Elderly, Blind, and Disabled Waiver (EBD)





Rates Effective April 1, 2021-June 30, 2021

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	E	e-COVID Rate ffective	Er	COVID nhanced Rates iffective	Unit Value	Comments
						07/	/01/2020	04	/01/2021		
Adult Day Services											
Basic	S5100	U1				\$	2.54	\$	3.29	15 Minutes	Maximum of 12 units or three (3) hours per day Effective 9/16/2020
Basic	S5105	U1				\$	31.31	\$	40.55	1/2 Day	An individual unit is 3-5 hours per day;
Specialized	S5105	U1	TF			\$	42.85	\$	55.50	1/2 Day	Maximum 520 units
Adult Day Service Trans	portation										
Taxi	A0100	U1	НВ				PUC*		PUC*	1 Way Trip	
Mobility Van											
Mileage Band 1 (0-10 miles)	A0120	U1	НВ			\$	9.46	\$	12.05	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	TT	НВ		\$	17.44	\$	22.22	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	TN	НВ		\$	25.95	\$	33.06	1 Way Trip	
Wheelchair Van											
Mileage Band 1 (0-10 miles)	A0130	U1	НВ			\$	11.23	\$	14.31	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	TT	НВ		\$	21.02	\$	26.78	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	TN	НВ		\$	28.63	\$	36.47	1 Way Trip	
Alternative Care Facility (ACF)	T2031	U1				\$	64.89	\$	66.26	Day	
Consumer Direct Attend	ant Supp	ort Se	ervices	(CDA	SS), C	uts	ide Denve	er C	ounty		
CDASS Homemaker	T2025	U1				\$	4.49	\$	4.49	15 Minutes	
CDASS Personal Care	T2025	U1				\$	4.49	\$	4.49	15 Minutes	
CDASS Health Maintenance	T2025	U1				\$	7.43	\$	7.43	15 Minutes	
Consumer Direct Attend	ant Supp	ort Se	ervices	(CDA	SS), D	env	er County	y			
CDASS Homemaker	T2025	U1				\$	4.65	\$	4.65	15 Minutes	
CDASS Personal Care	T2025	U1				\$	4.65	\$	4.65	15 Minutes	
CDASS Health Maintenance	T2025	U1				\$	7.57	\$	7.57	15 Minutes	
CDASS Per Member Per	Month, E	3y FMS	S Vend	lor							
Acumen- FEA	T2040	U1				\$	85.00	\$	85.00	Month	
Public Partnerships, LLC-FEA	T2040	U1				\$	103.21	\$		Month	
Palco- FEA	T2040	U1				\$	85.00	\$	85.00	Month	
Home Delivered Meals	S5170	U1				\$	11.45	\$	11.45	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment



Elderly, Blind, and Disabled Waiver (EBD)

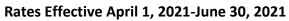


Rates Effective April 1, 2021-June 30, 2021

Rates Effective April 1	1, 2021	Julie	30, Z	721							
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Ef	e-COVID Rate ffective /01/2020	Er E	COVID nhanced Rates ffective /01/2021	Unit Value	Comments
Homemaker Services											
Homemaker, Outside Denver County	S5130	U1				\$	5.29	\$	5.40	15 minutes	
Homemaker, Denver County	S5130	U1				\$	6.04	\$	6.17	15 minutes	
Home Modification	S5165	U1					NR*		NR*	Per Modification	\$14,000.00 Lifetime Maximum
In Home Support Service	es (IHSS), Outs	ide De	enver (County	y					
IHSS Health Maintenance	H0038	U1				\$	7.43	\$	7.59	15 minutes	
IHSS Homemaker	S5130	U1	KX			\$	4.93	\$	5.03	15 minutes	
IHSS Personal Care	T1019	U1	KX			\$	4.93	\$	5.03	15 minutes	
IHSS Relative Personal Care	T1019	U1	HR	KX		\$	4.93	\$	5.03	15 minutes	
In Home Support Service	es (IHSS), Denv	er Co	unty	•						
IHSS Health Maintenance	H0038	U1				\$	7.57	\$	7.73	15 minutes	
IHSS Homemaker	S5130	U1	KX			\$	5.68	\$	5.80	15 minutes	
IHSS Personal Care	T1019	U1	KX			\$	5.68	\$	5.80	15 minutes	
IHSS Relative Personal				107		Ė					
Care	T1019	U1	HR	KX		\$	5.68	\$	5.80	15 minutes	
Life Skills Training	H2014	U1				\$	11.91	\$	11.91	15 minutes	24 units (6 hours) per day; up to 160 units (40 hours) per week. Available for 365 days after enrollment
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 Transporta		1. 0									
All types except Adult Day			.08 trip	s, or 1	04 rou			rvic			T
Taxi	A0100	U1				<u> </u>	PUC*		PUC*	1 Way Trip	
Mobility Van						_					
Mileage Band 1 (0-10 miles)	A0120	U1				\$	9.46	\$	12.05	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	TT			\$	17.44	\$	22.22	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	TN			\$	25.95	\$	33.06	1 Way Trip	
Wheelchair Van											
Mileage Band 1 (0-10 miles)	A0130	U1				\$	11.23	\$	14.31	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	TT			\$	21.02	\$	26.78	1 Way Trip	
						_		_			



Elderly, Blind, and Disabled Waiver (EBD)





Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Ef	e-COVID Rate fective 01/2020	COVID Enhanced Rates Effective 04/01/2021		Unit Value	Comments
Mileage Band 3 (over 20 miles)	A0130	U1	TN			\$	28.63	\$	36.47	1 Way Trip	
Non-Medical Transporta	tion, Loc	al Pub	lic Tra	nsit							
RTD Local	A0110	U1	TT			\$	57.00	\$	57.00	Monthly	
RTD Local- To and From	A0110	U1	TT	НВ		\$	57.00	\$	57.00	Monthly	
Adult Day								·		•	
RTD Local RTD Local- To and From	A0110	U1	TK			\$	14.00	\$	14.00	10 Ride Book	
Adult Day	A0110	U1	TK	НВ		\$	14.00	\$	14.00	10 Ride Book	
RTD Local	A0110	U1	TF			\$	3.00	\$	3.00	Day Pass	
RTD Local- To and From	A0110	U1	TF	НВ		\$	3.00	\$	3.00	Day Pass	
Adult Day				1110						•	
RTD Local RTD Local- To and From	A0110	U1	TN			\$	1.50	\$	1.50	3 Hour Pass	
Adult Day	A0110	U1	TN	НВ		\$	1.50	\$	1.50	3 Hour Pass	
RTD Local- Access A	A0110	U1	SE			\$	5.00	\$	5.00	Single	
Ride						*		*		9	
RTD Local- Access A Ride To and From Adult	A0110	U1	SE	НВ		\$	5.00	\$	5.00	Single	
Day RTD Local- Access A	A0110	U1	TG			\$	30.00	\$	30.00	6 Ride Book	
Ride	7.0110	01	.0			Ψ	00.00	•		o rride book	
RTD Local- Access A Ride To and From Adult Day	A0110	U1	TG	НВ		\$	30.00	\$	30.00	6 Ride Book	
Non-Medical Transporta	tion. Rec	ional	Public	Trans	it						
RTD Regional	A0110	U1	CG			\$	99.00	\$	99.00	Monthly	
RTD Regional To and From Adult Day	A0110	U1	CG	НВ		\$	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	Day Pass	
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	\$		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	
Peer Mentorship	H2015	U1				\$	5.92	\$	5.92	15 minutes	Available for 365 days after enrollment
Personal Emergency Res			(PER	S)							
Install/Purchase	S5160	U1					NR*		NR*	Purchase	1 unit = 1 purchase
Monitoring	S5161	U1					NR*		NR*	Month	1 unit = 1 month



Elderly, Blind, and Disabled Waiver (EBD)



Rates Effective April 1, 2021-June 30, 2021

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	E	re-COVID Rate iffective r/01/2020	Er E	COVID nhanced Rates ffective /01/2021	Unit Value	Comments
Personal Care Services											
Personal Care, Outside Denver County	T1019	U1				\$	5.29	\$	5.40	15 minutes	
Personal Care Relative, Outside Denver County	T1019	U1	HR			\$	4.93	\$	5.03	15 minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
Personal Care, Denver County	T1019	U1				\$	6.04	\$	6.17	15 minutes	
Personal Care Relative, Denver County	T1019	U1	HR			\$	5.68	\$	5.80	15 minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
Respite Care Combined maximum of 30) days pe	r certifi	cation	period	l for Re	espit	te Care pro	ovid	ed in an A	.CF, In Home, o	r a Nursing Facility
ACF (Alternative Care Facility), Base Rate	S5151	U1				\$	88.88	\$	89.94	Day	
ACF (Alternative Care Facility), Rate Enhancement	S5151	U1	TU			\$	-	\$	53.07	Day	
In-Home Respite Base Rate	S5150	U1				\$	5.64	\$	5.76	15 minutes	Not to exceed the Nursing Facility per
In-Home Respite Rate Enhancement	S5150	U1	TU			\$	-	\$	1.41	15 Minutes	diem (or 6.5 hours per day)
Nursing Facility, Base Rate	H0045	U1				\$	176.76	\$	180.49	Day	
Nursing Facility, Rate Enhancement	H0045	U1	TU			\$	-	\$	44.19	Day	
Community Transition S	ervices							_		1	•
Coordinator	T2038	U1				\$	7.66	\$	7.66	15 minutes	40 units (10 hours); available up to 30 days after enrollment
Items Purchased	A9900	U1				\$	1,500.00	\$	1,500.00	One Time Payment	Up to \$2,000.00 by request; available up to 30 days after enrollment

	Legend
CG	Policy criteria applied
EY	HCPCS Definition: No physician or other licensed health care provider order for this
НВ	To and From Adult Day (HCPCS Defn: Adult Program, non-geriatric)



Elderly, Blind, and Disabled Waiver (EBD)



Rates Effective April 1, 2021-June 30, 2021

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Pre-COVID Rate Effective 07/01/2020	COVID Enhanced Rates Effective 04/01/2021	Unit Value	Comments			
HC	Adult P	dult Program (HCPCS Defn: Geriatric)										
HR		lative providing care (HCPCS Defn: Family/Couple with client present)										
KX		Home Support Services (HCPCS Defn: Requirements specified in the medical policy have										
NR*	•	legotiated Rate, will vary by client										
PUC*		Public Utility Commission Determined Rate										
SE	State ar	nd/or fe	ederal	ly func	led pro	ograms/servi	ces					
TF	Interme	diate L	evel c	of care								
TJ	Progran	n grou	p (HCI	PCS D	efn: Cl	nild and/or add	lescent)					
TK	Extra pa	atient c	or pas	senge	r, Non	-Ambulance						
TN	Outside	provi	ders' c	uston	nary se	ervice area						
TT	Individu	ndividualized service provided to more than one client in the same setting										
TU	Special	Payme	ent Ra	te (HC	PCS D	efn: Overtime)					
U1	Elderly, state)	Elderly, Blind and Disabled Waiver (HCPCS Defn: Medicaid Level of Care 1, as defined by each										

