

HCBS SUPPLEMENTAL FORM

HCBS providers must complete this form for each HCBS service certified/licensed to provide and have enrolled with Kansas Medicaid. Please use the legend below when completing the following form(s). Complete one form for each HCBS program. Please see the KDADS HCBS Provider Manual for further assistance: <http://kdads.ks.gov/provider-home>

LEGEND

AUTISM SERVICES

AU554 FAM ADJUSTMENT COUNSELING
AU553 PARENT SUPPORT
AU552 RESPITE CARE

FRAIL ELDERLY (FE) SERVICES

FE410 ADULT DAY CARE
FE441 ASSISTIVE TECHNOLOGY
FE510 ATTENDANT CARE SERVICE – PROVIDER DIRECTED LEVEL I
FE511 ATTENDANT CARE SERVICE – PROVIDER DIRECTED LEVEL II/III
FE518 COMPREHENSIVE SUPPORT – PROVIDER DIRECTED
FE530 FINANCIAL MGMT SERVICE (FMS)
FE531 HOME TELEHEALTH-INSTALL/TRAIN
FE532 HOME TELEHEALTH-MONTHLY

FE509 MEDICATION REMINDER
FE515 NURSING EVALUATION VISIT
FE252 PERS - INSTALL
FE253 PERS – RENTAL
FE514 WELLNESS MONITORING

SELF DIRECTED SERVICES

FE511 ATTENDANT CARE
FE518 COMPREHENSIVE SUPPORT

ENHANCED SERVICES

FE513 SLEEP CYCLE SUPPORT – ENHANCED SERV

PHYSICAL DISABILITY (PD) SERVICES

PD500 ASSISTIVE SERVICES
PD530 FINANCIAL MGMT SERVICE (FMS)
PD535 HOME-DELIVERED MEALS (HDM)
PD509 MEDICATION REMINDER SVC
PD367 PERS SYSTEM / INSTALL/MONTHLY
PD367 PERSONAL SVC-AGENCY DIRECTED

PD367 SLEEP CYCLE SUPPORT (SCS)
PD237 TARGETED CASE MANAGEMENT

SELF DIRECTED SERVICES

PD367 PERSONAL SERVICES

ENHANCED SERVICES

PD367 SLEEP CYCLE SUPPORT – ENHANCED SERV

TECHNOLOGY ASSISTED (TA) SERVICES

TA530 FINANCIAL MGMT SERVICE (FMS)
TA560 HEALTH MAINT. MONITORING
TA559 HOME MODIFICATION
TA561 INTERMITTENT INTENSIVE MED CARE
TA555 INDEPENDENT CASE MANAGEMENT

TA556 SPECIALIZED MEDICAL CARE
TA556 MEDICAL RESPITE PERSONAL CARE SERVICES

SELF DIRECTED SERVICES

TAPSS PERSONAL CARE SERVICES

TRAUMATIC BRAIN INJURY (TBI) SERVICES

TB503 ASSISTIVE SVCS (Contractors or DME)
TB177 BEHAVIOR THERAPY
TB178 COGNITIVE THERAPY
TB530 FINANCIAL MGMT SERVICE (FMS)
TB536 HOME-DELIVERED MEALS
TB509 MEDICATION REMINDER SERVICES
TB171 OCCUPATIONAL THERAPY
TB268 PERS SYSTEM / INSTALL / MONTHLY

TB363 PERSONAL SVCS– AGENCY DIRECTED
TB170 PHYSICAL THERAPY
TB366 SLEEP CYCLE SUPPORT (SCS)
TB173 SPEECH/LANGUAGE THERAPY
TB540 TRANSITIONAL LIVING SKILLS

SELF DIRECTED SERVICES

TB363 PERSONAL SERVICES

ENHANCED SERVICES

TB366 SLEEP CYCLE SUPPORT – ENHANCED SERV

INTELLECTUAL/DEVELOPMENTAL DISABILITIES (I/DD) SERVICES

DD440 ASSISTIVE SERVICES
DD520 DAY SUPPORT
DD530 FINANCIAL MGMT SERVICES (FMS)
DD268 MEDICAL ALERT RENTAL

DD364 RESIDENTIAL SUPPORTS
DD512 RESPITE CARE (OVERNIGHT)
DD521 SPECIALIZED MEDICAL CARE – RN
DD523 SPECIALIZED MEDICAL CARE – LPN

