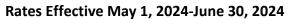
**Elderly, Blind, and Disabled Waiver (EBD)** 





Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate ffective /01/2023	Rate fective 01/2024	Unit Value	Comments
Adult Day Services, Ou	utside De	enver (	County	y					
Basic	S5100	U1				\$ 3.61	\$ 3.61	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	U1				\$ 44.14	\$ 44.14	1/2 Day	An individual unit is 3-5 hours per day;
Specialized	S5105	U1	TF			\$ 56.55	\$ 56.55	1/2 Day	Maximum 520 units
Adult Day Services, De Effective July 1, 2023	enver Co	unty							
Basic	S5100	U1	НХ			\$ 3.99	\$ 3.99	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	U1	НХ			\$ 48.75	\$ 48.75	1/2 Day	An individual unit is 3-5 hours per day;
Specialized	S5105	U1	TF	НХ		\$ 61.17	\$ 61.17	1/2 Day	Maximum 520 units
Adult Day Service Tran	nsportati	on							
Taxi	A0100	U1	НВ			PUC*	PUC*	1 Way Trip	Active PUC* taxi authority required
Mobility Van, Outside	Denver (	County	7						
Mileage Band 1 (0-10 miles)	A0120	U1	НВ			\$ 10.50	\$ 10.50	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	TT	НВ		\$ 19.31	\$ 19.31	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	TN	НВ		\$ 28.70	\$ 28.70	1 Way Trip	
Mobility Van, Denver C	County								
Mileage Band 1 (0-10 miles)	A0120	U1	НВ	НХ		\$ 11.14	\$ 11.83	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	TT	НВ	НХ	\$ 20.41	\$ 21.62	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	TN	НВ	НХ	\$ 30.27	\$ 32.04	1 Way Trip	
Wheelchair Van, Outsi	de Denv	er Cou	ınty						
Mileage Band 1 (0-10 miles)	A0130	U1	НВ			\$ 12.46	\$ 12.46	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	TT	НВ		\$ 23.28	\$ 23.28	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	TN	НВ		\$ 31.67	\$ 31.67	1 Way Trip	
Wheelchair Van, Denve	er Count	y							
Mileage Band 1 (0-10 miles)	A0130	U1	НВ	НХ		\$ 13.22	\$ 13.22	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	TT	НВ	НХ	\$ 24.62	\$ 24.62	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	TN	НВ	НХ	\$ 33.42	\$ 33.42	1 Way Trip	



**Elderly, Blind, and Disabled Waiver (EBD)** 

# Rates Effective May 1, 2024-June 30, 2024



Comice December	Proc	Mod	Mod	Mod	Mod		Rate	_	Rate	Heli Valer	0
Service Description	Code	#1	#2	#3	#4		ffective /01/2023		ffective /01/2024	Unit Value	Comments
Alternative Care Facility (ACF), Outside Denver County	T2031	U1				\$	96.65	\$	96.65	Day	
Alternative Care Facility (ACF), Denver County	T2031	U1				\$	103.15	\$	103.15	Day	
Consumer Direct Atter	ndant Su	pport	Servic	es (CI	DASS)	, Ou	tside Der	ver	County		
CDASS Homemaker	T2025	U1				\$	5.80	\$	5.80	15 Minutes	
CDASS Personal Care	T2025	U1				\$	5.80	\$	5.80	15 Minutes	
CDASS Health Maintenance	T2025	U1				\$	9.02	\$	9.02	15 Minutes	
Consumer Direct Atter	ndant Su	pport	Servic	es (Cl	DASS)	, De	nver Cou	nty			
CDASS Homemaker	T2025	U1				\$	6.18	\$	6.18	15 Minutes	
CDASS Personal Care	T2025	U1				\$	6.18	\$	6.18	15 Minutes	
CDASS Health Maintenance	T2025	U1				\$	9.18	\$	9.18	15 Minutes	
CDASS Per Member P	er Month	, By F	MS Ve	ndor							
Public Partnerships, LLC- FEA	T2040	U1				\$	103.21	\$	103.21	Month	
Palco- FEA	T2040	U1				\$	85.00	\$	85.00	Month	
Homemaker Services,	Outside	Denve	er Cou	nty							
Homemaker	S5130	U1				\$	6.57	\$	6.57	15 minutes	
Homemaker, Remote Supports	S5130	U1	SE			\$	2.44	\$	2.44	15 minutes	
Homemaker Services,	Denver	County	У								
Homemaker	S5130	U1	HX			\$	7.22	\$	7.22	15 minutes	
Homemaker, Remote Supports	S5130	U1	SE	НХ		\$	2.82	\$	2.82	15 minutes	
Home Modification	S5165	U1					NR*		NR*	Per Modification	\$14,000.00 Lifetime Maximum
In Home Support Serv	ices (IHS	SS), Ot	ıtside	Denve	r Cou	nty					-
IHSS Health Maintenance	H0038	U1				\$	8.72	\$	8.72	15 minutes	
IHSS Homemaker	S5130	U1	KX			\$	6.17	\$	6.17	15 minutes	
IHSS Personal Care	T1019	U1	KX			\$	6.17	\$	6.17	15 minutes	
IHSS Relative Personal Care	T1019	U1	HR	KX		\$	6.17	\$	6.17	15 minutes	Limited to 40 hours per week
In Home Support Serv	ices (IHS	SS), De	nver (	County	/						
IHSS Health Maintenance	H0038	U1	НХ			\$	9.05	\$	9.05	15 minutes	
IHSS Homemaker	S5130	U1	KX	НХ		\$	6.83	\$	6.83	15 minutes	



**Elderly, Blind, and Disabled Waiver (EBD)** 

# Rates Effective May 1, 2024-June 30, 2024



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2023		Rate ffective 6/01/2024	Unit Value	Comments
IHSS Personal Care	T1019	U1	KX			\$ 6.83	\$	6.83	15 minutes	
IHSS Relative Personal Care	T1019	U1	HR	КХ		\$ 6.83	\$	6.83	15 minutes	Limited to 40 hours per week
Medication Reminder										
Install/Purchase	T2029	U1				NR*		NR*	Per Purchase	1 unit = 1 purchase
Monitoring	S5185	U1				NR*		NR*	Month	1 unit = 1 month
Non Medical Transpor All types except Adult D		nited to	208 t	rips, oı	· 104 ro	ound trips per	ser	vice plan y	/ear	
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				\$ 10.50	\$	10.50	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	ТТ			\$ 19.31	\$	19.31	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	TN			\$ 28.70	\$	28.70	1 Way Trip	
Mobility Van, Denver C	County									
Mileage Band 1 (0-10 miles)	A0120	U1	НХ			\$ 11.14	\$	11.14	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	TT	НХ		\$ 20.41	\$	21.62	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	TN	НХ		\$ 30.27	\$	32.04	1 Way Trip	
Wheelchair Van, Outsi	de Denv	er Cou	ınty							
Mileage Band 1 (0-10 miles)	A0130	U1				\$ 12.46	\$	12.46	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	TT			\$ 23.28	\$	23.28	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	TN			\$ 31.67	\$	31.67	1 Way Trip	
Wheelchair Van, Denv	er Count	y								
Mileage Band 1 (0-10 miles)	A0130	U1	НХ			\$ 13.22	\$	13.22	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	TT	НХ		\$ 24.62	\$	24.62	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	TN	НХ		\$ 33.42	\$	33.42	1 Way Trip	
Non-Medical Transpor	tation, P	ublic	Γransi	t						
RTD	A0110	U1	TT			\$ 57.00	\$	27.00	Monthly	
RTD - To and from Adult Day	A0110	U1	TT	НВ		\$ 57.00	\$	27.00	Monthly	Effective January 1,
RTD	A0110	U1	TK			\$ 14.00	\$	13.50	3-Hour Pass 10-Ride Book	2024



**Elderly, Blind, and Disabled Waiver (EBD)** 

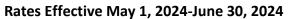
# Rates Effective May 1, 2024-June 30, 2024



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate fective 01/2023	Rate ffective 5/01/2024	Unit Value	Comments
RTD - To and from Adult Day	A0110	U1	TK	НВ		\$ 14.00	\$ 13.50	3-Hour Pass 10-Ride Book	
RTD	A0110	U1	TF			\$ 3.00	\$ 2.70	Day Pass	
RTD - To and from Adult Day	A0110	U1	TF	НВ		\$ 3.00	\$ 2.70	Day Pass	
RTD	A0110	U1	TN			\$ 1.50	\$ 1.35	3 Hour Pass	Effective January 1,
RTD - To and from Adult Day	A0110	U1	TN	НВ		\$ 1.50	\$ 1.35	3 Hour Pass	2024
Access-A-Ride	A0110	U1	SE			\$ 5.00	\$ 4.50	Single	
Access-A-Ride - To and from Adult Day	A0110	U1	SE	НВ		\$ 5.00	\$ 4.50	Single	
Access-A-Ride	A0110	U1	TG			\$ 30.00	\$ 27.00	6 Ride Book	
Access-A-Ride - To and from Adult Day	A0110	U1	TG	НВ		\$ 30.00	\$ 27.00	6 Ride Book	
Personal Care Service	s, Outsid	de Den	ver C	ounty					
Personal Care	T1019	U1				\$ 6.58	\$ 6.58	15 minutes	
Personal Care, Relative	T1019	U1	HR			\$ 6.17	\$ 6.17	15 minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
Personal Care, Remote Supports	T1019	U1	SE			\$ 2.32	\$ 2.32	15 minutes	
Personal Care Service	s, Denve	er Cou	nty						
Personal Care	T1019	U1				\$ 7.22	\$ 7.22	15 minutes	
Personal Care, Relative	T1019	U1	HR			\$ 6.83	\$ 6.83	15 minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
Personal Care, Remote Supports	T1019	U1	SE			\$ 2.37	\$ 2.37	15 minutes	
Personal Emergency F	Respons	e Syste	em (Pi	ERS)					
Install/Purchase	S5160	U1				NR*	NR*	Purchase	1 unit = 1 purchase
Monitoring	S5161	U1				NR*	NR*	Month	1 unit = 1 month
Remote Supports Tecl	nnology								
Remote Supports Install/Purchase	S5160	U1	SE			\$ 1.00	\$ 1.00	Dollar	1 unit = 1 dollar



