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

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



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	Rate fective 01/2023	Rate ffective /01/2023	Unit Value	Comments
Adult Day Services, Ou	utside De	enver (	County	y						
Basic	S5100	U1				\$	3.32	\$ 3.61	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	U1				\$	40.66	\$ 44.14	1/2 Day	An individual unit is 3-5 hours per day;
Specialized	S5105	U1	TF			\$	52.72	\$ 56.55	1/2 Day	Maximum 520 units
Adult Day Services, De Effective July 1, 2023	enver Co	unty								
Basic	S5100	U1					-	\$ 3.99	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	U1					-	\$ 48.75	1/2 Day	An individual unit is 3-5
Specialized	S5105	U1	TF				-	\$ 61.17	1/2 Day	hours per day; Maximum 520 units
Adult Day Service Tran	nsportati	ion								
Taxi	A0100	U1	НВ			F	PUC*	PUC*	1 Way Trip	Active PUC* taxi authority required
Mobility Van, Outside	Denver (	County	1							
Mileage Band 1 (0-10 miles)	A0120	U1	НВ			\$	9.89	\$ 10.50	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	TT	НВ		\$	18.23	\$ 19.31	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	TN	НВ		\$	27.12	\$ 28.70	1 Way Trip	
Mobility Van, Denver C	County									
Mileage Band 1 (0-10 miles)	A0120	U1	НВ	НХ			-	\$ 11.14	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	TT	НВ	НХ		-	\$ 20.41	1 Way Trip	Effective July 1, 2023
Mileage Band 3 (over 20 miles)	A0120	U1	TN	НВ	НХ		-	\$ 30.27	1 Way Trip	
Wheelchair Van, Outsi	de Denv	er Cou	ınty							
Mileage Band 1 (0-10 miles)	A0130	U1	НВ			\$	11.74	\$ 12.46	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	TT	НВ		\$	21.97	\$ 23.28	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	TN	НВ		\$	29.92	\$ 31.67	1 Way Trip	
Wheelchair Van, Denve	er Count	y								
Mileage Band 1 (0-10 miles)	A0130	U1	НВ	НХ			-	\$ 13.22	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	TT	НВ	НХ		-	\$ 24.62	1 Way Trip	Effective July 1, 2023
Mileage Band 3 (over 20 miles)	A0130	U1	TN	НВ	НХ		-	\$ 33.42	1 Way Trip	



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

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



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate ffective		Rate ffective	Unit Value	Comments
Alternative Care	Ocas	<i>"</i> 1	"-	"0	"-	01/	/01/2023	07/	01/2023		
Facility (ACF), Outside Denver County	T2031	U1				\$	90.74	\$	96.65	Day	
Alternative Care Facility (ACF), Denver County	T2031	U1					-	\$	103.15	Day	Effective July 1, 2023
Consumer Direct Atter	ndant Su	pport	Servic	es (CI	DASS)	, Ou	tside Der	iver	County		
CDASS Homemaker	T2025	U1				\$	5.45	\$	5.80	15 Minutes	
CDASS Personal Care	T2025	U1				\$	5.45	\$	5.80	15 Minutes	
CDASS Health Maintenance	T2025	U1				\$	8.57	\$	9.02	15 Minutes	
Consumer Direct Atter	ndant Su	pport	Servic	es (Cl	DASS)	, De	nver Cou	nty			
CDASS Homemaker	T2025	U1				\$	5.45	\$	6.18	15 Minutes	
CDASS Personal Care	T2025	U1				\$	5.45	\$	6.18	15 Minutes	
CDASS Health Maintenance	T2025	U1				\$	8.57	\$	9.18	15 Minutes	
CDASS Per Member Pe	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				\$	6.19	\$	6.57	15 minutes	
Homemaker, Remote Supports	S5130	U1	SE			\$	2.18	\$	2.44	15 minutes	
Homemaker Services,	Denver	County	У								
Homemaker	S5130	U1				\$	6.66	\$	7.22	15 minutes	
Homemaker, Remote Supports	S5130	U1	SE				-	\$	2.82	15 minutes	Effective July 1, 2023
Home Modification	S5165	U1					NR*		NR*	Per Modification	\$14,000.00 Lifetime Maximum
In Home Support Serv	ices (IHS	SS), Ou	ıtside	Denve	r Cou	nty					
IHSS Health Maintenance	H0038	U1				\$	8.28	\$	8.72	15 minutes	
IHSS Homemaker	S5130	U1	KX			\$	5.81	\$	6.17	15 minutes	
IHSS Personal Care	T1019	U1	KX			\$	5.81	\$	6.17	15 minutes	
IHSS Relative Personal Care	T1019	U1	HR	KX		\$	5.81	\$	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				\$	8.44	\$	9.05	15 minutes	
IHSS Homemaker	S5130	U1	KX			\$	6.28	\$	6.83	15 minutes	



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

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



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2023		Rate Effective 7/01/2023	Unit Value	Comments
IHSS Personal Care	T1019	U1	KX			\$ 6.28	\$	6.83	15 minutes	
IHSS Relative Personal Care	T1019	U1	HR	КХ		\$ 6.28	\$	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	1							
Mileage Band 1 (0-10 miles)	A0120	U1				\$ 9.89	\$	10.50	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	TT			\$ 18.23	\$	19.31	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	TN			\$ 27.12	\$	28.70	1 Way Trip	
Mobility Van, Denver C	County									
Mileage Band 1 (0-10 miles)	A0120	U1	НХ			-	\$	11.14	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	TT	НХ		-	\$	20.41	1 Way Trip	Effective July 1, 2023
Mileage Band 3 (over 20 miles)	A0120	U1	TN	НХ		-	\$	30.27	1 Way Trip	
Wheelchair Van, Outsi	de Denv	er Cou	ınty							
Mileage Band 1 (0-10 miles)	A0130	U1				\$ 11.74	\$	12.46	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	TT			\$ 21.97	\$	23.28	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	TN			\$ 29.92	\$	31.67	1 Way Trip	
Wheelchair Van, Denv	er Count	y								
Mileage Band 1 (0-10 miles)	A0130	U1	НХ			-	\$	13.22	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	TT	НХ		-	\$	24.62	1 Way Trip	Effective July 1, 2023
Mileage Band 3 (over 20 miles)	A0130	U1	TN	НХ		-	\$	33.42	1 Way Trip	
Non-Medical Transpor	tation, P	ublic	Fransi	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)** 

