Elderly, Blind, and Disabled Waiver (EBD)

Rates Effective January 1, 2026-June 30, 2026



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	Rate ective 01/2025	Rate fective 01/2026	Unit Value	Comments
Adult Day Services, Ou	utside De	enver (County	/						
Basic	S5100	U1				\$	3.99	\$ 3.99	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	U1				\$	48.77	\$ 48.77	1/2 Day	An individual unit is 3-5
Specialized	S5105	U1	TF			\$	61.43	\$ 61.43	1/2 Day	hours per day; Maximum 520 units
Adult Day Services, De	enver Co	unty							•	
Basic	S5100	U1	НХ			\$	4.32	\$ 4.32	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	U1	НХ			\$	52.73	\$ 52.73	1/2 Day	An individual unit is 3-5 hours per day;
Specialized	S5105	U1	TF	НХ		\$	65.39	\$ 65.39	1/2 Day	Maximum 520 units
Adult Day Service Tran	sportati	on								
Taxi	A0100	U1	НВ			F	PUC*	PUC*	1 Way Trip	Active PUC* taxi authority required \$135 maximum per trip
Mobility Van, Outside I	Denver C	ounty								
Mileage Band 1 (0-10 miles)	A0120	U1	НВ			\$	11.24	\$ 11.24	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	TT	НВ		\$	20.60	\$ 20.60	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	TN	НВ		\$	30.56	\$ 30.56	1 Way Trip	
Mobility Van, Denver C	ounty									
Mileage Band 1 (0-10 miles)	A0120	U1	НВ	НХ		\$	11.78	\$ 11.78	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	TT	НВ	НХ	\$	21.54	\$ 21.54	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	TN	НВ	НХ	\$	31.91	\$ 31.91	1 Way Trip	
Wheelchair Van, Outsi	de Denv	er Cou	ınty							
Mileage Band 1 (0-10 miles)	A0130	U1	НВ			\$	13.34	\$ 13.34	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	TT	НВ		\$	24.84	\$ 24.84	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	TN	НВ		\$	33.73	\$ 33.73	1 Way Trip	
Wheelchair Van, Denve	er Count	У								
Mileage Band 1 (0-10 miles)	A0130	U1	НВ	НХ		\$	13.98	\$ 13.98	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	TT	НВ	НХ	\$	25.98	\$ 25.98	1 Way Trip	



Elderly, Blind, and Disabled Waiver (EBD)

Rates Effective January 1, 2026-June 30, 2026



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate ffective 01/2025	_	Rate ffective /01/2026	Unit Value	Comments
Mileage Band 3 (over 20 miles)	A0130	U1	TN	НВ	НХ	\$	35.23	\$	35.23	1 Way Trip	
Alternative Care Facility (ACF), Outside Denver County	T2031	U1				\$	103.72	\$	103.72	Day	
Alternative Care Facility (ACF), Denver County	T2031	U1				\$	109.32	\$	109.32	Day	
Consumer Direct Atter	ndant Su	pport	Servic	es (CI	DASS)	, Ou	tside Der	iver	County		
CDASS Homemaker	T2025	U1				\$	6.20	\$	6.20	15 Minutes	
CDASS Personal Care	T2025	U1				\$	6.71	\$	6.71	15 Minutes	Please see endnote
CDASS Health Maintenance	T2025	U1				\$	9.42	\$	9.42	15 Minutes	
Consumer Direct Atter	ndant Su	pport	Servic	es (CI	DASS)	, Dei	nver Cou	nty		•	
CDASS Homemaker	T2025	U1				\$	6.54	\$	6.54	15 Minutes	
CDASS Personal Care	T2025	U1				\$	6.95	\$	6.95	15 Minutes	Please see endnote
CDASS Health Maintenance	T2025	U1				\$	9.52	\$	9.52	15 Minutes	
CDASS Per Member Pe	er Month	, By F	MS Ve	ndor							
Public Partnerships, LLC- FEA	T2040	U1				\$	103.21	\$	103.21	Month	Please see endnote
Palco- FEA	T2040	U1				\$	103.21	\$	103.21	Month	
Home Modification											
Home Modification	S5165	U1					NR*		NR*	Per Modification	\$14,000.00 Lifetime Maximum
Homemaker Services,	Outside	Denve	r Cou	nty							
Homemaker	S5130	U1				\$	6.49	\$	6.49	15 minutes	Please see endnote
Homemaker Services,	Denver (County	/								
Homemaker	S5130	U1	НХ			\$	6.88	\$	6.88	15 minutes	Please see endnote
In Home Support Serv	ices (IHS	SS), Ot	ıtside	Denve	r Cou	nty					
IHSS Health Maintenance	H0038	U1				\$	9.10	\$	9.10	15 minutes	
IHSS Homemaker	S5130	U1	KX			\$	6.49	\$	6.49	15 minutes	Please see endnote
IHSS Personal Care	T1019	U1	KX			\$	6.96	\$	6.96	15 minutes	
IHSS Relative Personal Care	T1019	U1	HR	кх		\$	6.96	\$	6.96	15 minutes	Limited to 40 hours per week
In Home Support Serv	ices (IHS	SS), De	nver C	County	/						



Elderly, Blind, and Disabled Waiver (EBD)

Rates Effective January 1, 2026-June 30, 2026



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate fective 01/2025		Rate ffective /01/2026	Unit Value	Comments
IHSS Health Maintenance	H0038	U1	НХ			\$	9.39	\$	9.39	15 minutes	Please see endnote
IHSS Homemaker	S5130	U1	KX	НХ		\$	6.88	\$	6.88	15 minutes	Please see endnote
IHSS Personal Care	T1019	U1	KX	НХ		\$	7.26	\$	7.26	15 minutes	r rease see enunote
IHSS Relative Personal Care	T1019	U1	HR	кх	нх	\$	7.26	\$	7.26	15 minutes	Limited to 40 hours per week
Medication Reminder											
Install/Purchase	T2029	U1					NR*		NR*	Per Purchase	1 unit = 1 purchase Please see endnote
Monitoring	S5185	U1					NR*		NR*	Month	1 unit = 1 month Please see endnote
Non Medical Transport All types except Adult D		nited to	208 tr	ips, or	104 rd	ound	trips per	serv	rice plan y	ear ear	
Taxi	A0100	U1				ſ	PUC*		PUC*	1 Way Trip	Active PUC* taxi authority required \$135 maximum per trip
Mobility Van, Outside I	Denver C	ounty	,								
Mileage Band 1 (0-10 miles)	A0120	U1				\$	11.24	\$	11.24	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	TT			\$	20.60	\$	20.60	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	TN			\$	30.56	\$	30.56	1 Way Trip	
Mobility Van, Denver C	ounty										
Mileage Band 1 (0-10 miles)	A0120	U1	НХ			\$	11.78	\$	11.78	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	TT	НХ		\$	21.54	\$	21.54	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	TN	НХ		\$	31.91	\$	31.91	1 Way Trip	
Wheelchair Van, Outsi	de Denv	er Cou	ınty								
Mileage Band 1 (0-10 miles)	A0130	U1				\$	13.34	\$	13.34	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	TT			\$	24.84	\$	24.84	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	TN			\$	33.73	\$	33.73	1 Way Trip	
Wheelchair Van, Denve	er Count	у									
Mileage Band 1 (0-10 miles)	A0130	U1	НХ			\$	13.98	\$	13.98	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	TT	НХ		\$	25.98	\$	25.98	1 Way Trip	



