

Schedule B

Schedule of Services for Affiliation for the Community Support Waiver (CSW)
Fiscal year July 1, 2026 – June 30, 2027

Any changes to the services or capacities/restrictions herein must be amended by a revised
Schedule of Services signed by both parties to the Affiliation Agreement.

Check all that apply.

Services provided:

Counties Served:

Set Capacity:

Assistive Technology (AT)	☐ CK	☐ CR	☐ LB	☐ MG	
Behavior Therapy Services	☐ CK	☐ CR	☐ LB	☐ MG	
Benefits Planning Services	☐ CK	☐ CR	☐ LB	☐ MG	
Career Exploration & Planning	☐ CK	☐ CR	☐ LB	☐ MG	
Family/Caregiver Support & Training	☐ CK	☐ CR	☐ LB	☐ MG	
Home & Environment Modifications	☐ CK	☐ CR	☐ LB	☐ MG	
Home Telehealth Services	☐ CK	☐ CR	☐ LB	☐ MG	
Individual-Directed Goods & Services (IDGS)	☐ CK	☐ CR	☐ LB	☐ MG	
Individual Employment Support (IES)	☐ CK	☐ CR	☐ LB	☐ MG	
Life Skills Services	☐ CK	☐ CR	☐ LB	☐ MG	
Medication Reminder Services	☐ CK	☐ CR	☐ LB	☐ MG	
Non-Medical Transportation	☐ CK	☐ CR	☐ LB	☐ MG	
Occupational Therapy (OT)	☐ CK	☐ CR	☐ LB	☐ MG	
Personal Care Services	☐ CK	☐ CR	☐ LB	☐ MG	
Personal Emergency Response Systems (PERS)	☐ CK	☐ CR	☐ LB	☐ MG	
Physical Therapy (PT)	☐ CK	☐ CR	☐ LB	☐ MG	
Remote Support Services	☐ CK	☐ CR	☐ LB	☐ MG	
Respite Services	☐ CK	☐ CR	☐ LB	☐ MG	
Specialized Medical Equipment & Supplies	☐ CK	☐ CR	☐ LB	☐ MG	
Speech & Language Therapy	☐ CK	☐ CR	☐ LB	☐ MG	
Vehicle Modification Services	☐ CK	☐ CR	☐ LB	☐ MG	

Affiliate Name:

Affiliate Contact Info:
(Address, phone,
email, website)

Contact for Affiliation:
(Name, title, phone, email)

Contact for Referrals:
(Name, title, phone, email)

KanCare Insurance Accepted: ☐ Healthy Blue

☐ Sunflower

☐ United

KMAP HCBS Provider Number:

Federal Identification Number:
(National Provider Identifier)

Medicaid Provider Number:

Signature of Affiliate:

Date:

Signature of CDDO:

Date: