



KANSAS MEDICAL ASSISTANCE PROGRAM
Fee-for-Service Provider Manual

HCBS Autism

PART II
HCBS AUTISM FEE-FOR-SERVICE PROVIDER MANUAL

Introduction

Section	BILLING INSTRUCTIONS	
7000	HCBS Autism Billing Instructions.....	7-1
7010	HCBS Autism Specific Billing Information	7-2
	BENEFITS AND LIMITATIONS	
8100	Copayment	8-1
8300	Benefit Plan.....	8-2
8400	Medicaid.....	8-3
Appendix	Codes.....	A-1

FORMS All forms pertaining to this provider manual can be found on the [public](#) website and on the [secure](#) website under Pricing and Limitations.

DISCLAIMER: This manual and all related materials are for the traditional Medicaid fee-for-service program only. For provider resources available through the KanCare managed care organizations, reference the [KanCare](#) website. Contact the specific health plan for managed care assistance.

CPT® codes, descriptors, and other data only are copyright 2019 American Medical Association (or such other date of publication of CPT). All rights reserved. Applicable FARS/DFARS apply. Information is available on the [American Medical Association](#) website.

INTRODUCTION TO THE HCBS AUTISM FEE-FOR-SERVICE PROVIDER MANUAL

Updated 10/17

The purpose of the Kansas Autism waiver is to provide eligible Kansans the option to receive parental support in their home and community in a cost-efficient manner. The goal of the Autism waiver is to divert children from entering an inpatient psychiatric facility for individuals 21 years of age and younger as provided in 42CFR440.160 by providing parental support and training. Autism waiver services are available to children who have received a diagnosis of an Autism Spectrum Disorder (ASD), including Autism, Asperger Syndrome, and Other Pervasive Developmental Disorder-Not Otherwise Specified, from a licensed Medical Doctor or Ph.D. Psychologist using an approved autism-specific screening tool. Since research has shown that early intensive interventions with ASD children are effective, a child must be between birth and their fifth year upon entering the waiver and be financially eligible for Medicaid. Children must also meet the Level of Care eligibility determination conducted initially and annually by a qualified Functional Eligibility Specialist. The level of care instrument used to determine initial and annual eligibility for the Autism waiver must be the state-approved functional eligibility instrument. The Kansas Autism waiver has a service limit of three years with a one-time, one-year extension possible.

The Kansas Autism waiver provides three distinctive services to participants and their families. These are:

- Family Adjustment Counseling
- Parent Support and Training (peer-to-peer)
- Respite Care

This is the provider-specific section of the provider manual. This section (Part II) is designed to provide information specific to providers of the Home and Community Based Services (HCBS) Autism waiver services and is divided into three sections: Billing Instructions, Benefits and Limitations, and Appendix.

The **Billing Instructions** section provides instructions on submitting a claim.

The **Benefits and Limitations** section outlines services included for HCBS Autism waiver participants and limitations on these services. It also includes qualifications for HCBS Autism waiver providers, documentation required for reimbursement, and expected service outcomes.

The **Appendix** section contains information concerning codes. The appendix was developed to make finding and using codes easier for the biller.

HIPAA compliance

As a participant in the Kansas Medical Assistance Program (KMAP), providers are required to comply with compliance reviews and complaint investigations conducted by the secretary of the Department of Health and Human Services as part of the Health Insurance Portability and Accountability Act (HIPAA) in accordance with section 45 of the code of regulations parts 160 and 164. Providers are required to furnish the Department of Health and Human Services all information required by the Department during its review and investigation.

INTRODUCTION TO THE HCBS AUTISM FEE-FOR-SERVICE PROVIDER MANUAL

Updated 10/17

Access to records

Kansas Regulation K.A.R. 30-5-59 requires providers to maintain and furnish records to KMAP upon request. Providers must also supply records to the Department of Health and Human Services upon request.

The provider is required to supply records to the Medicaid Fraud and Abuse Division of the Kansas attorney general's office upon request from such office as required by the Kansas Medicaid Fraud Control Act, K.S.A. 21-3844 to 21-3855, inclusive, as amended.

