

Which Payment?

Imagine!

“What does the Medicaid payment cover?” sounds like a simple question. Colorado’s HCBS payment system is anything but simple.

48

**Broad HCBS
Service
Categories**

Become

727

**Individual HCBS
Service Rates &
Configurations**

**One Provider’s Story. Hundreds of
Requirements.**

5

**HCBS
Medicaid IDs
for Billing**

28*

**HCBS Total
Services
Delivered**

* Both IDD and Non-IDD Services

470

**Distinct Billing
Configurations**

3

**Licences
(GRSS &
Class B)**

~350

**QMAP
Approved
Staff &
Contractors**

~13K

**HCBS
Claims
Per Year**

**There is no single “HCBS payment,” and there is no
single answer to what that rate must cover.**

What Does the Rate Have to Cover?

A Medicaid rate tells you what Medicaid pays.
It does not tell you what the service costs to deliver.

Lower infrastructure models

- Little or no facility costs
- Limited transportation costs
- On-call supports
- Family or contract workforce
- Lower program infrastructure

Infrastructure-intensive models

- Direct support staff
- Supervision
- Backup coverage
- Facility & utilities
- Fleet & transportation
- Specialized training
- Clinical oversight
- Accessible equipment
- Quality & compliance

When the Rate Doesn't Cover the Service

Some services cost more to deliver than Medicaid reimburses. Providers may layer in necessary supports and infrastructure that Medicaid does not separately cover, then use grants, donations, reserves, or revenue from other programs to close the gap and preserve member choice. Those resources are not guaranteed and should not replace adequate reimbursement.

One Provider. Multiple Cost Realities.

PAYMENT
≠ PROFIT

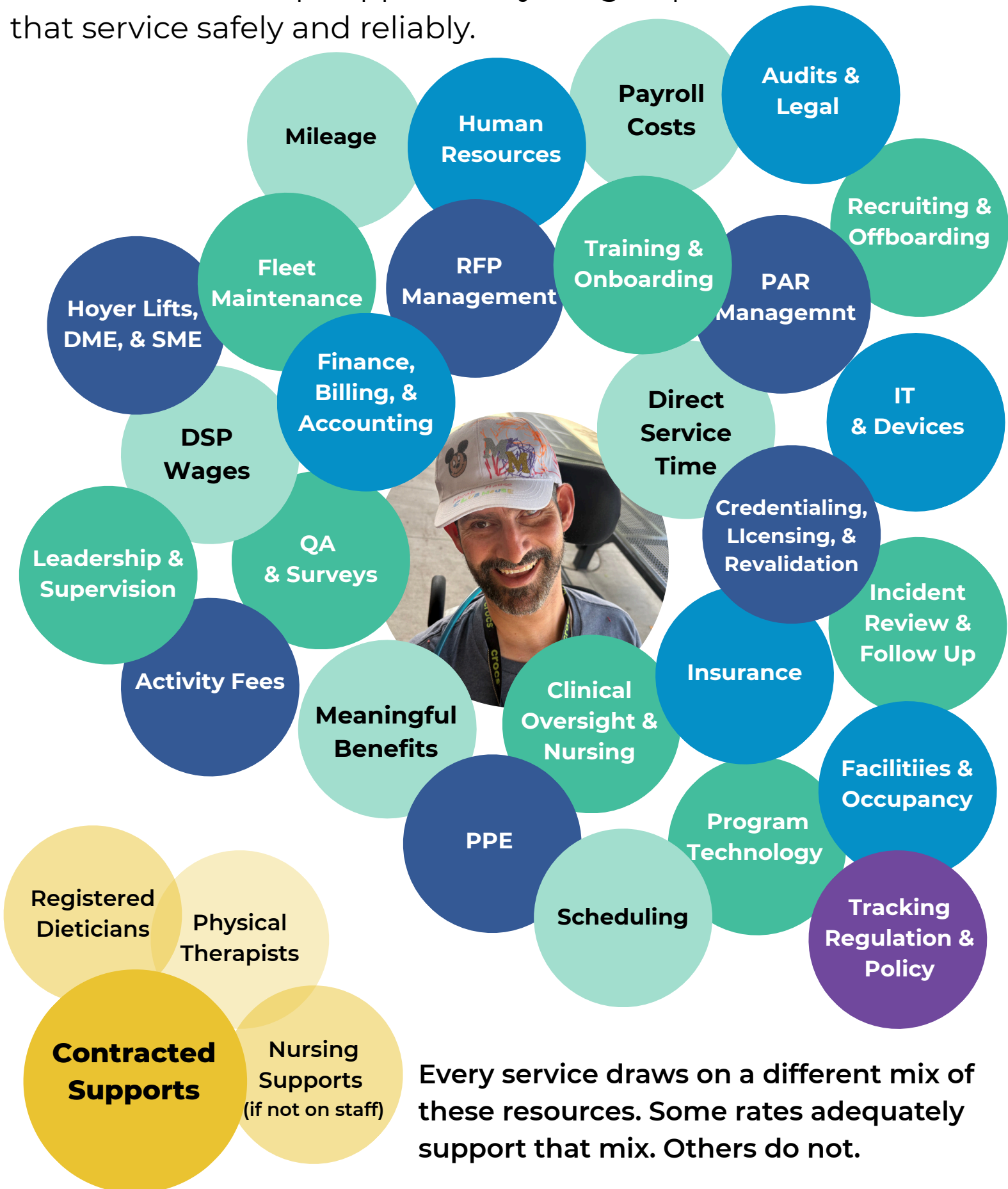
The percentage a provider “keeps” does not tell us whether a rate is adequate. We have to understand what the service requires and the role it plays in sustaining choice.