**Elderly, Blind, and Disabled Waiver (EBD)** 

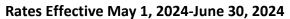




Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate fective 01/2023		Rate ffective /01/2024	Unit Value	Comments
Respite Care, Outside Combined maximum of				on peri	od for	Res	pite Care	prov	rided in ar	n ACF, In Home	e, or a Nursing Facility
ACF (Alternative Care Facility)	S5151	U1				\$	124.93	\$	124.93	Day	
In-Home Respite	S5150	U1				\$	6.82	\$	6.82	15 minutes	Not to exceed the Nursing Facility per diem (or 6.5 hours per day)
Respite Care, Denver of Combined maximum of		ner cei	tificati	on neri	ind for	Rasi	nite Care	nrov	vided in ar	ΔCF In Home	or a Nursing Facility
ACF (Alternative Care Facility)	S5151	U1	НХ	on pen	00 101	\$	133.80	\$	133.80		, or a rearising r domey
In-Home Respite	S5150	U1	НХ			\$	7.20	\$	7.20	15 minutes	Not to exceed the Nursing Facility per diem (or 6.5 hours per day)
Nursing Facility	H0045	U1				\$	190.25	\$	190.25	Day	
<b>Community Transition</b>	Service	s									
Coordinator	T2038	U1				\$	8.25	\$	8.25	15 minutes	40 units (10 hours); available up to 30 days after enrollment
Home Delivered Meals	S5170	U1				\$	12.33	\$	12.33	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment
Home Delivered Meals Post-Hospital Discharge, First Hospital Discharge	S5170	U1	TF			\$	12.33	\$	12.33	Per Meal	2 meals per day for 30 days
Home Delivered Meals Post-Hospital Discharge, Second Hospital Discharge	S5170	U1	TG			\$	12.33	\$	12.33	Per Meal	2 meals per day for 30 days
Life Skills Training	H2014	U1				\$	12.82	\$	12.82	15 minutes	24 units (6 hours) per day; up to 160 units (40 hours) per week. Available for 365 days after enrollment
Peer Mentorship	H2015	U1				\$	6.38	\$	6.38	15 minutes	Available for 365 days after enrollment



**Elderly, Blind, and Disabled Waiver (EBD)** 

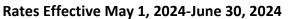




Version: 1.0 Issue Date: 04	1/18/2024	,											
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2023	Rate Effective 05/01/2024	Unit Value	Comments				
Setup Expenses	A9900	U1				\$ 1,500.00	\$ 2,000.00	One Time Payment	\$2000.00 available for up to 30 days following HCBS enrollment. An additional \$500.00 available with Department approval. Effective January 1, 2024				
		Legend											
CG	Policy (	Dicy criteria applied											
EY	HCPCS	CPCS Definition: No physician or other licensed health care provider order for this em/service											
НВ	To and	o and From Adult Day (HCPCS Defn: Adult Program, non-geriatric)											
HC	Adult P	Adult Program (HCPCS Defn: Geriatric)											
HR	Relative	provi	ding c	are (H	ICPCS	S Defn: Family/	Couple with c	:lient present)					
кх	In Home met)	Supp	ort Se	rvices	HCP) د	CS Defn: Req	uirements spe	ecified in the me	edical policy have been				
NR*	Negotia	ted Ra	ıte, wil	II vary	by cli	ent							
PUC*	Reimbu	rseme	nt bas	sed on	actua	ıl mileage at F	ublic Utility	Commission ap	pproved fare				
SE	State ar	ıd/or fe	ederal	ly func	ded pr	rograms/servi	ces						
TF	Interme	diate I	_evel c	of care	,								
TJ	Progran	n grou	p (HC	PCS D	Jefn: C	hild and/or add	olescent)						
тк	Extra pa	Extra patient or passenger, Non-Ambulance											
TN	Outside	Outside providers' customary service area											
TT	Individu	Individualized service provided to more than one client in the same setting											
TU	Special	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 Mental Health Supports (CMHS) Waiver**

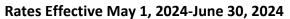




						Doto	Doto		
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate ffective 7/01/2023	Rate Effective 5/01/2024	Unit Value	Comments
Adult Day Services, C	Outside [	Denvei	Cour	nty					
Basic	S5100	UA				\$ 3.61	\$ 3.61	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	UA				\$ 44.14	\$ 44.14	1/2 Day	An individual unit is 3-5 hours per day; Maximum
Specialized	S5105	UA	TF			\$ 56.55	\$ 56.55	1/2 Day	520 units
Adult Day Services, D Effective July 1, 2023	enver C	ounty							
Basic	S5100	UA	НХ			\$ 3.99	\$ 3.99	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	UA	НХ			\$ 48.75	\$ 48.75	1/2 Day	An individual unit is 3-5
Specialized	S5105	UA	TF	НХ		\$ 61.17	\$ 61.17	1/2 Day	hours per day; Maximum 520 units
Adult Day Services Tr	ransport	ation							
Taxi	A0100	UA	НВ			PUC*	PUC*	1 Way Trip	Active PUC* taxi authority required
Mobility Van, Outside	Denver	Coun	ty						
Mileage Band 1 (0-10 Miles)	A0120	UA	НВ			\$ 10.50	\$ 10.50	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	UA	TT	НВ		\$ 19.31	\$ 19.31	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0120	UA	TN	НВ		\$ 28.70	\$ 28.70	1 Way Trip	
Mobility Van, Denver	County								
Mileage Band 1 (0-10 miles)	A0120	UA	НВ	НХ		\$ 11.14	\$ 11.14	1 Way Trip	
Mileage Band 2 (11- 20 miles)	A0120	UA	TT	НВ	НХ	\$ 20.41	\$ 20.41	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	UA	TN	НВ	НХ	\$ 30.27	\$ 30.27	1 Way Trip	
Wheelchair Van, Outs	ide Den	ver Co	ounty						
Mileage Band 1 (0-10 Miles)	A0130	UA	НВ			\$ 12.46	\$ 12.46	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	UA	TT	НВ		\$ 23.28	\$ 23.28	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0130	UA	TN	НВ		\$ 31.67	\$ 31.67	1 Way Trip	
Wheelchair Van, Denv	ver Cour	nty							
Mileage Band 1 (0-10 miles)	A0130	UA	НВ	НХ		\$ 13.22	\$ 13.22	1 Way Trip	
Mileage Band 2 (11- 20 miles)	A0130	UA	TT	НВ	НХ	\$ 24.62	\$ 24.62	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	UA	TN	НВ	НХ	\$ 33.42	\$ 33.42	1 Way Trip	



# **Community Mental Health Supports (CMHS) Waiver**

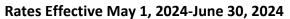




Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	_	Rate ffective /01/2023		Rate Effective 5/01/2024	Unit Value	Comments
Alternative Care Facility (ACF), Outside Denver County	T2031	UA				\$	96.65	\$	96.65	Day	May be different for clients with 300% income, use PETI for rate
Alternative Care Facility (ACF), Denver County	T2031	UA				\$	103.15	\$	103.15	Day	May be different for clients with 300% income, use PETI for rate
Consumer Directed A	ttendant	t Servi	ices (C	DASS	S), Out	side	e Denver (	Cou	nty		
CDASS Homemaker	T2025	UA				\$	5.80	\$	5.80	15 Minutes	
CDASS Personal Care	T2025	UA				\$	5.80	\$	5.80	15 Minutes	
CDASS Health Maintenance	T2025	UA				\$	9.02	\$	9.02	15 Minutes	
Consumer Directed A	ttendant	t Servi	ices (C	DASS	6), Der		County				
CDASS Homemaker	T2025	UA				\$	6.18	\$	6.18	15 Minutes	
CDASS Personal Care	T2025	UA				\$	6.18	\$	6.18	15 Minutes	
CDASS Health Maintenance	T2025	UA				\$	9.18	\$	9.18	15 Minutes	
CDASS Per Member F	Per Mont	h, By	FMS V	endoi	r						
Public Partnerships, LLC- FEA	T2040	UA				\$	103.21	\$	103.21	Month	
Palco- FEA	T2040	UA				\$	85.00	\$	85.00	Month	
Homemaker Services	, Outside	e Den	ver Co	unty							
Homemaker	S5130	UA				\$	6.57	\$	6.57	15 minutes	
Homemaker, Remote Supports	S5130	UA	SE			\$	2.44	\$	2.44	15 minutes	
Homemaker Services	, Denver	Coun	ity								
Homemaker	S5130	UA	НХ			\$	7.22	\$	7.22	15 minutes	
Homemaker, Remote Supports	S5130	UA	SE	НХ		\$	2.82	\$	2.82	15 minutes	
Home Modification	S5165	UA					NR*		NR*	Per Modification	\$14,000.00 Lifetime Maximum
Medication Reminder											
Install/Purchase	T2029	UA					NR*		NR*	Purchase	1 unit = 1 purchase
Monitoring	S5185	UA					NR*		NR*	Month	1 unit = 1 month
Mental Health Transit	ional Liv	ing H	omes								



