

**Home and Community Based Services**  
**Elderly, Blind, and Disabled Waiver (EBD)**

**Rates Effective July 1, 2022**

Version: 1.0 Issue Date: 06/07/2022



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2022	Rate Effective 07/01/2022	Unit Value	Comments
<b>Adult Day Services</b>									
Basic	S5100	U1				\$ 2.65	\$ 3.37	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	U1				\$ 32.77	\$ 41.34	1/2 Day	An individual unit is 3 5 hours per day; Maximum 520 units
Specialized	S5105	U1	TF			\$ 44.85	\$ 53.65	1/2 Day	
<b>Adult Day Service Transportation</b>									
Taxi	A0100	U1	HB			PUC*	PUC*	1 Way Trip	
<b>Mobility Van</b>									
Mileage Band 1 (0-10 miles)	A0120	U1	HB			\$ 9.90	\$ 10.09	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	TT	HB		\$ 18.25	\$ 18.61	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	TN	HB		\$ 27.15	\$ 27.68	1 Way Trip	
<b>Wheelchair Van</b>									
Mileage Band 1 (0-10 miles)	A0130	U1	HB			\$ 11.75	\$ 11.98	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	TT	HB		\$ 21.99	\$ 22.42	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	TN	HB		\$ 29.95	\$ 30.54	1 Way Trip	
<b>Alternative Care Facility (ACF)</b>	T2031	U1				\$ 67.91	\$ 92.14	Day	
<b>Consumer Direct Attendant Support Services (CDASS), Outside Denver County</b>									
CDASS Homemaker	T2025	U1				\$ 4.60	\$ 5.36	15 Minutes	
CDASS Personal Care	T2025	U1				\$ 4.60	\$ 5.36	15 Minutes	
CDASS Health Maintenance	T2025	U1				\$ 7.62	\$ 8.43	15 Minutes	
<b>Consumer Direct Attendant Support Services (CDASS), Denver County</b>									
CDASS Homemaker	T2025	U1				\$ 4.77	\$ 5.36	15 Minutes	
CDASS Personal Care	T2025	U1				\$ 4.77	\$ 5.36	15 Minutes	
CDASS Health Maintenance	T2025	U1				\$ 7.76	\$ 8.42	15 Minutes	
<b>CDASS Per Member Per Month, By FMS Vendor</b>									
Public Partnerships, LLC- FEA	T2040	U1				\$ 103.21	\$ 103.21	Month	
Palco- FEA	T2040	U1				\$ 85.00	\$ 85.00	Month	
Home Delivered Meals	S5170	U1				\$ 11.74	\$ 11.97	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment
<b>Homemaker Services</b>									



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Homemaker, Outside Denver County	S5130	U1				\$ 5.53	\$ 6.30	15 minutes	
Homemaker, Denver County	S5130	U1				\$ 6.33	\$ 6.79	15 minutes	
Homemaker, Remote Supports	S5130	U1	SE			\$ 2.14	\$ 2.18	15 minutes	<b>Effective 01/01/2022</b>
Home Modification	S5165	U1				NR*	NR*	Per Modification	\$14,000.00 Lifetime Maximum
<b>In Home Support Services (IHSS), Outside Denver County</b>									
IHSS Health Maintenance	H0038	U1				\$ 7.78	\$ 8.44	15 minutes	
IHSS Homemaker	S5130	U1	KX			\$ 5.16	\$ 5.92	15 minutes	
IHSS Personal Care	T1019	U1	KX			\$ 5.16	\$ 5.92	15 minutes	
IHSS Relative Personal Care	T1019	U1	HR	KX		\$ 5.16	\$ 5.92	15 minutes	Limited to 40 hours per week
<b>In Home Support Services (IHSS), Denver County</b>									
IHSS Health Maintenance	H0038	U1				\$ 7.92	\$ 8.60	15 minutes	
IHSS Homemaker	S5130	U1	KX			\$ 5.95	\$ 6.40	15 minutes	
IHSS Personal Care	T1019	U1	KX			\$ 5.95	\$ 6.40	15 minutes	
IHSS Relative Personal Care	T1019	U1	HR	KX		\$ 5.95	\$ 6.40	15 minutes	Limited to 40 hours per week
Life Skills Training	H2014	U1				\$ 12.21	\$ 12.45	15 minutes	24 units (6 hours) per day; up to 160 units (40 hours) per week. Available for 365 days after enrollment
<b>Medication Reminder</b>									
Install/Purchase	T2029	U1				NR*	NR*	Per Purchase	1 unit = 1 purchase
Monitoring	S5185	U1				NR*	NR*	Month	1 unit = 1 month
<b>Non Medical Transportation</b>									
All types except Adult Day are limited to 208 trips, or 104 round trips per service plan year									
Taxi	A0100	U1				PUC*	PUC*	1 Way Trip	
<b>Mobility Van</b>									
Mileage Band 1 (0-10 miles)	A0120	U1				\$ 9.90	\$ 10.09	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	TT			\$ 18.25	\$ 18.61	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	TN			\$ 27.15	\$ 27.68	1 Way Trip	
<b>Wheelchair Van</b>									
Mileage Band 1 (0-10 miles)	A0130	U1				\$ 11.75	\$ 11.98	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	TT			\$ 21.99	\$ 22.42	1 Way Trip	



