KANSAS

MEDICAL

ASSISTANCE

PROGRAM

PROVIDER MANUAL

HCBS SED Children with Severe Emotional Disturbance
## PART II

### CHILDREN WITH SED PROVIDER MANUAL

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INTRODUCTION TO THE HCBS SED PROGRAM

The Home and Community Based Services (HCBS) Children with Severe Emotional Disturbance (SED) Waiver Program is designed to expand Medicaid services for children between 4 and 17 at risk of admission to a State Mental Health Hospital (SMHH). Additionally, individuals between the ages of 18-22 may be eligible for HCBS SED waiver services if intensive community based services have been in place and continually provided to the individual for at least 6 months prior to the date of application for waiver services. The HCBS SED services listed below, plus the existing Community Mental Health Center (CMHC) services billed to Medicaid, are designed to provide the least restrictive means for maintaining the overall physical and mental condition of those individuals with the desire to live outside of a SMHH.

- Independent Living/Skill Building
- Parent Support and Training
- Respite Care
- Wraparound Facilitation/Community Support

The new HCBS SED waiver services plus the existing CMHC services, when provided to a child approved for the HCBS SED program, require prior authorization through the plan of care process.

Enrollment: HCBS SED

Community Mental Health Centers (CMHCs) will be the provider agency. CMHCs must re-enroll as a HCBS SED provider in the Kansas Medical Assistance Program and receive a provider number for HCBS SED services. Individual providers of HCBS SED services must be an employee of the CMHC or an affiliate with a contract or service agreement on file.

Contact EDS for enrollment.

NOTE: EDS supplies the provider manual for the HCBS SED program.

HIPAA Compliance

As a participant in the Kansas Medical Assistance program, 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. The provider is required to provide the same forms of access to records to the Medicaid Fraud and Abuse Division of the Kansas Attorney General's Office upon request from such office as required by K.S.A. 21-3853 and amendments thereto.

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 employees of the provider. The provider shall not charge a fee for retrieving and copying documents and records related to compliance reviews and complaint investigations.
Introduction to the HCFA-1500 Claim Form  Updated 11/03

Providers must use the HCFA-1500 claim form (unless submitting electronically) when requesting payment for medical services provided under the Kansas Medical Assistance Program. An example of the HCFA-1500 claim form is shown at the end of this manual. The Kansas MMIS will be using electronic imaging and optical character recognition (OCR) equipment. Therefore, information will not be recognized if not submitted in the correct fields as instructed.

EDS does not furnish the HCFA-1500 claim form to providers. Refer to Section 1100.

Complete, line by line instructions for completion of the HCFA 1500 is available in the General Billing manual, pages 5-14 through 5-19.

SUBMISSION OF CLAIM:

Send completed first page of each claim and any necessary attachments to:

Kansas Medical Assistance Program
Office of the Fiscal Agent
P.O. Box 3571
Topeka, Kansas 66601-3571
**7010. Updated 1/04  HCBS SED SPECIFIC BILLING INFORMATION**

Enter procedure code **H2021** (Wraparound Facilitation/Community Support), **T2038** (Independent Living/Skill Building), **S5110** (Parent Support and Training), or **S5150** (Respite Care - SED) in Field 24D on the HCFA-1500 claim form.

One unit = 1 hour (T2038)
One unit = 15 minutes (H2021, S5110, S5150)

**Children Assigned to Children and Family Services (CFS) Contractors:**
If a child is assigned to a Children and Family Services (CFS) contractor and enrolled in the HCBS SED program, bill your services under the HCBS SED program. (Refer to ID Card.)

**Client Obligation:**
If a case manager has assigned client obligation to a particular provider and informed that provider that they are to collect this portion of the cost of service from the client, the provider will not reduce the billed amount on the claim by the client obligation because the liability will automatically be deducted as claims are processed.

**Off-Site Services:**
Utilize place of service "99" - Other Locations in field 24B of the HCFA-1500 claim form when billing for off-site SED services.

**One Plan of Care per Month:**
Prior authorizations through the plan of care 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 plan of care and cannot overlap. For example, there are two lines on the plan of care with the following dates of service: July 1 - 15 and July 16 - 31. If you were to bill service dates of July 8 - 16, the claim would deny because the system is trying to read two different lines on the plan of care. For the first service line, any date that falls between July 1 - 15 will prevent the claim from denying for date of service.
7010. Updated 11/03

Unit Billing:
Appendix I provides procedure code and time definitions for billing specific procedures (i.e., 30 minutes, 1 hour, etc.). When billing according to this definition, bill one (1) unit in field 24G.

When billing for less than the amount of time indicated in the definition (less than one unit), bill as follows:
".3" represents one quarter of the time specified.
".5" represents one-half of the time specified.
".8" represents three-fourths of the time specified.

When billing for more than the amount of time indicated in the definition (more than one unit), bill as follows:
"1.3" represents one and one-quarter units of the time specified.
"1.5" represents one and one-half units of the time specified.
"1.8" represents one and three-quarters units of the time specified.
"2.0" represents two units of the time specified, etc.

Services Provided by ARNPs:
- Indicate the ARNP’s number in field 24k as the performing provider
- Indicate the SED’s provider number in field 33 as the billing provider

Same Day Service:
For certain situations, HCBS services approved on a plan of care and provided the same time a beneficiary is in a state mental health hospital may be allowed. Examples would include HCBS services provided the same day as a state mental health hospital admission and HCBS services provided during a short-term state mental health hospital stay.
BENEFITS AND LIMITATIONS

8100. COPAYMENT  Updated 11/03

HCBS SED services are exempt from copayment requirements.
BENEFITS AND LIMITATIONS

8400. MEDICAID Updated 11/03

Only services described herein, provided by individuals listed, and provided in the manner described are reimbursable by Kansas Medicaid for HCBS SED providers.

Additionally, the existing Community Mental Health Center (CMHC) services are reimbursable by Kansas Medicaid for HCBS SED providers. Refer to the CMHC Provider Manual for these services.

Payment for CMHC services for children on the HCBS SED waiver are “FFP Only” (just the federal share). On a quarterly basis EDS sends to providers a copy of the computer report titled “HCBS SED Services For Quarter Ending xx/xx/xx.” This report documents, in summary form, the dollar amounts of the claims paid to the provider during the previous quarter. The report shows the federal amount actually received by the provider and the required contribution of state match funds.

Within 10 days of receiving this report from EDS, the HCBS SED provider is required to submit to SRS Health Care Policy, a statement that documents the fact that the provider has the amount of state funds necessary to match the federal funds. The amount to certify is identified under the column titled “Contributed Match” and on the line titled “Total For Provider.”

In the forms section at the end of this manual, you will find a suggested format that you may use to accomplish the certification. Certifications should be sent to the attention of:

Fiscal Services Manager
SRS Health Care Policy
628-S Docking Building
915 Harrison
Topeka, KS  66612-1570
8400. Updated 11/03

Independent Living/Skill Building:
Independent Living/Skill Building services are designed to assist children and adolescents in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in home and community based settings.

Activities are designed to foster eventual or intended ability to live independently within a community setting. These activities are intended to enhance the child’s mastery of social and environmental components related to family, school, work, and living in the community. This service includes assistance with development, acquisition, retention, or improvement in skills necessary to enable the individual to reside in a non-institutional setting. This service includes budgeting, shopping, working and engaging in recreational activities with peers, peer-to-peer support, and appropriate social and work skills to remain in the community. This service will be provided by a trained independent living/skill building worker who will provide modeling, direction, and support to children and adolescents. The worker’s training and areas of expertise require Mental Health & Developmental Disabilities approval and must meet the following requirements:

- Be at least 21 years of age.
- Have a high school diploma or equivalent.
- Have a minimum of two years working with youth (preference given to experience with youth with severe emotional disturbance).
- Supervised by an individual who meets the criteria for an approved mental health services provider.
- Completion of approved training in skill area(s) needed by the youth.
- Must pass KBI, SRS child abuse check, and motor vehicle screens.

Parent Support and Training:
Parent Support and Training benefits the Medicaid-eligible child through activities in his/her home and community. These activities include coaching and assisting the family with increasing their knowledge and awareness of their child’s needs, the process of interpreting choice offered by service providers, explanation and interpretations of policies and procedures and regulations that impact the child living in the community.

For purposes of this service, "family" is defined as the persons who live with or provide care to a person served on the SED waiver and may include involving the family in developing plans of care, service design, resource availability, and monitoring and evaluation in order to encourage and maintain the family to care for the child in the home and community.
The parent support and training worker must meet the following criteria:

- Be at least 21 years of age.
- Have a high school diploma or equivalent, or other approved work/personal experience in working with children (minimum of two years working with children with preference given to those who have experience that includes children with severe emotional disturbance and their families).
- Completed an approved Mental Health & Developmental Disabilities training program.
- Must pass KBI, SRS child abuse check, and motor vehicle screens.

**Respite Care:**

Respite Care provides short term and temporary direct care and supervision for youth. The primary purpose is relief to families/caretakers of a child with a severe emotional disturbance. The service is designed to help meet needs of primary caretakers as well as children.

Respite care activities include aid in the home, getting a child to school or program, and aid after school, at night, and/or any combination of the above. Respite care can be an in-home service or provided in other community settings.

A maximum of 1200 units a year will be allowed.

Respite Care providers must meet the following criteria:

- Be at least 21 years of age.
- Have a high school diploma or equivalent or other approved work/personal experience in working with children (minimum of two years working with children with preference given to those who have experience that includes children with severe emotional disturbance and their families).
- Completed an approved Mental Health & Developmental Disabilities training program.
- Supervised by an individual who meets the criteria for approved mental health service provider.
- Must pass KBI, SRS child abuse check, and motor vehicle screens.

**Wraparound Facilitation/Community Support:**

Wraparound Facilitation/Community Support involves the assessment of the child's and family's/caretaker's strengths and needs for community relationships and involvement and determine overall need of the level of community-based waiver and non-waiver services.
Wraparound Facilitation/Community Support also produces an individualized community-based plan to access and be part of informal community resources and develop relationships to help the child succeed in the community. The community-based plan identifies specific plan goals, objectives, responsibilities, timelines, outcomes, performance measures, and costs. This process emphasizes building collaboration and coordination among family, caretakers, service providers, educators, and community resources. Facilitation promotes flexibility to ensure that appropriate and effective services are delivered to the child and family/caretaker.

