



1915 (c) HCBS  
Code Descriptions

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## CODE H2016

H2016 UF Supportive Living 1:1 Staffing Level 1-Billable for 16 hours per day

H2016 UH Supportive Living 1:1 Staffing Level 2-Utilized if more than 16 hours per day

Supportive living supervision and activities are meant to assist the member to acquire, retain, or improve skills in a wide variety of areas that directly affect the person's ability to reside as independently as possible in the community. Trained staff will aid the member developing achievable, individualized, functional goals and objectives. The established goals and objectives are aimed at maintaining and/or improving the member's skills and functioning for daily living. Supportive living services are also provided in an integrated community setting and can also be utilized when support staff availability is needed for health and safety yet no direct tasks have been identified for completion.

### **Supports include:**

- Decision Making
  - including the identification of and response to dangerously threatening situations, making decisions and choices affecting the person's life and initiating changes in living arrangement or life activities.
- Money Management,
  - including training, assistance or both in handling personal finances, making purchases and meeting personal financial obligations.
- Daily Living Skills,
  - including habilitative training in accomplishing routine housekeeping tasks, meal preparation, dressing, personal hygiene, administration of medications (to the extent permitted under state law) and other areas of daily living including proper use of adaptive and assistive devices, appliances, home safety, first aid and emergency procedures.
- Socialization,
  - including training and assistance in participating in general community activities and establishing relationships with peers. Activity training includes assisting the member to continue to participate in an ongoing basis;
- Community Integration Experiences,
  - including activities intended to instruct the member in daily living and community living skills in an integrated setting. Included are such activities as shopping, church attendance, sports, participation in clubs, etc. Community experiences include activities and supports to accomplish individual goals or learning areas including recreation and specific training or leisure activities. Each activity is then adapted according to the member's individual needs.
- Mobility,
  - including training, assistance or both aimed at enhancing movement within the person's living arrangement, mastering the use of adaptive aids and equipment, accessing and using public transportation, independent travel or movement within the community.
- Communication,
  - including training in vocabulary building, use of augmentative communication devices and receptive and expressive language.
- Behavior Shaping and Management,

- including training, assistance or both in appropriate expressions of emotions or desires, compliance, assertiveness, acquisition of socially appropriate behaviors or reduction of inappropriate behaviors.
- Reinforcement of Therapeutic Services,
  - including conducting exercises or reinforcing physical, occupational, speech and other therapeutic programs.
- Health Maintenance Activities,
  - may be provided by a supportive living worker. All health maintenance activities, except injections and IV's, can be done in the home by a designated care aide, such as a supportive living worker. With the exception of injectable medication administration, tasks that beneficiaries would otherwise do for themselves, or have a family member do, can be performed by a paid designated care aide at their direction, as long as the criteria specified in the Arkansas Nurse Practices Consumer Directed Care Act has been met. Health maintenance activities are available in the Arkansas Medicaid State Plan as self-directed services. State plan services must be exhausted before accessing waiver funding for health maintenance activities.

H2016 U1 UQ Supportive Living Shared Staffing Level 1 2-4 members-Billable for 16 hours per day

H2016 U3 UQ Supportive Living Shared Staffing Level 2 2-4 members-Utilized if more than 16 hours per day

H2016 U5 US Supportive Living – Shared Staffing (Monitoring for Health and Safety)

More than 4 but less than 10 members living in a group setting. These supports should include ensuring the health and safety of the member with assistance with behavioral concerns as needed. This service is to be provided in a group home type setting during times when on site availability is needed yet no direct tasks have been identified for completion.

H2016 UK: Supportive Living Community Services

Includes cost of camp for the member that is prior authorized and necessary for the support of the member's condition.

H2016 UD Supportive Living 1:1 Non-Medical Transportation

Transportation to or from community integration experiences. Transportation to and from medical, dental and professional appointments is excluded. Transportation does not include other household members.

