Developmental Disabilities

COLORADO Department of Health Care Policy & Financing

Rates Effective January 1, 2020-June 30, 2020

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate ffective /01/2019	Rate ffective /01/2020	Unit Value	Comments
Behavioral Services									
Behavioral Line Staff	H2019	U3				\$ 7.30	\$ 7.30	15 Minutes	Maximum of 960 units per Service Plan year.
Behavioral Consultation	H2019	U3	22	TG		\$ 25.80	\$ 25.80	15 Minutes	Maximum of 80 units per Service Plan year.
Behavioral Counseling	H2019	U3	TF	TG		\$ 25.80	\$ 25.80	15 Minutes	Maximum of 208 combined units of
Behavioral Counseling, Group	H2019	U3	TF	HQ		\$ 8.70	\$ 8.70	15 Minutes	Individual and Group Counseling services per Service Plan year.
Behavioral Plan Assessment	T2024	U3	22			\$ 25.80	\$ 25.80	15 Minutes	Maximum of 40 units and one Behavior Plan Assessment per Service Plan year.
Day Habilitation Maximum of 4,800 combin Service Plan year. Maximu Services, and Supported E	ım of 7,11	12 com	bined ι	units of	Specia				
Specialized Habilitation Level 1	T2021	U3	HQ			\$ 2.60	\$ 2.60	15 Minutes	
Specialized Habilitation Level 2	T2021	U3	22	HQ		\$ 2.86	\$ 2.86	15 Minutes	
Specialized Habilitation Level 3	T2021	U3	TF	HQ		\$ 3.18	\$ 3.18	15 Minutes	
Specialized Habilitation Level 4	T2021	U3	TF	22	HQ	\$ 3.75	\$ 3.75	15 Minutes	
Specialized Habilitation Level 5	T2021	U3	TG	HQ		\$ 4.64	\$ 4.64	15 Minutes	
Specialized Habilitation Level 6	T2021	U3	TG	22	HQ	\$ 6.66	\$ 6.66	15 Minutes	
Specialized Habilitation Level 7	T2021	U3	SC	HQ		\$ 10.48	\$ 10.48	15 Minutes	
Supported Community Connections Level 1	T2021	U3				\$ 3.16	\$ 3.16	15 Minutes	
Supported Community Connections Level 2	T2021	U3	22			\$ 3.45	\$ 3.45	15 Minutes	
Supported Community Connections Level 3	T2021	U3	TF			\$ 3.91	\$ 3.91	15 Minutes	
Supported Community Connections Level 4	T2021	U3	TF	22		\$ 4.48	\$ 4.48	15 Minutes	
Supported Community Connections Level 5	T2021	U3	TG			\$ 5.40	\$ 5.40	15 Minutes	
Supported Community Connections Level 6	T2021	U3	TG	22		\$ 7.10	\$ 7.10	15 Minutes	
Supported Community Connections Level 7	T2021	U3	sc			\$ 10.48	\$ 10.48	15 Minutes	
Dental Services									
Basic	D2999	U3				-	-	Dollar	Please refer to DIDD Dental Fee Schedule for
Major	D2999	U3	22			-	-	Dollar	rates

