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 ifective /01/2023	Unit Value	Comments
Adult Day Services, Ou	utside D	enver	County	/						
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	ΗХ				-	\$ 3.99	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	U1	ΗХ				-	\$ 48.75	1/2 Day	An individual unit is 3-5
Specialized	S5105	U1	TF	нх			-	\$ 61.17	1/2 Day	hours per day; Maximum 520 units
Adult Day Service Tran	nsportati	on								•
Taxi	A0100	U1	HB			F	PUC*	PUC*	1 Way Trip	Active PUC* taxi authority required
Mobility Van, Outside	Denver (	County	1							
Mileage Band 1 (0-10 miles)	A0120	U1	HB			\$	9.89	\$ 10.50	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	тт	HB		\$	18.23	\$ 19.31	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	ΤN	НВ		\$	27.12	\$ 28.70	1 Way Trip	
Mobility Van, Denver C	County									
Mileage Band 1 (0-10 miles)	A0120	U1	HB	ΗХ			-	\$ 11.14	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	TT	ΗВ	ΗХ		-	\$ 20.41	1 Way Trip	Effective July 1, 2023
Mileage Band 3 (over 20 miles)	A0120	U1	ΤN	НВ	ΗХ		-	\$ 30.27	1 Way Trip	
Wheelchair Van, Outsi	de Denv	er Cou	unty							
Mileage Band 1 (0-10 miles)	A0130	U1	HB			\$	11.74	\$ 12.46	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	TT	HB		\$	21.97	\$ 23.28	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	ΤN	HB		\$	29.92	\$ 31.67	1 Way Trip	
Wheelchair Van, Denve	er Count	y								
Mileage Band 1 (0-10 miles)	A0130	U1	HB	ΗХ			-	\$ 13.22	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	TT	HB	ΗХ		-	\$ 24.62	1 Way Trip	Effective July 1, 2023
Mileage Band 3 (over 20 miles)	A0130	U1	ΤN	НВ	ΗХ		-	\$ 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	T2031	U1					-	\$	103.15	Day	Effective July 1, 2023
Consumer Direct Atter	ndant Su	pport	Servic	es (CI	DASS)	, Ou	itside Der	nver	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 Pe	er Month	n, 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	y								
Homemaker	S5130	U1	ΗX			\$	6.66	\$	7.22	15 minutes	
Homemaker, Remote Supports	S5130	U1	SE	ΗХ			-	\$	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	6S), Ot	Itside	Denve	er 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	кх		\$	5.81	\$	6.17	15 minutes	Limited to 40 hours per week
In Home Support Serv	ices (IHS	SS), De	enver (	County	/						
IHSS Health Maintenance	H0038	U1	ΗХ			\$	8.44	\$	9.05	15 minutes	
IHSS Homemaker	S5130	U1	ΚX	ΗX		\$	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	Rate Effective 01/01/2023	Rate Effective 07/01/2023	Unit Value	Comments
IHSS Personal Care	T1019	U1	κх			\$ 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				NR*	NR*	Per Purchase	1 unit = 1 purchase
Monitoring	S5185	U1				NR*	NR*	Month	1 unit = 1 month
Non Medical Transpor All types except Adult D		nited to	o 208 t	rips, or	<sup>.</sup> 104 ro	ound trips per	service plan y	/ear	
Taxi	A0100	U1				PUC*	PUC*	1 Way Trip	Active PUC* taxi authority required
Mobility Van, Outside	Denver (	County	1						
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	ΤN			\$ 27.12	\$ 28.70	1 Way Trip	
Mobility Van, Denver C	County								
Mileage Band 1 (0-10 miles)	A0120	U1	ΗХ			-	\$ 11.14	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	TT	ΗХ		-	\$ 20.41	1 Way Trip	Effective July 1, 2023
Mileage Band 3 (over 20 miles)	A0120	U1	ΤN	ΗХ		-	\$ 30.27	1 Way Trip	
Wheelchair Van, Outsi	de Denv	er Cou	inty						
Mileage Band 1 (0-10 miles)	A0130	U1				\$ 11.74	\$ 12.46	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	тт			\$ 21.97	\$ 23.28	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	ΤN			\$ 29.92	\$ 31.67	1 Way Trip	
Wheelchair Van, Denve	er Count	ÿ							
Mileage Band 1 (0-10 miles)	A0130	U1	ΗХ			-	\$ 13.22	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	П	ΗХ		-	\$ 24.62	1 Way Trip	Effective July 1, 2023
Mileage Band 3 (over 20 miles)	A0130	U1	ΤN	ΗХ		-	\$ 33.42	1 Way Trip	
Non-Medical Transpor	tation, P	ublic 1	Fransi	t					
RTD	A0110	U1	TT			\$ 57.00	\$ 27.00	Monthly	
RTD - To and from Adult Day	A0110	U1	TT	НВ		\$ 57.00	\$ 27.00	Monthly	Effective January 1,
RTD	A0110	U1	ΤK			\$ 14.00	\$ 13.50	3-Hour Pass 10-Ride Book	2024







