

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

Rates Effective July 1, 2025-June 30, 2026

Version: 1.0 Issue Date: 05/30/2025



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 05/01/2025	Rate Effective 07/01/2025	Unit Value	Comments
Adult Day Services, Outside Denver County									
Basic	S5100	U1				\$ 3.99	\$ 4.05	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	U1				\$ 48.77	\$ 49.55	1/2 Day	An individual unit is 3-5 hours per day; Maximum 520 units
Specialized	S5105	U1	TF			\$ 61.43	\$ 62.41	1/2 Day	
Adult Day Services, Denver County									
Basic	S5100	U1	HX			\$ 4.32	\$ 4.39	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	U1	HX			\$ 52.73	\$ 53.57	1/2 Day	An individual unit is 3-5 hours per day; Maximum 520 units
Specialized	S5105	U1	TF	HX		\$ 65.39	\$ 66.44	1/2 Day	
Adult Day Service Transportation									
Taxi	A0100	U1	HB			PUC*	PUC*	1 Way Trip	Active PUC* taxi authority required
Mobility Van, Outside Denver County									
Mileage Band 1 (0-10 miles)	A0120	U1	HB			\$ 11.24	\$ 11.42	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	TT	HB		\$ 20.60	\$ 20.93	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	TN	HB		\$ 30.56	\$ 31.05	1 Way Trip	
Mobility Van, Denver County									
Mileage Band 1 (0-10 miles)	A0120	U1	HB	HX		\$ 11.78	\$ 11.97	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	TT	HB	HX	\$ 21.54	\$ 21.88	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	TN	HB	HX	\$ 31.91	\$ 32.42	1 Way Trip	
Wheelchair Van, Outside Denver County									
Mileage Band 1 (0-10 miles)	A0130	U1	HB			\$ 13.34	\$ 13.55	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	TT	HB		\$ 24.84	\$ 25.24	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	TN	HB		\$ 33.73	\$ 34.27	1 Way Trip	
Wheelchair Van, Denver County									
Mileage Band 1 (0-10 miles)	A0130	U1	HB	HX		\$ 13.98	\$ 14.20	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	TT	HB	HX	\$ 25.98	\$ 26.40	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	TN	HB	HX	\$ 35.23	\$ 35.79	1 Way Trip	



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Alternative Care Facility (ACF), Outside Denver County	T2031	U1				\$ 103.72	\$ 105.38	Day	
Alternative Care Facility (ACF), Denver County	T2031	U1				\$ 109.32	\$ 111.07	Day	
Consumer Direct Attendant Support Services (CDASS), Outside Denver County									
CDASS Homemaker	T2025	U1				\$ 6.23	\$ 6.30	15 Minutes	Please see endnote
CDASS Personal Care	T2025	U1				\$ 6.23	\$ 6.82	15 Minutes	
CDASS Health Maintenance	T2025	U1				\$ 9.51	\$ 9.57	15 Minutes	
Consumer Direct Attendant Support Services (CDASS), Denver County									
CDASS Homemaker	T2025	U1				\$ 6.55	\$ 6.65	15 Minutes	Please see endnote
CDASS Personal Care	T2025	U1				\$ 6.55	\$ 7.06	15 Minutes	
CDASS Health Maintenance	T2025	U1				\$ 9.61	\$ 9.67	15 Minutes	
CDASS Per Member Per Month, By FMS Vendor									
Public Partnerships, LLC- FEA	T2040	U1				\$ 103.21	\$ 103.21	Month	Please see endnote
Palco- FEA	T2040	U1				\$ 103.21	\$ 103.21	Month	
Homemaker Services, Outside Denver County									
Homemaker	S5130	U1				\$ 7.01	\$ 6.60	15 minutes	Please see endnote
Homemaker Services, Denver County									
Homemaker	S5130	U1	HX			\$ 7.61	\$ 6.99	15 minutes	Please see endnote
Home Modification	S5165	U1				NR*	NR*	Per Modification	\$14,000.00 Lifetime Maximum
In Home Support Services (IHSS), Outside Denver County									
IHSS Health Maintenance	H0038	U1				\$ 9.20	\$ 9.25	15 minutes	Please see endnote
IHSS Homemaker	S5130	U1	KX			\$ 6.60	\$ 6.60	15 minutes	
IHSS Personal Care	T1019	U1	KX			\$ 6.60	\$ 7.07	15 minutes	
IHSS Relative Personal Care	T1019	U1	HR	KX		\$ 6.60	\$ 7.07	15 minutes	Limited to 40 hours per week
In Home Support Services (IHSS), Denver County									



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IHSS Health Maintenance	H0038	U1	HX			\$ 9.48	\$ 9.54	15 minutes	Please see endnote
IHSS Homemaker	S5130	U1	KX	HX		\$ 7.22	\$ 6.99	15 minutes	
IHSS Personal Care	T1019	U1	KX	HX		\$ 7.22	\$ 7.38	15 minutes	
IHSS Relative Personal Care	T1019	U1	HR	KX	HX	\$ 7.22	\$ 7.38	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 Transportation									
All types except Adult Day are limited to 208 trips, or 104 round trips per service plan year									
Taxi	A0100	U1				PUC*	PUC*	1 Way Trip	Active PUC* taxi authority required
Mobility Van, Outside Denver County									
Mileage Band 1 (0-10 miles)	A0120	U1				\$ 11.24	\$ 11.42	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	TT			\$ 20.60	\$ 20.93	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	TN			\$ 30.56	\$ 31.05	1 Way Trip	
Mobility Van, Denver County									
Mileage Band 1 (0-10 miles)	A0120	U1	HX			\$ 11.78	\$ 11.97	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	TT	HX		\$ 21.54	\$ 21.88	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	TN	HX		\$ 31.91	\$ 32.42	1 Way Trip	
Wheelchair Van, Outside Denver County									
Mileage Band 1 (0-10 miles)	A0130	U1				\$ 13.34	\$ 13.55	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	TT			\$ 24.84	\$ 25.24	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	TN			\$ 33.73	\$ 34.27	1 Way Trip	
Wheelchair Van, Denver County									
Mileage Band 1 (0-10 miles)	A0130	U1	HX			\$ 13.98	\$ 14.20	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	TT	HX		\$ 25.98	\$ 26.40	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	TN	HX		\$ 35.23	\$ 35.79	1 Way Trip	
Non-Medical Transportation, Public Transit									



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RTD	A0110	U1	TT			\$ 27.00	\$ 27.00	Monthly	
RTD - To and from Adult Day	A0110	U1	TT	HB		\$ 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	HB		\$ 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	HB		\$ 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	HB		\$ 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	HB		\$ 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	HB		\$ 27.00	\$ 27.00	6 Ride Book	
Personal Care Services, Outside Denver County									
Personal Care	T1019	U1				\$ 7.02	\$ 7.07	15 minutes	Please see endnote
Personal Care, Relative	T1019	U1	HR			\$ 6.60	\$ 7.07	15 minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8,485.200)
Personal Care Services, Denver County									
Personal Care	T1019	U1	HX			\$ 7.61	\$ 7.38	15 minutes	Please see endnote
Personal Care, Relative	T1019	U1	HR	HX		\$ 7.22	\$ 7.38	15 minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8,485.200)
Personal Emergency Response System (PERS)									
Install/Purchase	S5160	U1				NR*	NR*	Purchase	1 unit = 1 purchase Please see endnote
Monitoring	S5161	U1				NR*	NR*	Month	1 unit = 1 month Please see endnote
Remote Supports Technology									



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Remote Supports Service	0593T	U1				\$ 2.51	\$ 2.55	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 certification period for Respite Care provided in an ACF, In Home, or a Nursing Facility									
Nursing Facility	H0045	U1				\$ 194.06	\$ 197.16	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									
ACF (Alternative Care Facility)	S5151	U1				\$ 134.06	\$ 136.20	Day	
In-Home Respite	S5150	U1				\$ 7.27	\$ 7.39	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									
ACF (Alternative Care Facility)	S5151	U1	HX			\$ 141.78	\$ 144.05	Day	
In-Home Respite	S5150	U1	HX			\$ 7.59	\$ 7.71	15 minutes	Not to exceed the Nursing Facility per diem (or 6.5 hours per day)
Wellness Education Benefit									
Wellness Education Benefit	98960	U1				\$ 3.69	\$ 3.75	Month	12 Units Limit
Community Transition Services									
Coordinator	T2038	U1				\$ 8.42	\$ 8.55	15 minutes	40 units (10 hours); available up to 30 days after enrollment
Home Delivered Meals	S5170	U1				\$ 12.58	\$ 12.78	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment Please see endnote



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Home Delivered Meals Post-Hospital Discharge, First Hospital Discharge	S5170	U1	TF			\$ 12.58	\$ 12.78	Per Meal	2 meals per day for 30 days
Home Delivered Meals Post-Hospital Discharge, Second Hospital Discharge	S5170	U1	TG			\$ 12.58	\$ 12.78	Per Meal	2 meals per day for 30 days
Life Skills Training	H2014	U1				\$ 13.08	\$ 13.29	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	\$ 6.61	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
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)
KX	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)



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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)								
U1	Elderly, Blind and Disabled Waiver (HCPCS Defn: Medicaid Level of Care 1, as defined by each state)								
<p>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.</p>									
<p>HCPF OM 25-026 Community First Choice (CFC)</p>									