Developmental Disabilities

COLORADO Department of Health Care Policy & Financing

Rates Effective January 1, 2020-June 30, 2020

Coming Decemention	Proc	Mod	Mod	Mod	Mod		Rate fective	E	Rate ffective	Unit Value	Comments
Service Description	Code	#1	#2	#3	#4		01/2019		/01/2020	Unit Value	Comments
Home Delivered Meals	S5170	U3				\$	10.80	\$	11.57	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment
Non-Medical Transportat Maximum of 508 units (trip		rvico P	lan vo	or (all n	oiloago	banı	de plue pi	ıblic	convovan	00)	
Mileage Band 1 (0-10	ī .		ian yea	ai (ali ii	illeage		•			1	
Miles)	T2003	U3				\$	6.65	\$	6.65	1 Trip	
Mileage Band 2 (11-20 Miles)	T2003	U3	22			\$	13.91	\$	13.91	1 Trip	
Mileage Band 3 (Over 20 Miles)	T2003	U3	TF			\$	21.18	\$	21.18	1 Trip	
Other (public conveyance)	T2004	U3				\$	1.00	\$	1.00	Dollar	Bus passes or other public conveyance may be used only when equivalent to or more cost effective than the applicable mileage range.
Peer Mentorship	H2015	U3				\$	5.36	\$	5.98	15 minutes	Available for 365 days after enrollment
Maximum of 4,800 combin Service Plan year. Maximu Services, and Supported EPrevocational Services	ım of 7,11	2 com	bined ι	units of	Specia						
Level 1 Prevocational Services Level 2	T2015	U3	22	HQ		\$	2.86	\$	2.86	15 Minutes	
Prevocational Services Level 3	T2015	U3	TF	HQ		\$	3.18	\$	3.18	15 Minutes	
Prevocational Services Level 4	T2015	U3	TF	22	HQ	\$	3.75	\$	3.75	15 Minutes	
Prevocational Services Level 5	T2015	U3	TG	HQ		\$	4.64	\$	4.64	15 Minutes	
Prevocational Services Level 6	T2015	U3	TG	22	HQ	\$	6.66	\$	6.66	15 Minutes	
Residential Habilitation			ī					_			
Group Residential Services and Supports- Level 1	T2016	U3	HQ			\$	96.29	\$	118.00	Day	
Group Residential Services and Supports- Level 2	T2016	U3	22	HQ		\$	126.72	\$	142.13	Day	
Group Residential Services and Supports- Level 3	T2016	U3	TF	HQ		\$	149.29	\$	160.83	Day	
Group Residential Services and Supports- Level 4	T2016	U3	TF	22	HQ	\$	176.36	\$	183.49	Day	



Developmental Disabilities

COLORADO Department of Health Care Policy & Financing

Rates Effective January 1, 2020-June 30, 2020

Mates Effective Januar	, -,		,								
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate fective 01/2019		Rate fective 01/2020	Unit Value	Comments
Group Residential Services and Supports- Level 5	T2016	U3	TG	HQ		\$	194.82	\$	200.99	Day	
Group Residential Services and Supports- Level 6	T2016	U3	TG	22	HQ	\$	230.53	\$	233.45	Day	
Group Residential Services and Supports- Level 7	T2016	U3	SC	HQ		*NF	3	*NF	2	Day	
Individual Residential Services and Supports- Level 1	T2016	U3				\$	71.49	\$	71.49	Day	
Individual Residential Services and Supports- Level 2	T2016	U3	22			\$	115.51	\$	115.51	Day	
Individual Residential Services and Supports- Level 3	T2016	U3	TF			\$	141.15	\$	141.15	Day	
Individual Residential Services and Supports- Level 4	T2016	U3	TF	22		\$	171.84	\$	171.84	Day	
Individual Residential Services and Supports- Level 5	T2016	U3	TG			\$	197.47	\$	197.47	Day	
Individual Residential Services and Supports- Level 6	T2016	U3	TG	22		\$	248.17	\$	248.17	Day	
Individual Residential Services and Supports- Level 7	T2016	U3	SC			*NF	₹	*NF	2	Day	
Individual Residential Services and Supports/Host Home- Level 1	T2016	U3	П			\$	66.31	\$	66.31	Day	
Individual Residential Services and Supports/Host Home- Level 2	T2016	U3	22	Π		\$	107.13	\$	107.13	Day	
Individual Residential Services and Supports/Host Home- Level 3	T2016	U3	TF	F		\$	130.89	\$	130.89	Day	
Individual Residential Services and Supports/Host Home- Level 4	T2016	U3	TF	22	TT	\$	159.38	\$	159.38	Day	
Individual Residential Services and Supports/Host Home- Level 5	T2016	U3	TG	TT		\$	183.13	\$	183.13	Day	