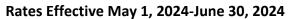
# **Community Mental Health Supports (CMHS) Waiver**





Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate fective 01/2023	Rate Effective 5/01/2024	Unit Value	Comments
Level 1	T2033	UA	НВ			\$	395.43	\$ 395.43	Day	
Non Medical Transpo All types except Adult I		imited	to 208	trips,	or 104	rour	nd trips			
Taxi	A0100	UA					PUC*	PUC*	1 Way Trip	Active PUC* taxi authority required
Mobility Van, Outside	Denver	Coun	ty							
Mileage Band 1 (0-10 Miles)	A0120	UA				\$	10.50	\$ 10.50	1 Way Trip	
Mileage Band 2 (11- 20 Miles)	A0120	UA	TT			\$	19.31	\$ 19.31	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0120	UA	TN			\$	28.70	\$ 28.70	1 Way Trip	
Mobility Van, Denver	County									
Mileage Band 1 (0-10 miles)	A0120	UA	НХ			\$	11.14	\$ 11.14	1 Way Trip	
Mileage Band 2 (11- 20 miles)	A0120	UA	TT	НХ		\$	20.41	\$ 20.41	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	UA	TN	НХ		\$	30.27	\$ 30.27	1 Way Trip	
Wheelchair Van, Outs	side Den	ver Co	ounty							
Mileage Band 1 (0-10 Miles)	A0130	UA				\$	12.46	\$ 12.46	1 Way Trip	
Mileage Band 2 (11- 20 Miles)	A0130	UA	TT			\$	23.28	\$ 23.28	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0130	UA	TN			\$	31.67	\$ 31.67	1 Way Trip	
Wheelchair Van, Denv	ver Cour	nty								
Mileage Band 1 (0-10 miles)	A0130	UA	НХ			\$	13.22	\$ 13.22	1 Way Trip	
Mileage Band 2 (11- 20 miles)	A0130	UA	TT	НХ		\$	24.62	\$ 24.62	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	UA	TN	НХ		\$	33.42	\$ 33.42	1 Way Trip	
Non-Medical Transpo	rtation,	Public	Trans	sit						
RTD	A0110	UA	TT			\$	57.00	\$ 27.00	Monthly	
RTD - To and from Adult Day	A0110	UA	TT	НВ		\$	57.00	\$ 27.00	Monthly	
RTD	A0110	UA	TK			\$	14.00	\$ 13.50	3-Hour Pass 10-Ride Book	
RTD - To and from Adult Day	A0110	UA	TK	НВ		\$	14.00	\$ 13.50	3-Hour Pass 10-Ride Book	Effective January 1, 2024
RTD	A0110	UA	TF			\$	3.00	\$ 2.70	Day Pass	
RTD - To and from Adult Day	A0110	UA	TF	НВ		\$	3.00	\$ 2.70	Day Pass	
RTD	A0110	UA	TN			\$	1.50	\$ 1.35	3 Hour Pass	

# **Community Mental Health Supports (CMHS) Waiver**

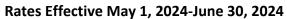




Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate Effective 7/01/2023		Rate Effective 5/01/2024	Unit Value	Comments
RTD - To and from Adult Day	A0110	UA	TN	НВ		\$	1.50	\$	1.35	3 Hour Pass	
Access-A-Ride	A0110	UA	SE			\$	5.00	\$	4.50	Single	
Access-A-Ride - To and from Adult Day	A0110	UA	SE	НВ		\$	5.00	\$	4.50	Single	Effective January 1, 2024
Access-A-Ride	A0110	UA	TG			\$	30.00	\$	27.00	6 Ride Book	-
Access-A-Ride - To and from Adult Day	A0110	UA	TG	НВ		\$	30.00	\$	27.00	6 Ride Book	
Personal Care Servic	es, Outs	ide De	nver (	Count	у						
Personal Care	T1019	UA				\$	6.58	\$	6.58	15 minutes	
Personal Care, Relative	T1019	UA	HR			\$	6.17	\$	6.17	15 minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
Personal Care, Remote Supports	T1019	UA	SE			\$	2.32	\$	2.32	15 minutes	
Personal Care Servic	es, Denv	er Co	unty								
Personal Care	T1019	UA				\$	7.22	\$	7.22	15 minutes	
Personal Care, Relative	T1019	UA	HR			\$	6.83	\$	6.83	15 minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
Personal Care, Remote Supports	T1019	UA	SE			\$	2.37	\$	2.37	15 minutes	
Personal Emergency	Respons	se Sys	tem (l	PERS)							
Install/Purchase	S5160	UA					NR*		NR*	Purchase	1 unit = 1 purchase
Monitoring	S5161	UA					NR*		NR*	Month	1 unit = 1 month
Remote Supports Ted	chnology	/									
Remote Supports Install/Purchase	S5160	UA	SE			\$	1.00	\$	1.00	Dollar	1 unit = 1 dollar
Respite Care, Outside Combined maximum o				tion pe	eriod fo	or R	espite Care	e pro	ovided in a	n ACF or a Nurs	ing Facility
ACF (Alternative Care Facility)	S5151	UA				\$	124.93	\$	124.93	Day	
Respite Care, Denver Combined maximum o		per ce	ertifica	tion pe	eriod fo	or R	espite Care	e pro	ovided in a	n ACF or a Nurs	ing Facility
ACF (Alternative Care Facility)	S5151	UA	НХ			\$	133.80	\$	133.80	Day	



# **Community Mental Health Supports (CMHS) Waiver**





Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	I Ettective I		Rate Effective 05/01/2024		Unit Value	Comments
Nursing Facility	H0045	UA				\$	190.25	\$	190.25	Day	
Community Transition	n Servic	es									
Coordinator	T2038	UA				\$	8.25	\$	8.25	15 minutes	40 units (10 hours); available up to 30 days after enrollment
Home Delivered Meals	S5170	UA				\$	12.33	\$	12.33	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment
Home Delivered Meals Post-Hospital Discharge, First Hospital Discharge	S5170	UA	TF			\$	12.33	\$	12.33	Per Meal	2 meals per day for 30 days
Home Delivered Meals Post-Hospital Discharge, Second Hospital Discharge	S5170	UA	TG			\$	12.33	\$	12.33	Per Meal	2 meals per day for 30 days
Life Skills Training	H2014	UA				\$	12.82	\$	12.82	15 minutes	24 units (6 hours) per day; up to 160 units (40 hours) per week. Available for 365 days after enrollment
Peer Mentorship	H2015	UA				\$	6.38	\$	6.38	15 minutes	Available for 365 days after enrollment
Setup Expenses	A9900	UA				\$	1,500.00	\$	2,000.00	One Time Payment	\$2000.00 available for up to 30 days following HCBS enrollment. An additional \$500.00 available with Department approval. Effective January 1, 2024

	Legend
CG	Policy criteria applied
EY	HCPCS Definition: No physician or other licensed health care provider order for this item/service
НВ	To and From Adult Day (HCPCS Defn: Adult Program, non-geriatric)
нс	Adult Program (HCPCS Defn: Geriatric)
HR	Relative providing care (HCPCS Defn: Family/Couple with client present)
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



### **Community Mental Health Supports (CMHS) Waiver**



Rates Effective May 1, 2024-June 30, 2024

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2023	Rate Effective 05/01/2024	Unit Value	Comments
TF	Interme	diate l	_evel (	of care	)				
TJ	Progran	n grou	ı <b>p</b> (HC	PCS [	Defn: C	hild and/or ad	olescent)		
TK	Extra pa	atient	or pas	senge	er, Nor	n-Ambulance			
TN	Outside	Provi	ders'	custor	nary s	ervice area			
TT	Individu	alized	servi	ce pro	vided	to more than	one client in	the same settin	ıg
TU	Special	Paym	ent Ra	ate (HC	CPCS	Defn: Overtime	e)		
UA	Commu state)	nity M	lental	Health	Supp	orts (HCPCS	Defn: Medicaio	d Level of Care	1, as defined by each



# **Brain Injury (BI) Waiver**

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



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate ffective /01/2023		Rate Effective 5/01/2024	Unit Value	Comments
Adult Day Services	S5100	U6				\$	7.44	\$	7.44	15 Minutes	Maximum of 8 units or two (2) hours per day
Adult Day Services	S5102	U6				\$	83.19	\$	83.19	Day	At least 2 or more hours of attendance, 1 or more days per week
Adult Day Services Tran	sportati	on									
Taxi	A0100	U6	НВ				PUC*		PUC*	1 Way Trip	Active PUC* taxi authority required
Mobility Van, Outside De	enver Co	unty									
Mileage Band 1 (0-10 Miles)	A0120	U6	НВ			\$	10.50	\$	10.50	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	U6	TT	НВ		\$	19.31	\$	19.31	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0120	U6	TN	НВ		\$	28.70	\$	28.70	1 Way Trip	
Mobility Van, Denver Co	unty										
Mileage Band 1 (0-10 miles)	A0120	U6	НВ	НХ		\$	11.14	\$	11.14	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U6	TT	НВ	НХ	\$	20.41	\$	20.41	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U6	TN	НВ	НХ	\$	30.27	\$	30.27	1 Way Trip	
Wheelchair Van, Outsid	e Denve	Coun	ty								
Mileage Band 1 (0-10 Miles)	A0130	U6	НВ			\$	12.46	\$	12.46	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	U6	TT	НВ		\$	23.28	\$	23.28	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0130	U6	TN	НВ		\$	31.67	\$	31.67	1 Way Trip	
Wheelchair Van, Denver	<b>County</b>										
Mileage Band 1 (0-10 miles)	A0130	U6	НВ	НХ		\$	13.22	\$	13.22	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U6	TT	НВ	НХ	\$	24.62	\$	24.62	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U6	TN	НВ	НХ	\$	33.42	\$	33.42	1 Way Trip	
Assistive Devices	T2029	U6					NR*		NR*	Per Purchase	1 unit = 1 purchase
Behavioral Services	H0025	U6				\$	15.84	\$	15.84	30 Minutes	
Day Treatment	H2018	U6				\$	89.07	\$	89.07		
Consumer Direct Attend	dant Sup	ports a	and Se	rvices	(CDAS	SS),	Outside D	env	ver Count	y	
CDASS Homemaker	T2025	U6				\$	5.80	\$		15 minutes	
CDASS Personal Care	T2025	U6				\$	5.80	\$	5.80	15 Minutes	
CDASS Health Maintenance	T2025	U6				\$	9.02	\$	9.02	15 minutes	



