	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
CCT CMHS	Non Medical Transportation - Mobility Van Mileage Band 3 (over 20 miles)	A0120	UC	TN			$ -	NA	$ 22.30	1 Way Trip	208 Trips	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
CCT CMHS	Non Medical Transportation - Wheelchair Van Mileage Band 1 (0-10 miles)	A0130	UC				$ -	NA	$ 9.65	1 Way Trip	208 Trips	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
CCT CMHS	Non Medical Transportation - Wheelchair Van Mileage Band 2 (11-20 miles)	A0130	UC	TT			$ -	NA	$ 18.06	1 Way Trip	208 Trips	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
CCT CMHS	Non Medical Transportation - Wheelchair Van Mileage Band 3 (over 20 miles)	A0130	UC	TN			$ -	NA	$ 24.59	1 Way Trip	208 Trips	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
CCT CMHS	Peer Mentorship	H2015	UC				$ 5.36	NA	$ 5.36	15 minutes		**Demonstration Service**	10.CCR.2505-10 8.555.1
CCT CMHS	Personal Care	T1019	UC				$ 3.47	8.26%	$ 3.76	15 minutes			
CCT CMHS	Relative Personal Care	T1019	UC	HR			$ 3.47	8.26%	$ 3.76	15 minutes	1,776 Units per Year		10.CCR.2505-10 8.485.200
CCT CMHS	Personal Emergency Response System (PERS) - Installation	S5160	UC				NR*	NA	NR*	Per Purchase			
CCT CMHS	Personal Emergency Response System (PERS) - Monitoring	S5161	UC				NR*	NA	NR*	1 Month			
CCT CMHS	Respite Care - Alternative Care Facility	S5151	UC				$ 51.38	8.26%	$ 55.62	1 Day	30 Days per Year	Combined Limit for Respite Care.	10.CCR.2505-10 8.492.31
CCT CMHS	Respite Care - Nursing Facility	H0045	UC				$ 114.57	8.26%	$ 124.03	1 Day	30 Days per Year	Combined Limit for Respite Care.	10.CCR.2505-10 8.492.31
CCT CMHS	Substance Abuse Counseling - Individual	H0047	UC	HF			$ 72.94	NA	$ 72.94	1 Hour		**Demonstration Service**	10.CCR.2505-10 8.555.1

Waiver	Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	FY 12-13 Rate	% Change	FY 13-14 Rate	Unit Value	Limit	Comments	Colorado Code of Regulations Citation
CCT CMHS	Substance Abuse Counseling - Group	H0047	UC	HQ	HF		$ 39.39	NA	$ 39.39	1 Hour		**Demonstration Service**	10.CCR.2505-10 8.555.1
CCT CMHS	Transitional Behavioral Health Services	H0025	UC				$ 25.31	NA	$ 25.31	30 Minutes		**Demonstration Service**	10.CCR.2505-10 8.555.1
CCT CMHS	Transitional Specialized Day Rehabilitation Services	S5101	UC				$ 36.45	NA	$ 36.45	1/2 Day		**Demonstration Service**, an individual unit is 4-5 hours per day.	10.CCR.2505-10 8.555.1
CCT CMHS	Vision Services	V2799	UC				NR*	NA	NR*	Per Procedure	$1,000	**Demonstration Service**	
CCT BI	Adult Day Services	S5102	UC				$ 45.88	8.26%	$ 49.67	1 Day		At least 2 or more hours of attendance, 1 or more days per week.	
CCT BI	Assistive Technology	T2029	UC	HB			NR*	NA	NR*	Per Purchase			10.CCR.2505-10 8.555.1
CCT BI	Behavioral Health Services - Behavioral Programming	H0025	UC	TF			$ 12.94	8.26%	$ 14.01	30 Minutes			
CCT BI	Caregiver Education	S5110	UC				$ 12.19	NA	$ 12.19	15 Minutes	120 Units	**Demonstration Service**	10.CCR.2505-10 8.555.1
CCT BI	Community Transition Services (CTS) - Coordinator	T2038	UC				NR*	NA	NR*	Per Transition	$2,000	**Demonstration Service**	10.CCR.2505-10 8.555.1
CCT BI	Community Transition Services (CTS) - Items Purchased	A9900	UC				NR*	NA	NR*	Per Purchase	$1,500	**Demonstration Service**	10.CCR.2505-10 8.555.1
CCT BI	Day Treatment	H2018	UC				$ 72.78	8.26%	$ 78.79	1 Day		At least 2 or more hours of attendance, 1 or more days per week.	
CCT BI	Dental Services	D2999	UC				NR*	NA	NR*	Per Procedure	$8,000 Lifetime	**Demonstration Service**	10.CCR.2505-10 8.555.1
CCT BI	Enhanced Nursing Services (RN)	T1002	UC				$ 8.87	NA	$ 8.87	15 minutes		**Demonstration Service**, service is provided in the first 30 days post transition only.	10.CCR.2505-10 8.555.1
CCT BI	Home Delivered Meals	S5170	UC				$ 10.80	NA	$ 10.80	Per Delivery/Meal	728 Meals	**Demonstration Service**, time limited for CCT clients, may be provided more often during initial weeks after discharge from an institution.	10.CCR.2505-10 8.555.1
CCT BI	Home Modifications	S5165	UC				NR*	NA	NR*	Per Modification	$10,000 Lifetime		10.CCR.2505-10 8.493.3.E
CCT BI	Home Modifications - Extended	S5165	UC	KG			NR*	NA	NR*	Per Modification	$5,000 Lifetime	**Demonstration Service**, can only be accessed when Home Modification limits have been reached.	10.CCR.2505-10 8.555.1
CCT BI	Intensive Case Management	T1016	UC				$ 21.10	NA	$ 21.10	1 Month		**Demonstration Service**	10.CCR.2505-10 8.555.1