Developmental Disabilities

COLORADO Department of Health Care Policy & Financing

Rates Effective January 1, 2020-June 30, 2020

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	Rate ective 01/2019		Rate ffective /01/2020	Unit Value	Comments
Individual Residential Services and Supports/Host Home- Level 6	T2016	U3	TG	22	TT	\$	230.17	\$	230.17	Day	
Individual Residential Services and Supports/Host Home- Level 7	T2016	U3	SC	TT		*NR		*N	R	Day	
Specialized Medical Equi	ipment aı	nd Sup	plies								
Disposable Supplies	T2028	U3				\$	1.00	\$	1.00	Dollar	
Equipment	T2029	U3				\$	1.00	\$	1.00	Dollar	
Supported Employment The maximum Supported I Habilitation, Supported Co Job Coaching, Group-									ch are limi		
Level 1 Job Coaching, Group-	T2019	U3	22	HQ		\$	3.82	\$		15 Minutes	
Level 2 Job Coaching, Group- Level 3	T2019	U3	TF	HQ		\$	4.24	\$	4.24	15 Minutes	
Job Coaching, Group- Level 4	T2019	U3	TF	22	HQ	\$	4.91	\$	4.91	15 Minutes	
Job Coaching, Group- Level 5	T2019	U3	TG	HQ		\$	5.85	\$	5.85	15 Minutes	
Job Coaching, Group- Level 6	T2019	U3	TG	22	HQ	\$	7.65	\$	7.65	15 Minutes	
Job Coaching-Individual	T2019	U3	SC			\$	14.34	\$		15 Minutes	
Job Development-Group	H2023	U3	HQ			\$	4.58	\$	4.58	15 Minutes	
Job Development, Individual-Levels 1-2	H2023	U3				\$	14.34	\$	14.34	15 Minutes	
Job Development, Individual-Levels 3-4	H2023	U3	22			\$	14.34	\$	14.34	15 Minutes	
Job Development, Individual-Levels 5-6	H2023	U3	TF			\$	14.34	\$		15 Minutes	
Job Placement	H2024	U3				\$	1.00			Dollar	
Job Placement Group	H2024	U3	HQ			\$	1.00	\$	1.00	Dollar	
Community Transition Se	ervices										
Coordinator	T2038	U3				\$	7.74	\$	7.74	15 minutes	40 units (10 hours); available up to 30 days after enrollment
Items Purchased	A9900	U3					,500.00		1,500.00	One Time Payment	Up to \$2,000.00 by request; available up to 30 days after enrollment
Vision	V2799	U3				\$	1.00	\$	1.00	Dollar	

	Legend
NR*	Individually approved DDD rate
22	(CPT Defn: Increased procedural services)
HQ	Group Setting
SC	Medically Necessary Service or Supply
TF	Intermediate Level of Care



Developmental Disabilities

COLORADO Department of Health Care Policy & Financing

Rates Effective January 1, 2020-June 30, 2020

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2019	Rate Effective 01/01/2020	Unit Value	Comments				
TG	Comple	omplex/High Tech Level of Care											
TT	Individu	alized	servic	e prov	ided to	more one pa	tient in the sa	me setting					
U3	Develop	Developmentally Disabled (HCPCS Defn: Medicaid Level of Care 1, as defined by each state)											