Version: 1.4

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

Date: 02/01/2022



Community Mental Health Supports (CMHS) Waiver



Rates Effective April 1, 2021-June 30, 2021

					Dro	-COVID		COVID		
Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Ef	Rate fective	E	Rates ffective	Unit Value	Comments
		,								
S5100	UA				\$	2.54	\$	3.29	15 Minutes	Maximum of 12 units or three (3) hours per day Effective 9/16/2020
S5105	UA				\$	31.31	\$	40.55	1/2 Day	An individual unit is 4-5 hours per day; Maximum
S5105	UA	TF			\$	42.85	\$	55.49	1/2 Day	520 units
Transpo	rtatior)								
A0100	UA	НВ				PUC*		PUC*	1 Way Trip	
A0120	UA	НВ			\$	9.46	\$	12.05	1 Way Trip	
A0120	UA	TT	НВ		\$	17.44	\$	22.22	1 Way Trip	
A0120	UA	TN	НВ		\$	25.95	\$	33.06	1 Way Trip	
A0130	UA	НВ			\$	11.23	\$	14.31	1 Way Trip	
A0130	UA	TT	НВ		\$	21.02	\$	26.78	1 Way Trip	
A0130	UA	TN	НВ		\$	28.63	\$	36.47	1 Way Trip	
T2031	UA				\$	64.89	\$	66.26	Day	May be different for clients with 300% income, use PETI for rate
Attenda	nt Ser	vices	(CDAS	SS), O	utsic	de Denvei	· Co	unty		
T2025	UA				\$	4.49	\$	4.49	15 Minutes	
T2025	UA				\$	4.49	\$	4.49	15 Minutes	
T2025	UA				\$	7.43	\$	7.43	15 Minutes	
Attenda	nt Ser	vices	(CDAS	SS), Do	enve	r County				
T2025	UA				\$	4.65	\$	4.65	15 Minutes	
T2025	UA				\$	4.65	\$	4.65	15 Minutes	
T2025	UA				\$	7.57	\$	7.57	15 Minutes	
	nth, B	y FMS	Vend	or						
T2040	UA				\$	85.00	\$	85.00	Month	
T2040	UA				\$	103.21	\$	103.21	Month	
	S5100 S5105 S5105 S5105 A0100 A0120 A0120 A0120 A0130 A0130 A0130 T2031 Attenda T2025	Code #1 S5100 UA S5105 UA S5105 UA S5105 UA A0120 UA A0120 UA A0120 UA A0130 UA A0130 UA A0130 UA T2031 UA Attenda TSer UA T2025 UA Attenda TSer UA T2025 UA	Code #1 #2 S5100 UA F S5105 UA TF Fansportation HB A0100 UA HB A0120 UA TT A0120 UA TN A0120 UA TN A0130 UA TN A0130 UA TN T2031 UA TN Attendart Services T2025 UA T2025 UA I T2025 UA I <	Code #1 #2 #3 S5100 UA	Code #1 #2 #3 #4 S5100 UA IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Proc Code Mod #1 Mod #2 Mod #3 Mod #4 Efgo77 S5100 UA IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Code #1 #2 #3 #4 Effective 07/01/2020 S5100 UA IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Nod	Proc Code Mod #1 Mod #2 Mod #3 Mod #4 Rate Effective 07/01/2020 Enhanced Rates Effective 04/01/2021 S5100 UA W S 2.54 \$ 3.29 S5105 UA TF W \$ 42.85 \$ 55.49 Fransportationary B PUC* PUC* A0120 UA HB PUC* PUC* A0120 UA HB PUC* PUC* A0120 UA TT HB \$ 9.46 \$ 12.05 A0120 UA TT HB \$ 17.44 \$ 22.22 A0120 UA TN HB \$ 25.95 \$ 33.06 A0130 UA TN HB \$ 21.02 \$ 26.78 A0130 UA TN HB \$ 21.02 \$ 26.78 A0130 UA TN HB \$ 24.49 \$ 4.49 T2031 UA TN HB \$ 4.49 \$ 4.49 T2025 UA T	Proc Code



Community Mental Health Supports (CMHS) Waiver



Rates Effective April 1, 2021-June 30, 2021

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	R Effe	COVID tate ective 1/2020	Enh Ra Effe	OVID anced ates ective 1/2021	Unit Value	Comments
Palco- FEA	T2040	UA				\$	85.00	\$	85.00	Month	
Home Delivered Meals	S5170	UA				\$	11.45	\$	11.45	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment
Homemaker Service	es										
Homemaker, Outside Denver County	S5130	UA				\$	5.29	\$	5.40	15 minutes	
Homemaker, Denver County	S5130	UA				\$	6.04	\$	6.17	16 minutes	
Home Modification	S5165	UA				NR*		NR*		Per Modification	\$14,000.00 Lifetime Maximum
Life Skills Training	H2014	UA				\$	11.91	\$	11.91	15 minutes	24 units (6 hours) per day; up to 160 units (40 hours) per week. Available for 365 days after enrollment
Medication Reminde	er										
Purchase	T2029	UA				NR*		NR*		Purchase	1 unit = 1 purchase
Monitoring	S5185	UA				NR*		NR*		Month	1 unit = 1 month
Non Medical Transp All types except Adul Taxi			d to 20	08 trips	s, or 10	04 roui		PUC*		1 Way Trip	
Mobility Van					•						
Mileage Band 1 (0- 10 Miles)	A0120	UA				\$	9.46	\$	12.05	1 Way Trip	
Mileage Band 2 (11- 20 Miles)	A0120	UA	TT			\$	17.44	\$	22.22	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0120	UA	TN			\$	25.95	\$	33.06	1 Way Trip	
Wheelchair Van											
Mileage Band 1 (0- 10 Miles)	A0130	UA				\$	11.23	\$	14.31	1 Way Trip	
Mileage Band 2 (11- 20 Miles)	A0130	UA	TT			\$	21.02	\$	26.78	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0130	UA	TN			\$	28.63	\$	36.47	1 Way Trip	
Non-Medical Transp		•		lic Tra	nsit						
RTD Local	A0110	UA	TT			\$	57.00	\$	57.00	Monthly	
RTD Local- To and From Adult Day	A0110	UA	TT	НВ		\$	57.00	\$	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	\$		10 Ride Book	
,											