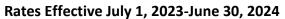
# Rates Effective July 1, 2023-June 30, 2024



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2023	Rate Effective 7/01/2023	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 leavenud
RTD - To and from Adult Day	A0110	U1	TN	НВ		\$ 1.50	\$ 1.35	3 Hour Pass	Effective January 1, 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, Outsi	de Den	ver C	ounty					
Personal Care	T1019	U1				\$ 6.20	\$ 6.58	15 minutes	
Personal Care, Relative	T1019	U1	HR			\$ 5.81	\$ 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			\$ 2.18	\$ 2.32	15 minutes	
Personal Care Service	s, Denve	er Cou	nty						
Personal Care	T1019	U1				\$ 6.66	\$ 7.22	15 minutes	
Personal Care, Relative	T1019	U1	HR			\$ 6.28	\$ 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	15 minutes	Effective July 1, 2023
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	hnology								



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

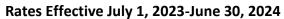




Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate fective /01/2023		Rate ffective /01/2023	Unit Value	Comments
Remote Supports Install/Purchase	S5160	U1	SE			\$	1.00	\$	1.00	Dollar	1 unit = 1 dollar
Respite Care, Outside Combined maximum of		-		on peri	od for	Res	pite Care	prov	rided in ar	n ACF, In Home	, or a Nursing Facility
ACF (Alternative Care Facility)	S5151	U1				\$	117.01	\$	124.93	Day	
In-Home Respite	S5150	U1				\$	6.44	\$	6.82	15 minutes	Not to exceed the Nursing Facility per diem (or 6.5 hours per day)
Respite Care, Denver		nor oor	tificati	on nori	od for	Pool	nita Cara	prov	idad in an	ACE In Homo	or a Nursing English
Combined maximum of ACF (Alternative Care			uncau	on pen	00 101	Res	pile Care	prov			
Facility)	S5151	U1					-	\$	133.80	Day	Effective July 1, 2023
In-Home Respite	S5150	U1					-	\$	7.20	15 minutes	Not to exceed the Nursing Facility per diem (or 6.5 hours per day) Effective July 1, 2023
Nursing Facility	H0045	U1				\$	184.71	\$	190.25	Day	
<b>Community Transition</b>	Service	s									
Coordinator	T2038	U1				\$	8.01	\$	8.25	15 minutes	40 units (10 hours); available up to 30 days after enrollment
Home Delivered Meals	S5170	U1				\$	11.97	\$	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			\$	11.97	\$	12.33	Per Meal	2 meals per day for 30 days Effective April 1, 2023
Home Delivered Meals Post-Hospital Discharge, Second Hospital Discharge	S5170	U1	TG			\$	11.97	\$	12.33	Per Meal	2 meals per day for 30 days Effective April 1, 2023
Life Skills Training	H2014	U1				\$	12.45	\$	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				\$	6.19	\$	6.38	15 minutes	Available for 365 days after enrollment



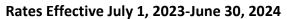
**Elderly, Blind, and Disabled Waiver (EBD)** 





Version: 1.1 Issue Date: 03	3/20/2024	•											
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2023	Rate Effective 07/01/2023	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				
		Lagend											
	Dollovo	Legend											
CG		olicy criteria applied											
EY		ICPCS Definition: No physician or other licensed health care provider order for this tem/service											
НВ	To and	From A	\dult [	Day (H	CPCS	Defn: Adult P	rogram, non-g	geriatric)					
HC	Adult Pr	To and From Adult Day (HCPCS Defn: Adult Program, non-geriatric)  Adult Program (HCPCS Defn: Geriatric)											
HR	Relative	provi	ding c	are (H	CPCS	Defn: Family/	Couple with c	lient present)					
кх	In Home met)	Supp	ort Se	rvices	(HCP	CS Defn: Req	uirements spe	ecified in the me	edical policy have been				
NR*	Negotia	ted Ra	te, wil	l vary	by clie	ent							
PUC*	Reimbu	rseme	nt bas	ed on	actua	I mileage at F	ublic Utility	Commission a	pproved fare				
SE	State an	d/or fe	derall	y func	led pro	ograms/servi	ces						
TF	Interme	diate L	evel o	f care	-								
TJ	Progran	n grou	р (НСГ	PCS D	efn: Cl	nild and/or add	olescent)						
тк		Program group (HCPCS Defn: Child and/or adolescent)  Extra patient or passenger, Non-Ambulance											
TN	Outside providers' customary service area												
TT	Individu	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 Mental Health Supports (CMHS) Waiver**





Service Description	Proc Code	Mod #1	#2	Mod #3	Mod #4	Effe	Rate ective 1/2023	Rate ffective /01/2023	Unit Value	Comments
Adult Day Services, C	Outside [	Denve	Coun	nty						
Basic	S5100	UA				\$	3.32	\$ 3.61	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	UA				\$	40.66	\$ 44.14	1/2 Day	An individual unit is 3-5 hours per day; Maximum
Specialized	S5105	UA	TF			\$	52.72	\$ 56.55	1/2 Day	520 units
Adult Day Services, D		ounty								
Effective July 1, 2023		1								
Basic	S5100	UA					-	\$ 3.99	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	UA					-	\$ 48.75	1/2 Day	An individual unit is 3-5
Specialized	S5105	UA	TF				-	\$ 61.17	1/2 Day	hours per day; Maximum 520 units
Adult Day Services Ti	ransport	ation								
Taxi	A0100	UA	НВ			Р	UC*	PUC*	1 Way Trip	Active PUC* taxi authority required
Mobility Van, Outside	Denver	Coun	ty							
Mileage Band 1 (0-10 Miles)	A0120	UA	НВ			\$	9.89	\$ 10.50	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	UA	TT	НВ		\$	18.23	\$ 19.31	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0120	UA	TN	НВ		\$	27.12	\$ 28.70	1 Way Trip	
Mobility Van, Denver	County									
Mileage Band 1 (0-10 miles)	A0120	UA	НВ	НХ			-	\$ 11.14	1 Way Trip	
Mileage Band 2 (11- 20 miles)	A0120	UA	TT	НВ	НХ		-	\$ 20.41	1 Way Trip	Effective July 1, 2023
Mileage Band 3 (over 20 miles)	A0120		TN	НВ	НХ		-	\$ 30.27	1 Way Trip	
Wheelchair Van, Outs	side Den	ver Co	ounty							
Mileage Band 1 (0-10 Miles)	A0130	UA	НВ			\$	11.74	\$ 12.46	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	UA	TT	НВ		\$	21.97	\$ 23.28	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0130	UA	TN	НВ		\$	29.92	\$ 31.67	1 Way Trip	
Wheelchair Van, Denv	ver Cour	nty								
Mileage Band 1 (0-10 miles)	A0130	UA	НВ	НХ			-	\$ 13.22	1 Way Trip	
Mileage Band 2 (11- 20 miles)	A0130	UA	TT	НВ	НХ		-	\$ 24.62	1 Way Trip	Effective July 1, 2023
Mileage Band 3 (over 20 miles)	A0130	UA	TN	НВ	НХ		-	\$ 33.42	1 Way Trip	



