



NETWORK ADEQUACY STANDARDS

APRIL 1, 2019

KANCARE NETWORK ADEQUACY STANDARDS

UPDATED APRIL 1, 2019

I. Purpose

The Kansas Department of Health and Environment (KDHE) is the agency charged with ensuring that managed care organizations (MCOs) maintain sufficient provider networks to provide adequate access to covered services for all KanCare members in Kansas per 42 CFR §438.68, §438.206, §457.1218, and §457.1230. The KDHE, Division of Health Care Finance, has implemented a process to monitor the adequacy of the KanCare provider network. The Geographic Mapping Reports are one mechanism to provide information necessary to measure compliance with the network adequacy provisions of the Managed Care Final Rule.

Kansas has a large and diverse geography covering 105 different counties, of which over half are considered rural or frontier (32 rural and 36 frontier). There are 16 urban/semi-urban counties and 21 counties considered densely-settled. The most sparsely populated county is Wallace, with a density of 1.6 persons per square mile. The most densely populated county is Johnson, with 1,234.6 persons per square mile. (<http://www.kdheks.gov/phi/>)

The Geographic Mapping Reports allow KDHE to evaluate the growth of the network, identify gaps in coverage, analyze network options for provider engagement and retention and share successes. For example, the State has taken into account the need to expand service availability through the use of innovative strategies such as expansion of tele-health and engagement in value-based provider incentives to expand coverage while ensuring KanCare members have timely access to the full scope of services and that service delivery is provided in a culturally competent manner.

The Geographic Mapping Reports are submitted to the State by the MCOs quarterly and are published by KDHE on the KanCare public website¹. A separate document has been created to provide specifications and requirements for these reports.

¹ <http://www.kancare.ks.gov/policies-and-reports/network-adequacy>

The Geographic Mapping Reports consist of 6 data sets, or sub-reports:

- **Maps by Specialties Report:** This report contains Geo-Access maps which show statewide coverage for specified provider types & specialties.
- **Mapped Provider Count Report:** This is a companion Excel report to the Maps by Specialties Report which shows—for each Specialty—the number of providers and locations, percent of members residing within the required radius of the provider, and average distance in miles to provider by county type.
- **Specialty-Care Standards Report:** This report contains an Excel table which shows provider specialties with routine and/or urgent access standards; displays the number of providers contracted by county and identifies the percent of appointments not meeting the access standard.
- **NEMT Report:** This report contains an Excel table showing number of trips requested and scheduled per county as well as percent of trips not meeting standards, for the claims processed during the quarter, by county.
- **Unmapped Specialties Report:** This report contains an Excel table which lists the number of unique contracted and credentialed KanCare providers by specialty. This report only contains specialties for which no map is required.
- **Access and Availability Analysis Report:** This report compares data over the last two quarters demonstrating the strength of network for each mapped provider type and includes basic network summary information in a Word document. The report will also include an analysis of any gaps in coverage along with actions the MCO is taking to address network weaknesses. The reporter is required to address the status of initiatives and areas of focus, such as foster care, as needed.

In order to ensure network adequacy standards are meaningful, KDHE has established processes to monitor and manage the Geographic Mapping Reports. If KDHE identifies that a MCO is struggling to meet network adequacy requirements, KDHE will propose an ad-hoc meeting with MCOs to understand the concern and efforts will be made to partner to find a resolution. Should non-compliance persist, KDHE may proceed with corrective action planning, as needed. Moreover, if a MCO does not come into compliance with the corrective action plan, KDHE may impose a financial penalty or sanction.

II. Effective Date

These requirements become effective beginning with the Q3-2019 report period, with initial reporting due October 30, 2019.

III. Development of KanCare Network Adequacy Standards

The state takes a multitude of factors into consideration when developing access standards. Some of these factors are described below:

- A. Anticipated Medicaid Enrollment: Projecting enrollment in KanCare is done through collecting and analyzing a variety of data sets including:
 - 1. Medical Assistance Report (MAR) contains member counts for each county and waiver members within each county and is used to track and trend enrollment information from Medicaid Management Information System (MMIS)
 - 2. Waiver specific population reporting
- B. County Designations: When applying the access standards defined below, MCOs are required to use the most recent available county designations defined in the report titled: "Kansas Annual Summary of Vital Statistics." For additional details, please reference the report, which is posted in the *Tables and Figures of Vital Events by Year and Subject* section under *Annual Summary Full Report*: <http://www.kdheks.gov/phi/>.