Community Mental Health Supports (CMHS) Waiver



Rates Effective April 1, 2021-June 30, 2021

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	-COVID Rate fective 01/2020	Enh Ra Effe	OVID anced ates ective 1/2021	Unit Value	Comments
RTD Local- To and From Adult Day	A0110	UA	TF	НВ		\$	3.00	\$	3.00	Day Pass	
RTD Local	A0110	UA	TN			\$	1.50	\$	1.50	3 Hour Pass	
RTD Local- To and From Adult Day	A0110	UA	TN	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 Transp	ortation	, Regi	onal F	Public	Trans	it					
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	
Peer Mentorship	H2015	UA				\$	5.31	\$	5.31	15 minutes	Available for 365 days after enrollment
Personal Emergenc	y Respo	nse S	ystem	(PER	S)						
Install/Purchase	S5160	UA				NR*		NR*		Purchase	1 unit = 1 purchase
Monitoring	S5161	UA				NR*		NR*		Month	1 unit = 1 month
Personal Care Servi	ces										

Community Mental Health Supports (CMHS) Waiver



Rates Effective April 1, 2021-June 30, 2021

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Е	re-COVID Rate Effective 7/01/2020	E	COVID nhanced Rates Effective 4/01/2021	Unit Value	Comments
Personal Care, Outside Denver County	T1019	UA				\$	5.29	\$	5.40	15 minutes	
Personal Care, Relative - Outside Denver County	T1019	UA	HR			\$	4.93	\$	5.03	15 minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
Personal Care, Denver County	T1019	UA				\$	6.04	\$	6.17	15 minutes	
Personal Care, Relative - Denver County	T1019	UA	HR			\$	5.68	\$	5.80	15 minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
Respite Care Combined maximum	of 30 day	vs per	certific	cation	period	for	Respite Ca	are	provided in	an ACF or a Nu	rsing Facility
Alternative Care Facility (ACF), Base Rate	S5151	UA				\$	88.08	\$		Day	,
Alternative Care Facility (ACF), Rate Enhancement	S5151	UA	TU			\$	-	\$	53.07	Day	
Nursing Facility, Base Rate	H0045	UA				\$	176.76	\$	180.49	Day	
Nursing Facility, Rate Enhancement	H0045	UA	TU			\$	-	\$	44.19	Day	
Community Transiti	on Servi	ces									
Coordinator	T2038	UA				\$	7.66	\$	7.66	15 minutes	40 units (10 hours); available up to 30 days after enrollment
Items Purchased	A9900	UA				\$	1,500.00	\$	1,500.00	One Time Payment	Up to \$2,000.00 by request; available up to 30 days after enrollment

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

Community Mental Health Supports (CMHS) Waiver



Rates Effective April 1, 2021-June 30, 2021

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Pre-COVID Rate Effective 07/01/2020	COVID Enhanced Rates Effective 04/01/2021	Unit Value	Comments					
TJ	Progran	Program group (HCPCS Defn: Child and/or adolescent)												
TK	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	vided	to more than	one client in	the same settir	ng					
TU	Special	Paym	ent Ra	te (H0	CPCS	Defn: Overtime	e)							
UA	Commu state)	Community Mental Health Supports (HCPCS Defn: Medicaid Level of Care 1, as defined by each state)												



Brain Injury (BI) Waiver

Rates Effective April 1, 2021-June 30, 2021



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	Rate fective 01/2020	Enl F Eff	COVID hanced Rates fective 01/2021	Unit Value	Comments
Adult Day Services	S5100	U6				\$	6.28	\$	8.13	15 Minutes	Maximum of 12 units or three (3) hours per day Effective 9/16/2020
Adult Day Services	S5102	U6				\$	77.30	\$	100.11	Day	At least 2 or more hours of attendance, 1 or more days per week
Adult Day Services Tran	sportati	on									
Taxi	A0100	U6	НВ			PUC	C*	PU	C*	1 Way Trip	
Mobility Van											
Mileage Band 1 (0-10 Miles)	A0120	U6	НВ			\$	9.46	\$	12.05	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	U6	TT	НВ		\$	17.44	\$	22.22	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0120	U6	TN	НВ		\$	25.95	\$	33.06	1 Way Trip	
Wheelchair Van											
Mileage Band 1 (0-10 Miles)	A0130	U6	НВ			\$	11.23	\$	14.31	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	U6	TT	НВ		\$	21.02	\$	26.78	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0130	U6	TN	НВ		\$	28.63	\$	36.47	1 Way Trip	
Assistive Technology	T2029	U6				NR*		NR'		Per Purchase	1 unit = 1 purchase
Behavioral Services	H0025	U6				\$	14.71	\$	14.71	30 Minutes	
Day Treatment	H2018	U6			<u> </u>	\$	82.71	\$		Day	
Consumer Direct Attend			and Se	rvices	(CDAS						
CDASS Homemaker	T2025	U6				\$	4.49	\$	4.49	15 minutes	
CDASS Personal Care	T2025	U6				\$	4.49	\$	4.49	15 Minutes	
CDASS Health Maintenance	T2025	U6				\$	7.43	\$		15 minutes	
Consumer Direct Attend		-	and Se	rvices	(CDAS			_		1	
CDASS Homemaker	T2025	U6				\$	4.65	\$	4.65	15 minutes	
CDASS Personal Care	T2025	U6				\$	4.65	\$	4.65	15 Minutes	
CDASS Health Maintenance	T2025	U6				\$	7.57	\$	7.57	15 minutes	
CDASS Per Member Per	Month,	By FM	S Vend	dor							
Acumen- FEA	T2040	U6				\$	85.00	\$	85.00	Month	



