Home and Community Based Services:

Elderly, Blind, and Disabled Waiver (EBD)

Rates Effective April 1, 2026-June 30, 2026

Version: 1.0 Issue Date: 03/05/2026

COLORADO
Department of Health Care Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2026	Rate Effective 04/01/2026	Unit Value	Comments
Adult Day Services, Outside Denver County									
Basic	S5100	U1				$ 3.99	$ 3.99	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	U1				$ 48.77	$ 48.77	1/2 Day	An individual unit is 3-5 hours per day; Maximum 520 units
Specialized	S5105	U1	TF			$ 61.43	$ 61.43	1/2 Day	
Adult Day Services, Denver County									
Basic	S5100	U1	HX			$ 4.32	$ 4.32	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	U1	HX			$ 52.73	$ 52.73	1/2 Day	An individual unit is 3-5 hours per day; Maximum 520 units
Specialized	S5105	U1	TF	HX		$ 65.39	$ 65.39	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	$ 11.24	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	TT	HB		$ 20.60	$ 20.60	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	TN	HB		$ 30.56	$ 30.56	1 Way Trip	
Mobility Van, Denver County									
Mileage Band 1 (0-10 miles)	A0120	U1	HB	HX		$ 11.78	$ 11.78	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	TT	HB	HX	$ 21.54	$ 21.54	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	TN	HB	HX	$ 31.91	$ 31.91	1 Way Trip	
Wheelchair Van, Outside Denver County									
Mileage Band 1 (0-10 miles)	A0130	U1	HB			$ 13.34	$ 13.34	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	TT	HB		$ 24.84	$ 24.84	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	TN	HB		$ 33.73	$ 33.73	1 Way Trip	
Wheelchair Van, Denver County									
Mileage Band 1 (0-10 miles)	A0130	U1	HB	HX		$ 13.98	$ 13.98	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	TT	HB	HX	$ 25.98	$ 25.98	1 Way Trip	

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COLORADO
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Mileage Band 3 (over 20 miles)	A0130	U1	TN	HB	HX	$ 35.23	$ 35.23	1 Way Trip	
Alternative Care Facility (ACF), Outside Denver County	T2031	U1				$ 103.72	$ 103.72	Day	
Alternative Care Facility (ACF), Denver County	T2031	U1				$ 109.32	$ 109.32	Day	
Consumer Direct Attendant Support Services (CDASS), Outside Denver County									
CDASS Homemaker	T2025	U1				$ 6.20	$ 6.20	15 Minutes	**Please see endnote**
CDASS Personal Care	T2025	U1				$ 6.71	$ 6.71	15 Minutes	
CDASS Health Maintenance	T2025	U1				$ 9.42	$ 9.42	15 Minutes	
Consumer Direct Attendant Support Services (CDASS), Denver County									
CDASS Homemaker	T2025	U1				$ 6.54	$ 6.54	15 Minutes	**Please see endnote**
CDASS Personal Care	T2025	U1				$ 6.95	$ 6.95	15 Minutes	
CDASS Health Maintenance	T2025	U1				$ 9.52	$ 9.52	15 Minutes	
CDASS Per Member Per Month, By FMS Vendor									
Public Partnerships, LLC- FEA	T2040	U1				$ 103.21	$ 103.21	Month	**Please see endnote**
Palco- FEA	T2040	U1				$ 103.21	$ 103.21	Month	
Home Modification									
Home Modification	S5165	U1				NR*	NR*	Per Modification	$14,000.00 Lifetime Maximum
Homemaker Services, Outside Denver County									
Homemaker	S5130	U1				$ 6.49	$ 6.49	15 minutes	**Please see endnote**
Homemaker Services, Denver County									
Homemaker	S5130	U1	HX			$ 6.88	$ 6.88	15 minutes	**Please see endnote**
In Home Support Services (IHSS), Outside Denver County									
IHSS Health Maintenance	H0038	U1				$ 9.10	$ 9.10	15 minutes	**Please see endnote**
IHSS Homemaker	S5130	U1	KX			$ 6.49	$ 6.49	15 minutes	
IHSS Personal Care	T1019	U1	KX			$ 6.96	$ 6.96	15 minutes	
IHSS Relative Personal Care	T1019	U1	HR	KX		$ 6.96	$ 6.96	15 minutes	Limited to 40 hours per week
In Home Support Services (IHSS), Denver County									

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COLORADO
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IHSS Health Maintenance	H0038	U1	HX			$ 9.39	$ 9.39	15 minutes	Please see endnote
IHSS Homemaker	S5130	U1	KX	HX		$ 6.88	$ 6.88	15 minutes	Please see endnote
IHSS Personal Care	T1019	U1	KX	HX		$ 7.26	$ 7.26	15 minutes	
IHSS Relative Personal Care	T1019	U1	HR	KX	HX	$ 7.26	$ 7.26	15 minutes	Limited to 40 hours per week
Medication Reminder									
Install/Purchase	T2029	U1				NR*	NR*	Per Purchase	1 unit = 1 purchase Please see endnote
Monitoring	S5185	U1				NR*	NR*	Month	1 unit = 1 month Please see endnote
Non Medical Transportation All types except Adult Day are limited to 208 trips, or 104 round trips per service plan year									
Taxi	A0100	U1				PUC*	PUC*	1 Way Trip	Active PUC* taxi authority required $135 maximum per trip
Mobility Van, Outside Denver County									
Mileage Band 1 (0-10 miles)	A0120	U1				$ 11.24	$ 11.24	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	TT			$ 20.60	$ 20.60	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	TN			$ 30.56	$ 30.56	1 Way Trip	
Mobility Van, Denver County									
Mileage Band 1 (0-10 miles)	A0120	U1	HX			$ 11.78	$ 11.78	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	TT	HX		$ 21.54	$ 21.54	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	TN	HX		$ 31.91	$ 31.91	1 Way Trip	
Wheelchair Van, Outside Denver County									
Mileage Band 1 (0-10 miles)	A0130	U1				$ 13.34	$ 13.34	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	TT			$ 24.84	$ 24.84	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	TN			$ 33.73	$ 33.73	1 Way Trip	
Wheelchair Van, Denver County									
Mileage Band 1 (0-10 miles)	A0130	U1	HX			$ 13.98	$ 13.98	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	TT	HX		$ 25.98	$ 25.98	1 Way Trip	

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COLORADO
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Mileage Band 3 (over 20 miles)	A0130	U1	TN	HX		$ 35.23	$ 35.23	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	
Personal Care Services, Outside Denver County									
Personal Care	T1019	U1				$ 6.96	$ 6.96	15 minutes	**Please see endnote**
Personal Care, Relative	T1019	U1	HR			$ 6.96	$ 6.96	15 minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
Personal Care Services, Denver County									
Personal Care	T1019	U1	HX			$ 7.26	$ 7.26	15 minutes	**Please see endnote**
Personal Care, Relative	T1019	U1	HR	HX		$ 7.26	$ 7.26	15 minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
Personal Emergency Response System (PERS)									
Install/Purchase	S5160	U1				NR*	NR*	Purchase	1 unit = 1 purchase **Please see endnote**

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Monitoring	S5161	U1				NR*	NR*	Month	1 unit = 1 month **Please see endnote**
Remote Supports Technology									
Remote Supports Service	0593T	U1				$ 2.51	$ 2.51	15 Minutes	35,040 units (96 units per day for 365 days) **Please see endnote**
Remote Supports Technology	A9279	U1				NR*	NR*	Month	1 unit = 1 month **Please see endnote**
Respite Care Combined maximum of 30 days per certification period for Respite Care provided in an ACF, In Home, or a Nursing Facility									
Nursing Facility	H0045	U1				$ 194.06	$ 194.06	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	$ 134.06	Day	
In-Home Respite	S5150	U1				$ 7.27	$ 7.27	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	$ 141.78	Day	
In-Home Respite	S5150	U1	HX			$ 7.59	$ 7.59	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	$ 3.69	Month	12 Units Limit
Community Transition Services									
Coordinator	T2038	U1				$ 8.42	$ 8.42	15 minutes	40 units (10 hours); available up to 30 days after enrollment **Please see endnote**

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Home Delivered Meals	S5170	U1				$ 12.58	$ 12.58	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment **Please see endnote**
Life Skills Training	H2014	U1				$ 13.08	$ 13.08	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	$ 6.51	15 minutes	Available for 365 days after enrollment
Setup Expenses	A9900	U1				$ 2,000.00	$ 2,000.00	One Time Payment	$2000.00 available for up to 30 days following HCBS enrollment. An additional $500.00 available with Department approval. **Please see endnote**

Legend	
CG	**Policy criteria applied**
EY	**HCPCS Definition: No physician or other licensed health care provider order for this item/service**
HB	**To and From Adult Day** (HCPCS Defn: Adult Program, non-geriatric)
HC	**Adult Program** (HCPCS Defn: Geriatric)
HR	**Relative providing care** (HCPCS Defn: Family/Couple with client present)
KX	**In Home Support Services** (HCPCS Defn: Requirements specified in the medical policy have been met)
NR*	**Negotiated Rate, will vary by client**
PUC*	**Reimbursement based on actual mileage at Public Utility Commission approved fare**
SE	**State and/or federally funded programs/services**
TF	**Intermediate Level of care**
TJ	**Program group** (HCPCS Defn: Child and/or adolescent)
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**

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TU	**Special Payment Rate** (HCPCS Defn: Overtime)								
U1	**Elderly, Blind and Disabled Waiver** (HCPCS Defn: Medicaid Level of Care 1, as defined by each state)								

Community First Choice (CFC) is a new Medicaid State Plan Benefit that expands services and service delivery options for home and community-based services (HCBS) to members who need long-term care beginning July 1, 2025. These services listed are transitioning to under the CFC program. Please refer to the CFC Operational Memo and provider bulletin for further updates.

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Community Mental Health Supports (CMHS) Waiver

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Adult Day Services, Outside Denver County									
Basic	S5100	UA				$ 3.99	$ 3.99	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	UA				$ 48.77	$ 48.77	1/2 Day	An individual unit is 3-5 hours per day; Maximum 520 units
Specialized	S5105	UA	TF			$ 61.43	$ 61.43	1/2 Day	
Adult Day Services, Denver County									
Basic	S5100	UA	HX			$ 4.32	$ 4.32	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	UA	HX			$ 52.73	$ 52.73	1/2 Day	An individual unit is 3-5 hours per day; Maximum 520 units
Specialized	S5105	UA	TF	HX		$ 65.39	$ 65.39	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	$ 11.24	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	UA	TT	HB		$ 20.60	$ 20.60	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0120	UA	TN	HB		$ 30.56	$ 30.56	1 Way Trip	
Mobility Van, Denver County									
Mileage Band 1 (0-10 miles)	A0120	UA	HB	HX		$ 11.78	$ 11.78	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	UA	TT	HB	HX	$ 21.54	$ 21.54	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	UA	TN	HB	HX	$ 31.91	$ 31.91	1 Way Trip	
Wheelchair Van, Outside Denver County									
Mileage Band 1 (0-10 Miles)	A0130	UA	HB			$ 13.34	$ 13.34	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	UA	TT	HB		$ 24.84	$ 24.84	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0130	UA	TN	HB		$ 33.73	$ 33.73	1 Way Trip	
Wheelchair Van, Denver County									
Mileage Band 1 (0-10 miles)	A0130	UA	HB	HX		$ 13.98	$ 13.98	1 Way Trip	