There are five county types described within the Geographic Mapping Reports, including:

- 1. Urban (n=6)
- 2. Semi-urban (n=10)
- 3. Densely-settled rural (n=21)
- 4. Rural (n=32)
- 5. Frontier (n=36)

*n=number of counties

- C. Expected Utilization of Services: Estimating demand for specific services is achieved through several measures:
 - 1. Encounter data
 - 2. MCO on-site audits: review of HRA and Screening audits
 - 3. Member Surveys: ex. CAHPS

- D. Special Populations: the State takes into consideration the characteristics and health care needs of specific populations including:
1. Foster Care
 2. Children's Health Insurance Program
 3. Home and Community Based Services
 4. Women who are pregnant
 5. Long Term Care
 6. Behavioral Health
- E. Provider Supply and Capacity: reviews the quantity and types (in terms of training, experience and specialization) of providers needed and where providers are located compared to the needs of members. To represent provider availability, this report includes the total number of members each provider can serve and the number currently being served. The information is analyzed by reviewing the following:
1. Viewing the network of comparable private insurers and Medicare to identify additional providers and attempt to close gaps in KanCare coverage
 2. The Provider Network Adequacy Report gathers:
 - a. Numbers and types of providers
 - b. Numbers of network providers who are not accepting new KanCare members
 3. The Geo Access Mapping Report gathers:
 - a. Geographic location of network providers and Medicaid enrollees
 - b. Distance, travel time and the means of transportation ordinarily used by KanCare members
 4. Online provider directories are analyzed and compared with the network reported in the Geo-Access and Provider Network reports.
- F. Accessibility: in order to assess the ease at which members can access services the following are monitored:
1. MCO Provider Directories:
 - a. Accuracy of directory
 - b. Ease of navigation through the directory
 - c. Simplicity locating the directory
 - d. Languages spoken by the provider
 - e. Completion status of cultural competency training
 - f. Accessibility and accommodations available at each service location

g. Transportation method: vehicle (does not include subways, rail, public means of transportation)

G. Provider Availability: KanCare supports the use and expansion of innovative strategies for increasing availability through technological network solutions. Promotion of these service methods are evidenced by:

1. Telehealth
2. Triage lines with 24 hour access to RN line
3. Screening systems
4. Requiring PCPs to have 24/7 availability
5. E-visits
6. E-prescribing

H. Service Coordination: Service Coordination is a strategy the State is employing to ensure the health and welfare of KanCare members and support community integration of KanCare members. MCOs are responsible for Service Coordination and continuity and continuation of care by establishing a set of Member-centered, goal-oriented, culturally relevant, and logical steps to ensure that a Member receives needed services in a supportive, effective, efficient, timely, and cost-effective manner. The State-chaired KanCare Service Coordination Collaborative serves to address questions and issues, monitor implementation and share best practices and resources with the MCOs. Some elements of Service Coordination include:

1. Case Management and Care Coordination
2. Disease Management
3. Discharge and Transition planning
4. Person Centered Support planning
5. Addressing Social determinants of health and independence

IV. [KanCare Geo-Access Standards](#)

The table below notes the network adequacy standards by provider type and specialty for both adult and pediatric services. The following notes should provide clarification for information provided in the table:

- Exceptions to Network Adequacy Standards: MCOs that are unable to meet the State's network adequacy standards, as required in section 5.5.3. of their contract, may request an exception for a specific access to care gap in a specific region. To determine whether an exception is granted, the State may consider, but is not limited to, such factors as:

- Utilization patterns in the specific service area
 - The number of Medicaid providers in that provider type/specialty practicing in service area
 - The history of member complaints regarding access
 - Specific geographic considerations
 - Level of care needed by members for that county
 - The proposed long-term plan by the MCO to address the access to care gap in its network
 - The comprehensiveness of MCO's plan for addressing beneficiary needs in the short-run, including the MCO's process for assisting in finding services through out-of-network providers, or coordinating the use of telemedicine and other telecommunications technology, as applicable
- Exceptions will not be permitted lightly and will only be granted in rare circumstances
 - Where exception requests are approved, the State will monitor member access to the relevant provider types in the relevant regions on an ongoing basis and annually report the findings to CMS, as required
 - Exception requests which are denied may be subject to the corrective action planning process whereas KDHE may impose a financial penalty or sanction
- MCOs must provide a quarterly analysis of the successes and challenges of providing network adequacy to KanCare members
 - Pediatric standards apply to KanCare members ages 0- 20.
 - Where distances are indicated, they are intended to be calculated as a radius from the provider's service location.