Brain Injury (BI) Waiver

Rates Effective April 1, 2021-June 30, 2021



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Ef	e-COVID Rate fective 01/2020	Enh R Eff	OVID nanced ates ective	Unit Value	Comments
Public Partnerships, LLC- FEA	T2040	U6				\$	103.21	\$	103.21	Month	
Palco- FEA	T2040	U6				\$	85.00	\$	85.00	Month	
Home Delivered Meals	S5170	U6				\$	11.45	\$	11.45	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment
Home Modification	S5165	U6				NR'	·	NR*		Per Modification	\$14,000.00 Lifetime Maximum
Independent Living Skills Training (ILST)	T2013	U6				\$	11.91	\$	11.91	15 minutes	
Mental Health Counselin	ng										
Individual	H0004	U6				\$	25.49	\$	25.49	15 minutes	
Family	H0004	U6	HR			\$	25.49	\$	25.49	15 minutes	
Group	H0004	U6	HQ			\$	15.04	\$	15.04	15 minutes	
Non Medical Transporta											
All types except Adult Da			208 trip	s, or 10	04 rour					I	
Taxi	A0100	U6				PU	<u>*'</u>	PUC	<u> </u>	1 Way Trip	
Mobility Van											
Mileage Band 1 (0-10 Miles)	A0120	U6				\$	9.46	\$	12.05	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	U6	TT			\$	17.44	\$	22.22	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0120	U6	TN			\$	25.95	\$	33.06	1 Way Trip	
Wheelchair Van											
Mileage Band 1 (0-10 Miles)	A0130	U6				\$	11.23	\$	14.31	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	U6	TT			\$	21.02	\$	26.78	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0130		TN			\$	28.63	\$	36.47	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	\$	3.00	Day Pass	
RTD Local	A0110	U6	TN			\$	1.50	\$	1.50	3 Hour Pass	



Brain Injury (BI) Waiver

Rates Effective April 1, 2021-June 30, 2021



Rates Effective April Service Description RTD Local- To and From Adult Day RTD Local- Access A Ride RTD Local- Access A Ride To and From Adult	Proc Code A0110 A0110	Mod #1 U6 U6	Mod #2 TN SE	Mod #3 HB	Mod #4	F Eff	-COVID Rate ective 01/2020 1.50 5.00	Enh R Effe	5.00	Unit Value 3 Hour Pass Single Single	Comments
Day RTD Local- Access A Ride RTD Local- Access A Ride To and From Adult Day	A0110	U6 U6	TG TG	НВ		\$	30.00	\$	30.00	6 Ride Book 6 Ride Book	
Non-Medical Transporta	ation, Re	gional	Public	Trans	it						
RTD Regional RTD Regional To and From Adult Day	A0110 A0110	U6 U6	CG	НВ		\$	99.00	\$		Monthly Monthly	
RTD Regional RTD Regional To and	A0110	U6	TJ			\$	25.25	\$	25.25	10 Ride Book	
From Adult Day	A0110	U6	TJ	НВ		\$	25.25	\$		10 Ride Book	
RTD Regional RTD Regional To and From Adult Day	A0110	U6 U6	TU	НВ		\$	5.25 5.25	\$		Day Pass Day Pass	
RTD Regional	A0110	U6	ΕY			\$	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	
Peer Mentorship	H2015	U6				\$	5.92	\$	5.92	15 minutes	Available for 365 days after enrollment
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
Personal Care Services											
Personal Care, Outside Denver County	T1019	U6				\$	5.29	\$	5.40	15 minutes	•
Personal Care, Relative- Outside Denver County	T1019	U6	HR			\$	4.93	\$	5.03	15 minutes	Maximum reimbursement not to exceed 1776 units (444 hours) per year



Brain Injury (BI) Waiver

Rates Effective April 1, 2021-June 30, 2021



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	E	re-COVID Rate Effective 7/01/2020	E	COVID nhanced Rates Effective	Unit Value	Comments
Personal Care, Denver County	T1019	U6				\$	6.04	\$	6.17	15 minutes	
Personal Care, Relative- Denver County	T1019	U6	HR			\$	5.68	\$	5.80	15 minutes	Maximum reimbursement not to exceed 1776 units (444 hours) per year
Respite Care Combined maximum of 7	20 hours	per ce	rtificatio	on peri	od for F	Res	pite Care p	rov	ided In Ho	me or in a Nur	sing Facility
In-Home Respite, Base Rate	S5150	U6				\$	5.64	\$	5.76	15 minutes	Not to exceed 8
In-Home Respite, Rate Enhancement	S5150	U6	TU			\$	-	\$	1.41	15 Minutes	hours per day
Nursing Facility, Base Rate	H0045	U6				\$	176.76	\$	180.49	Day	
Nursing Facility, Rate Enhancement	H0045	U6	TU			\$	-	\$	44.19	Day	
Substance Abuse Coun	seling										
Family	T1006	U6	HR	HF		\$	60.83	\$	60.83	Hour	
Individual	H0047	U6	HF			\$	60.83	\$	60.83	Hour	
Group	H0047	U6	HQ	HF		\$	34.09	\$	34.09	Hour	
Transitional Living Prog	gram										
Level 1	T2016	U6				\$	357.20	\$	357.20	1 Day	
Level 2	T2016	U6	НВ			\$	382.72	\$	382.72	1 Day	
Level 3	T2016	U6	HE			\$	409.30	\$	409.30	1 Day	
Level 4	T2016	U6	HK			\$	437.50	\$	437.50	1 Day	
Level 5	T2016	U6	НВ	HE		\$	463.58	\$	463.58	1 Day	
Community Transition S	Services										
Coordinator	T2038	U6				\$	7.66	\$	7.66	15 minutes	40 units (10 hours); available up to 30 days after enrollment
Items Purchased	A9900	U6				\$	1,500.00	\$	1,500.00	One Time Payment	Up to \$2,000.00 by request; available up to 30 days after enrollment
Supported Living Progr	am										
Tier 1	T2033	U6				\$	197.91	\$	202.09	1 Day	
Tier 2	T2033	U6	НВ			\$	229.62	\$	234.46	1 Day	
Tier 3	T2033	U6	HE			\$	255.14	\$	260.52	1 Day	
Tier 4	T2033	U6	HK			\$	304.12	\$	310.54	1 Day	
Tier 5	T2033	U6	НВ	HE		\$	333.96	\$	341.01	1 Day	