Facilitators are certified as completing specialized training and work with the child, family, and others to ensure proper facilitation in planning, parent involvement, and appropriate use of resources. The facilitator monitors processes that include evaluation of current services, child and family/caretaker needs, service outcomes at various points in time the child is enrolled in the SED waiver.

Facilitators must meet the following criteria:

- Completed an approved Mental Health & Developmental Disabilities training in wraparound facilitation/community support.
- Affiliated with a regional interagency council (KSA 39-1701 et. seg.) or approved similar interagency organization.
- Have a bachelor's degree in human services or a related field; or approved children's mental health case manager; or other approved work/personal experience in providing direct services and/or linking of services for children with severe emotional disturbance.
- Supervised by an individual who meets criteria for an approved mental health service provider.

For more information regarding the SRS authorization procedure, contact Mental Health and Developmental Disabilities (M H/DD) at (785) 296-3471.

**Expected Service Outcomes For Individuals or Agencies Providing HCBS/SED Services**

1. Services are provided according to the plan of care and in a quality manner and as authorized on the notice of action.

2. Coordinate provision of services in a cost-effective and quality manner.

3. Maintain beneficiary's community placement whenever possible.
APPENDIX I
PROCEDURE CODES AND NOMENCLATURE

The following codes, plus the existing CMHC codes in Appendix I of the CMHC Provider Manual, represent an all inclusive list of HCBS SED services billable to the Kansas Medical Assistance Program. Procedures not listed here are considered non-covered. Utilize the CPT codes listed [90000 series codes] for services rendered by a physician or licensed psychologist.

**COVERAGE INDICATORS**

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<tr>
<th>COV.</th>
<th>CODE</th>
<th>NOMENCLATURE</th>
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<tr>
<td>PA</td>
<td>T2038</td>
<td>Independent Living/Skill Building (one unit = 1 hour)</td>
</tr>
<tr>
<td>PA</td>
<td>S5110</td>
<td>Parent Support and Training (one unit = 15 minutes)</td>
</tr>
<tr>
<td>PA</td>
<td>S5150</td>
<td>Respite Care SED (one unit = 15 minutes)</td>
</tr>
<tr>
<td>PA</td>
<td>H2021</td>
<td>Wraparound Facilitation/Community Support (one unit = 1 hour)</td>
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# HEALTH INSURANCE CLAIM FORM

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<tr>
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<th>Description</th>
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<tbody>
<tr>
<td>1.</td>
<td>PROVIDER NAME</td>
</tr>
<tr>
<td>2.</td>
<td>PROVIDER IDENTIFICATION NUMBER</td>
</tr>
<tr>
<td>3.</td>
<td>NAME OF PAYEE</td>
</tr>
<tr>
<td>4.</td>
<td>DATE OF SERVICE</td>
</tr>
<tr>
<td>5.</td>
<td>DATE OF BILLING</td>
</tr>
<tr>
<td>6.</td>
<td>BILLING ADDRESS</td>
</tr>
<tr>
<td>7.</td>
<td>PAYMENT ADDRESS</td>
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<td>8.</td>
<td>AMOUNT DUE</td>
</tr>
<tr>
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<td>METHOD OF PAYMENT</td>
</tr>
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<td>PAYMENT INSTRUCTIONS</td>
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<tr>
<td>11.</td>
<td>SIGNATURE OF PROVIDER</td>
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**Claim Details**

- **Diagnosis Code**: E10.0 (Diabetes Mellitus)
- **Procedure**: Insulin Therapy
- **Drug**: Insulin Lente

**Supplies**

- **Medication**: Metformin
- **Device**: Blood Glucose Meter

**Patient Information**

- **Patient Name**: Jane Smith
- **DOB**: 05/01/1945
- **Social Security Number**: 123-45-6789

**Other Information**

- **Insured Policy Number**: 1234567890
- **Insured Policy Name**: John Smith
- **Employer Name**: ABC Company
- **Employer Address**: 900 Market St, Anytown, USA

**Notes**

- **Requiring Code Change**: Yes
- **Change Reason**: Insulin Therapy

**Signatures**

- **Physician Signature**: John Doe, MD
- **Provider Signature**: CarePro, Inc.
# Certification of State Match Funds

To: Kansas Department of Social and Rehabilitation Services  
   Adult and Medical Services  
   Fiscal Unit

From: ________________________________________

Re: Certification of State Match Funds

(Name and Provider Number of Early Childhood Intervention), an Early Childhood Intervention agency enrolled with the Kansas Medical Assistance Program, certifies that, for the quarter ending (date from printout), the following amount of state funds was available and used for Medicaid match for federal funds received to pay for services provided to Medicaid beneficiaries: ($ Amount from report).  

Signed: ________________________________________  
   (Early Childhood Intervention Fiscal Officer or Director)