**Home and Community Based Services:**

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

**Rates Effective July 1, 2026-June 30, 2027**

**Version: 1.1 Issue Date: 06/11/2026**

COLORADO
Department of Health Care Policy & Financing

| Service Description | Proc Code | Mod #1 | Mod #2 | Mod #3 | Mod #4 | Rate Effective 04/01/2026 | Rate Effective 07/01/2026 | Unit Value | Comments |
|---|---|---|---|---|---|---|---|---|---|
| **Adult Day Services, Outside Denver County** | | | | | | | | | |
| Basic | S5100 | U1 | | | | $ 3.99 | $ 3.91 | 15 Minutes | Maximum of 12 units or three (3) hours per day |
| Basic | S5105 | U1 | | | | $ 48.77 | $ 47.79 | 1/2 Day | An individual unit is 3-5 hours per day; Maximum 520 units |
| Specialized | S5105 | U1 | TF | | | $ 61.43 | $ 60.20 | 1/2 Day | |
| **Adult Day Services, Denver County** | | | | | | | | | |
| Basic | S5100 | U1 | HX | | | $ 4.32 | $ 4.23 | 15 Minutes | Maximum of 12 units or three (3) hours per day |
| Basic | S5105 | U1 | HX | | | $ 52.73 | $ 51.68 | 1/2 Day | An individual unit is 3-5 hours per day; Maximum 520 units |
| Specialized | S5105 | U1 | TF | HX | | $ 65.39 | $ 64.08 | 1/2 Day | |
| **Adult Day Service Transportation** | | | | | | | | | |
| Taxi | A0100 | U1 | HB | | | PUC* | PUC* | 1 Way Trip | Active PUC* taxi authority required $135 maximum per trip |
| **Mobility Van, Outside Denver County** | | | | | | | | | |
| Mileage Band 1 (0-10 miles) | A0120 | U1 | HB | | | $ 11.24 | $ 11.02 | 1 Way Trip | |
| Mileage Band 2 (11-20 miles) | A0120 | U1 | TT | HB | | $ 20.60 | $ 20.19 | 1 Way Trip | |
| Mileage Band 3 (over 20 miles) | A0120 | U1 | TN | HB | | $ 30.56 | $ 29.95 | 1 Way Trip | |
| **Mobility Van, Denver County** | | | | | | | | | |
| Mileage Band 1 (0-10 miles) | A0120 | U1 | HB | HX | | $ 11.78 | $ 11.54 | 1 Way Trip | |
| Mileage Band 2 (11-20 miles) | A0120 | U1 | TT | HB | HX | $ 21.54 | $ 21.11 | 1 Way Trip | |
| Mileage Band 3 (over 20 miles) | A0120 | U1 | TN | HB | HX | $ 31.91 | $ 31.27 | 1 Way Trip | |
| **Wheelchair Van, Outside Denver County** | | | | | | | | | |
| Mileage Band 1 (0-10 miles) | A0130 | U1 | HB | | | $ 13.34 | $ 13.07 | 1 Way Trip | |
| Mileage Band 2 (11-20 miles) | A0130 | U1 | TT | HB | | $ 24.84 | $ 24.34 | 1 Way Trip | |
| Mileage Band 3 (over 20 miles) | A0130 | U1 | TN | HB | | $ 33.73 | $ 33.06 | 1 Way Trip | |
| **Wheelchair Van, Denver County** | | | | | | | | | |
| Mileage Band 1 (0-10 miles) | A0130 | U1 | HB | HX | | $ 13.98 | $ 13.70 | 1 Way Trip | |
| Mileage Band 2 (11-20 miles) | A0130 | U1 | TT | HB | HX | $ 25.98 | $ 25.46 | 1 Way Trip | |

## Home and Community Based Services:
## Elderly, Blind, and Disabled Waiver (EBD)
## Rates Effective July 1, 2026-June 30, 2027

**Version: 1.1 Issue Date: 06/11/2026**

COLORADO
Department of Health Care Policy & Financing

| Service Description | Proc Code | Mod #1 | Mod #2 | Mod #3 | Mod #4 | Rate Effective 04/01/2026 | Rate Effective 07/01/2026 | Unit Value | Comments |
|---|---|---|---|---|---|---|---|---|---|
| Mileage Band 3 (over 20 miles) | A0130 | U1 | TN | HB | HX | $ 35.23 | $ 34.53 | 1 Way Trip | |
| **Alternative Care Facility (ACF), Outside Denver County** | | | | | | | | | |
| Alternative Care Facility | T2031 | U1 | | | | $ 103.72 | $ 101.65 | Day | |
| **Alternative Care Facility (ACF), Denver County** | | | | | | | | | |
| Alternative Care Facility | T2031 | U1 | | | | $ 109.32 | $ 107.13 | Day | |
| **Home Modification** | | | | | | | | | |
| Home Modification | S5165 | U1 | | | | NR* | NR* | Per Modification | $14,000.00 Lifetime Maximum |
| **Non Medical Transportation**<br>All types except Adult Day are limited to 208 trips, or 104 round trips per service plan year | | | | | | | | | |
| Taxi | A0100 | U1 | | | | PUC* | PUC* | 1 Way Trip | Active PUC* taxi authority required<br>$135 maximum per trip |
| **Mobility Van, Outside Denver County** | | | | | | | | | |
| Mileage Band 1 (0-10 miles) | A0120 | U1 | | | | $ 11.24 | $ 11.02 | 1 Way Trip | |
| Mileage Band 2 (11-20 miles) | A0120 | U1 | TT | | | $ 20.60 | $ 20.19 | 1 Way Trip | |
| Mileage Band 3 (over 20 miles) | A0120 | U1 | TN | | | $ 30.56 | $ 29.95 | 1 Way Trip | |
| **Mobility Van, Denver County** | | | | | | | | | |
| Mileage Band 1 (0-10 miles) | A0120 | U1 | HX | | | $ 11.78 | $ 11.54 | 1 Way Trip | |
| Mileage Band 2 (11-20 miles) | A0120 | U1 | TT | HX | | $ 21.54 | $ 21.11 | 1 Way Trip | |
| Mileage Band 3 (over 20 miles) | A0120 | U1 | TN | HX | | $ 31.91 | $ 31.27 | 1 Way Trip | |
| **Wheelchair Van, Outside Denver County** | | | | | | | | | |
| Mileage Band 1 (0-10 miles) | A0130 | U1 | | | | $ 13.34 | $ 13.07 | 1 Way Trip | |
| Mileage Band 2 (11-20 miles) | A0130 | U1 | TT | | | $ 24.84 | $ 24.34 | 1 Way Trip | |
| Mileage Band 3 (over 20 miles) | A0130 | U1 | TN | | | $ 33.73 | $ 33.06 | 1 Way Trip | |
| **Wheelchair Van, Denver County** | | | | | | | | | |
| Mileage Band 1 (0-10 miles) | A0130 | U1 | HX | | | $ 13.98 | $ 13.70 | 1 Way Trip | |
| Mileage Band 2 (11-20 miles) | A0130 | U1 | TT | HX | | $ 25.98 | $ 25.46 | 1 Way Trip | |