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**COLORADO**  
 Department of Health Care  
 Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2022	Rate Effective 07/01/2022	Unit Value	Comments
Mileage Band 3 (over 20 miles)	A0130	U1	TN			\$ 29.95	\$ 30.54	1 Way Trip	
<b>Non-Medical Transportation, Local Public Transit</b>									
RTD Local	A0110	U1	TT			\$ 57.00	\$ 57.00	Monthly	
RTD Local- To and From Adult Day	A0110	U1	TT	HB		\$ 57.00	\$ 57.00	Monthly	
RTD Local	A0110	U1	TK			\$ 14.00	\$ 14.00	10 Ride Book	
RTD Local- To and From Adult Day	A0110	U1	TK	HB		\$ 14.00	\$ 14.00	10 Ride Book	
RTD Local	A0110	U1	TF			\$ 3.00	\$ 3.00	Day Pass	
RTD Local- To and From Adult Day	A0110	U1	TF	HB		\$ 3.00	\$ 3.00	Day Pass	
RTD Local	A0110	U1	TN			\$ 1.50	\$ 1.50	3 Hour Pass	
RTD Local- To and From Adult Day	A0110	U1	TN	HB		\$ 1.50	\$ 1.50	3 Hour Pass	
RTD Local- Access A Ride	A0110	U1	SE			\$ 5.00	\$ 5.00	Single	
RTD Local- Access A Ride To and From Adult Day	A0110	U1	SE	HB		\$ 5.00	\$ 5.00	Single	
RTD Local- Access A Ride	A0110	U1	TG			\$ 30.00	\$ 30.00	6 Ride Book	
RTD Local- Access A Ride To and From Adult Day	A0110	U1	TG	HB		\$ 30.00	\$ 30.00	6 Ride Book	
<b>Non-Medical Transportation, Regional Public Transit</b>									
RTD Regional	A0110	U1	CG			\$ 99.00	\$ 99.00	Monthly	
RTD Regional To and From Adult Day	A0110	U1	CG	HB		\$ 99.00	\$ 99.00	Monthly	
RTD Regional	A0110	U1	TJ			\$ 25.25	\$ 25.25	10 Ride Book	
RTD Regional To and From Adult Day	A0110	U1	TJ	HB		\$ 25.25	\$ 25.25	10 Ride Book	
RTD Regional	A0110	U1	TU			\$ 5.25	\$ 5.25	Day Pass	
RTD Regional To and From Adult Day	A0110	U1	TU	HB		\$ 5.25	\$ 5.25	Day Pass	
RTD Regional	A0110	U1	EY			\$ 2.60	\$ 2.60	3 Hour Pass	
RTD Regional To and From Adult Day	A0110	U1	EY	HB		\$ 2.60	\$ 2.60	3 Hour Pass	
RTD Regional- Access A Ride	A0110	U1	HC			\$ 9.00	\$ 9.00	Single	
RTD Regional To and From Adult Day- Access A Ride	A0110	U1	HC	HB		\$ 9.00	\$ 9.00	Single	
Peer Mentorship	H2015	U1				\$ 6.07	\$ 6.19	15 minutes	Available for 365 days after enrollment
<b>Personal Emergency Response System (PERS)</b>									



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Install/Purchase	S5160	U1				NR*	NR*	Purchase	1 unit = 1 purchase
Monitoring	S5161	U1				NR*	NR*	Month	1 unit = 1 month
Remote Supports Install/Purchase	S5160	U1	SE			-	\$ 1.00	Dollar	<b>Effective 01/01/2022</b>
<b>Personal Care Services</b>									
Personal Care, Outside Denver County	T1019	U1				\$ 5.54	\$ 6.31	15 minutes	
Personal Care Relative, Outside Denver County	T1019	U1	HR			\$ 5.16	\$ 5.92	15 minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
Personal Care, Denver County	T1019	U1				\$ 6.33	\$ 6.79	15 minutes	
Personal Care Relative, Denver County	T1019	U1	HR			\$ 5.95	\$ 6.40	15 minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
Personal Care, Remote Supports	T1019	U1	SE			\$ 2.14	\$ 2.18	15 minutes	<b>Effective 01/01/2022</b>
<b>Respite Care</b>									
Combined maximum of 30 days per certification period for Respite Care provided in an ACF, In Home, or a Nursing Facility									
ACF (Alternative Care Facility)	S5151	U1				\$ 92.15	\$ 118.91	Day	
In-Home Respite	S5150	U1				\$ 5.91	\$ 6.56	15 minutes	Not to exceed the Nursing Facility per diem (or 6.5 hours per day)
Nursing Facility	H0045	U1				\$ 184.91	\$ 188.53	Day	
<b>Community Transition Services</b>									
Coordinator	T2038	U1				\$ 7.85	\$ 8.01	15 minutes	40 units (10 hours); available up to 30 days after enrollment



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Items Purchased	A9900	U1				\$ 1,500.00	\$ 1,500.00	One Time Payment	Up to \$2,000.00 by request; available up to 30 days after enrollment

Legend	
<b>CG</b>	<b>Policy criteria applied</b>
<b>EY</b>	<b>HCPCS Definition: No physician or other licensed health care provider order for this</b>
<b>HB</b>	<b>To and From Adult Day (HCPCS Defn: Adult Program, non-geriatric)</b>
<b>HC</b>	<b>Adult Program (HCPCS Defn: Geriatric)</b>
<b>HR</b>	<b>Relative providing care (HCPCS Defn: Family/Couple with client present)</b>
<b>KX</b>	<b>In Home Support Services (HCPCS Defn: Requirements specified in the medical policy have been met)</b>
<b>NR*</b>	<b>Negotiated Rate, will vary by client</b>
<b>PUC*</b>	<b>Public Utility Commission Determined Rate</b>
<b>SE</b>	<b>State and/or federally funded programs/services</b>
<b>TF</b>	<b>Intermediate Level of care</b>
<b>TJ</b>	<b>Program group (HCPCS Defn: Child and/or adolescent)</b>
<b>TK</b>	<b>Extra patient or passenger, Non-Ambulance</b>
<b>TN</b>	<b>Outside providers' customary service area</b>
<b>TT</b>	<b>Individualized service provided to more than one client in the same setting</b>
<b>TU</b>	<b>Special Payment Rate (HCPCS Defn: Overtime)</b>
<b>U1</b>	<b>Elderly, Blind and Disabled Waiver (HCPCS Defn: Medicaid Level of Care 1, as defined by each state)</b>



Home and Community Based Services  
Community Mental Health Supports (CMHS) Waiver

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Department of Health Care  
Policy & Financing

