

Kansas Community Based Services (CBS)

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H0036: Community Psychiatric Supportive Treatment

I. Description of Services

Community Psychiatric Supportive Treatment (CPST) includes goal-directed supports and solution-focused interventions intended to prevent regression of the individual's functioning and achieve identified goals or objectives as set forth in the member's individualized treatment plan. CPST is a face-to-face intervention with the member present; however, family or other collaterals may also be involved. The majority of CPST contacts must occur in community locations where the member lives, works, attends school, and/or socializes.

CPST may assist the member and family members or other collaterals to identify strategies or treatment options associated with the member's mental illness, with the goal of minimizing the negative effects of mental illness symptoms or emotional disturbances or associated environmental stressors which interfere with the beneficiary's daily living, financial management, housing, academic, and/or interpersonal relationships, and community integration. CPST may include individual supportive counseling, solution focused interventions, emotional and behavior management, and problem behavior analysis with the member, with the goal of assisting the member to develop and implement social, interpersonal, self-care, daily living, and independent living skills to restore stability, support functional gains, and adapt to community living. CPST may include participation in and utilization of strengths based planning and treatments, which include assisting the member and family members or other collaterals with identifying strengths and needs, resources, natural support s and developing goals and objectives to utilize personal strengths, resources and natural support to address functional deficits associated with their mental illness. CPST should assist the member with effectively responding to or avoiding identified precursors or triggers that would risk their remaining in the natural community location, including assisting the member and family/collaterals with identifying a potential psychiatric or personal crisis, developing a crisis management plan and/or as appropriate, seeking other supports to restore stability and functioning. CPST may include Evidenced Based Practices including integrated dual diagnosis treatment, strength based service delivery, and employment supports.

II. Intensity Guidelines

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

III. Admission Criteria

Criteria A-C must be met to satisfy criteria for admission.

- A. The member has received a psychological or psychiatric evaluation that includes a DSM-IV Axis I-V diagnosis that requires and will respond to therapeutic/supportive interventions and which documents the need for CBS.
- B. The level of care provided is determined by the clinician to be the least restrictive and that the benefits to receiving the treatment outweigh any potential harm.
- C. Less intensive services would not be adequate to assist the member in reaching identified treatment goals.

IV. Continued Stay Criteria

Criteria A-E must be met to satisfy criteria for continued stay.

- A. Intensity of Service Guidelines and Admission Criteria are met
- B. There is adequate documentation from the provider that the member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Services.
- C. If progress has not been made, the provider will indicate in writing the modifications they plan to make to the treatment plan to address current clinical needs or justify the need for continued care at this level.
- D. The member can be expected to benefit from CBS, which remain appropriate to meet the member's needs.
- E. The member and others identified by the treatment plan process are active participants in the creation of the treatment plan and discharge plan, and are actively participating in treatment. The member's designated others and treatment team agrees on treatment goals, objectives and interventions.

V. Discharge Criteria

Criterion A, B or C must be met to satisfy criteria for discharge.

- A. The member no longer meets continued stay criteria (e.g., treatment goals have been completed, symptoms have resolved).
- B. The member discontinued treatment and does not meet criteria for involuntary treatment.
- C. The member has failed to engage in services, despite assertive outreach efforts that are documented in the member's treatment record.

H2017: Psychosocial Rehabilitation

I. Description of Services

Psychosocial Rehabilitation (PR) are designed to assist the member with compensating for or eliminating functional deficits and interpersonal and/or environmental barriers associated with member's mental illness. Activities included must be intended to achieve the identified goals or objectives as set forth in the member's individualized treatment plan. The intent of PR is to restore the fullest possible integration of the member as an active and productive member of his or her family, community and/or culture with the least amount of ongoing professional intervention. PR is a face-to-face intervention with the member present. Services may be provided individually or in a group setting. The majority of PR contacts must occur in community locations where the member lives, works, attends school, and/or socializes.