# **Brain Injury (BI) Waiver**

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



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate ffective /01/2023	Rate ffective //01/2024	Unit Value	Comments
Consumer Direct Attend	dant Sup	ports a	and Se	rvices	(CDAS					
CDASS Homemaker	T2025	U6				\$	6.18	\$ 6.18	15 minutes	
CDASS Personal Care	T2025	U6				\$	6.18	\$ 6.18	15 Minutes	
CDASS Health Maintenance	T2025	U6				\$	9.18	\$ 9.18	15 minutes	
CDASS Per Member Per	r Month,	By FM	S Vend	dor						
Public Partnerships, LLC- FEA	T2040	U6				\$	103.21	\$ 103.21	Month	
Palco- FEA	T2040	U6				\$	85.00	\$ 85.00	Month	
Home Modification	S5165	U6					NR*	NR*	Per Modification	\$14,000.00 Lifetime Maximum
Independent Living Skills Training (ILST)	T2013	U6				\$	12.82	\$ 12.82	15 minutes	
Medication Reminder			<u> </u>						•	
Install/Purchase	T2029	U6	SE				-	NR*	Per Purchase	1 unit = 1 purchase Effective May 1, 2024
Monitoring	S5185	U6					NR*	NR*	Month	1 unit = 1 month
Mental Health Counselin	ng									
Individual	H0004	U6				\$	27.45	\$ 27.45	15 minutes	
Family	H0004	U6	HR			\$	27.45	\$ 27.45	15 minutes	
Group	H0004	U6	HQ			\$	16.20	\$ 16.20	15 minutes	
Non Medical Transporta All types except Adult Da		ted to 2	208 trip	s, or 10	04 rour	nd tri	ips			
Taxi	A0100	U6					PUC*	PUC*	1 Way Trip	Active PUC* taxi authority required
Mobility Van, Outside D	enver Co	unty	•							
Mileage Band 1 (0-10 Miles)	A0120	U6				\$	10.50	\$ 10.50	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	U6	TT			\$	19.31	\$ 19.31	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0120	U6	TN			\$	28.70	\$ 28.70	1 Way Trip	
Mobility Van, Denver Co	ounty									
Mileage Band 1 (0-10 miles)	A0120	U6	НХ			\$	11.14	\$ 11.14	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U6	TT	НХ		\$	20.41	\$ 20.41	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U6	TN	НХ		\$	30.27	\$ 30.27	1 Way Trip	
Wheelchair Van, Outsid	e Denve	r Coun	ty							
Mileage Band 1 (0-10 Miles)	A0130	U6				\$	12.46	\$ 12.46	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	U6	TT			\$	23.28	\$ 23.28	1 Way Trip	



# **Brain Injury (BI) Waiver**

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



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Ef	Rate fective 01/2023	Eff	Rate fective 01/2024	Unit Value	Comments
Mileage Band 3 (over 20 Miles)	A0130	U6	TN			\$	31.67	\$	31.67	1 Way Trip	
Wheelchair Van, Denver	County										
Mileage Band 1 (0-10 Miles)	A0130	U6	НХ			\$	13.22	\$	13.22	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	U6	TT	НХ		\$	24.62	\$	24.62	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0130	U6	TN	НХ		\$	33.42	\$	33.42	1 Way Trip	
Non-Medical Transporta	ation, Pu	blic Tr	ansit								
RTD	A0110	U6	TT			\$	57.00	\$	27.00	Monthly	
RTD - To and from Adult Day	A0110	U6	TT	НВ		\$	57.00	\$	27.00	Monthly	
RTD	A0110	U6	TK			\$	14.00	\$	13.50	3-Hour Pass 10-Ride Book	
RTD - To and from Adult Day	A0110	U6	TK	НВ		\$	14.00	\$	13.50	3-Hour Pass 10-Ride Book	
RTD	A0110	U6	TF			\$	3.00	\$	2.70	Day Pass	]
RTD - To and from Adult Day	A0110	U6	TF	НВ		\$	3.00	\$	2.70	Day Pass	Effective January 1, 2024
RTD	A0110	U6	TN			\$	1.50	\$	1.35	3 Hour Pass	
RTD - To and from Adult Day	A0110	U6	TN	НВ		\$	1.50	\$	1.35	3 Hour Pass	
Access-A-Ride	A0110	U6	SE			\$	5.00	\$	4.50	Single	
Access-A-Ride - To and from Adult Day	A0110	U6	SE	НВ		\$	5.00	\$	4.50	Single	
Access-A-Ride	A0110	U6	TG			\$	30.00	\$	27.00	6 Ride Book	
Access-A-Ride - To and from Adult Day	A0110	U6	TG	НВ		\$	30.00	\$	27.00	6 Ride Book	
Personal Care Services	, Outside	Denv	er Cou	nty							
Personal Care	T1019	U6				\$	6.58	\$	6.58	15 minutes	
Personal Care, Relative	T1019	U6	HR			\$	6.17	\$	6.17	15 minutes	Maximum reimbursement not to exceed 1776 units (444 hours) per year
Personal Care, Remote Supports	T1019	U6	SE			\$	2.32	\$	2.32	15 minutes	
Personal Care Services	, Denver	Count	у							·	
Personal Care	T1019	U6				\$	7.22	\$	7.22	15 minutes	



# **Brain Injury (BI) Waiver**

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



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate ffective /01/2023		Rate ffective //01/2024	Unit Value	Comments
Personal Care, Relative	T1019	U6	HR			\$	6.83	\$	6.83	15 minutes	Maximum reimbursement not to exceed 1776 units (444 hours) per year
Personal Care, Remote Supports	T1019	U6	SE			\$	2.37	\$	2.37	15 minutes	
Personal Emergency Re	esponse	Syster	n (PER	S)							
Install/Purchase	S5160	U6					NR*		NR*	Per Purchase	1 unit = 1 purchase
Monitoring	S5161	U6					NR*		NR*	Month	1 unit = 1 month
Remote Supports Techi	nology										
Remote Supports Install/Purchase	S5160	U6	SE			\$	1.00	\$	1.00	Dollar	1 unit = 1 dollar
Respite Care, Outside De Combined maximum of 7		•	rtificatio	on peri	od for l	Resp	oite Care p	rovi	ded In Ho	me or in a Nur	sing Facility
In-Home Respite	S5150	U6				\$	6.82	\$	6.82	15 minutes	Not to exceed 8 hours per day
Respite Care, Denver Combined maximum of 7	•	per ce	rtificatio	on peri	od for l	Resp	oite Care p	rovi	ded In Ho	me or in a Nur	sing Facility
In-Home Respite , Denver County	S5150	U6	НХ			\$	7.20	\$	7.20	15 minutes	Not to exceed 8 hours per day
Nursing Facility	H0045	U6				\$	190.25	\$	190.25	Day	
Substance Abuse Coun	seling										
Family	T1006	U6	HR	HF		\$	65.51	\$	65.51	Hour	
Individual	H0047	U6	HF			\$	65.51	\$	65.51	Hour	
Group	H0047	U6	HQ	HF		\$	36.71	\$	36.71	Hour	
Transitional Living Prog	gram									T	
Transitional Living Program, Outside Denver County	T2016	U6				\$	713.78	\$	713.78	1 Day	
Transitional Living Program, Denver County	T2016	U6				\$	729.91	\$	729.91	1 Day	
Community Transition S	Services										
Coordinator	T2038	U6				\$	8.25	\$	8.25	15 minutes	40 units (10 hours); available up to 30 days after enrollment



# **Brain Injury (BI) Waiver**

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



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2023	Rate Effective 05/01/2024	Unit Value	Comments
Home Delivered Meals	S5170	U6				\$ 12.33	\$ 12.33	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment
Home Delivered Meals Post-Hospital Discharge, First Hospital Discharge	S5170	U6	TF			\$ 12.33	\$ 12.33	Per Meal	2 meals per day for 30 days
Home Delivered Meals Post-Hospital Discharge, Second Hospital Discharge	S5170	U6	TG			\$ 12.33	\$ 12.33	Per Meal	2 meals per day for 30 days
Peer Mentorship	H2015	U6				\$ 6.38	\$ 6.38	15 minutes	Available for 365 days after enrollment
Setup Expenses	A9900	U6				\$ 1,500.00	\$ 2,000.00	One Time Payment	\$2000.00 available for up to 30 days following HCBS enrollment. An additional \$500.00 available with Department approval. Effective January 1, 2024
Supported Living Progr	am, Outs	side De	enver C	County			-		
Tier 1	T2033	U6				\$ 228.45	\$ 228.45	1 Day	
Tier 2	T2033	U6	НВ			\$ 265.84	\$ 265.84	1 Day	
Tier 3	T2033	U6	HE			\$ 295.71	\$ 295.71	1 Day	
Tier 4	T2033	U6	HK			\$ 353.18	\$ 353.18	1 Day	
Tier 5	T2033	U6	НВ	HE		\$ 388.26	\$ 388.26	1 Day	
Tier 6	T2033	U6	НВ	HK		\$ 430.39	\$ 430.39	1 Day	
Tier 7	T2033	U6	НВ	HK	SC	NR*	NR*	1 Day	
Supported Living Progr	am, Den	ver Co	unty						
Tier 1	T2033	U6				\$ 233.66	\$ 233.66	1 Day	
Tier 2	T2033	U6	НВ			\$ 273.51	\$ 273.51	1 Day	
Tier 3	T2033	U6	HE			\$ 304.91	\$ 304.91	1 Day	
Tier 4	T2033	U6	НК			\$ 365.57	\$ 365.57	1 Day	
Tier 5	T2033	U6	НВ	HE		\$ 402.74	\$ 402.74	1 Day	



