



Autism - CCTS and IIS Provider Qualification Changes continued

Intensive Individual Supports (IIS) with Provider type/specialty of 11/404:

The associated code for this service delivery is 97153.

Provider Qualifications:

1. Certification as a Registered Behavior Technician (RBT) under the supervision of a BCBA, or
2. An individual of eighteen years of age or older with a high school diploma or equivalent and 40 hours of successfully applied behavioral analysis training following the Autism Center of Excellence (ACE) Program guidelines which would include:
 - a. 8 hours – supervised intervention work
 - b. 3 hours – ethics
3. At least 1 hour of:
 - a. Criterion reference
 - b. Social skills training
 - c. Parent training
 - d. Program development
 - e. Successful completion of an initial competency assessment
 - i. Providers applying under this criterion shall present a letter signed by KDADS-HCBS showing acceptance of presented qualification/credential.
 - ii. Such letter shall be signed by the HCBS director or agency-designated staff.
4. This provider works under the direction of the BCBA or other Qualified CCTS Practitioner. The worker will adhere to all state-approved standards, training, and ongoing requirements.
5. Meet all annual training requirements as specified by certification.
6. Additionally, the individual must have a clean background, as evidenced through background checks of records maintained by the Kansas Bureau of Investigation (KBI), Adult Protective Services (APS), Child Protective Services (CPS), Nurse Aide Registry, and Motor Vehicle screen.

KMAP

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- 1-800-933-6593
- 7:30 a.m. - 5:30 p.m.
Monday - Friday



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Additional Provider Enrollment information:

1. Currently enrolled KMAP providers that meet the criteria noted below will not be required to re-enroll.
2. If an individual previously met the requirements for providing either the CCTS or IIS service or desires to enroll to provide state plan services, this entity is allowed to re-enroll or enroll but must attest that they will not seek reimbursement for these services unless such are provided by an individual who meets the stated provider qualifications.

Note: The effective date of the policy is April 3, 2020. The implementation of State policy by the KanCare managed care organizations (MCOs) may vary from the date noted in the Kansas Medical Assistance Program (KMAP) bulletins. The KanCare Open Claims Resolution Log on the KMAP Bulletins page documents the MCO system status for policy implementation and any associated reprocessing completion dates, once the policy is implemented.

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