Elderly, Blind, and Disabled Waiver (EBD)

Rates Effective January 1, 2026-June 30, 2026



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate fective 01/2025	Rate Effective 01/01/2026		Unit Value	Comments
Mileage Band 3 (over 20 miles)	A0130	U1	TN	НХ		\$ 35.23	\$	35.23	1 Way Trip	
Non-Medical Transpor	tation, P	ublic 1	Γransi	t						
RTD	A0110	U1	TT			\$ 27.00	\$	27.00	Monthly	
RTD - To and from Adult Day	A0110	U1	TT	НВ		\$ 27.00	\$	27.00	Monthly	
RTD	A0110	U1	TK			\$ 13.50	\$	13.50	3-Hour Pass 10-Ride Book	
RTD - To and from Adult Day	A0110	U1	TK	НВ		\$ 13.50	\$	13.50	3-Hour Pass 10-Ride Book	
RTD	A0110	U1	TF			\$ 2.70	\$	2.70	Day Pass	
RTD - To and from Adult Day	A0110	U1	TF	НВ		\$ 2.70	\$	2.70	Day Pass	
RTD	A0110	U1	TN			\$ 1.35	\$	1.35	3 Hour Pass	
RTD - To and from Adult Day	A0110	U1	TN	НВ		\$ 1.35	\$	1.35	3 Hour Pass	
Access-A-Ride	A0110	U1	SE			\$ 4.50	\$	4.50	Single	
Access-A-Ride - To and from Adult Day	A0110	U1	SE	НВ		\$ 4.50	\$	4.50	Single	
Access-A-Ride	A0110	U1	TG			\$ 27.00	\$	27.00	6 Ride Book	
Access-A-Ride - To and from Adult Day	A0110	U1	TG	НВ		\$ 27.00	\$	27.00	6 Ride Book	
Personal Care Service	s, Outsid	de Den	ver C	ounty						
Personal Care	T1019	U1				\$ 6.96	\$	6.96	15 minutes	Please see endnote
Personal Care, Relative	T1019	U1	HR			\$ 6.96	\$	6.96	15 minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
Personal Care Service	s, Denve	er Cou	nty							
Personal Care	T1019	U1	НХ			\$ 7.26	\$	7.26	15 minutes	Please see endnote
Personal Care, Relative	T1019	U1	HR	НХ		\$ 7.26	\$	7.26	15 minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
Personal Emergency F	Respons	e Syste	em (Pi	ERS)						
Install/Purchase	S5160	U1				NR*		NR*	Purchase	1 unit = 1 purchase Please see endnote



Elderly, Blind, and Disabled Waiver (EBD)

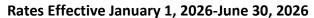
Rates Effective January 1, 2026-June 30, 2026



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	Rate fective 01/2025	Rate Effective 01/01/2026		Unit Value	Comments
Monitoring	S5161	U1					NR* N		NR*	Month	1 unit = 1 month Please see endnote
Remote Supports Tecl	hnology										
Remote Supports Service	0593T	U1				\$	2.51	\$	2.51	15 Minutes	35,040 units (96 units per day for 365 days) Please see endnote
Remote Supports Technology	A9279	U1					NR*		NR*	Month	1 unit = 1 month Please see endnote
Respite Care Combined maximum of	30 days	per cer	tificatio	on peri	od for	Resp	ite Care	prov	ided in ar	n ACF, In Home	, or a Nursing Facility
Nursing Facility	H0045	U1				\$	194.06	\$	194.06	Day	
Respite Care, Outside Combined maximum of				on peri	od for	Resp	ite Care	prov	ided in ar	n ACF, In Home	, or a Nursing Facility
ACF (Alternative Care Facility)	S5151	U1				\$	134.06	\$	134.06	Day	
In-Home Respite	S5150	U1				\$	7.27	\$	7.27	15 minutes	Not to exceed the Nursing Facility per diem (or 6.5 hours per day)
Respite Care, Denver (Combined maximum of		per cer	tificatio	on peri	od for	Resp	oite Care	prov	ided in ar	n ACF, In Home	, or a Nursing Facility
ACF (Alternative Care Facility)	S5151	U1	нх			\$	141.78	\$	141.78	Day	
In-Home Respite	S5150	U1	НХ			\$	7.59	\$	7.59	15 minutes	Not to exceed the Nursing Facility per diem (or 6.5 hours per day)
Wellness Education B	enefit										
Wellness Education Benefit	98960	U1				\$	3.69	\$	3.69	Month	12 Units Limit
Community Transition	Service	s									
Coordinator	T2038	U1				\$	8.42	\$	8.42	15 minutes	40 units (10 hours); available up to 30 days after enrollment Please see endnote



Elderly, Blind, and Disabled Waiver (EBD)





Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 10/01/2025	Rate Effective 01/01/2026	Unit Value	Comments
Home Delivered Meals	S5170	U1				\$ 12.58	\$ 12.58	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment Please see endnote
Life Skills Training	H2014	U1				\$ 13.08	\$ 13.08	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				\$ 6.51	\$ 6.51	15 minutes	Available for 365 days after enrollment
Setup Expenses	A9900	U1				\$ 2,000.00	\$ 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. Please see endnote

	Legend
CG	Policy criteria applied
EY	HCPCS Definition: No physician or other licensed health care provider order for this item/service
НВ	To and From Adult Day (HCPCS Defn: Adult Program, non-geriatric)
нс	Adult Program (HCPCS Defn: Geriatric)
HR	Relative providing care (HCPCS Defn: Family/Couple with client present)
кх	In Home Support Services (HCPCS Defn: Requirements specified in the medical policy have been met)
NR*	Negotiated Rate, will vary by client
PUC*	Reimbursement based on actual mileage at Public Utility Commission approved fare
SE	State and/or federally funded programs/services
TF	Intermediate Level of care
TJ	Program group (HCPCS Defn: Child and/or adolescent)
TK	Extra patient or passenger, Non-Ambulance
TN	Outside providers' customary service area
TT	Individualized service provided to more than one client in the same setting



Elderly, Blind, and Disabled Waiver (EBD)

Rates Effective January 1, 2026-June 30, 2026

Version: 1.0 Issue Date: 12/03/2025



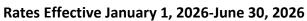
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 10/01/2025	Rate Effective 01/01/2026	Unit Value	Comments		
TU	Special	Paymo	ent Ra	te (HC	PCS E	Defn: Overtime	·)				
U1	Elderly, Blind and Disabled Waiver (HCPCS Defn: Medicaid Level of Care 1, as defined by each state)										

Community First Choice (CFC) is a new Medicaid State Plan Benefit that expands services and service delivery options for home and community-based services (HCBS) to members who need long-term care beginning July 1, 2025. These services listed are transitioning to under the CFC program. Please refer to the CFC Operational Memo and provider bulletin for further updates.