### 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 ective 01/2023	Rate ffective /01/2023	Unit Value	Comments
RTD - To and from Adult Day	A0110	U1	ΤK	HB		\$	14.00	\$ 13.50	3-Hour Pass 10-Ride Book	
RTD	A0110	U1	TF			\$	3.00	\$ 2.70	Day Pass	
RTD - To and from Adult Day	A0110	U1	TF	НВ		\$	3.00	\$ 2.70	Day Pass	
RTD	A0110	U1	ΤN			\$	1.50	\$ 1.35	3 Hour Pass	Effective January 1,
RTD - To and from Adult Day	A0110	U1	ΤN	HB		\$	1.50	\$ 1.35	3 Hour Pass	2024
Access-A-Ride	A0110	U1	SE			\$	5.00	\$ 4.50	Single	
Access-A-Ride - To and from Adult Day	A0110	U1	SE	HB		\$	5.00	\$ 4.50	Single	
Access-A-Ride	A0110	U1	ΤG			\$	30.00	\$ 27.00	6 Ride Book	
Access-A-Ride - To and from Adult Day	A0110	U1	ΤG	HB		\$	30.00	\$ 27.00	6 Ride Book	
Personal Care Service	s, Outsi	de Der	ver Co	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							
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 Syst	em (Pl	ERS)						
Install/Purchase	S5160	U1					NR*	NR*	Purchase	1 unit = 1 purchase
Monitoring	S5161	U1					NR*	NR*	Month	1 unit = 1 month
Remote Supports Tecl	hnology									



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 ifective /01/2023		Rate ffective /01/2023	Unit Value	Comments
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	Res	pite Care	prov	vided 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		ner cer	tificatio	on neri	od for	Resi	nite Care	nrov	vided in ar	ACE In Home	or a Nursing Facility
ACF (Alternative Care Facility)	S5151	U1	НХ				-	\$	133.80		Effective July 1, 2023
In-Home Respite	S5150	U1	ΗХ				-	\$	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	
<b>Community Transition</b>	Service	S									
Coordinator	T2038	U1				\$	8.01	\$	8.25	15 minutes	40 units (10 hours); available up to 30 days after enrollment
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	U1				\$	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
	H2015	U1				\$	6.19	\$	6.38	15 minutes	Available for 365 days



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			
Setup Expenses	A9900	U1				\$ 1,500.00	\$ 2,000.00	One Time Payment	\$2000.00 available for up to 30 days following HCBS enrollment. An additional \$500.00 available with Department approval. Effective January 1, 2024			
						_						
	Delieve	ritorio	onnlia			Legend						
CG EY	HCPCS	Policy criteria applied HCPCS Definition: No physician or other licensed health care provider order for this item/service										
НВ	To and	From A	Adult [	Day (H	CPCS	Defn: Adult P	rogram, non-g	geriatric)				
НС	Adult P	rogram	I (HCP	CS De	efn: Ge	eriatric)						
HR	Relative	provi	ding c	<b>are</b> (H	CPCS	Defn: Family/	Couple with c	lient present)				
кх	In Home met)	e Supp	ort Se	rvices	(HCP	CS Defn: Req	uirements spe	ecified in the me	edical policy have been			
NR*	Negotia	ted Ra	te, wil	l vary	by clie	ent						
PUC*	Reimbu	rseme	nt bas	ed on	actua	I mileage at F	ublic Utility	Commission a	pproved fare			
SE	State an	nd/or fe	ederall	y func	led pr	ograms/servi	ces					
TF	Interme	diate L	evel o	of care								
TJ	Program	n grou	<b>p</b> (HCF	PCS D	efn: Cl	nild and/or add	olescent)					
тк	Extra patient or passenger, Non-Ambulance											
TN	Outside	provid	ders' c	uston	nary se	ervice area						
тт	Individualized service provided to more than one client in the same setting											
TU	Special	Payme	ent Ra	te (HC	PCS D	Defn: Overtime	)					
U1	<b>Elderly,</b> state)	Blind	and Di	isable	d Waiv	ver (HCPCS D	efn: Medicaid	Level of Care	1, as defined by each			





#### 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 7/01/2023	Unit Value	Comments
Adult Day Services, C	Outside D	Denver	Cour	nty						
Basic	S5100	UA				\$ 3.32	2 \$	3.61	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	UA				\$ 40.66	\$	44.14	1/2 Day	An individual unit is 3-5 hours per day; Maximum
Specialized	S5105	UA	TF			\$ 52.72	\$	56.55	1/2 Day	520 units
Adult Day Services, D Effective July 1, 2023		ounty								
Basic	S5100	UA	ΗX			-	\$	3.99	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	UA	HX			-	\$	48.75	1/2 Day	An individual unit is 3-5
Specialized	S5105	UA	TF	ΗХ		-	\$	61.17	1/2 Day	hours per day; Maximum 520 units
Adult Day Services T	ransport	ation								
Taxi	A0100	UA	HB			PUC*		PUC*	1 Way Trip	Active PUC* taxi authority required
Mobility Van, Outside	Denver	Count	ty							
Mileage Band 1 (0-10 Miles)	A0120	UA	HB			\$ 9.89	\$	10.50	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	UA	TT	HB		\$ 18.23	\$	19.31	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0120	UA	ΤN	HB		\$ 27.12	\$	28.70	1 Way Trip	
Mobility Van, Denver	County									
Mileage Band 1 (0-10 miles)	A0120	UA	HB	ΗХ		-	\$	11.14	1 Way Trip	
Mileage Band 2 (11- 20 miles)	A0120	UA	TT	HB	ΗХ	-	\$	20.41	1 Way Trip	Effective July 1, 2023
Mileage Band 3 (over 20 miles)	A0120	UA	ΤN	HB	ΗХ	-	\$	30.27	1 Way Trip	
Wheelchair Van, Outs	side Den	ver Co	ounty							
Mileage Band 1 (0-10 Miles)	A0130	UA	HB			\$ 11.74	\$	12.46	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	UA	TT	HB		\$ 21.97	\$	23.28	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0130	UA	ΤN	HB		\$ 29.92	\$	31.67	1 Way Trip	
Wheelchair Van, Den	ver Cour	nty								
Mileage Band 1 (0-10 miles)	A0130	UA	HB	ΗХ		-	\$	13.22	1 Way Trip	
Mileage Band 2 (11- 20 miles)	A0130	UA	TT	HB	нх	-	\$	24.62	1 Way Trip	Effective July 1, 2023
Mileage Band 3 (over 20 miles)	A0130	UA	ΤN	HB	ΗХ	-	\$	33.42	1 Way Trip	





