

## ePA Help Sheet – HCB Waiver and Adult Day Care

Request Type	ePA Module	Request /Update Type	Place of Service	Service Type	Code Types Accepted	Forms to be Submitted with ePA Request <sup>1</sup>
HCB Waiver Initial Level of Care	Initial Authorization Request	Waiver HCB LOC	Home	HCB LOC	ICD Diagnosis HCPCS CPT DSM	MAP 351
Adult Day Care Initial Level of Care	Initial Authorization Request	Waiver ADHC LOC	Adult Day Care	ADC LOC	ICD Diagnosis HCPCS CPT DSM	MAP 351
HCB Waiver Annual Level of Care Recertification	Inpatient/LOC Extension Requests	N/A	N/A	N/A	ICD Diagnosis HCPCS CPT DSM	MAP 351
Adult Day Care Level of Care Recertification	Inpatient/LOC Extension Requests	N/A	N/A	N/A	ICD Diagnosis HCPCS CPT DSM	MAP 351
HCB Waiver Services (Initial, Modifications and Recertifications)	Case Updates	Waiver Services	N/A	N/A	ICD Diagnosis HCPCS CPT DSM	MAP 350 MAP 24 MAP 109 MAP 95 MAP 2000 – CDO only MAP 23 – CM Transfer only
Adult Day Care Services (Initial, Modifications and Recertifications)	Case Updates	Waiver Services	N/A	N/A	ICD Diagnosis HCPCS CPT DSM	MAP 350 MAP 24 MAP 109 MAP 95 MAP 2000 – CDO MAP 23 – CM Transfer

<sup>1</sup>Not all forms listed in this column are required for each request. Providers are responsible to submit complete request packets using the appropriate forms for the type of request they are submitting. Providers should maintain in the provider's or recipient's record any forms required by the Kentucky Medicaid regulations. Although a form may not be required to be submitted with an ePA request, the Department for Medicaid Services may require original paper copies of the form for audit purposes.