



NETWORK ADEQUACY STANDARDS

NOVEMBER 13, 2018

KANCARE NETWORK ADEQUACY STANDARDS

UPDATED NOVEMBER 13, 2018

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 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 listing the number of contracted and credentialed providers per county as well as the percentage of trips not meeting the standard.
- **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 Q1-2019 report period, with initial reporting due April 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/30 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/30 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 122 - Non-CMHC Affiliate 124 - CMHC Partial Hospitalization 125 - Home Based Family Therapy 176 - Alcohol and Drug Rehabilitation 239 - Positive Behavior Support 400 - Screening Brief Intervention Referral Treatment(SBIRT)	30 Miles/60 Minutes	45 miles/75 minutes- densely settled rural 60 miles/90 minutes- rural & frontier
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 123 - Children with Severe Emotional Disturbances 124 - CMHC Partial Hospitalization 125 - Home Based Family Therapy 176 - Alcohol and Drug Rehabilitation 239 - Positive Behavior Support 400 - Screening Brief Intervention Referral Treatment(SBIRT) 403 - Consultative Clinical and Therapeutic Services 404 - Intensive Individual Support	30 Miles/60 Minutes	45 miles/75 minutes- densely settled rural 60 miles/90 minutes- rural & frontier

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	25 miles/30 minutes	100 miles/110 minutes
Cardiology	312 - Cardiologist 313 - Cardiovascular Surgeon	25 miles/30 minutes	100 miles/110 minutes
Dermatology	314 - Dermatologist	25 miles/30 minutes	100 miles/110 minutes
Gastroenterology	317 - Gastroenterologist	25 miles/30 minutes	100 miles/110 minutes
General Surgery	319 - General Surgeon	25 miles/30 minutes	100 miles/110 minutes
Hematology/ Oncology	329 - Oncologist	25 miles/30 minutes	100 miles/110 minutes
Nephrology	324 - Nephrologist	25 miles/30 minutes	100 miles/110 minutes
Neurology	326 - Neurologist	25 miles/30 minutes	100 miles/110 minutes
Ophthalmology	330 - Ophthalmologist	25 miles/30 minutes	100 miles/110 minutes
Orthopedics	331 - Orthopedic Surgeon	25 miles/30 minutes	100 miles/110 minutes
Otolaryngology	332 - Otolologist, Laryngologist, Rhinologist	25 miles/30 minutes	100 miles/110 minutes
Physical Medicine/Rehab	336 - Physical Medicine and Rehabilitation Practitioner	25 miles/30 minutes	100 miles/110 minutes
Plastic and Reconstructive Surgery	337 - Plastic Surgeon	25 miles/30 minutes	100 miles/110 minutes
Podiatry	140 - Podiatrist	25 miles/30 minutes	100 miles/110 minutes
Psychiatrist (non-waiver)	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	25 miles/30 minutes	100 miles/110 minutes
Urology	343 - Urologist	25 miles/30 minutes	100 miles/110 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	25 miles/30 minutes	100 miles/110 minutes
Cardiology	312 - Cardiologist	25 miles/30 minutes	100 miles/110 minutes
	313 - Cardiovascular Surgeon		
Dermatology	314 - Dermatologist	25 miles/30 minutes	100 miles/110 minutes
Gastroenterology	317 - Gastroenterologist	25 miles/30 minutes	100 miles/110 minutes
General Surgery	319 - General Surgeon	25 miles/30 minutes	100 miles/110 minutes
Hematology/ Oncology	329 - Oncologist	25 miles/30 minutes	100 miles/110 minutes
Neonatology	323 - Neonatologist	25 miles/30 minutes	100 miles/110 minutes
Nephrology	324 - Nephrologist	25 miles/30 minutes	100 miles/110 minutes
Neurology	325 - Neurological Surgeon	25 miles/30 minutes	100 miles/110 minutes
	326 - Neurologist		
Ophthalmology	330 - Opthamologist	25 miles/30 minutes	100 miles/110 minutes
Orthopedics	331 - Orthopedic Surgeon	25 miles/30 minutes	100 miles/110 minutes
Otolaryngology	332 - Otologist, Laryngologist, Rhinologist	25 miles/30 minutes	100 miles/110 minutes
Physical Medicine/Rehab	336 - Physical Medicine and Rehabilitation Practitioner	25 miles/30 minutes	100 miles/110 minutes
Plastic and Reconstructive Surgery	337 - Plastic Surgeon	25 miles/30 minutes	100 miles/110 minutes
Podiatry	140 - Podiatrist	25 miles/30 minutes	100 miles/110 minutes
Psychiatrist	339 - Psychiatrist	15 miles/30 minutes	60 miles/90 minutes
	096 - Psychiatric Nurse Practitioner		
Pulmonary Disease	340 - Pulmonary Disease Specialist	25 miles/30 minutes	100 miles/110 minutes
Urology	343 - Urologist	25 miles/30 minutes	100 miles/110 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/30 minutes
Dental and Vision			
Optometry	180 - Optometrist	25 miles/30 minutes	60 miles/90 minutes
Adult Dental Primary Care	271 - General Dentistry Practitioner	20 miles/30 minutes	30 miles/30 minutes
Pediatric Dental Primary Care	271 - General Dentistry Practitioner	20 miles/30 minutes	30 miles/30 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 (FROM ORDER SUBMISSION & APPROVAL, WHERE APPLICABLE)	DENSELY-SETTLED RURAL, RURAL & FRONTIER COUNTY (FROM ORDER SUBMISSION & APPROVAL, WHERE APPLICABLE)
Remote or One-Time Services			
Mail Order Prescription	242 - Pharmacy Mail (Out of State)	<ul style="list-style-type: none"> • Refrigerated-72 hours • Non-Refrigerated-5 calendar days 	<ul style="list-style-type: none"> • Refrigerated-72 hours • Non-Refrigerated-5 calendar days
DME/Medical Supply Dealer	250 - DME/Medical Supply Dealer 255 - Vaccine Administration 277 - Prosthesis	<ul style="list-style-type: none"> • off the shelf-14 calendar days • wheelchair and BPAP/CPAP requiring fitting-30 calendar days 	<ul style="list-style-type: none"> • off the shelf-14 calendar days • wheelchair and BPAP/CPAP requiring fitting-30 calendar days