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

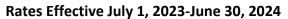
Rates Effective July 1, 2023-June 30, 2024



Service Description	Proc	Mod		Mod	Mod	Ef	Rate ffective	E	Rate ffective	Unit Value	Comments
•	Code	#1	#2	#3	#4	01	/01/2023	07	/01/2023		
Alternative Care Facility (ACF), Outside Denver County	T2031	UA				\$	90.74	\$	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	Day	May be different for clients with 300% income, use PETI for rate Effective July 1, 2023
Consumer Directed A	ttendan	t Servi	ices (C	CDASS	S), Out	side	Denver (	Cour	nty		
CDASS Homemaker	T2025	UA				\$	5.45	\$	5.80	15 Minutes	
CDASS Personal Care	T2025	UA				\$	5.45	\$	5.80	15 Minutes	
CDASS Health Maintenance	T2025	UA				\$	8.57	\$	9.02	15 Minutes	
Consumer Directed A	ttendan	t Servi	ices (C	CDASS	S), Der	ver	County				
CDASS Homemaker	T2025	UA				\$	5.45	\$	6.18	15 Minutes	
CDASS Personal Care	T2025	UA				\$	5.45	\$	6.18	15 Minutes	
CDASS Health Maintenance	T2025	UA				\$	8.57	\$	9.18	15 Minutes	
CDASS Per Member F	Per Mont	h, By	FMS V	/endo	r						
Public Partnerships, LLC- FEA	T2040	UA				\$	103.21	\$	103.21	Month	
Palco- FEA	T2040	UA				\$	85.00	\$	85.00	Month	
Homemaker Services	, Outsid	e Den	ver Co	unty							
Homemaker	S5130	UA				\$	6.19	\$	6.57	15 minutes	
Homemaker, Remote Supports	S5130	UA	SE			\$	2.18	\$	2.44	15 minutes	
Homemaker Services	, Denver	Coun	ity								
Homemaker	S5130	UA				\$	6.66	\$	7.22	15 minutes	
Homemaker, Remote Supports	S5130	UA	SE				-	\$	2.82	15 minutes	Effective July 1, 2023
Home Modification	S5165	UA					NR*		NR*	Per Modification	\$14,000.00 Lifetime Maximum
Medication Reminder											
Purchase	T2029	UA					NR*		NR*	Purchase	1 unit = 1 purchase
Monitoring	S5185	UA					NR*		NR*	Month	1 unit = 1 month



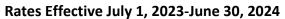
# **Community Mental Health Supports (CMHS) Waiver**





Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2023	Effe	Rate ective 1/2023	Unit Value	Comments
Mental Health Transit	ional Liv	/ing H	omes							
Level 1	T2033	UA	НВ			-	\$	395.43	Day	Effective July 1, 2023
Non Medical Transpo		imited	to 208	trips,	or 104	round trips				
Taxi	A0100	UA				PUC*	Р	UC*	1 Way Trip	Active PUC* taxi authority required
Mobility Van, Outside	Denver	Coun	ty							
Mileage Band 1 (0-10 Miles)	A0120	UA				\$ 9.89	\$	10.50	1 Way Trip	
Mileage Band 2 (11- 20 Miles)	A0120	UA	TT			\$ 18.23	\$	19.31	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0120	UA	TN			\$ 27.12	\$	28.70	1 Way Trip	
Mobility Van, Denver	County									
Mileage Band 1 (0-10 miles)	A0120	UA	НХ			-	\$	11.14	1 Way Trip	
Mileage Band 2 (11- 20 miles)	A0120	UA	TT	НХ		-	\$	20.41	1 Way Trip	Effective July 1, 2023
Mileage Band 3 (over 20 miles)	A0120	UA	TN	НХ		-	\$	30.27	1 Way Trip	
Wheelchair Van, Outs	side Den	ver Co	ounty							
Mileage Band 1 (0-10 Miles)	A0130	UA				\$ 11.74	\$	12.46	1 Way Trip	
Mileage Band 2 (11- 20 Miles)	A0130	UA	TT			\$ 21.97	\$	23.28	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0130	UA	TN			\$ 29.92	\$	31.67	1 Way Trip	
Wheelchair Van, Den	ver Cour	nty								
Mileage Band 1 (0-10 miles)	A0130	UA	НХ			-	\$	13.22	1 Way Trip	
Mileage Band 2 (11- 20 miles)	A0130	UA	TT	НХ		-	\$	24.62	1 Way Trip	Effective July 1, 2023
Mileage Band 3 (over 20 miles)	A0130	UA	TN	НХ		-	\$	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	Effective January 1,
RTD - To and from Adult Day	A0110	UA	TK	НВ		\$ 14.00	\$	13.50	3-Hour Pass 10-Ride Book	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	

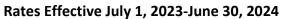
# **Community Mental Health Supports (CMHS) Waiver**





Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate ffective /01/2023	_	Rate ffective /01/2023	Unit Value	Comments
RTD	A0110	UA	TN			\$	1.50	\$	1.35	3 Hour Pass	
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	Effective January 1,
Access-A-Ride - To and from Adult Day	A0110	UA	SE	НВ		\$	5.00	\$	4.50	Single	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 Service	es, Outs	ide De	nver (	Count	у						
Personal Care	T1019	UA				\$	6.20	\$	6.58	15 minutes	
Personal Care, Relative	T1019	UA	HR			\$	5.81	\$	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			\$	2.18	\$	2.32	15 minutes	
Personal Care Service	es, Denv	er Co	unty								
Personal Care	T1019	UA				\$	6.66	\$	7.22	15 minutes	
Personal Care, Relative	T1019	UA	HR			\$	6.28	\$	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				1	\$	2.37	15 minutes	Effective July 1, 2023
Personal Emergency	Respon	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 Tec	hnology	/									
Remote Supports Install/Purchase	S5160	UA	SE			\$	1.00	\$	1.00	Dollar	1 unit = 1 dollar
Respite Care, Outside Combined maximum of			•	tion pe	eriod fo	or Re	espite Care	e pro	ovided in a	n ACF or a Nurs	ing Facility
ACF (Alternative Care Facility)	S5151	UA				\$	117.01	\$	124.93	Day	
Respite Care, Denver Combined maximum o		per c	ertifica	tion pe	eriod fo	or Re	espite Care	e pro	vided in a	n ACF or a Nurs	ing Facility

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



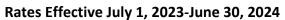


Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective /01/2023	Rate Effective 7/01/2023	Unit Value	Comments
ACF (Alternative Care Facility)	S5151	UA				-	\$ 133.80	Day	Effective July 1, 2023
Nursing Facility	H0045	UA				\$ 184.71	\$ 190.25	Day	
Community Transitio	n Servic	es							
Coordinator	T2038	UA				\$ 8.01	\$ 8.25	15 minutes	40 units (10 hours); available up to 30 days after enrollment
Home Delivered Meals	S5170	UA				\$ 11.97	\$ 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			\$ 11.97	\$ 12.33	Per Meal	2 meals per day for 30 days Effective April 1, 2023
Home Delivered Meals Post-Hospital Discharge, Second Hospital Discharge	S5170	UA	TG			\$ 11.97	\$ 12.33	Per Meal	2 meals per day for 30 days Effective April 1, 2023
Life Skills Training	H2014	UA				\$ 12.45	\$ 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				\$ 6.19	\$ 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)
HC	Adult Program (HCPCS Defn: Geriatric)
HR	Relative providing care (HCPCS Defn: Family/Couple with client present)
NR*	Negotiated Rate, will vary by client



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





Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2023	Rate Effective 07/01/2023	Unit Value	Comments			
PUC*	Reimbu	rseme	nt bas	sed on	actua	al mileage at F	Public Utility C	Commission ap	proved fare			
SE	State an	nd/or f	ederal	ly fun	ded pr	ograms/servi	ces					
TF	Interme	diate l	_evel o	of care	)							
TJ	Progran	n grou	p (HC	PCS D	efn: C	hild and/or ad	olescent)					
TK	Extra pa	atient (	or pas	senge	r, 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	g			
TU	Special	Paym	ent Ra	ite (HC	CPCS	CS Defn: Overtime)						
UA	Commu state)	nity M	ental	Health	Supp	Supports (HCPCS Defn: Medicaid Level of Care 1, as defined by each						

# **Brain Injury (BI) Waiver**

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



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate ffective /01/2023	Rate Effective 7/01/2023	Unit Value	Comments
Adult Day Services	S5100	U6				\$	7.22	\$ 7.44	15 Minutes	Maximum of 8 units or two (2) hours per day
Adult Day Services	S5102	U6				\$	80.77	\$ 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 D	enver Co	unty								
Mileage Band 1 (0-10 Miles)	A0120	U6	НВ			\$	9.89	\$ 10.50	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	U6	TT	НВ		\$	18.23	\$ 19.31	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0120	U6	TN	НВ		\$	27.12	\$ 28.70	1 Way Trip	
Mobility Van, Denver Co	unty									
Mileage Band 1 (0-10 miles)	A0120	U6	НВ	НХ			-	\$ 11.14	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U6	TT	НВ	НХ		-	\$ 20.41	1 Way Trip	Effective July 1, 2023
Mileage Band 3 (over 20 miles)	A0120	U6	TN	НВ	НХ		-	\$ 30.27	1 Way Trip	
Wheelchair Van, Outsid	e Denve	r Coun	ty							
Mileage Band 1 (0-10 Miles)	A0130	U6	НВ			\$	11.74	\$ 12.46	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	U6	TT	НВ		\$	21.97	\$ 23.28	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0130	U6	TN	НВ		\$	29.92	\$ 31.67	1 Way Trip	
Wheelchair Van, Denvei	County									
Mileage Band 1 (0-10 miles)	A0130	U6	НВ	НХ			-	\$ 13.22	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U6	TT	НВ	НХ		-	\$ 24.62	1 Way Trip	Effective July 1, 2023
Mileage Band 3 (over 20 miles)	A0130	U6	TN	НВ	НХ		-	\$ 33.42	1 Way Trip	
Assistive Devices	T2029	U6					NR*	NR*	Per Purchase	1 unit = 1 purchase
Behavioral Services	H0025	U6				\$	15.38	\$ 15.84	30 Minutes	
Day Treatment	H2018	U6				\$	86.48	\$ 89.07	Day	
Consumer Direct Attend		-	and Se	rvices	(CDAS	SS),	Outside D	ver Count		
CDASS Homemaker	T2025	U6				\$	5.45	\$ 5.80	15 minutes	
CDASS Personal Care	T2025	U6				\$	5.45	\$ 5.80	15 Minutes	
CDASS Health Maintenance	T2025	U6				\$	8.57	\$ 9.02	15 minutes	