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<b>Adult Day Services</b>									
Basic	S5100	UA				\$ 2.65	\$ 3.37	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	UA				\$ 32.77	\$ 41.34	1/2 Day	An individual unit is 4-5 hours per day; Maximum 520 units
Specialized	S5105	UA	TF			\$ 44.85	\$ 53.65	1/2 Day	
<b>Adult Day Services Transportation</b>									
Taxi	A0100	UA	HB			PUC*	PUC*	1 Way Trip	
<b>Mobility Van</b>									
Mileage Band 1 (0-10 Miles)	A0120	UA	HB			\$ 9.90	\$ 10.09	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	UA	TT	HB		\$ 18.25	\$ 18.61	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0120	UA	TN	HB		\$ 27.15	\$ 27.68	1 Way Trip	
<b>Wheelchair Van</b>									
Mileage Band 1 (0-10 Miles)	A0130	UA	HB			\$ 11.75	\$ 11.98	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	UA	TT	HB		\$ 21.99	\$ 22.42	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0130	UA	TN	HB		\$ 29.95	\$ 30.54	1 Way Trip	
<b>Alternative Care Facility (ACF)</b>	T2031	UA				\$ 67.91	\$ 92.14	Day	May be different for clients with 300% income, use PETI for rate
<b>Consumer Directed Attendant Services (CDASS), Outside Denver County</b>									
CDASS Homemaker	T2025	UA				\$ 4.60	\$ 5.36	15 Minutes	
CDASS Personal Care	T2025	UA				\$ 4.60	\$ 5.36	15 Minutes	
CDASS Health Maintenance	T2025	UA				\$ 7.62	\$ 8.43	15 Minutes	
<b>Consumer Directed Attendant Services (CDASS), Denver County</b>									
CDASS Homemaker	T2025	UA				\$ 4.77	\$ 5.36	15 Minutes	
CDASS Personal Care	T2025	UA				\$ 4.77	\$ 5.36	15 Minutes	
CDASS Health Maintenance	T2025	UA				\$ 7.76	\$ 8.42	15 Minutes	
<b>CDASS Per Member Per Month, By FMS Vendor</b>									
Public Partnerships, LLC- FEA	T2040	UA				\$ 103.21	\$ 103.21	Month	
Palco- FEA	T2040	UA				\$ 85.00	\$ 85.00	Month	



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Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2022	Rate Effective 07/01/2022	Unit Value	Comments
Home Delivered Meals	S5170	UA				\$ 11.74	\$ 11.97	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment
<b>Homemaker Services</b>									
Homemaker, Outside Denver County	S5130	UA				\$ 5.53	\$ 6.30	15 minutes	
Homemaker, Denver County	S5130	UA				\$ 6.33	\$ 6.79	15 minutes	
Homemaker, Remote Supports	S5130	UA	SE			\$ 2.14	\$ 2.18	15 minutes	<b>Effective 01/01/2022</b>
Home Modification	S5165	UA				NR*	NR*	Per Modification	\$14,000.00 Lifetime Maximum
Life Skills Training	H2014	UA				\$ 12.21	\$ 12.45	15 minutes	24 units (6 hours) per day; up to 160 units (40 hours) per week. Available for 365 days after enrollment
<b>Medication Reminder</b>									
Purchase	T2029	UA				NR*	NR*	Purchase	1 unit = 1 purchase
Monitoring	S5185	UA				NR*	NR*	Month	1 unit = 1 month
<b>Non Medical Transportation</b>									
All types except Adult Day are limited to 208 trips, or 104 round trips									
Taxi	A0100	UA				PUC*	PUC*	1 Way Trip	
<b>Mobility Van</b>									
Mileage Band 1 (0-10 Miles)	A0120	UA				\$ 9.90	\$ 10.09	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	UA	TT			\$ 18.25	\$ 18.61	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0120	UA	TN			\$ 27.15	\$ 27.68	1 Way Trip	
<b>Wheelchair Van</b>									
Mileage Band 1 (0-10 Miles)	A0130	UA				\$ 11.75	\$ 11.98	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	UA	TT			\$ 21.99	\$ 22.42	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0130	UA	TN			\$ 29.95	\$ 30.54	1 Way Trip	
<b>Non-Medical Transportation, Local Public Transit</b>									
RTD Local	A0110	UA	TT			\$ 57.00	\$ 57.00	Monthly	
RTD Local- To and From Adult Day	A0110	UA	TT	HB		\$ 57.00	\$ 57.00	Monthly	





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**COLORADO**  
Department of Health Care  
Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2022	Rate Effective 07/01/2022	Unit Value	Comments
RTD Local	A0110	UA	TK			\$ 14.00	\$ 14.00	10 Ride Book	
RTD Local- To and From Adult Day	A0110	UA	TK	HB		\$ 14.00	\$ 14.00	10 Ride Book	
RTD Local	A0110	UA	TF			\$ 3.00	\$ 3.00	Day Pass	
RTD Local- To and From Adult Day	A0110	UA	TF	HB		\$ 3.00	\$ 3.00	Day Pass	
RTD Local	A0110	UA	TN			\$ 1.50	\$ 1.50	3 Hour Pass	
RTD Local- To and From Adult Day	A0110	UA	TN	HB		\$ 1.50	\$ 1.50	3 Hour Pass	
RTD Local- Access A Ride	A0110	UA	SE			\$ 5.00	\$ 5.00	Single	
RTD Local- Access A Ride To and From Adult Day	A0110	UA	SE	HB		\$ 5.00	\$ 5.00	Single	
RTD Local- Access A Ride	A0110	UA	TG			\$ 30.00	\$ 30.00	6 Ride Book	
RTD Local- Access A Ride To and From Adult Day	A0110	UA	TG	HB		\$ 30.00	\$ 30.00	6 Ride Book	
<b>Non-Medical Transportation, Regional Public Transit</b>									
RTD Regional	A0110	UA	CG			\$ 99.00	\$ 99.00	Monthly	
RTD Regional To and From Adult Day	A0110	UA	CG	HB		\$ 99.00	\$ 99.00	Monthly	
RTD Regional	A0110	UA	TJ			\$ 25.25	\$ 25.25	10 Ride Book	
RTD Regional To and From Adult Day	A0110	UA	TJ	HB		\$ 25.25	\$ 25.25	10 Ride Book	
RTD Regional	A0110	UA	TU			\$ 5.25	\$ 5.25	Day Pass	
RTD Regional To and From Adult Day	A0110	UA	TU	HB		\$ 5.25	\$ 5.25	Day Pass	
RTD Regional	A0110	UA	EY			\$ 2.60	\$ 2.60	3 Hour Pass	
RTD Regional To and From Adult Day	A0110	UA	EY	HB		\$ 2.60	\$ 2.60	3 Hour Pass	
RTD Regional- Access A Ride	A0110	UA	HC			\$ 9.00	\$ 9.00	Single	
RTD Regional To and From Adult Day- Access A Ride	A0110	UA	HC	HB		\$ 9.00	\$ 9.00	Single	
Peer Mentorship	H2015	UA				\$ 6.07	\$ 6.19	15 minutes	Available for 365 days after enrollment
<b>Personal Emergency Response System (PERS)</b>									
Install/Purchase	S5160	UA				NR*	NR*	Purchase	1 unit = 1 purchase
Monitoring	S5161	UA				NR*	NR*	Month	1 unit = 1 month
Remote Supports Install/Purchase	S5160	UA	SE			-	\$ 1.00	Dollar	<b>Effective 01/01/2022</b>
<b>Personal Care Services</b>									