HCPF OM 25-026 Community First Choice (CFC)



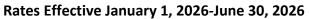
Community Mental Health Supports (CMHS) Waiver





Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate fective 01/2025	_	Rate Effective /01/2026	Unit Value	Comments
Adult Day Services, 0	Outside l	Denve	r Coun	ty							
Basic	S5100	UA				\$	3.99	\$	3.99	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	UA				\$	48.77	\$	48.77	1/2 Day	An individual unit is 3- 5 hours per day;
Specialized	S5105	UA	TF			\$	61.43	\$	61.43	1/2 Day	Maximum 520 units
Adult Day Services, I	Denver C	ounty									
Basic	S5100	UA	НХ			\$	4.32	\$	4.32	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	UA	НХ			\$	52.73	\$	52.73	1/2 Day	An individual unit is 3
Specialized	S5105	UA	TF	НХ		\$	65.39	\$	65.39	1/2 Day	5 hours per day; Maximum 520 units
Adult Day Services T	ranspor	tation									
Тахі	A0100	UA	НВ			I	PUC*		PUC*	1 Way Trip	Active PUC* taxi authority required \$135 maximum per trip
Mobility Van, Outside	e Denver	Coun	ty								
Mileage Band 1 (0-10 Miles)	A0120	UA	НВ			\$	11.24	\$	11.24	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	UA	TT	НВ		\$	20.60	\$	20.60	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0120	UA	TN	НВ		\$	30.56	\$	30.56	1 Way Trip	
Mobility Van, Denver	County										
Mileage Band 1 (0-10 miles)	A0120	UA	НВ	НХ		\$	11.78	\$	11.78	1 Way Trip	
Mileage Band 2 (11- 20 miles)	A0120	UA	TT	НВ	НХ	\$	21.54	\$	21.54	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	UA	TN	НВ	НХ	\$	31.91	\$	31.91	1 Way Trip	
Wheelchair Van, Out	side Den	ver Co	ounty								
Mileage Band 1 (0-10 Miles)	A0130	UA	НВ			\$	13.34	\$	13.34	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	UA	TT	НВ		\$	24.84	\$	24.84	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0130	UA	TN	НВ		\$	33.73	\$	33.73	1 Way Trip	
Wheelchair Van, Den	ver Cou	nty									
Mileage Band 1 (0-10 miles)	A0130	UA	НВ	НХ		\$	13.98	\$	13.98	1 Way Trip	

Community Mental Health Supports (CMHS) Waiver

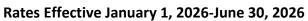




Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate ffective /01/2025		Rate Effective /01/2026	Unit Value	Comments
Mileage Band 2 (11- 20 miles)	A0130	UA	TT	НВ	НХ	\$	25.98	\$	25.98	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	UA	TN	НВ	НХ	\$	35.23	\$	35.23	1 Way Trip	
Alternative Care Facility (ACF), Outside Denver County	T2031	UA				\$	103.72	\$	103.72	Day	May be different for clients with 300% income, use PETI for rate
Alternative Care Facility (ACF), Denver County	T2031	UA				\$	109.32	\$	109.32	Day	May be different for clients with 300% income, use PETI for rate
Consumer Directed A	Attendan	t Serv	ices (C	DASS), Outs	ide	Denver C	oun	ty		
CDASS Homemaker	T2025	UA				\$	6.20	\$	6.20	15 Minutes	
CDASS Personal Care	T2025	UA				\$	6.71	\$	6.71	15 Minutes	Please see endnote
CDASS Health Maintenance	T2025	UA				\$	9.42	\$	9.42	15 Minutes	
Consumer Directed A	Attendan	t Serv	ices (C	DASS), Denv	er C	County			1	
CDASS Homemaker	T2025	UA				\$	6.54	\$	6.54	15 Minutes	
CDASS Personal Care	T2025	UA				\$	6.95	\$	6.95	15 Minutes	Please see endnote
CDASS Health Maintenance	T2025	UA				\$	9.52	\$	9.52	15 Minutes	
CDASS Per Member	Per Mon	th, By	FMS V	endor							
Public Partnerships, LLC- FEA	T2040	UA				\$	103.21	\$	103.21	Month	Please see endnote
Palco- FEA	T2040	UA				\$	103.21	\$	103.21	Month	
Home Modification											
Home Modification	S5165	UA					NR*		NR*	Per Modification	\$14,000.00 Lifetime Maximum
Homemaker Services	s, Outsid	e Den	ver Co	unty							
Homemaker	S5130	UA				\$	6.49	\$	6.49	15 minutes	Please see endnote
Homemaker Services	s, Denve	r Cour	ity								
Homemaker	S5130	UA	НХ			\$	6.88	\$	6.88	15 minutes	Please see endnote
Medication Reminde	r										



Community Mental Health Supports (CMHS) Waiver

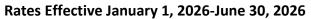




Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate ffective 01/2025	_	Rate Effective 1/01/2026	Unit Value	Comments
Install/Purchase	T2029	UA					NR*		NR*	Purchase	1 unit = 1 purchase Please see endnote
Monitoring	S5185	UA					NR*		NR*	Month	1 unit = 1 month Please see endnote
Mental Health Transi	tional Li	ving H	omes								
Level 1	T2033	UA	НВ			\$	403.34	\$	403.34	Day	
Non Medical Transpo All types except Adult		limited	to 208	trips, c	or 104 r	ound	d trips				
Тахі	A0100	UA					PUC*		PUC*	1 Way Trip	Active PUC* taxi authority required \$135 maximum per trip
Mobility Van, Outside	e Denver	Coun	ty								
Mileage Band 1 (0-10 Miles)	A0120	UA				\$	11.24	\$	11.24	1 Way Trip	
Mileage Band 2 (11- 20 Miles)	A0120	UA	TT			\$	20.60	\$	20.60	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0120	UA	TN			\$	30.56	\$	30.56	1 Way Trip	
Mobility Van, Denver	County										
Mileage Band 1 (0-10 miles)	A0120	UA	НХ			\$	11.78	\$	11.78	1 Way Trip	
Mileage Band 2 (11- 20 miles)	A0120	UA	TT	НХ		\$	21.54	\$	21.54	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	UA	TN	НХ		\$	31.91	\$	31.91	1 Way Trip	
Wheelchair Van, Out	side Den	ver Co	ounty								
Mileage Band 1 (0-10 Miles)	A0130	UA				\$	13.34	\$	13.34	1 Way Trip	
Mileage Band 2 (11- 20 Miles)	A0130	UA	TT			\$	24.84	\$	24.84	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0130	UA	TN			\$	33.73	\$	33.73	1 Way Trip	
Wheelchair Van, Den	ver Cou	nty									
Mileage Band 1 (0-10 miles)	A0130	UA	НХ			\$	13.98	\$	13.98	1 Way Trip	
Mileage Band 2 (11- 20 miles)	A0130	UA	TT	НХ		\$	25.98	\$	25.98	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	UA	TN	НХ		\$	35.23	\$	35.23	1 Way Trip	
Non-Medical Transpo	ortation,	Public	Trans	it							
RTD	A0110	UA	TT			\$	27.00	\$	27.00	Monthly	