H2016 UD US Supportive Living Non-Medical transportation-Multi-member transport (Provider should divide mileage per member being transported regardless of PASSE)

Same as H2016 UD Supported Living 1:1 Non-Medical Transportation

H2016 UC Supportive Living Companion and Activity Therapy

Therapy services to provide reinforcement of habilitative training. This reinforcement is accomplished by using animals as modalities to motivate members to meet functional goals. Through the utilization of an animal's presence, enhancement and incentives are provided to beneficiaries to practice and accomplish such functional goals as

1. Language skills
2. Increased range of motion
3. Socialization by developing the interpersonal relationships skills of interaction, cooperation and trust and the development of self-respect, self-esteem, responsibility, confidence and assertiveness

**Exclusions:** This service does not include the cost of veterinary or other care, food, shelter or ancillary equipment that may be needed by the animal that is providing reinforcement.

These supports should include ensuring the health and safety of the member.

**\*\*\*Supportive living services can be billed in conjunction with services offered through Arkansas Rehabilitation Services.**

## CODE H2023

### H2023 UA UB Supported Employment Job Coaching

On-site activities that may be provided to a member once employment is obtained. Activities provided under this service may include, but are not limited to, completing job duty and task analysis; assisting the member to learn to do the job by the least intrusive method available; developing compensatory strategies if needed to cue member to complete the job; analyzing the work environment during initial training/learning of the job and making determinations regarding modifications or assistive technology. Services are authorized for twelve months.

Job Coaching may also be utilized when the member chooses self-employment. Activities such as assisting the member to identify potential business opportunities, develop a business plan, as well as develop and launch a business are included. Waiver funds may not be used to defray expenses associated with starting or operating a business, such as capital expenses, advertising, hiring or training of employees.

### H2023 U1 UA Supported Employment-Discovery and Career Planning (6 week prep period for employment)

Information is gathered about a member's interests, strengths, skills, the types of supports that are the most effective and the types of environments and activities where the participant is at his or her best. These services should result in the development of the Individual Career Profile which includes specific recommendations regarding the member's employment support needs, preferences, abilities and characteristics of optimal work environment. The following activities may be a component of Discovery/Career Planning: review of the member's work history, interest and skills; job exploration; job shadowing; informational interviewing, including mock interview; job and task analysis activities; situational assessments to assess the member's interest and aptitude in a particular type of job; employment preparation (i.e. resume development); benefits counseling; business plan development for self-employment; and volunteerism.

### H2023 U2 UA Supported Employment-Job Development

Individualized services that are specific in nature to obtaining a certain employment opportunity. The initial outcome of Job Development is the Job Development Plan. The Job Development Plan must be created and incorporated with the individual Career Profile no later than 30 days after Job Development services begin.

**The Job Development Plan must, at a minimum, specify:**

- a. Short- and long-term employment goals
- b. Target wages
- c. Task hours
- d. Special conditions that apply to the worksite for the member
- e. Jobs that will be developed or tasks that will be customized through negotiations with potential employers
- f. Initial list of employer contacts
- g. Plan for how many employers will be contacted each week
- h. Conditions for use of on-site job coaching

H2023 U3 UA Supported Employment-Employment Path

(Actively seeking Employment) Member receiving these services must have goals related to employment in integrated community settings in their person-center service plan. Activities must be designed and developed to support the employment goals outlined in the person-centered service plan. Such activities should develop and teach soft skills utilized in integrated employment including, but not limited to, following directions, attending to tasks, problem-solving skills and strategies, mobility training, effective and appropriate communication (verbal and nonverbal) and time management. Employment Path is a time-limited service and requires prior authorization for the first 12 months. One reauthorization of up to twelve months is possible, but only if the member is also receiving job development services that indicate the member is actively seeking employment.

H2023 UK Supported Employment-Extended Services

The expected outcome of extended services is sustained paid employment at or above minimum wage with associated benefits and the opportunity for advancement in a job that meets the member's personal and career planning goals. Employment supports: Extended Services allows for the continued monitoring of employment outcomes through regular contact with the member and the employer. A minimum of one contact per quarter with the employer is required

H2023 UQ Supported Employment-Job Coaching Shared Staffing (Up to 4 members)

Same as H2023 Supported Employment Job Coaching

## CODE S5151

S5151 UF Respite Services-one on one

Respite services are provided on a short-term basis to beneficiaries unable to care for themselves due to the absence of or need for relief of non-paid primary caregivers. Room and board may not be claimed when respite is provided in the member's home or a private place of residence. Room and board is not a covered service except when provided as part of respite furnished in a facility that is approved by the State.