# **Brain Injury (BI) Waiver**

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



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2023	Rate Effective 05/01/2024	Unit Value	Comments
Tier 6	T2033	U6	НВ	HK		\$ 447.71	\$ 447.71	1 Day	
Tier 7	T2033	U6	НВ	HK	sc	-	NR*	1 Day	

	Legend
CG	Policy criteria applied
EY	HCPCS Definition: No physician or other licensed health care provider order for this item/service
FS*	Facility Specific rate determined using acuity scores by the Dept.
НВ	To and From Adult Day (HCPCS Defn: Adult Program, non-geriatric)
HC	Adult Program (HCPCS Defn: Geriatric)
HE	Mental Health Program
HF	Substance Abuse Program
HQ	Group Setting
HR	Relative providing care (HCPCS Defn: Family/Couple with client present)
NR*	Negotiated Rate, will vary by client
PUC*	Reimbursement based on actual mileage at Public Utility Commission approved fare
SE	State and/or federally funded programs/services
TJ	Program group (HCPCS Defn: Child and/or adolescent)
TK	Extra patient or passenger, Non-Ambulance
TN	Outside Providers' customary service area
TT	Individualized service provided to more than one client in the same setting
TU	Special Payment Rate (HCPCS Defn: Overtime)
U6	Brain Injury (HCPCS Defn: Medicaid Level of Care 1, as defined by each state)



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



Rates Effective May 1, 2024-June 30, 2024

Version: 1.0 Issue Date	. 0 <del>-1</del> /10/2	.024					Rate		Rate		
Service	Proc	Mod	Mod	Mod	Mod		ective	Ef	ffective	Unit Value	Comments
Description	Code	#1	#2	#3	#4	07/0	1/2023	05	/01/2024		
Adult Day Services, Maximum 520 units	, Outside	Denve	er Cou	nty							
Basic	S5100	U1	SC			\$	3.61	\$	3.61	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	U1	SC			\$	44.14	\$	44.14	1/2 Day	An individual unit is 3-5 hours per day; Maximum
Specialized	S5105	U1	sc	TF		\$	56.55	\$	56.55	1/2 Day	520 units
Adult Day Services, Maximum 520 units	, Denver	Count	у								
Basic	S5100	U1	SC	НХ		\$	3.99	\$	3.99	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	U1	SC	НХ		\$	48.75	\$	48.75	1/2 Day	An individual unit is 3-5 hours per day; Maximum
Specialized	S5105	U1	sc	TF	НХ	\$	61.17	\$	61.17	1/2 Day	520 units
Adult Day Program Use HB modifier for t				day pro	gram.						
Taxi	A0100	U1	SC	НВ		PUC	)*		PUC*	1 Way Trip	Active PUC* taxi authority required
Mobility Van, Outsid	de Denve	er Cou	nty								
Mileage Band 1 (0-10 miles)	A0120	U1	SC	НВ		\$	10.50	\$	10.50	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	SC	ST		\$	19.31	\$	19.31	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	sc	TU		\$	28.70	\$	28.70	1 Way Trip	
Mobility Van, Denve	er County	/									
Mileage Band 1 (0-10 miles)	A0120	U1	SC	НВ	НХ	\$	11.14	\$	11.14	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	SC	ST	НХ	\$	20.41	\$	20.41	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	SC	TU	НХ	\$	30.27	\$	30.27	1 Way Trip	
Wheelchair Van, Oเ	ıtside De	nver C	County								
Mileage Band 1 (0-10 miles)	A0130	U1	sc	НВ		\$	12.46	\$	12.46	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	sc	ST		\$	23.28	\$	23.28	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	SC	TU		\$	31.67	\$	31.67	1 Way Trip	
Wheelchair Van, De	nver Co	unty									
Mileage Band 1 (0-10 miles)	A0130	U1	SC	НВ	НХ	\$	13.22	\$	13.22	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	SC	ST	НХ	\$	24.62	\$	24.62	1 Way Trip	



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



Rates Effective May 1, 2024-June 30, 2024

Version: 1.0 Issue Date	: 04/18/2	024									
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate fective 01/2023	_	Rate ffective /01/2024	Unit Value	Comments
Mileage Band 3 (over 20 miles)	A0130	U1	SC	TU	НХ	\$	33.42	\$	33.42	1 Way Trip	
Complementary and	l Integra	tive He	ealth S	ervice	s						
Acupuncture	97810	U1	sc			\$	19.88	\$	19.88	15 Minutes	
Acupuncture	97811	U1	SC			\$	19.88	\$	19.88	15 Minutes	
Acupuncture	97813	U1	SC			\$	19.88	\$	19.88	15 Minutes	Combined maximum of 408 units.
Acupuncture	97814	U1	SC			\$	19.88	\$	19.88	15 Minutes	400 driits.
Chiropractic	98942	U1	SC			\$	25.59	\$	25.59	15 Minutes	
Massage	97124	U1	SC			\$	20.57	\$	20.57	15 Minutes	
Consumer Directed	Attenda	nt Sup	port S	ervice	s (CDA	(SS	, Outside	De	nver Cou	nty	
CDASS Homemaker	T2025	U1	SC			\$	5.80	\$	5.80	15 Minutes	
CDASS Personal Care	T2025	U1	SC			\$	5.80	\$	5.80	15 Minutes	
CDASS Health Maintenance	T2025	U1	sc			\$	9.02	\$	9.02	15 Minutes	
Consumer Directed	Attenda	nt Sup	port S	ervice	s (CDA	(SS	, Denver	Coı	ınty		
CDASS Homemaker	T2025	U1	SC			\$	6.18	\$	6.18	15 Minutes	
CDASS Personal Care	T2025	U1	sc			\$	6.18	\$	6.18	15 Minutes	
CDASS Health Maintenance	T2025	U1	SC			\$	9.18	\$	9.18	15 Minutes	
CDASS Per Member	Per Mo	nth, By	y FMS	Vendo	r						
Public Partnerships, LLC- FEA	T2040	U1	sc			\$	103.21	\$	103.21	Month	
Palco- FEA	T2040	U1	SC			\$	85.00	\$	85.00	Month	
Homemaker Service	es, Outsi	ide Dei	nver S	ervices	3						
Homemaker	S5130	U1	SC			\$	6.57	\$	6.57	15 Minutes	
Homemaker, Remote Supports	S5130	U1	SC	SE		\$	2.44	\$	2.44	15 minutes	
Homemaker Service	es, Denv	er Serv	vices								
Homemaker	S5130	U1	SC	НХ		\$	7.22	\$	7.22	15 Minutes	
Homemaker, Remote Supports	S5130	U1	SC	SE	НХ	\$	2.82	\$	2.82	15 minutes	
Home Modification	S5165	U1	sc			NR	*		NR*	Per Modification	\$14,000.00 Lifetime Maximum
In-Home Support Se	ervices (	IHSS),	Outsid	de Den	ver Co	unty	/				
IHSS Health Maintenance	H0038	U1	SC			\$	8.72	\$	8.72	15 Minutes	
IHSS Homemaker	S5130	U1	SC	KX		\$	5.81	\$	6.17	15 Minutes	
IHSS Personal Care	T1019	U1	SC	KX		\$	6.17	\$	6.17	15 Minutes	



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



Rates Effective May 1, 2024-June 30, 2024

/ersion: 1.0 Issue Date: 04/18/2024												
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	Rate ective 1/2023		Rate fective 01/2024	Unit Value	Comments	
IHSS Relative Personal Care	T1019	U1	sc	HR	KX	\$	6.17	\$	6.17	15 Minutes	Limited to 40 hours per week	
In-Home Support Se	ervices (	IHSS),	Denve	r Cou	nty							
IHSS Health Maintenance	H0038	U1	sc	НХ		\$	9.05	\$	9.05	15 Minutes		
IHSS Homemaker	S5130	U1	SC	KX	HX	\$	6.83	\$	6.83	15 Minutes		
IHSS Personal Care	T1019	U1	SC	KX		\$	6.83	\$	6.83	15 Minutes		
IHSS Relative Personal Care	T1019	U1	sc	HR	KX	\$	6.83	\$	6.83	15 Minutes	Limited to 40 hours per week	
Medication Reminde	er											
Install/Purchase	T2029	U1	sc			NR*			NR*	Per Purchase	1 unit = 1 purchase	
Monitoring	S5185	U1	SC			NR*			NR*	Month	1 unit = 1 month	
Non Medical Transp All types except Adul			d to 20	8 trips,	or 104	round	d trips pe	er se	rvice plar	ı year		
Taxi	A0100	U1	SC			PUC	<b>;</b> *		PUC*	1 Way Trip	Active PUC* taxi authority required	
Mobility Van, Outsic	de Denve	er Cou	nty									
Mileage Band 1 (0- 10 miles)	A0120	U1	SC			\$	10.50	\$	10.50	1 Way Trip		
Mileage Band 2 (11- 20 miles)	A0120	U1	sc	TT		\$	19.31	\$	19.31	1 Way Trip		
Mileage Band 3 (over 20 miles)	A0120	U1	SC	TN		\$	28.70	\$	28.70	1 Way Trip		
Mobility Van, Denve	r County	у										
Mileage Band 1 (0- 10 miles)	A0120	U1	SC	НХ		\$	11.14	\$	11.14	1 Way Trip		
Mileage Band 2 (11- 20 miles)	A0120	U1	sc	TT	НХ	\$	20.41	\$	20.41	1 Way Trip		
Mileage Band 3 (over 20 miles)	A0120	U1	SC	TN	НХ	\$	30.27	\$	30.27	1 Way Trip		
Wheelchair Van, Ou	tside De	nver C	ounty									
Mileage Band 1 (0- 10 miles)	A0130	U1	SC			\$	12.46	\$	12.46	1 Way Trip		
Mileage Band 2 (11- 20 miles)	A0130	U1	sc	TT		\$	23.28	\$	23.28	1 Way Trip		
Mileage Band 3 (over 20 miles)	A0130	U1	sc	TN		\$	31.67	\$	31.67	1 Way Trip		
Wheelchair Van, De	nver Co	unty										
Mileage Band 1 (0- 10 miles)	A0130	U1	sc	НХ		\$	13.22	\$	13.22	1 Way Trip		
Mileage Band 2 (11- 20 miles)	A0130	U1	sc	TT	НХ	\$	24.62	\$	24.62	1 Way Trip		
Mileage Band 3 (over 20 miles)	A0130	U1	sc	TN	НХ	\$	33.42	\$	35.37	1 Way Trip		



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



Rates Effective May 1, 2024-June 30, 2024

Version: 1.0 Issue Date						Rate	Rate		
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Iffective 1/01/2023	ffective /01/2024	Unit Value	Comments
Non-Medical Transp	ortation	, Publi	c Tran	sit		70 11 20 20			
RTD	A0110	U1	SC	TT		\$ 57.00	\$ 27.00	Monthly	
RTD - To and from Adult Day	A0110	U1	SC	TT	НВ	\$ 57.00	\$ 27.00	Monthly	
RTD	A0110	U1	SC	TK		\$ 14.00	\$ 13.50	3-Hour Pass 10-Ride Book	
RTD - To and from Adult Day	A0110	U1	SC	TK	НВ	\$ 14.00	\$ 13.50	3-Hour Pass 10-Ride Book	
RTD	A0110	U1	SC	TF		\$ 3.00	\$ 2.70	Day Pass	
RTD - To and from Adult Day	A0110	U1	sc	TF	НВ	\$ 3.00	\$ 2.70	Day Pass	Effective January 1, 2024
RTD	A0110	U1	SC	TN		\$ 1.50	\$ 1.35	3 Hour Pass	
RTD - To and from Adult Day	A0110	U1	sc	TN	НВ	\$ 1.50	\$ 1.35	3 Hour Pass	
Access-A-Ride	A0110	U1	SC	SE		\$ 5.00	\$ 4.50	Single	1
Access-A-Ride - To and from Adult Day	A0110	U1	sc	SE	НВ	\$ 5.00	\$ 4.50	Single	
Access-A-Ride	A0110	U1	SC	TG		\$ 30.00	\$ 27.00	6 Ride Book	1
Access-A-Ride - To and from Adult Day	A0110	U1	sc	TG	НВ	\$ 30.00	\$ 27.00	6 Ride Book	
Personal Care Servi	ices, Ou	tside C	enver	Count	.y				
Personal Care	T1019	U1	sc			\$ 6.58	\$ 6.58	15 Minutes	
Relative Personal Care	T1019	U1	SC	HR		\$ 6.17	\$ 6.17	15 Minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
Personal Care, Remote Supports	T1019	U1	sc	SE		\$ 2.32	\$ 2.32	15 minutes	
Personal Care Servi	ices, Dei	nver C	ounty						
Personal Care	T1019	U1	SC			\$ 7.22	\$ 7.22	15 Minutes	
Relative Personal Care	T1019	U1	SC	HR		\$ 6.83	\$ 6.83	15 Minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
Personal Care, Remote Supports	T1019	U1	sc	SE		\$ 2.37	\$ 2.37	15 minutes	
Personal Emergence	y Respo	nse Sy	/stem (	(PERS	)				
Install/Purchase	S5160	U1	SC			NR*	NR*	Purchase	1 unit = 1 purchase
Monitoring	S5161	U1	sc			NR*	NR*	Month	1 unit = 1 month
Remote Supports T	echnolo	gy							



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



Rates Effective May 1, 2024-June 30, 2024

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate ffective /01/2023		Rate ffective /01/2024	Unit Value	Comments
Remote Supports Install/Purchase	S5160	U1	SC	SE		\$	1.00	\$	1.00	Dollar	1 unit = 1 dollar
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 Facilit									me, or a Nursing Facility		
ACF (Alternative Care Facility)	S5151	U1	SC			\$	124.93	\$	124.93		
In-Home Respite	S5150	U1	SC			\$	6.82	\$	6.82	15 Minutes	Not to exceed the Nursing Facility per diem (or 6.5 hours per day)
Respite Care, Denve			certifica	ation pe	eriod fo	or Re	espite Car	e pr	ovided in	an ACF. In Ho	me, or a Nursing Facility
ACF (Alternative Care Facility)	S5151	U1	sc	НХ		\$	133.80	\$	133.80	Day	
In-Home Respite	S5150	U1	SC	НХ		\$	7.20	\$	7.20	15 Minutes	Not to exceed the Nursing Facility per diem (or 6.5 hours per day)
Nursing Facility	H0045	U1	SC			\$	190.25	\$	190.25	Day	
Community Transiti	on Serv	ices								-	
Coordinator	T2038	U1	SC			\$	8.25	\$	8.25	15 minutes	40 units (10 hours); available up to 30 days after enrollment
Home Delivered Meals	S5170	U1	SC			\$	12.33	\$	12.33	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment
Home Delivered Meals Post-Hospital Discharge, First Hospital Discharge	S5170	U1	SC	TF		\$	12.33	\$	12.33	Per Meal	2 meals per day for 30 days
Home Delivered Meals Post-Hospital Discharge, Second Hospital Discharge	S5170	U1	SC	TG		\$	12.33	\$	12.33	Per Meal	2 meals per day for 30 days
Life Skills Training	H2014	U1	SC			\$	12.82	\$	12.82	15 minutes	24 units (6 hours) per day; up to 160 units (40 hours) per week. Available for 365 days after enrollment
Peer Mentorship	H2015	U1	SC			\$	6.38	\$	6.38	15 minutes	Available for 365 days after enrollment



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



Rates Effective May 1, 2024-June 30, 2024

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2023	Rate Effective 05/01/2024	Unit Value	Comments
Setup Expenses	A9900	U1	SC			\$ 1,500.00	* 2000000	One Time Payment	\$2000.00 available for up to 30 days following HCBS enrollment. An additional \$500.00 available with Department approval. Effective January 1, 2024

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



#### FY 23-24 Rate Schedules

Rates Effective July 1, 2023-June 30, 2024



ADJUSTMENT TABLE					
Across the Board Increase Effective July 1, 2023					
Service Title	PERCENT	MULTIPLIER			
	CHANGE				
HCBS EBD	3.000%				
HCBS CMHS	3.000%	1.03000 1.03000			
HCBS BI	3.000%	1.03000			
HCBS CIH	3.000%	1.03000			
HCBS DD	3.000%	1.03000			
HCBS SLS	3.000%	1.03000			
HCBS/DDD/DHS CES	3.000%	1.03000			
HCBS/DDD/DHS CLLI	3.000%	1.03000			
HCBS/DDD/DHS CHCBS	3.000%				
HCBS/DDD/DHS CHRP	3.000%	1.03000			
Base Wage Rate Increase Effective July 1, 2					
Service Title	PERCENT	MULTIPLIER			
	CHANGE				
Adult Day Services, Basic 15 min increment - Outside Denver	5.723%				
Adult Day Services, Basic - Outside Denver	5.558%				
Adult Day Services, Specialized - Outside Denver	4.268%	1.04268			
Alternative Care Facility - Outside Denver	3.516%	1.03516			
CDASS Health Maintenance - Outside Denver	2.193%				
CDASS Homemaker - Outside Denver	3.486%	1.03486			
CDASS Personal Care - Outside Denver	3.486%	1.03486			
CDASS SLS Health Maintenance - Outside Denver	2.193%	1.02193			
CDASS SLS Homemaker - Outside Denver	3.486%	1.03486			
CDASS SLS Homemaker Enhanced - Outside Denver	2.255%	1.02255			
CDASS SLS Personal Care - Outside Denver	2.728%	1.02728			
Community Connector - CES - Outside Denver	1.732%	1.01732			
Community Connector - CHRP - Outside Denver	1.732%				
CHRP Foster Home - Level 1 - Outside Denver	11.025%				
CHRP Foster Home - Level 2 - Outside Denver	10.105%	1.10105			
CHRP Foster Home - Level 3 - Outside Denver	10.472%	1.10472			
CHRP Foster Home - Level 4 - Outside Denver	10.864%	1.10864			
CHRP Foster Home - Level 5 - Outside Denver	11.309%	1.11309			
CHRP Foster Home - Level 6 - Outside Denver	11.800%	1.11800			
CHRP Group Home - Level 1 - Outside Denver	2.238%	1.02238			
CHRP Group Home - Level 2 - Outside Denver	2.361%	1.02361			
CHRP Group Home - Level 3 - Outside Denver	2.487%	1.02487			
CHRP Group Home - Level 4 - Outside Denver	2.603%	1.02603			
CHRP Group Home - Level 5 - Outside Denver	2.724%	1.02724			
CHRP Group Home - Level 6 - Outside Denver	2.844%	1.02844			
Homemaker - Outside Denver	3.069%	1.03069			