Waiver	Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	FY 12-13 Rate	% Change	FY 13-14 Rate	Unit Value	Limit	Comments	Colorado Code of Regulations Citation
CCT BI	Independent Living Skills Training (ILST)	T2013	UC				$ 23.55	8.26%	$ 25.50	1 Hour	24 units per day		10.CCR.2505-10 8.555.1
CCT BI	Mental Health Counseling - Family	H0004	UC	HR			$ 13.37	8.26%	$ 14.47	15 minutes		Must obtain approval to exceed 30 cumulative visits of counseling.	
CCT BI	Mental Health Counseling - Group	H0004	UC	HQ			$ 7.49	8.26%	$ 8.11	15 minutes		Must obtain approval to exceed 30 cumulative visits of counseling.	
CCT BI	Mental Health Counseling - Individual	H0004	UC				$ 13.37	8.26%	$ 14.47	15 minutes		Must obtain approval to exceed 30 cumulative visits of counseling.	
CCT BI	Non Medical Transportation - Taxi	A0100	UC				$ 46.98	8.26%	$ 50.86	1 Way Trip	208 Trips, $50.86 per Trip	Combined Limit, Not to exceed the rate with the Public Utilities Commission. Use HB modifier for trips to and from adult day.	10.CCR.2505-10 8.494.50
CCT BI	Non Medical Transportation - Mobility Van Mileage Band 1 (0-10 miles)	A0120	UC				$ -	NA	$ 8.14	1 Way Trip	208 Trips	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
CCT BI	Non Medical Transportation - Mobility Van Mileage Band 2 (11-20 miles)	A0120	UC	TT			$ -	NA	$ 14.98	1 Way Trip	208 Trips	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
CCT BI	Non Medical Transportation - Mobility Van Mileage Band 3 (over 20 miles)	A0120	UC	TN			$ -	NA	$ 22.30	1 Way Trip	208 Trips	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
CCT BI	Non Medical Transportation - Wheelchair Van Mileage Band 1 (0-10 miles)	A0130	UC				$ -	NA	$ 9.65	1 Way Trip	208 Trips	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
CCT BI	Non Medical Transportation - Wheelchair Van Mileage Band 2 (11-20 miles)	A0130	UC	TT			$ -	NA	$ 18.06	1 Way Trip	208 Trips	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
CCT BI	Non Medical Transportation - Wheelchair Van Mileage Band 3 (over 20 miles)	A0130	UC	TN			$ -	NA	$ 24.59	1 Way Trip	208 Trips	Combined Limit, Use HB modifier for trips to and from adult day program.	10.CCR.2505-10 8.494.50
CCT BI	Peer Mentorship	H2015	UC				$ 5.36	NA	$ 5.36	15 Minutes		**Demonstration Service**	10.CCR.2505-10 8.555.1
CCT BI	Personal Care	T1019	UC	TG			$ 3.53	8.26%	$ 3.82	15 minutes	10 hours per day		
CCT BI	Relative Personal Care	T1019	UC	HR	TG		$ 3.53	8.26%	$ 3.82	15 minutes	1,776 Units per Year		10.CCR.2505-10 8.485.200
CCT BI	Personal Emergency Response System (PERS) - Installation	S5160	UC				NR*	NA	NR*	Per Purchase			
CCT BI	Personal Emergency Response System (PERS) - Monitoring	S5161	UC				NR*	NA	NR*	1 Month			
CCT BI	Respite Care - Nursing Facility	H0045	UC	TF			$ 108.40	8.26%	$ 117.35	1 Day	30 Days per Year	Combined Limit for Respite Care.	10.CCR.2505-10 8.492.31
CCT BI	Respite Care - In Home	S5150	UC				$ 2.94	8.26%	$ 3.18	15 minutes	30 Days per Year	Combined Limit for Respite Care. All inclusive of client's needs.	10.CCR.2505-10 8.492.31
CCT BI	Substance Abuse Counseling - Family	T1006	UC	HR	HF		$ 53.53	8.26%	$ 57.95	1 Hour			10.CCR.2505-10 8.555.1

Waiver	Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	FY 12-13 Rate	% Change	FY 13-14 Rate	Unit Value	Limit	Comments	Colorado Code of Regulations Citation
CCT BI	Substance Abuse Counseling - Group	H0047	UC	HQ	TF	HF	$ 29.98	8.26%	$ 32.46	1 Hour			10.CCR.2505-10 8.555.1
CCT BI	Substance Abuse Counseling - Individual	H0047	UC	TF	HF		$ 53.53	8.26%	$ 57.95	1 Hour			10.CCR.2505-10 8.555.1
CCT BI	Supported Living Program	T2033	UC				FS*	NA	FS*	1 Day		Per diem rate set by HCPF using acuity Levels of client population.	
CCT BI	Transitional Living	T2016	UC	HB			$ 126.61	8.26%	$ 137.07	1 Day			
CCT BI	Transitional Specialized Day Rehabilitation Services	S5101	UC				$ 36.45	NA	$ 36.45	1/2 Day		**Demonstration Service**, an individual unit is 4-5 hours per day.	10.CCR.2505-10 8.555.1
CCT BI	Vision Services	V2799	UC				NR*	NA	NR*	Per Procedure	$1,000	**Demonstration Service**	
CCT DD	Assistive Technology - Extended	T2029	UC				NR*	NA	NR*	Per Purchase		**Demonstration Service**	10.CCR.2505-10 8.555.1
CCT DD	Behavioral Health Services - Line Staff	H2019	UC				$ 6.12	4.00%	$ 6.36	15 Minutes	960 Units per Year*	*Service Plan Year.	10.CCR.2505-10 8.500.5.1.d.vii.4
CCT DD	Behavioral Health Services - Consultation	H2019	UC	HI	TG		$ 23.00	4.00%	$ 23.92	15 Minutes	80 Units per Year*	*Service Plan Year.	10.CCR.2505-10 8.500.5.1.d.iii
CCT DD	Behavioral Health Services - Behavior Counseling (Individual)	H2019	UC	TF	TG		$ 23.00	4.00%	$ 23.92	15 Minutes	208 Units per Year*	Limit combines Individual and Group services, *Service Plan Year.	10.CCR.2505-10 8.500.5.1.vi.3
CCT DD	Behavioral Health Services - Behavior Counseling (Group)	H2019	UC	TF	HQ		$ 7.75	4.00%	$ 8.06	15 Minutes	208 Units per Year*	Limit combines Individual and Group services, *Service Plan Year.	10.CCR.2505-10 8.500.5.vi.3
CCT DD	Behavioral Health Services - Plan Assessment	T2024	UC	HI			$ 23.00	4.00%	$ 23.92	15 Minutes	40 Units per Year*	Applies to new enrollments, any amendment to this service in a current Service Plan or at the CSR. *Service Plan Year.	10.CCR.2505-10 8.500.5.1.d.v
CCT DD	Caregiver Education	S5110	UC				$ 12.19	NA	$ 12.19	15 Minutes	120 Units	**Demonstration Service**	10.CCR.2505-10 8.555.1
CCT DD	Community Transition Services (CTS) - Coordinator	T2038	UC				NR*	NA	NR*	Per Transition	$2,000	**Demonstration Service**	10.CCR.2505-10 8.555.1
CCT DD	Community Transition Services (CTS) - Items Purchased	A9900	UC				NR*	NA	NR*	Per Purchase	$1,500	**Demonstration Service**	10.CCR.2505-10 8.555.1
CCT DD	Specialized Habilitation - Level 1	T2021	UC	HQ			$ 2.18	4.00%	$ 2.27	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.5.2.f
CCT DD	Specialized Habilitation - Level 2	T2021	UC	HI	HQ		$ 2.39	4.00%	$ 2.49	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.5.2.f

Waiver	Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	FY 12-13 Rate	% Change	FY 13-14 Rate	Unit Value	Limit	Comments	Colorado Code of Regulations Citation
CCT DD	Specialized Habilitation - Level 3	T2021	UC	TF	HQ		$ 2.66	4.00%	$ 2.77	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.5.2.f
CCT DD	Specialized Habilitation - Level 4	T2021	UC	TF	HI	HQ	$ 3.13	4.00%	$ 3.26	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.5.2.f
CCT DD	Specialized Habilitation - Level 5	T2021	UC	TG	HQ		$ 3.88	4.00%	$ 4.04	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.5.2.f
CCT DD	Specialized Habilitation - Level 6	T2021	UC	TG	HI	HQ	$ 5.58	4.00%	$ 5.80	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.5.2.f
CCT DD	Specialized Habilitation - Level 7	T2021	UC	SC	HQ		$ 8.78	4.00%	$ 9.13	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.5.2.f
CCT DD	Supported Community Connections - Level 1	T2021	UC				$ 2.65	4.00%	$ 2.76	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.5.2.f
CCT DD	Supported Community Connections - Level 2	T2021	UC	HI			$ 2.90	4.00%	$ 3.02	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.5.2.f
CCT DD	Supported Community Connections - Level 3	T2021	UC	TF			$ 3.26	4.00%	$ 3.39	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.5.2.f
CCT DD	Supported Community Connections - Level 4	T2021	UC	TF	HI		$ 3.75	4.00%	$ 3.90	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.5.2.f
CCT DD	Supported Community Connections - Level 5	T2021	UC	TG			$ 4.52	4.00%	$ 4.70	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.5.2.f
CCT DD	Supported Community Connections - Level 6	T2021	UC	TG	HI		$ 5.94	4.00%	$ 6.18	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.5.2.f
CCT DD	Supported Community Connections - Level 7	T2021	UC	SC			$ 8.78	4.00%	$ 9.13	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.5.2.f
CCT DD	Dental Services - Basic	D2999	UC	HI			$ 1.00	NA	$ 1.00	1 Dollar	$2,000	Amount beyond limit requires authorization from DDD. Diagnostic and Treatment are combined into a single billing service code.	10.CCR.2505-10 8.500.5.3.i

Waiver	Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	FY 12-13 Rate	% Change	FY 13-14 Rate	Unit Value	Limit	Comments	Colorado Code of Regulations Citation
CCT DD	Dental Services - Major	D2999	UC	TF			$ 1.00	NA	$ 1.00	1 Dollar	$10,000 Lifetime	Limit is for the life of the waiver period beginning July 1, 2009 through June 30, 2014.	10.CCR.2505-10 8.500.5.3.i
CCT DD	Enhanced Nursing Services (RN)	T1002	UC				$ 8.87	NA	$ 8.87	15 Minutes		**Demonstration Service**, service is provided in the first 30 days post transition only.	10.CCR.2505-10 8.555.1
CCT DD	Home Modifications - Extended	S5165	UC	KG			NR*	NA	NR*	Per Modification	$5,000 Lifetime	**Demonstration Service**	10.CCR.2505-10 8.555.1
CCT DD	Intensive Case Management	T1016	UC				$ 21.10	NA	$ 21.10	15 Minutes		**Demonstration Service**	10.CCR.2505-10 8.555.1
CCT DD	Non Medical Transportation - Mileage Level 1 (0-10 Miles)	T2003	UC				$ 5.34	4.00%	$ 5.55	1 Trip	508 Trips per Year*, 2 Trips per Day	Combined Limit, *Service Plan Year.	10.CCR.2505-10 8.500.5.4.b
CCT DD	Non Medical Transportation - Mileage Level 2 (11-20 Miles)	T2003	UC	HI			$ 11.19	4.00%	$ 11.64	1 Trip	508 Trips per Year*, 2 Trips per Day	Combined Limit, *Service Plan Year.	10.CCR.2505-10 8.500.5.4.b
CCT DD	Non Medical Transportation - Mileage Level 3 (21 and up Miles)	T2003	UC	TF			$ 17.04	4.00%	$ 17.72	1 Trip	508 Trips per Year*, 2 Trips per Day	Combined Limit, *Service Plan Year.	10.CCR.2505-10 8.500.5.4.b
CCT DD	Non Medical Transportation - Other (public conveyance)	T2004	UC				$ 1.00	NA	$ 1.00	1 Dollar		One dollar per unit for the cost of a bus pass or other public conveyance may only be used when it is more cost effective than or equivalent to the applicable mileage band.	10.CCR.2505-10 8.500.5.4.b
CCT DD	Peer Mentorship	H2015	UC				$ 5.36	NA	$ 5.36	15 Minutes		**Demonstration Service**	10.CCR.2505-10 8.555.1
CCT DD	Prevocational Services - Level 1	T2015	UC	HQ			$ 2.18	4.00%	$ 2.27	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.5.2.f
CCT DD	Prevocational Services - Level 2	T2015	UC	HI	HQ		$ 2.39	4.00%	$ 2.49	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.5.2.f
CCT DD	Prevocational Services - Level 3	T2015	UC	TF	HQ		$ 2.66	4.00%	$ 2.77	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.5.2.f