Receipt of respite services does not necessarily preclude a member from receiving other services on the same day. For example, a member may receive day services, such as supported employment, on the same day as respite services.

When respite is furnished for the relief of a foster care provider, foster care services may not be billed during the period that respite is furnished. Respite may not be furnished for the purpose of

compensating relief or substitute staff for supportive living services. Respite services are not to supplant the responsibility of the parent or guardian.

Respite services may be provided through a combination of basic child care and support services required to meet the needs of a child.

Respite may be provided in the following locations:

- A. Member's home or private place of residence
- B. The private residence of a respite care provider
- C. Foster home
- D. Group home.
- E. Licensed respite facility
- F. Other community residential facility approved by the state, not a private residence
- G. Licensed or accredited residential mental health facility

S5151 U6 Respite Services-one on one-hours over 16  
Same as S5151 Respite Services-one on one

S5151 UN Respite Services-shared staffing  
Same as S5151 Respite Services-one on one

S5151 U6 UN Respite services-shared staffing more than 16 hours  
Same as S5151 Respite Services-one on one

## CODE S5160

S5160 Adaptive Equipment PERS, installation and testing

## CODE S5161

S5161 Adaptive Equipment PERS service fee per month

## CODE S5162

S5162 Adaptive Equipment PERS, purchase only

A PERS may be approved when it can be demonstrated as necessary to protect the health and safety of the member. A PERS is a stationary or portable electronic device that is used in the member's place of residence that allows the member to secure help in an emergency. The system must be connected to a response center staffed by trained professionals who respond upon activation of the PERS. The member may also wear a portable "help" button to allow for mobility. PERS services are limited to beneficiaries who live alone or who are alone for significant parts of the day and have no regular caregiver for extended periods of time and who would otherwise require extensive routine supervision. Included in this service are assessment, purchase, installation, testing, and monthly rental fees. A PERS shall include cost of installation and testing as well as monthly monitoring performed by the response center.



## CODE S5165

### S5165 U1 CES Adaptive Equipment, per service

The adaptive equipment service includes an item or a piece of equipment that is used to increase, maintain or improve functional capabilities of individuals to perform daily life tasks that would not be possible otherwise. The adaptive equipment service provides for the purchase, leasing, and as necessary, repair of adaptive, therapeutic and augmentative equipment that enables individuals to increase, maintain or improve their functional capacity to perform daily life tasks that would not be possible otherwise.

Adaptive equipment needs for supportive employment are included. This service may include specialized equipment such as devices, controls or appliances that will enable the person to perceive, to control or to communicate with the environment in which they live.

Adaptive equipment includes “enabling technology,” that empowers the beneficiary to gain independence through customizable technologies to allow them to safely perform activities of daily living without assistance, while still providing for monitoring and response for those beneficiaries, as needed. Enabling technology must be shown to meet a goal of the beneficiary’s person-centered service plan, ensure beneficiary’s health and safety, and provide for adequate monitoring and response for beneficiary’s needs. Before enabling technology will be provided, it must be documented that an assessment was conducted and a plan was created to show how the enabling technology will meet those requirements.

Equipment may only be covered if not available to the beneficiary from any other source. Professional consultation must be accessed to ensure that the equipment will meet the needs of the beneficiary when the purchase will at a minimum exceed \$500.00. Consultation must be conducted by a medical professional as determined by the beneficiary’s condition for which the equipment is needed. All items must meet applicable standards of manufacture, design and installation.

All adaptive equipment must be solely for the waiver beneficiary. All purchases must meet the conditions for desired quality at the least expensive cost. Generally, any modifications over \$1,000.00 will require three bids with the lowest bid with comparable quality being awarded; however, DDS may require three bids for any requested purchase.

Computer equipment may be approved when it allows the beneficiary control of his or her environment, assists in gaining independence or when it can be demonstrated that it is necessary to protect the health and safety of the beneficiary. The waiver does not cover supplies. Printers may be approved for non-verbal beneficiaries.

Communication boards are allowable devices. Computers may be approved for communication when there is substantial documentation that a computer will meet the needs of the beneficiary more appropriately than a communication board.