A provider who receives such a request for access to, or inspection of, documents and records must promptly and reasonably comply with access to the records and facility at reasonable times and places. A provider must not obstruct any audit, review, or investigation, including the relevant questioning of the provider's employees. The provider shall not charge a fee to retrieve and copy documents and records related to compliance reviews and complaint investigations.

KMAP Audit Protocols

The [KMAP Audit Protocols](#) are available on the [Provider](#) page of the KMAP website under the *Helpful Information* heading.

HCBS AUTISM BILLING INSTRUCTIONS

7000. Updated 11/17

Introduction to the CMS 1500 Claim Form

HCBS Autism waiver providers must use the CMS 1500 paper or equivalent electronic claim form when requesting payment for medical services provided under KMAP. Claims can be submitted on the KMAP secure website, through Provider Electronic Solutions (PES), or by paper. When a paper form is required, it must be submitted on an original, red claim form and completed as indicated or it will be returned to the provider. The Kansas MMIS uses electronic imaging and optical character recognition (OCR) equipment. Therefore, information is not recognized unless submitted in the correct fields as instructed.

Any of the following billing errors may cause a CMS-1500 claim to deny or be sent back to the provider:

- Sending a CMS 1500 Claim Form carbon copy.
- Sending a KanCare paper claim to KMAP.
- Using a PO Box in the Service Facility Location Information field.

An example of the CMS 1500 Claim Form and instructions are available on the KMAP [public](#) and [secure](#) websites on the [Forms](#) page under the Claims (Sample Forms) heading.

The fiscal agent does not furnish the CMS 1500 Claim Form to providers. Refer to **Section 1100** of the *General Introduction Fee-for-Service Provider Manual*.

Submission of Claim

Send completed claim and any necessary attachments to:

KMAP
Office of the Fiscal Agent
PO Box 3571
Topeka, KS 66601-3571

HCBS AUTISM SPECIFIC BILLING INFORMATION

7010. Updated 10/17

Enter the appropriate code in field 24D of the CMS 1500 Claim Form. See the Appendix section for an all inclusive list of HCBS Autism waiver codes.

Time Keeping

Time must be totaled by actual minutes/hours worked. Billing staff may round the total at the end of the billing cycle to the nearest one-half unit. One unit equals 8 through 15 minutes; one-half unit (.5 units) equals up to and including 7 minutes. Providers are responsible to ensure the services were provided prior to submitting claims.

Client Obligation

If an autism specialist has assigned client obligation to a particular provider and informed that provider to collect this portion of the cost of service from the participant, the provider does not reduce the billed amount on the claim by the client obligation because the liability will automatically be deducted as claims are processed.

Note: Client obligation is assigned only to the HCBS Autism waiver services included on the MMIS POC.

One Plan of Care a Month

Prior authorizations through the POC process are approved for one month only. Dates of service that span two months must be billed on two separate claims.

Example

Services for July 28-August 3 must be billed with July 28-31 on one claim and August 1-3 on a second claim.

Overlapping Dates of Service

The dates of service on the claim must match the dates approved on the POC and cannot overlap. For example, there are two lines on the POC with the following dates of service: July 1-15 and July 16-31. If a provider bills service dates of July 8-16, the claim will deny because the system is trying to read two different lines on the POC. For the first service line, any date that falls between July 1 and 15 will prevent the claim from denying for date of service.

Same Day Service

For certain situations, HCBS waiver services approved on a POC and provided on the same day a participant is hospitalized or in a state mental hospital may be allowed. Situations are limited to HCBS waiver services provided on the date of admission, if provided prior to the participant being admitted.

8100. COPAYMENT Updated 12/10

HCBS autism waiver services are exempt from copayment requirements.

8300. BENEFIT PLANS Updated 05/19

KMAP participants are assigned to one or more KMAP benefit plans. These benefit plans entitle the participant to certain services. If there are questions about service coverage for a given benefit plan, refer to Section 2000 of the *General Benefits Fee-for-Service Provider Manual* for information on the plastic State of Kansas Medical Card and eligibility verification.