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Adult Day Services, Outside Denver County									
Basic	S5100	UA				\$ 3.99	\$ 4.05	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	UA				\$ 48.77	\$ 49.55	1/2 Day	An individual unit is 3-5 hours per day; Maximum 520 units
Specialized	S5105	UA	TF			\$ 61.43	\$ 62.41	1/2 Day	
Adult Day Services, Denver County									
Basic	S5100	UA	HX			\$ 4.32	\$ 4.39	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	UA	HX			\$ 52.73	\$ 53.57	1/2 Day	An individual unit is 3-5 hours per day; Maximum 520 units
Specialized	S5105	UA	TF	HX		\$ 65.39	\$ 66.44	1/2 Day	
Adult Day Services Transportation									
Taxi	A0100	UA	HB			PUC*	PUC*	1 Way Trip	Active PUC* taxi authority required
Mobility Van, Outside Denver County									
Mileage Band 1 (0-10 Miles)	A0120	UA	HB			\$ 11.24	\$ 11.42	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	UA	TT	HB		\$ 20.60	\$ 20.93	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0120	UA	TN	HB		\$ 30.56	\$ 31.05	1 Way Trip	
Mobility Van, Denver County									
Mileage Band 1 (0-10 miles)	A0120	UA	HB	HX		\$ 11.78	\$ 11.97	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	UA	TT	HB	HX	\$ 21.54	\$ 21.88	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	UA	TN	HB	HX	\$ 31.91	\$ 32.42	1 Way Trip	
Wheelchair Van, Outside Denver County									
Mileage Band 1 (0-10 Miles)	A0130	UA	HB			\$ 13.34	\$ 13.55	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	UA	TT	HB		\$ 24.84	\$ 25.24	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0130	UA	TN	HB		\$ 33.73	\$ 34.27	1 Way Trip	
Wheelchair Van, Denver County									
Mileage Band 1 (0-10 miles)	A0130	UA	HB	HX		\$ 13.98	\$ 14.20	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	UA	TT	HB	HX	\$ 25.98	\$ 26.40	1 Way Trip	



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Mileage Band 3 (over 20 miles)	A0130	UA	TN	HB	HX	\$ 35.23	\$ 35.79	1 Way Trip	
Alternative Care Facility (ACF), Outside Denver County	T2031	UA				\$ 103.72	\$ 105.38	Day	May be different for clients with 300% income, use PETI for rate
Alternative Care Facility (ACF), Denver County	T2031	UA				\$ 109.32	\$ 111.07	Day	May be different for clients with 300% income, use PETI for rate
Consumer Directed Attendant Services (CDASS), Outside Denver County									
CDASS Homemaker	T2025	UA				\$ 6.23	\$ 6.30	15 Minutes	Please see endnote
CDASS Personal Care	T2025	UA				\$ 6.23	\$ 6.82	15 Minutes	
CDASS Health Maintenance	T2025	UA				\$ 9.51	\$ 9.57	15 Minutes	
Consumer Directed Attendant Services (CDASS), Denver County									
CDASS Homemaker	T2025	UA				\$ 6.55	\$ 6.65	15 Minutes	Please see endnote
CDASS Personal Care	T2025	UA				\$ 6.55	\$ 7.06	15 Minutes	
CDASS Health Maintenance	T2025	UA				\$ 9.61	\$ 9.67	15 Minutes	
CDASS Per Member Per Month, By FMS Vendor									
Public Partnerships, LLC- FEA	T2040	UA				\$ 103.21	\$ 103.21	Month	Please see endnote
Palco- FEA	T2040	UA				\$ 103.21	\$ 103.21	Month	
Homemaker Services, Outside Denver County									
Homemaker	S5130	UA				\$ 7.01	\$ 6.60	15 minutes	Please see endnote
Homemaker Services, Denver County									
Homemaker	S5130	UA	HX			\$ 7.61	\$ 6.99	15 minutes	Please see endnote
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 Please see endnote



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Monitoring	S5185	UA				NR*	NR*	Month	1 unit = 1 month Please see endnote
Mental Health Transitional Living Homes									
Level 1	T2033	UA	HB			\$ 403.34	\$ 409.79	Day	
Non Medical Transportation All types except Adult Day are limited to 208 trips, or 104 round trips									
Taxi	A0100	UA				PUC*	PUC*	1 Way Trip	Active PUC* taxi authority required
Mobility Van, Outside Denver County									
Mileage Band 1 (0-10 Miles)	A0120	UA				\$ 11.24	\$ 11.42	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	UA	TT			\$ 20.60	\$ 20.93	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0120	UA	TN			\$ 30.56	\$ 31.05	1 Way Trip	
Mobility Van, Denver County									
Mileage Band 1 (0-10 miles)	A0120	UA	HX			\$ 11.78	\$ 11.97	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	UA	TT	HX		\$ 21.54	\$ 21.88	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	UA	TN	HX		\$ 31.91	\$ 32.42	1 Way Trip	
Wheelchair Van, Outside Denver County									
Mileage Band 1 (0-10 Miles)	A0130	UA				\$ 13.34	\$ 13.55	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	UA	TT			\$ 24.84	\$ 25.24	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0130	UA	TN			\$ 33.73	\$ 34.27	1 Way Trip	
Wheelchair Van, Denver County									
Mileage Band 1 (0-10 miles)	A0130	UA	HX			\$ 13.98	\$ 14.20	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	UA	TT	HX		\$ 25.98	\$ 26.40	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	UA	TN	HX		\$ 35.23	\$ 35.79	1 Way Trip	
Non-Medical Transportation, Public Transit									
RTD	A0110	UA	TT			\$ 27.00	\$ 27.00	Monthly	
RTD - To and from Adult Day	A0110	UA	TT	HB		\$ 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	HB		\$ 13.50	\$ 13.50	3-Hour Pass 10-Ride Book	



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RTD	A0110	UA	TF			\$ 2.70	\$ 2.70	Day Pass	
RTD - To and from Adult Day	A0110	UA	TF	HB		\$ 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	HB		\$ 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	HB		\$ 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	HB		\$ 27.00	\$ 27.00	6 Ride Book	
Personal Care Services, Outside Denver County									
Personal Care	T1019	UA				\$ 7.02	\$ 7.07	15 minutes	Please see endnote
Personal Care, Relative	T1019	UA	HR			\$ 6.60	\$ 7.07	15 minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
Personal Care Services, Denver County									
Personal Care	T1019	UA	HX			\$ 7.61	\$ 7.38	15 minutes	Please see endnote
Personal Care, Relative	T1019	UA	HR	HX		\$ 7.22	\$ 7.38	15 minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
Personal Emergency Response System (PERS)									
Install/Purchase	S5160	UA				NR*	NR*	Purchase	1 unit = 1 purchase Please see endnote
Monitoring	S5161	UA				NR*	NR*	Month	1 unit = 1 month Please see endnote
Remote Supports Technology									
Remote Supports Service	0593T	UA				\$ 2.51	\$ 2.55	15 Minutes	35,040 units (96 units per day for 365 days) Please see endnote



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Remote Supports Technology	A9279	UA				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 or a Nursing Facility									
Nursing Facility	H0045	UA				\$ 194.06	\$ 197.16	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									
ACF (Alternative Care Facility)	S5151	UA				\$ 134.06	\$ 136.20	Day	
Respite Care, Denver County Combined maximum of 30 days per certification period for Respite Care provided in an ACF or a Nursing Facility									
ACF (Alternative Care Facility)	S5151	UA	HX			\$ 141.78	\$ 144.05	Day	
Wellness Education Benefit									
Wellness Education Benefit	98960	UA				\$ 3.69	\$ 3.75	Month	12 Units Limit
Community Transition Services									
Coordinator	T2038	UA				\$ 8.42	\$ 8.55	15 minutes	40 units (10 hours); available up to 30 days after enrollment
Home Delivered Meals	S5170	UA				\$ 12.58	\$ 12.78	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment Please see endnote
Home Delivered Meals Post-Hospital Discharge, First Hospital Discharge	S5170	UA	TF			\$ 12.58	\$ 12.78	Per Meal	2 meals per day for 30 days
Home Delivered Meals Post-Hospital Discharge, Second Hospital Discharge	S5170	UA	TG			\$ 12.58	\$ 12.78	Per Meal	2 meals per day for 30 days



Home and Community Based Services:
Community Mental Health Supports (CMHS) Waiver
Rates Effective July 1, 2025-June 30, 2026



Version: 1.0 Issue Date: 05/30/2025

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 05/01/2025	Rate Effective 07/01/2025	Unit Value	Comments
Life Skills Training	H2014	UA				\$ 13.08	\$ 13.29	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	\$ 6.61	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
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*	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 \(CFC\)](#)



Home and Community Based Services:

Brain Injury (BI) Waiver

Rates Effective July 1, 2025-June 30, 2025

Version: 1.0 Issue Date: 05/30/2025



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 05/01/2025	Rate Effective 07/01/2025	Unit Value	Comments
Adult Day Services	S5100	U6				\$ 7.59	\$ 7.71	15 Minutes	Maximum of 8 units or two (2) hours per day
Adult Day Services	S5102	U6				\$ 84.85	\$ 86.21	Day	At least 2 or more hours of attendance, 1 or more days per week
Adult Day Services Transportation									
Taxi	A0100	U6	HB			PUC*	PUC*	1 Way Trip	Active PUC* taxi authority required
Mobility Van, Outside Denver County									
Mileage Band 1 (0-10 Miles)	A0120	U6	HB			\$ 11.24	\$ 11.42	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	U6	TT	HB		\$ 20.60	\$ 20.93	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0120	U6	TN	HB		\$ 30.56	\$ 31.05	1 Way Trip	
Mobility Van, Denver County									
Mileage Band 1 (0-10 miles)	A0120	U6	HB	HX		\$ 11.78	\$ 11.97	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U6	TT	HB	HX	\$ 21.54	\$ 21.88	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U6	TN	HB	HX	\$ 31.91	\$ 32.42	1 Way Trip	
Wheelchair Van, Outside Denver County									
Mileage Band 1 (0-10 Miles)	A0130	U6	HB			\$ 13.34	\$ 13.55	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	U6	TT	HB		\$ 24.84	\$ 25.24	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0130	U6	TN	HB		\$ 33.73	\$ 34.27	1 Way Trip	
Wheelchair Van, Denver County									
Mileage Band 1 (0-10 miles)	A0130	U6	HB	HX		\$ 13.98	\$ 14.20	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U6	TT	HB	HX	\$ 25.98	\$ 26.40	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U6	TN	HB	HX	\$ 35.23	\$ 35.79	1 Way Trip	
Assistive Devices	T2029	U6				NR*	NR*	Per Purchase	1 unit = 1 purchase
Behavioral Services	H0025	U6				\$ 16.16	\$ 16.42	30 Minutes	
Day Treatment	H2018	U6				\$ 90.85	\$ 92.30	Day	
Consumer Direct Attendant Supports and Services (CDASS), Outside Denver County									
CDASS Homemaker	T2025	U6				\$ 6.23	\$ 6.30	15 minutes	Please see endnote
CDASS Personal Care	T2025	U6				\$ 6.23	\$ 6.82	15 Minutes	