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Mileage Band 2 (11-20 miles)	A0130	UA	TT	HB	HX	$ 25.98	$ 25.98	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	UA	TN	HB	HX	$ 35.23	$ 35.23	1 Way Trip	
Alternative Care Facility (ACF), Outside Denver County	T2031	UA				$ 103.72	$ 103.72	Day	May be different for clients with 300% income, use PETI for rate
Alternative Care Facility (ACF), Denver County	T2031	UA				$ 109.32	$ 109.32	Day	May be different for clients with 300% income, use PETI for rate
Consumer Directed Attendant Services (CDASS), Outside Denver County									
CDASS Homemaker	T2025	UA				$ 6.20	$ 6.20	15 Minutes	**Please see endnote**
CDASS Personal Care	T2025	UA				$ 6.71	$ 6.71	15 Minutes	
CDASS Health Maintenance	T2025	UA				$ 9.42	$ 9.42	15 Minutes	
Consumer Directed Attendant Services (CDASS), Denver County									
CDASS Homemaker	T2025	UA				$ 6.54	$ 6.54	15 Minutes	**Please see endnote**
CDASS Personal Care	T2025	UA				$ 6.95	$ 6.95	15 Minutes	
CDASS Health Maintenance	T2025	UA				$ 9.52	$ 9.52	15 Minutes	
CDASS Per Member Per Month, By FMS Vendor									
Public Partnerships, LLC- FEA	T2040	UA				$ 103.21	$ 103.21	Month	**Please see endnote**
Palco- FEA	T2040	UA				$ 103.21	$ 103.21	Month	
Home Modification									
Home Modification	S5165	UA				NR*	NR*	Per Modification	$14,000.00 Lifetime Maximum
Homemaker Services, Outside Denver County									
Homemaker	S5130	UA				$ 6.49	$ 6.49	15 minutes	**Please see endnote**
Homemaker Services, Denver County									
Homemaker	S5130	UA	HX			$ 6.88	$ 6.88	15 minutes	**Please see endnote**
Medication Reminder									

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Install/Purchase	T2029	UA				NR*	NR*	Purchase	1 unit = 1 purchase **Please see endnote**
Monitoring	S5185	UA				NR*	NR*	Month	1 unit = 1 month **Please see endnote**
Mental Health Transitional Living Homes									
Level 1	T2033	UA	HB			$ 403.34	$ 403.34	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	$ 11.24	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	UA	TT			$ 20.60	$ 20.60	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0120	UA	TN			$ 30.56	$ 30.56	1 Way Trip	
Mobility Van, Denver County									
Mileage Band 1 (0-10 miles)	A0120	UA	HX			$ 11.78	$ 11.78	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	UA	TT	HX		$ 21.54	$ 21.54	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	UA	TN	HX		$ 31.91	$ 31.91	1 Way Trip	
Wheelchair Van, Outside Denver County									
Mileage Band 1 (0-10 Miles)	A0130	UA				$ 13.34	$ 13.34	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	UA	TT			$ 24.84	$ 24.84	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0130	UA	TN			$ 33.73	$ 33.73	1 Way Trip	
Wheelchair Van, Denver County									
Mileage Band 1 (0-10 miles)	A0130	UA	HX			$ 13.98	$ 13.98	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	UA	TT	HX		$ 25.98	$ 25.98	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	UA	TN	HX		$ 35.23	$ 35.23	1 Way Trip	
Non-Medical Transportation, Public Transit									
RTD	A0110	UA	TT			$ 27.00	$ 27.00	Monthly	

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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	
Personal Care Services, Outside Denver County									
Personal Care	T1019	UA				$ 6.96	$ 6.96	15 minutes	**Please see endnote**
Personal Care, Relative	T1019	UA	HR			$ 6.96	$ 6.96	15 minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
Personal Care Services, Denver County									
Personal Care	T1019	UA	HX			$ 7.26	$ 7.26	15 minutes	**Please see endnote**
Personal Care, Relative	T1019	UA	HR	HX		$ 7.26	$ 7.26	15 minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
Personal Emergency Response System (PERS)									
Install/Purchase	S5160	UA				NR*	NR*	Purchase	1 unit = 1 purchase **Please see endnote**

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COLORADO
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Monitoring	S5161	UA				NR*	NR*	Month	1 unit = 1 month **Please see endnote**
Remote Supports Technology									
Remote Supports Service	0593T	UA				$ 2.51	$ 2.51	15 Minutes	35,040 units (96 units per day for 365 days) **Please see endnote**
Remote Supports Technology	A9279	UA				NR*	NR*	Month	1 unit = 1 month **Please see endnote**
Respite Care Combined maximum of 30 days per certification period for Respite Care provided in an ACF or a Nursing Facility									
Nursing Facility	H0045	UA				$ 194.06	$ 194.06	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	$ 134.06	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	$ 141.78	Day	
Wellness Education Benefit									
Wellness Education Benefit	98960	UA				$ 3.69	$ 3.69	Month	12 Units Limit
Community Transition Services									
Coordinator	T2038	UA				$ 8.42	$ 8.42	15 minutes	40 units (10 hours); available up to 30 days after enrollment **Please see endnote**
Home Delivered Meals	S5170	UA				$ 12.58	$ 12.58	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment **Please see endnote**

Home and Community Based Services:

Community Mental Health Supports (CMHS) Waiver

Rates Effective April 1, 2026-June 30, 2026

COLORADO
Department of Health Care Policy & Financing

Version: 1.0 Issue Date: 03/05/2026

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2026	Rate Effective 04/01/2026	Unit Value	Comments
Life Skills Training	H2014	UA				$ 13.08	$ 13.08	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	$ 6.51	15 minutes	Available for 365 days after enrollment
Setup Expenses	A9900	UA				$ 2,000.00	$ 2,000.00	One Time Payment	$2000.00 available for up to 30 days following HCBS enrollment. An additional $500.00 available with Department approval. **Please see endnote**

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

Community First Choice (CFC) is a new Medicaid State Plan Benefit that expands services and service delivery options for home and community-based services (HCBS) to members who need long-term care beginning July 1, 2025. These services listed are transitioning to under the CFC program. Please refer to the CFC Operational Memo and provider bulletin for further updates.

