Elderly, Blind, and Disabled Waiver (EBD)

Rates Effective July 1, 2023-June 30, 2024



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate fective 01/2023	Rate fective 01/2023	Unit Value	Comments
Adult Day Services, Or	utside Do	enver	Count	y					
Basic	S5100	U1				\$ 3.32	\$ 3.61	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	U1				\$ 40.66	\$ 44.14	1/2 Day	An individual unit is 3-5 hours per day;
Specialized	S5105	U1	TF			\$ 52.72	\$ 56.55	1/2 Day	Maximum 520 units
Adult Day Services, De Effective July 1, 2023	enver Co	unty							
Basic	S5100	U1				-	\$ 3.99	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	U1				-	\$ 48.75	1/2 Day	An individual unit is 3-5 hours per day;
Specialized	S5105	U1	TF			-	\$ 61.17	1/2 Day	Maximum 520 units
Adult Day Service Tran	nsportati	ion							
Taxi	A0100	U1	НВ			PUC*	PUC*	1 Way Trip	
Mobility Van, Outside	Denver (County	1						
Mileage Band 1 (0-10 miles)	A0120	U1	НВ			\$ 9.89	\$ 10.50	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	TT	НВ		\$ 18.23	\$ 19.31	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	TN	НВ		\$ 27.12	\$ 28.70	1 Way Trip	
Mobility Van, Denver C	County								
Mileage Band 1 (0-10 miles)	A0120	U1	НВ	НХ		-	\$ 11.14	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	тт	НВ	НХ	-	\$ 20.41	1 Way Trip	Effective July 1, 2023
Mileage Band 3 (over 20 miles)	A0120	U1	TN	НВ	НХ	-	\$ 30.27	1 Way Trip	
Wheelchair Van, Outsi	de Denv	er Cou	ınty						
Mileage Band 1 (0-10 miles)	A0130	U1	НВ			\$ 11.74	\$ 12.46	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	TT	НВ		\$ 21.97	\$ 23.28	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	TN	НВ		\$ 29.92	\$ 31.67	1 Way Trip	
Wheelchair Van, Denv	er Count	y							
Mileage Band 1 (0-10 miles)	A0130	U1	НВ	НХ		-	\$ 13.22	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	TT	НВ	НХ	-	\$ 24.62	1 Way Trip	Effective July 1, 2023
Mileage Band 3 (over 20 miles)	A0130	U1	TN	НВ	НХ	-	\$ 33.42	1 Way Trip	



Elderly, Blind, and Disabled Waiver (EBD)

Rates Effective July 1, 2023-June 30, 2024



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate ffective /01/2023		Rate ffective /01/2023	Unit Value	Comments
Alternative Care Facility (ACF), Outside Denver County	T2031	U1				\$	90.74	\$	96.65	Day	
Alternative Care Facility (ACF), Denver County		U1					-	\$	103.15	Day	Effective July 1, 2023
Consumer Direct Atter	ndant Su	pport	Servic	es (CI	DASS)	, Ou	tside Der	ver	County		
CDASS Homemaker	T2025	U1				\$	5.45	\$	5.80	15 Minutes	
CDASS Personal Care	T2025	U1				\$	5.45	\$	5.80	15 Minutes	
CDASS Health Maintenance	T2025	U1				\$	8.57	\$	9.02	15 Minutes	
Consumer Direct Atter	ndant Su	pport	Servic	es (CI	DASS)	, De	nver Cou	nty			
CDASS Homemaker	T2025	U1				\$	5.45	\$	6.18	15 Minutes	
CDASS Personal Care	T2025	U1				\$	5.45	\$	6.18	15 Minutes	
CDASS Health Maintenance	T2025	U1				\$	8.57	\$	9.18	15 Minutes	
CDASS Per Member P	er Month	, By F	MS Ve	ndor							
Public Partnerships, LLC- FEA	T2040	U1				\$	103.21	\$	103.21	Month	
Palco- FEA	T2040	U1				\$	85.00	\$	85.00	Month	
Homemaker Services,	Outside	Denve	er Cou	nty							
Homemaker	S5130	U1				\$	6.19	\$	6.57	15 minutes	
Homemaker, Remote Supports	S5130	U1	SE			\$	2.18	\$	2.44	15 minutes	
Homemaker Services,	Denver	County	У								
Homemaker	S5130	U1				\$	6.66	\$	7.22	15 minutes	
Homemaker, Remote Supports	S5130	U1	SE				-	\$	2.82	15 minutes	Effective July 1, 2023
Home Modification	S5165	U1					NR*		NR*	Per Modification	\$14,000.00 Lifetime Maximum
In Home Support Serv	ices (IHS	SS), Oi	ıtside	Denve	r Cou	nty					
IHSS Health Maintenance	H0038	U1				\$	8.28	\$	8.72	15 minutes	
IHSS Homemaker	S5130	U1	KX			\$	5.81	\$	6.17	15 minutes	
IHSS Personal Care	T1019	U1	KX			\$	5.81	\$	6.17	15 minutes	
IHSS Relative Personal Care	T1019	U1	HR	KX		\$	5.81	\$	6.17	15 minutes	Limited to 40 hours per week
In Home Support Serv	ices (IHS	S), De	nver (County	/						
IHSS Health Maintenance	H0038	U1				\$	8.44	\$	9.05	15 minutes	
IHSS Homemaker	S5130	U1	KX			\$	6.28	\$	6.83	15 minutes	



Elderly, Blind, and Disabled Waiver (EBD)

Rates Effective July 1, 2023-June 30, 2024



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Effe	Rate ective 1/2023		Rate ffective 7/01/2023	Unit Value	Comments
IHSS Personal Care	T1019	U1	KX			\$	6.28	\$	6.83	15 minutes	
IHSS Relative Personal Care	T1019	U1	HR	КХ		\$	6.28	\$	6.83	15 minutes	Limited to 40 hours per week
Medication Reminder											
Install/Purchase	T2029	U1				N	IR*		NR*	Per Purchase	1 unit = 1 purchase
Monitoring	S5185	U1				Ν	IR*		NR*	Month	1 unit = 1 month
Non Medical Transpor All types except Adult D		nited to	208 t	rips, or	· 104 rd	ound to	rips per	ser	vice plan y	/ear	
Taxi	A0100	U1				PI	UC*		PUC*	1 Way Trip	
Mobility Van, Outside	Denver C	County									
Mileage Band 1 (0-10 miles)	A0120	U1				\$	9.89	\$	10.50	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	TT			\$	18.23	\$	19.31	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	TN			\$	27.12	\$	28.70	1 Way Trip	
Mobility Van, Denver C	ounty										
Mileage Band 1 (0-10 miles)	A0120	U1	НХ				-	\$	11.14	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	TT	НХ			-	\$	20.41	1 Way Trip	Effective July 1, 2023
Mileage Band 3 (over 20 miles)	A0120	U1	TN	НХ			-	\$	30.27	1 Way Trip	
Wheelchair Van, Outsi	de Denv	er Cou	ınty								
Mileage Band 1 (0-10 miles)	A0130	U1				\$	11.74	\$	12.46	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	TT			\$	21.97	\$	23.28	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	TN			\$	29.92	\$	31.67	1 Way Trip	
Wheelchair Van, Denve	er Count	ty									
Mileage Band 1 (0-10 miles)	A0130	U1	НХ				-	\$	13.22	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	TT	НХ			-	\$	24.62	1 Way Trip	Effective July 1, 2023
Mileage Band 3 (over 20 miles)	A0130	U1	TN	НХ			-	\$	33.42	1 Way Trip	
Non-Medical Transpor				Transi	t						
RTD Local	A0110	U1	TT			\$	57.00	\$	57.00	Monthly	
RTD Local- To and From Adult Day	A0110	U1	TT	НВ		\$	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	НВ		\$	14.00	\$	14.00	10 Ride Book	
RTD Local	A0110	U1	TF			\$	3.00	\$	3.00	Day Pass	



Elderly, Blind, and Disabled Waiver (EBD)

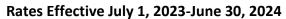
Rates Effective July 1, 2023-June 30, 2024



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	Rate fective 01/2023	Rate fective 01/2023	Unit Value	Comments
RTD Local- To and From Adult Day	A0110	U1	TF	НВ		\$	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	НВ		\$	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	НВ		\$	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	НВ		\$	30.00	\$ 30.00	6 Ride Book	
Non-Medical Transpor	tation, R	egion	al Pub	lic Tra	nsit					
RTD Regional	A0110	U1	CG			\$	99.00	\$ 99.00	Monthly	
RTD Regional To and From Adult Day	A0110	U1	CG	НВ		\$	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	НВ		\$	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	НВ		\$	5.25	\$ 5.25	,	
RTD Regional	A0110	U1	EY			\$	2.60	\$ 2.60	3 Hour Pass	
RTD Regional To and From Adult Day	A0110	U1	EY	НВ		\$	2.60	\$ 2.60	3 Hour Pass	
RTD Regional- Access A Ride	A0110	U1	НС			\$	9.00	\$ 9.00	Single	
RTD Regional To and From Adult Day- Access A Ride	A0110	U1	НС	НВ		\$	9.00	\$ 9.00	Single	
Personal Care Service	s, Outsi	de Den	ver C	ounty						
Personal Care	T1019	U1				\$	6.20	\$ 6.58	15 minutes	
Personal Care, Relative	T1019	U1	HR			\$	5.81	\$ 6.17	15 minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
Personal Care, Remote Supports	T1019	U1	SE			\$	2.18	\$ 2.32	15 minutes	
Personal Care Service	s, Denve	er Cou	nty							



