



Kansas Medical Assistance Program



December 2005

Provider Bulletin Number 567

Behavior Management Providers

Service Limitations

Prior authorization is required for all Level V, Level VI and Therapeutic Foster Care services including youth served by the Juvenile Justice Authority (JJA).

Effective with processing date on and after January 1, 2006, the following limitations for Level VI Psychiatric Residential Treatment Facility, Level V Psychiatric Residential Treatment Facility, and Therapeutic Foster Care will apply.

Payment for Level VI Psychiatric Residential Treatment Facility services (billed using T2048) shall be made for no more than a maximum total of 180 days per episode. Prior authorization is required and will not override the 180 day limitation.

Payment for Level V Psychiatric Residential Treatment Facility services (billed using H0017 and Y9578) shall be made for no more than a maximum total of 140 days per episode. Prior authorization is required for all beneficiaries and will not override the 140 day limitation.

Payment for Therapeutic Foster Care services (billed using S5145 and Y9120) shall be made for a maximum of 180 days per episode. Prior authorization is required and will not override the 180 day limitation.

A 30 consecutive day time period must lapse between discharge and readmission into the same level of placement prior to initiating a new coverage period.

Information about the Kansas Medical Assistance Program as well as provider manuals and other publications are on the KMAP Web site at <https://www.kmap-state-ks.us>. For the changes resulting from this provider bulletin, select the *Behavior Management Provider Manual*, pages 8-6 through 8-10.

For a hard copy of the revised manual pages, send a request to Publications Coordinator, 3600 SW Topeka Blvd, Suite 204, Topeka, KS 66611 or send an e-mail to publications@ksxix.hcg.eds.com. Specify the bulletin by number, provider type and date, and include your mailing address with a specified individual or office if possible.

If you have any questions, please contact the KMAP Customer Service Center at 1-800-933-6593 (in state providers) or 785-274-5990 between 7:30 a.m. and 5:30 p.m., Monday through Friday.

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Prior Authorization:

Prior authorization is required for all Level V, Level VI and Therapeutic Foster Care services including youth served by the Juvenile Justice Authority (JJA).

Payment for Level VI Psychiatric Residential Treatment Facility services (billed using T2048*) shall be made for no more than a total of 180 days per episode. Prior authorization is required and will not override the 180 day limitation.

Payment for Level V Psychiatric Residential Treatment Facility services (billed using H0017 and Y9578) shall be made for no more than a maximum total of 140 days per episode. Prior authorization is required for all beneficiaries and will not override the 140 day limitation.

Payment for Therapeutic Foster Care services (billed using S5145 and Y9120) shall be made for a maximum of 180 days per episode. Prior authorization is required and will not override the 180 day limitation.

A 30 consecutive day time period must lapse between discharge and readmission into the same level of placement prior to initiating a new coverage period.

*Approval for placement in a Level VI group home will continue to be coordinated by The Consortium.

All behavior management services listed below except for services provided to youth in the custody of JJA require prior authorization. Services provided to non-JJA custody youth that have not been prior authorized will be denied.

Attendant Care – T1019HA
In-Home Family Treatment – 90847
Observation/Stabilization Days – H2013

Attendant Care:

Attendant care must be a specified service in the "Client Service Agreement", and signed by the SRS area office designee. This agreement shall be kept in the consumer's file at the provider agency.

Attendant care is covered for severely emotionally disturbed **non**-KAN Be Healthy participants who are at risk of imminent inpatient psychiatric hospitalization. Attendant care is covered for KAN Be Healthy participants who are severely emotionally disturbed (SED), or at risk of being defined as SED.

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Attendant Care, (continued):

Attendant care may be provided when the consumer is residing in his/her own home, biological family home, adoptive home, or foster home. Attendant care cannot be provided when the consumer resides in residential placement or a group home.

The behavior management attendant must meet the following criteria:

- Be 18 years of age or older,
- Be employed by the provider agency which will bill for the service,
- Pass a security check,
- Completed a 40-hour basic training program through the provider agency,
- Have a basic knowledge of normal and abnormal behavior,
- Evidence an ability to relate to emotionally disturbed children.

A multidisciplinary treatment plan shall be developed to meet the consumer's needs. Hours of service delivered must be documented and retained in the consumer's file.

Children and Family Services (CFS) Contractors:

Medicaid reimbursable services will not be paid by child welfare contractors. All services for children assigned to contractors, including behavior management and mental health, must be billed directly to the Kansas Medical Assistance Program and will be reimbursed at the approved Medicaid rate. Prior authorization and other restrictions apply.

Refer to Section 2900 of your General Provider Manual for an all-inclusive list of the categories of service covered under the CFS contract.

In-Home Family Treatment:

In-home family treatment providers must have a certificate or degree showing advanced training in the delivery of family based services and be at least one of the following:

- An Accredited Family Service Agency
- A Licensed Child Placing Agency
- A Licensed Masters Degreed Social Worker
- A Licensed Physician
- A Licensed Psychologist
- A Registered Marriage and Family Therapist
- A Licensed Professional Counselor

The local SRS Area Office Social Services contract specialist will ensure the provider has met the above requirements before issuing the "Provider Approval" letter. A written "Client Service Agreement" between the provider, the consumer's family, and the SRS area office must be obtained for each individual to whom in-home treatment is provided. This agreement indicates that the child (or family) is in need of intervention in an effort to avoid intensive out-of-home services. The hours of service covered are determined on a case-by-case basis and are specified in the "Client Service Agreement". This agreement must be retained in the consumer's file at the provider agency. Only the number of hours specified in the agreement for in-home family treatment shall be reimbursed. Reimbursement for hours of service provided beyond those listed in the service agreement will be recouped.