Community Mental Health Supports (CMHS) Waiver





		23				Doto	Rate		
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate fective 01/2025	fective 01/2026	Unit Value	Comments
RTD - To and from Adult Day	A0110	UA	TT	НВ		\$ 27.00	\$ 27.00	Monthly	
RTD	A0110	UA	TK			\$ 13.50	\$ 13.50	3-Hour Pass 10-Ride Book	
RTD - To and from Adult Day	A0110	UA	TK	НВ		\$ 13.50	\$ 13.50	3-Hour Pass 10-Ride Book	
RTD	A0110	UA	TF			\$ 2.70	\$ 2.70	Day Pass	
RTD - To and from Adult Day	A0110	UA	TF	НВ		\$ 2.70	\$ 2.70	Day Pass	
RTD	A0110	UA	TN			\$ 1.35	\$ 1.35	3 Hour Pass	
RTD - To and from Adult Day	A0110	UA	TN	НВ		\$ 1.35	\$ 1.35	3 Hour Pass	
Access-A-Ride	A0110	UA	SE			\$ 4.50	\$ 4.50	Single	
Access-A-Ride - To and from Adult Day	A0110	UA	SE	НВ		\$ 4.50	\$ 4.50	Single	
Access-A-Ride	A0110	UA	TG			\$ 27.00	\$ 27.00	6 Ride Book	
Access-A-Ride - To and from Adult Day	A0110	UA	TG	НВ		\$ 27.00	\$ 27.00	6 Ride Book	
Personal Care Service	ces, Outs	ide De	enver C	County	1				
Personal Care	T1019	UA				\$ 6.96	\$ 6.96	15 minutes	Please see endnote
Personal Care, Relative	T1019	UA	HR			\$ 6.96	\$ 6.96	15 minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
Personal Care Service	ces, Den	ver Co	unty						
Personal Care	T1019	UA	НХ			\$ 7.26	\$ 7.26	15 minutes	Please see endnote
Personal Care, Relative	T1019	UA	HR	НХ		\$ 7.26	\$ 7.26	15 minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
Personal Emergency	Respon	se Sys	stem (F	PERS)					
Install/Purchase	S5160	UA				NR*	NR*	Purchase	1 unit = 1 purchase Please see endnote



Community Mental Health Supports (CMHS) Waiver

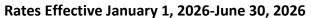


Rates Effective January 1, 2026-June 30, 2026

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate ffective 01/2025		Rate ffective /01/2026	Unit Value	Comments
Monitoring	S5161	UA					NR*		NR*	Month	1 unit = 1 month Please see endnote
Remote Supports Te	chnolog	у									
Remote Supports Service	0593T	UA				\$	2.51	\$	2.51	15 Minutes	35,040 units (96 units per day for 365 days) Please see endnote
Remote Supports Technology	A9279	UA					NR*		NR*	Month	1 unit = 1 month Please see endnote
Respite Care Combined maximum of	of 30 days	s per c	ertificat	tion per	riod for	Res	pite Care	prov	ided in an	ACF or a Nu	rsing Facility
Nursing Facility	H0045	UA				\$	194.06	\$	194.06	Day	
Respite Care, Outside Denver County Combined maximum of 30 days per certification period for Respite Care provided in an ACF or a Nursing Facility											rsing Facility
ACF (Alternative Care Facility)	S5151	UA				\$	134.06	\$	134.06	Day	
Respite Care, Denver	•		ertificat	tion pei	riod for	Res	pite Care	prov	ided in an	ACF or a Nu	rsing Facility
ACF (Alternative Care Facility)	S5151	UA	НХ			\$	141.78	\$	141.78	Day	
Wellness Education	Benefit										
Wellness Education Benefit	98960	UA				\$	3.69	\$	3.69	Month	12 Units Limit
Community Transition	n Servic	es									
Coordinator	T2038	UA				\$	8.42	\$	8.42	15 minutes	40 units (10 hours); available up to 30 days after enrollment Please see endnote
Home Delivered Meals	S5170	UA				\$	12.58	\$	12.58	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment Please see endnote



Community Mental Health Supports (CMHS) Waiver



Version: 1.0 Issue Date: 12/03/2025



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 10/01/2025	Rate Effective 01/01/2026	Unit Value	Comments
Life Skills Training	H2014	UA				\$ 13.08	\$ 13.08	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				\$ 6.51	\$ 6.51	15 minutes	Available for 365 days after enrollment
Setup Expenses	A9900	UA				\$ 2,000.00	\$ 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. Please see endnote

	Legend
CG	Policy criteria applied
EY	HCPCS Definition: No physician or other licensed health care provider order for this item/service
НВ	To and From Adult Day (HCPCS Defn: Adult Program, non-geriatric)
HC	Adult Program (HCPCS Defn: Geriatric)
HR	Relative providing care (HCPCS Defn: Family/Couple with client present)
NR*	Negotiated Rate, will vary by client
PUC*	Reimbursement based on actual mileage at Public Utility Commission approved fare
SE	State and/or federally funded programs/services
TF	Intermediate Level of care
TJ	Program group (HCPCS Defn: Child and/or adolescent)
TK	Extra patient or passenger, Non-Ambulance
TN	Outside Providers' customary service area
TT	Individualized service provided to more than one client in the same setting
TU	Special Payment Rate (HCPCS Defn: Overtime)
UA	Community Mental Health Supports (HCPCS Defn: Medicaid Level of Care 1, as defined by each state)

Community First Choice (CFC) is a new Medicaid State Plan Benefit that expands services and service delivery options for home and community-based services (HCBS) to members who need long-term care beginning July 1, 2025. These services listed are transitioning to under the CFC program. Please refer to the CFC Operational Memo and provider bulletin for further updates.

HCPF OM 25-026 Community First Choice (CFC)



Brain Injury (BI) Waiver

Rates Effective January 1, 2026-June 30, 2026



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	_	Rate ffective /01/2025	_	Rate ffective /01/2026	Unit Value	Comments
Adult Day Services	S5100	U6				\$	7.59	\$	7.59	15 Minutes	Maximum of 8 units or two (2) hours per day
Adult Day Services	S5102	U6				\$	84.85	\$	84.85	Day	At least 2 or more hours of attendance, 1 or more days per week
Adult Day Services Tra	ansporta	tion									
Taxi	A0100	U6	НВ				PUC*		PUC*	1 Way Trip	Active PUC* taxi authority required \$135 maximum per trip
Mobility Van, Outside	Denver (County									
Mileage Band 1 (0-10 Miles)	A0120	U6	НВ			\$	11.24	\$	11.24	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	U6	TT	НВ		\$	20.60	\$	20.60	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0120	U6	TN	НВ		\$	30.56	\$	30.56	1 Way Trip	
Mobility Van, Denver C	County										
Mileage Band 1 (0-10 miles)	A0120	U6	НВ	НХ		\$	11.78	\$	11.78	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U6	TT	НВ	НХ	\$	21.54	\$	21.54	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U6	TN	НВ	НХ	\$	31.91	\$	31.91	1 Way Trip	
Wheelchair Van, Outsi	ide Denv	er Cou	ınty								
Mileage Band 1 (0-10 Miles)	A0130	U6	НВ			\$	13.34	\$	13.34	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	U6	TT	НВ		\$	24.84	\$	24.84	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0130	U6	TN	НВ		\$	33.73	\$	33.73	1 Way Trip	
Wheelchair Van, Denv	er Count	y									
Mileage Band 1 (0-10 miles)	A0130	U6	НВ	НХ		\$	13.98	\$	13.98	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U6	TT	НВ	НХ	\$	25.98	\$	25.98	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U6	TN	НВ	НХ	\$	35.23	\$	35.23	1 Way Trip	
Assistive Devices	T2029	U6					NR*		NR*	Per Purchase	1 unit = 1 purchase
Behavioral Services	H0025	U6				\$	16.16	\$	16.16	30 Minutes	
Day Treatment	H2018	U6				\$	90.85	\$		Day	
Consumer Direct Atter	ndant Su	pports	and S	Service	s (CDA	(SS	, Outside	Der	nver Coun	ity	