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	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 <b>Effective July 1, 2023</b>
Consumer Directed A	ttendan	t Servi	ces (C	DASS	S), Out	side	e Denver (	Cou	nty		
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			ces (C	DASS	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 V	/endo	r					-	
Public Partnerships, LLC- FEA	T2040	UA				\$	103.21	\$		Month	
Palco- FEA	T2040	UA				\$	85.00	\$	85.00	Month	
Homemaker Services	, Outsid	e Denv	ver Co	ounty							
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	ty								•
Homemaker	S5130	UA	HX			\$	6.66	\$	7.22	15 minutes	
Homemaker, Remote Supports	S5130	UA	SE	ΗХ			-	\$	2.82	15 minutes	Effective July 1, 2023
Home Modification	S5165	UA					NR*		NR*	Per Modification	\$14,000.00 Lifetime Maximum
Medication Reminder											
Install/Purchase	T2029	UA					NR*		NR*	Purchase	1 unit = 1 purchase
Monitoring	S5185	UA					NR*		NR*	Month	1 unit = 1 month



#### **Community Mental Health Supports (CMHS) 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 7/01/2023	Unit Value	Comments
Mental Health Transit	ional Liv	/ing H	omes						
Level 1	T2033	UA	HB			-	\$ 395.43	Day	Effective July 1, 2023
Non Medical Transpo All types except Adult I		imited	to 208	trips,	or 104	round trips			
Тахі	A0100	UA				PUC*	PUC*	1 Way Trip	Active PUC* taxi authority required
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	ΤN			\$ 27.12	\$ 28.70	1 Way Trip	
Mobility Van, Denver	County								
Mileage Band 1 (0-10 miles)	A0120	UA	ΗХ			-	\$ 11.14	1 Way Trip	
Mileage Band 2 (11- 20 miles)	A0120	UA	TT	ΗХ		-	\$ 20.41	1 Way Trip	Effective July 1, 2023
Mileage Band 3 (over 20 miles)	A0120	UA	ΤN	ΗХ		-	\$ 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	тт			\$ 21.97	\$ 23.28	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0130	UA	ΤN			\$ 29.92	\$ 31.67	1 Way Trip	
Wheelchair Van, Denv	ver Cour	nty							
Mileage Band 1 (0-10 miles)	A0130	UA	ΗХ			-	\$ 13.22	1 Way Trip	
Mileage Band 2 (11- 20 miles)	A0130	UA	TT	ΗX		-	\$ 24.62	1 Way Trip	Effective July 1, 2023
Mileage Band 3 (over 20 miles)	A0130	UA	ΤN	ΗХ		-	\$ 33.42	1 Way Trip	
Non-Medical Transpo	rtation,	Public	Trans	sit					
RTD	A0110	UA	TT			\$ 57.00	\$ 27.00	Monthly	
RTD - To and from Adult Day	A0110	UA	тт	НВ		\$ 57.00	\$ 27.00	Monthly	
RTD	A0110	UA	тк			\$ 14.00	\$ 13.50	3-Hour Pass 10-Ride Book	Effective January 1,
RTD - To and from Adult Day	A0110	UA	тк	HB		\$ 14.00	\$ 13.50	3-Hour Pass 10-Ride Book	2024
RTD	A0110	UA	TF			\$ 3.00	\$ 2.70	Day Pass	
RTD - To and from Adult Day	A0110	UA	TF	НВ		\$ 3.00	\$ 2.70	Day Pass	





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
RTD	A0110	UA	ΤN			\$	1.50	\$		3 Hour Pass	
RTD - To and from Adult Day	A0110	UA	ΤN	НВ		\$	1.50	\$	1.35	3 Hour Pass	
Access-A-Ride	A0110	UA	SE			\$	5.00	\$	4.50	Single	Effective January 1,
Access-A-Ride - To and from Adult Day	A0110	UA	SE	HB		\$	5.00	\$	4.50	Single	2024
Access-A-Ride	A0110	UA	TG			\$	30.00	\$	27.00	6 Ride Book	
Access-A-Ride - To and from Adult Day	A0110	UA	ΤG	HB		\$	30.00	\$	27.00	6 Ride Book	
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	
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	Respon	se Sys	stem (F	PERS)							
Install/Purchase	S5160	UA					NR*		NR*	Purchase	1 unit = 1 purchase
Monitoring	S5161	UA					NR*		NR*	Month	1 unit = 1 month
Remote Supports Teo	chnology	/									
Remote Supports Install/Purchase	S5160	UA	SE			\$	1.00	\$	1.00	Dollar	1 unit = 1 dollar
Respite Care, Outside Combined maximum o				tion pe	eriod fo	or Re	espite Care	e pro	ovided 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 of	-	per ce	ertifica	tion pe	eriod fo	or Re	espite Care	e pro	ovided in a	n ACF or a Nurs	ing Facility





#### 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 Effective 7/01/2023	Unit Value	Comments
ACF (Alternative Care Facility)	S5151	UA	нх				-	\$	133.80	Day	Effective July 1, 2023
Nursing Facility	H0045	UA				\$	184.71	\$	190.25	Day	
Community Transitio	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 afte 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	ΤG			\$	11.97	\$	12.33	Per Meal	2 meals per day for 30 days Effective April 1, 2023
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	\$	2,000.00	One Time Payment	\$2000.00 available for up to 30 days following HCBS enrollment. An additional \$500.00 available with Department approval. Effective January 1, 2024
		<u>.</u>									
						L	egend				
CG	Policy c	riteria	appli	ed							
EY					/siciar	n or	other lice	nse	d health c	are provider or	der for this item/service
HB	To and	From	Adult	Day (⊦	ICPCS	S Det	fn: Adult P	rog	ram, non-g	eriatric)	
HC	Adult Pr	ogran	n (HCF	PCS D	efn: G	eriat	ric)				