Version: 1.3

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

Date: 02/27/2020



Rates Effective January 1, 2020-June 30, 2020



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate ffective /01/2019		Rate ffective /01/2020	Unit Value	Comments
Assistive Technology	T2035	U8				\$	1.00	\$	1.00	Dollar	Maximum of \$10,000 of Assistive Technology, Home Accessibility Adaptations, and Vehicle Modifications combined per Waiver Renewal Period (7/1/19 - 6/30/24).
Behavioral Services											
Behavioral Line Staff	H2019	U8				\$	7.30	\$	7.30	15 Minutes	Maximum of 960 units per Service Plan year.
Behavioral Consultation	H2019	U8	22	TG		\$	25.80	\$	25.80	15 Minutes	Maximum of 80 units per Service Plan year.
Behavioral Counseling	H2019	U8	TF	TG		\$	25.80	\$	25.80	15 Minutes	combined units of
Behavioral Counseling Group	H2019	U8	TF	H		\$	8.70	\$	8.70	15 Minutes	Individual and Group
Behavioral Plan Assessment	T2024	U8	22			\$	25.80	\$	25.80	15 Minutes	Maximum of 40 units and one Behavior Plan Assessment per Service Plan year.
Consumer Directed Atter			Service	es (CD	ASS)						
CDASS Homemaker	T2025	U8				\$	4.14	\$	4.48	15 Minutes	
CDASS Enhanced Homemaker	T2025	U8				\$	6.73	\$	7.28	15 Minutes	
CDASS Personal Care	T2025	U8				\$	5.47	\$	5.91	15 Minutes	
CDASS Health Maintenance	T2025	U8	SE			\$	7.44	\$	7.51	15 Minutes	
CDASS Per Member Per	Month, B	y FMS	Vendo	or							
Acumen- FEA	T2040	U8				\$	85.00	\$	85.00	Month	
Public Partnerships, LLC- FEA	T2040	U8				\$	103.21	\$	103.21	Month	
Palco- FEA	T2040	U8				\$	85.00	\$	85.00	Month	
Day Habilitation Maximum of 7,112 combin Supported Employment pe		•		Habilit	ation, S	Supp	orted Con	nmu	nity Conne	ections, Prevoca	tional Services, and
Specialized Habilitation Level 1	T2021	U8	H			\$	2.60	\$	2.60	15 Minutes	
Specialized Habilitation Level 2	T2021	U8	22	Ħ		\$	2.86	\$	2.86	15 Minutes	
Specialized Habilitation Level 3	T2021	U8	TF	HQ		\$	3.18	\$	3.18	15 Minutes	
Specialized Habilitation Level 4	T2021	U8	TF	22	HQ	\$	3.75	\$	3.75	15 Minutes	
Specialized Habilitation Level 5	T2021	U8	TG	HQ		\$	4.64	\$	4.64	15 Minutes	
Specialized Habilitation Level 6	T2021	U8	TG	22	HQ	\$	6.66	\$	6.66	15 Minutes	
Supported Community Connections Level 1	T2021	U8				\$	3.16	\$	3.16	15 Minutes	
Supported Community Connections Level 2	T2021	U8	22			\$	3.45	\$	3.45	15 Minutes	



Rates Effective January 1, 2020-June 30, 2020



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Effe	ate ctive /2019		Rate ffective /01/2020	Unit Value	Comments
Supported Community Connections Level 3	T2021	U8	TF			\$	3.91	\$	3.91	15 Minutes	
Supported Community Connections Level 4	T2021	U8	TF	22		\$	4.48	\$	4.48	15 Minutes	
Supported Community Connections Level 5	T2021	U8	TG			\$	5.40	\$	5.40	15 Minutes	
Supported Community Connections Level 6	T2021	U8	TG	22		\$	7.10	\$	7.10	15 Minutes	
Dental Services											
Basic	D2999	U8					-		-	Dollar	Please refer to DIDD
Major	D2999	U8	22				-		-	Dollar	Dental Fee Schedule for
Home Accessibility Adaptations	S5165	U8				\$	1.00	\$	1.00	Dollar	Maximum of \$10,000 of Assistive Technology, Home Accessibility Adaptations, and Vehicle Modifications combined per Waiver Renewal Period (7/1/19 - 6/30/24).
Home Delivered Meals	S5170	U8				\$	10.80	\$	11.57	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment
Homemaker											
Basic	S5130	U8				\$	4.15	\$	4.49	15 Minutes	
Enhanced	S5130	U8	22			\$	6.73	\$	7.28	15 Minutes	Requires a habilitative plan as described in the waiver or extraordinary cleaning due to individual behavioral or medical needs.
Life Skills Training	H2014	U8				\$	9.38	\$	12.03	15 minutes	24 units (6 hours) per day; up to 160 units (40 hours) per week. Available for 365 days after enrollment
Mentorship	H2021	U8				\$	11.02	\$	11.02	15 Minutes	Maximum of 192 units per Service Plan year.
Non-Medical Transportat Maximum of 508 units (trip		rvice P	lan yea	ar (all n	nileage	bands	plus pu	ıblic	conveyan	ce).	
Mileage Band 1 (0-10 Miles)	T2003	U8				\$	6.65	\$	6.65	1 Trip	
Mileage Band 2 (11-20 Miles)	T2003	U8	22			\$	13.91	\$	13.91	1 Trip	
Mileage Band 3 (Over 20 Miles)	T2003	U8	TF			\$	21.18	\$	21.18	1 Trip	