Brain Injury (BI) Waiver

Rates Effective January 1, 2026-June 30, 2026



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate ffective /01/2025		Rate Effective	Unit Value	Comments
CDASS Homemaker	T2025	U6				\$	6.20	\$	6.20	15 minutes	
CDASS Personal Care	T2025	U6				\$	6.71	\$	6.71	15 Minutes	Please see endnote
CDASS Health Maintenance	T2025	U6				\$	9.42	\$	9.42	15 minutes	Please see endnote
Consumer Direct Atte	ndant Su	pports	and S	ervice	s (CDA	SS)	, Denver (Cou	ınty		
CDASS Homemaker	T2025	U6				\$	6.54	\$	6.54	15 minutes	
CDASS Personal Care	T2025	U6				\$	6.95	\$	6.95	15 Minutes	Please see endnote
CDASS Health Maintenance	T2025	U6				\$	9.52	\$	9.52	15 minutes	
CDASS Per Member P	er Month	ı, By F	MS Ve	ndor							
Public Partnerships, LLC- FEA	T2040	U6				\$	103.21	\$	103.21	Month	Please see endnote
Palco- FEA	T2040	U6				\$	103.21	\$	103.21	Month	T TOUGH GOO ON WHITE
Home Modification											
Home Modification	S5165	U6					NR*		NR*	Per Modification	\$14,000.00 Lifetime Maximum
Independent Living Skills Training (ILST)	T2013	U6				\$	13.08	\$	13.08	15 minutes	
Medication Reminder											
Install/Purchase	T2029	U6	SE				NR*		NR*	Per Purchase	1 unit = 1 purchase Please see endnote
Monitoring	S5185	U6					NR*		NR*	Month	1 unit = 1 month Please see endnote
Mental Health Counse	ling										
Individual	H0004	U6				\$	28.00	\$	28.00	15 minutes	
Family	H0004	U6	HR			\$	28.00	\$	28.00	15 minutes	
Group	H0004	U6	HQ			\$	16.52	\$	16.52	15 minutes	
Non Medical Transpor All types except Adult D		nited to	208 tr	ips, or	104 rou	ınd t	rips				
Taxi	A0100	U6					PUC*		PUC*	1 Way Trip	Active PUC* taxi authority required \$135 maximum per trip
Mobility Van, Outside	Denver (County									
Mileage Band 1 (0-10 Miles)	A0120	U6				\$	11.24	\$	11.24	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	U6	TT			\$	20.60	\$	20.60	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0120	U6	TN			\$	30.56	\$	30.56	1 Way Trip	
Mobility Van, Denver 0	County										



Brain Injury (BI) Waiver

Rates Effective January 1, 2026-June 30, 2026



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	Rate fective 01/2025		Rate fective 01/2026	Unit Value	Comments			
Mileage Band 1 (0-10 miles)	A0120	U6	НХ			\$	11.78	\$	11.78	1 Way Trip				
Mileage Band 2 (11-20 miles)	A0120	U6	TT	НХ		\$	21.54	\$	21.54	1 Way Trip				
Mileage Band 3 (over 20 miles)	A0120	U6	TN	НХ		\$	31.91	\$	31.91	1 Way Trip				
Wheelchair Van, Outsi	de Denv	er Cou	ınty											
Mileage Band 1 (0-10 Miles)	A0130	U6				\$	13.34	\$	13.34	1 Way Trip				
Mileage Band 2 (11-20 Miles)	A0130	U6	TT			\$	24.84	\$	24.84	1 Way Trip				
Mileage Band 3 (over 20 Miles)	A0130	U6	TN			\$	33.73	\$	33.73	1 Way Trip				
Wheelchair Van, Denv	er Count	: y												
Mileage Band 1 (0-10 Miles)	A0130	U6	НХ			\$	13.98	\$	13.98	1 Way Trip				
Mileage Band 2 (11-20 Miles)	A0130	U6	TT	НХ		\$	25.98	\$	25.98	1 Way Trip				
Mileage Band 3 (over 20 Miles)	A0130	U6	TN	НХ		\$	35.23	\$	35.23	1 Way Trip				
Non-Medical Transpor	Non-Medical Transportation, Public Transit													
RTD	A0110	U6	TT			\$	27.00	\$	27.00	Monthly				
RTD - To and from Adult Day	A0110	U6	TT	НВ		\$	27.00	\$	27.00	Monthly				
RTD	A0110	U6	TK			\$	13.50	\$	13.50	3-Hour Pass 10-Ride Book				
RTD - To and from Adult Day	A0110	U6	TK	НВ		\$	13.50	\$	13.50	3-Hour Pass 10-Ride Book				
RTD	A0110	U6	TF			\$	2.70	\$	2.70	Day Pass				
RTD - To and from Adult Day	A0110	U6	TF	НВ		\$	2.70	\$	2.70	Day Pass				
RTD	A0110	U6	TN			\$	1.35	\$	1.35	3 Hour Pass				
RTD - To and from Adult Day	A0110	U6	TN	НВ		\$	1.35	\$	1.35	3 Hour Pass				
Access-A-Ride	A0110	U6	SE			\$	4.50	\$	4.50	Single				
Access-A-Ride - To and from Adult Day	A0110	U6	SE	НВ		\$	4.50	\$	4.50	Single				
Access-A-Ride	A0110	U6	TG			\$	27.00	\$	27.00	6 Ride Book				
Access-A-Ride - To and from Adult Day	A0110	U6	TG	НВ		\$	27.00	\$	27.00	6 Ride Book				
Personal Care Service	s, Outsi	de Den	ver Co	unty										
Personal Care	T1019	U6				\$	6.96	\$	6.96	15 minutes	Please see endnote			