#### 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			
NR*	Negotia	ted Ra	ate, wi	ll vary	v by cli	ent						
PUC*	Reimbu	rseme	ent bas	sed or	n actua	al mileage at F	Public Utility C	commission ap	proved fare			
SE	State ar	nd/or f	ederal	ly fun	ded p	rograms/servi	ces					
TF	Interme	diate I	evel	of care	e							
TJ	Program	n grou	і <b>р</b> (НС	PCS [	Defn: C	hild and/or ad	olescent)					
тк	Extra pa	atient	or pas	senge	er, Nor	n-Ambulance						
TN	Outside	Provi	ders'	custo	mary s	ervice area						
TT	Individu	alized	servi	ce pro	ovided	to more than	one client in	the same settin	g			
TU	Special Payment Rate (HCPCS Defn: Overtime)											
UA	<b>Community Mental Health Supports (</b> 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 8 units or two (2) 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 Transportation												
Тахі	A0100	U6	HB				PUC*		PUC*	1 Way Trip	Active PUC* taxi authority required	
Mobility Van, Outside D	enver Co	ounty										
Mileage Band 1 (0-10 Miles)	A0120	U6	HB			\$	9.89	\$	10.50	1 Way Trip		
Mileage Band 2 (11-20 Miles)	A0120	U6	TT	HB		\$	18.23	\$	19.31	1 Way Trip		
Mileage Band 3 (over 20 Miles)	A0120	U6	ΤN	HB		\$	27.12	\$	28.70	1 Way Trip		
Mobility Van, Denver Co	ounty											
Mileage Band 1 (0-10 miles)	A0120	U6	HB	ΗХ			-	\$	11.14	1 Way Trip		
Mileage Band 2 (11-20 miles)	A0120	U6	TT	HB	ΗХ		-	\$	20.41	1 Way Trip	Effective July 1, 2023	
Mileage Band 3 (over 20 miles)	A0120	U6	ΤN	ΗВ	ΗХ		-	\$	30.27	1 Way Trip		
Wheelchair Van, Outsid	e Denve	r Coun	ty									
Mileage Band 1 (0-10 Miles)	A0130	U6	HB			\$	11.74	\$	12.46	1 Way Trip		
Mileage Band 2 (11-20 Miles)	A0130	U6	TT	HB		\$	21.97	\$	23.28	1 Way Trip		
Mileage Band 3 (over 20 Miles)	A0130	U6	ΤN	ΗВ		\$	29.92	\$	31.67	1 Way Trip		
Wheelchair Van, Denver	r County											
Mileage Band 1 (0-10 miles)	A0130	U6	HB	ΗХ			-	\$	13.22	1 Way Trip		
Mileage Band 2 (11-20 miles)	A0130	U6	TT	HB	ΗX		-	\$	24.62	1 Way Trip	Effective July 1, 2023	
Mileage Band 3 (over 20 miles)	A0130	U6	ΤN	ΗВ	ΗХ		-	\$	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	•	-	and Se	rvices	(CDAS			_				
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		



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 Effective 7/01/2023	Unit Value	Comments
Consumer Direct Attend	lant Sup	ports a	and Se	rvices	(CDAS	SS),	Denver C	oun	nty		
CDASS Homemaker	T2025	U6				\$	5.45	\$	6.18	15 minutes	
CDASS Personal Care	T2025	U6				\$	5.45	\$	6.18	15 Minutes	
CDASS Health Maintenance	T2025	U6				\$	8.57	\$	9.18	15 minutes	
CDASS Per Member Per	Month,	By FM	S Veno	dor							
Public Partnerships, 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	
Medication Reminder						-					
Install/Purchase	T2029	U6	SE				NR*		NR*	Per Purchase	1 unit = 1 purchase Effective May 1, 2024
Monitoring	S5185	U6					NR*		NR*	Month	1 unit = 1 month
Mental Health Counselin	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 Day		ted to 2	208 trip	s, or 10	04 rour	nd tri	ps				
Taxi	A0100	U6					PUC*		PUC*	1 Way Trip	Active PUC* taxi authority required
Mobility Van, Outside De	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	ΤN			\$	27.12	\$	28.70	1 Way Trip	
Mobility Van, Denver Co	ounty										
Mileage Band 1 (0-10 miles)	A0120	U6	ΗХ				-	\$	11.14	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U6	TT	ΗХ			-	\$	20.41	1 Way Trip	Effective July 1, 2023
Mileage Band 3 (over 20 miles)	A0120	U6	ΤN	ΗХ			-	\$	30.27	1 Way Trip	
Wheelchair Van, Outsid	e Denvei	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	