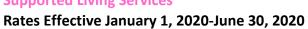


Rates Effective January 1, 2020-June 30, 2020



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate ffective /01/2019		Rate ffective /01/2020	Unit Value	Comments
Other (public conveyance)	T2004	U8				\$	1.00	\$	1.00	Dollar	Bus passes or other public conveyance may be used only when equivalent to or more cost effective than the applicable mileage range.
Mileage-Not in Day Program	T2003	U8	SC			\$	6.65	\$	6.65	4 Trips per week	All Distances. Maximum of 208 units (4 trips per week) per Service Plan year.
Peer Mentorship	H2015	U8				\$	5.36	\$	5.98	15 minutes	Available for 365 days after enrollment
Personal Care	T1019	U8				\$	5.40	\$	5.84	15 Minutes	
Personal Emergency Response System (PERS)	S5161	U8				\$	1.00	\$	1.00	Dollar	
Prevocational Services Maximum of 7,112 combine Supported Employment pe				Habilit	ation, S	Supp	orted Con	nmui	nity Conne	ections, Prevoca	tional Services, and
Prevocational Services Level 1	T2015	U8	HQ			\$	2.60	\$	2.60	15 Minutes	
Prevocational Services Level 2	T2015	U8	22	HQ		\$	2.86	\$	2.86	15 Minutes	
Prevocational Services Level 3	T2015	U8	TF	Ħ		\$	3.18	\$	3.18	15 Minutes	
Prevocational Services Level 4	T2015	U8	TF	22	HQ	\$	3.75	\$	3.75	15 Minutes	
Prevocational Services Level 5	T2015	U8	TG	Ħ		\$	4.64	\$	4.64	15 Minutes	
Prevocational Services Level 6	T2015	U8	TG	22	HQ	\$	6.66	\$	6.66	15 Minutes	
Professional Services											
Massage Therapy	97124	U8				\$	19.29	\$	19.29	15 Minutes	
Movement Therapy Bachelors	G0176	U8				\$	16.09	\$	16.09	15 Minutes	
Movement Therapy Masters	G0176	U8	22			\$	23.57	\$	23.57	15 Minutes	
Hippotherapy Individual	S8940	U8				\$	21.43	\$		15 Minutes	
Hippotherapy Group	S8940	U8	HQ			\$	9.11	\$	9.11	15 Minutes	
Recreational Facility Fees / Passes	S5199	U8				\$	1.00	\$	1.00	Dollar	
Respite Care											
Individual	S5150	U8				\$	5.40	\$	5.70	15 Minutes	Use Individual Day rate when Respite services exceed 40 units (10
Individual Day	S5151	U8				\$	215.86	\$	228.00	Day	hours) in a 24 hour period.
Group	S5151	U8	HQ			\$	1.00	\$	1.00	Dollar	Group Respite rates may







	_						Rate		Rate		
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Effective 7/01/2019		Effective 1/01/2020	Unit Value	Comments
Camp (Group, Overnight)	T2036	U8				\$	1.00	\$	1.00	Dollar	not exceed the rate paid for Individual Respite.
Specialized Medical Equi	pment a	nd Sup	plies								
Disposable Supplies	T2028	U8				\$	1.00	\$		Dollar	
Equipment	T2029	U8				\$	1.00	\$	1.00	Dollar	
Supported Employment Maximum combined units of its 7,112 units per plan yea		lized H	abilitat	ion, Su	pporte	d C	ommunity (Con	nections, F	Prevocational and	d Supported Employment
Job Coaching, Group- Level 1	T2019	U8	HQ			\$	3.47	\$	3.47	15 Minutes	
Job Coaching, Group- Level 2	T2019	U8	22	HQ		\$	3.82	\$	3.82	15 Minutes	
Job Coaching, Group- Level 3	T2019	U8	TF	HQ		\$	4.24	\$	4.24	15 Minutes	
Job Coaching, Group- Level 4	T2019	U8	TF	22	HQ	\$	4.91	\$	4.91	15 Minutes	
Job Coaching, Group- Level 5	T2019	U8	TG	HQ		\$	5.85	\$	5.85	15 Minutes	
Job Coaching, Group- Level 6	T2019	U8	TG	22	HQ	\$	7.65	\$	7.65	15 Minutes	
Job Coaching-Individual	T2019	U8	SC			\$	14.34	\$	14.34	15 Minutes	
Job Development-Group	H2023	U8	HQ			\$	4.58	\$	4.58	15 Minutes	
Job Development, Individual-Levels 1-2	H2023	U8				\$	14.34	\$	14.34	15 Minutes	
Job Development, Individual-Levels 3-4	H2023	U8	22			\$	14.34	\$	14.34	15 Minutes	
Job Development, Individual-Levels 5-6	H2023	U8	TF			\$	14.34	\$	14.34	15 Minutes	
Job Placement-Individual	H2024	U8				\$	1.00	\$	1.00	Dollar	
Job Placement-Group	H2024	U8	HQ			\$	1.00	\$	1.00	Dollar	
Community Transition Se	ervices										-
Coordinator	T2038	U8				\$	7.74	\$	7.74	15 minutes	40 units (10 hours); available up to 30 days after enrollment
Items Purchased	A9900	U8				\$	1,500.00	\$	1,500.00	One Time Payment	Up to \$2,000.00 by request; available up to 30 days after enrollment
Vehicle Modifications	T2039	U8				\$	1.00	\$		Dollar	Maximum of \$10,000 of Assistive Technology, Home Accessibility Adaptations, and Vehicle Modifications combined per Waiver Renewal Period (7/1/19 - 6/30/24).
Vision	V2799	U8				\$	1.00	\$	1.00	Dollar	

