



AUGUST 2024

KMAP GENERAL BULLETIN 24146

Unbundling Assistive Services for HCBS Waivers

Effective with dates of service on and after retroactive to April 1, 2024, and in conjunction with the Kansas Legislature increasing the service limit for Assistive Services prior to the unbundling, Assistive Services will be replaced by three new services with distinct billing codes for the Home and Community Based Services (HCBS) waivers specified in this policy. These services will be:

Service	Billing Code
Home and Environmental Modification Services (HEMS)	S5165
Vehicle Modification Services (VMS)	T2039
Specialized Medical Equipment and Supplies (SMES)	T2029

HEMS may provide funding for physical modifications to participants' homes, such as the installation of grab bars, ramps, and railings. These modifications are designed to help participants live more independently and safely in their homes. For example, HEMS could be used to install a ramp to make it easier for a participant in a wheelchair to get in and out of their house, or to install grab bars in the bathroom to help a participant with mobility issues get in and out of the bathtub. HEMS adaptations exclude general utility improvements to residences, additions to home square footage (unless directly related to participant access), legally mandated improvements, generators not linked to medical devices, and traditional shafted elevators.

VMS may provide funding for modifications to participants' vehicles, such as the installation of lifts and ramps. These modifications are designed to help participants get around more easily and independently. For example, VMS could be used to install a wheelchair lift in a participant's van, or to install ramps in the back of a pickup truck to make it easier for a participant to load and unload their wheelchair. Certain exclusions apply including but not limited to vehicle maintenance and repair, purchase or lease of vehicle, improvements that are not of direct medical or remedial benefit to the participant, and vehicles that are not registered under the participant or other legally responsible parent or guardian.

SMES includes payment for items like assistive devices, communication tools, and life-support equipment specified in the Person-Centered Service Plan. These help participants with daily living

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Unbundling Assistive Services for HCBS Waivers continued

activities, environmental interactions, and addressing physical conditions. Examples might be special communication boards for those with speech difficulties, devices to aid mobility, or specific equipment for life support. The coverage/provision of SMES furnished through this service shall include the costs of maintenance and upkeep of devices and training on the utilization of the devices. This includes normal wear and tear. Intentional destruction or damage to devices will not be a covered cost.

Instructions and Limitations:

- Payment for each of these new services, either standalone or in conjunction, shall not exceed \$10,000 per program participant and across all waiver programs except the Intellectual/Developmentally Disabled (IDD) waiver which does not have a limit.
 - If a program participant has exceeded the \$10,000 limit, and still has needs that may be furnished through HEMS, VMS or SMES, the Managed Care Organization (MCO) shall furnish such needs using an ‘in lieu of other services’ approach, or using other value-added services provided by the MCO.
- To avoid overlap of services, these services are limited to those services not covered through the Medicaid State Plan, Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), or other HCBS services and which cannot be procured from other formal or informal resources.
- Reimbursement for all three of these services is limited to the participant's assessed needs and is based on the person-centered service plan. HCBS waiver funding is used as the funding source of last resort and requires prior authorization from the participant's chosen KanCare MCO.

Note: The effective date of the policy is April 1, 2024. The implementation of State policy by the KanCare MCOs may vary from the date noted in the KMAP bulletins. The **KanCare Open Claims Resolution Log** on the KMAP [Bulletins](#) page documents the MCO system status for policy implementation and any associated reprocessing completion dates once the policy is implemented.

For the changes resulting from this provider bulletin, view the updated *HCBS BI Fee-for-Service Provider Manual*, Section 8400, page 8-4 – 8-11; *HCBS FE Fee-for-Service Provider Manual*, Section 8400, pages 8-4 – 8-11; *HCBS IDD Fee-for-Service Provider Manual*, Section 8400, pages 8-4 – 8-11; *HCBS PD Fee-for-Service Provider Manual*, Section 8400, pages 8-3 – 8-10.

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