

ePA Help Sheet – SCL Waiver

| Request Type | ePA Module | Request /Update Type | Place of Service | Service Type | Code Types Accepted | Forms to be Submitted with ePA Request ¹ |
|--|----------------------------------|----------------------|------------------|--------------|--------------------------------------|---|
| SCL Waiver Initial Level of Care | Initial Authorization Request | Waiver SCL LOC | Home | SCL LOC | ICD Diagnosis HCPCS CPT DSM | MAP 351 |
| SCL Waiver Annual Level of Care Recertification | Inpatient/LOC Extension Requests | N/A | N/A | N/A | ICD Diagnosis HCPCS CPT DSM | MAP 351 |
| Services (Initial, Modifications and Recertifications) | Case Updates | Waiver Services | N/A | N/A | ICD Diagnosis HCPCS CPT DSM | MAP 350 MAP 24C MAP 109 MAP 2000 – CDO only |

¹Not 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.