PROVIDER TYPE	INCLUDED PROVIDER SPECIALTIES	URBAN & SEMI-URBAN COUNTY (MILES/TRAVEL TIME)	DENSELY-SETTLED RURAL, RURAL & FRONTIER COUNTY (MILES/TRAVEL TIME)
(i) Primary care, adult and pediatric			
Adult Primary Care Providers (PCPs)	<p>Any provider who is contracted as a PCP and has one of the following provider types/specialties:</p> <ul style="list-style-type: none"> 316 - Family Practitioner 318 - General Practitioner 328 - Obstetrician/Gynecologist 344 - General Internist <p>Any physician extender who supports a PCP in one of the above provider specialties and has one of the following provider type/specialties:</p> <ul style="list-style-type: none"> 093 - Nurse Practitioner (Other) 100 - Physician Assistant <p>Any provider who is contracted as a PCP (if not in specialties listed above, please note additional specialties that are included in the PCP map within the report narrative), such as:</p> <ul style="list-style-type: none"> 080 - Federally Qualified Health Clinic (FQHC) 081 - Rural Health Clinic (RHC) 351 - Indian Health Services 	20 Miles/40 Minutes	30 Miles/45 Minutes
Pediatric Primary Care Providers (PCPs)	<p>Any provider who is contracted as a PCP and has one of the following provider types/specialties:</p> <ul style="list-style-type: none"> 316 - Family Practitioner 318 - General Practitioner 328 - Obstetrician/Gynecologist 344 - General Internist 345 - General Pediatrician <p>Any physician extender who supports a PCP in one of the above provider specialties and has one of the following provider type/specialties:</p> <ul style="list-style-type: none"> 093 - Nurse Practitioner (Other) 100 - Physician Assistant <p>Any provider who is contracted as a PCP (if not in specialties listed above, please note additional specialties that are included in the PCP map within the report narrative), such as:</p> <ul style="list-style-type: none"> 080 - Federally Qualified Health Clinic (FQHC) 081 - Rural Health Clinic (RHC) 351 - Indian Health Services 	20 Miles/40 Minutes	30 Miles/45 Minutes

PROVIDER TYPE	INCLUDED PROVIDER SPECIALTIES	URBAN & SEMI-URBAN COUNTY (MILES/TRAVEL TIME)	DENSELY-SETTLED RURAL, RURAL & FRONTIER COUNTY (MILES/TRAVEL TIME)
(ii) OB/GYN			
OB/GYN	328 - Obstetrician/Gynecologist 335 - Maternal Fetal Medicine 095 - Certified Nurse Midwife 181 - Maternity	15 Miles/30 Minutes	60 Miles/90 Minutes

PROVIDER TYPE	INCLUDED PROVIDER SPECIALTIES	URBAN & SEMI-URBAN COUNTY (MILES/TRAVEL TIME)	DENSELY-SETTLED RURAL, RURAL & FRONTIER COUNTY (MILES/TRAVEL TIME)
(iii) Behavioral health (mental health and substance use disorder), adult and pediatric			
Adult Behavioral Health (non-waiver)	042 - Non-CMHC Partial Hospitalization 108 - Licensed Master's Level Psychologist -LMLP 109 - Licensed Clinical Psychotherapist -LCP 112 - Psychologist 113 - Residential Alcohol/Drug Abuse Treatment Facility 115 - Licensed Mental Health Professional-LMHP 116 - Licensed Clinical Mental Health Professional-LCMHP 124 - CMHC Partial Hospitalization 125 - Home Based Family Therapy 176 - Alcohol and Drug Rehabilitation 177 - Behavioral Therapy 178 - Cognitive Therapy 239 - Positive Behavior Support	30 Miles/60 Minutes	60 miles/90 minutes
Pediatric Behavioral Health (non-waiver)	042 - Non-CMHC Partial Hospitalization 108 - Licensed Master's Level Psychologist -LMLP 109 - Licensed Clinical Psychotherapist -LCP 112 - Psychologist 113 - Residential Alcohol/Drug Abuse Treatment Facility 115 - Licensed Mental Health Professional-LMHP 116 - Licensed Clinical Mental Health Professional-LCMHP 122 - Non-CMHC Affiliate 124 - CMHC Partial Hospitalization 125 - Home Based Family Therapy 176 - Alcohol and Drug Rehabilitation 177 - Behavioral Therapy 178 - Cognitive Therapy 239 - Positive Behavior Support 403 - Consultative Clinical and Therapeutic Services 404 - Intensive Individual Support	30 Miles/60 Minutes	60 miles/90 minutes