To meet documentation requirements, applicants must include in their enrollment packet all items which are relevant to the identified service they are seeking to provide from the list below:

- Current license
- Transcripts (if a transcript does not indicate autism specifically, must attach syllabi)
- Supervisor's statement on official letterhead verifying the hourly requirement
- Copy of master's degree, bachelor's degree, high school diploma, or equivalent
- Resume
- Copy of records indicating KBI, APS, CPS, Nurse Aid Registry, and Motor Vehicle screens successfully passed

8400. MEDICAID Updated 10/17

HCBS Autism Waiver Program

Once a child has received a diagnosis of an ASD, they must also meet the level of care (functional) eligibility guidelines utilizing the state-approved functional eligibility instrument. The POC is developed by the MCO and will describe the waiver services the child is to receive, their frequency, and the type of provider who is to furnish each service. All waiver services will be furnished pursuant to a written POC. The POC will be subject to approval by the selected MCO. Federal Financial Participation (FFP) will not be claimed for waiver services which are not included in the child's written POC.

Once a child has completed the three years of service (or, when approved, four years of service) or found to not be eligible for the HCBS Autism waiver, the child may transition to whichever waiver the family and child feels will meet their needs and the child meets functional eligibility.

- **HCBS Intellectual and Developmental Disability (I/DD):** If the child meets the eligibility criteria, as determined by the I/DD waiver, they may bypass the waitlist during their transition.
- **HCBS Severe Emotional Disturbance (SED):** If the child meets the eligibility criteria, as determined by the SED waiver, the child may transition to the SED waiver.
- **HCBS Technology Assistance (TA):** If the child meets the eligibility criteria, as determined by the TA waiver, the child may transition to the TA waiver.

Services furnished to a participant who is an inpatient or resident of a hospital, nursing facility, intermediate care facility for individuals with intellectual disabilities, or institution for mental disease are not covered.

Enrollment

Potential providers must complete a KMAP provider enrollment application and submit their credentials and qualifications with the application. The fiscal agent reviews the application and forwards the application to the HCBS Autism waiver program manager. Once the program manager determines the provider meets the qualifications, the fiscal agent notifies the potential provider of the enrollment determination.

8400. MEDICAID Updated 10/17

Family Adjustment Counseling

Submit code S9482 to bill Family Adjustment Counseling services at an individual rate.

Submit code S9482 HQ to bill Family Adjustment Counseling services at a group rate.

Family Adjustment Counseling can be provided to the family members of a child with an ASD in order to guide and help them cope with the child's illness and the related stress that accompanies the initial understanding of the diagnosis and the ongoing continuous, daily care required for the child. Enabling the family to manage this stress improves the likelihood that the child with the disorder will continue to be cared for at home, thereby preventing premature and otherwise unnecessary institutionalization. Family Adjustment Counseling offers the family a mechanism for expressing the emotions associated with the comprehension of the disorder and for asking questions about the disorder in a safe and supporting environment. When acceptance of the disorder can be achieved, the family is prepared to support the child on an ongoing basis. The service is provided by a Licensed Mental Health Professional (LMHP).

For the purposes of this service, "family" is defined as unpaid persons who live with or provide care to the participant served on the waiver and may include a parent, stepparent, legal guardian, sibling, relative, or grandparent. Services may be provided individually or in a group setting, are subject to prior approval, and must be intended to achieve the goals or objectives identified in the child's individualized POC.

Family Adjustment Counseling does not duplicate any other Medicaid State Plan Service or other services otherwise available to the participant at no cost. Family Adjustment Counseling provides the family with the ability to meet with a counselor who is a LMHP to assist in coping with the child's illness and the related stress that accompanies the initial understanding of the diagnosis and the ongoing, continuous, and daily care required for the child with an ASD. This model allows the family to meet with a counselor without the child present.

Documentation

Documentation must directly relate to the child's POC. This includes information about the access, appropriateness, and coordination of supports and services. Sources of information to be documented can include contacts with the person receiving services, family members, legal representatives, service providers, and other interested parties. Documentation must provide the necessary details to meet federal and state requirements.