Home and Community Based Services:

Brain Injury (BI) Waiver

Rates Effective July 1, 2025-June 30, 2025

Version: 1.0 Issue Date: 05/30/2025



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 05/01/2025	Rate Effective 07/01/2025	Unit Value	Comments
CDASS Health Maintenance	T2025	U6				\$ 9.51	\$ 9.57	15 minutes	Please see endnote
Consumer Direct Attendant Supports and Services (CDASS), Denver County									
CDASS Homemaker	T2025	U6				\$ 6.55	\$ 6.65	15 minutes	Please see endnote
CDASS Personal Care	T2025	U6				\$ 6.55	\$ 7.06	15 Minutes	
CDASS Health Maintenance	T2025	U6				\$ 9.61	\$ 9.67	15 minutes	
CDASS Per Member Per Month, By FMS Vendor									
Public Partnerships, LLC- FEA	T2040	U6				\$ 103.21	\$ 103.21	Month	Please see endnote
Palco- FEA	T2040	U6				\$ 103.21	\$ 103.21	Month	
Home Modification	S5165	U6				NR*	NR*	Per Modification	\$14,000.00 Lifetime Maximum
Independent Living Skills Training (ILST)	T2013	U6				\$ 13.08	\$ 13.29	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 Counseling									
Individual	H0004	U6				\$ 28.00	\$ 28.45	15 minutes	
Family	H0004	U6	HR			\$ 28.00	\$ 28.45	15 minutes	
Group	H0004	U6	HQ			\$ 16.52	\$ 16.78	15 minutes	
Non Medical Transportation									
All types except Adult Day are limited to 208 trips, or 104 round trips									
Taxi	A0100	U6				PUC*	PUC*	1 Way Trip	Active PUC* taxi authority required
Mobility Van, Outside Denver County									
Mileage Band 1 (0-10 Miles)	A0120	U6				\$ 11.24	\$ 11.42	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	U6	TT			\$ 20.60	\$ 20.93	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0120	U6	TN			\$ 30.56	\$ 31.05	1 Way Trip	
Mobility Van, Denver County									
Mileage Band 1 (0-10 miles)	A0120	U6	HX			\$ 11.78	\$ 11.97	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U6	TT	HX		\$ 21.54	\$ 21.88	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U6	TN	HX		\$ 31.91	\$ 32.42	1 Way Trip	



Home and Community Based Services:

Brain Injury (BI) Waiver

Rates Effective July 1, 2025-June 30, 2025

Version: 1.0 Issue Date: 05/30/2025



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 05/01/2025	Rate Effective 07/01/2025	Unit Value	Comments
Wheelchair Van, Outside Denver County									
Mileage Band 1 (0-10 Miles)	A0130	U6				\$ 13.34	\$ 13.55	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	U6	TT			\$ 24.84	\$ 25.24	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0130	U6	TN			\$ 33.73	\$ 34.27	1 Way Trip	
Wheelchair Van, Denver County									
Mileage Band 1 (0-10 Miles)	A0130	U6	HX			\$ 13.98	\$ 14.20	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	U6	TT	HX		\$ 25.98	\$ 26.40	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0130	U6	TN	HX		\$ 35.23	\$ 35.79	1 Way Trip	
Non-Medical Transportation, Public Transit									
RTD	A0110	U6	TT			\$ 27.00	\$ 27.00	Monthly	
RTD - To and from Adult Day	A0110	U6	TT	HB		\$ 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	HB		\$ 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	HB		\$ 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	HB		\$ 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	HB		\$ 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	HB		\$ 27.00	\$ 27.00	6 Ride Book	
Personal Care Services, Outside Denver County									
Personal Care	T1019	U6				\$ 7.02	\$ 7.07	15 minutes	Please see endnote
Personal Care, Relative	T1019	U6	HR			\$ 6.60	\$ 7.07	15 minutes	Maximum reimbursement not to exceed 1776 units (444 hours) per year
Personal Care Services, Denver County									



Home and Community Based Services:

Brain Injury (BI) Waiver

Rates Effective July 1, 2025-June 30, 2025

Version: 1.0 Issue Date: 05/30/2025



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 05/01/2025	Rate Effective 07/01/2025	Unit Value	Comments
Personal Care	T1019	U6	HX			\$ 7.61	\$ 7.38	15 minutes	Please see endnote
Personal Care, Relative	T1019	U6	HR	HX		\$ 7.22	\$ 7.38	15 minutes	Maximum reimbursement not to exceed 1776 units (444 hours) per year
Personal Emergency Response System (PERS)									
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 Technology									
Remote Supports Service	0593T	U6				\$ 2.51	\$ 2.55	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 hours per certification period for Respite Care provided In Home or in a Nursing Facility									
Nursing Facility	H0045	U6				\$ 194.06	\$ 197.16	Day	
Respite Care, Outside Denver County Combined maximum of 720 hours per certification period for Respite Care provided In Home or in a Nursing Facility									
In-Home Respite	S5150	U6				\$ 7.27	\$ 7.39	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									
In-Home Respite , Denver County	S5150	U6	HX			\$ 7.59	\$ 7.71	15 minutes	Not to exceed 8 hours per day
Substance Abuse Counseling									
Family	T1006	U6	HR	HF		\$ 66.82	\$ 67.89	Hour	
Individual	H0047	U6	HF			\$ 66.82	\$ 67.89	Hour	
Group	H0047	U6	HQ	HF		\$ 37.44	\$ 38.04	Hour	
Transitional Living Program									
Transitional Living Program, Outside Denver County	T2016	U6				\$ 750.01	\$ 762.01	1 Day	