PROVIDER TYPE	INCLUDED PROVIDER SPECIALTIES	URBAN & SEMI-URBAN COUNTY (MILES/TRAVEL TIME)	DENSELY-SETTLED RURAL, RURAL & FRONTIER COUNTY (MILES/TRAVEL TIME)
(iv) Specialist, adult and pediatric			
ADULT SPECIALISTS			
Allergy	310 - Allergist	30 miles/60 minutes	90 miles/135 minutes
Cardiology	312 - Cardiologist 313 - Cardiovascular Surgeon	30 miles/60 minutes	90 miles/135 minutes
Dermatology	314 - Dermatologist	30 miles/60 minutes	90 miles/135 minutes
Gastroenterology	317 - Gastroenterologist	30 miles/60 minutes	90 miles/135 minutes
General Surgery	319 - General Surgeon	30 miles/60 minutes	90 miles/135 minutes
Hematology/ Oncology	329 - Oncologist	30 miles/60 minutes	90 miles/135 minutes
Nephrology	324 - Nephrologist	30 miles/60 minutes	90 miles/135 minutes
Neurology	325 - Neurological Surgeon 326 - Neurologist	30 miles/60 minutes	90 miles/135 minutes
Ophthalmology	330 - Ophthalmologist	30 miles/60 minutes	90 miles/135 minutes
Orthopedics	331 - Orthopedic Surgeon	30 miles/60 minutes	90 miles/135 minutes
Otolaryngology	332 - Otolologist, Laryngologist, Rhinologist	30 miles/60 minutes	90 miles/135 minutes
Physical Medicine/Rehab	336 - Physical Medicine and Rehabilitation Practitioner	30 miles/60 minutes	90 miles/135 minutes
Plastic and Reconstructive Surgery	337 - Plastic Surgeon	30 miles/60 minutes	90 miles/135 minutes
Podiatry	140 - Podiatrist	30 miles/60 minutes	90 miles/135 minutes
Psychiatrist	339 - Psychiatrist 096 - Psychiatric Nurse Practitioner 011 - Psychiatric (Hospital or Custodial Care Facility)	15 miles/30 minutes	60 miles/90 minutes
Pulmonary Disease	340 - Pulmonary Disease Specialist	30 miles/60 minutes	90 miles/135 minutes
Urology	343 - Urologist	30 miles/60 minutes	90 miles/135 minutes

PROVIDER TYPE	INCLUDED PROVIDER SPECIALTIES	URBAN & SEMI-URBAN COUNTY (MILES/TRAVEL TIME)	DENSELY-SETTLED RURAL, RURAL & FRONTIER COUNTY (MILES/TRAVEL TIME)
(iv) Specialist, adult and pediatric			
PEDIATRIC SPECIALISTS			
Allergy	310 - Allergist	30 miles/60 minutes	90 miles/135 minutes
Cardiology	312 - Cardiologist	30 miles/60 minutes	90 miles/135 minutes
	313 - Cardiovascular Surgeon		
Dermatology	314 - Dermatologist	30 miles/60 minutes	90 miles/135 minutes
Gastroenterology	317 - Gastroenterologist	30 miles/60 minutes	90 miles/135 minutes
General Surgery	319 - General Surgeon	30 miles/60 minutes	90 miles/135 minutes
Hematology/ Oncology	329 - Oncologist	30 miles/60 minutes	90 miles/135 minutes
Neonatology	323 - Neonatologist	30 miles/60 minutes	90 miles/135 minutes
Nephrology	324 - Nephrologist	30 miles/60 minutes	90 miles/135 minutes
Neurology	325 - Neurological Surgeon	30 miles/60 minutes	90 miles/135 minutes
	326 - Neurologist		
Ophthalmology	330 - Opthamologist	30 miles/60 minutes	90 miles/135 minutes
Orthopedics	331 - Orthopedic Surgeon	30 miles/60 minutes	90 miles/135 minutes
Otolaryngology	332 - Otolologist, Laryngologist, Rhinologist	30 miles/60 minutes	90 miles/135 minutes
Physical Medicine/Rehab	336 - Physical Medicine and Rehabilitation Practitioner	30 miles/60 minutes	90 miles/135 minutes
Plastic and Reconstructive Surgery	337 - Plastic Surgeon	30 miles/60 minutes	90 miles/135 minutes
Podiatry	140 - Podiatrist	30 miles/60 minutes	90 miles/135 minutes
Psychiatrist	339 - Psychiatrist	15 miles/30 minutes	60 miles/90 minutes
	096 - Psychiatric Nurse Practitioner		
	011 - Psychiatric (Hospital or Custodial Care Facility)		
Pulmonary Disease	340 - Pulmonary Disease Specialist	30 miles/60 minutes	90 miles/135 minutes
Urology	343 - Urologist	30 miles/60 minutes	90 miles/135 minutes