**Home and Community Based Services:**

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

**Rates Effective July 1, 2026-June 30, 2027**

**Version: 1.1 Issue Date: 06/11/2026**

COLORADO
Department of Health Care Policy & Financing

| Service Description | Proc Code | Mod #1 | Mod #2 | Mod #3 | Mod #4 | Rate Effective 04/01/2026 | Rate Effective 07/01/2026 | Unit Value | Comments |
|---|---|---|---|---|---|---|---|---|---|
| Mileage Band 3 (over 20 miles) | A0130 | U1 | TN | HX | | $ 35.23 | $ 34.53 | 1 Way Trip | |
| **Non-Medical Transportation, Public Transit** | | | | | | | | | |
| RTD | A0110 | U1 | TT | | | $ 27.00 | $ 27.00 | Monthly | |
| RTD - To and from Adult Day | A0110 | U1 | TT | HB | | $ 27.00 | $ 27.00 | Monthly | |
| RTD | A0110 | U1 | TK | | | $ 13.50 | $ 13.50 | 3-Hour Pass 10-Ride Book | |
| RTD - To and from Adult Day | A0110 | U1 | TK | HB | | $ 13.50 | $ 13.50 | 3-Hour Pass 10-Ride Book | |
| RTD | A0110 | U1 | TF | | | $ 2.70 | $ 2.70 | Day Pass | |
| RTD - To and from Adult Day | A0110 | U1 | TF | HB | | $ 2.70 | $ 2.70 | Day Pass | |
| RTD | A0110 | U1 | TN | | | $ 1.35 | $ 1.35 | 3 Hour Pass | |
| RTD - To and from Adult Day | A0110 | U1 | TN | HB | | $ 1.35 | $ 1.35 | 3 Hour Pass | |
| Access-A-Ride | A0110 | U1 | SE | | | $ 4.50 | $ 4.50 | Single | |
| Access-A-Ride - To and from Adult Day | A0110 | U1 | SE | HB | | $ 4.50 | $ 4.50 | Single | |
| Access-A-Ride | A0110 | U1 | TG | | | $ 27.00 | $ 27.00 | 6 Ride Book | |
| Access-A-Ride - To and from Adult Day | A0110 | U1 | TG | HB | | $ 27.00 | $ 27.00 | 6 Ride Book | |
| **Respite Care** Combined maximum of 30 days per certification period for Respite Care provided in an ACF, In Home, or a Nursing Facility | | | | | | | | | |
| Nursing Facility | H0045 | U1 | | | | $ 194.06 | $ 190.18 | Day | |
| **Respite Care, Outside Denver County** Combined maximum of 30 days per certification period for Respite Care provided in an ACF, In Home, or a Nursing Facility | | | | | | | | | |
| ACF (Alternative Care Facility) | S5151 | U1 | | | | $ 134.06 | $ 131.38 | Day | |
| In-Home Respite | S5150 | U1 | | | | $ 7.27 | $ 7.12 | 15 minutes | Not to exceed the Nursing Facility per diem (or 6.5 hours per day) |
| **Respite Care, Denver County** Combined maximum of 30 days per certification period for Respite Care provided in an ACF, In Home, or a Nursing Facility | | | | | | | | | |
| ACF (Alternative Care Facility) | S5151 | U1 | HX | | | $ 141.78 | $ 138.94 | Day | |

**Home and Community Based Services:**

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

**Rates Effective July 1, 2026-June 30, 2027**

**Version: 1.1 Issue Date: 06/11/2026**

COLORADO
Department of Health Care Policy & Financing

| Service Description | Proc Code | Mod #1 | Mod #2 | Mod #3 | Mod #4 | Rate Effective 04/01/2026 | Rate Effective 07/01/2026 | Unit Value | Comments |
|---|---|---|---|---|---|---|---|---|---|
| In-Home Respite | S5150 | U1 | HX | | | $ 7.59 | $ 7.44 | 15 minutes | Not to exceed the Nursing Facility per diem (or 6.5 hours per day) |
| **Wellness Education Benefit** | | | | | | | | | |
| Wellness Education Benefit | 98960 | U1 | | | | $ 3.69 | $ 3.62 | Month | 12 Units Limit |
| **Community Transition Services** | | | | | | | | | |
| Life Skills Training | H2014 | U1 | | | | $ 13.08 | $ 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 | | | | $ 6.51 | $ 6.38 | 15 minutes | Available for 365 days after enrollment |

| Legend | |
|---|---|
| **CG** | **Policy criteria applied** |
| **EY** | **HCPCS Definition: No physician or other licensed health care provider order for this item/service** |
| **HB** | **To and From Adult Day** (HCPCS Defn: Adult Program, non-geriatric) |
| **HC** | **Adult Program** (HCPCS Defn: Geriatric) |
| **HR** | **Relative providing care** (HCPCS Defn: Family/Couple with client present) |
| **KX** | **In Home Support Services** (HCPCS Defn: Requirements specified in the medical policy have been met) |
| **NR*** | **Negotiated Rate, will vary by client** |
| **PUC*** | **Reimbursement based on actual mileage at Public Utility Commission approved fare** |
| **SE** | **State and/or federally funded programs/services** |
| **TF** | **Intermediate Level of care** |
| **TJ** | **Program group** (HCPCS Defn: Child and/or adolescent) |
| **TK** | **Extra patient or passenger, Non-Ambulance** |
| **TN** | **Outside providers' customary service area** |
| **TT** | **Individualized service provided to more than one client in the same setting** |
| **TU** | **Special Payment Rate** (HCPCS Defn: Overtime) |
| **U1** | **Elderly, Blind and Disabled Waiver** (HCPCS Defn: Medicaid Level of Care 1, as defined by each state) |