Elderly, Blind, and Disabled Waiver (EBD)





Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Effe	Rate ective 01/2023		Rate ffective /01/2023	Unit Value	Comments
Personal Care	T1019	U1				\$	6.66	\$	7.22	15 minutes	
Personal Care, Relative	T1019	U1	HR			\$	6.28	\$	6.83	15 minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
Personal Care, Remote Supports	T1019	U1	SE				-	\$	2.37	15 minutes	Effective July 1, 2023
Personal Emergency F	Respons	e Syste	em (Pl	ERS)							
Install/Purchase	S5160	U1				١	NR*		NR*	Purchase	1 unit = 1 purchase
Monitoring	S5161	U1				١	NR*		NR*	Month	1 unit = 1 month
Remote Supports Tecl	hnology										
Remote Supports Install/Purchase	S5160	U1	SE			\$	1.00	\$	1.00	Dollar	1 unit = 1 dollar
Respite Care, Outside Combined maximum of				on peri	od for	Respi	ite Care	prov	rided in ar	n ACF, In Home	, or a Nursing Facility
ACF (Alternative Care Facility)	S5151	U1				\$	117.01	\$	124.93	Day	
In-Home Respite	S5150	U1				\$	6.44	\$	6.82	15 minutes	Not to exceed the Nursing Facility per diem (or 6.5 hours per day)
Respite Care, Denver Combined maximum of		per cer	tification	on peri	od for	Respi	ite Care	prov	rided in ar	n ACF, In Home	, or a Nursing Facility
ACF (Alternative Care Facility)	S5151	U1					-	\$	133.80	Ī	Effective July 1, 2023
In-Home Respite	S5150	U1					-	\$	7.20	15 minutes	Not to exceed the Nursing Facility per diem (or 6.5 hours per day) Effective July 1, 2023
Nursing Facility	H0045	U1				\$	184.71	\$	190.25	Day	
Community Transition	Service	s				1					
Coordinator	T2038	U1				\$	8.01	\$	8.25	15 minutes	40 units (10 hours); available up to 30 days after enrollment



Elderly, Blind, and Disabled Waiver (EBD)

Rates Effective July 1, 2023-June 30, 2024



	D	NAI	NA = -l	NA = -1	N4 = -1		Rate		Rate			
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		fective		ffective	Unit Value	Comments	
						01/	01/2023	07	7/01/2023			
Home Delivered Meals	S5170	U1				\$	11.97	\$	12.33	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment	
Home Delivered Meals Post-Hospital Discharge, First Hospital Discharge	S5170	U1	TF			\$	11.97	\$	12.33	Per Meal	2 meals per day for 30 days Effective April 1, 2023	
Home Delivered Meals Post-Hospital Discharge, Second Hospital Discharge	S5170	U1	TG			\$	11.97	\$	12.33	Per Meal	2 meals per day for 30 days Effective April 1, 2023	
Life Skills Training	H2014	Available for 365 day after enrollment H2015 III \$ 6.19 \$ 6.38 15 minutes Available for 365 days										
Peer Mentorship	H2015	U1				\$	6.19	\$	6.38	15 minutes	Available for 365 days after enrollment	
Setup Expenses	A9900 U1 \$ 1,500.00 \$ 1,500.00 One Time request; available up										Up to \$2,000.00 by request; available up to 30 days after enrollment	
	D 11	., .				Leg	end					
CG EY	Policy c HCPCS item/ser	Defini			sician	or o	ther lice	nse	ed health o	care provider o	order for this	
НВ	To and	From A	Adult [Day (H	CPCS	Defr	: Adult P	rog	ram, non-g	geriatric)		
НС	Adult Pr	ogran	(HCF	PCS De	efn: Ge	riatri	c)			,		
HR	Relative	provi	ding c	are (H	CPCS	Defr	n: Family/	Со	uple with c	lient present)		
КХ	In Home met)	Supp	ort Se	rvices	(HCP	CS [efn: Req	uire	ements spe	ecified in the mo	edical policy have been	
NR*	Negotia	ted Ra	te, wil	l vary	by clie	ent						
PUC*	Public U	Jtility (Comm	ission	Deter	mine	d Rate					
SE	State an	d/or fe	ederal	ly func	led pr	ogra	ms/servi	ces	3			
TF	Intermediate Level of care											
TJ	Program group (HCPCS Defn: Child and/or adolescent)											
ТК	Extra patient or passenger, Non-Ambulance											
TN	Outside	provi	ders' d	uston	nary se	ervic	e area					
TT		•						on	e client in	the same sett	ing	
TU	Individualized service provided to more than one client in the same setting Special Payment Rate (HCPCS Defn: Overtime)											



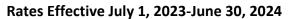
Elderly, Blind, and Disabled Waiver (EBD)

Rates Effective July 1, 2023-June 30, 2024



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2023	Rate Effective 07/01/2023	Unit Value	Comments
U1	Elderly, state)	Blind	and D	isable	d Waiv	ver (HCPCS D	efn: Medicaid	Level of Care	1, as defined by each

Community Mental Health Supports (CMHS) Waiver

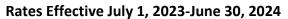




Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2023	;	Rate Effective 07/01/2023	Unit Value	Comments
Adult Day Services, C	Outside D	Denver	Coun	ity						
Basic	S5100	UA				\$ 3.32	2 5	3.61	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	UA				\$ 40.66	5	\$ 44.14	1/2 Day	An individual unit is 3-5 hours per day; Maximum
Specialized	S5105	UA	TF			\$ 52.72	2 3	\$ 56.55	1/2 Day	520 units
Adult Day Services, D Effective July 1, 2023	enver C	ounty								
Basic	S5100	UA				-	3	\$ 3.99	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	UA				1	3	\$ 48.75	1/2 Day	An individual unit is 3-5
Specialized	S5105	UA	TF			-	3	\$ 61.17	1/2 Day	hours per day; Maximum 520 units
Adult Day Services Tr	ransport	ation								
Taxi	A0100	UA	НВ			PUC*		PUC*	1 Way Trip	
Mobility Van, Outside	Denver	Count	ty							
Mileage Band 1 (0-10 Miles)	A0120	UA	НВ			\$ 9.89	9 5	\$ 10.50	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	UA	TT	НВ		\$ 18.23	3 3	\$ 19.31	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0120	UA	TN	НВ		\$ 27.12	2 3	\$ 28.70	1 Way Trip	
Mobility Van, Denver	County									
Mileage Band 1 (0-10 miles)	A0120	UA	НВ	НХ		-	3	\$ 11.14	1 Way Trip	
Mileage Band 2 (11- 20 miles)	A0120	UA	Т	НВ	НХ	-	3	\$ 20.41	1 Way Trip	Effective July 1, 2023
Mileage Band 3 (over 20 miles)	A0120	UA	TN	НВ	НХ	•	3	\$ 30.27	1 Way Trip	
Wheelchair Van, Outs	side Den	ver Co	unty							
Mileage Band 1 (0-10 Miles)	A0130	UA	НВ			\$ 11.74	1 5	12.46	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	UA	TT	НВ		\$ 21.97	7 (\$ 23.28	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0130	UA	TN	НВ		\$ 29.92	2 9	\$ 31.67	1 Way Trip	
Wheelchair Van, Denv	ver Cour	nty								
Mileage Band 1 (0-10 miles)	A0130	UA	НВ	НХ		-	3	\$ 13.22	1 Way Trip	
Mileage Band 2 (11- 20 miles)	A0130	UA	TT	НВ	НХ	-	3	\$ 24.62	1 Way Trip	Effective July 1, 2023
Mileage Band 3 (over 20 miles)	A0130	UA	TN	НВ	НХ	-	,	\$ 33.42	1 Way Trip	



Community Mental Health Supports (CMHS) Waiver

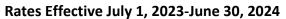




Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate ffective /01/2023		Rate ffective /01/2023	Unit Value	Comments
Alternative Care Facility (ACF), Outside Denver County	T2031	UA				\$	90.74	\$	96.65	Day	May be different for clients with 300% income, use PETI for rate
Alternative Care Facility (ACF), Denver County	T2031	UA					-	\$	103.15	Day	May be different for clients with 300% income, use PETI for rate Effective July 1, 2023
Consumer Directed A	ttendan	t Servi	ices (C	DASS	S), Out	side	Denver (Cour	nty	<u>'</u>	
CDASS Homemaker	T2025	UA				\$	5.45	\$	5.80	15 Minutes	
CDASS Personal Care	T2025	UA				\$	5.45	\$	5.80	15 Minutes	
CDASS Health Maintenance	T2025	UA				\$	8.57	\$	9.02	15 Minutes	
Consumer Directed A		_	ices (C	CDASS	S), Der						
CDASS Homemaker	T2025	UA				\$	5.45	\$	6.18	15 Minutes	
CDASS Personal Care	T2025	UA				\$	5.45	\$	6.18	15 Minutes	
CDASS Health Maintenance	T2025	UA				\$	8.57	\$	9.18	15 Minutes	
CDASS Per Member F	Per Mont	h, By	FMS \	/endo	<u> </u>	1		-			
Public Partnerships, LLC- FEA	T2040	UA				\$	103.21	\$	103.21	Month	
Palco- FEA	T2040	UA				\$	85.00	\$	85.00	Month	
Homemaker Services	, Outsid	e Den	ver Co	unty							
Homemaker	S5130	UA				\$	6.19	\$	6.57	15 minutes	
Homemaker, Remote Supports	S5130	UA	SE			\$	2.18	\$	2.44	15 minutes	
Homemaker Services	, Denver	Coun	ity							-	
Homemaker	S5130	UA				\$	6.66	\$	7.22	15 minutes	
Homemaker, Remote Supports	S5130	UA	SE				-	\$	2.82	15 minutes	Effective July 1, 2023
Home Modification	S5165	UA					NR*		NR*	Per Modification	\$14,000.00 Lifetime Maximum
Medication Reminder											
Purchase	T2029	UA					NR*		NR*	Purchase	1 unit = 1 purchase