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Personal Care, Outside Denver County	T1019	UA				\$ 5.54	\$ 6.31	15 minutes	
Personal Care, Relative - Outside Denver County	T1019	UA	HR			\$ 5.16	\$ 5.92	15 minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8,485.200)
Personal Care, Denver County	T1019	UA				\$ 6.33	\$ 6.79	15 minutes	
Personal Care, Relative - Denver County	T1019	UA	HR			\$ 5.95	\$ 6.40	15 minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8,485.200)
Personal Care, Remote Supports	T1019	UA	SE			\$ 2.14	\$ 2.18	15 minutes	<b>Effective 01/01/2022</b>
<b>Respite Care</b>									
Combined maximum of 30 days per certification period for Respite Care provided in an ACF or a Nursing Facility									
Alternative Care Facility (ACF),	S5151	UA				\$ 92.15	\$ 118.91	Day	
Nursing Facility	H0045	UA				\$ 184.91	\$ 188.53	Day	
<b>Community Transition Services</b>									
Coordinator	T2038	UA				\$ 7.85	\$ 8.01	15 minutes	40 units (10 hours); available up to 30 days after enrollment
Items Purchased	A9900	UA				\$ 1,500.00	\$ 1,500.00	One Time Payment	Up to \$2,000.00 by request; available up to 30 days after enrollment

Legend	
CG	Policy criteria applied
EY	HCPCS Definition: No physician or other licensed health care provider order for this item/service
HB	To and From Adult Day (HCPCS Defn: Adult Program, non-geriatric)
HC	Adult Program (HCPCS Defn: Geriatric)
HR	Relative providing care (HCPCS Defn: Family/Couple with client present)
NR*	Negotiated Rate, will vary by client
PUC*	Public Utility Commission Determined Rate
SE	State and/or federally funded programs/services
TF	Intermediate Level of care



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 Department of Health Care  
 Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2022	Rate Effective 07/01/2022	Unit Value	Comments
TJ	Program group (HCPCS Defn: Child and/or adolescent)								
TK	Extra patient or passenger, Non-Ambulance								
TN	Outside Providers' customary service area								
TT	Individualized service provided to more than one client in the same setting								
TU	Special Payment Rate (HCPCS Defn: Overtime)								
UA	Community Mental Health Supports (HCPCS Defn: Medicaid Level of Care 1, as defined by each state)								



# Home and Community Based Services

## Brain Injury (BI) Waiver

### Rates Effective July 1, 2022

Version: 1.0 Issue Date: 06/07/2022



**COLORADO**  
Department of Health Care  
Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2022	Rate Effective 07/01/2022	Unit Value	Comments
Adult Day Services	S5100	U6				\$ 6.57	\$ 7.36	15 Minutes	Maximum of 12 units or three (3) hours per day
Adult Day Services	S5102	U6				\$ 80.86	\$ 82.44	Day	At least 2 or more hours of attendance, 1 or more days per week
<b>Adult Day Services Transportation</b>									
Taxi	A0100	U6	HB			PUC*	PUC*	1 Way Trip	
<b>Mobility Van</b>									
Mileage Band 1 (0-10 Miles)	A0120	U6	HB			\$ 9.90	\$ 10.09	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	U6	TT	HB		\$ 18.25	\$ 18.61	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0120	U6	TN	HB		\$ 27.15	\$ 27.68	1 Way Trip	
<b>Wheelchair Van</b>									
Mileage Band 1 (0-10 Miles)	A0130	U6	HB			\$ 11.75	\$ 11.98	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	U6	TT	HB		\$ 21.99	\$ 22.42	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0130	U6	TN	HB		\$ 29.95	\$ 30.54	1 Way Trip	
Assistive Technology	T2029	U6				NR*	NR*	Per Purchase	1 unit = 1 purchase
Behavioral Services	H0025	U6				\$ 15.08	\$ 15.38	30 Minutes	
Day Treatment	H2018	U6				\$ 84.78	\$ 86.48	Day	
<b>Consumer Direct Attendant Supports and Services (CDASS), Outside Denver County</b>									
CDASS Homemaker	T2025	U6				\$ 4.60	\$ 5.36	15 minutes	
CDASS Personal Care	T2025	U6				\$ 4.60	\$ 5.36	15 Minutes	
CDASS Health Maintenance	T2025	U6				\$ 7.62	\$ 8.43	15 minutes	
<b>Consumer Direct Attendant Supports and Services (CDASS), Denver County</b>									
CDASS Homemaker	T2025	U6				\$ 4.77	\$ 5.36	15 minutes	
CDASS Personal Care	T2025	U6				\$ 4.77	\$ 5.36	15 Minutes	
CDASS Health Maintenance	T2025	U6				\$ 7.76	\$ 8.42	15 minutes	
<b>CDASS Per Member Per Month, By FMS Vendor</b>									
Public Partnerships, LLC- FEA	T2040	U6				\$ 103.21	\$ 103.21	Month	
Palco- FEA	T2040	U6				\$ 85.00	\$ 85.00	Month	
Home Delivered Meals	S5170	U6				\$ 11.74	\$ 11.97	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment
Home Modification	S5165	U6				NR*	NR*	Per Modification	\$14,000.00 Lifetime Maximum