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 have to 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 minutes/30 miles	45 miles/45 minutes <i>(Densely Settled Rural)</i> 60 miles/60 minutes <i>(Rural and Frontier)</i>
T1019	Personal Care Attendant self-directed	TA		
H0004	Behavior Therapy	TBI		
97532	Cognitive Therapy	TBI		
T2021	Day Supports	IDD		
G0153	Speech/Hearing Therapy	TBI		
G0152	Occupational Therapist	TBI		
S5110-TJ=Group S5110=Indiv	Parent Support and Training	SED		
T1027 Modifier HQ=Group	Parent Support and Training	Autism		
G0151	Physical Therapy	TBI		
S9485	Professional Resource Family Care	SED		
T2016	Residential Supports	IDD		
H2021	Wrap Around Facilitation (site based)	SED		

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.

Note: For HCBS, all business day time periods are measured from the time of the signed person-centered service plan by members (or legal guardians), applicable providers, and the MCO care coordinator.

Table 2. Description of Timely Access Standards to Initiation of HCBS Services
14 Business 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>
30 Business 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 Business Days
<i>High-Cost, Single Unit Services (i.e. assistive services, assistive technology)</i>

Table 3. Timely Access Standards for Individual HCBS and BH Services	
Service and Code(s)	Number of Days to Receive First Service
HCBS Services	
Adult Day Care-S5101 (1-5 Hours), S5102 (5+ Hours)	14 business days
Attendant Care-T1019/HK	14 business days
Behavior Therapy-H0004	14 business days
Cognitive Rehabilitation-97532	14 business days
Comprehensive Support-S5135 (agency directed)	14 business days
Enhanced Care Service -T2025 (formerly sleep cycle support)	14 business days
Financial Management T2040 U2	14 business days
Home Delivered Meals - S5170	14 business days
Home Telehealth -S0315 (install)	14 business days
Home Telehealth -S0317 (rental)	14 business days
Intermittent Intensive Medical Care (RN level) - T1002	14 business days
Medical Alert Rental - S5161	14 business days
Medical Respite Care (TA waiver), Respite Care (AU waiver)-T1005	14 business days
Medication Reminder-S1505/UB (dispenser)	14 business days

Table 3. Timely Access Standards for Individual HCBS and BH Services	
Medication Reminder-T1505 (install)	14 business days
Medication Reminder-S5185 (call)	14 business days
Nursing Evaluation Visit (FE waiver)/Health Maintenance Monitoring (TA waiver)-T1001	14 business days
Overnight Respite Care-H0045	14 business days
Personal Care Services-(agency) S5125 U9	14 business days
Personal Care Services-(agency) T1004	14 business days
Personal Emergency Response System (install)-S5160	14 business days
Personal Emergency Response System (rental)-S5161	14 business days
Short-Term-S5150 (provider managed)	14 business days
Specialized Medical Care SMC-T1000 (LPN), /T100 TD (RN - IDD only)	14 business days
Supported Employment-H2023	14 business days
Supportive Home Care (agency) S5125/U6	14 business days
Transitional Living Skills-H2014	14 business days
Wellness Monitoring-S5190	14 business days
Wraparound Facilitation-H2021	14 business days - in-home 30 business days - site- based
Comprehensive Support-S5135/UD (self-directed)	30 business days
Day Supports-T2021	30 business days
Family Adjustment Counseling-S9482 (individual rate)	30 business days
Family Adjustment Counseling-S9482/HQ (group rate)	30 business days
Occupational Therapy-G0152	30 business days
Oral Health Services-DDDDD	30 business days
Parent Support and Training-T1027 (individual rate)	30 business days
Parent Support and Training (group rate)-T1027/HQ	30 business days
Parent Support and Training (group rate)-S5110-TJ	30 business days
Parent Support and Training (individual rate)-S5110	30 business days
Personal Care (self-direct)-S5125 U6	30 business days
Personal Care (self-direct)-S5125 UB	30 business days
Personal Care (self-direct) T1019	30 business days

Table 3. Timely Access Standards for Individual HCBS and BH Services	
Personal Care Services-(self-directed, formerly Personal Assistant Services) T1019	30 business days
Physical Therapy-G0151	30 business days
Professional Resource Family Care-S9485	30 business days
Residential Supports-T2016	30 business days
Speech Language Therapy-G0153	30 business days
Assistive Services-S5165 (also called Home Modification for TA only)	60 business days
Assistive Technology-T2029	60 business days