Home and Community Based Services:

Brain Injury (BI) Waiver

Rates Effective April 1, 2026-June 30, 2026

Version: 1.0 Issue Date: 03/05/2026

COLORADO
Department of Health Care Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2026	Rate Effective 04/01/2026	Unit Value	Comments
Adult Day Services	S5100	U6				$ 7.59	$ 7.59	15 Minutes	Maximum of 8 units or two (2) hours per day
Adult Day Services	S5102	U6				$ 84.85	$ 84.85	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	$ 11.24	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	U6	TT	HB		$ 20.60	$ 20.60	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0120	U6	TN	HB		$ 30.56	$ 30.56	1 Way Trip	
Mobility Van, Denver County									
Mileage Band 1 (0-10 miles)	A0120	U6	HB	HX		$ 11.78	$ 11.78	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U6	TT	HB	HX	$ 21.54	$ 21.54	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U6	TN	HB	HX	$ 31.91	$ 31.91	1 Way Trip	
Wheelchair Van, Outside Denver County									
Mileage Band 1 (0-10 Miles)	A0130	U6	HB			$ 13.34	$ 13.34	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	U6	TT	HB		$ 24.84	$ 24.84	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0130	U6	TN	HB		$ 33.73	$ 33.73	1 Way Trip	
Wheelchair Van, Denver County									
Mileage Band 1 (0-10 miles)	A0130	U6	HB	HX		$ 13.98	$ 13.98	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U6	TT	HB	HX	$ 25.98	$ 25.98	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U6	TN	HB	HX	$ 35.23	$ 35.23	1 Way Trip	
Assistive Devices	T2029	U6				NR*	NR*	Per Purchase	1 unit = 1 purchase
Behavioral Services	H0025	U6				$ 16.16	$ 16.16	30 Minutes	
Day Treatment	H2018	U6				$ 90.85	$ 90.85	Day	
Consumer Direct Attendant Supports and Services (CDASS), Outside Denver County									

Home and Community Based Services:

Brain Injury (BI) Waiver

Rates Effective April 1, 2026-June 30, 2026

Version: 1.0 Issue Date: 03/05/2026

COLORADO
Department of Health Care Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2026	Rate Effective 04/01/2026	Unit Value	Comments
CDASS Homemaker	T2025	U6				$ 6.20	$ 6.20	15 minutes	Please see endnote
CDASS Personal Care	T2025	U6				$ 6.71	$ 6.71	15 Minutes	
CDASS Health Maintenance	T2025	U6				$ 9.42	$ 9.42	15 minutes	Please see endnote
Consumer Direct Attendant Supports and Services (CDASS), Denver County									
CDASS Homemaker	T2025	U6				$ 6.54	$ 6.54	15 minutes	Please see endnote
CDASS Personal Care	T2025	U6				$ 6.95	$ 6.95	15 Minutes	
CDASS Health Maintenance	T2025	U6				$ 9.52	$ 9.52	15 minutes	
CDASS Per Member Per Month, By FMS Vendor									
Public Partnerships, LLC- FEA	T2040	U6				$ 103.21	$ 103.21	Month	Please see endnote
Palco- FEA	T2040	U6				$ 103.21	$ 103.21	Month	
Home Modification									
Home Modification	S5165	U6				NR*	NR*	Per Modification	$14,000.00 Lifetime Maximum
Independent Living Skills Training (ILST)	T2013	U6				$ 13.08	$ 13.08	15 minutes	
Medication Reminder									
Install/Purchase	T2029	U6	SE			NR*	NR*	Per Purchase	1 unit = 1 purchase Please see endnote
Monitoring	S5185	U6				NR*	NR*	Month	1 unit = 1 month Please see endnote
Mental Health Counseling									
Individual	H0004	U6				$ 28.00	$ 28.00	15 minutes	
Family	H0004	U6	HR			$ 28.00	$ 28.00	15 minutes	
Group	H0004	U6	HQ			$ 16.52	$ 16.52	15 minutes	
Non Medical Transportation All types except Adult Day are limited to 208 trips, or 104 round trips									
Taxi	A0100	U6				PUC*	PUC*	1 Way Trip	Active PUC* taxi authority required $135 maximum per trip
Mobility Van, Outside Denver County									
Mileage Band 1 (0-10 Miles)	A0120	U6				$ 11.24	$ 11.24	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	U6	TT			$ 20.60	$ 20.60	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0120	U6	TN			$ 30.56	$ 30.56	1 Way Trip	
Mobility Van, Denver County									

Home and Community Based Services:

Brain Injury (BI) Waiver

Rates Effective April 1, 2026-June 30, 2026

Version: 1.0 Issue Date: 03/05/2026

COLORADO
Department of Health Care Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2026	Rate Effective 04/01/2026	Unit Value	Comments
Mileage Band 1 (0-10 miles)	A0120	U6	HX			$ 11.78	$ 11.78	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U6	TT	HX		$ 21.54	$ 21.54	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U6	TN	HX		$ 31.91	$ 31.91	1 Way Trip	
Wheelchair Van, Outside Denver County									
Mileage Band 1 (0-10 Miles)	A0130	U6				$ 13.34	$ 13.34	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	U6	TT			$ 24.84	$ 24.84	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0130	U6	TN			$ 33.73	$ 33.73	1 Way Trip	
Wheelchair Van, Denver County									
Mileage Band 1 (0-10 Miles)	A0130	U6	HX			$ 13.98	$ 13.98	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	U6	TT	HX		$ 25.98	$ 25.98	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0130	U6	TN	HX		$ 35.23	$ 35.23	1 Way Trip	
Non-Medical Transportation, Public Transit									
RTD	A0110	U6	TT			$ 27.00	$ 27.00	Monthly	
RTD - To and from Adult Day	A0110	U6	TT	HB		$ 27.00	$ 27.00	Monthly	
RTD	A0110	U6	TK			$ 13.50	$ 13.50	3-Hour Pass 10-Ride Book	
RTD - To and from Adult Day	A0110	U6	TK	HB		$ 13.50	$ 13.50	3-Hour Pass 10-Ride Book	
RTD	A0110	U6	TF			$ 2.70	$ 2.70	Day Pass	
RTD - To and from Adult Day	A0110	U6	TF	HB		$ 2.70	$ 2.70	Day Pass	
RTD	A0110	U6	TN			$ 1.35	$ 1.35	3 Hour Pass	
RTD - To and from Adult Day	A0110	U6	TN	HB		$ 1.35	$ 1.35	3 Hour Pass	
Access-A-Ride	A0110	U6	SE			$ 4.50	$ 4.50	Single	
Access-A-Ride - To and from Adult Day	A0110	U6	SE	HB		$ 4.50	$ 4.50	Single	
Access-A-Ride	A0110	U6	TG			$ 27.00	$ 27.00	6 Ride Book	
Access-A-Ride - To and from Adult Day	A0110	U6	TG	HB		$ 27.00	$ 27.00	6 Ride Book	
Personal Care Services, Outside Denver County									
Personal Care	T1019	U6				$ 6.96	$ 6.96	15 minutes	**Please see endnote**

Home and Community Based Services:

Brain Injury (BI) Waiver

Rates Effective April 1, 2026-June 30, 2026

Version: 1.0 Issue Date: 03/05/2026

COLORADO
Department of Health Care Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2026	Rate Effective 04/01/2026	Unit Value	Comments
Personal Care, Relative	T1019	U6	HR			$ 6.96	$ 6.96	15 minutes	Maximum reimbursement not to exceed 1776 units (444 hours) per year
Personal Care Services, Denver County									
Personal Care	T1019	U6	HX			$ 7.26	$ 7.26	15 minutes	**Please see endnote**
Personal Care, Relative	T1019	U6	HR	HX		$ 7.26	$ 7.26	15 minutes	Maximum reimbursement not to exceed 1776 units (444 hours) per year
Personal Emergency Response System (PERS)									
Install/Purchase	S5160	U6				NR*	NR*	Per Purchase	1 unit = 1 purchase **Please see endnote**
Monitoring	S5161	U6				NR*	NR*	Month	1 unit = 1 month **Please see endnote**
Remote Supports Technology									
Remote Supports Service	0593T	U6				$ 2.51	$ 2.51	15 Minutes	35,040 units (96 units per day for 365 days) **Please see endnote**
Remote Supports Technology	A9279	U6				NR*	NR*	Month	1 unit = 1 month **Please see endnote**
Respite Care Combined maximum of 720 hours per certification period for Respite Care provided In Home or in a Nursing Facility									
Nursing Facility	H0045	U6				$ 194.06	$ 194.06	Day	
Respite Care, Outside Denver County Combined maximum of 720 hours per certification period for Respite Care provided In Home or in a Nursing Facility									
In-Home Respite	S5150	U6				$ 7.27	$ 7.27	15 minutes	Not to exceed 8 hours per day
Respite Care, Denver County Combined maximum of 720 hours per certification period for Respite Care provided In Home or in a Nursing Facility									
In-Home Respite , Denver County	S5150	U6	HX			$ 7.59	$ 7.59	15 minutes	Not to exceed 8 hours per day
Substance Abuse Counseling									
Family	T1006	U6	HR	HF		$ 66.82	$ 66.82	Hour	
Individual	H0047	U6	HF			$ 66.82	$ 66.82	Hour	
Group	H0047	U6	HQ	HF		$ 37.44	$ 37.44	Hour	
Transitional Living Program									

Home and Community Based Services:

