

KMAP GENERAL BULLETIN 24121

Children’s Integrated Community Supports

Effective with dates of service on and after July 1, 2024, the new personal care waiver service, Children’s Integrated Community Supports (CHICS), will be added to the Intellectual and/or Developmental Disability (I/DD) waiver as defined below:

Procedure Code	Rate	Unit Definition
S5125 U1	\$1.56	15 minutes

Note: The CHICS waiver service is subject to Electronic Visit Verification (EVV) compliance and process requirements.

Children’s Integrated Community Supports (CHICS):

CHICS is designed to provide group-based care and oversight for school-aged participants with I/DD. Children with I/DD age 5 to school-leaving age often require specialized group care and supervision. This service offers a support system for families where standard childcare options may not sufficiently cater to their children's unique developmental needs while also allowing an opportunity for integrated care with non-disabled child peers. The scope, duration, and number of services authorized by the Managed Care Organizations (MCOs) shall be consistent with the participant’s assessed need as documented in the Person-Centered Service Plan (PCSP).

CHICS includes support for the participant in the following areas:

1. Activities of Daily Living (ADLs) in accordance with K.A.R. 30-5-300.
2. Instrumental Activities of Daily Living (IADLs) in accordance with K.S.A 65-5115, K.A.R. 28-51-113, and K.A.R. 30-5-300.
3. Supervision to provide for the health, safety, and welfare of the participant.
4. Assistance and accompaniment for exercise, socialization, and recreation activities.
5. Assistance accessing medical care.

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- [Bulletins](#)
- [Manuals](#)
- [Forms](#)

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Monday - Friday



Children's Integrated Community Supports continued

CHICS serves participants when it is determined and documented within the Person-Centered Service Plan to meet the child's needs and that the needs of each individual in the group can be safely met. The intention of this service is to provide specialized care and socialization for children with intellectual and developmental disabilities, addressing needs beyond the range of activities that a typical, licensed childcare center would perform. This extraordinary care is necessary to assure the health and welfare of the individual. Payments for CHICS cover Activities of Daily Living (ADLs), Independent Activities of Daily Living (IADLs), and other disability-related supports as documented in the PCSP. Parents or legal guardians are responsible for the general cost of standard childcare, while waiver funds for this service are specifically allocated for the additional, extraordinary care required due to the child's disability. This service provides the opportunity for participants to receive a supporting service without the necessity of 1:1 caregiver to participant ratio.

Instructions and Limitations:

- CHICS is an agency-directed service only.
- Services are limited to 16 units per day on school days.
- Services are limited to 32 units per day on non-school days.
- Limitations are monitored through the prior authorization process.
- Unit exceptions may be granted based on the child's disability needs or unique family circumstances if those needs are clearly documented in the child's PCSP.

CHICS is exclusively delivered to a group setting. Each child is part of a group with up to two other individuals, which may include children without disabilities. Reimbursement, however, is limited to participants of the Home and Community Based Services (HCBS) I/DD waiver. The cost associated with the provider traveling to deliver this service is included in the rate paid to the provider. Non-emergency Medical Transportation (NEMT) is a State Plan service and can be accessed through the MCO.

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- [Bulletins](#)
- [Manuals](#)
- [Forms](#)

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Monday - Friday



Children's Integrated Community Supports continued

CHICS must occur in an integrated home or community location, including anywhere the person lives or socializes. CHICS cannot be provided in a school setting and cannot be used for education, as a substitute for educationally related services, or for transition services as outlined in the participant's Individualized Education Program (IEP).

Not Covered:

- Services furnished to an individual who is an inpatient or resident of a hospital, Nursing Facility (NF), Intermediate Care Facility for persons with Intellectual Disability (ICF-IID), or institution for mental disease.
- Prevocational, educational services, or supported employment services available to the participant through a local educational agency under the Individuals with Disabilities Act (IDEA) or the Rehabilitation Act of 1973.

A CHICS worker may not perform any duties not delegated by the participant or participant's representative with the authority to direct services or duties as approved by the participant's physician. The CHICS worker's task(s) must be identified as an authorized task or tasks as per the participant's authorized PCSP.

The services under the I/DD waiver are limited to services not otherwise covered under the state plan, including Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), but consistent with waiver objectives of avoiding institutionalization. Waiver funding shall be the funding source of last resort and requires a PA from the MCO via the participant's PCSP. Service plans for which it is determined that the provisions of CHICS would be a duplication of services will not be approved. CHICS shall not be authorized for the times a participant has Residential or Day supports authorized in the participant's PCSP.

All HCBS providers are required to pass background checks consistent with the Kansas Department of Aging and Disability Services' (KDADS') Background Check Policy and comply with all regulations related to Abuse, Neglect, and Exploitation. Any provider found to have been substantiated for a prohibited offense

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[Kansas Medical Assistance Program](#)

- [Bulletins](#)
- [Manuals](#)
- [Forms](#)

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Monday - Friday

Children's Integrated Community Supports continued

as listed in K.S.A. 39-2009 is not eligible for reimbursement of services under Medicaid funding.

Requirements to provide this service shall mirror Provider Type/Provider Specialty (PT/PS) 55/365:

1. Home Health Agency License.
2. Affiliated with the Community Development Disability Organization (CDDO) in which the service will be provided.
3. Enrolled in the Kansas Medical Assistance Program (KMAP).
4. Contracted with a KanCare MCO or be an approved out-of-network provider.

Note: The effective date of the policy is July 1, 2024, with noted exceptions above. The implementation of State policy by the KanCare MCOs may vary from the date noted in the 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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[Kansas Medical Assistance Program](#)

- [Bulletins](#)
- [Manuals](#)
- [Forms](#)

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