Brain Injury (BI) Waiver

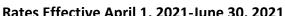


Rates Effective April 1, 2021-June 30, 2021

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Pre-COVID Rate Effective 07/01/2020	COVID Enhanced Rates Effective 04/01/2021	Unit Value	Comments
Tier 6	T2033	U6	НВ	HK		\$ 369.67	\$ 377.47	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)

Spinal Cord Injury (SCI) Waiver

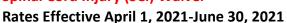




Rates Effective Ap	rii 1, 20	UZI-J	une 3	0, 202	<u> </u>						
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Ef	e-COVID Rate fective 01/2020	Er E	COVID hanced Rates ffective /01/2021	Unit Value	Comments
Adult Day Services											
Basic	S5100	U1	sc			\$	2.54	\$	3.29	15 Minutes	Maximum of 12 units or three (3) hours per day Effective 9/16/2020
Basic	S5105	U1	sc			\$	31.31	\$	40.55	1/2 Day	An individual unit is 3-5 hours per day; Maximum
Specialized	S5105	U1	SC	TF		\$	42.85	\$	55.49	1/2 Day	520 units
Adult Day Program Tuse HB modifier for tr				day pro	gram.						
Taxi	A0100	U1	SC	НВ		PU	C*	Pι	JC*	1 Way Trip	
Mobility Van										<u>, , , , , , , , , , , , , , , , , , , </u>	
Mileage Band 1 (0-10 miles)	A0120	U1	SC	НВ		\$	9.46	\$	12.05	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	sc	TT	НВ	\$	17.44	\$	22.22	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	sc	TN	НВ	\$	25.95	\$	33.06	1 Way Trip	
Wheelchair Van											
Mileage Band 1 (0-10 miles)	A0130	U1	sc	НВ		\$	11.23	\$	14.31	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	sc	TT	НВ	\$	21.02	\$	26.78	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	sc	TN	НВ	\$	28.63	\$	36.47	1 Way Trip	
Alternative Therapie											
Acupuncture	97814	U1	SC			\$	18.46	\$		15 Minutes	Maximum 204 Units per
Chiropractic	98942	U1	SC			\$	23.76	\$		15 Minutes	service; Combined
Massage	97124	U1	SC			\$	14.20	\$	14.20	15 Minutes	maximum of 408 units.
Consumer Directed	Attendaı	nt Sup	port S	ervice	s (CDA	ASS),	Outside	Der	nver Cour	nty	
CDASS Homemaker	T2025	U1	sc			\$	4.49	\$	4.49	15 Minutes	
CDASS Personal Care	T2025	U1	sc			\$	4.49	\$	4.49	15 Minutes	
CDASS Health Maintenance	T2025	U1	sc			\$	7.43	\$		15 Minutes	
Consumer Directed	<u>Attendaı</u>	nt Sup	port S	ervice	s (CDA	ASS),	Denver (Cou	nty		
CDASS Homemaker	T2025	U1	sc			\$	4.65	\$	4.65	15 Minutes	
CDASS Personal Care	T2025	U1	sc			\$	4.65	\$	4.65	15 Minutes	
CDASS Health Maintenance	T2025	U1	sc			\$	7.57	\$	7.57	15 Minutes	
CDASS Per Member	Per Mor	nth, By	FMS	Vendo	r						
Acumen- FEA	T2040	U1	SC			\$	85.00	\$	85.00	Month	
Public Partnerships, LLC- FEA	T2040	U1	sc			\$	103.21	\$	103.21	Month	



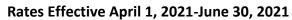
Spinal Cord Injury (SCI) Waiver





Rates Effective Ap	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	JZ1-J	une 3	0, 202	<u>- 1</u>			C	OVID		
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	R Effe	COVID Rate ective 1/2020	Enh Ra Effe	anced ates ective 1/2021	Unit Value	Comments
Palco- FEA	T2040	U1	SC			\$	85.00	\$	85.00	Month	
Home Delivered Meals	S5170	U1	SC			\$	11.45	\$	11.45	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment
Homemaker Service	S										
Homemaker, Outside Denver County	S5130	U1	sc			\$	5.29	\$	5.40	15 Minutes	
Homemaker, Denver County	S5130	U1	SC			\$	6.04	\$	6.17	15 Minutes	
Home Modification	S5165	U1	SC			NR*		NR*		Per Modification	\$14,000.00 Lifetime Maximum
In-Home Support Se	rvices (l	HSS),	Outsid	de Den	ver Co	unty					
IHSS Health Maintenance	H0038	U1	sc			\$	7.43	\$	7.59	15 Minutes	
IHSS Homemaker	S5130	U1	SC	KX		\$	4.93	\$	5.03	15 Minutes	
IHSS Personal Care	T1019	U1	sc	KX		\$	4.93	\$	5.03	15 Minutes	
IHSS Relative Personal Care	T1019	U1	sc	HR	KX	\$	4.93	\$	5.03	15 Minutes	
In-Home Support Se	rvices (I	HSS),	Denve	r Cour	nty						
IHSS Health Maintenance	H0038	U1	sc			\$	7.57	\$	7.73	15 Minutes	
IHSS Homemaker	S5130	U1	SC	KX		\$	5.68	\$	5.80	15 Minutes	
IHSS Personal Care	T1019	U1	SC	KX		\$	5.68	\$	5.80	15 Minutes	
IHSS Relative Personal Care	T1019	U1	sc	HR	KX	\$	5.68	\$	5.80	15 Minutes	
Life Skills Training	H2014	U1	SC			\$	11.91	\$	11.91	15 minutes	24 units (6 hours) per day; up to 160 units (40 hours) per week. Available for 365 days after enrollment
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 Transp All types except Adult		limited	to 20	8 trips	or 104	round	l trips pe	r serv	ice plan	vear	
Тахі	A0100		SC	, ,		PUC		PUC	•	1 Way Trip	
Mobility Van											
Mileage Band 1 (0- 10 miles)	A0120	U1	sc			\$	9.46	\$	12.05	1 Way Trip	
Mileage Band 2 (11- 20 miles)	A0120	U1	sc	TT		\$	17.44	\$	22.22	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	SC	TN		\$	25.95	\$	33.06	1 Way Trip	