#### 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 fective 01/2023	Rate fective 01/2023	Unit Value	Comments
Mileage Band 3 (over 20 Miles)	A0130	U6	ΤN			\$ 29.92	\$ 31.67	1 Way Trip	
Wheelchair Van, Denver	· County								
Mileage Band 1 (0-10 Miles)	A0130	U6	ΗХ			-	\$ 13.22	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	U6	TT	HX		-	\$ 24.62	1 Way Trip	Effective July 1, 2023
Mileage Band 3 (over 20 Miles)	A0130	U6	ΤN	ΗХ		-	\$ 33.42	1 Way Trip	
Non-Medical Transporta	ation, Pu	blic Tr	ansit						
RTD	A0110	U6	TT			\$ 57.00	\$ 27.00	Monthly	
RTD - To and from Adult Day	A0110	U6	TT	HB		\$ 57.00	\$ 27.00	Monthly	
RTD	A0110	U6	тк			\$ 14.00	\$ 13.50	3-Hour Pass 10-Ride Book	
RTD - To and from Adult Day	A0110	U6	тк	НВ		\$ 14.00	\$ 13.50	3-Hour Pass 10-Ride Book	
RTD	A0110	U6	TF			\$ 3.00	\$ 2.70	Day Pass	]
RTD - To and from Adult Day	A0110	U6	TF	HB		\$ 3.00	\$ 2.70	Day Pass	Effective January 1, 2024
RTD	A0110	U6	TN			\$ 1.50	\$ 1.35	3 Hour Pass	
RTD - To and from Adult Day	A0110	U6	ΤN	HB		\$ 1.50	\$ 1.35	3 Hour Pass	
Access-A-Ride	A0110	U6	SE			\$ 5.00	\$ 4.50	Single	
Access-A-Ride - To and from Adult Day	A0110	U6	SE	HB		\$ 5.00	\$ 4.50	Single	
Access-A-Ride	A0110	U6	TG			\$ 30.00	\$ 27.00	6 Ride Book	
Access-A-Ride - To and from Adult Day	A0110	U6	ΤG	HB		\$ 30.00	\$ 27.00	6 Ride Book	
Personal Care Services	, Outside	Denv	er Cou	nty					
Personal Care	T1019	U6				\$ 6.20	\$ 6.58	15 minutes	
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	



#### 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
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 D Combined maximum of 7			rtificatio	on peri	od for I	Resp	ite 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 County Combined maximum of 720 hours per certification period for Respite Care provided In Home or in a Nursing Facility											sing Facility
In-Home Respite , Denver County	S5150	U6	нх				-	\$	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	\$		Hour	
Individual	H0047	U6	HF			\$	63.60	\$		Hour	
Group	H0047	U6	HQ	HF		\$	35.64	\$	36.71	Hour	
Transitional Living Prog	gram	7	1		1	1					
Transitional Living Program, Outside Denver County	T2016	U6				\$	669.60	\$	713.78	1 Day	
Transitional Living Program, Denver County	T2016	U6					-	\$	729.91	1 Day	Effective July 1, 2023
Community Transition	Services										
Coordinator	T2038	U6				\$	8.01	\$	8.25	15 minutes	40 units (10 hours); available up to 30 days after enrollment





Brain Injury (BI) Waiver

#### COL Depart Policy

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

# 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
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	\$ 2,000.00	One Time Payment	\$2000.00 available for up to 30 days following HCBS enrollment. An additional \$500.00 available with Department approval. Effective January 1, 2024
Supported Living Progr	am, Outs	side De	enver (	County					
Tier 1	T2033	U6				\$ 219.33	\$ 228.45	1 Day	
Tier 2	T2033	U6	HB			\$ 254.47	\$ 265.84	1 Day	
Tier 3	T2033	U6	HE			\$ 282.75	\$ 295.71	1 Day	
Tier 4	T2033	U6	ΗK			\$ 337.03	\$ 353.18	1 Day	
Tier 5	T2033	U6	HB	HE		\$ 370.11	\$ 388.26	1 Day	
Tier 6	T2033	U6	HB	ΗK		\$ 409.67	\$ 430.39	1 Day	
Tier 7	T2033	U6	HB	ΗK	SC	-	NR*	1 Day	
Supported Living Progr	am, Den	ver Co	unty						
Tier 1	T2033	U6				-	\$ 233.66	1 Day	
Tier 2	T2033	U6	HB			-	\$ 273.51	1 Day	
Tier 3	T2033	U6	HE			-	\$ 304.91	1 Day	Effective July 1, 2023
Tier 4	T2033	U6	НК			-	\$ 365.57	1 Day	2020
Tier 5	T2033	U6	HB	HE		-	\$ 402.74	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 6	T2033	U6	HB	ΗK		-	\$ 447.71	1 Day	Effective July 1,
Tier 7	T2033	U6	HB	нк	SC	-	NR*	1 Day	2023

	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*	Reimbursement based on actual mileage at Public Utility Commission approved fare
SE	State and/or federally funded programs/services
TJ	Program group (HCPCS Defn: Child and/or adolescent)
ТК	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)







Rates Effective July 1, 2023-June 30, 2024 Version: 1.0 Issue Date: 04/18/2024

Version: 1.0 Issue Date:	04/18/20	JZ4							Data				
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	Rate ective 01/2023		Rate fective 01/2023	Unit Value	Comments		
Adult Day Services, Maximum 520 units	Adult Day Services, Outside Denver County Maximum 520 units												
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, Denver County   Maximum 520 units   Effective July 1, 2023													
Basic	S5100	U1	SC	ΗХ			-	\$	3.99	15 Minutes	Maximum of 12 units or three (3) hours per day		
Basic	S5105	U1	SC	нх			-	\$	48.75	1/2 Day	An individual unit is 3-5 hours per day; Maximum		
Specialized	S5105	U1	SC	TF	ΗХ		-	\$	61.17	1/2 Day	520 units		
Adult Day Program T Use HB modifier for tr				day pro	gram.								
Taxi	A0100	U1	SC	HB		PUC	C*		PUC*	1 Way Trip	Active PUC* taxi authority required		
Mobility Van, Outsid	e Denve	r Cour	nty										
Mileage Band 1 (0-10 miles)	A0120	U1	SC	HB		\$	9.89	\$	10.50	1 Way Trip			
Mileage Band 2 (11-20 miles)	A0120	U1	SC	ST		\$	18.23	\$	19.31	1 Way Trip			
Mileage Band 3 (over 20 miles)	A0120	U1	SC	TU		\$	27.12	\$	28.70	1 Way Trip			
Mobility Van, Denver	r County												
Mileage Band 1 (0-10 miles)	A0120	U1	SC	HB	ΗХ		-	\$	11.14	1 Way Trip			
Mileage Band 2 (11-20 miles)	A0120	U1	SC	ST	ΗX		-	\$	20.41	1 Way Trip	Effective July 1, 2023		
Mileage Band 3 (over 20 miles)	A0120	U1	SC	ΤU	ΗХ		-	\$	30.27	1 Way Trip			
Wheelchair Van, Out	tside De	nver C	ounty										
Mileage Band 1 (0-10 miles)	A0130	U1	SC	HB		\$	11.74	\$	12.46	1 Way Trip			
Mileage Band 2 (11-20 miles)	A0130	U1	SC	ST		\$	21.97	\$	23.28	1 Way Trip			
Mileage Band 3 (over 20 miles)	A0130	U1	SC	ΤU		\$	29.92	\$	31.67	1 Way Trip			
Wheelchair Van, Der	nver Cou	inty											
Mileage Band 1 (0-10 miles)	A0130	U1	SC	HB	ΗΧ		-	\$	13.22	1 Way Trip	Effective July 1, 2023		
Mileage Band 2 (11-20 miles)	A0130	U1	SC	ST	ΗХ		-	\$	24.62	1 Way Trip	Enective July 1, 2023		