- Documentation must be legible, accurate, and timely. A participant's file may be requested for review by the state program manager for quality assurance reviews.
- If documentation is not clearly written and self-explanatory, the services billed may not be reimbursed.
- Services provided must be documented within the billed time frame.
- Transportation to and from school, medical appointments, community-based activities, and/or any combination of these are included in the rate paid to providers of this service.

Documentation *at a minimum* includes:

- The service being provided
- Child's first and last name on each page
- Date of service (MM/DD/CCYY)
- Location of service provided

8400. MEDICAID Updated 10/17

Family Adjustment Counseling continued

- Name of family adjustment counseling service provider, legibly printed, with signature verifying that every entry reflects activities performed
- Detailed description of the service provided, including start and stop times that indicate AM/PM or use 2400 hour clock

Note: Time spent must be clearly documented in the notes. Providers are responsible to ensure the services were provided prior to submitting claims.

Limitations

- The group membership requirement for Family Adjustment Counseling is to have a family member with a diagnosis of an ASD.
- Families must agree to a group setting.
- Family Adjustment Counseling is limited to 12 hours per calendar year.
- Families may request more hours from their MCO if needed.
- Services are subject to prior approval and must be intended to achieve the goals or objectives identified in the child's individualized behavioral POC.
- Group settings cannot consist of more than three families.
- Delivery of this service may occur via telemedicine, telehealth, or other modes of video distance monitoring methods that adhere to all required HIPPA guidelines and meet the state standards for telemedicine delivery methods. This service delivery model is subject to state program manager approval. A request submitted for this exception must include, at a minimum, three written statements from service providers in at least a 50-mile radius declining to provide services because the participant resides in a location that is so remote or far away that the provider does not have the staff to meet with the child on a continual and/or intermittent basis as needed.

Reimbursement

Payment for Family Adjustment Counseling services cannot duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

PROVIDER REQUIREMENTS

- **License**
 - The LMHP must hold a current license to practice in the state of Kansas by the Kansas Behavioral Sciences Regulatory Board, K.A.R. 28-5-564.
- **Other Standards**
 - Adherence to KDADS training and professional development requirements
 - Maintenance of clear background as evidenced through background checks of the Kansas Bureau of Investigation (KBI), Adult Protective Services (APS), Child Protective Services (CPS), Nurse Aide Registry, and Motor Vehicle screen
 - Note:* The motor vehicle screen can be waived for positions which DO NOT require driving as a function of the position.
 - Medicaid-enrolled provider
 - MCO-contracted provider
 - Note:* Any provider found identified to have been substantiated for prohibited offenses as listed in KSA 39-970 & 65-5117 is not eligible for reimbursement of services under Medicaid funding.

8400. MEDICAID Updated 10/17

Parent Support and Training (Peer to Peer)

Submit code T1027 to bill Parent Support and Training services at an individual rate.

Submit code T1027 HQ to bill Parent Support and Training at a group rate.

Parent Support and Training is designed to provide the training and support necessary to ensure engagement and active participation of the family in the treatment process and with the ongoing implementation and reinforcement of skills learned throughout the treatment process. Parent Support and Training is provided to family members to increase their ability to provide a safe and supportive environment in the home and community for the child. This involves assisting the family with the acquisition of knowledge and skills necessary to understand and address the specific needs of the child in relation to their ASD and treatment and development and enhancement of the family's specific problem-solving skills, coping mechanisms, and strategies for the child's symptom and behavior management.

For the purposes of this service, "family" is defined as persons who live with or provide care to a child served on the waiver and may include a parent, stepparent, legal guardian, sibling, relative, grandparent, or foster parent. Services may be provided individually or in a group setting, are subject to prior approval, and must be intended to achieve the goals or objectives identified in the child's individualized POC.