Brain Injury (BI) Waiver

Rates Effective January 1, 2026-June 30, 2026



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate fective 01/2025		Rate ffective /01/2026	Unit Value	Comments
Personal Care, Relative	T1019	U6	HR			\$	6.96	\$	6.96	15 minutes	Maximum reimbursement not to exceed 1776 units (444 hours) per year
Personal Care Service	s, Denve	er Cou	nty								
Personal Care	T1019	U6	НХ			\$	7.26	\$	7.26	15 minutes	Please see endnote
Personal Care, Relative	T1019	U6	HR	НХ		\$	7.26	\$	7.26	15 minutes	Maximum reimbursement not to exceed 1776 units (444 hours) per year
Personal Emergency I	Respons	e Syste	em (PE	RS)							
Install/Purchase	S5160	U6					NR*		NR*	Per Purchase	1 unit = 1 purchase Please see endnote
Monitoring	S5161	U6					NR*		NR*	Month	1 unit = 1 month Please see endnote
Remote Supports Tec	hnology										
Remote Supports Service	0593T	U6				\$	2.51	\$	2.51	15 Minutes	35,040 units (96 units per day for 365 days) Please see endnote
Remote Supports Technology	A9279	U6					NR*		NR*	Month	1 unit = 1 month Please see endnote
Respite Care Combined maximum of	720 hour	s per c	ertifica	ition pe	riod for	Res	oite Care	prov	vided In Ho	ome or in a Nu	rsing Facility
Nursing Facility	H0045	U6				\$	194.06	\$	194.06	Day	
Respite Care, Outside Combined maximum of				tion pe	riod for	Res	oite Care	prov	vided In H	ome or in a Nu	rsing Facility
In-Home Respite	S5150	U6				\$	7.27	\$	7.27	15 minutes	Not to exceed 8 hours per day
Respite Care, Denver Combined maximum of		s per c	ertifica	tion pe	riod for	Res	oite Care	prov	vided In Ho	ome or in a Nu	rsing Facility
In-Home Respite , Denver County	S5150	U6	НХ			\$	7.59	\$	7.59	15 minutes	Not to exceed 8 hours per day
Substance Abuse Cou	ınseling										
Family	T1006	U6	HR	HF		\$	66.82	\$	66.82	Hour	
Individual	H0047	U6	HF			\$	66.82	\$	66.82	Hour	
Group	H0047	U6	HQ	HF		\$	37.44	\$	37.44	Hour	
Transitional Living Pro	ogram										



Brain Injury (BI) Waiver

Rates Effective January 1, 2026-June 30, 2026



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 0/01/2025	Rate ffective /01/2026	Unit Value	Comments
Transitional Living Program, Outside Denver County	T2016	U6				\$ 750.01	\$ 750.01	1 Day	
Transitional Living Program, Denver County	T2016	U6	НХ			\$ 762.07	\$ 762.07	1 Day	
Wellness Education B	enefit								
Wellness Education Benefit	98960	U6				\$ 3.69	\$ 3.69	Month	12 Units Limit
Community Transition	Service	s							
Coordinator	T2038	U6				\$ 8.42	\$ 8.42	15 minutes	40 units (10 hours); available up to 30 days after enrollment Please see endnote
Home Delivered Meals	S5170	U6				\$ 12.58	\$ 12.58	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment Please see endnote
Peer Mentorship	H2015	U6				\$ 6.51	\$ 6.51	15 minutes	Available for 365 days after enrollment
Setup Expenses	A9900	U6				\$ 2,000.00	\$ 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. Please see endnote
Supported Living Prog	gram, Ou	ıtside I	Denver	Coun	ty				
Tier 1	T2033	U6				\$ 237.25	\$ 237.25	1 Day	
Tier 2	T2033	U6	НВ			\$ 277.39	\$ 277.39	1 Day	
Tier 3	T2033	U6	HE			\$ 309.08	\$ 309.08	1 Day	
Tier 4	T2033	U6	HK			\$ 370.29	\$ 370.29	1 Day	
Tier 5	T2033	U6	НВ	HE		\$ 407.77	\$ 407.77	1 Day	
Tier 6	T2033	U6	НВ	HK		\$ 453.04	\$ 453.04	1 Day	
Tier 7	T2033	U6	НВ	HK	SC	NR*	NR*	1 Day	
Supported Living Prog	gram, De	nver C	ounty						
Tier 1	T2033	U6				\$ 241.71	\$ 241.71	1 Day	



Brain Injury (BI) Waiver

Rates Effective January 1, 2026-June 30, 2026

Version: 1.0 Issue Date: 12/03/2025



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 10/01/2025	Rate Effective 01/01/2026	Unit Value	Comments
Tier 2	T2033	U6	НВ			\$ 283.96	\$ 283.96	1 Day	
Tier 3	T2033	U6	HE			\$ 316.98	\$ 316.98	1 Day	
Tier 4	T2033	U6	НК			\$ 380.92	\$ 380.92	1 Day	
Tier 5	T2033	U6	НВ	HE		\$ 420.18	\$ 420.18	1 Day	
Tier 6	T2033	U6	НВ	HK		\$ 467.89	\$ 467.89	1 Day	
Tier 7	T2033	U6	НВ	HK	sc	NR*	NR*	1 Day	

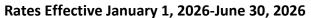
	Legend
CG	Policy criteria applied
EY	HCPCS Definition: No physician or other licensed health care provider order for this item/service
FS*	Facility Specific rate determined using acuity scores by the Dept.
НВ	To and From Adult Day (HCPCS Defn: Adult Program, non-geriatric)
HC	Adult Program (HCPCS Defn: Geriatric)
HE	Mental Health Program
HF	Substance Abuse Program
HQ	Group Setting
HR	Relative providing care (HCPCS Defn: Family/Couple with client present)
NR*	Negotiated Rate, will vary by client
PUC*	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)
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)

Community First Choice (CFC) is a new Medicaid State Plan Benefit that expands services and service delivery options for home and community-based services (HCBS) to members who need long-term care beginning July 1, 2025. These services listed are transitioning to under the CFC program. Please refer to the CFC Operational Memo and provider bulletin for further updates.

HCPF OM 25-026 Community First Choice (CFC)



Complementary and Integrative Health (CIH) Waiver

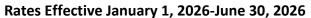




Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	Rate ective 1/2025	Rate ffective /01/2026	Unit Value	Comments
Adult Day Services, O Maximum 520 units	Outside I	Denve	r Coun	ity						
Basic	S5100	U1	sc			\$	3.99	\$ 3.99	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	U1	sc			\$	48.77	\$ 48.77	1/2 Day	An individual unit is 3-5 hours per day;
Specialized	S5105	U1	sc	TF		\$	61.43	\$ 61.43	1/2 Day	Maximum 520 units
Adult Day Services, I Maximum 520 units	Denver C	ounty	1							
Basic	S5100	U1	sc	НХ		\$	4.32	\$ 4.32	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	U1	sc	НХ		\$	52.73	\$ 52.73	1/2 Day	An individual unit is 3-5 hours per day;
Specialized	S5105	U1	sc	TF	НХ	\$	65.39	\$ 65.39	1/2 Day	Maximum 520 units
Adult Day Program T Use HB modifier for tri			adult d	ay prog	gram.					
Taxi	A0100	U1	SC	НВ		Р	PUC*	PUC*	1 Way Trip	Active PUC* taxi authority required \$135 maximum per trip
Mobility Van, Outside	Denver	Coun	ty							
Mileage Band 1 (0-10 miles)	A0120	U1	sc	НВ		\$	11.24	\$ 11.24	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	sc	ST		\$	20.60	\$ 20.60	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	SC	TU		\$	30.56	\$ 30.56	1 Way Trip	
Mobility Van, Denver	County									
Mileage Band 1 (0-10 miles)	A0120	U1	sc	НВ	НХ	\$	11.78	\$ 11.78	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	sc	ST	НХ	\$	21.54	\$ 21.54	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	sc	TU	НХ	\$	31.91	\$ 31.91	1 Way Trip	
Wheelchair Van, Out	side Den	ver C	ounty							
Mileage Band 1 (0-10 miles)	A0130	U1	SC	НВ		\$	13.34	\$ 13.34	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	sc	ST		\$	24.84	\$ 24.84	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	sc	TU		\$	33.73	\$ 33.73	1 Way Trip	
Wheelchair Van, Den	ver Cou	nty								
Mileage Band 1 (0-10 miles)	A0130	U1	SC	НВ	НХ	\$	13.98	\$ 13.98	1 Way Trip	