Support Level Aut	horization Limits (SPAL)
Support Level 1	\$15,126.90
Support Level 2	\$20,203.02







Rates Effective January 1, 2020-June 30, 2020

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2019	Rate Effective 01/01/2020	Unit Value	Comments
Support Leve	el 3				\$	22,718.47		,	-
Support Leve	el 4				\$	26,099.34			
Support Leve	el 5				\$	31,446.69			
Support Leve	el 6				\$	41,217.00			

Overall Service Plan Limit
\$52,938.31

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

Version: 1.3

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

Date: 02/27/2020

Children's Extensive Supports Waiver

COLORADO Department of Health Care Policy & Financing

Rates Effective January 1, 2020-June 30, 2020

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate fective 01/2019		Rate ffective /01/2020	Unit Value	Comments
Adapted Therapeutic Re	creationa	l Equi	pment	and F	ees						
Equipment	T1999	U7				\$	1.00	\$	1.00	Dollar	Maximum \$1,000 units per year (i.e., \$1,000.00
Fees	S5199	U7				\$	1.00	\$	1.00	Dollar	per year combined limit)
Assistive Technology	T2035	U7				\$	1.00	\$	1.00	Dollar	Maximum of \$10,000 of Assistive Technology, Home Accessibility Adaptations, and Vehicle Modifications combined per Waiver Renewal Period (7/1/19 - 6/30/24).
Community Connector	H2021	U7				\$	9.17	\$	9.17	15 Minutes	
Home Accessible Adaptations	S5165	U7				\$	1.00	\$	1.00	Dollar	Maximum of \$10,000 of Assistive Technology, Home Accessibility Adaptations, and Vehicle Modifications combined per Waiver Renewal Period (7/1/19 - 6/30/24).
Homemaker											
Basic	S5130	U7				\$	4.15	\$	4.49	15 Minutes	
Enhanced	S5130	U7	22			\$	6.73	\$	7.28	15 Minutes	Requires a habilitative plan as described in the waiver or extraordinary cleaning due to individual behavioral or medical needs.
Parent Education	H1010	U7				\$	1.00	\$	1.00	Dollar	Maximum of \$1,000 per Service Plan year.
Professional Services						•					•
Hippo Therapy	S8940	U7				\$	21.43	\$	21.43	15 Minutes	
Hippo Therapy Group	S8940	U7	HQ			\$	9.11	\$	9.11	15 Minutes	
Massage	97124	U7				\$	19.29	\$	19.29	15 Minutes	
Movement Therapy- Bachelors	G0176	U7				\$	16.09	\$	16.09	15 Minutes	
Movement Therapy- Masters	G0176	U7	22			\$	23.57	\$	23.57	15 Minutes	
Respite Maximum of 30 days and	1,880 add	litional	15 min	ute uni	ts per :	Servi	ce Plan y	ear.			
Respite Services- Individual	S5150	U7			·	\$	5.40	\$	5.70	15 Minutes	Use Individual Day rate when Respite services exceed 40 units (10
											hours) in a 24 hour period.
Respite Services- Individual, Per Diem	S5151	U7				\$	215.86	\$	228.00	Day	