# Home and Community Based Services

## Brain Injury (BI) Waiver

### Rates Effective July 1, 2022

Version: 1.0 Issue Date: 06/07/2022



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2022	Rate Effective 07/01/2022	Unit Value	Comments
Independent Living Skills Training (ILST)	T2013	U6				\$ 12.21	\$ 12.45	15 minutes	
<b>Mental Health Counseling</b>									
Individual	H0004	U6				\$ 26.13	\$ 26.65	15 minutes	
Family	H0004	U6	HR			\$ 26.13	\$ 26.65	15 minutes	
Group	H0004	U6	HQ			\$ 15.42	\$ 15.73	15 minutes	
<b>Non Medical Transportation</b>									
All types except Adult Day are limited to 208 trips, or 104 round trips									
Taxi	A0100	U6				PUC*	PUC*	1 Way Trip	
<b>Mobility Van</b>									
Mileage Band 1 (0-10 Miles)	A0120	U6				\$ 9.90	\$ 10.09	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	U6	TT			\$ 18.25	\$ 18.61	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0120	U6	TN			\$ 27.15	\$ 27.68	1 Way Trip	
<b>Wheelchair Van</b>									
Mileage Band 1 (0-10 Miles)	A0130	U6				\$ 11.75	\$ 11.98	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	U6	TT			\$ 21.99	\$ 22.42	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0130	U6	TN			\$ 29.95	\$ 30.54	1 Way Trip	
<b>Non-Medical Transportation, Local Public Transit</b>									
RTD Local	A0110	U6	TT			\$ 57.00	\$ 57.00	Monthly	
RTD Local- To and From Adult Day	A0110	U6	TT	HB		\$ 57.00	\$ 57.00	Monthly	
RTD Local	A0110	U6	TK			\$ 14.00	\$ 14.00	10 Ride Book	
RTD Local- To and From Adult Day	A0110	U6	TK	HB		\$ 14.00	\$ 14.00	10 Ride Book	
RTD Local	A0110	U6	TF			\$ 3.00	\$ 3.00	Day Pass	
RTD Local- To and From Adult Day	A0110	U6	TF	HB		\$ 3.00	\$ 3.00	Day Pass	
RTD Local	A0110	U6	TN			\$ 1.50	\$ 1.50	3 Hour Pass	
RTD Local- To and From Adult Day	A0110	U6	TN	HB		\$ 1.50	\$ 1.50	3 Hour Pass	
RTD Local- Access A Ride	A0110	U6	SE			\$ 5.00	\$ 5.00	Single	
RTD Local- Access A Ride To and From Adult Day	A0110	U6	SE	HB		\$ 5.00	\$ 5.00	Single	
RTD Local- Access A Ride	A0110	U6	TG			\$ 30.00	\$ 30.00	6 Ride Book	
RTD Local- Access A Ride To and From Adult Day	A0110	U6	TG	HB		\$ 30.00	\$ 30.00	6 Ride Book	



# Home and Community Based Services

## Brain Injury (BI) Waiver

Rates Effective July 1, 2022

Version: 1.0 Issue Date: 06/07/2022



**COLORADO**  
Department of Health Care  
Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2022	Rate Effective 07/01/2022	Unit Value	Comments
<b>Non-Medical Transportation, Regional Public Transit</b>									
RTD Regional	A0110	U6	CG			\$ 99.00	\$ 99.00	Monthly	
RTD Regional To and From Adult Day	A0110	U6	CG	HB		\$ 99.00	\$ 99.00	Monthly	
RTD Regional	A0110	U6	TJ			\$ 25.25	\$ 25.25	10 Ride Book	
RTD Regional To and From Adult Day	A0110	U6	TJ	HB		\$ 25.25	\$ 25.25	10 Ride Book	
RTD Regional	A0110	U6	TU			\$ 5.25	\$ 5.25	Day Pass	
RTD Regional To and From Adult Day	A0110	U6	TU	HB		\$ 5.25	\$ 5.25	Day Pass	
RTD Regional	A0110	U6	EY			\$ 2.60	\$ 2.60	3 Hour Pass	
RTD Regional To and From Adult Day	A0110	U6	EY	HB		\$ 2.60	\$ 2.60	3 Hour Pass	
RTD Regional- Access A Ride	A0110	U6	HC			\$ 9.00	\$ 9.00	Single	
RTD Regional To and From Adult Day- Access A Ride	A0110	U6	HC	HB		\$ 9.00	\$ 9.00	Single	
Peer Mentorship	H2015	U6				\$ 6.07	\$ 6.19	15 minutes	Available for 365 days after enrollment
<b>Personal Emergency Response System (PERS)</b>									
Install/Purchase	S5160	U6				NR*	NR*	Per Purchase	1 unit = 1 purchase
Monitoring	S5161	U6				NR*	NR*	Month	1 unit = 1 month
Remote Supports Install/Purchase	S5160	U6	SE			-	\$ 1.00	Dollar	<b>Effective 01/01/2022</b>
<b>Personal Care Services</b>									
Personal Care, Outside Denver County	T1019	U6				\$ 5.54	\$ 6.31	15 minutes	
Personal Care, Relative-Outside Denver County	T1019	U6	HR			\$ 5.16	\$ 5.92	15 minutes	Maximum reimbursement not to exceed 1776 units (444 hours) per year
Personal Care, Denver County	T1019	U6				\$ 6.33	\$ 6.79	15 minutes	
Personal Care, Relative-Denver County	T1019	U6	HR			\$ 5.95	\$ 6.40	15 minutes	Maximum reimbursement not to exceed 1776 units (444 hours) per year
Personal Care, Remote Supports	T1019	U6	SE			\$ 2.14	\$ 2.18	15 minutes	<b>Effective 01/01/2022</b>
<b>Respite Care</b>									
Combined maximum of 720 hours per certification period for Respite Care provided In Home or in a Nursing Facility									
In-Home Respite	S5150	U6				\$ 5.91	\$ 6.56	15 minutes	Not to exceed 8 hours per day