PR may include restoration and support with the development of social and interpersonal skills to increase community tenure, enhance personal relationships, establish support networks, increase community awareness, and develop coping strategies and effective functioning in the member's social environment including home, work and school. PR may also include: restoration and support with the development of daily living skills to improve self-management of

the negative effects of psychiatric or emotional symptoms that interfere with a member's daily living; and, supporting the member with development and implementation of daily living skills and daily routines critical to remaining in home, school, work and community. PR is to focus on implementation of learned skills so the person can remain in a natural community location and assist the member with effectively responding to or avoiding identified triggers that result in functional impairments.

II. Intensity Guidelines

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

III. Admission Criteria

Criteria A-C must be met to satisfy criteria for admission.

- A. The member has received a psychological or psychiatric evaluation that includes a DSM-IV Axis I-V diagnosis that requires and will respond to therapeutic/supportive interventions and which documents the need for CBS.
- B. The member is experiencing clinically significant functional deficits and interpersonal and/or environmental barriers associated with their mental illness, putting the member at imminent risk for a change in community tenure to a higher level of care.

- C. The level of care provided is determined by the clinician to be the least restrictive and that the benefits to receiving the treatment outweigh any potential harm.

IV. Continued Stay Criteria

Criteria A-E must be met to satisfy criteria for continued stay.

- A. Intensity of Service Guidelines and Admission Criteria are met.
- B. There is adequate documentation from the provider that the member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Services.
- C. If progress has not been made, the provider will indicate in writing the modifications they plan to make to the treatment plan to address current clinical needs or justify the need for continued care at this level.
- D. The member can be expected to benefit from CBS, which remain appropriate to meet the member's needs.

- E. The member and others identified by the treatment plan process are active participants in the creation of the treatment plan and discharge plan, and are actively participating in treatment. The member's designated others and treatment team agrees on treatment goals, objectives and interventions.

V. Discharge Criteria

Criterion A, B, C or D must be met to satisfy criteria for discharge.

- A. The member no longer meets continued stay criteria (e.g., treatment goals have been completed, symptoms have resolved).
- B. The member discontinues treatment and does not meet criteria for involuntary treatment.
- C. The member has failed to engage in services, despite assertive outreach efforts that are documented in the member's treatment record.
- D. The member is no longer at imminent risk of a change in community tenure to a higher level of care.

H0038/H0038HQ (group): Self Help/Peer Services

I. Description of Services

Peer Support (PS) services are member centered services with a rehabilitation and recovery focus designed to promote skills for coping with and managing psychiatric symptoms while facilitating the utilization of natural resources and the enhancement of community living skills.

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Activities included must be intended to achieve the identified goals or objectives as set forth in the member's individualized treatment plan. The structured, scheduled activities provided by this

service emphasize the opportunity for members to support each other in the restoration and expansion of skills and strategies necessary to move forward in recovery. Peer Support is a face-to-face intervention with the member present. Services can be provided individually (H0038) or in a group setting (H0038HQ). The majority of Peer Support contacts must occur in the community locations where the person lives, works, attends school and/or socializes. The services may include the following components:

1. Helping the member to develop a network of information and support from others who have been through similar experiences.
2. Assisting the members with regaining the ability to make independent choices and to take a proactive role in treatment including discussing questions and concerns about medications, diagnoses, or working with their current treating clinician.
3. Assisting member with the identifying and effectively responding to or avoiding identified precursors or triggers that result in functional impairments.
4. Provider qualifications: Must be at least 18 years old, and have a high school diploma or equivalent. Certification in the State of Kansas to provide the service, which includes criminal, abuse/neglect registry and professional background checks, and completion of a standardized basic training program. Self-identify as a present or former consumer of mental health services

III. Intensity Guidelines

- D. Severity of the functional impairment
- E. Appropriate intensity of services
- F. Least restrictive or intrusive services necessary

III. Admission Criteria

Criteria A-D must be met to satisfy criteria for admission.

- D. The member has received a mental health evaluation that includes a DSM-IV Axis I-V diagnosis that requires and will respond to therapeutic/supportive interventions and which documents the need for CBS.
- E. The level of care provided is determined to be the least restrictive and that the benefits to receiving the treatment outweigh any potential harm.
- F. The member has a treatment plan that has a clear start and end date for services.
- G. The treatment is overseen by a Qualified Mental Health Professional or PAHP designated Licensed Mental Health Professional with experience regarding the specialized mental health service.