#### Rates Effective July 1, 2023-June 30, 2024

**Complementary and Integrative Health (CIH) Waiver** 

Version. 1.0 issue Date.						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
Mileage Band 3 (over 20 miles)	A0130	U1	SC	TU	ΗХ	-	\$ 33.42	1 Way Trip	Effective July 1, 2023
<b>Complementary and</b>	Integrat	ive He	alth S	ervices	6				
Acupuncture Effective July 1, 2023	97810	U1	SC			-	\$ 19.88	15 Minutes	
Acupuncture Effective July 1, 2023	97811	U1	SC			-	\$ 19.88	15 Minutes	Combined maximum of
Acupuncture Effective July 1, 2023	97813	U1	SC			-	\$ 19.88	15 Minutes	408 units.
Acupuncture	97814	U1	SC			\$ 19.30	\$ 19.88	15 Minutes	
Chiropractic	98942	U1	SC			\$ 24.84	\$ 25.59	15 Minutes	
Massage	97124	U1	SC			\$ 19.97	\$ 20.57	15 Minutes	
Consumer Directed	Attenda	nt Sup	port S	ervice	s (CDA	SS), Outside	Denver Cou	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	Attenda	nt Sup	port S	ervice	s (CDA	SS), Denver	County		
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	nth, By	FMS	Vendo	r				
Public Partnerships, LLC- FEA	T2040	U1	SC			\$ 103.21		Month	
Palco- FEA	T2040	U1	SC			\$ 85.00	\$ 85.00	Month	
Homemaker Service				ervices	;				
Homemaker	S5130	U1	SC			\$ 6.19	\$ 6.57	15 Minutes	
Homemaker, Remote Supports	S5130	U1	SC	SE		\$ 2.18	\$ 2.44	15 minutes	
Homemaker Service									
Homemaker	S5130	U1	SC	ΗX		\$ 6.66	\$ 7.22	15 Minutes	
Homemaker, Remote Supports	S5130	U1	SC	SE	ΗX	-	\$ 2.82	15 minutes	Effective July 1, 2023
Home Modification	S5165	U1	SC			NR*	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	



### **Complementary and Integrative Health (CIH) Waiver**



COLORADO Department of Health Care Policy & Financing

#### Rates Effective July 1, 2023-June 30, 2024 Version: 1.0 Issue Date: 04/18/2024

A0130

20 miles) Mileage Band 3

(over 20 miles)

U1

SC

ΤN

ΗX

\$

33.42

-

Version: 1.0 Issue Date:	04/18/2	024									
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate ective 01/2023		Rate ffective /01/2023	Unit Value	Comments
IHSS Personal Care	T1019	U1	SC	KX		\$	5.81	\$	6.17	15 Minutes	
IHSS Relative Personal Care	T1019	U1	SC	HR	кх	\$	5.81	\$	6.17	15 Minutes	Limited to 40 hours per week
In-Home Support Se	rvices (I	HSS),	Denve	r Cour	nty						
IHSS Health Maintenance	H0038	U1	SC	нх		\$	8.44	\$	9.05	15 Minutes	
IHSS Homemaker	S5130	U1	SC	KX	ΗХ	\$	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	кх	\$	6.28	\$	6.83	15 Minutes	Limited to 40 hours per week
Medication Reminde	er			<u> </u>	•			•			
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	8 trips,	or 104	roun	d trips pe	er se	ervice plan	ı year	
Тахі	A0100	U1	SC			PUC	C*		PUC*	1 Way Trip	Active PUC* taxi authority required
Mobility Van, Outside Denver County											
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	ΤN		\$	27.12	\$	28.70	1 Way Trip	
Mobility Van, Denver	r County	1									
Mileage Band 1 (0- 10 miles)	A0120	U1	SC	HX			-	\$	11.14	1 Way Trip	
Mileage Band 2 (11- 20 miles)	A0120	U1	SC	тт	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	ΤN		\$	29.92	\$	31.67	1 Way Trip	
Wheelchair Van, Der	nver Cou	inty									
Mileage Band 1 (0- 10 miles)	A0130	U1	SC	ΗХ			-	\$	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