# Home and Community Based Services

## Brain Injury (BI) Waiver

### Rates Effective July 1, 2022

Version: 1.0 Issue Date: 06/07/2022



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2022	Rate Effective 07/01/2022	Unit Value	Comments
Nursing Facility	H0045	U6				\$ 184.91	\$ 188.53	Day	
<b>Substance Abuse Counseling</b>									
Family	T1006	U6	HR	HF		\$ 62.35	\$ 63.60	Hour	
Individual	H0047	U6	HF			\$ 62.35	\$ 63.60	Hour	
Group	H0047	U6	HQ	HF		\$ 34.94	\$ 35.64	Hour	
<b>Transitional Living Program</b>	T2016	U6				-	\$ 669.60	1 Day	
<b>Community Transition Services</b>									
Coordinator	T2038	U6				\$ 7.85	\$ 8.01	15 minutes	40 units (10 hours); available up to 30 days after enrollment
Items Purchased	A9900	U6				\$ 1,500.00	\$ 1,500.00	One Time Payment	Up to \$2,000.00 by request; available up to 30 days after enrollment
<b>Supported Living Program</b>									
Tier 1	T2033	U6				\$ 207.14	\$ 223.61	1 Day	
Tier 2	T2033	U6	HB			\$ 240.33	\$ 259.44	1 Day	
Tier 3	T2033	U6	HE			\$ 267.04	\$ 288.27	1 Day	
Tier 4	T2033	U6	HK			\$ 318.30	\$ 343.61	1 Day	
Tier 5	T2033	U6	HB	HE		\$ 349.53	\$ 377.33	1 Day	
Tier 6	T2033	U6	HB	HK		\$ 386.91	\$ 417.67	1 Day	
Tier 7	T2033	U6	HB	HK	SC	-	NR*	1 Day	

Legend	
CG	Policy criteria applied
EY	HCPCS Definition: No physician or other licensed health care provider order for this item/service
FS*	Facility Specific rate determined using acuity scores by the Dept.
HB	To and From Adult Day (HCPCS Defn: Adult Program, non-geriatric)
HC	Adult Program (HCPCS Defn: Geriatric)
HE	Mental Health Program
HF	Substance Abuse Program
HQ	Group Setting
HR	Relative providing care (HCPCS Defn: Family/Couple with client present)
NR*	Negotiated Rate, will vary by client
PUC*	Public Utility Commission Determined Rate
SE	State and/or federally funded programs/services
TJ	Program group (HCPCS Defn: Child and/or adolescent)
TK	Extra patient or passenger, Non-Ambulance



# Home and Community Based Services

## Brain Injury (BI) Waiver

### Rates Effective July 1, 2022

Version: 1.0 Issue Date: 06/07/2022



**COLORADO**  
Department of Health Care  
Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2022	Rate Effective 07/01/2022	Unit Value	Comments
TN	Outside Providers' customary service area								
TT	Individualized service provided to more than one client in the same setting								
TU	Special Payment Rate (HCPCS Defn: Overtime)								
U6	Brain Injury (HCPCS Defn: Medicaid Level of Care 1, as defined by each state)								





**Home and Community Based Services**  
**Complementary and Integrative Health (CIH) Waiver**

**Rates Effective July 1, 2022**

Version: 1.0 Issue Date: 06/23/2022



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2022	Rate Effective 07/01/2022	Unit Value	Comments
<b>Adult Day Services</b>									
Maximum 520 units									
Basic	S5100	U1	SC			\$ 2.65	\$ 3.37	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	U1	SC			\$ 32.77	\$ 41.34	1/2 Day	An individual unit is 3-5 hours per day; Maximum 520 units
Specialized	S5105	U1	SC	TF		\$ 44.85	\$ 53.65	1/2 Day	
<b>Adult Day Program Transportation</b>									
Use HB modifier for trips to and from adult day program.									
Taxi	A0100	U1	SC	HB		PUC*	PUC*	1 Way Trip	
<b>Mobility Van</b>									
Mileage Band 1 (0-10 miles)	A0120	U1	SC	HB		\$ 9.90	\$ 10.09	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	SC	TT	HB	\$ 18.25	\$ 18.61	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	SC	TN	HB	\$ 27.15	\$ 27.68	1 Way Trip	
<b>Wheelchair Van</b>									
Mileage Band 1 (0-10 miles)	A0130	U1	SC	HB		\$ 11.75	\$ 11.98	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	SC	TT	HB	\$ 21.99	\$ 22.42	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	SC	TN	HB	\$ 29.95	\$ 30.54	1 Way Trip	
<b>Alternative Therapies</b>									
Acupuncture	97814	U1	SC			\$ 18.92	\$ 19.30	15 Minutes	Maximum 204 Units per service; Combined maximum of 408 units.
Chiropractic	98942	U1	SC			\$ 24.35	\$ 24.84	15 Minutes	
Massage	97124	U1	SC			\$ 14.56	\$ 19.97	15 Minutes	
<b>Consumer Directed Attendant Support Services (CDASS), Outside Denver County</b>									
CDASS Homemaker	T2025	U1	SC			\$ 4.60	\$ 5.36	15 Minutes	
CDASS Personal Care	T2025	U1	SC			\$ 4.60	\$ 5.36	15 Minutes	
CDASS Health Maintenance	T2025	U1	SC			\$ 7.62	\$ 8.43	15 Minutes	
<b>Consumer Directed Attendant Support Services (CDASS), Denver County</b>									
CDASS Homemaker	T2025	U1	SC			\$ 4.77	\$ 5.36	15 Minutes	
CDASS Personal Care	T2025	U1	SC			\$ 4.77	\$ 5.36	15 Minutes	
CDASS Health Maintenance	T2025	U1	SC			\$ 7.76	\$ 8.42	15 Minutes	
<b>CDASS Per Member Per Month, By FMS Vendor</b>									
Public Partnerships, LLC- FEA	T2040	U1	SC			\$ 103.21	\$ 103.21	Month	
Palco- FEA	T2040	U1	SC			\$ 85.00	\$ 85.00	Month	