# **Brain Injury (BI) Waiver**

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



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate ffective /01/2023		Rate ffective /01/2023	Unit Value	Comments
Consumer Direct Attend	lant Sup	ports a	and Se	rvices	(CDAS	SS),	Denver C	oun	ty		
CDASS Homemaker	T2025	U6				\$	5.45	\$	6.18	15 minutes	
CDASS Personal Care	T2025	U6				\$	5.45	\$	6.18	15 Minutes	
CDASS Health Maintenance	T2025	U6				\$	8.57	\$	9.18	15 minutes	
CDASS Per Member Per	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				\$	12.45	\$	12.82	15 minutes	
Mental Health Counselin	ng									•	
Individual	H0004	U6				\$	26.65	\$	27.45	15 minutes	
Family	H0004	U6	HR			\$	26.65	\$	27.45	15 minutes	
Group	H0004	U6	HQ			\$	15.73	\$	16.20	15 minutes	
Non Medical Transporta All types except Adult Da		ted to 2	208 trip	s, or 10	04 rour	nd tr	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				\$	9.89	\$	10.50	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	U6	TT			\$	18.23	\$	19.31	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0120	U6	TN			\$	27.12	\$	28.70	1 Way Trip	
Mobility Van, Denver Co	unty										
Mileage Band 1 (0-10 miles)	A0120	U6	НХ				-	\$	11.14	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U6	TT	НХ			-	\$	20.41	1 Way Trip	Effective July 1, 2023
Mileage Band 3 (over 20 miles)	A0120	U6	TN	НХ			-	\$	30.27	1 Way Trip	
Wheelchair Van, Outsid	e Denve	r Coun	ty								
Mileage Band 1 (0-10 Miles)	A0130	U6				\$	11.74	\$	12.46	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	U6	TT			\$	21.97	\$	23.28	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0130	U6	TN			\$	29.92	\$	31.67	1 Way Trip	
Wheelchair Van, Denver	r County										
Mileage Band 1 (0-10 Miles)	A0130	U6	НХ				-	\$	13.22	1 Way Trip	Effective July 1, 2023



# **Brain Injury (BI) Waiver**

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



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate fective 01/2023	Rate fective 01/2023	Unit Value	Comments
Mileage Band 2 (11-20 Miles)	A0130	U6	TT	НХ		-	\$ 24.62	1 Way Trip	Effective July 1,
Mileage Band 3 (over 20 Miles)	A0130	U6	TN	НХ		-	\$ 33.42	1 Way Trip	2023
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				\$ 6.20	\$ 6.58	15 minutes	
Personal Care, Relative	T1019	U6	HR			\$ 5.81	\$ 6.17	15 minutes	Maximum reimbursement not to exceed 1776 units (444 hours) per year
Personal Care, Remote Supports	T1019	U6	SE			\$ 2.18	\$ 2.32	15 minutes	
Personal Care Services	, Denver	Count	у						
Personal Care	T1019	U6				\$ 6.66	\$ 7.22	15 minutes	
Personal Care, Relative	T1019	U6	HR			\$ 6.28	\$ 6.83	15 minutes	Maximum reimbursement not to exceed 1776 units (444 hours) per year
Personal Care, Remote Supports	T1019	U6	SE			-	\$ 2.37	15 minutes	Effective July 1, 2023
Personal Emergency Re	sponse	Systen	n (PER	(S)					



# **Brain Injury (BI) Waiver**

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



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate ffective /01/2023		Rate ffective /01/2023	Unit Value	Comments
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 D Combined maximum of 7			rtificatio	on peri	od for F	Resp	ite Care p	rovi	ded In Ho	me or in a Nur	sing Facility
In-Home Respite	S5150	U6				\$	6.44	\$	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 F	Resp	ite Care p	rovi	ded In Ho	me or in a Nur	sing Facility
In-Home Respite , Denver County	S5150	U6					-	\$	7.20	15 minutes	Not to exceed 8 hours per day Effective July 1, 2023
Nursing Facility	H0045	U6				\$	184.71	\$	190.25	Day	
Substance Abuse Coun	seling										
Family	T1006	U6	HR	HF		\$	63.60	\$	65.51	Hour	
Individual	H0047	U6	HF			\$	63.60	\$	65.51	Hour	
Group	H0047	U6	HQ	HF		\$	35.64	\$	36.71	Hour	
Transitional Living Prog	gram										
Transitional Living Program, Outside Denver County	T2016	U6				\$	669.60	\$	713.78	1 Day	
Transitional Living Program, Denver County	T2016	U6					-	\$	729.91	1 Day	Effective July 1, 2023
Community Transition S	Services										
Coordinator	T2038	U6				\$	8.01	\$	8.25	15 minutes	40 units (10 hours); available up to 30 days after enrollment
Home Delivered Meals	S5170	U6				\$	11.97	\$	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			\$	11.97	\$	12.33	Per Meal	2 meals per day for 30 days Effective April 1, 2023



# **Brain Injury (BI) Waiver**

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



Service Description	Proc	Mod	Mod	Mod	Mod	Rate Effective	Rate Effective	Unit Value	Comments
·	Code	#1	#2	#3	#4	01/01/2023	07/01/2023		
Home Delivered Meals Post-Hospital Discharge, Second Hospital Discharge	S5170	U6	TG			\$ 11.97	\$ 12.33	Per Meal	2 meals per day for 30 days Effective April 1, 2023
Peer Mentorship	H2015	U6				\$ 6.19	\$ 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				\$ 219.33	\$ 228.45	1 Day	
Tier 2	T2033	U6	НВ			\$ 254.47	\$ 265.84	1 Day	
Tier 3	T2033	U6	HE			\$ 282.75		1 Day	
Tier 4	T2033	U6	HK			\$ 337.03	\$ 353.18	1 Day	
Tier 5	T2033	U6	НВ	HE		\$ 370.11	\$ 388.26	1 Day	
Tier 6	T2033	U6	НВ	HK		\$ 409.67	\$ 430.39	1 Day	
Tier 7	T2033	U6	НВ	HK	SC	-	NR*	1 Day	
Supported Living Progr	am, Den	ver Co	unty						
Tier 1	T2033	U6				-	\$ 233.66	1 Day	
Tier 2	T2033	U6	НВ			-	\$ 273.51	1 Day	
Tier 3	T2033	U6	HE			-	\$ 304.91	1 Day	
Tier 4	T2033	U6	НК			-	\$ 365.57	1 Day	Effective July 1, 2023
Tier 5	T2033	U6	НВ	HE		-	\$ 402.74	1 Day	
Tier 6	T2033	U6	НВ	HK		-	\$ 447.71	1 Day	
Tier 7	T2033	U6	НВ	HK	SC	1	NR*	1 Day	