Waiver	Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	FY 12-13 Rate	% Change	FY 13-14 Rate	Unit Value	Limit	Comments	Colorado Code of Regulations Citation
CCT DD	Prevocational Services - Level 4	T2015	UC	TF	HI	HQ	$ 3.13	4.00%	$ 3.26	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.5.2.f
CCT DD	Prevocational Services - Level 5	T2015	UC	TG	HQ		$ 3.88	4.00%	$ 4.04	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.5.2.f
CCT DD	Prevocational Services - Level 6	T2015	UC	TG	HI	HQ	$ 5.58	4.00%	$ 5.80	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.5.2.f
CCT DD	Group Home - Level 1	T2016	UC	HQ			$ 81.42	4.00%	$ 84.68	1 Day			
CCT DD	Group Home - Level 2	T2016	UC	HI	HQ		$ 107.17	4.00%	$ 111.46	1 Day			
CCT DD	Group Home - Level 3	T2016	UC	TF	HQ		$ 126.25	4.00%	$ 131.30	1 Day			
CCT DD	Group Home - Level 4	T2016	UC	TF	HI	HQ	$ 149.15	4.00%	$ 155.12	1 Day			
CCT DD	Group Home - Level 5	T2016	UC	TG	HQ		$ 164.76	4.00%	$ 171.35	1 Day			
CCT DD	Group Home - Level 6	T2016	UC	TG	HI	HQ	$ 194.96	4.00%	$ 202.76	1 Day			
CCT DD	Group Home - Level 7	T2016	UC	SC	HQ		NR*	NA	NR*			Individual DDD approved rate.	
CCT DD	Personal Care Alternative - Level 1	T2016	UC				$ 59.86	4.00%	$ 62.25	1 Day			
CCT DD	Personal Care Alternative - Level 2	T2016	UC	HI			$ 96.73	4.00%	$ 100.60	1 Day			
CCT DD	Personal Care Alternative - Level 3	T2016	UC	TF			$ 118.18	4.00%	$ 122.91	1 Day			
CCT DD	Personal Care Alternative - Level 4	T2016	UC	TF	HI		$ 143.88	4.00%	$ 149.64	1 Day			
CCT DD	Personal Care Alternative - Level 5	T2016	UC	TG			$ 165.34	4.00%	$ 171.95	1 Day			
CCT DD	Personal Care Alternative - Level 6	T2016	UC	TG	HI		$ 207.79	4.00%	$ 216.10	1 Day			
CCT DD	Personal Care Alternative - Level 7	T2016	UC	SC			NR*	NA	NR*			Individual DDD approved rate.	
CCT DD	Host Home - Level 1	T2016	UC	TT			$ 55.52	4.00%	$ 57.74	1 Day			

Waiver	Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	FY 12-13 Rate	% Change	FY 13-14 Rate	Unit Value	Limit	Comments	Colorado Code of Regulations Citation
CCT DD	Host Home - Level 2	T2016	UC	HI	TT		$ 89.70	4.00%	$ 93.29	1 Day			
CCT DD	Host Home - Level 3	T2016	UC	TF	TT		$ 109.59	4.00%	$ 113.97	1 Day			
CCT DD	Host Home - Level 4	T2016	UC	TF	HI	TT	$ 133.44	4.00%	$ 138.78	1 Day			
CCT DD	Host Home - Level 5	T2016	UC	TG	TT		$ 153.33	4.00%	$ 159.46	1 Day			
CCT DD	Host Home - Level 6	T2016	UC	TG	HI	TT	$ 192.72	4.00%	$ 200.43	1 Day			
CCT DD	Host Home - Level 7	T2016	UC	SC	TT		NR*	NA	NR*			Individual DDD approved rate.	
CCT DD	Supported Employment Group - Level 1	T2019	UC	HQ			$ 2.92	4.00%	$ 3.04	15 Minutes	7,112 units	The maximum Supported Employment units per Service Plan Year is 7,112 minus the combined total units for Specialized Habilitation, Supported Community Connections and Prevocational Services.	10.CCR.2505-10 8.500.5.2.g
CCT DD	Supported Employment Group - Level 2	T2019	UC	HI	HQ		$ 3.19	4.00%	$ 3.32	15 Minutes	7,112 units	The maximum Supported Employment units per Service Plan Year is 7,112 minus the combined total units for Specialized Habilitation, Supported Community Connections and Prevocational Services.	10.CCR.2505-10 8.500.5.2.g
CCT DD	Supported Employment Group - Level 3	T2019	UC	TF	HQ		$ 3.56	4.00%	$ 3.70	15 Minutes	7,112 units	The maximum Supported Employment units per Service Plan Year is 7,112 minus the combined total units for Specialized Habilitation, Supported Community Connections and Prevocational Services.	10.CCR.2505-10 8.500.5.2.g
CCT DD	Supported Employment Group - Level 4	T2019	UC	TF	HI	HQ	$ 4.11	4.00%	$ 4.27	15 Minutes	7,112 units	The maximum Supported Employment units per Service Plan Year is 7,112 minus the combined total units for Specialized Habilitation, Supported Community Connections and Prevocational Services.	10.CCR.2505-10 8.500.5.2.g
CCT DD	Supported Employment Group - Level 5	T2019	UC	TG	HQ		$ 4.91	4.00%	$ 5.11	15 Minutes	7,112 units	The maximum Supported Employment units per Service Plan Year is 7,112 minus the combined total units for Specialized Habilitation, Supported Community Connections and Prevocational Services.	10.CCR.2505-10 8.500.5.2.g