- Support, coaching, and training provided to family members to increase their ability to provide a safe and supportive environment in the home and community for the participant
Note: This involves helping the families identify and use healthy coping strategies to decrease caregiver strain; improve relationships with family, peers, and community members; and increase social supports.
- Assist the family in the acquisition of knowledge and skills necessary to understand and address the specific needs of the participant in relation to their mental illness and treatment
- Develop and enhance the family's specific problem-solving skills, coping mechanisms, and strategies for the participant's symptom and behavior management
- Assist the family in understanding various requirements of the waiver or grant process, such as the crisis plan and POC process
- Provide educational information and understanding on the participant's medications or diagnoses
- Interpret the choices offered by service providers
- Assist with understanding policies, procedures, and regulations that impact the participant with mental illness while living in the community
- Provide information on supportive resources in the community
Note: This service must be intended to achieve the goals and/or objectives identified in the participant's individualized POC.

Parent Support and Training does not duplicate any other Medicaid State Plan Service or other services otherwise available to the participant at no cost.

The Parent Support and Training provider is expected to adhere to federal and state regulations regarding reporting of abuse, neglect, and/or exploitation.

8400. MEDICAID Updated 10/17

Parent Support and Training (Peer to Peer) continued

Services furnished to a participant who is an inpatient or resident of a hospital, nursing facility, intermediate care facility for individuals with intellectual disabilities or institution for mental disease are not covered.

No more than one Parent Support and Training worker may be paid for services at any given time of day.

Documentation

Documentation must directly relate to the child's POC. This includes information about the access, appropriateness, and coordination of supports and services. Sources of information to be documented can include contacts with the person receiving services, family members, legal representatives, service providers, and other interested parties. Documentation must provide the necessary details to meet federal and state requirements.

- Documentation must be legible, accurate, and timely. A participant's file may be requested for review by the state program manager for quality assurance reviews.
- If documentation is not clearly written and self-explanatory, the services billed may not be reimbursed.
- Services provided must be documented within the billed time frame. Transportation to and from school, medical appointments, community-based activities, and/or any combination of these are included in the rate paid to providers of this service.

Documentation *at a minimum* includes:

- Service being provided
- Child's first and last name on each page
- Date of service (MM/DD/CCYY)
- Location of service provided
- Name of Parent Support and Training service provider, legibly printed, with signature on each page verifying that every entry reflects activities performed
- Detailed description of the service provided, including start and stop times that indicate AM/PM or use 2400 hour clock

Note: Time spent must be clearly documented in the notes. Providers are responsible to ensure the services were provided prior to submitting claims.

Reimbursement

Payment for Parent Support and Training services cannot duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Limitations

- Group settings cannot consist of more than three families.
- The group membership requirement for Parent Support and Training is to have a family member with a diagnosis of an ASD.
- Families must agree to a group setting.

8400. MEDICAID Updated 10/17

Parents Support and Training (Peer to Peer) continued

- Delivery of this service may occur via telemedicine, telehealth, or other modes of video distance monitoring methods that adhere to all required HIPPA guidelines and meet the state standards for telemedicine delivery methods. This service delivery model is subject to state program manager approval. A request submitted for this exception must include, at a minimum, three written statements from service providers in at least a 50-mile radius declining to provide services because the participant resides in a location that is so remote or far away that the provider does not have the staff to meet with the child on a continual and/or intermittent basis as needed.

PROVIDER REQUIREMENTS

Parent Support Provider

The provider must:

- Be 21 years of age or older
- Have three years of direct care experience working with a child with an ASD or be the parent of a child with an ASD
- Have a high school diploma or equivalent
- Have completed parent support training program or other approved training curriculum
- Be a Medicaid-enrolled provider
- Be an MCO-contracted provider

Other standards

- Adherence to KDADS training and professional development requirements
- Maintenance of clear background as evidenced through background checks of KBI, APS, CPS, Nurse Aide Registry, and Motor Vehicle screen

Note: The Motor Vehicle screen can be waived for positions which DO NOT require driving as a function of the position.

Note: Any provider found identified to have been substantiated for prohibited offenses as listed in KSA 39-970 & 65-5117 is not eligible for reimbursement of services under Medicaid funding.

PROVIDER REQUIREMENTS

Community Service Providers and Community Mental Health Centers

- Community service providers must be licensed by KDADS.
- Community Mental Health Centers (CMHCs) must be licensed under K.A.R. 30-60-1.
- All licensed agencies on file with the Secretary of State's office that are or can become Medicaid enrolled and employ individuals that meet the qualifications of a Parent Support and Training provider must be agencies approved to enroll in Medicaid to provide HCBS services. These are listed on the [HCBS](#) application on the [Provider Enrollment Applications](#) page of the KMAP website.