Spinal Cord Injury (SCI) Waiver





Rates Effective Ap	,,, <u>,,</u> ,,	J J.	ue 0	J, 20.				001/10		
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Ef	e-COVID Rate ffective /01/2020	COVID Enhanced Rates Effective 04/01/2021	Unit Value	Comments
Wheelchair Van										
Mileage Band 1 (0- 10 miles)	A0130	U1	sc			\$	11.23	\$ 14.31	1 Way Trip	
Mileage Band 2 (11- 20 miles)	A0130	U1	SC	TT		\$	21.02	\$ 26.78	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	sc	TN		\$	28.63	\$ 36.47	1 Way Trip	
Non-Medical Transp					sit					
RTD Local	A0110	U1	SC	TT		\$	57.00	\$ 57.00	Monthly	
RTD Local- To and From Adult Day	A0110	U1	sc	П	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	

Spinal Cord Injury (SCI) Waiver





Rates Effective April 1, 2021-June 30, 2021

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Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Ra Effe	ate ctive	Enha Ra Effe	anced ates ective	Unit Value	Comments
A0110	U1	sc	υŢ	НВ	\$	5.25	\$	5.25	Day Pass	
A0110	U1	sc	EY		\$	2.60	\$	2.60	3 Hour Pass	
A0110	U1	sc	EY	НВ	\$	2.60	\$	2.60	3 Hour Pass	
A0110	U1	sc	НС		\$	9.00	\$	9.00	Single	
A0110	U1	SC	НС	НВ	\$	9.00	\$	9.00	Single	
H2015	U1	sc			\$	5.92	\$	5.92	15 minutes	Available for 365 days after enrollment
ces										
T1019	U1	sc			\$	5.29	\$	5.40	15 Minutes	
T1019	U1	sc	HR		\$	4.93	\$	5.03	15 Minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
T1019	U1	sc			\$	6.04	\$	6.17	15 Minutes	
T1019	U1	SC	HR		\$	5.68	\$	5.80	15 Minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
Respor	าse Sy	stem ((PERS))						
S5160	U1	SC			NR*		NR*		Purchase	1 unit = 1 purchase
S5161	U1	SC			NR*		NR*		Month	1 unit = 1 month
of 30 day	s per c	certifica	ation pe	eriod fo	r Resp	ite Care	e proví	ided in a	an ACF, In Hor	ne, or a Nursing Facility
S5151	U1	sc			\$	88.08	\$	89.94	Day	
S5151	U1	SC	TU		\$	-	\$	53.07	Day	
	Proc Code A0110 A0110 A0110 A0110 A0110 H2015 Ces T1019 T1019 T1019 T1019 T1019 T1019 S5160 S5161 of 30 day S5151	Proc Code Mod #1 A0110 U1 A0110 U1 A0110 U1 A0110 U1 A0110 U1 H2015 U1 Ces T1019 U1 T1019 U1	Proc Code Mod #1 Mod #2 A0110 U1 SC H2015 U1 SC T1019 U1 SC	Proc Code Mod #1 Mod #2 Mod #3 A0110 U1 SC TU A0110 U1 SC EY A0110 U1 SC EY A0110 U1 SC HC A0110 U1 SC HC H2015 U1 SC HC T1019 U1 SC HR T35160 U1 SC TU S5161 U1 SC TU S5151 U1 SC TU	Proc Code Mod #1 Mod #2 Mod #3 Mod #4 A0110 U1 SC TU HB A0110 U1 SC EY HB A0110 U1 SC EY HB A0110 U1 SC HC HB A0110 U1 SC HC HB H2015 U1 SC HC HB T1019 U1 SC HR Image: Comparison of the property of the p	Proc Code Mod #1 Mod #2 Mod #3 Mod #4 Pre-C Ra Effecto7//01 A0110 U1 SC TU HB \$ A0110 U1 SC EY HB \$ A0110 U1 SC HC HB \$ A0110 U1 SC HC HB \$ A0110 U1 SC HC HB \$ H2015 U1 SC HC HB \$ T1019 U1 SC HR \$ T1019 U1 <td>Proc Code Mod #1 Mod #2 Mod #3 Mod #4 Pre-COVID Rate Effective 07/01/2020 A0110 U1 SC TU HB \$ 5.25 A0110 U1 SC EY HB \$ 2.60 A0110 U1 SC EY HB \$ 2.60 A0110 U1 SC HC HB \$ 9.00 A0110 U1 SC HC HB \$ 9.00 H2015 U1 SC HC HB \$ 9.00 H2015 U1 SC HC HB \$ 9.00 T1019 U1 SC HR \$ 5.29 T1019 U1 SC HR \$ 4.93 T1019 U1 SC HR \$ 5.68 YESSION HR \$ 5.68 YESSION HR \$ 7.68 YESSION YESSION YESSION YESSION YESSION YESSION YESSION YESSION YESSION</td> <td>Proc Code Mod #1 Mod #2 Mod #3 Mod #4 Pre-COVID Rate Effective 07/01/2020 Enh. Rate Effective 07/01/2020 Enh. Rate Effective 07/01/2020 Enh. Rate Effective 07/01/2020 Effective 04/0 A0110 U1 SC EY HB \$ 5.25 \$ A0110 U1 SC EY HB \$ 2.60 \$ A0110 U1 SC HC HB \$ 9.00 \$ A0110 U1 SC HC HB \$ 9.00 \$ H2015 U1 SC HC HB \$ 9.00 \$ T1019 U1 SC HR \$ 5.92 \$ T1019 U1 SC HR \$ 6.04 \$ T1019 U1 SC HR \$ 5.68 \$ T1019 U1 SC HR \$ 7.68 \$ T1019 U1 SC HR \$ 7.68 \$ T1019 U1 SC HR \$ 7.68</td> <td> Proc Code</td> <td> Proc Code</td>	Proc Code Mod #1 Mod #2 Mod #3 Mod #4 Pre-COVID Rate Effective 07/01/2020 A0110 U1 SC TU HB \$ 5.25 A0110 U1 SC EY HB \$ 2.60 A0110 U1 SC EY HB \$ 2.60 A0110 U1 SC HC HB \$ 9.00 A0110 U1 SC HC HB \$ 9.00 H2015 U1 SC HC HB \$ 9.00 H2015 U1 SC HC HB \$ 9.00 T1019 U1 SC HR \$ 5.29 T1019 U1 SC HR \$ 4.93 T1019 U1 SC HR \$ 5.68 YESSION HR \$ 5.68 YESSION HR \$ 7.68 YESSION YESSION YESSION YESSION YESSION YESSION YESSION YESSION YESSION	Proc Code Mod #1 Mod #2 Mod #3 Mod #4 Pre-COVID Rate Effective 07/01/2020 Enh. Rate Effective 07/01/2020 Enh. Rate Effective 07/01/2020 Enh. Rate Effective 07/01/2020 Effective 04/0 A0110 U1 SC EY HB \$ 5.25 \$ A0110 U1 SC EY HB \$ 2.60 \$ A0110 U1 SC HC HB \$ 9.00 \$ A0110 U1 SC HC HB \$ 9.00 \$ H2015 U1 SC HC HB \$ 9.00 \$ T1019 U1 SC HR \$ 5.92 \$ T1019 U1 SC HR \$ 6.04 \$ T1019 U1 SC HR \$ 5.68 \$ T1019 U1 SC HR \$ 7.68 \$ T1019 U1 SC HR \$ 7.68 \$ T1019 U1 SC HR \$ 7.68	Proc Code	Proc Code