Imagine!

Behind The Services

Imagine!

The rates must help support everything required to deliver that service safely and reliably.



Every service draws on a different mix of these resources. Some rates adequately support that mix. Others do not.

Safeguarding Choice

Choice Requires a Diverse Provider Network

HCBS Providers Statewide

1,800

IDD Providers

963

0 500 1,000 1,500 2,000

IDD is used as an illustrative example because it is the only consolidated multi-waiver, multi-service provider dataset.

311

Offer
1-2 IDD Service
Categories*

54

Offer
10+ IDD Service
Categories*

10

Offer
14+ IDD Service
Categories*

• There are 22 distinct IDD Service Categories

Choice depends on
both specialization
and breadth.

Specialized providers can expand options and/or expertise. Broad providers help sustain interconnected services across different needs and stages of life.

Provider Count $\neq$ System Capacity

CHOICE

Different
services for
different needs

CONTINUITY

Support as
needs change
over time

STABILITY

Services that
remain available,
including harder-
to-sustain ones

RESPONSIVENESS

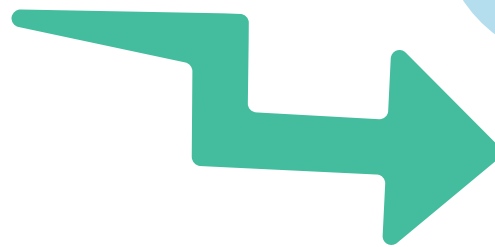
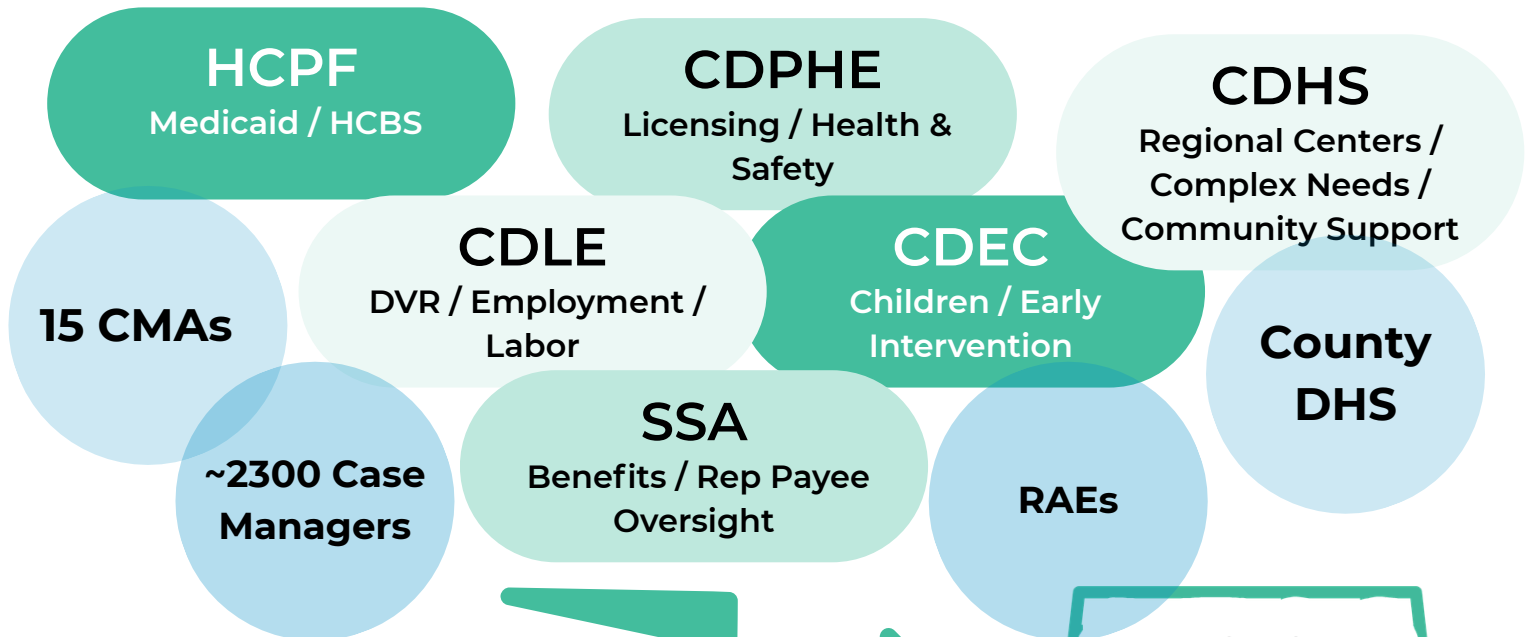
Capacity when
needs change or
become urgent

Many of Colorado's broadest providers have spent decades building and sustaining a continuum of community-based services.

Imagine!

Addressing System Complexity

Many Rules + Many Players = A Complicated System.



**One accountable
HCBS framework**

ALIGN

Requirements across systems

CLARIFY

One authoritative interpretation

SUPPORT

Technical assistance + improvement

MEASURE

Outcomes that matter to people



The Provider Has to Reconcile It All.

Different rules. Authorities.
Interpretations. Timelines

Less time
reconciling systems.
More focus on
quality services.

Imagine!

Visual	Notes & Annotations