Home and Community Based Services:

Brain Injury (BI) Waiver

Rates Effective July 1, 2025-June 30, 2025

Version: 1.0 Issue Date: 05/30/2025



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 05/01/2025	Rate Effective 07/01/2025	Unit Value	Comments
Transitional Living Program, Denver County	T2016	U6	HX			\$ 762.07	\$ 774.26	1 Day	
Wellness Education Benefit									
Wellness Education Benefit	98960	U6				\$ 3.69	\$ 3.75	Month	12 Units Limit
Community Transition Services									
Coordinator	T2038	U6				\$ 8.42	\$ 8.55	15 minutes	40 units (10 hours); available up to 30 days after enrollment
Home Delivered Meals	S5170	U6				\$ 12.58	\$ 12.78	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment Please see endnote
Home Delivered Meals Post-Hospital Discharge, First Hospital Discharge	S5170	U6	TF			\$ 12.58	\$ 12.78	Per Meal	2 meals per day for 30 days
Home Delivered Meals Post-Hospital Discharge, Second Hospital Discharge	S5170	U6	TG			\$ 12.58	\$ 12.78	Per Meal	2 meals per day for 30 days
Peer Mentorship	H2015	U6				\$ 6.51	\$ 6.61	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 Program, Outside Denver County									
Tier 1	T2033	U6				\$ 237.25	\$ 241.05	1 Day	
Tier 2	T2033	U6	HB			\$ 277.39	\$ 281.83	1 Day	
Tier 3	T2033	U6	HE			\$ 309.08	\$ 314.03	1 Day	
Tier 4	T2033	U6	HK			\$ 370.29	\$ 376.21	1 Day	
Tier 5	T2033	U6	HB	HE		\$ 407.77	\$ 414.29	1 Day	
Tier 6	T2033	U6	HB	HK		\$ 453.04	\$ 460.29	1 Day	



Home and Community Based Services:

Brain Injury (BI) Waiver

Rates Effective July 1, 2025-June 30, 2025

Version: 1.0 Issue Date: 05/30/2025



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 05/01/2025	Rate Effective 07/01/2025	Unit Value	Comments
Tier 7	T2033	U6	HB	HK	SC	NR*	NR*	1 Day	
Supported Living Program, Denver County									
Tier 1	T2033	U6				\$ 241.71	\$ 245.58	1 Day	
Tier 2	T2033	U6	HB			\$ 283.96	\$ 288.50	1 Day	
Tier 3	T2033	U6	HE			\$ 316.98	\$ 322.05	1 Day	
Tier 4	T2033	U6	HK			\$ 380.92	\$ 387.01	1 Day	
Tier 5	T2033	U6	HB	HE		\$ 420.18	\$ 426.90	1 Day	
Tier 6	T2033	U6	HB	HK		\$ 467.89	\$ 475.38	1 Day	
Tier 7	T2033	U6	HB	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.
HB	To and From Adult Day (HCPCS Defn: Adult Program, non-geriatric)
HC	Adult Program (HCPCS Defn: Geriatric)
HE	Mental Health Program
HF	Substance Abuse Program
HQ	Group Setting
HR	Relative providing care (HCPCS Defn: Family/Couple with client present)
NR*	Negotiated Rate, will vary by client
PUC*	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)
<p>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.</p>	
<p align="center">HCPF OM 25-026 Community First Choice (CFC)</p>	



Home and Community Based Services:
Complementary and Integrative Health (CIH) Waiver
Rates Effective July 1, 2025-June 30, 2026



Version: 1.0 Issue Date: 05/30/2025

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 05/01/2025	Rate Effective 07/01/2025	Unit Value	Comments
Adult Day Services, Outside Denver County									
Maximum 520 units									
Basic	S5100	U1	SC			\$ 3.99	\$ 4.05	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	U1	SC			\$ 48.77	\$ 49.55	1/2 Day	An individual unit is 3-5 hours per day; Maximum 520 units
Specialized	S5105	U1	SC	TF		\$ 61.43	\$ 62.41	1/2 Day	
Adult Day Services, Denver County									
Maximum 520 units									
Basic	S5100	U1	SC	HX		\$ 4.32	\$ 4.39	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	U1	SC	HX		\$ 52.73	\$ 53.57	1/2 Day	An individual unit is 3-5 hours per day; Maximum 520 units
Specialized	S5105	U1	SC	TF	HX	\$ 65.39	\$ 66.44	1/2 Day	
Adult Day Program Transportation									
Use HB modifier for trips to and from adult day program.									
Taxi	A0100	U1	SC	HB		PUC*	PUC*	1 Way Trip	Active PUC* taxi authority required
Mobility Van, Outside Denver County									
Mileage Band 1 (0-10 miles)	A0120	U1	SC	HB		\$ 11.24	\$ 11.42	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	SC	ST		\$ 20.60	\$ 20.93	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	SC	TU		\$ 30.56	\$ 31.05	1 Way Trip	
Mobility Van, Denver County									
Mileage Band 1 (0-10 miles)	A0120	U1	SC	HB	HX	\$ 11.78	\$ 11.97	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	SC	ST	HX	\$ 21.54	\$ 21.88	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	SC	TU	HX	\$ 31.91	\$ 32.42	1 Way Trip	
Wheelchair Van, Outside Denver County									
Mileage Band 1 (0-10 miles)	A0130	U1	SC	HB		\$ 13.34	\$ 13.55	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	SC	ST		\$ 24.84	\$ 25.24	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	SC	TU		\$ 33.73	\$ 34.27	1 Way Trip	
Wheelchair Van, Denver County									
Mileage Band 1 (0-10 miles)	A0130	U1	SC	HB	HX	\$ 13.98	\$ 14.20	1 Way Trip	