Community Mental Health Supports (CMHS) Waiver

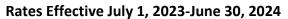




Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2023	Rate Effective 07/01/2023	Unit Value	Comments
Monitoring	S5185	UA				NR*	NR*	Month	1 unit = 1 month
Mental Health Transit	ional Liv	/ing H	omes						
Level 1	T2033	UA	НВ			-	\$ 395.43	Day	Effective July 1, 2023
Non Medical Transpo All types except Adult I		imited	to 208	trips,	or 104	round trips			
Taxi	A0100	UA				PUC*	PUC*	1 Way Trip	
Mobility Van, Outside	Denver	Coun	ty						
Mileage Band 1 (0-10 Miles)	A0120	UA				\$ 9.89	\$ 10.50	1 Way Trip	
Mileage Band 2 (11- 20 Miles)	A0120	UA	TT			\$ 18.23	\$ 19.31	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0120	UA	TN			\$ 27.12	\$ 28.70	1 Way Trip	
Mobility Van, Denver	County								
Mileage Band 1 (0-10 miles)	A0120	UA	НХ			-	\$ 11.14	1 Way Trip	
Mileage Band 2 (11- 20 miles)	A0120	UA	TT	НХ		-	\$ 20.41	1 Way Trip	Effective July 1, 2023
Mileage Band 3 (over 20 miles)	A0120	UA	TN	НХ		-	\$ 30.27	1 Way Trip	
Wheelchair Van, Outs	side Den	ver Co	ounty						
Mileage Band 1 (0-10 Miles)	A0130	UA				\$ 11.74	\$ 12.46	1 Way Trip	
Mileage Band 2 (11- 20 Miles)	A0130	UA	TT			\$ 21.97	\$ 23.28	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0130	UA	TN			\$ 29.92	\$ 31.67	1 Way Trip	
Wheelchair Van, Denv	ver Cour	nty							
Mileage Band 1 (0-10 miles)	A0130	UA	НХ			-	\$ 13.22	1 Way Trip	
Mileage Band 2 (11- 20 miles)	A0130	UA	TT	НХ		-	\$ 24.62	1 Way Trip	Effective July 1, 2023
Mileage Band 3 (over 20 miles)	A0130	UA	TN	НХ		-	\$ 33.42	1 Way Trip	
Non-Medical Transpo	rtation,	Local	Public	Tran	sit				
RTD Local	A0110	UA	TT			\$ 57.00	\$ 57.00	Monthly	
RTD Local- To and From Adult Day	A0110	UA	TT	НВ		\$ 57.00		Monthly	
RTD Local	A0110	UA	TK			\$ 14.00	\$ 14.00	10 Ride Book	
RTD Local- To and From Adult Day	A0110	UA	TK	НВ		\$ 14.00	\$ 14.00		
RTD Local	A0110	UA	TF			\$ 3.00	\$ 3.00	Day Pass	
RTD Local- To and From Adult Day	A0110	UA	TF	НВ		\$ 3.00	\$ 3.00	Day Pass	



Community Mental Health Supports (CMHS) Waiver

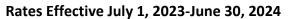




Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	Rate fective 01/2023	Rate fective 01/2023	Unit Value	Comments
RTD Local	A0110	UA	TN			\$	1.50	\$	3 Hour Pass	
RTD Local- To and From Adult Day	A0110	UA	TN	НВ		\$	1.50	\$ 1.50	3 Hour Pass	
RTD Local- Access A Ride	A0110	UA	SE			\$	5.00	\$ 5.00	Single	
RTD Local- Access A Ride To and From Adult Day	A0110	UA	SE	НВ		\$	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	НВ		\$	30.00	\$ 30.00	6 Ride Book	
Non-Medical Transpo	rtation,	Regio	nal Pu	blic T	ransit					
RTD Regional	A0110	UA	CG			\$	99.00	\$ 99.00	Monthly	
RTD Regional To and From Adult Day	A0110	UA	CG	НВ		\$	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	НВ		\$	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	НВ		\$	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	НВ		\$	2.60	\$ 2.60	3 Hour Pass	
RTD Regional- Access A Ride	A0110	UA	НС			\$	9.00	\$ 9.00	Single	
RTD Regional To and From Adult Day- Access A Ride	A0110	UA	НС	НВ		\$	9.00	\$ 9.00	Single	
Personal Care Service	es, Outs	ide De	enver (Count	у					
Personal Care	T1019	UA				\$	6.20	\$ 6.58	15 minutes	
Personal Care, Relative	T1019	UA	HR			\$	5.81	\$ 6.17	15 minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
Personal Care, Remote Supports	T1019	UA	SE			\$	2.18	\$ 2.32	15 minutes	
Personal Care Service	es, Denv	er Co	unty							
Personal Care	T1019	UA				\$	6.66	\$ 7.22	15 minutes	



Community Mental Health Supports (CMHS) Waiver

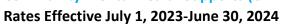




Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate fective 01/2023		Rate ffective /01/2023	Unit Value	Comments
Personal Care, Relative	T1019	UA	HR			\$	6.28	\$	6.83	15 minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
Personal Care, Remote Supports	T1019	UA	SE				-	\$	2.37	15 minutes	Effective July 1, 2023
Personal Emergency	Respons	se Sys	stem (I	PERS)							
Install/Purchase	S5160	UA					NR*		NR*	Purchase	1 unit = 1 purchase
Monitoring	S5161	UA					NR*		NR*	Month	1 unit = 1 month
Remote Supports Ted	chnology	/									
Remote Supports Install/Purchase	S5160	UA	SE			\$	1.00	\$	1.00	Dollar	1 unit = 1 dollar
Respite Care, Outside Combined maximum or				tion pe	eriod fo	r Re	spite Care	e pro	vided in a	n ACF or a Nurs	ing Facility
ACF (Alternative Care Facility)	S5151	UA				\$	117.01	\$	124.93	Day	
Respite Care, Denver Combined maximum o		per ce	ertifica	tion pe	eriod fo	r Re	spite Care	e pro	vided in a	n ACF or a Nurs	ing Facility
ACF (Alternative Care Facility)	S5151	UA					-	\$	133.80	Day	Effective July 1, 2023
Nursing Facility	H0045	UA				\$	184.71	\$	190.25	Day	
Community Transition	n Servic	es									
Coordinator	T2038	UA				\$	8.01	\$	8.25	15 minutes	40 units (10 hours); available up to 30 days after enrollment
Home Delivered Meals	S5170	UA				\$	11.97	\$	12.33	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment
Home Delivered Meals Post-Hospital Discharge, First Hospital Discharge	S5170	UA	TF			\$	11.97	\$	12.33	Per Meal	2 meals per day for 30 days Effective April 1, 2023
Home Delivered Meals Post-Hospital Discharge, Second Hospital Discharge	S5170	UA	TG			\$	11.97	\$	12.33	Per Meal	2 meals per day for 30 days Effective April 1, 2023



Community Mental Health Supports (CMHS) Waiver





Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2023		Rate Effective 7/01/2023	Unit Value	Comments
Life Skills Training	H2014	UA				\$ 12.45	\$	12.82	15 minutes	24 units (6 hours) per day; up to 160 units (40 hours) per week. Available for 365 days after enrollment
Peer Mentorship	H2015	UA				\$ 6.19	\$	6.38	15 minutes	Available for 365 days after enrollment
Setup Expenses	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
НВ	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
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)