Rates Effective January 1, 2020-June 30, 2020

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Effe	ate ctive /2019	Eff	Rate ective 01/2020	Unit Value	Comments
Camp (Group, Overnight)	T2036	U7				\$	1.00	\$	1.00	Dollar	not exceed the rate paid for Individual Respite.
	Specialized Medical Equipment and Supplies Services may be authorized up to the pre-established CCB thresholds, beyond which DDD prior authorization is required.										
Disposable Supplies	T2028	U7				\$	1.00	\$	1.00	Dollar	
Equipment	T2029	U7				\$	1.00	\$	1.00	Dollar	
Vehicle Modifications	T2039	U7				\$	1.00	\$	1.00	Dollar	Maximum of \$10,000 of Assistive Technology, Home Accessibility Adaptations, and Vehicle Modifications combined per Waiver Renewal Period (7/1/14 - 6/30/19).
Youth Day Services Services limited to clients ages 12 through 17. Limited to ten (10) hours per calendar day.											
Individual	T2027	U7				\$	-	\$	5.70	15 Minutes	NEW SERVICE EFFECTIVE MARCH 1,
Group	T2027	U7	HQ			\$	-	\$	1.90	15 Minutes	2020

Overall Service Plan Limit
\$42,218.98

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



ADJUSTMENT TABLE							
WAIVER TYPE	PERCENT	MULTIPLIER					
Across the Board Increase Effecti	CHANGE 2019						
HCBS EBD	1.000%	1.01000					
HCBS CMHS	1.000%	1.01000					
HCBS BI	1.000%						
HCBS SCI	1.000%						
HCBS DD	1.000%	1.01000 1.01000					
HCBS SLS	1.000%						
HCBS/DDD/DHS CES	1.000%						
HCBS/DDD/DHS CLLI	1.000%						
HCBS/DDD/DHS CHCBS	1.000%	1.01000					
HCBS/DDD/DHS CHRP	1.000%	1.01000					
Targeted Rate Increases Effective							
EBD, CMHS, SCI Adult Day Basic	27.690%	1.27690					
EBD, CMHS, SCI Adult Day Specialized	36.875%	1.36875					
EBD, CMHS, SCI Respite, Alternative Care							
Facility	52.370%	1.52370					
EBD, CMHS, SCI Respite, Nursing Facility	37.125%	1.37125					
BI Adult Day	49.750%	1.49750					
BI Mental Health Counseling, Individual and							
Family	69.510%	1.69510					
BI Mental Health Counseling, Group	78.490%	1.78490					
BI Respite, Nursing Facility	44.938%	1.44939					
CDASS Personal Care and Homemaker	8.100%	1.08100					
Home Delivered Meals	7.120%	1.07120					
Independent Living Skills Training/							
Life Skills Training	28.250%	1.28250					
Peer Mentorship	11.560%	1.11560					
LTSS Personal Care and Homemaker	8.020%	1.08020					
LTSS Respite, In Home	14.220%	1.14220					
Group Residential Services and Supports,							
Level 1	22.550%	1.22550					
Group Residential Services and Supports,							
Level 2	12.160%	1.12160					
Group Residential Services and Supports,							
Level 3	7.730%	1.07730					
Group Residential Services and Supports,							
Level 4	4.043%	1.04043					
Group Residential Services and Supports,							
Level 5	3.167%	1.03167					
Group Residential Services and Supports,							
Level 6	1.266%	1.01266					

Version: 1.0 Date: 12/01/2019

Home and Community Based Services FY 19-20 Rate Schedules



SLS CDASS Homemaker	8.210%	1.08210
SLS CDASS Personal Care	8.040%	1.08040
SLS, CES Homemaker	8.190%	1.08190
SLS Personal Care	8.148%	1.08148
SLS, CES Enhanced Homemaker, CDASS and		
Non-CDASS	8.170%	1.08170
SLS, CES Respite Services, Individual	5.550%	1.05550
SLS, CES Respite Services, Individual Per		
Diem	5.624%	1.05624

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