Which Payment	-48 Broad HCBS Service Categories: Broad service headings identified across Colorado's FY26–27 HCBS rate schedules, covering 9 HCBS waivers plus Community First Choice (CFC). Similar rate configurations within a service were grouped under the broad service heading rather than counted as separate service categories. -727 Individual HCBS Service Rates & Configurations: Count of the individual rate/configuration rows appearing beneath those service categories across the FY26–27 schedules. Different rates or billing configurations may reflect waiver/program, procedure code, modifier, support level, setting, geography, individual/group delivery, unit of service, or other billing distinctions. QMAP (Qualified Medication Administration Personnel): Staff who complete required training and competency evaluation to administer medications in designated settings. QMAP approval requires significant upfront training time, testing, ongoing oversight, and periodic renewal, all of which must be staffed and supported beyond the minutes spent administering a medication (including OTC medications like Tylenol).
Safeguarding Choice	1,800: Estimated Statewide HCBS provider count; providers may have more than one Medicaid ID. There was no consolidated statewide list of all HCBS providers and their approvals available. 963: IDD provider entries in the consolidated CDPHE/PASA dataset representing providers who are authorized to provide IDD supports. These providers may also support other populations. 22: Distinct IDD service categories are represented on the consolidated CDPHE/PASA list. Breadth: 311 providers are approved for 1–2 service categories; 54 for 10+; and 10 for 14 or more. Providers approved for 14+ include Blue Peaks, Colorado Bluesky, Community Options, Continuum of Colorado, DDRC, Horizons Specialized Services, Imagine!, Inspiration Field, North Metro Community Services, and Starpoint. Note: Approval indicates authorization to provide a service, not confirmed active delivery. Imagine!