Waiver	Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	FY 12-13 Rate	% Change	FY 13-14 Rate	Unit Value	Limit	Comments	Colorado Code of Regulations Citation
CCT DD	Supported Employment Group - Level 6	T2019	UC	TG	HI	HQ	$ 6.40	4.00%	$ 6.66	15 Minutes	7,112 units	The maximum Supported Employment units per Service Plan Year is 7,112 minus the combined total units for Specialized Habilitation, Supported Community Connections and Prevocational Services.	10.CCR.2505-10 8.500.5.2.g
CCT DD	Supported Employment Individual - All Levels	T2019	UC	SC			$ 12.01	4.00%	$ 12.49	15 Minutes	7,112 units	The maximum Supported Employment units per Service Plan Year is 7,112 minus the combined total units for Specialized Habilitation, Supported Community Connections and Prevocational Services.	10.CCR.2505-10 8.500.5.2.g
CCT DD	Job Development Group - All Levels	H2023	UC	HQ			$ 3.83	4.00%	$ 3.98	15 Minutes	100 Units	Must not be otherwise available for Division Vocational Rehabilitation.	
CCT DD	Job Development - Levels 1-2	H2023	UC				$ 12.01	4.00%	$ 12.49	15 Minutes	80 units	Must not be otherwise available for Division Vocational Rehabilitation.	
CCT DD	Job Development - Levels 3-4	H2023	UC	HI			$ 12.01	4.00%	$ 12.49	15 Minutes	100 Units	Must not be otherwise available for Division Vocational Rehabilitation.	
CCT DD	Job Development - Levels 5-6	H2023	UC	TF			$ 12.01	4.00%	$ 12.49	15 Minutes	120 Units	Must not be otherwise available for Division Vocational Rehabilitation.	
CCT DD	Job Placement - Individual	H2024	UC				$ 1.00	NA	$ 1.00	1 Dollar	1,000 Units	Must not be otherwise available through Division Vocational Rehabilitation. Max units do not start over with service plan year and are paid to find a successful job for the individual.	
CCT DD	Job Placement - Group	H2024	UC	HQ			$ 1.00	NA	$ 1.00	1 Dollar	400 units	Must not be otherwise available through Division Vocational Rehabilitation. Max units do not start over with service plan year and are paid to find a successful job for the individual.	
CCT DD	Substance Abuse Counseling - Individual	H0047	UC	HF			$ 72.94	NA	$ 72.94	1 Hour		**Demonstration Service**	10.CCR.2505-10 8.555.1
CCT DD	Substance Abuse Counseling - Group	H0047	UC	HQ	HF		$ 39.39	NA	$ 39.39	1 Hour		**Demonstration Service**	10.CCR.2505-10 8.555.1
CCT DD	Specialized Medical Equipment and Supplies - Disposable	T2028	UC				$ 1.00	NA	$ 1.00			Services may be authorized by a CCB up to the DDD pre-established thresholds, beyond which DDD prior authorization is required.	

Waiver	Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	FY 12-13 Rate	% Change	FY 13-14 Rate	Unit Value	Limit	Comments	Colorado Code of Regulations Citation
CCT DD	Specialized Medical Equipment and Supplies - Equipment	T2029	UC	TF			NR*	NA	NR*	Per Purchase		Services may be authorized by a CCB up to the DDD pre-established thresholds, beyond which DDD prior authorization is required.	
CCT DD	Vision Services	V2799	UC	HI			NR*	NA	NR*		$1,000		
CCT SLS	Assistive Technology	T2035	UC				$ 1.00	NA	$ 1.00	1 Dollar	$10,000 Lifetime	Limit applies to the combination of Assistive Technology, Vehicle Modifications and Home Accessibility Adaptations.	10.CCR.2505-10 8.555.1
CCT SLS	Behavioral Health Services - Line Staff	H2019	UC				$ 6.12	4.00%	$ 6.36	15 Minutes	960 Units per Year*	*Service Plan Year.	10.CCR.2505-10 8.500.94.2.d.vii.4
CCT SLS	Behavioral Health Services - Consultation	H2019	UC	HI	TG		$ 23.00	4.00%	$ 23.92	15 Minutes	80 Units per Year*	*Service Plan Year.	10.CCR.2505-10 8.500.94.2.d.iii
CCT SLS	Behavioral Health Services - Behavior Counseling (Individual)	H2019	UC	TF	TG		$ 23.00	4.00%	$ 23.92	15 Minutes	208 Units per Year*	Limit combines Individual and Group services, *Service Plan Year.	10.CCR.2505-10 8.500.94.2.d.vi.3
CCT SLS	Behavioral Health Services - Behavior Counseling (Group)	H2019	UC	TF	HQ		$ 7.75	4.00%	$ 8.06	15 Minutes	208 Units per Year*	Limit combines Individual and Group services, *Service Plan Year.	10.CCR.2505-10 8.500.94.2.d.vi.3
CCT SLS	Behavioral Health Services - Plan Assessment	T2024	UC	HI			$ 23.00	4.00%	$ 23.92	15 Minutes	40 Units per Year*	Applies to new enrollments, any amendment to this service in a current Service Plan or at the CSR. *Service Plan Year.	10.CCR.2505-10 8.500.94.2.d.v
CCT SLS	Caregiver Education	S5110	UC				$ 12.19	NA	$ 12.19	15 Minutes	120 Units	**Demonstration Service**	10.CCR.2505-10 8.555.1
CCT SLS	Community Transition Services (CTS) - Coordinator	T2038	UC				NR*	NA	NR*	Per Transition	$2,000	**Demonstration Service**	10.CCR.2505-10 8.555.1
CCT SLS	Community Transition Services (CTS) - Items Purchased	A9900	UC				NR*	NA	NR*	Per Purchase	$1,500	**Demonstration Service**	10.CCR.2505-10 8.555.1
CCT SLS	Specialized Habilitation - Level 1	T2021	UC	HQ			$ 2.18	4.00%	$ 2.27	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.94.3.f
CCT SLS	Specialized Habilitation - Level 2	T2021	UC	HI	HQ		$ 2.39	4.00%	$ 2.49	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.94.3.f
CCT SLS	Specialized Habilitation - Level 3	T2021	UC	TF	HQ		$ 2.66	4.00%	$ 2.77	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.94.3.f
CCT SLS	Specialized Habilitation - Level 4	T2021	UC	TF	HI	HQ	$ 3.13	4.00%	$ 3.26	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.94.3.f