PROVIDER TYPE	INCLUDED PROVIDER SPECIALTIES	URBAN & SEMI-URBAN COUNTY (MILES/TRAVEL TIME)	DENSELY-SETTLED RURAL, RURAL & FRONTIER COUNTY (MILES/TRAVEL TIME)
(v) Hospital			
Hospital	010 - Acute Care	30 Miles/60 Minutes	60 miles/90 minutes
(vi) Pharmacy			
Pharmacy	240 - Pharmacy	10 Miles/20 Minutes	30 miles/45 minutes
Dental and Vision			
Optometry	180 - Optometrist	30 miles/60 minutes	60 miles/90 minutes
Adult Dental Primary Care	271 - General Dentistry Practitioner	20 miles/40 minutes	30 miles/45 minutes
Pediatric Dental Primary Care	271 - General Dentistry Practitioner	20 miles/40 minutes	30 miles/45 minutes
	274 - Pediatric Dentist		

PROVIDER TYPE	INCLUDED PROVIDER SPECIALTIES	URBAN & SEMI-URBAN COUNTY (MILES/TRAVEL TIME)	DENSELY-SETTLED RURAL, RURAL & FRONTIER COUNTY (MILES/TRAVEL TIME)
Ancillary Services			
Physical Therapy	170 - Physical Therapist Hospital-based and other physical therapy providers may be included if they are contracted to provide PT services. Please note any additional provider types that are included in your map.	30 miles/60 minutes	60 miles/90 minutes
Occupational Therapy	171 - Occupational Therapist Hospital-based and other occupational therapy providers may be included if they are contracted to provide OT services. Please note any additional provider types that are included in your map.	30 miles/60 minutes	60 miles/90 minutes
Speech Therapy	173 - Speech / Hearing Therapist	30 miles/60 minutes	60 miles/90 minutes
X-Ray	291 - Mobile X-Ray Clinic 293 - Diagnostic X-Ray	30 miles/60 minutes	60 miles/90 minutes
Lab	280 - Independent Lab 283 - Pathology Lab Hospital-based and other laboratory providers may be included if they are contracted to provide lab services. Please note any additional provider types that are included in your map.	30 miles/60 minutes	30 miles/60 minutes
Transportation (NEMT)	263 - Taxi 264 - Common Carrier (Ambulatory) 265 - Common Carrier (Non-ambulatory) 267 - Driver 267 - Driver	1) Arrive at Provider's location: a. No sooner than 1 hour prior to appointment. b. At least 15 minutes prior to appointment time And 2) Wait following appointment no more than 1 hour	1) Arrive at Provider's location: a. No sooner than 1 hour prior to appointment. b. At least 15 minutes prior to appointment time And 2) Wait following appointment no more than 1 hour

PROVIDER TYPE	INCLUDED PROVIDER SPECIALTIES	URBAN & SEMI-URBAN COUNTY	DENSELY-SETTLED RURAL, RURAL & FRONTIER COUNTY
Remote or One-Time Services			
Mail Order Prescription	includes all pharmacy types which are contracted to provide mail order service	<ul style="list-style-type: none"> • 1 per county 	<ul style="list-style-type: none"> • 1 per county
DME/Medical Supply Dealer	includes all DME provider types which are contracted to provide mail order service	<ul style="list-style-type: none"> • 1 per county 	<ul style="list-style-type: none"> • 1 per county

V. Home and Community-Based Services

Table 1 lists those HCBS specialties for which there is a time and distance requirement. These are services delivered at a fixed site for which members travel to a location.