# Home and Community Based Services

## Complementary and Integrative Health (CIH) Waiver

Rates Effective July 1, 2022

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**COLORADO**  
Department of Health Care  
Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2022	Rate Effective 07/01/2022	Unit Value	Comments
Home Delivered Meals	S5170	U1	SC			\$ 11.74	\$ 11.97	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment
<b>Homemaker Services</b>									
Homemaker, Outside Denver County	S5130	U1	SC			\$ 5.53	\$ 6.30	15 Minutes	
Homemaker, Denver County	S5130	U1	SC			\$ 6.33	\$ 6.79	15 Minutes	
Homemaker, Remote Supports	S5130	U1	SC	SE		\$ 2.14	\$ 2.18	15 minutes	<b>Effective 01/01/2022</b>
Home Modification	S5165	U1	SC			NR*	NR*	Per Modification	\$14,000.00 Lifetime Maximum
<b>In-Home Support Services (IHSS), Outside Denver County</b>									
IHSS Health Maintenance	H0038	U1	SC			\$ 7.78	\$ 8.44	15 Minutes	
IHSS Homemaker	S5130	U1	SC	KX		\$ 5.16	\$ 5.92	15 Minutes	
IHSS Personal Care	T1019	U1	SC	KX		\$ 5.16	\$ 5.92	15 Minutes	
IHSS Relative Personal Care	T1019	U1	SC	HR	KX	\$ 5.16	\$ 5.92	15 Minutes	Limited to 40 hours per week
<b>In-Home Support Services (IHSS), Denver County</b>									
IHSS Health Maintenance	H0038	U1	SC			\$ 7.92	\$ 8.60	15 Minutes	
IHSS Homemaker	S5130	U1	SC	KX		\$ 5.95	\$ 6.40	15 Minutes	
IHSS Personal Care	T1019	U1	SC	KX		\$ 5.95	\$ 6.40	15 Minutes	
IHSS Relative Personal Care	T1019	U1	SC	HR	KX	\$ 5.95	\$ 6.40	15 Minutes	Limited to 40 hours per week
Life Skills Training	H2014	U1	SC			\$ 12.21	\$ 12.45	15 minutes	24 units (6 hours) per day; up to 160 units (40 hours) per week. Available for 365 days after enrollment
<b>Medication Reminder</b>									
Install/Purchase	T2029	U1	SC			NR*	NR*	Per Purchase	1 unit = 1 purchase
Monitoring	S5185	U1	SC			NR*	NR*	Month	1 unit = 1 month
<b>Non Medical Transportation</b>									
All types except Adult Day are limited to 208 trips, or 104 round trips per service plan year									
Taxi	A0100	U1	SC			PUC*	PUC*	1 Way Trip	
<b>Mobility Van</b>									
Mileage Band 1 (0-10 miles)	A0120	U1	SC			\$ 9.90	\$ 10.09	1 Way Trip	



Home and Community Based Services  
**Complementary and Integrative Health (CIH) Waiver**

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Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2022	Rate Effective 07/01/2022	Unit Value	Comments
Mileage Band 2 (11-20 miles)	A0120	U1	SC	TT		\$ 18.25	\$ 18.61	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	SC	TN		\$ 27.15	\$ 27.68	1 Way Trip	
<b>Wheelchair Van</b>									
Mileage Band 1 (0-10 miles)	A0130	U1	SC			\$ 11.75	\$ 11.98	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	SC	TT		\$ 21.99	\$ 22.42	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	SC	TN		\$ 29.95	\$ 30.54	1 Way Trip	
<b>Non-Medical Transportation, Local Public Transit</b>									
RTD Local	A0110	U1	SC	TT		\$ 57.00	\$ 57.00	Monthly	
RTD Local- To and From Adult Day	A0110	U1	SC	TT	HB	\$ 57.00	\$ 57.00	Monthly	
RTD Local	A0110	U1	SC	TK		\$ 14.00	\$ 14.00	10 Ride Book	
RTD Local- To and From Adult Day	A0110	U1	SC	TK	HB	\$ 14.00	\$ 14.00	10 Ride Book	
RTD Local	A0110	U1	SC	TF		\$ 3.00	\$ 3.00	Day Pass	
RTD Local- To and From Adult Day	A0110	U1	SC	TF	HB	\$ 3.00	\$ 3.00	Day Pass	
RTD Local	A0110	U1	SC	TN		\$ 1.50	\$ 1.50	3 Hour Pass	
RTD Local- To and From Adult Day	A0110	U1	SC	TN	HB	\$ 1.50	\$ 1.50	3 Hour Pass	
RTD Local- Access A Ride	A0110	U1	SC	SE		\$ 5.00	\$ 5.00	Single	
RTD Local- Access A Ride To and From Adult Day	A0110	U1	SC	SE	HB	\$ 5.00	\$ 5.00	Single	
RTD Local- Access A Ride	A0110	U1	SC	TG		\$ 30.00	\$ 30.00	6 Ride Book	
RTD Local- Access A Ride To and From Adult Day	A0110	U1	SC	TG	HB	\$ 30.00	\$ 30.00	6 Ride Book	
<b>Non-Medical Transportation, Regional Public Transit</b>									
RTD Regional	A0110	U1	SC	CG		\$ 99.00	\$ 99.00	Monthly	
RTD Regional To and From Adult Day	A0110	U1	SC	CG	HB	\$ 99.00	\$ 99.00	Monthly	
RTD Regional	A0110	U1	SC	TJ		\$ 25.25	\$ 25.25	10 Ride Book	
RTD Regional To and From Adult Day	A0110	U1	SC	TJ	HB	\$ 25.25	\$ 25.25	10 Ride Book	
RTD Regional	A0110	U1	SC	TU		\$ 5.25	\$ 5.25	Day Pass	
RTD Regional To and From Adult Day	A0110	U1	SC	TU	HB	\$ 5.25	\$ 5.25	Day Pass	



# Home and Community Based Services

## Complementary and Integrative Health (CIH) Waiver

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**COLORADO**  
Department of Health Care  
Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2022	Rate Effective 07/01/2022	Unit Value	Comments
RTD Regional	A0110	U1	SC	EY		\$ 2.60	\$ 2.60	3 Hour Pass	
RTD Regional To and From Adult Day	A0110	U1	SC	EY	HB	\$ 2.60	\$ 2.60	3 Hour Pass	
RTD Regional-Access A Ride	A0110	U1	SC	HC		\$ 9.00	\$ 9.00	Single	
RTD Regional To and From Adult Day-Access A Ride	A0110	U1	SC	HC	HB	\$ 9.00	\$ 9.00	Single	
Peer Mentorship	H2015	U1	SC			\$ 6.07	\$ 6.19	15 minutes	Available for 365 days after enrollment
<b>Personal Care Services</b>									
Personal Care, Outside Denver County	T1019	U1	SC			\$ 5.54	\$ 6.31	15 Minutes	
Relative Personal Care, Outside Denver County	T1019	U1	SC	HR		\$ 5.16	\$ 5.92	15 Minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
Personal Care, Denver County	T1019	U1	SC			\$ 6.33	\$ 6.79	15 Minutes	
Relative Personal Care, Denver County	T1019	U1	SC	HR		\$ 5.95	\$ 6.40	15 Minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
Personal Care, Remote Supports	T1019	U1	SC	SE		\$ 2.14	\$ 2.18	15 minutes	<b>Effective 01/01/2022</b>
<b>Personal Emergency Response System (PERS)</b>									
Install/Purchase	S5160	U1	SC			NR*	NR*	Purchase	1 unit = 1 purchase
Monitoring	S5161	U1	SC			NR*	NR*	Month	1 unit = 1 month
Remote Supports Install/Purchase	S5160	U1	SC	SE		-	\$ 1.00	Dollar	<b>Effective 01/01/2022</b>
<b>Respite Care</b>									
Combined maximum of 30 days per certification period for Respite Care provided in an ACF, In Home, or a Nursing Facility									
Alternative Care Facility (ACF)	S5151	U1	SC			\$ 92.15	\$ 118.91	Day	
In-Home Respite	S5150	U1	SC			\$ 5.91	\$ 6.56	15 Minutes	
Nursing Facility	H0045	U1	SC			\$ 184.91	\$ 188.53	Day	Not to exceed the Nursing Facility per diem (or 6.5 hours per day)



Home and Community Based Services  
**Complementary and Integrative Health (CIH) Waiver**

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**COLORADO**  
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Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2022	Rate Effective 07/01/2022	Unit Value	Comments
<b>Community Transition Services</b>									
Coordinator	T2038	U1	SC			\$ 7.85	\$ 8.01	15 minutes	40 units (10 hours); available up to 30 days after enrollment
Items Purchased	A9900	U1	SC			\$ 1,500.00	\$ 1,500.00	One Time Payment	Up to \$2,000.00 by request; available up to 30 days after enrollment

<b>Legend</b>	
<b>HB</b>	<b>To and From Adult Day</b> (HCPCS Defn: Adult Program, non-geriatric)
<b>HR</b>	<b>Relative providing care</b> (HCPCS Defn: Family/Couple with client present)
<b>KX</b>	<b>In Home Support Services</b> (HCPCS Defn: Requirements specified in the medical policy have been met)
<b>NR*</b>	<b>Negotiated Rate, will vary by client</b>
<b>PUC*</b>	<b>Public Utility Commission Determined Rate</b>
<b>SC</b>	<b>Spinal Cord Injury</b> (HCPCS Defn: Medically Necessary Service or Supply)
<b>TF</b>	<b>Intermediate Level of care</b>
<b>TN</b>	<b>Outside Providers' customary service area</b>
<b>TT</b>	<b>Individualized service provided to more than one client in the same setting</b>
<b>U1</b>	<b>Elderly, Blind, and Disabled</b> (HCPCS Defn: Medicaid Level of Care 1, as defined by each state)



# Home and Community Based Services

## FY 22-23 Rate Schedules

Version: 1.0 Issue Date: 06/23/2022



**COLORADO**  
Department of Health Care  
Policy & Financing

<b>ADJUSTMENT TABLE</b>		
<b>Across the Board Increase Effective July 1, 2022</b>		
<b>Service Title</b>	<b>PERCENT CHANGE</b>	<b>MULTIPLIER</b>
HCBS EBD	2.000%	1.02000
HCBS CMHS	2.000%	1.02000
HCBS BI	2.000%	1.02000
HCBS CIH	2.000%	1.02000
HCBS DD	2.000%	1.02000
HCBS SLS	2.000%	1.02000
HCBS/DDD/DHS CES	2.000%	1.02000
HCBS/DDD/DHS CLLI	2.000%	1.02000
HCBS/DDD/DHS CHCBS	2.000%	1.02000
HCBS/DDD/DHS CHRP	2.000%	1.02000
<b>Targeted Rate Increases Effective July 1, 2022</b>		
BI Transitional Living Program (TLP)	41.609%	1.41609
CHRP- Foster Home Level 1	17.009%	1.17009
CHRP- Foster Home Level 2	17.018%	1.17018
CHRP- Foster Home Level 3	17.012%	1.17012
CHRP- Foster Home Level 4	17.009%	1.17009
CHRP- Foster Home Level 5	17.029%	1.17029
CHRP- Foster Home Level 6	17.019%	1.17019
CHRP- Group Home Level 1	42.007%	1.42007
CHRP- Group Home Level 2	29.937%	1.29937
CHRP- Group Home Level 3	24.809%	1.24809
CHRP- Group Home Level 4	20.549%	1.20549
CHRP- Group Home Level 5	19.521%	1.19521
CHRP- Group Home Level 6	17.732%	1.17732
CHRP- Respite- Individual 15 minute	5.474%	1.05474
CHRP- Respite- Individual Day/ Group	6.681%	1.06681