#### FY 23-24 Rate Schedules

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



ISSUE Date: 01/29/2024		
Homemaker - Remote Supports - Outside Denver	8.716%	1.08716
Homemaker SLS CES - Outside Denver	3.578%	1.03578
Enhanced Homemaker SLS CES - Outside Denver	2.317%	1.02317
IHSS Health Maintenance - CHCBS - Outside Denver	0.355%	1.00355
IHSS Health Maintenance - Adult Waivers - Outside Denver	2.295%	1.02295
IHSS Homemaker - Outside Denver	3.270%	1.03270
IHSS Personal Care - Outside Denver	3.270%	1.03270
IHSS Relative Personal Care - Outside Denver	3.270%	1.03270
Mobility Van - Mileage Band (0-10 miles) - Outside Denver	3.134%	1.03134
Mobility Van - Mileage Band (11-20 miles) - Outside Denver	2.907%	1.02907
Mobility Van - Mileage Band (over 20 miles) - Outside Denver	2.839%	1.02839
Mobility Van - Mileage Band (0-10 miles) DD, SLS - Outside		
Denver	16.079%	1.16079
Mobility Van - Mileage Band (11-20 miles) DD, SLS - Outside		
Denver	4.242%	1.04242
Mobility Van - Mileage Band (over 20 miles), DD, SLS - Outside		
Denver	4.245%	1.04245
Personal Care - Outside Denver	3.065%	1.03065
Personal Care, Relative - Outside Denver	3.270%	1.03270
Developed Constitution of the Constitution of	2.6020/	4 02502
Personal Care SLS - Outside Denver	2.603%	1.02603
Personal Care - Remote Supports - Outside Denver	8.716%	1.08716
Residential Habilitation- Group Home, Level 1 - Outside Denver	1.075%	1.01075
Residential Habilitation- Group Home, Level 2 - Outside Denver	0.768%	1.00768
Residential Habilitation- Group Home, Level 3 - Outside Denver	0.772%	1.00772
Residential Habilitation- Group Home, Level 4 - Outside Denver	0.437%	1.00437
Residential Habilitation- Group Home, Level 5 - Outside Denver	0.227%	1.00227
Residential Habilitation- Group Home, Level 6 - Outside Denver	0.541%	1.00541
Residential Habilitation- Individual Residential Services and		
Supports, Level 1 - Outside Denver	3.278%	1.03278
Residential Habilitation- Individual Residential Services and		
Supports, Level 2 - Outside Denver	3.440%	1.03440
Residential Habilitation- Individual Residential Services and		
Supports, Level 3 - Outside Denver	3.621%	1.03621
Residential Habilitation- Individual Residential Services and		
Supports, Level 4 - Outside Denver	3.815%	1.03815
Residential Habilitation- Individual Residential Services and		
Supports, Level 5 - Outside Denver	4.036%	1.04036
	-	



#### FY 23-24 Rate Schedules

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



133ue Date. 01/25/2024	ı	
Residential Habilitation- Individual Residential Services and		
Supports, Level 6 - Outside Denver	4.280%	1.04280
Residential Habilitation- Individual Residential Services and		
Supports Host Home Level 1 - Outside Denver	3.269%	1.03269
Residential Habilitation- Individual Residential Services and		
Supports Host Home Level 2 - Outside Denver	3.439%	1.03439
Residential Habilitation- Individual Residential Services and		
Supports Host Home Level 3 - Outside Denver	3.617%	1.03617
Residential Habilitation- Individual Residential Services and		
Supports Host Home Level 4 - Outside Denver	3.812%	1.03812
Residential Habilitation- Individual Residential Services and		
Supports Host Home Level 5 - Outside Denver	4.031%	1.04031
Residential Habilitation- Individual Residential Services and		
Supports Host Home Level 6 - Outside Denver	4.276%	1.04276
Enhanced Homemaker - Outside Denver	2.603%	1.02603
In-Home Respite - SLS, CES, EBD, BI, CIH - Outside Denver	2.950%	1.02950
Alternative Care Facility Respite - EBD, CIH, CMHS - Outside		
Denver	3.769%	1.03769
Individual Day Respite - SLS, CES - Outside Denver	4.857%	1.04857
Unskilled Respite (4 hours or less) - CLLI - Outside Denver	3.025%	1.03025
Unskilled Respite (4 hours or more) - CLLI - Outside Denver	5.077%	1.05077
CNA Respite (4 hours or less) - CLLI - Outside Denver	2.520%	1.02520
CNA Respite (4 hours or more) - CLLI - Outside Denver	3.361%	1.03361
Skilled RN/LPN Respite (4 hours or less) - CLLI - Outside Denver	1.159%	1.01159
Skilled RN/LPN Respite (4 hours or more) - CLLI - Outside Denver	3.837%	1.03837
Camp (Group, Overnight) - CLLI - Outside Denver	4.790%	1.04790
Individual Respite - In Family Home - CHRP - Outside Denver	2.950%	1.02950
Individual Day Respite - In Family Home - CHRP - Outside Denver	7.913%	1.07913
Job Coaching - Individual - Outside Denver	1.225%	1.01225
Job Coaching - Level 1 - Outside Denver	4.460%	1.04460
Job Coaching - Level 2 - Outside Denver	4.121%	1.04121
Job Coaching - Level 3 - Outside Denver	3.755%	1.03755
Job Coaching - Level 4 - Outside Denver	3.310%	1.03310
Job Coaching - Level 5 - Outside Denver	2.832%	1.02832
Job Coaching - Level 6 - Outside Denver	2.214%	1.02214
Job Development, Group - Outside Denver	3.519%	1.03519
Job Development, Individual Levels 1-2 - Outside Denver	1.225%	1.01225
Job Development, Individual Levels 3-4 - Outside Denver	1.225%	1.01225
Job Development, Individual Levels 5-6 - Outside Denver	1.225%	1.01225
Mentorship SLS - Outside Denver	1.574%	1.01574
Personal Care - Outside Denver	2.603%	1.02603



#### FY 23-24 Rate Schedules

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



issue Date: 01/29/2024		
Personal Care Remote Supports - Outside Denver	3.211%	1.03211
Personal Care, Relative - Outside Denver	2.603%	1.02603
Personal Care SLS - Outside Denver	2.836%	1.02836
Prevocational Services, Level 1 - Outside Denver	5.672%	1.05672
Prevocational Services, Level 2 - Outside Denver	5.249%	1.05249
Prevocational Services, Level 3 - Outside Denver	4.798%	1.04798
Prevocational Services, Level 4 - Outside Denver	4.185%	1.04185
Prevocational Services, Level 5 - Outside Denver	3.480%	1.03480
Prevocational Services, Level 6 - Outside Denver	2.517%	1.02517
Specialized Habilitation - Level 1 - Outside Denver	5.672%	1.05672
Specialized Habilitation - Level 2 - Outside Denver	5.249%	1.05249
Specialized Habilitation - Level 3 - Outside Denver	4.798%	1.04798
Specialized Habilitation - Level 4 - Outside Denver	4.185%	1.04185
Specialized Habilitation - Level 5 - Outside Denver	3.480%	1.03480
Specialized Habilitation - Level 6 - Outside Denver	2.517%	1.02517
Specialized Habilitation - Level 7 - Outside Denver	1.649%	1.01649
Supported Community Connections - Level 1 - Outside Denver	4.822%	1.04822
Supported Community Connections - Level 2 - Outside Denver	4.481%	1.04481
Supported Community Connections - Level 3 - Outside Denver	4.034%	1.04034
Supported Community Connections - Level 4 - Outside Denver	3.585%	1.03585
Supported Community Connections - Level 5 - Outside Denver	3.040%	1.03040
Supported Community Connections - Level 6 - Outside Denver	2.369%	1.02369
Supported Community Connections - Level 7 - Outside Denver	1.649%	1.01649
Supported Living Program - Tier 1 - Outside Denver	1.158%	1.01158
Supported Living Program - Tier 2 - Outside Denver	1.470%	1.01470
Supported Living Program - Tier 3 - Outside Denver	1.584%	1.01584
Supported Living Program - Tier 4 - Outside Denver	1.792%	1.01792
Supported Living Program - Tier 5 - Outside Denver	1.905%	1.01905
Supported Living Program - Tier 6 - Outside Denver	2.058%	1.02058
Transitional Living Program - Outside Denver	3.598%	1.03598
Wheelchair Van - Mileage Band (0-10 miles) - Outside Denver	3.152%	1.03152
Wheelchair Van - Mileage Band (11-20 miles) - Outside Denver	2.959%	1.02959
Wheelchair Van - Mileage Band (over 20 miles) - Outside Denver	2.841%	1.02841
Adult Day Services, Basic 15 min increment - Denver	17.169%	1.17169