Home and Community Based Services:
Complementary and Integrative Health (CIH) Waiver
Rates Effective July 1, 2025-June 30, 2026



Version: 1.0 Issue Date: 05/30/2025

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 05/01/2025	Rate Effective 07/01/2025	Unit Value	Comments
Mileage Band 2 (11-20 miles)	A0130	U1	SC	ST	HX	\$ 25.98	\$ 26.40	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	SC	TU	HX	\$ 35.23	\$ 35.79	1 Way Trip	
Complementary and Integrative Health Services									
Acupuncture	97810	U1	SC			\$ 20.28	\$ 20.60	15 Minutes	Combined maximum of 408 units.
Acupuncture	97811	U1	SC			\$ 20.28	\$ 20.60	15 Minutes	
Acupuncture	97813	U1	SC			\$ 20.28	\$ 20.60	15 Minutes	
Acupuncture	97814	U1	SC			\$ 20.28	\$ 20.60	15 Minutes	
Chiropractic	98942	U1	SC			\$ 26.10	\$ 26.52	15 Minutes	
Massage	97124	U1	SC			\$ 20.98	\$ 21.32	15 Minutes	
Consumer Directed Attendant Support Services (CDASS), Outside Denver County									
CDASS Homemaker	T2025	U1	SC			\$ 6.23	\$ 6.30	15 Minutes	Please see Endnote
CDASS Personal Care	T2025	U1	SC			\$ 6.23	\$ 6.82	15 Minutes	
CDASS Health Maintenance	T2025	U1	SC			\$ 9.51	\$ 9.57	15 Minutes	
Consumer Directed Attendant Support Services (CDASS), Denver County									
CDASS Homemaker	T2025	U1	SC			\$ 6.55	\$ 6.65	15 Minutes	Please see Endnote
CDASS Personal Care	T2025	U1	SC			\$ 6.55	\$ 7.06	15 Minutes	
CDASS Health Maintenance	T2025	U1	SC			\$ 9.61	\$ 9.67	15 Minutes	
CDASS Per Member Per Month, By FMS Vendor									
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	
Homemaker Services, Outside Denver Services									
Homemaker	S5130	U1	SC			\$ 7.01	\$ 6.60	15 Minutes	Please see Endnote
Homemaker Services, Denver Services									
Homemaker	S5130	U1	SC	HX		\$ 7.61	\$ 6.99	15 Minutes	Please see Endnote
Home Modification	S5165	U1	SC			NR*	NR*	Per Modification	\$14,000.00 Lifetime Maximum
In-Home Support Services (IHSS), Outside Denver County									
IHSS Health Maintenance	H0038	U1	SC			\$ 9.20	\$ 9.25	15 Minutes	Please see Endnote
IHSS Homemaker	S5130	U1	SC	KX		\$ 6.60	\$ 6.60	15 Minutes	



Home and Community Based Services:
Complementary and Integrative Health (CIH) Waiver
Rates Effective July 1, 2025-June 30, 2026