Waiver	Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	FY 12-13 Rate	% Change	FY 13-14 Rate	Unit Value	Limit	Comments	Colorado Code of Regulations Citation
CCT SLS	Specialized Habilitation - Level 5	T2021	UC	TG	HQ		$ 3.88	4.00%	$ 4.04	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.94.3.f
CCT SLS	Specialized Habilitation - Level 6	T2021	UC	TG	HI	HQ	$ 5.58	4.00%	$ 5.80	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.94.3.f
CCT SLS	Supported Community Connections - Level 1	T2021	UC				$ 2.65	4.00%	$ 2.76	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.94.3.f
CCT SLS	Supported Community Connections - Level 2	T2021	UC	HI			$ 2.90	4.00%	$ 3.02	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.94.3.f
CCT SLS	Supported Community Connections - Level 3	T2021	UC	TF			$ 3.26	4.00%	$ 3.39	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.94.3.f
CCT SLS	Supported Community Connections - Level 4	T2021	UC	TF	HI		$ 3.75	4.00%	$ 3.90	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.94.3.f
CCT SLS	Supported Community Connections - Level 5	T2021	UC	TG			$ 4.52	4.00%	$ 4.70	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.94.3.f
CCT SLS	Supported Community Connections - Level 6	T2021	UC	TG	HI		$ 5.94	4.00%	$ 6.18	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.94.3.f
CCT SLS	Dental Services - Basic	D2999	UC	HI			$ 1.00	NA	$ 1.00	1 Dollar	$2,000	Amount beyond limit requires authorization from DDD. Diagnostic and Treatment are combined into a single billing service code.	10.CCR.2505-10 8.500.94.4.j
CCT SLS	Dental Services - Major	D2999	UC	TF			$ 1.00	NA	$ 1.00	1 Dollar	$10,000 Lifetime	Limit is for the life of the waiver period beginning July 1, 2009 through June 30, 2014.	10.CCR.2505-10 8.500.94.4.j
CCT SLS	Enhanced Nursing Services (RN)	T1002	UC				$ 8.87	NA	$ 8.87	15 Minutes		**Demonstration Service**, service is provided in the first 30 days post transition only.	10.CCR.2505-10 8.555.1
CCT SLS	Home Accessibility Adaptations	S5165	UC				NR*	NA	NR*	Per Purchase	$10,000 Lifetime	Limit applies to the combination of Assistive Technology, Vehicle Modifications and Home Accessibility Adaptations.	10.CCR.2505-10 8.500.94.5.k
CCT SLS	Home Accessibility Adaptations - Extended	S5165	UC	KG			NR*	NA	NR*	Per Purchase	$5,000 Lifetime	**Demonstration Service**, can only be accessed when Home Accessibility Adaptations limits have been reached.	10.CCR.2505-10 8.555.1

Waiver	Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	FY 12-13 Rate	% Change	FY 13-14 Rate	Unit Value	Limit	Comments	Colorado Code of Regulations Citation
CCT SLS	Homemaker - Basic	S5130	UC	HI			$ 3.50	4.00%	$ 3.64	15 Minutes			
CCT SLS	Homemaker - Enhanced	S5130	UC	TF			$ 5.65	4.00%	$ 5.88	15 Minutes		Requires a habilitative plan as described in the waiver or extraordinary cleaning due to the individual behavioral or medical needs.	
CCT SLS	Independent Living Skills Training (ILST)	H2014	UC				$ 9.33	NA	$ 9.33	15 Minutes	24 units per day	**Demonstration Service**	10.CCR.2505-10 8.555.1
CCT SLS	Intensive Case Management	T1016	UC				$ 21.10	NA	$ 21.10	15 Minutes		**Demonstration Service**	10.CCR.2505-10 8.555.1
CCT SLS	Mentorship	H2021	UC				$ 9.22	4.00%	$ 9.59	15 Minutes	192 Units per Year	Limit waived for training regarding child care.	10.CCR.2505-10 8.500.94.7.f
CCT SLS	Non Medical Transportation - Mileage Level 1 (0-10 Miles)	T2003	UC				$ 5.34	4.00%	$ 5.55	1 Trip	508 Trips per Year*, 2 Trips per Day	Combined Limit, *Service Plan Year.	10.CCR.2505-10 8.500.94.8.b
CCT SLS	Non Medical Transportation - Mileage Level 2 (11-20 Miles)	T2003	UC	HI			$ 11.19	4.00%	$ 11.64	1 Trip	508 Trips per Year*, 2 Trips per Day	Combined Limit, *Service Plan Year.	10.CCR.2505-10 8.500.94.8.b
CCT SLS	Non Medical Transportation - Mileage Level 3 (21 and up Miles)	T2003	UC	TF			$ 17.04	4.00%	$ 17.72	1 Trip	508 Trips per Year*, 2 Trips per Day	Combined Limit, *Service Plan Year.	10.CCR.2505-10 8.500.94.8.b
CCT SLS	Non Medical Transportation - Mileage not in Day Program	T2003	UC	HB			$ 5.34	4.00%	$ 5.55	1 Way Trip	4 Trips per Week	Mileage band 1	10.CCR.2505-10 8.500.94.8.b
CCT SLS	Non Medical Transportation - Other (public conveyance)	T2004	UC				$ 1.00	NA	$ 1.00	1 Dollar		One dollar per unit for the cost of a bus pass or other public conveyance may only be used when it is more cost effective than or equivalent to the applicable mileage band.	10.CCR.2505-10 8.500.94.8.b
CCT SLS	Personal Emergency Response System (PERS)	S5161	UC				NR*	NA	NR*	Per Purchase		Services may be authorized by a CCB up to the DDD pre-established thresholds, beyond which DDD prior authorization is required.	
CCT SLS	Personal Care	T1019	UC	TF			$ 4.57	4.00%	$ 4.75	15 Minutes			
CCT SLS	Prevocational Services - Level 1	T2015	UC	HQ			$ 2.18	4.00%	$ 2.27	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.94.3.f