Software will be approved only when required to operate the accessories included for environmental control or to provide text-to-speech capability.

Conditions: The care and maintenance of adaptive equipment, vehicle modifications, and personal emergency response systems are entrusted to the beneficiary or legally responsible person for whom the aids are purchased. Negligence (defined as failure to properly care for or perform routine maintenance of) shall mean that the service will be denied for a minimum of two (2) plan years. Any abuse or unauthorized selling of aids by the beneficiary or legally responsible person shall mean the aids will not be replaced using waiver funding.

**Exclusions:**

- A. Swimming pools (in-ground or above-ground) and hot tubs are not allowable as either an environmental modification or adaptive equipment.
- B. Computer supplies.
- C. Computer desk or other furniture items are not covered.
- D. Medicaid-purchased equipment cannot be donated if the equipment being donated is needed by another waiver beneficiary residing in the residence.

**Vehicle modifications** are adaptations to an automobile or van to accommodate the special needs of the member. Vehicle adaptations are specified by the service plan as necessary to enable the member to integrate more fully into the community and to ensure the health, welfare and safety of the member. Payment for permanent modification of a vehicle is based on the cost of parts and labor, which must be quoted and paid separately from the purchase price of the vehicle to which the modifications are or will be made.

Transfer of any part of the purchase price of a vehicle, including preparation and delivery, to the price of a modification is a fraudulent activity. All suspected fraudulent activity will be reported to the Office of Medicaid Inspector General for investigation.

Reimbursement for a permanent modification cannot be used or considered as down payment for a vehicle.

Lifts that require vehicle modification and the modifications themselves are, for purposes of approval and reimbursement, one project and cannot be separated by plan-of-care years in order to obtain up to the maximum amount allowed.

**Exclusions:**

- A. Adaptations or improvements to the vehicle that are of general utility and are not of direct medical or remedial benefit to the member
- B. Purchase, down payment, monthly car payment, or lease cost of a vehicle;
- C. Regularly scheduled upkeep and maintenance of a vehicle and the modification to the vehicle.

## CODE T2020

### T2020 UA Supplemental Support Services

The supplemental support service helps improve or enable the continuance of community living. Supplemental support service will be based on demonstrated needs as identified in a member's person-centered service plan as unforeseen problems arise that, unless remedied, could cause disruptions in the member's services, placement, or place him or her at risk of institutionalization. Waiver funds will be used as the payer of last resort.

## T2020 UA U1 Community Transition Services

Community transition services are non-recurring set-up expenses for beneficiaries who are transitioning from an institutional or another provider-operated living arrangement to a living arrangement in a private residence where the member or his or her guardian is directly responsible for his or her own living expenses. Waiver funds can be accessed once it has been determined that the waiver is the payer of last resort.

**Allowable expenses are those necessary to enable a person to establish a basic household that do not constitute room and board and may include:**

- A. Security deposits that are required to obtain a lease on an apartment or home
- B. Essential household furnishings and moving expense required to occupy and use a community domicile, including furniture, window coverings, food preparation items, and bed/bath linens
- C. Set-up fees or deposits for utility or service access, including telephone, electricity, heating and water
- D. Services necessary for the member's health and safety such as pest eradication and one-time cleaning prior to occupancy
- E. Moving expenses

Community transition services are furnished only to the extent that they are reasonable and necessary as determined through the person-centered service plan development process, clearly identified in the person-centered service plan and the person is unable to meet such expense or when the services cannot be obtained from other sources.

Duplication of environmental modifications will be prevented through DDS control of prior authorizations for approvals.

Costs for community transition services furnished to beneficiaries returning to the community from a Medicaid institutional setting through entrance to the waiver are considered to be incurred and billable when the person is determined to be eligible for the waiver services. The member must be reasonably expected to be eligible for and to enroll in the waiver. If for any unseen reason the member does not enroll in the waiver (e.g., due to death or a significant change in condition), transitional services may be billed to Medicaid.