The provider must:

- Be 21 years of age or older
- Have three years of direct care experience working with a child with an ASD or be the parent of a child with an ASD
- Have a high school diploma or equivalent

8400. MEDICAID Updated 10/17

Parents Support and Training (Peer to Peer) continued

- Have completed parent support training or other approved training curriculum
- Be a Medicaid-enrolled provider
- Be an MCO-contracted provider

Other standards

- Adherence to KDADS training and professional development requirements
- Maintenance of clear background as evidenced through background checks of KBI, APS, CPS, Nurse Aide Registry, and Motor Vehicle screen

Note: The Motor Vehicle screen can be waived for positions which DO NOT require driving as a function of the position.

Note: Any provider found identified to have been substantiated for prohibited offenses as listed in KSA 39-970 & 65-5117 is not eligible for reimbursement of services under Medicaid funding.

8400. MEDICAID Updated 10/17

Respite Care

Submit code T1005 to bill these services.

Respite Care provides temporary, direct care and supervision for the child. The primary purpose is relief to families and caregivers of a child with an ASD. The service is designed to help meet the needs of the primary caregiver as well as the identified child. Normal activities of daily living are considered content of the service when providing Respite Care and include support in the home, after school or at night.

- Transportation to and from school, medical appointments, other community-based activities, and/or any combination of these is included in the rate paid to providers of this services.
- FFP is not claimed for the cost of room and board.
- Respite Care does not duplicate any other Medicaid State Plan Service or service otherwise available to the participant at no cost.
- The Respite Care provider is expected to adhere to federal and state regulations regarding reporting of abuse, neglect, and/or exploitation.
- No more than one Respite Care provider may be paid for services at any given time of day.

Documentation

Documentation must directly relate to the child's POC. This includes information about the access, appropriateness, and coordination of supports and services. Sources of information to be documented can include contacts with the participant receiving services, family members, legal representatives, service providers, and other interested parties. Documentation must provide the necessary details to meet federal and state requirements.

- Documentation must be legible, accurate, and timely. A participant's file may be requested for review by the state program manager for quality assurance reviews.
- If documentation is not clearly written and self-explanatory, the services billed may not be reimbursed.
- Services provided must be documented within the billed time frame.

Documentation *at a minimum* includes:

- Service being provided
- Child's first and last name on each page
- Date of service (MM/DD/CCYY)
- Location of service provided
- Name of Respite Care service provider, legibly printed, with signature on each page verifying that every entry reflects activities
- Signature of parent or legal guardian to verify services were received as documented
- Type of service provided, including start and stop times that indicate AM/PM or use 2400 hour clock

Note: Time spent must be clearly documented in the notes. Providers are responsible to ensure the services were provided prior to submitting claims.

Limitations

- Respite Care services are available to participants with a family member who serves as the primary caregiver and is not paid to provide any HCBS Autism waiver service to the child.

8400. MEDICAID Updated 10/17

Respite Care continued

- Respite Care cannot be provided by a parent of the child.
- Respite Care cannot be provided to a participant who is an inpatient of a hospital or State Mental Hospital when the inpatient facility is billing Medicaid, Medicare, and/or private insurance.
- Respite Care services are subject to prior approval.
- Respite Care is provided in planned or emergency segments and may include payment during the participant's sleep time.
- Respite Care has a soft limit of 168 hours per calendar year. Families may request additional hours of Respite Care by contacting their MCO care coordinator.

Reimbursement

Payment for Respite Care services cannot duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

PROVIDER REQUIREMENTS

Respite Care Provider

The provider must:

- Be 18 years of age or older
- Have a high school diploma or equivalent
- Meet the family's qualifications
- Reside outside of the participant's home
- Have completed the state-approved training curriculum
- Be a Medicaid-enrolled provider
- Be an MCO-contracted provider

Other standards

- Adherence to KDADS training and professional development requirements
 - Maintenance of clear background as evidenced through background checks of KBI, APS, CPS, Nurse Aide Registry, and Motor Vehicle screen
- Note:* The Motor Vehicle screen can be waived for positions which DO NOT require driving as a function of the position.
- Note:* Any provider found identified to have been substantiated for prohibited offenses as listed in KSA 39-970 & 65-5117 is not eligible for reimbursement of services under Medicaid funding.