Waiver	Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	FY 12-13 Rate	% Change	FY 13-14 Rate	Unit Value	Limit	Comments	Colorado Code of Regulations Citation
CCT SLS	Prevocational Services - Level 2	T2015	UC	HI	HQ		$ 2.39	4.00%	$ 2.49	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.94.3.f
CCT SLS	Prevocational Services - Level 3	T2015	UC	TF	HQ		$ 2.66	4.00%	$ 2.77	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.94.3.f
CCT SLS	Prevocational Services - Level 4	T2015	UC	TF	HI	HQ	$ 3.13	4.00%	$ 3.26	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.94.3.f
CCT SLS	Prevocational Services - Level 5	T2015	UC	TG	HQ		$ 3.88	4.00%	$ 4.04	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.94.3.f
CCT SLS	Prevocational Services - Level 6	T2015	UC	TG	HI	HQ	$ 5.58	4.00%	$ 5.80	15 Minutes	4,800 units	Combined Limit for Specialized Habilitation, Supported Community Connections, and Prevocational Services.	10.CCR.2505-10 8.500.94.3.f
CCT SLS	Professional Services - Massage Therapy	97124	UC				$ 17.20	4.00%	$ 17.89	15 Minutes			
CCT SLS	Professional Services - Movement Therapy (Bachelors)	G0176	UC	HN			$ 14.34	4.00%	$ 14.91	15 Minutes			
CCT SLS	Professional Services - Movement Therapy (Masters)	G0176	UC				$ 21.02	4.00%	$ 21.86	15 Minutes			
CCT SLS	Professional Services - Hippotherapy (Individual)	S8940	UC				$ 19.11	4.00%	$ 19.87	15 Minutes			
CCT SLS	Professional Services - Hippotherapy (Group)	S8940	UC	HQ			$ 8.12	4.00%	$ 8.44	15 Minutes			
CCT SLS	Recreation Pass - Access Fee	S5199	UC				$ 1.00	NA	$ 1.00	1 Dollar		Services may be authorized by a CCB up to the DDD pre-established thresholds, beyond which DDD prior authorization is required. This service is limited to the need to access professional services as described in the July 1, 2009 FAQs.	
CCT SLS	Respite Care - Individual	S5150	UC	TG			$ 4.57	4.00%	$ 4.75	15 Minutes	10 hours per day		10.CCR.2505-10 8.500.94.12.d.i
CCT SLS	Respite Care - Individual Day	S5151	UC	TG			$ 182.55	4.00%	$ 189.85	1 Day		A Day is > 10 hours (including individual and/or group setting).	

Waiver	Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	FY 12-13 Rate	% Change	FY 13-14 Rate	Unit Value	Limit	Comments	Colorado Code of Regulations Citation
CCT SLS	Respite Care - Group	S5151	UC	HQ	TG		NR*	NA	NR*	Per Purchase		Not to exceed the respite individual rates (i.e. 15 minute rate if 10 hours or less in a day or daily rate if more than 10 hours in a day). Time must be counted toward the appropriate annual Limit.	10.CCR.2505-10 8.500.94.12.d.iii
CCT SLS	Respite Care - Camp	T2036	UC				$ 1.00	NA	$ 1.00	1 Dollar		Not to exceed the respite individual rates (i.e. 15 minute rate if 10 hours or less in a day or daily rate if more than 10 hours in a day). Time must be counted toward the appropriate annual Limit.	10.CCR.2505-10 8.500.94.12.d.iii
CCT SLS	Specialized Medical Equipment and Supplies - Disposable	T2028	UC				$ 1.00	NA	$ 1.00	1 Dollar		Services may be authorized by a CCB up to the DDD pre-established thresholds, beyond which DDD prior authorization is required.	
CCT SLS	Specialized Medical Equipment and Supplies - Equipment	T2029	UC	TF			NR*	NA	NR*	Per Purchase		Services may be authorized by a CCB up to the DDD pre-established thresholds, beyond which DDD prior authorization is required.	
CCT SLS	Supported Employment Group - Level 1	T2019	UC	HQ			$ 2.92	4.00%	$ 3.04	15 Minutes	7,112 units	The maximum Supported Employment units per Service Plan Year is 7,112 minus the combined total units for Specialized Habilitation, Supported Community Connections and Prevocational Services.	10.CCR.2505-10 8.500.94.14.k
CCT SLS	Supported Employment Group - Level 2	T2019	UC	HI	HQ		$ 3.19	4.00%	$ 3.32	15 Minutes	7,112 units	The maximum Supported Employment units per Service Plan Year is 7,112 minus the combined total units for Specialized Habilitation, Supported Community Connections and Prevocational Services.	10.CCR.2505-10 8.500.94.14.k
CCT SLS	Supported Employment Group - Level 3	T2019	UC	TF	HQ		$ 3.56	4.00%	$ 3.70	15 Minutes	7,112 units	The maximum Supported Employment units per Service Plan Year is 7,112 minus the combined total units for Specialized Habilitation, Supported Community Connections and Prevocational Services.	10.CCR.2505-10 8.500.94.14.k
CCT SLS	Supported Employment Group - Level 4	T2019	UC	TF	HI	HQ	$ 4.11	4.00%	$ 4.27	15 Minutes	7,112 units	The maximum Supported Employment units per Service Plan Year is 7,112 minus the combined total units for Specialized Habilitation, Supported Community Connections and Prevocational Services.	10.CCR.2505-10 8.500.94.14.k