Brain Injury (BI) Waiver

Rates Effective July 1, 2023-June 30, 2024



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate ffective /01/2023		Rate ffective /01/2023	Unit Value	Comments
Adult Day Services	S5100	U6				\$	7.22	\$	7.44	15 Minutes	Maximum of 12 units or three (3) hours per day
Adult Day Services	S5102	U6				\$	80.77	\$	83.19	Day	At least 2 or more hours of attendance, 1 or more days per week
Adult Day Services Tran	nsportati	on									
Taxi	A0100	U6	НВ				PUC*		PUC*	1 Way Trip	
Mobility Van, Outside D	enver Co	unty									
Mileage Band 1 (0-10 Miles)	A0120	U6	НВ			\$	9.89	\$	10.50	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	U6	TT	НВ		\$	18.23	\$	19.31	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0120	U6	TN	НВ		\$	27.12	\$	28.70	1 Way Trip	
Mobility Van, Denver Co	ounty										
Mileage Band 1 (0-10 miles)	A0120	U6	НВ	НХ			-	\$	11.14	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U6	TT	НВ	НХ		-	\$	20.41	1 Way Trip	Effective July 1, 2023
Mileage Band 3 (over 20 miles)	A0120	U6	TN	НВ	НХ		-	\$	30.27	1 Way Trip	
Wheelchair Van, Outsid	e Denve	r Coun	ty								
Mileage Band 1 (0-10 Miles)	A0130	U6	НВ			\$	11.74	\$	12.46	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	U6	TT	НВ		\$	21.97	\$	23.28	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0130	U6	TN	НВ		\$	29.92	\$	31.67	1 Way Trip	
Wheelchair Van, Denver	r County										
Mileage Band 1 (0-10 miles)	A0130	U6	НВ	НХ			-	\$	13.22	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U6	TT	НВ	НХ		-	\$	24.62	1 Way Trip	Effective July 1, 2023
Mileage Band 3 (over 20 miles)	A0130	U6	TN	НВ	НХ		-	\$	33.42	1 Way Trip	
Assistive Devices	T2029	U6					NR*		NR*	Per Purchase	1 unit = 1 purchase
Behavioral Services	H0025	U6				\$	15.38	\$	15.84	30 Minutes	
Day Treatment	H2018	U6				\$	86.48	\$	89.07	Day	
Consumer Direct Attend	dant Sup	ports a	and Se	rvices	(CDAS	SS),	Outside D	env	er Count	у	
CDASS Homemaker	T2025	U6				\$	5.45	\$	5.80	15 minutes	
CDASS Personal Care	T2025	U6				\$	5.45	\$	5.80	15 Minutes	
CDASS Health Maintenance	T2025	U6				\$	8.57	\$	9.02	15 minutes	
Consumer Direct Attend	dant Sup	ports a	and Se	rvices	(CDAS	SS),	Denver C	oun	ty		



Brain Injury (BI) Waiver

Rates Effective July 1, 2023-June 30, 2024



	Proc	Mod	Mod	Mod	Mod		Rate	Rate		
Service Description	Code	#1	#2	#3	#4		ffective /01/2023	Iffective 7/01/2023	Unit Value	Comments
CDASS Homemaker	T2025	U6				\$	5.45	\$ 6.18	15 minutes	
CDASS Personal Care	T2025	U6				\$	5.45	\$ 6.18	15 Minutes	
CDASS Health	T2025	U6				\$	8.57	\$ 9.18	15 minutes	
Maintenance CDASS Per Member Per	Month	By FM	S Vend	dor					<u> </u>	
Public Partnerships,		Ī	O Vend						<u> </u>	
LLC- FEA	T2040	U6				\$	103.21	\$ 103.21	Month	
Palco- FEA	T2040	U6				\$	85.00	\$ 85.00	Month	
Home Modification	S5165	U6					NR*	NR*	Per Modification	\$14,000.00 Lifetime Maximum
Independent Living Skills Training (ILST)	T2013	U6				\$	12.45	\$ 12.82	15 minutes	
Mental Health Counseli	ng									
Individual	H0004	U6				\$	26.65	\$ 27.45	15 minutes	
Family	H0004	U6	HR			\$	26.65	\$ 27.45	15 minutes	
Group	H0004	U6	HQ			\$	15.73	\$ 16.20	15 minutes	
Non Medical Transporta All types except Adult Da		ted to 2	208 trip	s, or 10	04 rour	nd tri	ps			
Taxi	A0100	U6					PUC*	PUC*	1 Way Trip	
Mobility Van, Outside D	enver Co	ounty								
Mileage Band 1 (0-10 Miles)	A0120	U6				\$	9.89	\$ 10.50	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	U6	TT			\$	18.23	\$ 19.31	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0120	U6	TN			\$	27.12	\$ 28.70	1 Way Trip	
Mobility Van, Denver Co	unty									
Mileage Band 1 (0-10 miles)	A0120	U6	НХ				-	\$ 11.14	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U6	TT	НХ			-	\$ 20.41	1 Way Trip	Effective July 1, 2023
Mileage Band 3 (over 20 miles)	A0120	U6	TN	НХ			-	\$ 30.27	1 Way Trip	
Wheelchair Van, Outsid	e Denve	r Coun	ty							
Mileage Band 1 (0-10 Miles)	A0130	U6				\$	11.74	\$ 12.46	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	U6	TT			\$	21.97	\$ 23.28	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0130	U6	TN			\$	29.92	\$ 31.67	1 Way Trip	
Wheelchair Van, Denver	County									
Mileage Band 1 (0-10 Miles)	A0130	U6	НХ				-	\$ 13.22	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	U6	TT	НХ			-	\$ 24.62	1 Way Trip	Effective July 1, 2023



Brain Injury (BI) Waiver

Rates Effective July 1, 2023-June 30, 2024



Version: 1.3 Issue Date: 02/	Proc	Mod	Mod	Mod	Mod	- 6	Rate	- 6	Rate	Heit Value	Comments
Service Description	Code	#1	#2	#3	#4		fective 01/2023		fective 01/2023	Unit Value	Comments
Mileage Band 3 (over 20 Miles)	A0130	U6	TN	НХ			-	\$	33.42	1 Way Trip	
Non-Medical Transporta	ation, Lo	cal Pul	blic Tra	ansit							
RTD Local	A0110	U6	TT			\$	57.00	\$	57.00	Monthly	
RTD Local- To and From Adult Day	A0110	U6	TT	НВ		\$	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	НВ		\$	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	НВ		\$	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	НВ		\$	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	НВ		\$	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	НВ		\$	30.00	\$	30.00	6 Ride Book	
Non-Medical Transporta	ation, Re	gional	Public	Trans	it						
RTD Regional	A0110	U6	CG			\$	99.00	\$	99.00	Monthly	
RTD Regional To and From Adult Day	A0110	U6	CG	НВ		\$	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	НВ		\$	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	НВ		\$	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	НВ		\$	2.60	\$	2.60	3 Hour Pass	
RTD Regional- Access A Ride	A0110	U6	НС			\$	9.00	\$	9.00	Single	
RTD Regional To and From Adult Day- Access A Ride	A0110	U6	НС	НВ		\$	9.00	\$	9.00	Single	
Personal Care Services	, Outside	Denv	er Cou	nty							
Personal Care	T1019	U6				\$	6.20	\$	6.58	15 minutes	



Brain Injury (BI) Waiver

Rates Effective July 1, 2023-June 30, 2024



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate ffective /01/2023		Rate ffective 7/01/2023	Unit Value	Comments
Personal Care, Relative	T1019	U6	HR			\$	5.81	\$	6.17	15 minutes	Maximum reimbursement not to exceed 1776 units (444 hours) per year
Personal Care, Remote Supports	T1019	U6	SE			\$	2.18	\$	2.32	15 minutes	
Personal Care Services	, Denver	Count	у								
Personal Care	T1019	U6				\$	6.66	\$	7.22	15 minutes	
Personal Care, Relative	T1019	U6	HR			\$	6.28	\$	6.83	15 minutes	Maximum reimbursement not to exceed 1776 units (444 hours) per year
Personal Care, Remote Supports	T1019	U6	SE				-	\$	2.37	15 minutes	Effective July 1, 2023
Personal Emergency Re	esponse	Syster	n (PER	S)							
Install/Purchase	S5160	U6					NR*		NR*	Per Purchase	1 unit = 1 purchase
Monitoring	S5161	U6					NR*		NR*	Month	1 unit = 1 month
Remote Supports Tech	nology										
Remote Supports Install/Purchase	S5160	U6	SE			\$	1.00	\$	1.00	Dollar	1 unit = 1 dollar
Respite Care, Outside De Combined maximum of 7			rtificatio	on peri	od for F	Resp	oite Care p	rovi	ded In Ho	me or in a Nur	sing Facility
In-Home Respite	S5150	U6				\$	6.44	\$	6.82	15 minutes	Not to exceed 8 hours per day
Respite Care, Denver C Combined maximum of 7	-	per ce	rtificatio	on peri	od for F	Resp	oite Care p	rovi	ded In Ho	me or in a Nur	sing Facility
In-Home Respite , Denver County	S5150	U6					-	\$	7.20	15 minutes	Not to exceed 8 hours per day Effective July 1, 2023
Nursing Facility	H0045	U6				\$	184.71	\$	190.25	Day	
Substance Abuse Coun	seling										
Family	T1006	U6	HR	HF		\$	63.60	\$	65.51	Hour	
Individual	H0047	U6	HF			\$	63.60	\$	65.51	Hour	
Group	H0047	U6	HQ	HF		\$	35.64	\$	36.71	Hour	
Transitional Living Prog	gram										
Transitional Living Program, Outside Denver County	T2016	U6				\$	669.60	\$	713.78	1 Day	