1 Way Trip



#### **Complementary and Integrative Health (CIH) Waiver**



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

Rates Effective July 1, 2023-June 30, 2024 Version: 1.0 Issue Date: 04/18/2024

Version: 1.0 Issue Date:			Mod	Med	Mod		Rate		Rate		
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		ffective		ffective	Unit Value	Comments
Non-Medical Transp	ortation	Publi	c Tran	cit		01	/01/2023	07	/01/2023		
					1	1		r		1	
RTD	A0110	U1	SC	TT		\$	57.00	\$	27.00	Monthly	
RTD - To and from Adult Day	A0110	U1	SC	TT	HB	\$	57.00	\$	27.00	Monthly	
RTD	A0110	U1	SC	тк		\$	14.00	\$	13.50	3-Hour Pass 10-Ride Book	
RTD - To and from Adult Day	A0110	U1	SC	тк	HB	\$	14.00	\$	13.50	3-Hour Pass 10-Ride Book	
RTD	A0110	U1	SC	TF		\$	3.00	\$	2.70	Day Pass	
RTD - To and from Adult Day	A0110	U1	SC	TF	HB	\$	3.00	\$	2.70	Day Pass	Effective January 1, 2024
RTD	A0110	U1	SC	ΤN		\$	1.50	\$	1.35	3 Hour Pass	
RTD - To and from Adult Day	A0110	U1	SC	ΤN	HB	\$	1.50	\$	1.35	3 Hour Pass	
Access-A-Ride	A0110	U1	SC	SE		\$	5.00	\$	4.50	Single	
Access-A-Ride - To and from Adult Day	A0110	U1	SC	SE	HB	\$	5.00	\$	4.50	Single	
Access-A-Ride	A0110	U1	SC	TG		\$	30.00	\$	27.00	6 Ride Book	
Access-A-Ride - To and from Adult Day	A0110	U1	SC	ΤG	HB	\$	30.00	\$	27.00	6 Ride Book	
Personal Care Servio	ces, Out	side D	enver	Count	у						
Personal Care	T1019	U1	SC			\$	6.20	\$	6.58	15 Minutes	
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 Servio	ces, Den	ver Co	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	/ Respor	nse Sy	vstem (	(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 Technology											



**Complementary and Integrative Health (CIH) Waiver** 



# Rates Effective July 1, 2023-June 30, 2024

Version: 1.0	Issue Date: 0	4/18/2024
VCI 310111 110	issue bute. o	-, 10, 202-

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate fective 01/2023		Rate Effective 7/01/2023	Unit Value	Comments
Remote Supports Install/Purchase	S5160	U1	SC	SE		\$	1.00	\$	1.00	Dollar	1 unit = 1 dollar
Respite Care, Outsic Combined maximum			-	ation pe	eriod fo	or Re	spite Car	e pr	ovided in a	an ACF, In Hoi	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	or Re	spite Car	e pr	ovided in a	an ACF, In Hoi	me, or a Nursing Facility
ACF (Alternative Care Facility)	S5151	U1	SC	ΗХ			-	\$	133.80	Day	Effective July 1, 2023
In-Home Respite	S5150	U1	SC	ΗХ			-	\$	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									
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 <b>Effective April 1, 2023</b>
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



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



Rates Effective July 1, 2023-June 30, 2024 Version: 1.0 Issue Date: 04/18/2024

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
Setup Expenses	A9900	U1	SC			\$ 1,500.00	\$ 2,000.00	One Time Payment	\$2000.00 available for up to 30 days following HCBS enrollment. An additional \$500.00 available with Department approval. Effective January 1, 2024
						Legend			
HB	To and From Adult Day (HCPCS Defn: Adult Program, non-geriatric)								
HR	Relative	e provi	ding c	are (H	CPCS	Defn: Family/0	Couple with cl	ient present)	
кх	KX In Home Support Services (HCPCS Defn: Requirements specified in the medical policy have been met)					edical policy have been			
NR*	NR* Negotiated Rate, will vary by client								
PUC*	PUC* Reimbursement based on actual mileage at Public Utility Commission approved fare					pproved fare			
SC	SC Complementary and Integrative Health (HCPCS Defn: Medically Necessary Service or Supply)					y Service or Supply)			
TF	TF Intermediate Level of care								
TN	TN Outside Providers' customary service area								
TT	TT Individualized service provided to more than one client in the same setting					ing			
U1	U1 Elderly, Blind, and Disabled (HCPCS Defn: Medicaid Level of Care 1, as defined by each state)				efined by each state)				



# Home and Community Based Services: 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,	2023				
Service Title	PERCENT CHANGE	MULTIPLIER			
Adult Day Services, Basic 15 min increment - Outside Denver	5.723%	1.05723			
Adult Day Services, Basic - Outside Denver	5.558%	1.0572			
Adult Day Services, Specialized - Outside Deriver	4.268%	1.04268			
Alternative Care Facility - Outside Denver	3.516%				
CDASS Health Maintenance - Outside Denver	2.193%	1.02193			
CDASS Homemaker - Outside Denver	3.486%	1.0348			
CDASS Personal Care - Outside Denver	3.486%	1.0348			
CDASS SLS Health Maintenance - Outside Denver	2.193%	1.0219			
CDASS SLS Homemaker - Outside Denver	3.486%	1.0348			
CDASS SLS Homemaker Enhanced - Outside Denver	2.255%	1.0225			
CDASS SLS Personal Care - Outside Denver	2.728%	1.0272			
Community Connector - CES - Outside Denver	1.732%	1.0173			
Community Connector - CHRP - Outside Denver	1.732%	1.0173			
CHRP Foster Home - Level 1 - Outside Denver	11.025%	1.1102			
CHRP Foster Home - Level 2 - Outside Denver	10.105%	1.1010			
CHRP Foster Home - Level 3 - Outside Denver	10.472%	1.1047			
CHRP Foster Home - Level 4 - Outside Denver	10.864%	1.1086			
CHRP Foster Home - Level 5 - Outside Denver	11.309%	1.1130			
CHRP Foster Home - Level 6 - Outside Denver	11.800%	1.1180			
CHRP Group Home - Level 1 - Outside Denver	2.238%	1.0223			
CHRP Group Home - Level 2 - Outside Denver	2.361%	1.0236			
CHRP Group Home - Level 3 - Outside Denver	2.487%	1.0248			
CHRP Group Home - Level 4 - Outside Denver	2.603%	1.0260			
CHRP Group Home - Level 5 - Outside Denver	2.724%	1.0272			
CHRP Group Home - Level 6 - Outside Denver	2.844%	1.0284			

