

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

Rates Effective July 1, 2025-June 30, 2026

Version: 1.3 Issue Date: 08/27/2025



COLORADO
 Department of Health Care
 Policy & Financing

| 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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| 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 |
|---|-----------|--------|--------|--------|--------|---------------------------|---------------------------|------------------|------------------------------|
| 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 | |
| Home Modification | | | | | | | | | |
| Home Modification | S5165 | U1 | | | | NR* | NR* | Per Modification | \$14,000.00 Lifetime Maximum |
| 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 |
| 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 \$135 maximum per trip |
| 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 | | | | | | | | | |



Home and Community Based Services:
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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 Please see endnote |
| 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) | | | | | | | | |
| 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:
Community Mental Health Supports (CMHS) Waiver
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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 | |
| Home Modification | | | | | | | | | |
| Home Modification | S5165 | UA | | | | NR* | NR* | Per Modification | \$14,000.00 Lifetime Maximum |
| 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 |
| 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 \$135 maximum per trip |
| 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 | |



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

Version: 1.3 Issue Date: 08/27/2025

| 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 |
|--|-----------|--------|--------|--------|--------|---------------------------|---------------------------|--------------------------|---|
| 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 | |
| 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 |

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



COLORADO
 Department of Health Care
 Policy & Financing

Version: 1.3 Issue Date: 08/27/2025

| 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 |
|--|-----------|--------|--------|--------|--------|---------------------------|---------------------------|------------|---|
| 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 |
| 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 Please see endnote |
| 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:
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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 |
|----------------------|-----------|--------|--------|--------|--------|---------------------------|---------------------------|------------------|--|
| 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, 2026

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COLORADO
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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 |
|---|-----------|--------|--------|--------|--------|---------------------------|---------------------------|--------------|---|
| 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 | |



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|---|-----------|--------|--------|--------|--------|------------------------------|------------------------------|------------------|---|
| 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 | | | | | | | | | |
| 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 \$135 maximum per trip |
| 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 | |



Home and Community Based Services:

Brain Injury (BI) Waiver

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COLORADO
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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 3 (over 20 miles) | A0120 | U6 | TN | HX | | \$ 31.91 | \$ 32.42 | 1 Way Trip | |
| 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 |



Home and Community Based Services:

Brain Injury (BI) Waiver

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|---|-----------|--------|--------|--------|--------|---------------------------|---------------------------|--------------|---|
| Personal Care Services, Denver County | | | | | | | | | |
| 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 | |



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|---|-----------|--------|--------|--------|--------|---------------------------|---------------------------|------------------|--|
| 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 Please see endnote |
| 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 | |



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|--|-----------|--------|--------|--------|--------|---------------------------|---------------------------|------------|----------|
| 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) |
| 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:
Complementary and Integrative Health (CIH) Waiver

Rates Effective July 1, 2025-June 30, 2026

Version: 1.3 Issue Date: 08/27/2025



COLORADO
 Department of Health Care
 Policy & Financing

| 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 | |
| Mileage Band 2 (11-20 miles) | A0130 | U1 | SC | ST | HX | \$ 25.98 | \$ 26.40 | 1 Way Trip | |



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

Rates Effective July 1, 2025-June 30, 2026

Version: 1.3 Issue Date: 08/27/2025



COLORADO
 Department of Health Care
 Policy & Financing

| 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 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 | |
| Home Modification | | | | | | | | | |
| Home Modification | S5165 | U1 | SC | | | NR* | NR* | Per Modification | \$14,000.00 Lifetime Maximum |
| Homemaker Services, Outside Denver County | | | | | | | | | |
| Homemaker | S5130 | U1 | SC | | | \$ 7.01 | \$ 6.60 | 15 Minutes | Please see Endnote |
| Homemaker Services, Denver County | | | | | | | | | |
| Homemaker | S5130 | U1 | SC | HX | | \$ 7.61 | \$ 6.99 | 15 Minutes | Please see Endnote |
| 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 | |
| IHSS Personal Care | T1019 | U1 | SC | KX | | \$ 6.60 | \$ 7.07 | 15 Minutes | Please see Endnote |



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

Rates Effective July 1, 2025-June 30, 2026

Version: 1.3 Issue Date: 08/27/2025



COLORADO
 Department of Health Care
 Policy & Financing

| 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 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 \$135 maximum per trip |
| 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 | |
| Mileage Band 2 (11-20 miles) | A0130 | U1 | SC | TT | HX | \$ 25.98 | \$ 26.40 | 1 Way Trip | |



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

Rates Effective July 1, 2025-June 30, 2026

Version: 1.3 Issue Date: 08/27/2025



COLORADO
 Department of Health Care
 Policy & Financing

| 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 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 |
| Monitoring | S5161 | U1 | SC | | | NR* | NR* | Month | 1 unit = 1 month Please see endnote |



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

Rates Effective July 1, 2025-June 30, 2026

Version: 1.3 Issue Date: 08/27/2025



| 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 |
|--|-----------|--------|--------|--------|--------|---------------------------|---------------------------|------------|---|
| 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 Please see endnote |
| 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 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 and Community Based Services:

Complementary and Integrative Health (CIH) Waiver

Rates Effective July 1, 2025-June 30, 2026

Version: 1.3 Issue Date: 08/27/2025



COLORADO

Department of Health Care
Policy & Financing

| 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, 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) |
| 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:
FY 25-26 Rate Schedules
Rates Effective July 1, 2025-June 30, 2026
Version: 1.1 Issue Date: 06/25/2025

| 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 |