Brain Injury (BI) Waiver

Rates Effective July 1, 2023-June 30, 2024



	Proc	Mod	Mod	Mod	Mod	Rate	Rate		
Service Description	Code	#1	#2	#3	#4	ffective 1/01/2023	ffective 7/01/2023	Unit Value	Comments
Transitional Living Program, Denver County	T2016	U6				-	\$ 729.91	1 Day	Effective July 1, 2023
Community Transition S	Services								
Coordinator	T2038	U6				\$ 8.01	\$ 8.25	15 minutes	40 units (10 hours); available up to 30 days after enrollment
Home Delivered Meals	S5170	U6				\$ 11.97	\$ 12.33	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment
Home Delivered Meals Post-Hospital Discharge, First Hospital Discharge	S5170	U6	TF			\$ 11.97	\$ 12.33	Per Meal	2 meals per day for 30 days Effective April 1, 2023
Home Delivered Meals Post-Hospital Discharge, Second Hospital Discharge	S5170	U6	TG			\$ 11.97	\$ 12.33	Per Meal	2 meals per day for 30 days Effective April 1, 2023
Peer Mentorship	H2015	U6				\$ 6.19	\$ 6.38	15 minutes	Available for 365 days after enrollment
Setup Expenses	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
Supported Living Progra	am, Outs	side De	enver (County	•				
Tier 1	T2033	U6				\$ 219.33	\$ 228.45	1 Day	
Tier 2	T2033	U6	НВ			\$ 254.47	\$ 265.84	1 Day	
Tier 3	T2033	U6	HE			\$ 282.75	\$ 295.71		
Tier 4	T2033	U6	HK			\$ 337.03	\$ 353.18	,	
Tier 5	T2033	U6	НВ	HE		\$ 370.11	\$ 388.26	1 Day	
Tier 6	T2033	U6	НВ	HK		\$ 409.67	\$ 430.39	1 Day	
Tier 7	T2033	U6	НВ	HK	SC	-	NR*	1 Day	
Supported Living Progra	am, Den	ver Co	unty						
Tier 1	T2033	U6				-	\$ 233.66	1 Day	
Tier 2	T2033	U6	НВ			-	\$ 273.51	1 Day	
Tier 3	T2033	U6	HE			<u></u>	\$ 304.91	1 Day	



Brain Injury (BI) Waiver

Rates Effective July 1, 2023-June 30, 2024



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2023	Rate Effective 07/01/2023	Unit Value	Comments
Tier 4	T2033	U6	НК			-	\$ 365.57	1 Day	Effective July 1, 2023
Tier 5	T2033	U6	НВ	Ħ		-	\$ 402.74	1 Day	
Tier 6	T2033	U6	НВ	HK		-	\$ 447.71	1 Day	
Tier 7	T2033	U6	НВ	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.
НВ	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
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)



Complementary and Integrative Health (CIH) Waiver



Rates Effective July 1, 2023-June 30, 2024

Version: 1.4 Issue Date:	03/01/20									
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate fective 01/2023	Rate ffective /01/2023	Unit Value	Comments
Adult Day Services, Maximum 520 units	Outside	Denve	er Cou	nty						
Basic	S5100	U1	SC			\$	3.32	\$ 3.61	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	U1	sc			\$	40.66	\$ 44.14	1/2 Day	An individual unit is 3-5 hours per day; Maximum
Specialized	S5105	U1	sc	TF		\$	52.72	\$ 56.55	1/2 Day	520 units
Adult Day Services, Maximum 520 units Effective July 1, 2023		County	y							
Basic	S5100	U1	SC				-	\$ 3.99	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	U1	sc				-	\$ 48.75	1/2 Day	An individual unit is 3-5 hours per day; Maximum
Specialized	S5105	U1	sc	TF			-	\$ 61.17	1/2 Day	520 units
Adult Day Program T Use HB modifier for tr	•			day pro	gram.					
Taxi	A0100	U1	SC	НВ		PU	C*	PUC*	1 Way Trip	
Mobility Van, Outside	e Denve	r Cour	nty							
Mileage Band 1 (0-10 miles)	A0120	U1	SC	НВ		\$	9.89	\$ 10.50	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	sc	TT	НВ	\$	18.23	\$ 19.31	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	sc	TN	НВ	\$	27.12	\$ 28.70	1 Way Trip	
Mobility Van, Denver	County	'								
Mileage Band 1 (0-10 miles)	A0120	U1	sc	НВ	НХ		-	\$ 11.14	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	sc	TT	НВ		-	\$ 20.41	1 Way Trip	Effective July 1, 2023
Mileage Band 3 (over 20 miles)	A0120	U1	sc	TN	НВ		-	\$ 30.27	1 Way Trip	
Wheelchair Van, Out	side Dei	nver C	ounty							
Mileage Band 1 (0-10 miles)	A0130	U1	sc	НВ		\$	11.74	\$ 12.46	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	SC	TT	НВ	\$	21.97	\$ 23.28	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	sc	TN	НВ	\$	29.92	\$ 31.67	1 Way Trip	
Wheelchair Van, Der	ver Cou	inty								
Mileage Band 1 (0-10 miles)	A0130	U1	sc	НВ	НХ		-	\$ 13.22	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	SC	TT	НВ		-	\$ 24.62	1 Way Trip	Effective July 1, 2023
Mileage Band 3 (over 20 miles)	A0130	U1	sc	TN	НВ		-	\$ 33.42	1 Way Trip	



Complementary and Integrative Health (CIH) Waiver



Rates Effective July 1, 2023-June 30, 2024

Version: 1.4 Issue Date:											
Service Description	Proc	Mod	Mod	Mod	Mod	Eff	Rate fective	▎▗	Rate ffective	Unit Value	Comments
Gervice Description	Code	#1	#2	#3	#4		01/2023		/01/2023	Onit Value	Comments
Complementary and	Integrat	ive He	alth S	ervices	3						
Acupuncture											
Effective July 1,	97810	U1	SC				-	\$	19.88	15 Minutes	
2023											
Acupuncture											
Effective July 1, 2023	97811	U1	SC				-	\$	19.88	15 Minutes	Combined maximum of
Acupuncture											408 units.
Effective July 1,	97813	U1	SC				-	\$	19.88	15 Minutes	
2023											
Acupuncture	97814	U1	SC			\$	19.30	\$		15 Minutes	
Chiropractic	98942	U1	SC			\$	24.84	\$	25.59	15 Minutes	-
Massage	97124	U1	SC			\$	19.97	\$	20.57	15 Minutes	
Consumer Directed	Attendar	nt Sup	port S	ervices	s (CDA	SS),	Outside	De	nver Coui	nty	
CDASS Homemaker	T2025	U1	SC			\$	5.45	\$	5.80	15 Minutes	
CDASS Personal Care	T2025	U1	sc			\$	5.45	\$	5.80	15 Minutes	
CDASS Health Maintenance	T2025	U1	sc			\$	8.57	\$	9.02	15 Minutes	
Consumer Directed	Attendar	nt Sup	port S	ervices	s (CDA	SS),	Denver	Cou	ınty		
CDASS Homemaker	T2025	U1	SC			\$	5.45	\$	6.18	15 Minutes	
CDASS Personal Care	T2025	U1	sc			\$	5.45	\$	6.18	15 Minutes	
CDASS Health Maintenance	T2025	U1	SC			\$	8.57	\$	9.18	15 Minutes	
CDASS Per Member	Per Mor	th, By	/ FMS	Vendo	r						
Public Partnerships, LLC- FEA	T2040	U1	SC			\$	103.21	\$	103.21	Month	
Palco- FEA	T2040	U1	SC			\$	85.00	\$	85.00	Month	
Homemaker Service	s, Outsid	de Der	nver Se	ervices							
Homemaker	S5130	U1	SC			\$	6.19	\$	6.57	15 Minutes	
Homemaker, Remote Supports	S5130	U1	SC	SE		\$	2.18	\$		15 minutes	
Homemaker Service	s, Denve	r Serv	ices								
Homemaker	S5130	U1	SC			\$	6.66	\$	7.22	15 Minutes	
Homemaker, Remote Supports	S5130	U1	SC	SE			-	\$	2.82	15 minutes	Effective July 1, 2023
Home Modification	S5165	U1	sc			NR ³	*		NR*	Per Modification	\$14,000.00 Lifetime Maximum
In-Home Support Se	rvices (I	HSS),	Outsic	le Den	ver Co	unty					
IHSS Health Maintenance	H0038	U1	sc			\$	8.28	\$	8.72	15 Minutes	
IHSS Homemaker	S5130	U1	SC	KX		\$	5.81	\$	6.17	15 Minutes	
IHSS Personal Care	T1019	U1	SC	KX		\$	5.81	\$	6.17	15 Minutes	