IV. Continued Stay Criteria

Criteria A-D must be met to satisfy criteria for continued stay.

- F. There is adequate documentation from the provider that the member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Services.
- G. If progress has not been made **OR** there are changes in the Member's clinical presentation and response to treatment, the provider will need to indicate in writing modifications they plan to make to the treatment **OR** justify the need for continued care at this level;
- H. The member can be expected to benefit from CBS, which remain appropriate to meet the member's needs.
- I. The member and others identified by the treatment plan process are active participants in the creation of the treatment plan and discharge plan, and are actively participating in treatment. The member's designated others and treatment team agrees on treatment goals, objectives and interventions.

V. Discharge Criteria

Criterion A, B, C OR D must be met to satisfy criteria for discharge.

- D. The member no longer meets continued stay criteria (e.g., treatment goals have been completed, symptoms have resolved).
- E. The member discontinued treatment and does not meet criteria for involuntary treatment.
- F. Discontinuation of the service is not likely to result in **significant** decline in functioning
- G. The Member has failed to engage in services despite assertive outreach efforts that are documented in the Member's treatment record.

H2011: Crisis Intervention

I. Description of Services

Crisis Intervention (CI) services are provided to a person who is experiencing a psychiatric crisis, designed to interrupt and/or ameliorate a crisis experience including a preliminary assessment, immediate crisis resolution and de-escalation, and referral and linkage to appropriate community services to avoid more restrictive levels of treatment. Crisis intervention is provided to an individual in crisis who requires the assistance of another person to regulate behavior. The goals of Crisis Interventions are symptom reduction, stabilization, and restoration to a previous level of functioning. Activities include a preliminary assessment, immediate crisis resolution and de-escalation, and referral and linkage to appropriate community services to avoid more restrictive levels of treatment. All activities must occur within the context of a potential or actual

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psychiatric crisis. Crisis intervention is a face-to-face intervention and can occur in a variety of locations, including an emergency room or clinic setting, in addition to other community

locations where the person lives, works, attends school, and/or socializes. CI may occur when assistance is needed to stabilize an individual prior to an emergent screen, during or immediately following a screen.

Crisis intervention includes the following components:

1. A preliminary assessment of risk, mental status, and medical stability, and the need for further evaluation or other mental health services. Includes contact with the client, family members or other collateral sources with pertinent information for the purpose of a preliminary assessment and/or referral to alternative mental health services at an appropriate level
2. Short term crisis interventions include crisis resolution and de-briefing with the client
3. Follow-up with the individual and, as necessary, the individual's caregiver and/or family members
4. Consultation with a physician or with other providers to assist with the individual's specific crisis.
5. In advanced crisis intervention only the clinician utilizes specific treatment interventions including but not limited to Cognitive Behavioral Therapy techniques that only a clinician can provide. * (H2011 HO)

IV. Intensity Guidelines

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

III. Admission Criteria

Criteria A-E must be met to satisfy criteria for admission.

- A. Member demonstrates imminent risk to self or others
- B. A preliminary assessment of risk, mental status, and medical stability; and the need for further evaluation or other mental health services. Includes contact with the client, family members or other collateral sources (e.g. caregiver, school personnel) with pertinent information for the purpose of a preliminary assessment and/or referral to other alternative mental health services at an appropriate level. This must be completed by a QMHP.
- C. Short-term crisis interventions including crisis resolution and de-briefing and follow-up with the individual, and as necessary, with the individual's caretaker and/or family members.
- D. The Member has a psychiatric illness (meeting the criteria for a qualified DSM IV diagnosis as specified in the Provider Manual) and self identifies as experiencing a seriously acute psychological/emotional change resulting in a marked increase in personal distress and which exceeds the abilities and the resources of the Member to effectively resolve it. Substance use should be recognized and addressed in an integrated fashion as it may add to the risk increasing the need for engagement in care.

- E. The level of care provided is determined by the clinician to be the least restrictive and that the benefits to receiving the treatment outweigh any potential harm.