Complementary and Integrative Health (CIH) Waiver

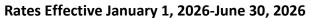




Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate fective 01/2025		Rate ffective /01/2026	Unit Value	Comments
Mileage Band 2 (11-20 miles)	A0130	U1	sc	ST	НХ	\$	25.98	\$	25.98	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	sc	TU	НХ	\$	35.23	\$	35.23	1 Way Trip	
Complementary and	Integrati	ve He	alth Se	rvices	i						
Acupuncture	97810	U1	sc			\$	20.28	\$	20.28	15 Minutes	
Acupuncture	97811	U1	SC			\$	20.28	\$	20.28	15 Minutes	
Acupuncture	97813	U1	SC			\$	20.28	\$	20.28	15 Minutes	Combined maximum of
Acupuncture	97814	U1	SC			\$	20.28	\$	20.28	15 Minutes	408 units.
Chiropractic	98942	U1	SC			\$	26.10	\$	26.10	15 Minutes	
Massage	97124	U1	SC			\$	20.98	\$	20.98	15 Minutes	
Consumer Directed A	Attendan	t Supp	oort Se	ervices	(CDA	SS),	Outside	Den	ver Coun	ity	
CDASS Homemaker	T2025	U1	SC			\$	6.20	\$	6.20	15 Minutes	
CDASS Personal Care	T2025	U1	sc			\$	6.71	\$	6.71	15 Minutes	Please see Endnote
CDASS Health Maintenance	T2025	U1	sc			\$	9.42	\$	9.42	15 Minutes	
Consumer Directed A	Attendan	t Sup	oort Se	ervices	(CDA	SS),	Denver (our	nty		
CDASS Homemaker	T2025	U1	SC			\$	6.54	\$	6.54	15 Minutes	
CDASS Personal Care	T2025	U1	sc			\$	6.95	\$	6.95	15 Minutes	Please see Endnote
CDASS Health Maintenance	T2025	U1	sc			\$	9.52	\$	9.52	15 Minutes	
CDASS Per Member	Per Mon	th, By	FMS V	/endor							
Public Partnerships, LLC- FEA	T2040	U1	SC			\$	103.21	\$	103.21	Month	Please see Endnote
Palco- FEA	T2040	U1	SC			\$	103.21	\$	103.21	Month	
Home Modification											
Home Modification	S5165	U1	sc			NR	*		NR*	Per Modification	\$14,000.00 Lifetime Maximum
Homemaker Services	s, Outsid	e Den	ver Co	unty							
Homemaker	S5130	U1	SC			\$	6.49	\$	6.49	15 Minutes	Please see Endnote
Homemaker Services	s, Denve	r Cour	nty								
Homemaker	S5130	U1	SC	HX		\$	6.88	\$	6.88	15 Minutes	Please see Endnote
In-Home Support Ser	vices (II	ISS), (Outsid	e Denv	er Cou	unty					
IHSS Health Maintenance	H0038	U1	sc			\$	9.10	\$	9.10	15 Minutes	Please see Endnote
IHSS Homemaker	S5130	U1	SC	KX		\$	6.49	\$	6.49	15 Minutes	
IHSS Personal Care	T1019	U1	SC	KX		\$	6.96	\$	6.96	15 Minutes	Please see Endnote
IHSS Relative Personal Care	T1019	U1	sc	TF		\$	6.96	\$	6.96	15 Minutes	Limited to 40 hours per week



Complementary and Integrative Health (CIH) Waiver





Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 10/01/2025	Rate Effective 01/01/2026	Unit Value	Comments
In-Home Support Ser	vices (II	HSS), I	Denvei	Coun	ty				
IHSS Health Maintenance	H0038	U1	sc	НХ		\$ 9.39	\$ 9.39	15 Minutes	
IHSS Homemaker	S5130	U1	sc	KX	НХ	\$ 6.88	\$ 6.88	15 Minutes	Please see Endnote
IHSS Personal Care	T1019	U1	sc	KX	НХ	\$ 7.26	\$ 7.26	15 Minutes	
IHSS Relative Personal Care	T1019	U1	SC	TF	НХ	\$ 7.26	\$ 7.26	15 Minutes	Limited to 40 hours per week
Medication Reminder	<u></u>								
Install/Purchase	T2029	U1	SC			NR*	NR*	Per Purchase	1 unit = 1 purchase Please see Endnote
Monitoring	S5185	U1	SC			NR*	NR*	Month	1 unit = 1 month Please see Endnote
Non Medical Transpo All types except Adult		limited	to 208	trips, d	or 104 ı	round trips pe	r service plaı	ı year	
Taxi	A0100	U1	SC			PUC*	PUC*	1 Way Trip	Active PUC* taxi authority required \$135 maximum per trip
Mobility Van, Outside	Denver	Coun	ty				-	•	
Mileage Band 1 (0-10 miles)	A0120	U1	sc			\$ 11.24	\$ 11.24	1 Way Trip	
Mileage Band 2 (11- 20 miles)	A0120	U1	sc	TT		\$ 20.60	\$ 20.60	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	sc	TN		\$ 30.56	\$ 30.56	1 Way Trip	
Mobility Van, Denver	County								
Mileage Band 1 (0-10 miles)	A0120	U1	sc	НХ		\$ 11.78	\$ 11.78	1 Way Trip	
Mileage Band 2 (11- 20 miles)	A0120	U1	sc	TT	НХ	\$ 21.54	\$ 21.54	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	sc	TN	НХ	\$ 31.91	\$ 31.91	1 Way Trip	
Wheelchair Van, Outs	side Den	ver C	ounty						
Mileage Band 1 (0-10 miles)	A0130	U1	sc			\$ 13.34	\$ 13.34	1 Way Trip	
Mileage Band 2 (11- 20 miles)	A0130	U1	sc	TT		\$ 24.84	\$ 24.84	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	sc	TN		\$ 33.73	\$ 33.73	1 Way Trip	
Wheelchair Van, Den	ver Cou	nty							
Mileage Band 1 (0-10 miles)	A0130	U1	sc	НХ		\$ 13.98	\$ 13.98	1 Way Trip	
Mileage Band 2 (11- 20 miles)	A0130	U1	sc	TT	НХ	\$ 25.98	\$ 25.98	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	sc	TN	НХ	\$ 35.23	\$ 35.23	1 Way Trip	



Complementary and Integrative Health (CIH) Waiver

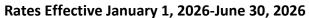
Rates Effective January 1, 2026-June 30, 2026