Complementary and Integrative Health (CIH) Waiver



Rates Effective July 1, 2023-June 30, 2024

Version: 1.4 Issue Date: 03/01/2024												
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	Rate ective 01/2023	Rate Effective 07/01/2023	Unit Value	Comments		
IHSS Relative Personal Care	T1019	U1	SC	HR	KX	\$	5.81	\$ 6.17	15 Minutes	Limited to 40 hours per week		
In-Home Support Se	rvices (I	HSS),	Denve	r Cour	ity							
IHSS Health Maintenance	H0038	U1	sc			\$	8.44	\$ 9.05	15 Minutes			
IHSS Homemaker	S5130	U1	SC	KX		\$	6.28	\$ 6.83	15 Minutes			
IHSS Personal Care	T1019	U1	SC	KX		\$	6.28	\$ 6.83	15 Minutes			
IHSS Relative Personal Care	T1019	U1	SC	HR	KX	\$	6.28	\$ 6.83	15 Minutes	Limited to 40 hours per week		
Medication Reminde	r											
Install/Purchase	T2029	U1	SC			NR*		NR*	Per Purchase	1 unit = 1 purchase		
Monitoring	S5185	U1	sc			NR*		NR*	Month	1 unit = 1 month		
Non Medical Transport All types except Adult		limited	d to 208	3 trips,	or 104	roun	d trips pe	er service plan	year			
Taxi	A0100	U1	SC			PUC	C*	PUC*	1 Way Trip			
Mobility Van, Outsid	e Denve	r Coui	nty									
Mileage Band 1 (0- 10 miles)	A0120	U1	SC			\$	9.89	\$ 10.50	1 Way Trip			
Mileage Band 2 (11- 20 miles)	A0120	U1	SC	TT		\$	18.23	\$ 19.31	1 Way Trip			
Mileage Band 3 (over 20 miles)	A0120	U1	SC	TN		\$	27.12	\$ 28.70	1 Way Trip			
Mobility Van, Denver	County								-			
Mileage Band 1 (0- 10 miles)	A0120	U1	SC	НХ			-	\$ 11.14	1 Way Trip			
Mileage Band 2 (11- 20 miles)	A0120	U1	SC	TT	НХ		-	\$ 20.41	1 Way Trip	Effective July 1, 2023		
Mileage Band 3 (over 20 miles)	A0120	U1	SC	TN	НХ		-	\$ 30.27	1 Way Trip			
Wheelchair Van, Out	side De	nver C	ounty									
Mileage Band 1 (0- 10 miles)	A0130	U1	SC			\$	11.74	\$ 12.46	1 Way Trip			
Mileage Band 2 (11- 20 miles)	A0130	U1	SC	TT		\$	21.97	\$ 23.28	1 Way Trip			
Mileage Band 3 (over 20 miles)	A0130	U1	SC	TN		\$	29.92	\$ 31.67	1 Way Trip			
Wheelchair Van, Der	ver Cou	ınty										
Mileage Band 1 (0- 10 miles)	A0130	U1	SC	НХ			-	\$ 13.22	1 Way Trip			
Mileage Band 2 (11- 20 miles)	A0130	U1	SC	TT	НХ		-	\$ 24.62	1 Way Trip	Effective July 1, 2023		
Mileage Band 3 (over 20 miles)	A0130	U1	SC	TN	НХ		-	\$ 33.42	1 Way Trip			
Non-Medical Transp	ortation,	, Loca	l Publi	c Trans	sit							



Complementary and Integrative Health (CIH) Waiver



Rates Effective July 1, 2023-June 30, 2024

Version: 1.4 Issue Date:	/ersion: 1.4 Issue Date: 03/01/2024										
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate ffective /01/2023		Rate fective 01/2023	Unit Value	Comments
RTD Local	A0110	U1	SC	TT		\$	57.00	\$	57.00	Monthly	
RTD Local- To and From Adult Day	A0110	U1	SC	TT	НВ	\$	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	НВ	\$	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	НВ	\$	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	НВ	\$	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	НВ	\$	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	НВ	\$	30.00	\$	30.00	6 Ride Book	
Non-Medical Transp	ortation,	Regio	onal P	ublic T	ransit						
RTD Regional	A0110	U1	SC	CG		\$	99.00	\$	99.00	Monthly	
RTD Regional To and From Adult Day	A0110	U1	SC	CG	НВ	\$	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	НВ	\$	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	НВ	\$	5.25	\$	5.25	Day Pass	
RTD Regional	A0110	U1	SC	ΕY		\$	2.60	\$	2.60	3 Hour Pass	
RTD Regional To and From Adult Day	A0110	U1	sc	ΕY	НВ	\$	2.60	\$	2.60	3 Hour Pass	
RTD Regional- Access A Ride	A0110	U1	SC	НС		\$	9.00	\$	9.00	Single	
RTD Regional To and From Adult Day- Access A Ride	A0110	U1	SC	НС	НВ	\$	9.00	\$	9.00	Single	
Personal Care Service	ces, Out	side D	enver	Count	у						
Personal Care	T1019	U1	SC			\$	6.20	\$	6.58	15 Minutes	



Complementary and Integrative Health (CIH) Waiver



Rates Effective July 1, 2023-June 30, 2024

Version: 1.4 Issue Date:	03/01/20	024				Rate	Rate		
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Effective 01/01/2023	Effective 07/01/2023	Unit Value	Comments
Relative Personal Care	T1019	U1	SC	HR		\$ 5.81	\$ 6.17	15 Minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
Personal Care, Remote Supports	T1019	U1	sc	SE		\$ 2.18	\$ 2.32	15 minutes	
Personal Care Service	ces, Den	ver C	ounty						
Personal Care	T1019	U1	SC			\$ 6.66	\$ 7.22	15 Minutes	
Relative Personal Care	T1019	U1	SC	HR		\$ 6.28	\$ 6.83	15 Minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
Personal Care, Remote Supports	T1019	U1	SC	SE		-	\$ 2.37	15 minutes	Effective July 1, 2023
Personal Emergency Response System (PERS)									
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 Te	chnolog	у							
Remote Supports Install/Purchase	S5160	U1	SC	SE		\$ 1.00	\$ 1.00	Dollar	1 unit = 1 dollar
Respite Care, Outsic Combined maximum of				ation pe	eriod fo	r Respite Car	e provided in	an ACF, In Ho	me, or a Nursing Facility
ACF (Alternative Care Facility)	S5151	U1	SC			\$ 117.01	\$ 124.93	Day	
In-Home Respite	S5150	U1	SC			\$ 6.44	\$ 6.82	15 Minutes	Not to exceed the Nursing Facility per diem (or 6.5 hours per day)
Respite Care, Denve Combined maximum			certifica	ation pe	eriod fo	r Respite Car	e provided in	an ACF, In Ho	me, or a Nursing Facility
ACF (Alternative Care Facility)	S5151	U1	sc			-	\$ 133.80		-
In-Home Respite	S5150	U1	SC			-	\$ 7.20	15 Minutes	Not to exceed the Nursing Facility per diem (or 6.5 hours per day) Effective July 1, 2023
Nursing Facility	H0045	U1	SC			\$ 184.71	\$ 190.25	Day	
Community Transition	on Servi	ces							



Complementary and Integrative Health (CIH) Waiver



Rates Effective July 1, 2023-June 30, 2024

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate fective 01/2023	Rate Effective 7/01/2023	Unit Value	Comments
Coordinator	T2038	U1	SC			\$	8.01	\$ 8.25	15 minutes	40 units (10 hours); available up to 30 days after enrollment
Home Delivered Meals	S5170	U1	SC			\$	11.97	\$ 12.33	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment
Home Delivered Meals Post-Hospital Discharge, First Hospital Discharge	S5170	U1	SC	TF		\$	11.97	\$ 12.33	Per Meal	2 meals per day for 30 days Effective April 1, 2023
Home Delivered Meals Post-Hospital Discharge, Second Hospital Discharge	S5170	U1	SC	TG		\$	11.97	\$ 12.33	Per Meal	2 meals per day for 30 days Effective April 1, 2023
Life Skills Training	H2014	U1	SC			\$	12.45	\$ 12.82	15 minutes	24 units (6 hours) per day; up to 160 units (40 hours) per week. Available for 365 days after enrollment
Peer Mentorship	H2015	U1	SC			\$	6.19	\$ 6.38	15 minutes	Available for 365 days after enrollment
Setup Expenses	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

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



FY 23-24 Rate Schedules

Rates Effective July 1, 2023-June 30, 2024



ADJUSTMENT TABLE							
Across the Board Increase Effective July 1, 2023							
Service Title	PERCENT CHANGE	MULTIPLIER					
HCBS EBD	3.000%	1.03000					
HCBS CMHS	3.000%	1.03000					
HCBS BI	3.000%	1.03000					
HCBS CIH	3.000%	1.03000					
HCBS DD	3.000%	1.03000					
HCBS SLS	3.000%	1.03000					
HCBS/DDD/DHS CES	3.000%	1.03000					
HCBS/DDD/DHS CLLI	3.000%	1.03000					
HCBS/DDD/DHS CHCBS	3.000%	1.03000					
HCBS/DDD/DHS CHRP	3.000%	1.03000					
Base Wage Rate Increase Effective July 1, 2	2023						
Service Title	PERCENT	MULTIPLIER					
Service Title	CHANGE	MOLTIPLIER					
Adult Day Services, Basic 15 min increment - Outside Denver	5.723%	1.05723					
Adult Day Services, Basic - Outside Denver	5.558%	1.05558					
Adult Day Services, Specialized - Outside Denver	4.268%	1.04268					
Alternative Care Facility - Outside Denver	3.516%	1.03516					
CDASS Health Maintenance - Outside Denver	2.193%	1.02193					
CDASS Homemaker - Outside Denver	3.486%	1.03486					
CDASS Personal Care - Outside Denver	3.486%	1.03486					
CDASS SLS Health Maintenance - Outside Denver	2.193%	1.02193					
CDASS SLS Homemaker - Outside Denver	3.486%	1.03486					
CDASS SLS Homemaker Enhanced - Outside Denver	2.255%	1.02255					
CDASS SLS Personal Care - Outside Denver	2.728%	1.02728					
Community Connector - CES - Outside Denver	1.732%	1.01732					
Community Connector - CHRP - Outside Denver	1.732%	1.01732					
CHRP Foster Home - Level 1 - Outside Denver	11.025%	1.11025					
CHRP Foster Home - Level 2 - Outside Denver	10.105%	1.10105					
CHRP Foster Home - Level 3 - Outside Denver	10.472%	1.10472					
CHRP Foster Home - Level 4 - Outside Denver	10.864%	1.10864					
CHRP Foster Home - Level 5 - Outside Denver	11.309%	1.11309					
CHRP Foster Home - Level 6 - Outside Denver	11.800%	1.11800					
CHRP Group Home - Level 1 - Outside Denver	2.238%	1.02238					
CHRP Group Home - Level 2 - Outside Denver	2.361%	1.02361					
CHRP Group Home - Level 3 - Outside Denver	2.487%	1.02487					
CHRP Group Home - Level 4 - Outside Denver	2.603%	1.02603					
CHRP Group Home - Level 5 - Outside Denver	2.724%	1.02724					
CHRP Group Home - Level 6 - Outside Denver	2.844%	1.02844					
Homemaker - Outside Denver	3.069%	1.03069					