Version: 1.0 Issue Date: 05/30/2025

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 05/01/2025	Rate Effective 07/01/2025	Unit Value	Comments
IHSS Personal Care	T1019	U1	SC	KX		\$ 6.60	\$ 7.07	15 Minutes	Please see Endnote
IHSS Relative Personal Care	T1019	U1	SC	TF		\$ 6.60	\$ 7.07	15 Minutes	Limited to 40 hours per week
In-Home Support Services (IHSS), Denver County									
IHSS Health Maintenance	H0038	U1	SC	HX		\$ 9.48	\$ 9.54	15 Minutes	Please see Endnote
IHSS Homemaker	S5130	U1	SC	KX	HX	\$ 7.22	\$ 6.99	15 Minutes	
IHSS Personal Care	T1019	U1	SC	KX	HX	\$ 7.22	\$ 7.38	15 Minutes	
IHSS Relative Personal Care	T1019	U1	SC	TF	HX	\$ 7.22	\$ 7.38	15 Minutes	Limited to 40 hours per week
Medication Reminder									
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 Transportation									
All types except Adult Day are limited to 208 trips, or 104 round trips per service plan year									
Taxi	A0100	U1	SC			PUC*	PUC*	1 Way Trip	Active PUC* taxi authority required
Mobility Van, Outside Denver County									
Mileage Band 1 (0-10 miles)	A0120	U1	SC			\$ 11.24	\$ 11.42	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	SC	TT		\$ 20.60	\$ 20.93	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	SC	TN		\$ 30.56	\$ 31.05	1 Way Trip	
Mobility Van, Denver County									
Mileage Band 1 (0-10 miles)	A0120	U1	SC	HX		\$ 11.78	\$ 11.97	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	SC	TT	HX	\$ 21.54	\$ 21.88	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	SC	TN	HX	\$ 31.91	\$ 32.42	1 Way Trip	
Wheelchair Van, Outside Denver County									
Mileage Band 1 (0-10 miles)	A0130	U1	SC			\$ 13.34	\$ 13.55	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	SC	TT		\$ 24.84	\$ 25.24	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	SC	TN		\$ 33.73	\$ 34.27	1 Way Trip	
Wheelchair Van, Denver County									
Mileage Band 1 (0-10 miles)	A0130	U1	SC	HX		\$ 13.98	\$ 14.20	1 Way Trip	



Home and Community Based Services:
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Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 05/01/2025	Rate Effective 07/01/2025	Unit Value	Comments
Mileage Band 2 (11-20 miles)	A0130	U1	SC	TT	HX	\$ 25.98	\$ 26.40	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	SC	TN	HX	\$ 35.23	\$ 35.79	1 Way Trip	
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	HB	\$ 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	HB	\$ 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	HB	\$ 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	HB	\$ 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	HB	\$ 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	HB	\$ 27.00	\$ 27.00	6 Ride Book	
Personal Care Services, Outside Denver County									
Personal Care	T1019	U1	SC			\$ 7.02	\$ 7.07	15 Minutes	Please see endnote
Relative Personal Care	T1019	U1	SC	HR		\$ 6.60	\$ 7.07	15 Minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
Personal Care Services, Denver County									
Personal Care	T1019	U1	SC	HX		\$ 7.61	\$ 7.38	15 Minutes	Please see endnote
Relative Personal Care	T1019	U1	SC	HR	HX	\$ 7.22	\$ 7.38	15 Minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
Personal Emergency Response System (PERS)									
Install/Purchase	S5160	U1	SC			NR*	NR*	Purchase	1 unit = 1 purchase Please see endnote



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Monitoring	S5161	U1	SC			NR*	NR*	Month	1 unit = 1 month Please see endnote
Remote Supports Technology									
Remote Supports Service	0593T	U1	SC			\$ 2.51	\$ 2.55	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									
Nursing Facility	H0045	U1	SC			\$ 194.06	\$ 197.16	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									
ACF (Alternative Care Facility)	S5151	U1	SC			\$ 134.06	\$ 136.20	Day	
In-Home Respite	S5150	U1	SC			\$ 7.27	\$ 7.39	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									
ACF (Alternative Care Facility)	S5151	U1	SC	HX		\$ 141.78	\$ 144.05	Day	
In-Home Respite	S5150	U1	SC	HX		\$ 7.59	\$ 7.71	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	\$ 3.75	Month	12 Units Limit
Community Transition Services									
Coordinator	T2038	U1	SC			\$ 8.42	\$ 8.55	15 minutes	40 units (10 hours); available up to 30 days after enrollment
Home Delivered Meals	S5170	U1	SC			\$ 12.58	\$ 12.78	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment Please see endnote



Home and Community Based Services:
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COLORADO
 Department of Health Care
 Policy & Financing

Version: 1.0 Issue Date: 05/30/2025

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 05/01/2025	Rate Effective 07/01/2025	Unit Value	Comments
Home Delivered Meals Post-Hospital Discharge, First Hospital Discharge	S5170	U1	SC	TF		\$ 12.58	\$ 12.78	Per Meal	2 meals per day for 30 days
Home Delivered Meals Post-Hospital Discharge, Second Hospital Discharge	S5170	U1	SC	TG		\$ 12.58	\$ 12.78	Per Meal	2 meals per day for 30 days
Life Skills Training	H2014	U1	SC			\$ 13.08	\$ 13.29	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	\$ 6.61	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	
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 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)
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)



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<p>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.</p>									
<p>HCPF OM 25-026 Community First Choice (CFC)</p>									



Home and Community Based Services:
 FY 25-26 Rate Schedules
 Rates Effective July 1, 2025-June 30, 2026
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ADJUSTMENT TABLE		
Across the Board Increase Effective July 1, 2025		
Service Title	PERCENT CHANGE	MULTIPLIER
HCBS EBD	1.600%	1.01600
HCBS CMHS	1.600%	1.01600
HCBS BI	1.600%	1.01600
HCBS CIH	1.600%	1.01600
HCBS DD	1.600%	1.01600
HCBS SLS	1.600%	1.01600
HCBS/DDD/DHS CES	1.600%	1.01600
HCBS/DDD/DHS CLLI	1.600%	1.01600
HCBS/DDD/DHS CHCBS	1.600%	1.01600
HCBS/DDD/DHS CHRP	1.600%	1.01600