Brain Injury (BI) Waiver

Rates Effective April 1, 2026-June 30, 2026

Version: 1.0 Issue Date: 03/05/2026

COLORADO
Department of Health Care Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2026	Rate Effective 04/01/2026	Unit Value	Comments
Transitional Living Program, Outside Denver County	T2016	U6				$ 750.01	$ 750.01	1 Day	
Transitional Living Program, Denver County	T2016	U6	HX			$ 762.07	$ 762.07	1 Day	
Wellness Education Benefit									
Wellness Education Benefit	98960	U6				$ 3.69	$ 3.69	Month	12 Units Limit
Community Transition Services									
Coordinator	T2038	U6				$ 8.42	$ 8.42	15 minutes	40 units (10 hours); available up to 30 days after enrollment **Please see endnote**
Home Delivered Meals	S5170	U6				$ 12.58	$ 12.58	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment **Please see endnote**
Peer Mentorship	H2015	U6				$ 6.51	$ 6.51	15 minutes	Available for 365 days after enrollment
Setup Expenses	A9900	U6				$ 2,000.00	$ 2,000.00	One Time Payment	$2000.00 available for up to 30 days following HCBS enrollment. An additional $500.00 available with Department approval. **Please see endnote**
Supported Living Program, Outside Denver County									
Tier 1	T2033	U6				$ 237.25	$ 237.25	1 Day	
Tier 2	T2033	U6	HB			$ 277.39	$ 277.39	1 Day	
Tier 3	T2033	U6	HE			$ 309.08	$ 309.08	1 Day	
Tier 4	T2033	U6	HK			$ 370.29	$ 370.29	1 Day	
Tier 5	T2033	U6	HB	HE		$ 407.77	$ 407.77	1 Day	
Tier 6	T2033	U6	HB	HK		$ 453.04	$ 453.04	1 Day	
Tier 7	T2033	U6	HB	HK	SC	NR*	NR*	1 Day	
Supported Living Program, Denver County									
Tier 1	T2033	U6				$ 241.71	$ 241.71	1 Day	

Home and Community Based Services:

Brain Injury (BI) Waiver

Rates Effective April 1, 2026-June 30, 2026

Version: 1.0 Issue Date: 03/05/2026

COLORADO
Department of Health Care Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2026	Rate Effective 04/01/2026	Unit Value	Comments
Tier 2	T2033	U6	HB			$ 283.96	$ 283.96	1 Day	
Tier 3	T2033	U6	HE			$ 316.98	$ 316.98	1 Day	
Tier 4	T2033	U6	HK			$ 380.92	$ 380.92	1 Day	
Tier 5	T2033	U6	HB	HE		$ 420.18	$ 420.18	1 Day	
Tier 6	T2033	U6	HB	HK		$ 467.89	$ 467.89	1 Day	
Tier 7	T2033	U6	HB	HK	SC	NR*	NR*	1 Day	

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

Community First Choice (CFC) is a new Medicaid State Plan Benefit that expands services and service delivery options for home and community-based services (HCBS) to members who need long-term care beginning July 1, 2025. These services listed are transitioning to under the CFC program. Please refer to the CFC Operational Memo and provider bulletin for further updates.

Home and Community Based Services:

Complementary and Integrative Health (CIH) Waiver

Rates Effective April 1, 2026-June 30, 2026

Version: 1.0 Issue Date: 03/05/2026

COLORADO
Department of Health Care Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2026	Rate Effective 04/01/2026	Unit Value	Comments
Adult Day Services, Outside Denver County Maximum 520 units									
Basic	S5100	U1	SC			$ 3.99	$ 3.99	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	U1	SC			$ 48.77	$ 48.77	1/2 Day	An individual unit is 3-5 hours per day; Maximum 520 units
Specialized	S5105	U1	SC	TF		$ 61.43	$ 61.43	1/2 Day	
Adult Day Services, Denver County Maximum 520 units									
Basic	S5100	U1	SC	HX		$ 4.32	$ 4.32	15 Minutes	Maximum of 12 units or three (3) hours per day
Basic	S5105	U1	SC	HX		$ 52.73	$ 52.73	1/2 Day	An individual unit is 3-5 hours per day; Maximum 520 units
Specialized	S5105	U1	SC	TF	HX	$ 65.39	$ 65.39	1/2 Day	
Adult Day Program Transportation Use HB modifier for trips to and from adult day program.									
Taxi	A0100	U1	SC	HB		PUC*	PUC*	1 Way Trip	Active PUC* taxi authority required $135 maximum per trip
Mobility Van, Outside Denver County									
Mileage Band 1 (0-10 miles)	A0120	U1	SC	HB		$ 11.24	$ 11.24	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	SC	ST		$ 20.60	$ 20.60	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	SC	TU		$ 30.56	$ 30.56	1 Way Trip	
Mobility Van, Denver County									
Mileage Band 1 (0-10 miles)	A0120	U1	SC	HB	HX	$ 11.78	$ 11.78	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	SC	ST	HX	$ 21.54	$ 21.54	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	SC	TU	HX	$ 31.91	$ 31.91	1 Way Trip	
Wheelchair Van, Outside Denver County									
Mileage Band 1 (0-10 miles)	A0130	U1	SC	HB		$ 13.34	$ 13.34	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	SC	ST		$ 24.84	$ 24.84	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	SC	TU		$ 33.73	$ 33.73	1 Way Trip	
Wheelchair Van, Denver County									
Mileage Band 1 (0-10 miles)	A0130	U1	SC	HB	HX	$ 13.98	$ 13.98	1 Way Trip	

Home and Community Based Services:

Complementary and Integrative Health (CIH) Waiver

Rates Effective April 1, 2026-June 30, 2026

Version: 1.0 Issue Date: 03/05/2026

COLORADO
Department of Health Care Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2026	Rate Effective 04/01/2026	Unit Value	Comments
Mileage Band 2 (11-20 miles)	A0130	U1	SC	ST	HX	$ 25.98	$ 25.98	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	SC	TU	HX	$ 35.23	$ 35.23	1 Way Trip	
Complementary and Integrative Health Services									
Acupuncture	97810	U1	SC			$ 20.28	$ 20.28	15 Minutes	Combined maximum of 408 units.
Acupuncture	97811	U1	SC			$ 20.28	$ 20.28	15 Minutes	
Acupuncture	97813	U1	SC			$ 20.28	$ 20.28	15 Minutes	
Acupuncture	97814	U1	SC			$ 20.28	$ 20.28	15 Minutes	
Chiropractic	98942	U1	SC			$ 26.10	$ 26.10	15 Minutes	
Massage	97124	U1	SC			$ 20.98	$ 20.98	15 Minutes	
Consumer Directed Attendant Support Services (CDASS), Outside Denver County									
CDASS Homemaker	T2025	U1	SC			$ 6.20	$ 6.20	15 Minutes	Please see Endnote
CDASS Personal Care	T2025	U1	SC			$ 6.71	$ 6.71	15 Minutes	
CDASS Health Maintenance	T2025	U1	SC			$ 9.42	$ 9.42	15 Minutes	
Consumer Directed Attendant Support Services (CDASS), Denver County									
CDASS Homemaker	T2025	U1	SC			$ 6.54	$ 6.54	15 Minutes	Please see Endnote
CDASS Personal Care	T2025	U1	SC			$ 6.95	$ 6.95	15 Minutes	
CDASS Health Maintenance	T2025	U1	SC			$ 9.52	$ 9.52	15 Minutes	
CDASS Per Member Per Month, By FMS Vendor									
Public Partnerships, LLC- FEA	T2040	U1	SC			$ 103.21	$ 103.21	Month	Please see Endnote
Palco- FEA	T2040	U1	SC			$ 103.21	$ 103.21	Month	
Home Modification									
Home Modification	S5165	U1	SC			NR*	NR*	Per Modification	$14,000.00 Lifetime Maximum
Homemaker Services, Outside Denver County									
Homemaker	S5130	U1	SC			$ 6.49	$ 6.49	15 Minutes	Please see Endnote
Homemaker Services, Denver County									
Homemaker	S5130	U1	SC	HX		$ 6.88	$ 6.88	15 Minutes	Please see Endnote
In-Home Support Services (IHSS), Outside Denver County									
IHSS Health Maintenance	H0038	U1	SC			$ 9.10	$ 9.10	15 Minutes	Please see Endnote
IHSS Homemaker	S5130	U1	SC	KX		$ 6.49	$ 6.49	15 Minutes	
IHSS Personal Care	T1019	U1	SC	KX		$ 6.96	$ 6.96	15 Minutes	Please see Endnote
IHSS Relative Personal Care	T1019	U1	SC	TF		$ 6.96	$ 6.96	15 Minutes	Limited to 40 hours per week

Home and Community Based Services:

Complementary and Integrative Health (CIH) Waiver

Rates Effective April 1, 2026-June 30, 2026

Version: 1.0 Issue Date: 03/05/2026

COLORADO
Department of Health Care Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2026	Rate Effective 04/01/2026	Unit Value	Comments
In-Home Support Services (IHSS), Denver County									
IHSS Health Maintenance	H0038	U1	SC	HX		$ 9.39	$ 9.39	15 Minutes	Please see Endnote
IHSS Homemaker	S5130	U1	SC	KX	HX	$ 6.88	$ 6.88	15 Minutes	
IHSS Personal Care	T1019	U1	SC	KX	HX	$ 7.26	$ 7.26	15 Minutes	
IHSS Relative Personal Care	T1019	U1	SC	TF	HX	$ 7.26	$ 7.26	15 Minutes	Limited to 40 hours per week
Medication Reminder									
Install/Purchase	T2029	U1	SC			NR*	NR*	Per Purchase	1 unit = 1 purchase Please see Endnote
Monitoring	S5185	U1	SC			NR*	NR*	Month	1 unit = 1 month Please see Endnote
Non Medical Transportation All types except Adult Day are limited to 208 trips, or 104 round trips per service plan year									
Taxi	A0100	U1	SC			PUC*	PUC*	1 Way Trip	Active PUC* taxi authority required $135 maximum per trip
Mobility Van, Outside Denver County									
Mileage Band 1 (0-10 miles)	A0120	U1	SC			$ 11.24	$ 11.24	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	SC	TT		$ 20.60	$ 20.60	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	SC	TN		$ 30.56	$ 30.56	1 Way Trip	
Mobility Van, Denver County									
Mileage Band 1 (0-10 miles)	A0120	U1	SC	HX		$ 11.78	$ 11.78	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	SC	TT	HX	$ 21.54	$ 21.54	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	SC	TN	HX	$ 31.91	$ 31.91	1 Way Trip	
Wheelchair Van, Outside Denver County									
Mileage Band 1 (0-10 miles)	A0130	U1	SC			$ 13.34	$ 13.34	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	SC	TT		$ 24.84	$ 24.84	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	SC	TN		$ 33.73	$ 33.73	1 Way Trip	
Wheelchair Van, Denver County									
Mileage Band 1 (0-10 miles)	A0130	U1	SC	HX		$ 13.98	$ 13.98	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	SC	TT	HX	$ 25.98	$ 25.98	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	SC	TN	HX	$ 35.23	$ 35.23	1 Way Trip	

Home and Community Based Services:

Complementary and Integrative Health (CIH) Waiver

Rates Effective April 1, 2026-June 30, 2026

Version: 1.0 Issue Date: 03/05/2026

COLORADO
Department of Health Care Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2026	Rate Effective 04/01/2026	Unit Value	Comments
Non-Medical Transportation, Public Transit									
RTD	A0110	U1	SC	TT		$ 27.00	$ 27.00	Monthly	
RTD - To and from Adult Day	A0110	U1	SC	TT	HB	$ 27.00	$ 27.00	Monthly	
RTD	A0110	U1	SC	TK		$ 13.50	$ 13.50	3-Hour Pass 10-Ride Book	
RTD - To and from Adult Day	A0110	U1	SC	TK	HB	$ 13.50	$ 13.50	3-Hour Pass 10-Ride Book	
RTD	A0110	U1	SC	TF		$ 2.70	$ 2.70	Day Pass	
RTD - To and from Adult Day	A0110	U1	SC	TF	HB	$ 2.70	$ 2.70	Day Pass	
RTD	A0110	U1	SC	TN		$ 1.35	$ 1.35	3 Hour Pass	
RTD - To and from Adult Day	A0110	U1	SC	TN	HB	$ 1.35	$ 1.35	3 Hour Pass	
Access-A-Ride	A0110	U1	SC	SE		$ 4.50	$ 4.50	Single	
Access-A-Ride - To and from Adult Day	A0110	U1	SC	SE	HB	$ 4.50	$ 4.50	Single	
Access-A-Ride	A0110	U1	SC	TG		$ 27.00	$ 27.00	6 Ride Book	
Access-A-Ride - To and from Adult Day	A0110	U1	SC	TG	HB	$ 27.00	$ 27.00	6 Ride Book	
Personal Care Services, Outside Denver County									
Personal Care	T1019	U1	SC			$ 6.96	$ 6.96	15 Minutes	**Please see endnote**
Relative Personal Care	T1019	U1	SC	HR		$ 6.96	$ 6.96	15 Minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
Personal Care Services, Denver County									
Personal Care	T1019	U1	SC	HX		$ 7.26	$ 7.26	15 Minutes	**Please see endnote**
Relative Personal Care	T1019	U1	SC	HR	HX	$ 7.26	$ 7.26	15 Minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
Personal Emergency Response System (PERS)									
Install/Purchase	S5160	U1	SC			NR*	NR*	Purchase	1 unit = 1 purchase **Please see endnote**
Monitoring	S5161	U1	SC			NR*	NR*	Month	1 unit = 1 month **Please see endnote**
Remote Supports Technology									

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Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2026	Rate Effective 04/01/2026	Unit Value	Comments
Remote Supports Service	0593T	U1	SC			$ 2.51	$ 2.51	15 Minutes	35,040 units (96 units per day for 365 days) **Please see endnote**
Remote Supports Technology	A9279	U1	SC			NR*	NR*	Month	1 unit = 1 month **Please see endnote**
Respite Care Combined maximum of 30 days per certification period for Respite Care provided in an ACF, In Home, or a Nursing Facility									
Nursing Facility	H0045	U1	SC			$ 194.06	$ 194.06	Day	
Respite Care, Outside Denver County Combined maximum of 30 days per certification period for Respite Care provided in an ACF, In Home, or a Nursing Facility									
ACF (Alternative Care Facility)	S5151	U1	SC			$ 134.06	$ 134.06	Day	
In-Home Respite	S5150	U1	SC			$ 7.27	$ 7.27	15 Minutes	Not to exceed the Nursing Facility per diem (or 6.5 hours per day)
Respite Care, Denver County Combined maximum of 30 days per certification period for Respite Care provided in an ACF, In Home, or a Nursing Facility									
ACF (Alternative Care Facility)	S5151	U1	SC	HX		$ 141.78	$ 141.78	Day	
In-Home Respite	S5150	U1	SC	HX		$ 7.59	$ 7.59	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	$ 3.69	Month	12 Units Limit
Community Transition Services									
Coordinator	T2038	U1	SC			$ 8.42	$ 8.42	15 minutes	40 units (10 hours); available up to 30 days after enrollment **Please see endnote**
Home Delivered Meals	S5170	U1	SC			$ 12.58	$ 12.58	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment **Please see endnote**

Home and Community Based Services:

Complementary and Integrative Health (CIH) Waiver

Rates Effective April 1, 2026-June 30, 2026

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COLORADO
Department of Health Care Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2026	Rate Effective 04/01/2026	Unit Value	Comments
Life Skills Training	H2014	U1	SC			$ 13.08	$ 13.08	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	$ 6.51	15 minutes	Available for 365 days after enrollment
Setup Expenses	A9900	U1	SC			$ 2,000.00	$ 2,000.00	One Time Payment	$2000.00 available for up to 30 days following HCBS enrollment. An additional $500.00 available with Department approval. **Please see endnote**

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

Community First Choice (CFC) is a new Medicaid State Plan Benefit that expands services and service delivery options for home and community-based services (HCBS) to members who need long-term care beginning July 1, 2025. These services listed are transitioning to under the CFC program. Please refer to the CFC Operational Memo and provider bulletin for further updates.

Home and Community Based Services:
FY 25-26 Rate Schedules
Rates Effective April 1, 2026-June 30, 2026
Version: 1.0 Issue Date: 03/05/2026

COLORADO
Department of Health Care Policy & Financing

ADJUSTMENT TABLE		
Across the Board Decrease Effective October 1, 2025		
Service Title	**PERCENT CHANGE**	**MULTIPLIER**
HCBS EBD	-1.600%	0.98400
HCBS CMHS	-1.600%	0.98400
HCBS BI	-1.600%	0.98400
HCBS CIH	-1.600%	0.98400
HCBS DD	-1.600%	0.98400
HCBS SLS	-1.600%	0.98400
HCBS/DDD/DHS CES	-1.600%	0.98400
HCBS/DDD/DHS CwCHN	-1.600%	0.98400
HCBS/DDD/DHS CHCBS	-1.600%	0.98400
HCBS/DDD/DHS CHRP	-1.600%	0.98400
Targeted Rate Decreases Effective April 1, 2026		
Service Title	**PERCENT CHANGE**	**MULTIPLIER**
Community Connector - Outside Denver County CES, CHRP	-25.800%	0.74200
Community Connector - Denver County CES, CHRP	-26.600%	0.73400
Community Connector Parental provision - Outside Denver County CES, CHRP	-25.800%	0.74200
Community Connector Parental provision - Denver County CES, CHRP	-26.600%	0.73400