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 10/01/2025		Rate ffective /01/2026	Unit Value	Comments	
Non-Medical Transportation, Public Transit											
RTD	A0110	U1	SC	TT		\$ 27.00	\$	27.00	Monthly		
RTD - To and from Adult Day	A0110	U1	sc	TT	НВ	\$ 27.00	\$	27.00	Monthly		
RTD	A0110	U1	sc	TK		\$ 13.50	\$	13.50	3-Hour Pass 10-Ride Book		
RTD - To and from Adult Day	A0110	U1	SC	TK	НВ	\$ 13.50	\$	13.50	3-Hour Pass 10-Ride Book		
RTD	A0110	U1	SC	TF		\$ 2.70	\$	2.70	Day Pass		
RTD - To and from Adult Day	A0110	U1	SC	TF	НВ	\$ 2.70	\$	2.70	Day Pass		
RTD	A0110	U1	SC	TN		\$ 1.35	\$	1.35	3 Hour Pass		
RTD - To and from Adult Day	A0110	U1	SC	TN	НВ	\$ 1.35	\$	1.35	3 Hour Pass		
Access-A-Ride	A0110	U1	SC	SE		\$ 4.50	\$	4.50	Single		
Access-A-Ride - To and from Adult Day	A0110	U1	sc	SE	НВ	\$ 4.50	\$	4.50	Single		
Access-A-Ride	A0110	U1	SC	TG		\$ 27.00	\$	27.00	6 Ride Book		
Access-A-Ride - To and from Adult Day	A0110	U1	sc	TG	НВ	\$ 27.00	\$	27.00	6 Ride Book		
Personal Care Service	es, Outs	ide De	enver (County	1						
Personal Care	T1019	U1	sc			\$ 6.96	\$	6.96	15 Minutes	Please see endnote	
Relative Personal Care	T1019	U1	SC	HR		\$ 6.96	\$	6.96	15 Minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)	
Personal Care Service	es, Den	ver Co	unty								
Personal Care	T1019	U1	SC	НХ		\$ 7.26	\$	7.26	15 Minutes	Please see endnote	
Relative Personal Care	T1019	U1	SC	HR	НХ	\$ 7.26	\$	7.26	15 Minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)	
Personal Emergency	Respon	se Sys	stem (l	PERS)							
Install/Purchase	S5160	U1	sc			NR*		NR*	Purchase	1 unit = 1 purchase Please see endnote	
Monitoring	S5161	U1	sc			NR*	NR*		Month	1 unit = 1 month Please see endnote	
Remote Supports Technology											



Complementary and Integrative Health (CIH) Waiver

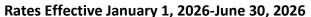




Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	Rate fective 01/2025		Rate ffective /01/2026	Unit Value	Comments
Remote Supports Service	0593T	U1	SC			\$	2.51	\$	2.51	15 Minutes	35,040 units (96 units per day for 365 days) Please see endnote
Remote Supports Technology	A9279	U1	SC				NR*		NR*	Month	1 unit = 1 month Please see endnote
Respite Care Combined maximum of 30 days per certification period for Respite Care provided in an ACF, In Home, or a Nursing Facility									ne, or a Nursing Facility		
Nursing Facility	H0045	U1	SC			\$	194.06	\$	194.06	Day	
	Respite Care, Outside Denver County Combined maximum of 30 days per certification period for Respite Care provided in an ACF, In Home, or a Nursing Facility									ne, or a Nursing Facility	
ACF (Alternative Care Facility)	S5151	U1	SC			\$	134.06	\$	134.06	Day	
In-Home Respite	S5150	U1	SC			\$	7.27	\$	7.27	15 Minutes	Not to exceed the Nursing Facility per diem (or 6.5 hours per day)
-	Respite Care, Denver County Combined maximum of 30 days per certification period for Respite Care provided in an ACF, In Home, or a Nursing Facility									ne, or a Nursing Facility	
ACF (Alternative Care Facility)	S5151	U1	sc	НХ		\$	141.78	\$	141.78	Day	
In-Home Respite	S5150	U1	SC	НХ		\$	7.59	\$	7.59	15 Minutes	Not to exceed the Nursing Facility per diem (or 6.5 hours per day)
Wellness Education	Benefit										
Wellness Education Benefit	98960	U1	SC			\$	3.69	\$	3.69	Month	12 Units Limit
Community Transitio	n Servic	es									
Coordinator	T2038	U1	SC			\$	8.42	\$	8.42	15 minutes	40 units (10 hours); available up to 30 days after enrollment Please see endnote
Home Delivered Meals	S5170	U1	SC			\$	12.58	\$	12.58	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment Please see endnote



Complementary and Integrative Health (CIH) Waiver



Version: 1.0 Issue Date: 12/03/2025



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 10/01/2025	Rate Effective 01/01/2026	Unit Value	Comments
Life Skills Training	H2014	U1	SC			\$ 13.08	\$ 13.08	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			\$ 6.51	\$ 6.51	15 minutes	Available for 365 days after enrollment
Setup Expenses	A9900	U1	SC			\$ 2,000.00	\$ 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. Please see endnote

Legend							
НВ	To and From Adult Day (HCPCS Defn: Adult Program, non-geriatric)						
HR	Relative providing care (HCPCS Defn: Family/Couple with client present)						
кх	In Home Support Services (HCPCS Defn: Requirements specified in the medical policy have been met)						
NR*	Negotiated Rate, will vary by client						
PUC*	Reimbursement based on actual mileage at Public Utility Commission approved fare						
sc	Complementary and Integrative Health (HCPCS Defn: Medically Necessary Service or Supply)						
ST	Related to trauma or injury						
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)						

Community First Choice (CFC) is a new Medicaid State Plan Benefit that expands services and service delivery options for home and community-based services (HCBS) to members who need long-term care beginning July 1, 2025. These services listed are transitioning to under the CFC program. Please refer to the CFC Operational Memo and provider bulletin for further updates.

HCPF OM 25-026 Community First Choice (CFC)



FY 25-26 Rate Schedules

Rates Effective January 1, 2026-June 30, 2026



ADJUSTMENT TABLE										
Across the Board Decrease Effective October 1, 2025										
Service Title	PERCENT CHANGE	MULTIPLIER								
HCBS EBD	-1.600%	0.98400								
HCBS CMHS	-1.600%	0.98400								
HCBS BI	-1.600%	0.98400								
HCBS CIH	-1.600%	0.98400								
HCBS DD	-1.600%	0.98400								
HCBS SLS	-1.600%	0.98400								
HCBS/DDD/DHS CES	-1.600%	0.98400								
HCBS/DDD/DHS CwCHN	-1.600%	0.98400								
HCBS/DDD/DHS CHCBS	-1.600%	0.98400								
HCBS/DDD/DHS CHRP	-1.600%	0.98400								
Targeted Rate Decreases Effective January 1	, 2026									
Service Title	PERCENT CHANGE	MULTIPLIER								
Community Connector - Outside Denver County CES, CHRP	-13.630%	0.86370								
Community Connector - Denver County CES, CHRP	-13.630%	0.86370								
Community Connector Parental provision - Outside Denver County CES, CHRP	-13.630%	0.86370								
Community Connector Parental provision - Denver County CES, CHRP	-13.630%	0.86370								