## Home and Community Based Services:

## Community Mental Health Supports (CMHS) Waiver

## Rates Effective July 1, 2026-June 30, 2027

COLORADO
Department of Health Care Policy & Financing

**Version: 1.1 Issue Date: 06/11/2026**

| Service Description | Proc Code | Mod #1 | Mod #2 | Mod #3 | Mod #4 | Rate Effective 04/01/2026 | Rate Effective 07/01/2026 | Unit Value | Comments |
|---|---|---|---|---|---|---|---|---|---|
| **Adult Day Services, Outside Denver County** | | | | | | | | | |
| Basic | S5100 | UA | | | | $ 3.99 | $ 3.91 | 15 Minutes | Maximum of 12 units or three (3) hours per day |
| Basic | S5105 | UA | | | | $ 48.77 | $ 47.79 | 1/2 Day | An individual unit is 3-5 hours per day; Maximum 520 units |
| Specialized | S5105 | UA | TF | | | $ 61.43 | $ 60.20 | 1/2 Day | |
| **Adult Day Services, Denver County** | | | | | | | | | |
| Basic | S5100 | UA | HX | | | $ 4.32 | $ 4.23 | 15 Minutes | Maximum of 12 units or three (3) hours per day |
| Basic | S5105 | UA | HX | | | $ 52.73 | $ 51.68 | 1/2 Day | An individual unit is 3-5 hours per day; Maximum 520 units |
| Specialized | S5105 | UA | TF | HX | | $ 65.39 | $ 64.08 | 1/2 Day | |
| **Adult Day Services Transportation** | | | | | | | | | |
| Taxi | A0100 | UA | HB | | | PUC* | PUC* | 1 Way Trip | Active PUC* taxi authority required $135 maximum per trip |
| **Mobility Van, Outside Denver County** | | | | | | | | | |
| Mileage Band 1 (0-10 Miles) | A0120 | UA | HB | | | $ 11.24 | $ 11.02 | 1 Way Trip | |
| Mileage Band 2 (11-20 Miles) | A0120 | UA | TT | HB | | $ 20.60 | $ 20.19 | 1 Way Trip | |
| Mileage Band 3 (Over 20 Miles) | A0120 | UA | TN | HB | | $ 30.56 | $ 29.95 | 1 Way Trip | |
| **Mobility Van, Denver County** | | | | | | | | | |
| Mileage Band 1 (0-10 miles) | A0120 | UA | HB | HX | | $ 11.78 | $ 11.54 | 1 Way Trip | |
| Mileage Band 2 (11-20 miles) | A0120 | UA | TT | HB | HX | $ 21.54 | $ 21.11 | 1 Way Trip | |
| Mileage Band 3 (over 20 miles) | A0120 | UA | TN | HB | HX | $ 31.91 | $ 31.27 | 1 Way Trip | |
| **Wheelchair Van, Outside Denver County** | | | | | | | | | |
| Mileage Band 1 (0-10 Miles) | A0130 | UA | HB | | | $ 13.34 | $ 13.07 | 1 Way Trip | |
| Mileage Band 2 (11-20 Miles) | A0130 | UA | TT | HB | | $ 24.84 | $ 24.34 | 1 Way Trip | |
| Mileage Band 3 (Over 20 Miles) | A0130 | UA | TN | HB | | $ 33.73 | $ 33.06 | 1 Way Trip | |
| **Wheelchair Van, Denver County** | | | | | | | | | |
| Mileage Band 1 (0-10 miles) | A0130 | UA | HB | HX | | $ 13.98 | $ 13.70 | 1 Way Trip | |

## Home and Community Based Services:

## Community Mental Health Supports (CMHS) Waiver

## Rates Effective July 1, 2026-June 30, 2027

**Version: 1.1 Issue Date: 06/11/2026**

COLORADO
Department of Health Care Policy & Financing

| Service Description | Proc Code | Mod #1 | Mod #2 | Mod #3 | Mod #4 | Rate Effective 04/01/2026 | Rate Effective 07/01/2026 | Unit Value | Comments |
|---|---|---|---|---|---|---|---|---|---|
| Mileage Band 2 (11-20 miles) | A0130 | UA | TT | HB | HX | $ 25.98 | $ 25.46 | 1 Way Trip | |
| Mileage Band 3 (over 20 miles) | A0130 | UA | TN | HB | HX | $ 35.23 | $ 34.53 | 1 Way Trip | |
| **Alternative Care Facility (ACF), Outside Denver County** | | | | | | | | | |
| Alternative Care Facility | T2031 | UA | | | | $ 103.72 | $ 101.65 | Day | |
| **Alternative Care Facility (ACF), Denver County** | | | | | | | | | |
| Alternative Care Facility | T2031 | UA | | | | $ 109.32 | $ 107.13 | Day | |
| **Home Modification** | | | | | | | | | |
| Home Modification | S5165 | UA | | | | NR* | NR* | Per Modification | $14,000.00 Lifetime Maximum |
| **Mental Health Transitional Living Homes** | | | | | | | | | |
| Level 1 | T2033 | UA | HB | | | $ 403.34 | $ 395.27 | Day | |
| **Non Medical Transportation** All types except Adult Day are limited to 208 trips, or 104 round trips | | | | | | | | | |
| Taxi | A0100 | UA | | | | PUC* | PUC* | 1 Way Trip | Active PUC* taxi authority required $135 maximum per trip |
| **Mobility Van, Outside Denver County** | | | | | | | | | |
| Mileage Band 1 (0-10 Miles) | A0120 | UA | | | | $ 11.24 | $ 11.02 | 1 Way Trip | |
| Mileage Band 2 (11-20 Miles) | A0120 | UA | TT | | | $ 20.60 | $ 20.19 | 1 Way Trip | |
| Mileage Band 3 (Over 20 Miles) | A0120 | UA | TN | | | $ 30.56 | $ 29.95 | 1 Way Trip | |
| **Mobility Van, Denver County** | | | | | | | | | |
| Mileage Band 1 (0-10 miles) | A0120 | UA | HX | | | $ 11.78 | $ 11.54 | 1 Way Trip | |
| Mileage Band 2 (11-20 miles) | A0120 | UA | TT | HX | | $ 21.54 | $ 21.11 | 1 Way Trip | |
| Mileage Band 3 (over 20 miles) | A0120 | UA | TN | HX | | $ 31.91 | $ 31.27 | 1 Way Trip | |
| **Wheelchair Van, Outside Denver County** | | | | | | | | | |
| Mileage Band 1 (0-10 Miles) | A0130 | UA | | | | $ 13.34 | $ 13.07 | 1 Way Trip | |
| Mileage Band 2 (11-20 Miles) | A0130 | UA | TT | | | $ 24.84 | $ 24.34 | 1 Way Trip | |