#### FY 23-24 Rate Schedules

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



issue Date: 01/29/2024		
Adult Day Services, Basic- Denver	16.896%	1.16896
Adult Day Services, Specialized- Denver	13.031%	1.13031
Alternative Care Facility - Denver	10.679%	1.10679
Basic Homemaker SLS - Denver	5.546%	1.05546
Basic Homemaker CES - Denver	5.546%	1.05546
CDASS Health Maintenance - Denver	4.144%	1.04144
CDASS Homemaker - Denver	10.459%	1.10459
CDASS Personal Care - Denver	10.459%	1.10459
CDASS Homemaker- Denver	10.063%	1.10063
Community Connector - CHRP Denver	5.196%	1.05196
CDASS SLS Health Maintenance - Denver	4.142%	1.04142
CDASS SLS Personal Care - Denver	5.146%	1.05146
CDASS SLS Homemaker - Denver	6.577%	1.06577
CDASS Enhanced Homemaker SLS CES- Denver	4.110%	1.04110
CHRP Foster Home - Level 1 - Denver	19.304%	1.19304
CHRP Foster Home - Level 2 - Denver	22.470%	1.22470
CHRP Foster Home - Level 3 - Denver	23.175%	1.23175
CHRP Foster Home - Level 4 - Denver	23.918%	1.23918
CHRP Foster Home - Level 5 - Denver	24.724%	1.24724
CHRP Foster Home - Level 6 - Denver	25.597%	1.25597
CHRP Group Home - Level 1 - Denver	7.795%	1.07795
CHRP Group Home - Level 2 - Denver	8.185%	1.08185
CHRP Group Home - Level 3 - Denver	8.615%	1.08615
CHRP Group Home - Level 4 - Denver	9.013%	1.09013
CHRP Group Home - Level 5 - Denver	9.480%	1.09480
CHRP Group Home - Level 6 - Denver	9.955%	1.09955
Homemaker - Denver	5.405%	1.05405
Homemaker - Remote Supports- Denver	26.147%	1.26147
Homemaker SLS CES - Denver	5.732%	1.05732
IHSS Health Maintenance - CHCBS - Denver	4.265%	1.04265
IHSS Health Maintenance - Denver	4.265%	1.04265
IHSS Homemaker - Denver	5.732%	1.05732
IHSS Personal Care - Denver	5.732%	1.05732
IHSS Relative Personal Care - Denver	5.732%	1.05732
Individual Respite - In Family Home - CHRP Denver	8.851%	1.08851
Individual Day Respite - In Family Home - CHRP Denver	21.893%	1.21893
Job Coaching - Individual - Denver	3.675%	1.03675
Job Coaching - Level 1 - Denver	13.380%	1.13380
Job Coaching - Level 2 - Denver	12.364%	1.12364
Job Coaching - Level 3 - Denver	11.265%	1.11265
Job Coaching - Level 4 - Denver	9.930%	1.09930
Job Coaching - Level 5 - Denver	8.495%	1.08495
Job Coaching - Level 6 - Denver	6.643%	1.06643



#### FY 23-24 Rate Schedules

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



133ue Date. 01/23/2024		
Job Development, Group -Denver	10.556%	1.10556
Job Development, Individual Levels 1-2 - Denver	3.675%	1.03675
Job Development, Individual Levels 3-4 - Denver	3.675%	1.03675
Job Development, Individual Levels 5-6 - Denver	3.675%	1.03675
Mentorship SLS - Denver	4.722%	1.04722
Mobility Van - Mileage Band (0-10 miles) - Denver	9.606%	1.09606
Mobility Van - Mileage Band (11-20 miles) - Denver	8.941%	1.08941
Mobility Van - Mileage Band (over 20 miles) - Denver	8.628%	1.08628
Mobility Van - Mileage Band (0-10 miles) DD, SLS - Denver	35.166%	1.35166
Mobility Van - Mileage Band (11-20 miles) DD, SLS - Denver	13.004%	1.13004
Mobility Van - Mileage Band (over 20 miles), DD, SLS - Denver	12.916%	1.12916
Personal Care - Denver	5.405%	1.05405
Personal Care Remote Supports - Denver	5.505%	1.05505
Personal Care, Relative - Denver	5.732%	1.05732
Personal Care SLS - Denver	5.028%	1.05028
Prevocational Services, Level 1 - Denver	17.015%	1.17015
Prevocational Services, Level 2 - Denver	15.746%	1.15746
Prevocational Services, Level 3 - Denver	14.394%	1.14394
Prevocational Services, Level 4 - Denver	12.555%	1.12555
Prevocational Services, Level 5 - Denver	10.440%	1.10440
Prevocational Services, Level 6 - Denver	7.550%	1.07550
Residential Habilitation- Group Home, Level 1 - Denver	2.845%	1.02845
Residential Habilitation- Group Home, Level 2 - Denver	2.029%	1.02029
Residential Habilitation- Group Home, Level 3 - Denver	2.029%	1.02029
Residential Habilitation- Group Home, Level 4 - Denver	1.135%	1.01135
Residential Habilitation- Group Home, Level 5 - Denver	0.567%	1.00567
Residential Habilitation- Group Home, Level 6 - Denver	1.396%	1.01396
Residential Habilitation- Individual Residential Services and		
Supports, Level 1 - Denver	8.700%	1.08700
Residential Habilitation- Individual Residential Services and		
Supports, Level 2 - Denver	9.131%	1.09131
Residential Habilitation- Individual Residential Services and		
Supports, Level 3 - Denver	9.602%	1.09602
Residential Habilitation- Individual Residential Services and		
Supports, Level 4 - Denver	10.114%	1.10114
Residential Habilitation- Individual Residential Services and		
Supports, Level 5 - Denver	10.697%	1.10697
Residential Habilitation- Individual Residential Services and		
Supports, Level 6 - Denver	11.339%	1.11339
Residential Habilitation- Individual Residential Services and		
Supports Host Home Level 1 - Denver	8.705%	1.08705
Residential Habilitation- Individual Residential Services and		
Supports Host Home Level 2 - Denver	9.125%	1.09125



#### FY 23-24 Rate Schedules

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



issue Date: 01/29/2024		
Residential Habilitation- Individual Residential Services and		
Supports Host Home Level 3 - Denver	9.597%	1.09597
Residential Habilitation- Individual Residential Services and		
Supports Host Home Level 4 - Denver	10.113%	1.10113
Residential Habilitation- Individual Residential Services and		
Supports Host Home Level 5 - Denver	10.687%	1.10687
Residential Habilitation- Individual Residential Services and		
Supports Host Home Level 6 - Denver	11.335%	1.11335
Specialized Habilitation - Level 1 - Denver	17.015%	1.17015
Specialized Habilitation - Level 2 - Denver	15.746%	1.15746
Specialized Habilitation - Level 3- Denver	14.394%	1.14394
Specialized Habilitation - Level 4 - Denver	12.555%	1.12555
Specialized Habilitation - Level 5 - Denver	10.440%	1.10440
Specialized Habilitation - Level 6 - Denver	7.550%	1.07550
Specialized Habilitation - Level 7 - Denver	4.948%	1.04948
Supported Community Connections - Level 1 - Denver	14.467%	1.14467
Supported Community Connections - Level 2 - Denver	13.443%	1.13443
Supported Community Connections - Level 3 - Denver	12.102%	1.12102
Supported Community Connections - Level 4 - Denver	10.755%	1.10755
Supported Community Connections - Level 5 - Denver	9.120%	1.09120
Supported Community Connections - Level 6 - Denver	7.107%	1.07107
Supported Community Connections - Level 7 - Denver	4.948%	1.04948
Supported Living Program - Tier 1 - Denver	3.533%	1.03533
Supported Living Program - Tier 2 - Denver	4.484%	1.04484
Supported Living Program - Tier 3 - Denver	4.838%	1.04838
Supported Living Program - Tier 4 - Denver	5.468%	1.05468
Supported Living Program - Tier 5 - Denver	5.817%	1.05817
Supported Living Program - Tier 6 - Denver	6.286%	1.06286
Transitional Living Program - Denver	6.007%	1.06007
Alternative Care Facility Respite - EBD, CIH, CMHS - Denver	11.349%	1.11349
In-Home Respite - SLS, CES, EBD, BI, CIH - Denver	8.851%	1.08851
Individual Day Respite - SLS, CES - Denver	14.814%	1.14814
Unskilled Respite (4 hours or less) - CLLI - Denver	9.076%	1.09076
Unskilled Respite (4 hours or more) - CLLI - Denver	15.472%	1.15472
CNA Respite (4 hours or less) - CLLI - Denver	7.560%	1.07560
CNA Respite (4 hours or more) - CLLI - Denver	10.263%	1.10263
Skilled RN/LPN Respite (4 hours or less) - CLLI - Denver	3.478%	1.03478
Skilled RN/LPN Respite (4 hours or more) - CLLI - Denver	11.725%	1.11725
Camp (Group, Overnight) - CLLI - Denver	14.648%	1.14648
Wheelchair Van - Mileage Band (0-10 miles) - Denver	9.625%	1.09625
Wheelchair Van - Mileage Band (11-20 miles) - Denver	9.058%	1.09058
Wheelchair Van - Mileage Band (over 20 miles) - Denver	8.690%	1.08690
Targeted Rate Increases Effective July 1,		
		-

#### FY 23-24 Rate Schedules

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



9.855%	1.09855
53.060%	1.53060
36.194%	1.36194
-1.037%	0.98963
53.616%	1.53616
35.555%	1.35555
53.283%	1.53283
30.679%	1.30679
27.767%	1.27767
17.864%	1.17864
12.341%	1.12341
12.896%	1.12896
48.795%	1.48795
26.705%	1.26705
23.705%	1.23705
13.945%	1.13945
8.352%	1.08352
8.615%	1.08615
	36.194% -1.037% 53.616% 35.555% 53.283% 30.679% 27.767% 17.864% 12.341% 12.896% 48.795% 26.705% 23.705% 13.945% 8.352%