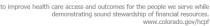


# Home and Community Based Services: FY 23-24 Rate Schedules



## Rates Effective July 1, 2023-June 30, 2024

Homemaker - Outside Denver	3.069%	1.03069
Homemaker - Remote Supports - Outside Denver	8.716%	1.08716
Homemaker SLS CES - Outside Denver	3.578%	1.03578
Enhanced Homemaker SLS CES - Outside Denver	2.317%	1.02317
IHSS Health Maintenance - CHCBS - Outside Denver	0.355%	1.00355
IHSS Health Maintenance - Adult Waivers - Outside Denver	2.295%	1.02295
IHSS Homemaker - Outside Denver	3.270%	1.03270
IHSS Personal Care - Outside Denver	3.270%	1.03270
IHSS Relative Personal Care - Outside Denver	3.270%	1.03270
Mobility Van - Mileage Band (0-10 miles) - Outside Denver	3.134%	1.03134
Mobility Van - Mileage Band (11-20 miles) - Outside Denver	2.907%	1.02907
Mobility Van - Mileage Band (over 20 miles) - Outside Denver	2.839%	1.02839
Mobility Van - Mileage Band (0-10 miles) DD, SLS - Outside		
Denver	16.079%	1.16079
Mobility Van - Mileage Band (11-20 miles) DD, SLS - Outside		
Denver	4.242%	1.04242
Mobility Van - Mileage Band (over 20 miles), DD, SLS - Outside		
Denver	4.245%	1.04245
Personal Care - Outside Denver	3.065%	1.03065
Personal Care, Relative - Outside Denver	3.270%	1.03270
Personal Care SLS - Outside Denver	2.603%	1.02603
Personal Care - Remote Supports - Outside Denver	8.716%	1.08716
Residential Habilitation- Group Home, Level 1 - Outside Denver	1.075%	1.01075
Residential Habilitation- Group Home, Level 2 - Outside Denver	0.768%	1.00768
Residential Habilitation- Group Home, Level 3 - Outside Denver	0.772%	1.00772
Residential Habilitation- Group Home, Level 4 - Outside Denver	0.437%	1.00437
Residential Habilitation- Group Home, Level 5 - Outside Denver	0.227%	1.00227
Residential Habilitation- Group Home, Level 6 - Outside Denver	0.541%	1.00541
Residential Habilitation- Individual Residential Services and		
Supports, Level 1 - Outside Denver	3.278%	1.03278
Residential Habilitation- Individual Residential Services and		
Supports, Level 2 - Outside Denver	3.440%	1.03440
Residential Habilitation- Individual Residential Services and		
Supports, Level 3 - Outside Denver	3.621%	1.03621
Residential Habilitation- Individual Residential Services and		
Supports, Level 4 - Outside Denver	3.815%	1.03815





# Home and Community Based Services: FY 23-24 Rate Schedules Rates Effective July 1, 2023-June 30, 2024



1550e Date. 01/25/2024		
Residential Habilitation- Individual Residential Services and		
Supports, Level 5 - Outside Denver	4.036%	1.04036
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



# Home and Community Based Services: FY 23-24 Rate Schedules Rates Effective July 1, 2023-June 30, 2024



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
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



#### Home and Community Based Services: FY 23-24 Rate Schedules Rates Effective July 1, 2023-June 30, 2024 Version: 1.1 Issue Date: 01/29/2024



Wheelchair Van - Mileage Band (over 20 miles) - Outside Denver	2.841%	1.02841
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
CDASS Personal Care - Denver	10.459%	1.10459
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%	1.0426
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%	1.08853
Individual Day Respite - In Family Home - CHRP Denver	21.893%	1.21893
Job Coaching - Individual - Denver	3.675%	1.0367
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





## Home and Community Based Services: FY 23-24 Rate Schedules Rates Effective July 1, 2023-June 30, 2024



Issue Date: 01/29/2024		
Job Coaching - Level 4 - Denver	9.930%	1.09930
Job Coaching - Level 5 - Denver	<u>8.495%</u>	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%	1.08942
Mobility Van - Mileage Band (over 20 miles) - Denver	<u>8.628%</u>	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%	1.0540
Personal Care Remote Supports - Denver	5.505%	1.0550
Personal Care, Relative - Denver	<b>5.732%</b>	1.05732
Personal Care SLS - Denver	5.028%	1.05028
Prevocational Services, Level 1 - Denver	17.015%	1.1701
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%	1.1255
Prevocational Services, Level 5 - Denver	10.440%	1.10440
Prevocational Services, Level 6 - Denver	7.550%	1.0755
Residential Habilitation- Group Home, Level 1 - Denver	2.845%	1.0284
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%	1.0113
Residential Habilitation- Group Home, Level 5 - Denver	0.567%	1.0056
Residential Habilitation- Group Home, Level 6 - Denver	1.396%	1.01396
Residential Habilitation- Individual Residential Services and		
Supports, Level 1 - Denver	<mark>8.700%</mark>	1.08700
Residential Habilitation- Individual Residential Services and		
Supports, Level 2 - Denver	9.131%	1.0913
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



# Home and Community Based Services: FY 23-24 Rate Schedules



## Rates Effective July 1, 2023-June 30, 2024

Residential Habilitation- Individual Residential Services and		
Supports Host Home Level 1 - Denver	<mark>8.705%</mark>	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
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





FY 23-24 Rate Schedules

Rates Effective July 1, 2023-June 30, 2024 Version: 1.1 Issue Date: 01/29/2024

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, 2	023	
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
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