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In-Home Family Treatment, (continued):

Documentation for each therapy session must be in legible writing and include the following:

- Date,
- Amount of time spent in family therapy,
- Major issues covered,
- Any changes in diagnosis, condition, service delivery plan or course of therapy.

Only direct face-to-face therapy with the family shall be reimbursed.

KAN Be Healthy participation is not required to provide this service; however, for the benefit of overall beneficiary treatment a KAN Be Healthy medical screen should be obtained as soon as possible.

Level V Foster Care:

To be placed in Level V Foster Care, children and adolescents must meet the criteria outlined on page 8-3 of the provider manual. The local SRS office will then write a Placement Agreement to be kept in the consumer's file at the facility.

Providers of Level V Foster Care shall document stated measurable goals in a treatment plan which includes procedures for achieving goals and the individual's weekly progress toward goal attainment.

Level V facilities shall be reimbursed a daily maintenance fee. Daily maintenance (procedure Y9578) must be billed in conjunction with procedure ~~Y9573~~, H0017 on the HCFA-1500 claim form.

Level VI Foster Care:

A behavior management service designed to provide a therapeutic environment that will enhance the child's ability to achieve a higher level of functioning without inpatient psychiatric hospitalization.

Behavior management providers approved by the SRS Social Services contract specialist as Level VI Foster Care facilities may be reimbursed when a residential "Placement Agreement" is on file in the consumer's medical record. Refer to the requirements outlined in the Children and Family Service **Handbook of Services** (pink book) located at the local SRS office.

Reimbursement for group care will be made when the child is a KAN Be Healthy participant and a preadmission assessment has been completed and a determination made through the Consortium that a highly structured residential program is the only available resource that can meet the child's needs. Admission into the facility must occur within 30 days of Consortium approval and is covered for a period not to exceed 90 days of the treatment per child. One extension for up to 90 additional days may be granted by the Consortium.

The provider must ensure that a structured therapeutic group treatment program is provided which meets the needs of the severely emotionally disturbed child or adolescent.

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Level VI Foster Care, (continued):

Treatment/remediation shall include a stated measurable goal, a written set of procedures for achieving the goal and a process for regularly assessing the results.

Observation/Stabilization Placement:

Observation/stabilization placement providers approved as Level VI Foster Care by the SRS Area Office contract specialist may be reimbursed for observation/stabilization placement up to a maximum of five days. Payment for observation/stabilization placement is allowed when either a "Client Service Agreement" (child not in SRS custody), or a residential "Placement Agreement" (child in SRS custody) is on file in the individual's medical record.

Observation/stabilization placement is designed to maintain the child in a safe, controlled environment for short-term stabilization and evaluation in an effort to preserve the child's current placement, avoid inpatient psychiatric hospitalizations and other changes in placement.

Procedure code should be indicated on the claim for days three through five (3-5). This code will only be reimbursed when a determination has been made by the Consortium through the preadmission assessment that no alternative placement is available to meet the child's needs.

Specialized Level V Foster Care:

Specialized Level V Foster Care for high-risk impulsive youth, and community-based residential treatment for dually diagnosed (both mentally retarded and mentally impaired) youth having severe behavioral problems are covered for KAN Be Healthy participants.

Providers of these services are specialized Level V behavior management providers as defined by the Children and Family Services levels of care. The provider shall submit a "Notice of Provider Approval" letter in order to be reimbursed for either of these services. The local SRS office will have a signed Placement Agreement with the facility. A copy of this agreement must be retained with the child's records at the facility.

Therapeutic Foster Care:

A behavior management service designed to produce adaptive planned outcome in behavior, attitude or general condition which will enhance the child's ability to function in a family, school and community setting without requiring inpatient hospital or other institutional care.

Therapeutic Foster Care is covered when the consumer is a KAN Be Healthy participant and a "Placement Agreement" has been completed and signed by the SRS area office director or designee, identifying the need for service.

The behavior management provider must ensure the following requirements are met:

- The placement of a child is with foster parents who have been specifically recruited and have the ability to work with emotionally disturbed children.
- The provision of special training for therapeutic foster parents to assist them in working with emotionally disturbed children.

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- The placement of no more than one special needs foster child in each special foster home where behavior management Therapeutic Foster Care is provided with exceptions granted in writing by the licensing authority.
- A low staff-to-client ratio in each program administered by a behavior management provider to allow sufficient time to work with each child, with the foster parents, and with biological parents if they are available.
- Creation of a support system among foster parents.
- The availability of respite care for the foster parents.

Payment of Absent Days:

Level V and Level VI Foster Care are reimbursed for absent days as follows:

- **Visitation** - Unlimited visitation days (within the total number of days approved for the child's stay) with a maximum of 14 days per visit are paid at the contracted per diem rate. The frequency, duration, and location of the visits must be a part of the child's individual case plan developed by the facility prior to the visitation. An approved visitation plan must be documented on an SRS form YA-3904 on file at the facility.

The day the child leaves the facility for the visit, he/she is counted as present in the facility. The day the child returns to the facility and all intervening days are counted as visit days.

- **Runaway** - Payment will be made for up to five (5) days at the contracted per diem rate unless both placement and payment are terminated sooner by the SRS Social Service supervisor.

The day the child runs away from the facility is considered the first day. Medicaid will not make payment for more than five days per episode.

Detention - Payment will be made at the contracted per diem rate up to the day before departure to the detention center. The departure day is not eligible for reimbursement.