**Home and Community Based Services:**

## Community Mental Health Supports (CMHS) Waiver

**Rates Effective July 1, 2026-June 30, 2027**

COLORADO
Department of Health Care Policy & Financing

**Version: 1.1 Issue Date: 06/11/2026**

| Service Description | Proc Code | Mod #1 | Mod #2 | Mod #3 | Mod #4 | Rate Effective 04/01/2026 | Rate Effective 07/01/2026 | Unit Value | Comments |
|---|---|---|---|---|---|---|---|---|---|
| Mileage Band 3 (Over 20 Miles) | A0130 | UA | TN | | | $ 33.73 | $ 33.06 | 1 Way Trip | |
| **Wheelchair Van, Denver County** | | | | | | | | | |
| Mileage Band 1 (0-10 miles) | A0130 | UA | HX | | | $ 13.98 | $ 13.70 | 1 Way Trip | |
| Mileage Band 2 (11-20 miles) | A0130 | UA | TT | HX | | $ 25.98 | $ 25.46 | 1 Way Trip | |
| Mileage Band 3 (over 20 miles) | A0130 | UA | TN | HX | | $ 35.23 | $ 34.53 | 1 Way Trip | |
| **Non-Medical Transportation, Public Transit** | | | | | | | | | |
| RTD | A0110 | UA | TT | | | $ 27.00 | $ 27.00 | Monthly | |
| RTD - To and from Adult Day | A0110 | UA | TT | HB | | $ 27.00 | $ 27.00 | Monthly | |
| RTD | A0110 | UA | TK | | | $ 13.50 | $ 13.50 | 3-Hour Pass 10-Ride Book | |
| RTD - To and from Adult Day | A0110 | UA | TK | HB | | $ 13.50 | $ 13.50 | 3-Hour Pass 10-Ride Book | |
| RTD | A0110 | UA | TF | | | $ 2.70 | $ 2.70 | Day Pass | |
| RTD - To and from Adult Day | A0110 | UA | TF | HB | | $ 2.70 | $ 2.70 | Day Pass | |
| RTD | A0110 | UA | TN | | | $ 1.35 | $ 1.35 | 3 Hour Pass | |
| RTD - To and from Adult Day | A0110 | UA | TN | HB | | $ 1.35 | $ 1.35 | 3 Hour Pass | |
| Access-A-Ride | A0110 | UA | SE | | | $ 4.50 | $ 4.50 | Single | |
| Access-A-Ride - To and from Adult Day | A0110 | UA | SE | HB | | $ 4.50 | $ 4.50 | Single | |
| Access-A-Ride | A0110 | UA | TG | | | $ 27.00 | $ 27.00 | 6 Ride Book | |
| Access-A-Ride - To and from Adult Day | A0110 | UA | TG | HB | | $ 27.00 | $ 27.00 | 6 Ride Book | |
| **Respite Care** Combined maximum of 30 days per certification period for Respite Care provided in an ACF or a Nursing Facility | | | | | | | | | |
| Nursing Facility | H0045 | UA | | | | $ 194.06 | $ 190.18 | Day | |
| **Respite Care, Outside Denver County** Combined maximum of 30 days per certification period for Respite Care provided in an ACF or a Nursing Facility | | | | | | | | | |
| ACF (Alternative Care Facility) | S5151 | UA | | | | $ 134.06 | $ 131.38 | Day | |
| **Respite Care, Denver County** Combined maximum of 30 days per certification period for Respite Care provided in an ACF or a Nursing Facility | | | | | | | | | |
| ACF (Alternative Care Facility) | S5151 | UA | HX | | | $ 141.78 | $ 138.94 | Day | |

## Home and Community Based Services:

## Community Mental Health Supports (CMHS) Waiver

## Rates Effective July 1, 2026-June 30, 2027

**Version: 1.1 Issue Date: 06/11/2026**

COLORADO
Department of Health Care Policy & Financing

| Service Description | Proc Code | Mod #1 | Mod #2 | Mod #3 | Mod #4 | Rate Effective 04/01/2026 | Rate Effective 07/01/2026 | Unit Value | Comments |
|---|---|---|---|---|---|---|---|---|---|
| **Wellness Education Benefit** | | | | | | | | | |
| Wellness Education Benefit | 98960 | UA | | | | $ 3.69 | $ 3.62 | Month | 12 Units Limit |
| **Community Transition Services** | | | | | | | | | |
| Life Skills Training | H2014 | UA | | | | $ 13.08 | $ 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 | | | | $ 6.51 | $ 6.38 | 15 minutes | Available for 365 days after enrollment |

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

## Home and Community Based Services:

## Brain Injury (BI) Waiver

## Rates Effective July 1, 2026-June 30, 2027

**Version: 1.0 Issue Date: 05/28/2026**

COLORADO
Department of Health Care Policy & Financing

| Service Description | Proc Code | Mod #1 | Mod #2 | Mod #3 | Mod #4 | Rate Effective 04/01/2026 | Rate Effective 07/01/2026 | Unit Value | Comments |
|---|---|---|---|---|---|---|---|---|---|
| Adult Day Services | S5100 | U6 | | | | $ 7.59 | $ 7.44 | 15 Minutes | Maximum of 8 units or two (2) hours per day |
| Adult Day Services | S5102 | U6 | | | | $ 84.85 | $ 83.15 | Day | At least 2 or more hours of attendance, 1 or more days per week |
| **Adult Day Services Transportation** | | | | | | | | | |
| Taxi | A0100 | U6 | HB | | | PUC* | PUC* | 1 Way Trip | Active PUC* taxi authority required $135 maximum per trip |
| **Mobility Van, Outside Denver County** | | | | | | | | | |
| Mileage Band 1 (0-10 Miles) | A0120 | U6 | HB | | | $ 11.24 | $ 11.02 | 1 Way Trip | |
| Mileage Band 2 (11-20 Miles) | A0120 | U6 | TT | HB | | $ 20.60 | $ 20.19 | 1 Way Trip | |
| Mileage Band 3 (over 20 Miles) | A0120 | U6 | TN | HB | | $ 30.56 | $ 29.95 | 1 Way Trip | |
| **Mobility Van, Denver County** | | | | | | | | | |
| Mileage Band 1 (0-10 miles) | A0120 | U6 | HB | HX | | $ 11.78 | $ 11.54 | 1 Way Trip | |
| Mileage Band 2 (11-20 miles) | A0120 | U6 | TT | HB | HX | $ 21.54 | $ 21.11 | 1 Way Trip | |
| Mileage Band 3 (over 20 miles) | A0120 | U6 | TN | HB | HX | $ 31.91 | $ 31.27 | 1 Way Trip | |
| **Wheelchair Van, Outside Denver County** | | | | | | | | | |
| Mileage Band 1 (0-10 Miles) | A0130 | U6 | HB | | | $ 13.34 | $ 13.07 | 1 Way Trip | |
| Mileage Band 2 (11-20 Miles) | A0130 | U6 | TT | HB | | $ 24.84 | $ 24.34 | 1 Way Trip | |
| Mileage Band 3 (over 20 Miles) | A0130 | U6 | TN | HB | | $ 33.73 | $ 33.06 | 1 Way Trip | |
| **Wheelchair Van, Denver County** | | | | | | | | | |
| Mileage Band 1 (0-10 miles) | A0130 | U6 | HB | HX | | $ 13.98 | $ 13.70 | 1 Way Trip | |
| Mileage Band 2 (11-20 miles) | A0130 | U6 | TT | HB | HX | $ 25.98 | $ 25.46 | 1 Way Trip | |
| Mileage Band 3 (over 20 miles) | A0130 | U6 | TN | HB | HX | $ 35.23 | $ 34.53 | 1 Way Trip | |
| Assistive Devices | T2029 | U6 | | | | NR* | NR* | Per Purchase | 1 unit = 1 purchase |
| Behavioral Services | H0025 | U6 | | | | $ 16.16 | $ 15.84 | 30 Minutes | |
| Day Treatment | H2018 | U6 | | | | $ 90.85 | $ 89.03 | Day | |
| **Home Modification** | | | | | | | | | |