	Legend
CG	Policy criteria applied



# **Brain Injury (BI) Waiver**

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



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2023	Rate Effective 07/01/2023	Unit Value	Comments			
EY		HCPCS Definition: No physician or other licensed health care provider order for this item/service										
FS*	Facility	Specif	ic rate	detern	nined	using acuity s	cores by the	Dept.				
НВ	To and I	From A	dult D	ay (HC	PCS E	efn: Adult Pro	gram, non-gei	riatric)				
HC	Adult Pr	ogram	(HCP	CS Def	n: Ger	atric)						
HE	Mental H	lealth	Progra	ım								
HF	Substan	ce Ab	use Pr	ogram								
HQ	Group S	etting										
HR	Relative	provid	ding ca	are (HC	CPCS [	Defn: Family/Co	ouple with clie	nt present)				
NR*	Negotiat	ted Ra	te, will	vary b	y clier	nt						
PUC*	Reimbu	rseme	nt base	ed on a	actual	mileage at Pu	blic Utility Co	mmission ap	proved fare			
SE	State an	d/or fe	ederally	y funde	ed pro	grams/service	es .					
TJ	Program	n grou	p (HCP	CS De	fn: Chi	ld and/or adole	escent)					
TK	Extra pa	tient o	r pass	enger	, Non-A	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 In	jury (H	CPCS	Defn: I	Medica	id Level of Car	e 1, as define	d by each state	e)			

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



Rates Effective July 1, 2023-June 30, 2024 Version: 1.1 Issue Date: 03/20/2024

Version: 1.1 Issue Date:	. 03/20/21 I	024					Data		Data					
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	Rate fective 01/2023		Rate fective 01/2023	Unit Value	Comments			
Adult Day Services, Maximum 520 units	Outside	Denve	er Cou	nty										
Basic	S5100	U1	sc			\$	3.32	\$	3.61	15 Minutes	Maximum of 12 units or three (3) hours per day			
Basic	S5105	U1	SC			\$	40.66	\$	44.14	1/2 Day	An individual unit is 3-5 hours per day; Maximum			
Specialized	S5105	U1	SC	TF		\$	52.72	\$	56.55	1/2 Day	520 units			
Adult Day Services, Denver County  Maximum 520 units  Effective July 1, 2023														
Basic	S5100	U1	sc				-	\$	3.99	15 Minutes	Maximum of 12 units or three (3) hours per day			
Basic	S5105	U1	SC				-	\$	48.75	1/2 Day	An individual unit is 3-5 hours per day; Maximum			
Specialized	S5105	U1	SC	TF			-	\$	61.17	1/2 Day	520 units			
Adult Day Program 1 Use HB modifier for tr				day pro	gram.									
Taxi	A0100	U1	SC	НВ		PU	C*		PUC*	1 Way Trip	Active PUC* taxi authority required			
Mobility Van, Outsid	e Denve	r Coui	nty											
Mileage Band 1 (0-10 miles)	A0120	U1	SC	НВ		\$	9.89	\$	10.50	1 Way Trip				
Mileage Band 2 (11-20 miles)	A0120	U1	SC	ТТ	НВ	\$	18.23	\$	19.31	1 Way Trip				
Mileage Band 3 (over 20 miles)	A0120	U1	SC	TN	НВ	\$	27.12	\$	28.70	1 Way Trip				
Mobility Van, Denver	r County	,												
Mileage Band 1 (0-10 miles)	A0120	U1	sc	НВ	НХ		-	\$	11.14	1 Way Trip				
Mileage Band 2 (11-20 miles)	A0120	U1	SC	TT	НВ		-	\$	20.41	1 Way Trip	Effective July 1, 2023			
Mileage Band 3 (over 20 miles)	A0120	U1	SC	TN	НВ		-	\$	30.27	1 Way Trip				
Wheelchair Van, Out	tside De	nver C	ounty											
Mileage Band 1 (0-10 miles)	A0130	U1	sc	НВ		\$	11.74	\$	12.46	1 Way Trip				
Mileage Band 2 (11-20 miles)	A0130	U1	SC	TT	НВ	\$	21.97	\$	23.28	1 Way Trip				
Mileage Band 3 (over 20 miles)	A0130	U1	SC	TN	НВ	\$	29.92	\$	31.67	1 Way Trip				
Wheelchair Van, Der	nver Cou	inty												
Mileage Band 1 (0-10 miles)	A0130	U1	sc	НВ	НХ		-	\$	13.22	1 Way Trip	Effective last 4 2000			
Mileage Band 2 (11-20 miles)	A0130	U1	SC	TT	НВ		-	\$	24.62	1 Way Trip	Effective July 1, 2023			