PROVIDER REQUIREMENTS

Community Service Providers and Community Mental Health Centers

- Community service providers must be licensed by KDADS.
- CMHCs must be licensed under K.A.R. 30-60-1.

The provider must:

- Be 18 years of age or older
- Have a high school diploma or equivalent
- Meet the family's qualifications
- Reside outside of the participant's home

8400. MEDICAID Updated 10/17

Respite Care continued

- Have completed the state-approved training curriculum
- Be a Medicaid-enrolled provider
- Be an MCO-contracted provider

Other standards

- Adherence to KDADS training and professional development requirements
- Maintenance of clear background as evidenced through background checks of KBI, APS, CPS, Nurse Aide Registry, and Motor Vehicle screen

Note: The Motor Vehicle screen can be waived for positions which DO NOT require driving as a function of the position.

Note: Any provider found identified to have been substantiated for prohibited offenses as listed in KSA 39-970 & 65-5117 is not eligible for reimbursement of services under Medicaid funding.

Expected Service Outcomes for Individuals or Agencies Providing HCBS Autism Services

Updated 11/17

1. Services are provided according to the POC, in a quality manner, and as authorized on the Notice of Action.
2. Provision of services is coordinated in a cost-effective and quality manner.
3. Participant's independence and health are maintained, where possible, in a safe and dignified manner.
4. Participant's concerns and needs, such as changes in health status, are communicated to the MCO care coordinator within 48 hours, including any ongoing reporting as required by the Medicaid program.
5. Any failure or inability to provide services as scheduled in accordance with the POC must be reported immediately, but at least within 48 hours, to the MCO care coordinator.

KDADS has established an adverse incident reporting and management system in accordance with the statutory requirements under 1915 (c) of the Social Security Act and the health and welfare waiver assurance and associated sub-assurances.

The Adverse Incident Reporting (AIR) system is designed for KDADS service providers and contractors to report all adverse incidents and serious occurrences involving individuals receiving services from KDADS. Providers can access the AIR system from the [KDADS](#) Home page under the **Quick Links** heading.

I. General Requirements

- A. All HCBS providers shall make adverse incident reports in accordance with this policy as set forth herein.
- B. All adverse incidents, except those required to be reported to the Kansas Department of Children and Families (DCF) indicated below in General III A 1 shall be reported no later than 24 hours of becoming aware of the adverse incident by direct entry into the KDADS web-based AIR system.
- C. Incidents shall be classified as adverse incidents when the event or incident brings harm or creates the potential for harm to any individual being served by a KDADS HCBS waiver program, the Older Americans Act, the Senior Care Act, the Money Follows the Person program, and the Behavioral Health Services programs.

II. Adverse Incident Definitions

- A. **Abuse:** Any act or failure to act performed intentionally or recklessly that causes or is likely to cause harm to a participant, including:
 1. Infliction of physical or mental injury
 2. Any sexual act with a participant that does not consent or when the other person knows or should know that the participant is incapable of resisting or declining consent to the sexual act due to mental deficiency or disease or due to fear of retribution or hardship