## Home and Community Based Services:

## Brain Injury (BI) Waiver

## Rates Effective July 1, 2026-June 30, 2027

**Version: 1.0 Issue Date: 05/28/2026**

COLORADO
Department of Health Care Policy & Financing

| Service Description | Proc Code | Mod #1 | Mod #2 | Mod #3 | Mod #4 | Rate Effective 04/01/2026 | Rate Effective 07/01/2026 | Unit Value | Comments |
|---|---|---|---|---|---|---|---|---|---|
| Home Modification | S5165 | U6 | | | | NR* | NR* | Per Modification | $14,000.00 Lifetime Maximum |
| Independent Living Skills Training (ILST) | T2013 | U6 | | | | $ 13.08 | $ 12.82 | 15 minutes | |
| **Mental Health Counseling** | | | | | | | | | |
| Individual | H0004 | U6 | | | | $ 28.00 | $ 27.44 | 15 minutes | |
| Family | H0004 | U6 | HR | | | $ 28.00 | $ 27.44 | 15 minutes | |
| Group | H0004 | U6 | HQ | | | $ 16.52 | $ 16.19 | 15 minutes | |
| **Non Medical Transportation**<br>All types except Adult Day are limited to 208 trips, or 104 round trips | | | | | | | | | |
| Taxi | A0100 | U6 | | | | PUC* | PUC* | 1 Way Trip | Active PUC* taxi authority required $135 maximum per trip |
| **Mobility Van, Outside Denver County** | | | | | | | | | |
| Mileage Band 1 (0-10 Miles) | A0120 | U6 | | | | $ 11.24 | $ 11.02 | 1 Way Trip | |
| Mileage Band 2 (11-20 Miles) | A0120 | U6 | TT | | | $ 20.60 | $ 20.19 | 1 Way Trip | |
| Mileage Band 3 (over 20 Miles) | A0120 | U6 | TN | | | $ 30.56 | $ 29.95 | 1 Way Trip | |
| **Mobility Van, Denver County** | | | | | | | | | |
| Mileage Band 1 (0-10 miles) | A0120 | U6 | HX | | | $ 11.78 | $ 11.54 | 1 Way Trip | |
| Mileage Band 2 (11-20 miles) | A0120 | U6 | TT | HX | | $ 21.54 | $ 21.11 | 1 Way Trip | |
| Mileage Band 3 (over 20 miles) | A0120 | U6 | TN | HX | | $ 31.91 | $ 31.27 | 1 Way Trip | |
| **Wheelchair Van, Outside Denver County** | | | | | | | | | |
| Mileage Band 1 (0-10 Miles) | A0130 | U6 | | | | $ 13.34 | $ 13.07 | 1 Way Trip | |
| Mileage Band 2 (11-20 Miles) | A0130 | U6 | TT | | | $ 24.84 | $ 24.34 | 1 Way Trip | |
| Mileage Band 3 (over 20 Miles) | A0130 | U6 | TN | | | $ 33.73 | $ 33.06 | 1 Way Trip | |
| **Wheelchair Van, Denver County** | | | | | | | | | |
| Mileage Band 1 (0-10 Miles) | A0130 | U6 | HX | | | $ 13.98 | $ 13.70 | 1 Way Trip | |
| Mileage Band 2 (11-20 Miles) | A0130 | U6 | TT | HX | | $ 25.98 | $ 25.46 | 1 Way Trip | |
| Mileage Band 3 (over 20 Miles) | A0130 | U6 | TN | HX | | $ 35.23 | $ 34.53 | 1 Way Trip | |
| **Non-Medical Transportation, Public Transit** | | | | | | | | | |
| RTD | A0110 | U6 | TT | | | $ 27.00 | $ 27.00 | Monthly | |