FY 23-24 Rate Schedules

Rates Effective July 1, 2023-June 30, 2024



8.716%	1.08716
3.578%	1.03578
2.317%	1.02317
0.355%	1.00355
2.295%	1.02295
3.270%	1.03270
3.270%	1.03270
3.270%	1.03270
3.134%	1.03134
2.907%	1.02907
2.839%	1.02839
16.079%	1.16079
4.242%	1.04242
4.245%	1.04245
3.065%	1.03065
3.270%	1.03270
2.603%	1.02603
8.716%	1.08716
1.075%	1.01075
0.768%	1.00768
0.772%	1.00772
0.437%	1.00437
0.227%	1.00227
0.541%	1.00541
3.278%	1.03278
3.440%	1.03440
3.621%	1.03621
3.815%	1.03815
4.036%	1.04036
	3.578% 2.317% 0.355% 2.295% 3.270% 3.270% 3.134% 2.907% 2.839% 16.079% 4.242% 4.245% 3.065% 3.270% 2.603% 8.716% 1.075% 0.768% 0.772% 0.437% 0.227% 0.541% 3.278% 3.440% 3.621%



FY 23-24 Rate Schedules

Rates Effective July 1, 2023-June 30, 2024



ssue Date: 01/29/2024		
Residential Habilitation- Individual Residential Services and		
Supports, Level 6 - Outside Denver	4.280%	1.04280
Residential Habilitation- Individual Residential Services and		
Supports Host Home Level 1 - Outside Denver	3.269%	1.03269
Residential Habilitation- Individual Residential Services and		
Supports Host Home Level 2 - Outside Denver	3.439%	1.03439
Residential Habilitation- Individual Residential Services and		
Supports Host Home Level 3 - Outside Denver	3.617%	1.03617
Residential Habilitation- Individual Residential Services and		
Supports Host Home Level 4 - Outside Denver	3.812%	1.03812
Residential Habilitation- Individual Residential Services and		
Supports Host Home Level 5 - Outside Denver	4.031%	1.04031
Residential Habilitation- Individual Residential Services and		
Supports Host Home Level 6 - Outside Denver	4.276%	1.04276
Enhanced Homemaker - Outside Denver	2.603%	1.02603
In-Home Respite - SLS, CES, EBD, BI, CIH - Outside Denver	2.950%	1.02950
Alternative Care Facility Respite - EBD, CIH, CMHS - Outside		
Denver	3.769%	1.03769
Individual Day Respite - SLS, CES - Outside Denver	4.857%	1.04857
Unskilled Respite (4 hours or less) - CLLI - Outside Denver	3.025%	1.03025
Unskilled Respite (4 hours or more) - CLLI - Outside Denver	5.077%	1.05077
CNA Respite (4 hours or less) - CLLI - Outside Denver	2.520%	1.02520
CNA Respite (4 hours or more) - CLLI - Outside Denver	3.361%	1.03361
Skilled RN/LPN Respite (4 hours or less) - CLLI - Outside Denver	1.159%	1.01159
Skilled RN/LPN Respite (4 hours or more) - CLLI - Outside Denver	3.837%	1.03837
Camp (Group, Overnight) - CLLI - Outside Denver	4.790%	1.04790
Individual Respite - In Family Home - CHRP - Outside Denver	2.950%	1.02950
Individual Day Respite - In Family Home - CHRP - Outside Denver	7.913%	1.07913
Job Coaching - Individual - Outside Denver	1.225%	1.01225
Job Coaching - Level 1 - Outside Denver	4.460%	1.04460
Job Coaching - Level 2 - Outside Denver	4.121%	1.04121
Job Coaching - Level 3 - Outside Denver	3.755%	1.03755
Job Coaching - Level 4 - Outside Denver	3.310%	1.03310
Job Coaching - Level 5 - Outside Denver	2.832%	1.02832
Job Coaching - Level 6 - Outside Denver	2.214%	1.02214
Job Development, Group - Outside Denver	3.519%	1.03519
Job Development, Individual Levels 1-2 - Outside Denver	1.225%	1.01225
Job Development, Individual Levels 3-4 - Outside Denver	1.225%	1.01225
Job Development, Individual Levels 5-6 - Outside Denver	1.225%	1.01225
Mentorship SLS - Outside Denver	1.574%	1.01574
Personal Care - Outside Denver	2.603%	1.02603
Personal Care Remote Supports - Outside Denver	3.211%	1.03211



FY 23-24 Rate Schedules

Rates Effective July 1, 2023-June 30, 2024



Issue Date: 01/29/2024		
Personal Care, Relative - Outside Denver	2.603%	1.02603
Personal Care SLS - Outside Denver	2.836%	1.02836
Prevocational Services, Level 1 - Outside Denver	5.672%	1.05672
Prevocational Services, Level 2 - Outside Denver	5.249%	1.05249
Prevocational Services, Level 3 - Outside Denver	4.798%	1.04798
Prevocational Services, Level 4 - Outside Denver	4.185%	1.04185
Prevocational Services, Level 5 - Outside Denver	3.480%	1.03480
Prevocational Services, Level 6 - Outside Denver	2.517%	1.02517
Specialized Habilitation - Level 1 - Outside Denver	5.672%	1.05672
Specialized Habilitation - Level 2 - Outside Denver	5.249%	1.05249
Specialized Habilitation - Level 3 - Outside Denver	4.798%	1.04798
Specialized Habilitation - Level 4 - Outside Denver	4.185%	1.04185
Specialized Habilitation - Level 5 - Outside Denver	3.480%	1.03480
Specialized Habilitation - Level 6 - Outside Denver	2.517%	1.02517
Specialized Habilitation - Level 7 - Outside Denver	1.649%	1.01649
Supported Community Connections - Level 1 - Outside Denver	4.822%	1.04822
Supported Community Connections - Level 2 - Outside Denver	4.481%	1.04481
Supported Community Connections - Level 3 - Outside Denver	4.034%	1.04034
Supported Community Connections - Level 4 - Outside Denver	3.585%	1.03585
Supported Community Connections - Level 5 - Outside Denver	3.040%	1.03040
Supported Community Connections - Level 6 - Outside Denver	2.369%	1.02369
Supported Community Connections - Level 7 - Outside Denver	1.649%	1.01649
Supported Living Program - Tier 1 - Outside Denver	1.158%	1.01158
Supported Living Program - Tier 2 - Outside Denver	1.470%	1.01470
Supported Living Program - Tier 3 - Outside Denver	1.584%	1.01584
Supported Living Program - Tier 4 - Outside Denver	1.792%	1.01792
Supported Living Program - Tier 5 - Outside Denver	1.905%	1.01905
Supported Living Program - Tier 6 - Outside Denver	2.058%	1.02058
Transitional Living Program - Outside Denver	3.598%	1.03598
Wheelchair Van - Mileage Band (0-10 miles) - Outside Denver	3.152%	1.03152
Wheelchair Van - Mileage Band (11-20 miles) - Outside Denver	2.959%	1.02959
Wheelchair Van - Mileage Band (over 20 miles) - Outside Denver	2.841%	
Adult Day Services, Basic 15 min increment - Denver	17.169%	1.17169
Adult Day Services, Basic- Denver	16.896%	1.16896
Adult Day Services, Specialized- Denver	13.031%	1.13031
Alternative Care Facility - Denver	10.679%	1.10679
Basic Homemaker SLS - Denver	5.546%	1.05546
Basic Homemaker CES - Denver	5.546%	1.05546
CDASS Health Maintenance - Denver	4.144%	1.04144
CDASS Homemaker - Denver	10.459%	1.10459
OD/100 Hornakar Dalivar	10.733/0	1.10733



FY 23-24 Rate Schedules

Rates Effective July 1, 2023-June 30, 2024



135UE Date. 01/25/2024		
CDASS Personal Care - Denver	10.459%	
CDASS Homemaker- Denver	10.063%	1.10063
Community Connector - CHRP Denver	5.196%	1.05196
CDASS SLS Health Maintenance - Denver	4.142%	1.04142
CDASS SLS Personal Care - Denver	5.146%	1.05146
CDASS SLS Homemaker - Denver	6.577%	1.06577
CDASS Enhanced Homemaker SLS CES- Denver	4.110%	1.04110
CHRP Foster Home - Level 1 - Denver	19.304%	1.19304
CHRP Foster Home - Level 2 - Denver	22.470%	1.22470
CHRP Foster Home - Level 3 - Denver	23.175%	1.23175
CHRP Foster Home - Level 4 - Denver	23.918%	1.23918
CHRP Foster Home - Level 5 - Denver	24.724%	1.24724
CHRP Foster Home - Level 6 - Denver	25.597%	1.25597
CHRP Group Home - Level 1 - Denver	7.795%	1.07795
CHRP Group Home - Level 2 - Denver	8.185%	1.08185
CHRP Group Home - Level 3 - Denver	8.615%	1.08615
CHRP Group Home - Level 4 - Denver	9.013%	1.09013
CHRP Group Home - Level 5 - Denver	9.480%	1.09480
CHRP Group Home - Level 6 - Denver	9.955%	1.09955
Homemaker - Denver	5.405%	1.05405
Homemaker - Remote Supports- Denver	26.147%	1.26147
Homemaker SLS CES - Denver	5.732%	1.05732
IHSS Health Maintenance - CHCBS - Denver	4.265%	1.04265
IHSS Health Maintenance - Denver	4.265%	1.04265
IHSS Homemaker - Denver	5.732%	1.05732
IHSS Personal Care - Denver	5.732%	1.05732
IHSS Relative Personal Care - Denver	5.732%	1.05732
Individual Respite - In Family Home - CHRP Denver	8.851%	1.08851
Individual Day Respite - In Family Home - CHRP Denver	21.893%	1.21893
Job Coaching - Individual - Denver	3.675%	1.03675
Job Coaching - Level 1 - Denver	13.380%	1.13380
Job Coaching - Level 2 - Denver	12.364%	1.12364
Job Coaching - Level 3 - Denver	11.265%	1.11265
Job Coaching - Level 4 - Denver	9.930%	1.09930
Job Coaching - Level 5 - Denver	8.495%	1.08495
Job Coaching - Level 6 - Denver	6.643%	1.06643
Job Development, Group -Denver	10.556%	1.10556
Job Development, Individual Levels 1-2 - Denver	3.675%	1.03675
Job Development, Individual Levels 3-4 - Denver	3.675%	1.03675
Job Development, Individual Levels 5-6 - Denver	3.675%	1.03675
Mentorship SLS - Denver	4.722%	1.04722
Mobility Van - Mileage Band (0-10 miles) - Denver	9.606%	1.09606
Mobility Van - Mileage Band (11-20 miles) - Denver	8.941%	1.08941



FY 23-24 Rate Schedules

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Mobility Van - Mileage Band (over 20 miles) - Denver	8.628%	1.08628
Mobility Van - Mileage Band (0-10 miles) DD, SLS - Denver	35.166%	1.35166
Mobility Van - Mileage Band (11-20 miles) DD, SLS - Denver	13.004%	1.13004
Mobility Van - Mileage Band (over 20 miles), DD, SLS - Denver	12.916%	1.12916
Personal Care - Denver	5.405%	1.05405
Personal Care Remote Supports - Denver	5.505%	1.05505
Personal Care, Relative - Denver	5.732%	1.05732
Personal Care SLS - Denver	5.028%	1.05028
Prevocational Services, Level 1 - Denver	17.015%	1.17015
Prevocational Services, Level 2 - Denver	15.746%	1.15746
Prevocational Services, Level 3 - Denver	14.394%	1.14394
Prevocational Services, Level 4 - Denver	12.555%	1.12555
Prevocational Services, Level 5 - Denver	10.440%	1.10440
Prevocational Services, Level 6 - Denver	7.550%	1.07550
Residential Habilitation- Group Home, Level 1 - Denver	2.845%	1.02845
Residential Habilitation- Group Home, Level 2 - Denver	2.029%	1.02029
Residential Habilitation- Group Home, Level 3 - Denver	2.029%	1.02029
Residential Habilitation- Group Home, Level 4 - Denver	1.135%	1.01135
Residential Habilitation- Group Home, Level 5 - Denver	0.567%	1.00567
Residential Habilitation- Group Home, Level 6 - Denver	1.396%	1.01396
Residential Habilitation- Individual Residential Services and		
Supports, Level 1 - Denver	8.700%	1.08700
Residential Habilitation- Individual Residential Services and		
Supports, Level 2 - Denver	9.131%	1.09131
Residential Habilitation- Individual Residential Services and		
Supports, Level 3 - Denver	9.602%	1.09602
Residential Habilitation- Individual Residential Services and		
Supports, Level 4 - Denver	10.114%	1.10114
Residential Habilitation- Individual Residential Services and		
Supports, Level 5 - Denver	10.697%	1.10697
Residential Habilitation- Individual Residential Services and		
Supports, Level 6 - Denver	11.339%	1.11339
Residential Habilitation- Individual Residential Services and		
Supports Host Home Level 1 - Denver	8.705%	1.08705
Residential Habilitation- Individual Residential Services and		
Supports Host Home Level 2 - Denver	9.125%	1.09125
Residential Habilitation- Individual Residential Services and		
Supports Host Home Level 3 - Denver	9.597%	1.09597
Residential Habilitation- Individual Residential Services and		
Supports Host Home Level 4 - Denver	10.113%	1.10113
Residential Habilitation- Individual Residential Services and		
Supports Host Home Level 5 - Denver	10.687%	1.10687



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Issue Date: 01/29/2024							
Residential Habilitation- Individual Residential Services and							
Supports Host Home Level 6 - Denver	11.335%	1.11335					
Specialized Habilitation - Level 1 - Denver	17.015%	1.17015					
Specialized Habilitation - Level 2 - Denver	15.746%	1.15746					
Specialized Habilitation - Level 3- Denver	14.394%	1.14394					
Specialized Habilitation - Level 4 - Denver	12.555%	1.12555					
Specialized Habilitation - Level 5 - Denver	10.440%	1.10440					
Specialized Habilitation - Level 6 - Denver	7.550%	1.07550					
Specialized Habilitation - Level 7 - Denver	4.948%	1.04948					
Supported Community Connections - Level 1 - Denver	14.467%	1.14467					
Supported Community Connections - Level 2 - Denver	13.443%	1.13443					
Supported Community Connections - Level 3 - Denver	12.102%	1.12102					
Supported Community Connections - Level 4 - Denver	10.755%	1.10755					
Supported Community Connections - Level 5 - Denver	9.120%	1.09120					
Supported Community Connections - Level 6 - Denver	7.107%	1.07107					
Supported Community Connections - Level 7 - Denver	4.948%	1.04948					
Supported Living Program - Tier 1 - Denver	3.533%	1.03533					
Supported Living Program - Tier 2 - Denver	4.484%	1.04484					
Supported Living Program - Tier 3 - Denver	4.838%	1.04838					
Supported Living Program - Tier 4 - Denver	5.468%	1.05468					
Supported Living Program - Tier 5 - Denver	5.817%	1.05817					
Supported Living Program - Tier 6 - Denver	6.286%	1.06286					
Transitional Living Program - Denver	6.007%	1.06007					
Alternative Care Facility Respite - EBD, CIH, CMHS - Denver	11.349%	1.11349					
In-Home Respite - SLS, CES, EBD, BI, CIH - Denver	8.851%	1.08851					
Individual Day Respite - SLS, CES - Denver	14.814%	1.14814					
Unskilled Respite (4 hours or less) - CLLI - Denver	9.076%	1.09076					
Unskilled Respite (4 hours or more) - CLLI - Denver	15.472%	1.15472					
CNA Respite (4 hours or less) - CLLI - Denver	7.560%	1.07560					
CNA Respite (4 hours or more) - CLLI - Denver	10.263%	1.10263					
Skilled RN/LPN Respite (4 hours or less) - CLLI - Denver	3.478%	1.03478					
Skilled RN/LPN Respite (4 hours or more) - CLLI - Denver	11.725%	1.11725					
Camp (Group, Overnight) - CLLI - Denver	14.648%	1.14648					
Wheelchair Van - Mileage Band (0-10 miles) - Denver	9.625%	1.09625					
Wheelchair Van - Mileage Band (11-20 miles) - Denver	9.058%	1.09058					
Wheelchair Van - Mileage Band (over 20 miles) - Denver	8.690%	1.08690					
Targeted Rate Increases Effective July 1, 2023							
Mobility Van - Mileage Band (0-10 miles) DD, SLS							
Outside Denver	9.855%	1.09855					
Mobility Van - Mileage Band (11-20 miles) DD, SLS							
Outside Denver	53.060%	1.53060					
Mobility Van - Mileage Band (over 20 miles) DD, SLS							
Outside Denver	36.194%	1.36194					



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Mobility Van - Mileage Band (0-10 miles) DD, SLS		
Denver	-1.037%	0.98963
Mobility Van - Mileage Band (11-20 miles) DD, SLS		
Denver	53.616%	1.53616
Mobility Van - Mileage Band (over 20 miles), DD, SLS		
Denver	35.555%	1.35555
Residential Habilitation- Group Home, Level 1 Outside Denver	53.283%	1.53283
Residential Habilitation- Group Home, Level 2 Outside Denver	30.679%	1.30679
Residential Habilitation- Group Home, Level 3 Outside Denver	27.767%	1.27767
Residential Habilitation- Group Home, Level 4 Outside Denver	17.864%	1.17864
Residential Habilitation- Group Home, Level 5 Outside Denver	12.341%	1.12341
Residential Habilitation- Group Home, Level 6 Outside Denver	12.896%	1.12896
Residential Habilitation- Group Home, Level 1 Denver	48.795%	1.48795
Residential Habilitation- Group Home, Level 2 Denver	26.705%	1.26705
Residential Habilitation- Group Home, Level 3 Denver	23.705%	1.23705
Residential Habilitation- Group Home, Level 4 Denver	13.945%	1.13945
Residential Habilitation- Group Home, Level 5 Denver	8.352%	1.08352
Residential Habilitation- Group Home, Level 6 Denver	8.615%	1.08615