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



Rates Effective July 1, 2023-June 30, 2024
Version: 1.1 Issue Date: 03/20/2024

/ersion: 1.1 Issue Date: 03/20/2024													
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	Rate fective 01/2023		Rate ffective /01/2023	Unit Value	Comments		
Mileage Band 3 (over 20 miles)	A0130	U1	sc	TN	НВ		-	\$	33.42	1 Way Trip	Effective July 1, 2023		
Complementary and	Integrat	ive He	alth S	ervice	3								
Acupuncture Effective July 1, 2023	97810	U1	SC				-	\$	19.88	15 Minutes			
Acupuncture Effective July 1, 2023	97811	U1	SC				-	\$	19.88	15 Minutes	Combined maximum of		
Acupuncture Effective July 1, 2023	97813	U1	SC				-	\$	19.88	15 Minutes	408 units.		
Acupuncture	97814	U1	SC			\$	19.30	\$	19.88	15 Minutes			
Chiropractic	98942	U1	SC			\$	24.84	\$	25.59	15 Minutes			
Massage	97124	U1	SC			\$	19.97	\$	20.57	15 Minutes			
Consumer Directed	Attendaı	nt Sup	port S	ervice	s (CDA	SS),	Outside	Dei	nver Coul	nty			
CDASS Homemaker	T2025	U1	SC			\$	5.45	\$	5.80	15 Minutes			
CDASS Personal Care	T2025	U1	sc			\$	5.45	\$	5.80	15 Minutes			
CDASS Health Maintenance	T2025	U1	sc			\$	8.57	\$	9.02	15 Minutes			
Consumer Directed	Attendaı	nt Sup	port S	ervice	s (CDA	SS),	Denver	Cou	inty				
CDASS Homemaker	T2025	U1	SC			\$	5.45	\$	6.18	15 Minutes			
CDASS Personal Care	T2025	U1	sc			\$	5.45	\$	6.18	15 Minutes			
CDASS Health Maintenance	T2025	U1	SC			\$	8.57	\$	9.18	15 Minutes			
CDASS Per Member	Per Mor	nth, By	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	s, Outsid	de Der	nver Se	ervices	3								
Homemaker	S5130	U1	SC			\$	6.19	\$	6.57	15 Minutes			
Homemaker, Remote Supports	S5130	U1	sc	SE		\$	2.18	\$	2.44	15 minutes			
Homemaker Service	s, Denve	er Serv	/ices										
Homemaker	S5130	U1	SC			\$	6.66	\$	7.22	15 Minutes			
Homemaker, Remote Supports	S5130	U1	sc	SE			-	\$	2.82	15 minutes	Effective July 1, 2023		
Home Modification	S5165	U1	sc			NR'			NR*	Per Modification	\$14,000.00 Lifetime Maximum		
In-Home Support Se	rvices (I	HSS),	Outsic	le Den	ver Co	unty							
IHSS Health Maintenance	H0038	U1	SC			\$	8.28	\$	8.72	15 Minutes			
IHSS Homemaker	S5130	U1	SC	KX		\$	5.81	\$	6.17	15 Minutes			



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



Rates Effective July 1, 2023-June 30, 2024

Version: 1.1 Issue Date:	03/20/20	024						_	_		
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	Rate ective 01/2023		Rate fective 01/2023	Unit Value	Comments
IHSS Personal Care	T1019	U1	SC	KX		\$	5.81	\$	6.17	15 Minutes	
IHSS Relative Personal Care	T1019	U1	SC	HR	KX	\$	5.81	\$	6.17	15 Minutes	Limited to 40 hours per week
In-Home Support Se	rvices (I	HSS),	Denve	r Cour	nty						
IHSS Health Maintenance	H0038	U1	SC			\$	8.44	\$	9.05	15 Minutes	
IHSS Homemaker	S5130	U1	SC	KX		\$	6.28	\$	6.83	15 Minutes	
IHSS Personal Care	T1019	U1	SC	KX		\$	6.28	\$	6.83	15 Minutes	
IHSS Relative Personal Care	T1019	U1	sc	HR	KX	\$	6.28	\$	6.83	15 Minutes	Limited to 40 hours per week
Medication Reminde	r										
Install/Purchase	T2029	U1	sc			NR*			NR*	Per Purchase	1 unit = 1 purchase
Monitoring	S5185	U1	sc			NR*			NR*	Month	1 unit = 1 month
Non Medical Transpo		limited	l to 208	3 trips,	or 104	round	d trips pe	er se	rvice plar	year	
Taxi	A0100	U1	sc			PUC	<u></u> *		PUC*	1 Way Trip	Active PUC* taxi authority required
Mobility Van, Outside	e Denve	r Cour	nty								
Mileage Band 1 (0- 10 miles)	A0120	U1	sc			\$	9.89	\$	10.50	1 Way Trip	
Mileage Band 2 (11- 20 miles)	A0120	U1	sc	TT		\$	18.23	\$	19.31	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	SC	TN		\$	27.12	\$	28.70	1 Way Trip	
Mobility Van, Denver	County										
Mileage Band 1 (0- 10 miles)	A0120	U1	sc	НХ			-	\$	11.14	1 Way Trip	
Mileage Band 2 (11- 20 miles)	A0120	U1	sc	TT	НХ		-	\$	20.41	1 Way Trip	Effective July 1, 2023
Mileage Band 3 (over 20 miles)	A0120		sc	TN	НХ		-	\$	30.27	1 Way Trip	
Wheelchair Van, Out	side De	nver C	ounty								
Mileage Band 1 (0- 10 miles)	A0130	U1	sc			\$	11.74	\$	12.46	1 Way Trip	
Mileage Band 2 (11- 20 miles)	A0130	U1	sc	TT		\$	21.97	\$	23.28	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	sc	TN		\$	29.92	\$	31.67	1 Way Trip	
Wheelchair Van, Der	ver Cou	inty									
Mileage Band 1 (0- 10 miles)	A0130	U1	sc	НХ			-	\$	13.22	1 Way Trip	
Mileage Band 2 (11- 20 miles)	A0130	U1	sc	TT	НХ		-	\$	24.62	1 Way Trip	Effective July 1, 2023
Mileage Band 3 (over 20 miles)	A0130	U1	sc	TN	НХ		-	\$	33.42	1 Way Trip	



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



Rates Effective July 1, 2023-June 30, 2024

ersion: 1.1 Issue Date: 03/20/2024 Rate Rate														
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate ffective /01/2023		Rate ffective /01/2023	Unit Value	Comments			
Non-Medical Transpo	ortation,	Publi	c Tran	sit										
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				
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				
Access-A-Ride - To and from Adult Day	A0110	U1	sc	TG	НВ	\$	30.00	\$	27.00	6 Ride Book				
Personal Care Service	ces, Out	side D	enver	Count	у									
Personal Care	T1019	U1	sc			\$	6.20	\$	6.58	15 Minutes				
Relative Personal Care	T1019	U1	SC	HR		\$	5.81	\$	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		\$	2.18	\$	2.32	15 minutes				
Personal Care Service	ces, Den	ver Co	ounty											
Personal Care	T1019	U1	SC			\$	6.66	\$	7.22	15 Minutes				
Relative Personal Care	T1019	U1	SC	HR		\$	6.28	\$	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	15 minutes	Effective July 1, 2023			
Personal Emergency	Personal Emergency Response System (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 Te	chnolog	ıy												



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



Rates Effective July 1, 2023-June 30, 2024
Version: 1.1 Issue Date: 03/20/2024

Version: 1.1 Issue Date: 03/20/2024											
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate ffective /01/2023		Rate ffective /01/2023	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 Facili								me, or a Nursing Facility			
ACF (Alternative Care Facility)	S5151	U1	SC			\$	117.01	\$	124.93	Day	
In-Home Respite	S5150	U1	SC			\$	6.44	\$	6.82	15 Minutes	Not to exceed the Nursing Facility per diem (or 6.5 hours per day)
Respite Care, Denve Combined maximum			certifica	ation pe	eriod fo	r Re	spite Car	e pr	ovided in a	an ACF, In Hoi	me, or a Nursing Facility
ACF (Alternative Care Facility)	S5151	U1	sc				-	\$	133.80	Day	Effective July 1, 2023
In-Home Respite	S5150	U1	SC				-	\$	7.20	15 Minutes	Not to exceed the Nursing Facility per diem (or 6.5 hours per day) Effective July 1, 2023
Nursing Facility	H0045	U1	SC			\$	184.71	\$	190.25	Day	
Community Transition Services											
Coordinator	T2038	U1	SC			\$	8.01	\$	8.25	15 minutes	40 units (10 hours); available up to 30 days after enrollment
Home Delivered Meals	S5170	U1	SC			\$	11.97	\$	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		\$	11.97	\$	12.33	Per Meal	2 meals per day for 30 days  Effective April 1, 2023
Home Delivered Meals Post-Hospital Discharge, Second Hospital Discharge	S5170	U1	SC	TG		\$	11.97	\$	12.33	Per Meal	2 meals per day for 30 days Effective April 1, 2023
Life Skills Training	H2014	U1	SC			\$	12.45	\$	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			\$	6.19	\$	6.38	15 minutes	Available for 365 days after enrollment



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



Rates Effective July 1, 2023-June 30, 2024

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2023	Rate Effective 07/01/2023	Unit Value	Comments
Setup Expenses	A9900	U1	SC			\$ 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
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 CHANGE	MULTIPLIER		
HCBS EBD	3.000%	1.03000		
HCBS CMHS	3.000%	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%	1.03000		
HCBS/DDD/DHS CHRP	3.000%	1.03000		
Base Wage Rate Increase Effective July 1, 2	2023			
Complete Title	PERCENT			
Service Title	CHANGE	MULTIPLIER		
Adult Day Services, Basic 15 min increment - Outside Denver	5.723%	1.05723		
Adult Day Services, Basic - Outside Denver	5.558%	1.05558		
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%	1.02193		
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%	1.01732		
CHRP Foster Home - Level 1 - Outside Denver	11.025%	1.11025		
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		



#### FY 23-24 Rate Schedules

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



3.069%	1.03069
8.716%	1.08716
3.578%	1.03578
2.317%	1.02317
0.355%	1.00355
2.295%	1.02295
3.270%	1.03270
3.270%	1.03270
3.270%	1.03270
3.134%	1.03134
2.907%	1.02907
2.839%	1.02839
16.079%	1.16079
4.242%	1.04242
4.245%	1.04245
3.065%	1.03065
3.270%	1.03270
2.603%	1.02603
8.716%	1.08716
1.075%	1.01075
0.768%	1.00768
0.772%	1.00772
0.437%	1.00437
0.227%	1.00227
0.541%	1.00541
3.278%	1.03278
3.440%	1.03440
3.621%	1.03621
3.815%	1.03815
	8.716% 3.578% 2.317% 0.355% 2.295% 3.270% 3.270% 3.134% 2.907% 2.839% 16.079% 4.242% 4.245% 3.065% 3.270% 2.603% 8.716% 0.768% 0.772% 0.437% 0.227% 0.437% 0.227% 3.278% 3.440% 3.621%



#### 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, Level 5 - Outside Denver	4.036%	1.04036
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



#### FY 23-24 Rate Schedules

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



133UE Date: 01/23/2024		
Mentorship SLS - Outside Denver	1.574%	1.01574
Personal Care - Outside Denver	2.603%	1.02603
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



#### FY 23-24 Rate Schedules

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



33ue Date. 01/23/2024		
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
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



#### FY 23-24 Rate Schedules

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



ISSUE Date: 01/29/2024		
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
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



#### FY 23-24 Rate Schedules

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



133ue Date. 01/25/2024		
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
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



#### FY 23-24 Rate Schedules

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



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, 2	2023	
Mobility Van - Mileage Band (0-10 miles) DD, SLS		
Outside Denver	9.855%	1.09855
Mobility Van - Mileage Band (11-20 miles) DD, SLS		
Outside Denver	53.060%	1.53060
Mobility Van - Mileage Band (over 20 miles) DD, SLS		
Outside Denver	36.194%	1.36194
Mobility Van - Mileage Band (0-10 miles) DD, SLS		
Denver	-1.037%	0.98963
Mobility Van - Mileage Band (11-20 miles) DD, SLS		
Denver	53.616%	1.53616
Mobility Van - Mileage Band (over 20 miles), DD, SLS		
Denver	35.555%	1.35555
Residential Habilitation- Group Home, Level 1 Outside Denver	53.283%	
Residential Habilitation- Group Home, Level 2 Outside Denver	30.679%	1.30679
Residential Habilitation- Group Home, Level 3 Outside Denver	27.767%	
Residential Habilitation- Group Home, Level 4 Outside Denver	17.864%	1.17864
Residential Habilitation- Group Home, Level 5 Outside Denver	12.341%	
Residential Habilitation- Group Home, Level 6 Outside Denver	12.896%	
Residential Habilitation- Group Home, Level 1 Denver	48.795%	1.48795
Residential Habilitation- Group Home, Level 2 Denver	26.705%	
Residential Habilitation- Group Home, Level 3 Denver	23.705%	
Residential Habilitation- Group Home, Level 4 Denver	13.945%	
Residential Habilitation- Group Home, Level 5 Denver	8.352%	
Residential Habilitation- Group Home, Level 6 Denver	8.615%	1.08615