Table 1. Time and Distance Standards				
Procedure Code	Specialty Description	Waiver	URBAN & SEMI-URBAN COUNTY (MILES/TRAVEL TIME)	DENSELY-SETTLED RURAL, RURAL & FRONTIER COUNTY (MILES/TRAVEL TIME)
S5101=1-5hrs S5102=5+hrs	Adult Day Care	FE	30 miles/60 minutes	60 miles/100 minutes
T2021	Day Supports	IDD		

In addition, the tables below outline timely access standards for HCBS-related services. Table 2 provides an overview for different HCBS service categories and the respective service initiation timeframe. Table 3 lists the timely access standards for initiation of delivery of each service. Table 4 lists those HCBS-related services where MCOs are required to contract with a minimum of 2 HCBS providers per county.

Note: For monitoring and oversight purposes for HCBS, all calendar day time periods are measured from the date the authorization was approved by the MCO and loaded into the electronic visit verification system, Authenticare. All person centered service planning requirements and timeframes still apply.

Table 2. Description of Timely Access Standards to Initiation of HCBS Services
21 Calendar Days
<i>Services Delivered In-Home</i>
<i>Services Requiring RN Skilled Provider (our assumption is that this provider type is more readily available than others)</i>
45 Calendar Days
<i>Services Delivered at a Fixed Site for which Members have to travel to a location</i>
<i>Services Requiring Allied Health/Therapist/Other Skilled Provider</i>
<i>Self-Directed Services</i>
60 Calendar Days
<i>High-Cost, Single Unit Services (i.e. assistive services, assistive technology)</i>

Table 3. Timely Access Standards for Individual HCBS Services	
Service and Procedure Code(s)	Number of Days to Receive First Service
HCBS Services	
Adult Day Care-S5101 (1-5 Hours), S5102 (5+ Hours)	21 calendar days
Attendant Care-T1019/HK	
Comprehensive Support-S5135 (agency directed)	
Financial Management T2040 U2	
Home Delivered Meals - S5170	
Home Telehealth -S0315 (install)	
Home Telehealth -S0317 (rental)	
Intermittent Intensive Medical Care (RN level) - T1002	
Medical Alert Rental - S5161	
Medical Respite Care (TA waiver), Respite Care (AU waiver)-T1005	
Medication Reminder-T1505/UB & T1505 U6 (dispenser)	
Medication Reminder-T1505 (install)	
Medication Reminder-S5185 (call)	
Nursing Evaluation Visit (FE waiver)/Health Maintenance Monitoring (TA waiver)-T1001	
Personal Care Services-(agency) S5125 U9	
Personal Care Services-(agency) T1004	
Personal Care Services-Level I- S5130	
Personal Emergency Response System (install)-S5160	
Personal Emergency Response System (rental)-S5161	
Residential Supports-T2016	
Short-Term-S5150 (provider managed)	
Specialized Medical Care-T1000 (LPN), /T1000 TD (RN)	
Supported Employment-H2023	
Supportive Home Care -(agency) S5125	
Wellness Monitoring-S5190	
Wraparound Facilitation-H2021	

Table 3. Timely Access Standards for Individual HCBS Services

Behavior Therapy-H0004	45 calendar days
Cognitive Rehabilitation-G0515	
Comprehensive Support-S5135/UD (self-directed)	
Enhanced Care Services- T2025	
Family Adjustment Counseling-S9482 (individual rate)	
Family Adjustment Counseling-S9482/HQ (group rate)	
Independent Living/Skills Building -T2038	
Overnight Respite Care-H0045	
Parent Support and Training-T1027 (individual rate)	
Parent Support and Training (group rate)-T1027/HQ	
Parent Support and Training (group rate)-S5110-TJ	
Parent Support and Training (individual rate)-S5110	
Personal Care Level II-S5125	
Personal Care (self-direct)-S5125 U6	
Personal Care (self-direct)-S5125 UB	
Personal Care Level II (self-direct)-S5125 UD	
Personal Care Services- (self-direct) T1019	
Personal Care Services Level III-S5125 UA	
Professional Resource Family Care-S9485	
Assistive Services-S5165 (also called Home Modification for TA only)	60 calendar days
Assistive Technology-T2029	

Table 4. Minimum Number Requirements	
Service and Procedure Code(s)	Standard
HCBS Services	
Day Supports-T2021	2 HCBS providers serving each county statewide
Home Telehealth -S0315 (install)	
Home Telehealth -S0317 (rental)	
Medication Reminder-S5185 (call)	
Occupational Therapy-G0152	
Physical Therapy-G0151	
Speech Language Therapy-G0153	
Transitional Living Skills-H2014	