Spinal Cord Injury (SCI) Waiver





Rates Effective April 1, 2021-June 30, 2021

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Pre-COVID Rate Effective 07/01/2020		COVID Enhanced Rates Effective 04/01/2021		Unit Value	Comments
In-Home Respite, Rate Enhancement	S5150	U1	sc	TU		\$	-	\$	1.41	15 Minutes	Facility per diem (or 6.5 hours per day)
Nursing Facility, Base Rate	H0045	U1	sc			\$	176.76	\$	180.49	Day	
Nursing Facility, Rate Enhancement	H0045	U1	sc	TU		\$		\$	44.19	Day	
Community Transition	n Servic	es									
Coordinator	T2038	U1	SC			\$	7.66	\$	7.66	15 minutes	40 units (10 hours); available up to 30 days after enrollment
Items Purchased	A9900	One Time Up to \$2,000.00 by									
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110 12	T '		A -ll (*	D /! !	0000		egend				
	To and From Adult Day (HCPCS Defn: Adult Program, non-geriatric) Relative providing care (HCPCS Defn: Family/Couple with client present)										

	Legend
HB	To and From Adult Day (HCPCS Defn: Adult Program, non-geriatric)
HR	Relative providing care (HCPCS Defn: Family/Couple with client present)
KX	In Home Support Services (HCPCS Defn: Requirements specified in the medical policy have been
NR*	Negotiated Rate, will vary by client
PUC*	Public Utility Commission Determined Rate
SC	Spinal Cord Injury (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)





ADJUSTMENT TABLE		
WAIVER TYPE	PERCENT CHANGE	MULTIPLIER
Across the Board Decrease Effective July 1, 2020		
HCBS EBD	-1.000%	0.99000
HCBS CMHS	-1.000%	0.99000
HCBS BI	-1.000%	0.99000
HCBS SCI	-1.000%	0.99000
HCBS DD	-1.000%	0.99000
HCBS SLS	-1.000%	0.99000
HCBS/DDD/DHS CES	-1.000%	0.99000
HCBS/DDD/DHS CLLI	-1.000%	0.99000
HCBS/DDD/DHS CHCBS	-1.000%	0.99000
HCBS/DDD/DHS CHRP	-1.000%	0.99000
COVID-19 Related Increases Effective January 1, 2021		
Adult Day Services, All Levels	27.400%	1.27400
Non-Medical Transportation, All Adult		
Waivers	27.400%	1.27400
Specialized Habilitation, All Levels	27.400%	1.27400
Supported Community Connections	27.400%	1.27400
Supported Employment, All Levels	27.400%	1.27400
American Rescue Plan Act (ARPA)	2.110%	1.02110
American Rescue Plan Act (ARPA), Respite		
Services	25.000%	1.25000