Updated 11/17

3. Unreasonable use of a physical restraint, isolation, or medication that harms or is likely to harm the participant
 4. Unreasonable use of a physical or chemical restraint, medication, or isolation as punishment, for convenience, in conflict with a physician's orders or as a substitute for treatment, except where such conduct or physical restraint is in furtherance of the health and safety of the participant or another individual
 5. A threat or menacing conduct directed toward the participant that results or might reasonably be expected to result in fear or emotional or mental distress to the participant
 6. Fiduciary abuse
 7. Omission or deprivation by a caretaker or another person of goods or services which are necessary to avoid physical or mental harm or illness
- B. **Death:** Cessation of a participant's life.
- C. **Elopement:** The unplanned departure from a unit or facility where the participant leaves without prior notification or permission or staff escort.
- D. **Emergency Medical Care:** The provision of unplanned medical services to a recipient in an emergency room or emergency department.
Note: The unplanned medical care may or may not result in hospitalization.
- E. **Exploitation:** Misappropriation of the participant's property or intentionally taking unfair advantage of a participant's physical or financial resources for another individual's personal or financial advantage by the use of undue influence, coercion, harassment, duress, deception, false representation, or false pretense by a caretaker or another person.
- F. **Fiduciary Abuse:** A situation in which any person who is the caretaker of, or who stands in a position of trust to, a participant takes, secretes, or appropriates their money or property to any use or purpose not in the due and lawful execution of such person's trust or benefit.
- G. **Law Enforcement Involvement:** Any communication or contact with a public office that is vested by law with the duty to maintain public order and/or make arrests for crimes and investigate criminal acts, whether that duty extends to all crimes or is limited to specific crimes.
- H. **Misuse of Medications:** The incorrect administration or mismanagement of medication by someone providing a KDADS Community Services and Programs service which results in or could result in serious injury or illness to a participant.
- I. **Natural Disaster:** A natural event such as a flood, earthquake, or tornado that causes great damage or loss of life.
Note: Approved emergency management protocols are to be followed, documented, and reported as required by the policy in the AIR system. A separate AIR report shall be made for all HCBS participants in the area who are impacted by the natural disaster.
- J. **Neglect:** The failure or omission by one's self, caretaker, or another person with a duty to supply or to provide goods or services which are reasonably necessary to ensure safety and well-being and to avoid physical or mental harm or illness.
- K. **Seclusion:** The involuntary confinement of a participant alone in a room or area from which the participant is physically prevented from leaving.
- L. **Restraint:** Any bodily force, device/object, or chemical used to substantially limit a person's movement.

Updated 11/17

- M. **Serious Injury:** An unexpected occurrence involving the significant impairment of the physical condition of a participant.
Note: Serious injury specifically includes loss of limb or function.
- N. **Suicide:** Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.
- O. **Suicide Attempt:** A nonfatal self-directed potentially injurious behavior with any intent to die as a result of the behavior.
Note: A suicide attempt may or may not result in injury.

III. Adverse Incident Reporting Requirements

- A. Reporting abuse, neglect, exploitation, and fiduciary abuse as required by K.S.A. 39-1433, K.S.A. 38-2223:
 - 1. All reports regarding abuse, neglect, exploitation, and fiduciary abuse shall be made to DCF as required by K.S.A. 39-1433, K.S.A. 38-2223.
 - 2. Once the DCF reports are automatically uploaded in the AIR system, duplicate reports to the KDADS AIR system shall not be required. Duplicate reports will therefore be required until KDADS provides notice that the DCF upload process is functional.
- B. Reporting of all other adverse incidents not covered via K.S.A. 39-1433, K.S.A. 38-2223:
 - 1. The reporting of all other adverse incidents, as defined in this policy, not required via K.S.A. 39-1433, K.S.A.38-2223, shall be made through the AIR system.

APPENDIX

CODES

Updated 10/17

The following codes represent a list of HCBS Autism waiver services billable to KMAP for HCBS Autism waiver participants.

Please use the following resources to determine coverage and pricing information. For accuracy, use your provider type and specialty as well as the beneficiary ID number or benefit plan.

- Information from the [public](#) website
- Information from the [secure](#) website under Pricing and Limitations

Charts have been developed to assist providers in understanding how KMAP will handle specific modifiers. The Ambulance Coding Modifiers Table and Coding Modifiers Table are available on both the [public](#) and [secure](#) websites. They can be accessed from the **Reference Codes** link under the **Interactive Tools** heading on the [Provider](#) page and Pricing and Limitations on the secure portion. Information is also available on the [American Medical Association](#) website.

FAMILY ADJUSTMENT COUNSELING

S9482

S9482 HQ

PARENT SUPPORT AND TRAINING SERVICES

T1027

T1027 HQ

RESPITE CARE

T1005