## Home and Community Based Services:

## Brain Injury (BI) Waiver

## Rates Effective July 1, 2026-June 30, 2027

**Version: 1.0 Issue Date: 05/28/2026**

COLORADO
Department of Health Care Policy & Financing

| Service Description | Proc Code | Mod #1 | Mod #2 | Mod #3 | Mod #4 | Rate Effective 04/01/2026 | Rate Effective 07/01/2026 | Unit Value | Comments |
|---|---|---|---|---|---|---|---|---|---|
| RTD - To and from Adult Day | A0110 | U6 | TT | HB | | $ 27.00 | $ 27.00 | Monthly | |
| RTD | A0110 | U6 | TK | | | $ 13.50 | $ 13.50 | 3-Hour Pass 10-Ride Book | |
| RTD - To and from Adult Day | A0110 | U6 | TK | HB | | $ 13.50 | $ 13.50 | 3-Hour Pass 10-Ride Book | |
| RTD | A0110 | U6 | TF | | | $ 2.70 | $ 2.70 | Day Pass | |
| RTD - To and from Adult Day | A0110 | U6 | TF | HB | | $ 2.70 | $ 2.70 | Day Pass | |
| RTD | A0110 | U6 | TN | | | $ 1.35 | $ 1.35 | 3 Hour Pass | |
| RTD - To and from Adult Day | A0110 | U6 | TN | HB | | $ 1.35 | $ 1.35 | 3 Hour Pass | |
| Access-A-Ride | A0110 | U6 | SE | | | $ 4.50 | $ 4.50 | Single | |
| Access-A-Ride - To and from Adult Day | A0110 | U6 | SE | HB | | $ 4.50 | $ 4.50 | Single | |
| Access-A-Ride | A0110 | U6 | TG | | | $ 27.00 | $ 27.00 | 6 Ride Book | |
| Access-A-Ride - To and from Adult Day | A0110 | U6 | TG | HB | | $ 27.00 | $ 27.00 | 6 Ride Book | |
| **Respite Care**<br>Combined maximum of 720 hours per certification period for Respite Care provided In Home or in a Nursing Facility | | | | | | | | | |
| Nursing Facility | H0045 | U6 | | | | $ 194.06 | $ 190.18 | Day | |
| **Respite Care, Outside Denver County**<br>Combined maximum of 720 hours per certification period for Respite Care provided In Home or in a Nursing Facility | | | | | | | | | |
| In-Home Respite | S5150 | U6 | | | | $ 7.27 | $ 7.12 | 15 minutes | Not to exceed 8 hours per day |
| **Respite Care, Denver County**<br>Combined maximum of 720 hours per certification period for Respite Care provided In Home or in a Nursing Facility | | | | | | | | | |
| In-Home Respite , Denver County | S5150 | U6 | HX | | | $ 7.59 | $ 7.44 | 15 minutes | Not to exceed 8 hours per day |
| **Substance Abuse Counseling** | | | | | | | | | |
| Family | T1006 | U6 | HR | HF | | $ 66.82 | $ 65.48 | Hour | |
| Individual | H0047 | U6 | HF | | | $ 66.82 | $ 65.48 | Hour | |
| Group | H0047 | U6 | HQ | HF | | $ 37.44 | $ 36.69 | Hour | |
| **Transitional Living Program** | | | | | | | | | |
| Transitional Living Program, Outside Denver County | T2016 | U6 | | | | $ 750.01 | $ 735.01 | 1 Day | |
| Transitional Living Program, Denver County | T2016 | U6 | HX | | | $ 762.07 | $ 746.83 | 1 Day | |

## Home and Community Based Services:

## Brain Injury (BI) Waiver

## Rates Effective July 1, 2026-June 30, 2027

**Version: 1.0 Issue Date: 05/28/2026**

COLORADO
Department of Health Care Policy & Financing

| Service Description | Proc Code | Mod #1 | Mod #2 | Mod #3 | Mod #4 | Rate Effective 04/01/2026 | Rate Effective 07/01/2026 | Unit Value | Comments |
|---|---|---|---|---|---|---|---|---|---|
| **Wellness Education Benefit** | | | | | | | | | |
| Wellness Education Benefit | 98960 | U6 | | | | $ 3.69 | $ 3.62 | Month | 12 Units Limit |
| **Community Transition Services** | | | | | | | | | |
| Peer Mentorship | H2015 | U6 | | | | $ 6.51 | $ 6.38 | 15 minutes | Available for 365 days after enrollment |
| **Supported Living Program, Outside Denver County** | | | | | | | | | |
| Tier 1 | T2033 | U6 | | | | $ 237.25 | $ 232.51 | 1 Day | |
| Tier 2 | T2033 | U6 | HB | | | $ 277.39 | $ 271.84 | 1 Day | |
| Tier 3 | T2033 | U6 | HE | | | $ 309.08 | $ 302.90 | 1 Day | |
| Tier 4 | T2033 | U6 | HK | | | $ 370.29 | $ 362.88 | 1 Day | |
| Tier 5 | T2033 | U6 | HB | HE | | $ 407.77 | $ 399.61 | 1 Day | |
| Tier 6 | T2033 | U6 | HB | HK | | $ 453.04 | $ 443.98 | 1 Day | |
| Tier 7 | T2033 | U6 | HB | HK | SC | NR* | NR* | 1 Day | |
| **Supported Living Program, Denver County** | | | | | | | | | |
| Tier 1 | T2033 | U6 | | | | $ 241.71 | $ 236.88 | 1 Day | |
| Tier 2 | T2033 | U6 | HB | | | $ 283.96 | $ 278.28 | 1 Day | |
| Tier 3 | T2033 | U6 | HE | | | $ 316.98 | $ 310.64 | 1 Day | |
| Tier 4 | T2033 | U6 | HK | | | $ 380.92 | $ 373.30 | 1 Day | |
| Tier 5 | T2033 | U6 | HB | HE | | $ 420.18 | $ 411.78 | 1 Day | |
| Tier 6 | T2033 | U6 | HB | HK | | $ 467.89 | $ 458.53 | 1 Day | |
| Tier 7 | T2033 | U6 | HB | HK | SC | NR* | NR* | 1 Day | |

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

## Home and Community Based Services:

## Brain Injury (BI) Waiver

## Rates Effective July 1, 2026-June 30, 2027

**Version: 1.0 Issue Date: 05/28/2026**

COLORADO
Department of Health Care Policy & Financing

| Service Description | Proc Code | Mod #1 | Mod #2 | Mod #3 | Mod #4 | Rate Effective 04/01/2026 | Rate Effective 07/01/2026 | Unit Value | Comments |
|---|---|---|---|---|---|---|---|---|---|
| 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) | | | | | | | | |