**INTELLECTUAL/DEVELOPMENTAL DISABILITIES
SERVICES**

DD369 SUPPORTED EMPLOYMENT SERVICES

DD365 SUPPORTIVE HOME CARE

DD517 WELLNESS MONITORING POSITIVE BEHAVIORAL

SUPPORTS TARGETED CASE MANAGEMENT

ENHANCED SERVICES

DD368 SLEEP CYCLE SUPPORT – ENHANCED SERV

WORK PROGRAM SERVICES

T1016 INDEPENDENT LIVING COUNSELING

S5165 ASSISTIVE SERVICES

Instructions: For **each** service you have been certified/licensed to provide and are enrolled with Kansas Medicaid please complete **one** section of this form. Write the waiver service at the top of the section where indicated (refer to Legend on the first page for the code and description), mark all counties in which you provide that service and the number of members you serve in that county. Then complete the information regarding whether you are accepting new members for that service. If you perform more than one service, you need to fill out another new section (2 blank sections have been provided for your convenience).

Waiver Service (# ___): _____

Allen #	Coffey #	Geary #	Johnson #	Miami #	Pratt #	Sherman #
Anderson #	Comanche #	Gove #	Kearny #	Mitchell #	Rawlins #	Smith #
Atchison #	Cowley #	Graham #	Kingman #	Montgomery #	Reno #	Stafford #
Barber #	Crawford #	Grant #	Kiowa #	Morris #	Republic #	Stanton #
Barton #	Decatur #	Gray #	Labette #	Morton #	Rice #	Stevens #
Bourbon #	Dickinson #	Greeley #	Lane #	Nemaha #	Riley #	Sumner #
Brown #	Doniphan #	Greenwood #	Leavenworth #	Neosho #	Rooks #	Thomas #
Butler #	Douglas #	Hamilton #	Lincoln #	Ness #	Rush #	Trego #
Chase #	Edwards #	Harper #	Linn #	Norton #	Russell #	Wabaunsee #
Chautauqua #	Elk #	Harvey #	Logan #	Osage #	Saline #	Wallace #
Cherokee #	Ellis #	Haskell #	Lyon #	Osborne #	Scott #	Washington # #
Cheyenne #	Ellsworth #	Hodgeman #	Marion #	Ottawa #	Sedgwick #	Wichita #
Clark #	Finney #	Jackson #	Marshall #	Pawnee #	Seward #	Wilson #
Clay #	Ford #	Jefferson #	McPherson #	Phillips #	Shawnee #	Woodson #
Cloud #	Franklin #	Jewell #	Meade #	Pottawatomie #	Sheridan #	Wyandotte #

Other non-Kansas County: _____

Are you accepting new members for this service in all counties indicated above? Yes No

If No – please list counties in which new members are not being accepted at this time _____

Waiver Service (# ____): _____

Allen #	Coffey #	Geary #	Johnson #	Miami #	Pratt #	Sherman #
Anderson #	Comanche #	Gove #	Kearny #	Mitchell #	Rawlins #	Smith #
Atchison #	Cowley #	Graham #	Kingman #	Montgomery #	Reno #	Stafford #
Barber #	Crawford #	Grant #	Kiowa #	Morris #	Republic #	Stanton #
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Bourbon #	Dickinson #	Greeley #	Lane #	Nemaha #	Riley #	Sumner #
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Cheyenne #	Ellsworth #	Hodgeman #	Marion #	Ottawa #	Sedgwick #	Wichita #
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Clay #	Ford #	Jefferson #	McPherson #	Phillips #	Shawnee #	Woodson #
Cloud #	Franklin #	Jewell #	Meade #	Pottawatomie #	Sheridan #	Wyandotte #

Other non-Kansas County: _____

Are you accepting new members for this service in all counties indicated above? Yes No

If No – please list counties in which new members are not being accepted at this time _____