Waiver	Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	FY 12-13 Rate	% Change	FY 13-14 Rate	Unit Value	Limit	Comments	Colorado Code of Regulations Citation
CCT SLS	Supported Employment Group - Level 5	T2019	UC	TG	HQ		$ 4.91	4.00%	$ 5.11	15 Minutes	7,112 units	The maximum Supported Employment units per Service Plan Year is 7,112 minus the combined total units for Specialized Habilitation, Supported Community Connections and Prevocational Services.	10.CCR.2505-10 8.500.94.14.k
CCT SLS	Supported Employment Group - Level 6	T2019	UC	TG	HI	HQ	$ 6.40	4.00%	$ 6.66	15 Minutes	7,112 units	The maximum Supported Employment units per Service Plan Year is 7,112 minus the combined total units for Specialized Habilitation, Supported Community Connections and Prevocational Services.	10.CCR.2505-10 8.500.94.14.k
CCT SLS	Supported Employment Individual - All Levels	T2019	UC	HI			$ 12.01	4.00%	$ 12.49	15 Minutes	7,112 units	The maximum Supported Employment units per Service Plan Year is 7,112 minus the combined total units for Specialized Habilitation, Supported Community Connections and Prevocational Services.	10.CCR.2505-10 8.500.94.14.k
CCT SLS	Job Development Group - All Levels	H2023	UC	HQ			$ 3.83	4.00%	$ 3.98	15 Minutes	100 Units	Must not be otherwise available for Division Vocational Rehabilitation.	
CCT SLS	Job Development - Levels 1-2	H2023	UC				$ 12.01	4.00%	$ 12.49	15 Minutes	80 units	Must not be otherwise available for Division Vocational Rehabilitation.	
CCT SLS	Job Development - Levels 3-4	H2023	UC	HI			$ 12.01	4.00%	$ 12.49	15 Minutes	100 Units	Must not be otherwise available for Division Vocational Rehabilitation.	
CCT SLS	Job Development - Levels 5-6	H2023	UC	TF			$ 12.01	4.00%	$ 12.49	15 Minutes	120 Units	Must not be otherwise available for Division Vocational Rehabilitation.	
CCT SLS	Job Placement - Individual	H2024	UC				$ 1.00	NA	$ 1.00	1 Dollar	1,000 Units	Must not be otherwise available through Division Vocational Rehabilitation. Max units do not start over with service plan year and are paid to find a successful job for the individual.	
CCT SLS	Job Placement - Group	H2024	UC	HQ			$ 1.00	NA	$ 1.00	1 Dollar	400 units	Must not be otherwise available through Division Vocational Rehabilitation. Max units do not start over with service plan year and are paid to find a successful job for the individual.	
CCT SLS	Substance Abuse Counseling - Individual	H0047	UC	HF			$ 72.94	NA	$ 72.94	1 Hour		**Demonstration Service**	10.CCR.2505-10 8.555.1
CCT SLS	Substance Abuse Counseling - Group	H0047	UC	HQ	HF		$ 39.39	NA	$ 39.39	1 Hour		**Demonstration Service**	10.CCR.2505-10 8.555.1

Waiver	Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	FY 12-13 Rate	% Change	FY 13-14 Rate	Unit Value	Limit	Comments	Colorado Code of Regulations Citation
CCT SLS	Vehicle Modifications	T2039	UC				$ 1.00	NA	$ 1.00	1 Dollar	$10,000 Lifetime	Limit applies to the combination of Assistive Technology, Vehicle Modifications and Home Accessibility Adaptations.	10.CCR.2505-10 8.500.94.15.c
CCT SLS	Vision Services	V2799	UC	HI			NR*	NA	NR*	Per Procedure		Services may be authorized by a CCB up to the DDD pre-established thresholds, beyond which DDD prior authorization is required.	

Legend

Code	Description
22	(CPT Definition: Increased procedural services)
52	(CPT Definition: reduced services were performed
FS*	**Facility Specific rate determined using acuity scores by the Dept.**
HB	**To and From Adult Day (**HCPCS Definition: Adult Program, nongeriatric**)**
HF	**Substance Abuse Program**
HQ	**Group Setting**
HR	**Relative providing care (**HCPCS Definition: Family/Couple with client present**)**
KG	**Extended Demonstration Program (**HCPCS Definition: DMEPOS item subject to DMEPOS competitive bidding program number 1**)**
KX	**In Home Support Services (**HCPCS Definition: Requirements specified in the medical policy have been met**)**
NR*	**Negotiated Rate, will vary by client**
PUC*	**Public Utility Commission Determined Rate**
SC	**Spinal Cord Injury (**HCPCS Definition: 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**
U1	**Elderly, Blind, and Disabled (**HCPCS Definition: Medicaid Level of Care 1, as defined by each state**)**
U2	**Persons Living with HIV/AIDS (**HCPCS Definition: Medicaid Level of Care 1, as defined by each state**)**
U3	**Developmentally Disabled (**HCPCS Definition: Medicaid Level of Care 1, as defined by each state**)**
U5	**Children's HCBS**
U6	**Brain Injury (**HCPCS Definition: Medicaid Level of Care 1, as defined by each state**)**
U7	**Children's Extensive Support**
U8	**Supported Living Services (**HCPCS Definition: Medicaid Level of Care 1, as defined by each state**)**
U9	**Children's Habilitation Residential Program**
UA	**Community Mental Health Supports (**HCPCS Definition: Medicaid Level of Care 1, as defined by each state**)**
UC	**Colorado Choice Transitions (**HCPCS Definition: Medicaid Level of Care 12, as defined by each state**)**
UD	**Children with Life Limiting Illness**
UL	**Children with Autism**
CCT	**C**olorado **C**hoice **T**ransitions
HCBS	**H**ome and **C**ommunity **B**ased **S**ervices
EBD	**E**lderly, **B**lind, and **D**isabled
CMHS	**C**ommunity **M**ental **H**ealth **S**upports
BI	**B**rain **I**njury
PLWA	**P**ersons **L**iving with **A**IDS
SCI	**S**pinal **C**ord **I**njury
DD	**D**evelopmentally **D**isabled
SLS	**S**upported **L**iving **S**ervices
CWA	**C**hildren **W**ith **A**utism
CHCBS	**C**hildren's **H**ome and **C**ommunity **B**ased **S**ervices
CLLI	**C**hildren with **L**ife **L**imiting **I**llness
CES	**C**hildren's **E**xtensive **S**upports
CHRP	**C**hildren's **H**abilitation **R**esidential **P**rogram