**Exclusions:** Community transition services may not include payment for room and board, monthly rental or mortgage expense, regular food, regular utility charges, and/or household appliances or items that are intended for purely diversional or recreational purposes. Community transition services may not be used to pay for furnishing living arrangements that are owned or leased by a waiver provider where the provision of these items and services are inherent to the service they are already providing. Diversionary or recreational items such as televisions, cable TV access, VCRs or DVD players

## CODE T2025

T2025 UK Consultation Services-Care Planning/Participation in PCSP

T2025 U1 Consultation Services-Behavior Support Plans/Training

T2025 U3 Consultation Services-Providing updated psychological and adaptive behavior assessments by licensed psychological examiner

T2025 U4 Consultation Services-Training of direct service staff and/or family by professionals to support member in goals of PCSP

Consultation services are clinical and therapeutic services that assist waiver beneficiaries, parents, guardians, legally responsible individuals, and service providers in carrying out the member's person-centered service plan.

**Consultation activities may be provided by professionals who are licensed as:**

1. Psychologists
2. Psychological examiners
3. Mastered social workers
4. Professional counselors
5. Speech pathologists
6. Occupational therapists
7. Physical therapists
8. Registered nurses
9. Certified parent educators or provider trainers
10. Certified communication and environmental control specialists
11. Dietitians
12. Rehabilitation counselors
13. Recreational therapists
14. Qualified Developmental Disabilities Professionals (QDDP)
15. Positive Behavioral Supports (PBS) Specialists
16. Behavior Analysts

These services are direct in nature. The provider agency will be responsible for maintaining the necessary information to document staff qualifications. Staff, who meets the certification criteria necessary for other consultation functions, may also provide these activities. These activities include, but are not limited to:

**Activities involved in consultation services include:**

1. Providing updated psychological and adaptive behavior assessments
2. Screening, assessing and developing therapeutic care plans
3. Assisting in the design and integration of individual objectives as part of the overall individualized service planning process as applicable to the consultation specialty
4. Training of direct services staff or family members in carrying out special community living services strategies identified in the person-centered service plan as applicable to the consultation specialty
5. Providing information and assistance to the individuals responsible for developing the member's person-centered service plan as applicable to the consultation specialty
6. Participating on the interdisciplinary team, when appropriate to the consultant's specialty

7. Consulting with and providing information and technical assistance with other service providers or with direct service staff and/or family members in carrying out a member's person-centered service plan specific to the consultant's specialty
8. Assisting direct services staff or family members in making necessary program adjustments in accordance with the member's person-centered service plan as applicable to the consultation specialty
9. Determining the appropriateness and selection of adaptive equipment to include communication devices, computers and software consistent with the consultant's specialty
10. Training and/or assisting beneficiaries, direct services staff or family members in the set-up and use of communication devices, computers and software consistent with the consultant's specialty
11. Screening, assessing and developing positive behavior support plans; assisting staff in implementation, monitoring, reassessment and modification of the positive behavior support plan consistent with the consultant's specialty
12. Training of direct services staff and/or family members by a professional consultant in:
  - a. Activities to maintain specific behavioral management programs applicable to the member
  - b. Activities to maintain speech pathology, occupational therapy or physical therapy program treatment modalities specific to the member
  - c. The provision of medical procedures not previously prescribed but now necessary to sustain the member in the community
13. Training or assisting by advocacy to beneficiaries and family members on how to self-advocate
14. Rehabilitation counseling for the purposes of supported employment supports that do not supplant the Federal Rehabilitation Act of 1973 and PL 94-142 and the supports provided through Arkansas Rehabilitation Services
15. Training and assisting beneficiaries, direct services staff or family members in proper nutrition and special dietary needs

## CODE T2028

### T2028 Specialized Medical Supplies

A physician must order or document the need for all specialized medical equipment. All items must be included in the person-centered service plan.

#### **Specialized medical equipment and supplies include:**

- A. Items necessary for life support or to address physical conditions along with the ancillary supplies and equipment necessary for the proper functioning of such items.
- B. Durable and non-durable medical equipment not available under the Arkansas Medicaid State Plan that is necessary to address member functional limitations.
- C. Necessary medical supplies not available under the Arkansas Medicaid State Plan.

Items reimbursed with waiver funds are in addition to any medical equipment and supplies furnished under the state plan and exclude those items that are not of direct medical or remedial benefit to the member. All items shall meet applicable standards of manufacture, design and installation. The most cost-effective item will be considered first. Additional supply items are covered as a waiver service when they are considered essential and medically necessary for home and community care.

#### **Covered items include:**

- A. Nutritional supplements
- B. Non-prescription medications. Alternative medicines not Federal Drug Administration-approved are excluded from coverage.
- C. Prescription drugs, minus the cost of drugs covered by Medicare Part D, when extended benefits are available under the Arkansas Medicaid State Plan.

When the items are included in Arkansas Medicaid State Plan services, a denial of extension of benefits by DMS Utilization Review will be required prior to approval for waiver funding by DDS.

## CODE T2034

### T2034 UA U2 Crisis Intervention Services

Crisis intervention services are defined as services delivered in the member's place of residence or other local community site by a mobile intervention team or professional. This services includes screening, assessing and developing crisis prevention and intervention plans; assisting staff in implementation, monitoring, reassessment and modification of the plans consistent with the consultant's specialty Intervention services must be available 24 hours a day, 365 days a year and must be targeted to provide technical assistance and training in the areas of behavior already identified. Services are limited to a geographic area conducive to rapid intervention as defined by the provider responsible to deploy the team or professional. Services may be provided in a setting as determined by the nature of the crisis, i.e., residence where behavior is happening, neutral ground, local clinic or school setting, etc.

The following criteria must be met:

- A. The member is receiving waiver services.
- B. The member needs non-physical intervention to maintain or re-establish behavior management or positive programming plan.
- C. Intervention is on-site in the community.
  - a. Crisis intervention services are only provided as a waiver service to individuals who are age 21 and over. All medically necessary crisis intervention services for children under age 13 are covered as part of the Medicaid State Plan EPSDT benefit. Children crisis services for children under 21.
- D. Personnel performing these services must be a masters or doctoral level clinician, an advanced practice nurse, or a physician.

## CODE K0108

### K0108 UB Environmental Modifications

Environmental modifications are made to or at the waiver member's home, required by the person-centered service plan and are necessary to ensure the health, welfare and safety of the member or that enable the member to function with greater independence and without which the member would require institutionalization.

Environmental modification may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, installation of specialized electric and plumbing systems to accommodate medical equipment, installation of sidewalks or pads to accommodate ambulatory impairments, and home property fencing when medically necessary to assure non-elopement, wandering or straying of persons.

Expenses for the installation of the environmental modification and any repairs made necessary by the installation process are allowable. Portable or detachable modifications that can be relocated with the member and that have a written consent from the property owner or legal representative will be considered. Requests for modification must include an original photo of the site where modifications will be done; to-scale sketch plans of the proposed modification project; identification of other specifications relative to materials, time for project completion and expected outcomes; labor and materials breakdown and assurance of compliance with any local building codes. Final inspection for the quality of the modification and compliance with specifications and local codes is the responsibility of the waiver care coordinator. Payment to the contractor is to be withheld until the work meets specifications including a signed customer satisfaction statement.

All services must be provided as directed by the member's person-centered service plan and in accordance with all applicable state or local building codes.

Environmental modifications must be made within the existing square footage of the residence and cannot add to the square footage of the building.

Modifications are considered and approved as single, all-encompassing projects and, as such, cannot be split whereby a part of the project is submitted in one service plan year and another part submitted in the next service plan year. Any such activity is prohibited. All modifications must be completed within the plan-of-care year in which the modifications are approved.

Modifications or improvements made to or at the member's home which are of general utility and are not of direct medical or remedial benefit to the member (e.g., carpeting, roof repair, central air conditioning, etc.) are excluded as covered services. Also excluded are modifications or improvements that are of aesthetic value-only such as designer wallpaper, marble counter tops, ceramic tile, etc. Expenses for remodeling or landscaping which are cosmetic, designed to hide the existence of the modification, or result from erosion are not allowable.

Environmental modifications that are permanent fixtures will not be approved for rental property without prior written authorization and a release of current or future liability by the residential property owner.

Environmental modifications may not be used to adapt living arrangements that are owned or leased by providers of waiver services.

Swimming pools (both in- and out-of-ground) and hot tubs (spas) are not allowable.

The moving of modifications, such as fencing or ceiling tracks and adaptive equipment that may be permanently affixed to the structure or outside premises, is not allowable.