**Home and Community Based Services:**

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

**Rates Effective July 1, 2026-June 30, 2027**

**Version: 1.0 Issue Date: 05/28/2026**

COLORADO
Department of Health Care Policy & Financing

| Service Description | Proc Code | Mod #1 | Mod #2 | Mod #3 | Mod #4 | Rate Effective 04/01/2026 | Rate Effective 07/01/2026 | Unit Value | Comments |
|---|---|---|---|---|---|---|---|---|---|
| **Adult Day Services, Outside Denver County**<br>Maximum 520 units | | | | | | | | | |
| Basic | S5100 | U1 | SC | | | $ 3.99 | $ 3.91 | 15 Minutes | Maximum of 12 units or three (3) hours per day |
| Basic | S5105 | U1 | SC | | | $ 48.77 | $ 47.79 | 1/2 Day | An individual unit is 3-5 hours per day; Maximum 520 units |
| Specialized | S5105 | U1 | SC | TF | | $ 61.43 | $ 60.20 | 1/2 Day | |
| **Adult Day Services, Denver County**<br>Maximum 520 units | | | | | | | | | |
| Basic | S5100 | U1 | SC | HX | | $ 4.32 | $ 4.23 | 15 Minutes | Maximum of 12 units or three (3) hours per day |
| Basic | S5105 | U1 | SC | HX | | $ 52.73 | $ 51.68 | 1/2 Day | An individual unit is 3-5 hours per day; Maximum 520 units |
| Specialized | S5105 | U1 | SC | TF | HX | $ 65.39 | $ 64.08 | 1/2 Day | |
| **Adult Day Program Transportation**<br>Use HB modifier for trips to and from adult day program. | | | | | | | | | |
| Taxi | A0100 | U1 | SC | HB | | PUC* | PUC* | 1 Way Trip | Active PUC* taxi authority required $135 maximum per trip |
| **Mobility Van, Outside Denver County** | | | | | | | | | |
| Mileage Band 1 (0-10 miles) | A0120 | U1 | SC | HB | | $ 11.24 | $ 11.02 | 1 Way Trip | |
| Mileage Band 2 (11-20 miles) | A0120 | U1 | SC | ST | | $ 20.60 | $ 20.19 | 1 Way Trip | |
| Mileage Band 3 (over 20 miles) | A0120 | U1 | SC | TU | | $ 30.56 | $ 29.95 | 1 Way Trip | |
| **Mobility Van, Denver County** | | | | | | | | | |
| Mileage Band 1 (0-10 miles) | A0120 | U1 | SC | HB | HX | $ 11.78 | $ 11.54 | 1 Way Trip | |
| Mileage Band 2 (11-20 miles) | A0120 | U1 | SC | ST | HX | $ 21.54 | $ 21.11 | 1 Way Trip | |
| Mileage Band 3 (over 20 miles) | A0120 | U1 | SC | TU | HX | $ 31.91 | $ 31.27 | 1 Way Trip | |
| **Wheelchair Van, Outside Denver County** | | | | | | | | | |
| Mileage Band 1 (0-10 miles) | A0130 | U1 | SC | HB | | $ 13.34 | $ 13.07 | 1 Way Trip | |
| Mileage Band 2 (11-20 miles) | A0130 | U1 | SC | ST | | $ 24.84 | $ 24.34 | 1 Way Trip | |
| Mileage Band 3 (over 20 miles) | A0130 | U1 | SC | TU | | $ 33.73 | $ 33.06 | 1 Way Trip | |

**Home and Community Based Services:**

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

**Rates Effective July 1, 2026-June 30, 2027**

**Version: 1.0 Issue Date: 05/28/2026**

COLORADO
Department of Health Care Policy & Financing

| Service Description | Proc Code | Mod #1 | Mod #2 | Mod #3 | Mod #4 | Rate Effective 04/01/2026 | Rate Effective 07/01/2026 | Unit Value | Comments |
|---|---|---|---|---|---|---|---|---|---|
| **Wheelchair Van, Denver County** | | | | | | | | | |
| Mileage Band 1 (0-10 miles) | A0130 | U1 | SC | HB | HX | $ 13.98 | $ 13.70 | 1 Way Trip | |
| Mileage Band 2 (11-20 miles) | A0130 | U1 | SC | ST | HX | $ 25.98 | $ 25.46 | 1 Way Trip | |
| Mileage Band 3 (over 20 miles) | A0130 | U1 | SC | TU | HX | $ 35.23 | $ 34.53 | 1 Way Trip | |
| **Complementary and Integrative Health Services** | | | | | | | | | |
| Acupuncture | 97810 | U1 | SC | | | $ 20.28 | $ 19.87 | 15 Minutes | Combined maximum of 408 units. |
| Acupuncture | 97811 | U1 | SC | | | $ 20.28 | $ 19.87 | 15 Minutes | |
| Acupuncture | 97813 | U1 | SC | | | $ 20.28 | $ 19.87 | 15 Minutes | |
| Acupuncture | 97814 | U1 | SC | | | $ 20.28 | $ 19.87 | 15 Minutes | |
| Chiropractic | 98942 | U1 | SC | | | $ 26.10 | $ 25.58 | 15 Minutes | |
| Massage | 97124 | U1 | SC | | | $ 20.98 | $ 20.56 | 15 Minutes | |
| **Home Modification** | | | | | | | | | |
| Home Modification | S5165 | U1 | SC | | | NR* | NR* | Per Modification | $14,000.00 per waiver renewal period 7/1/2025 - 6/30/2030" |
| **Non Medical Transportation** All types except Adult Day are limited to 208 trips, or 104 round trips per service plan year | | | | | | | | | |
| Taxi | A0100 | U1 | SC | | | PUC* | PUC* | 1 Way Trip | Active PUC* taxi authority required $135 maximum per trip |
| **Mobility Van, Outside Denver County** | | | | | | | | | |
| Mileage Band 1 (0-10 miles) | A0120 | U1 | SC | | | $ 11.24 | $ 11.02 | 1 Way Trip | |
| Mileage Band 2 (11-20 miles) | A0120 | U1 | SC | TT | | $ 20.60 | $ 20.19 | 1 Way Trip | |
| Mileage Band 3 (over 20 miles) | A0120 | U1 | SC | TN | | $ 30.56 | $ 29.95 | 1 Way Trip | |
| **Mobility Van, Denver County** | | | | | | | | | |
| Mileage Band 1 (0-10 miles) | A0120 | U1 | SC | HX | | $ 11.78 | $ 11.54 | 1 Way Trip | |
| Mileage Band 2 (11-20 miles) | A0120 | U1 | SC | TT | HX | $ 21.54 | $ 21.11 | 1 Way Trip | |
| Mileage Band 3 (over 20 miles) | A0120 | U1 | SC | TN | HX | $ 31.91 | $ 31.27 | 1 Way Trip | |
| **Wheelchair Van, Outside Denver County** | | | | | | | | | |
| Mileage Band 1 (0-10 miles) | A0130 | U1 | SC | | | $ 13.34 | $ 13.07 | 1 Way Trip | |
| Mileage Band 2 (11-20 miles) | A0130 | U1 | SC | TT | | $ 24.84 | $ 24.34 | 1 Way Trip | |
| Mileage Band 3 (over 20 miles) | A0130 | U1 | SC | TN | | $ 33.73 | $ 33.06 | 1 Way Trip | |

**Home and Community Based Services:**

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

**Rates Effective July 1, 2026-June 30, 2027**

**Version: 1.0 Issue Date: 05/28/2026**

COLORADO
Department of Health Care Policy & Financing

| Service Description | Proc Code | Mod #1 | Mod #2 | Mod #3 | Mod #4 | Rate Effective 04/01/2026 | Rate Effective 07/01/2026 | Unit Value | Comments |
|---|---|---|---|---|---|---|---|---|---|
| **Wheelchair Van, Denver County** | | | | | | | | | |
| Mileage Band 1 (0-10 miles) | A0130 | U1 | SC | HX | | $ 13.98 | $ 13.70 | 1 Way Trip | |
| Mileage Band 2 (11-20 miles) | A0130 | U1 | SC | TT | HX | $ 25.98 | $ 25.46 | 1 Way Trip | |
| Mileage Band 3 (over 20 miles) | A0130 | U1 | SC | TN | HX | $ 35.23 | $ 34.53 | 1 Way Trip | |
| **Non-Medical Transportation, Public Transit** | | | | | | | | | |
| RTD | A0110 | U1 | SC | TT | | $ 27.00 | $ 27.00 | Monthly | |
| RTD - To and from Adult Day | A0110 | U1 | SC | TT | HB | $ 27.00 | $ 27.00 | Monthly | |
| RTD | A0110 | U1 | SC | TK | | $ 13.50 | $ 13.50 | 3-Hour Pass 10-Ride Book | |
| RTD - To and from Adult Day | A0110 | U1 | SC | TK | HB | $ 13.50 | $ 13.50 | 3-Hour Pass 10-Ride Book | |
| RTD | A0110 | U1 | SC | TF | | $ 2.70 | $ 2.70 | Day Pass | |
| RTD - To and from Adult Day | A0110 | U1 | SC | TF | HB | $ 2.70 | $ 2.70 | Day Pass | |
| RTD | A0110 | U1 | SC | TN | | $ 1.35 | $ 1.35 | 3 Hour Pass | |
| RTD - To and from Adult Day | A0110 | U1 | SC | TN | HB | $ 1.35 | $ 1.35 | 3 Hour Pass | |
| Access-A-Ride | A0110 | U1 | SC | SE | | $ 4.50 | $ 4.50 | Single | |
| Access-A-Ride - To and from Adult Day | A0110 | U1 | SC | SE | HB | $ 4.50 | $ 4.50 | Single | |
| Access-A-Ride | A0110 | U1 | SC | TG | | $ 27.00 | $ 27.00 | 6 Ride Book | |
| Access-A-Ride - To and from Adult Day | A0110 | U1 | SC | TG | HB | $ 27.00 | $ 27.00 | 6 Ride Book | |
| **Respite Care**<br>Combined maximum of 30 days per certification period for Respite Care provided in an ACF, In Home, or a Nursing Facility | | | | | | | | | |
| Nursing Facility | H0045 | U1 | SC | | | $ 194.06 | $ 190.18 | Day | |
| **Respite Care, Outside Denver County**<br>Combined maximum of 30 days per certification period for Respite Care provided in an ACF, In Home, or a Nursing Facility | | | | | | | | | |
| ACF (Alternative Care Facility) | S5151 | U1 | SC | | | $ 134.06 | $ 131.38 | Day | |
| In-Home Respite | S5150 | U1 | SC | | | $ 7.27 | $ 7.12 | 15 Minutes | Not to exceed the Nursing Facility per diem (or 6.5 hours per day) |
| **Respite Care, Denver County**<br>Combined maximum of 30 days per certification period for Respite Care provided in an ACF, In Home, or a Nursing Facility | | | | | | | | | |
| ACF (Alternative Care Facility) | S5151 | U1 | SC | HX | | $ 141.78 | $ 138.94 | Day | |

## Home and Community Based Services:

## Complementary and Integrative Health (CIH) Waiver

## Rates Effective July 1, 2026-June 30, 2027

**Version: 1.0 Issue Date: 05/28/2026**

COLORADO
Department of Health Care Policy & Financing

| Service Description | Proc Code | Mod #1 | Mod #2 | Mod #3 | Mod #4 | Rate Effective 04/01/2026 | Rate Effective 07/01/2026 | Unit Value | Comments |
|---|---|---|---|---|---|---|---|---|---|
| In-Home Respite | S5150 | U1 | SC | HX | | $ 7.59 | $ 7.44 | 15 Minutes | Not to exceed the Nursing Facility per diem (or 6.5 hours per day) |
| **Wellness Education Benefit** | | | | | | | | | |
| Wellness Education Benefit | 98960 | U1 | SC | | | $ 3.69 | $ 3.62 | Month | 12 Units Limit |
| **Community Transition Services** | | | | | | | | | |
| Life Skills Training | H2014 | U1 | SC | | | $ 13.08 | $ 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 | | | $ 6.51 | $ 6.38 | 15 minutes | Available for 365 days after enrollment |

| Legend | |
|---|---|
| **HB** | **To and From Adult Day** (HCPCS Defn: Adult Program, non-geriatric) |
| **HR** | **Relative providing care** (HCPCS Defn: Family/Couple with client present) |
| **KX** | **In Home Support Services** (HCPCS Defn: Requirements specified in the medical policy have been met) |
| **NR*** | **Negotiated Rate, will vary by client** |
| **PUC*** | **Reimbursement based on actual mileage at Public Utility Commission approved fare** |
| **SC** | **Complementary and Integrative Health** (HCPCS Defn: Medically Necessary Service or Supply) |
| **ST** | **Related to trauma or injury** |
| **TF** | **Intermediate Level of care** |
| **TN** | **Outside Providers' customary service area** |
| **TT** | **Individualized service provided to more than one client in the same setting** |
| **U1** | **Elderly, Blind, and Disabled** (HCPCS Defn: Medicaid Level of Care 1, as defined by each state) |

**Home and Community Based Services:**
**FY 26-27 Rate Schedules**
**Rates Effective July 1, 2026-June 30, 2027**
**Version: 1.0 Issue Date: 05/28/2026**

COLORADO
Department of Health Care Policy & Financing

| ADJUSTMENT TABLE | | |
|---|---|---|
| Across the Board Decrease Effective July 1, 2026 | | |
| Service Title | PERCENT CHANGE | MULTIPLIER |
| HCBS EBD | -2.000% | 0.98000 |
| HCBS CMHS | -2.000% | 0.98000 |
| HCBS BI | -2.000% | 0.98000 |
| HCBS CIH | -2.000% | 0.98000 |
| HCBS DD | -2.000% | 0.98000 |
| HCBS SLS | -2.000% | 0.98000 |
| HCBS/DDD/DHS CES | -2.000% | 0.98000 |
| HCBS/DDD/DHS CwCHN | -2.000% | 0.98000 |
| HCBS/DDD/DHS CHRP | -2.000% | 0.98000 |