IV. Continued Stay Criteria

Criteria A must be met to satisfy criteria for admission.

- A. The Re-evaluation for the need of crisis services is to be completed by a QMHP every 72 hours or more frequently

V. Discharge Criteria

Criterion A, Or B must be met to satisfy criteria for discharge.

- A. The crisis has been addressed and resolved.
- B. The member has been placed in an inpatient setting to address treatment and insure member safety.

H2015 Comprehensive community Support services (consolidated FSS)

I. Description of Services

When an individual has a mental disorder that requires professional evaluation and treatment, he/she should be treated at the least-intensive level appropriate for the condition, such as outpatient individual, or partial hospital programs, etc. Comprehensive community support services facilitate the development of an individual’s independent living and social skills, including the ability to make decisions regarding self-care, management of illness, life work, and community participation. The services promote the use of resources to integrate the individual into the community. Services may be provided onsite in a rehabilitation facility or offsite in a setting most conducive to promoting the individual’s participation in the community. This may include the individual’s home, rehabilitation residence, job site, education setting, community setting, etc. Level of intensity may vary depending upon changes in the individual’s environment or the individual’s needs.

Medical necessity for comprehensive community support services is established by satisfying the following admission and continued care guidelines. The guidelines contained here apply to programs and services that are less intensive than partial hospitalization. Satisfaction of all admission and continued care guidelines must be documented in the individual’s medical record, based upon the condition and factors identified below, before rehabilitation services will be authorized.

V. Intensity Guidelines

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

III. Admission Criteria

Criteria A-C must be met to satisfy criteria for admission.

- A. The member has received a psychological or psychiatric evaluation that includes a DSM-IV Axis I-V diagnosis that requires and will respond to therapeutic/supportive interventions and which documents the need for CBS.
- B. The level of care provided is determined by the clinician to be the least restrictive and that the benefits to receiving the treatment outweigh any potential harm.
- C. Less intensive services would not be adequate to assist the member in reaching identified treatment goals.

IV. Continued Stay Criteria

Criteria A-E must be met to satisfy criteria for continued stay.

- A. Intensity of Service Guidelines and Admission Criteria are met
- B. There is adequate documentation from the provider that the member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Services.
- C. If progress has not been made, the provider will indicate in writing the modifications they plan to make to the treatment plan to address current clinical needs or justify the need for continued care at this level.
- D. The member can be expected to benefit from CBS, which remain appropriate to meet the member's needs.
- E. The member and others identified by the treatment plan process are active participants in the creation of the treatment plan and discharge plan, and are actively participating in treatment. The member's designated others and treatment team agrees on treatment goals, objectives and interventions.

V. Discharge Criteria

Criterion A, B or C must be met to satisfy criteria for discharge.

- A. The member no longer meets continued stay criteria (e.g., treatment goals have been completed, symptoms have resolved).
- B. The member discontinued treatment and does not meet criteria for involuntary treatment.
- C. The member has failed to engage in services, despite assertive outreach efforts that are documented in the member's treatment record.

T1017 Targeted Case Management (TCM)

I. Description of Services

Targeted Case Management Services are provided to assist adult and children who qualify for TCM to maintain access to needed medical, social, educational, and other services.

Targeted Case Management includes an assessment of an individual to determine the need for any medical, educational, social or other services. The assessment is to include a review of the member's history and identified needs from initial evaluation/intake and treatment plan, identifying the individual's needs and completing related documentation, and gathering information from other sources, such as family members, medical providers, social workers and educators, as necessary, to form a complete assessment.

Targeted Case Management Services also includes the development of a specific care plan including specific goals and actions addressing the identified medical, social, education and other services needed; The Care Plan will include goals, course of action and on-going monitoring over service provision to ensure the member is receiving the identified services on the treatment plan. Targeted Case Management Services will also include referral and related activities, monitoring and follow-up activities, including activities and contact necessary to ensure the plan of care is implemented and is adequately addressing the members need.

Intensity Guidelines: all three (3) elements are evaluated

1. Severity of the functional impairment
2. Appropriate intensity of services
3. Least restrictive or intrusive services necessary

II. Admission Guidelines:

Criteria A-E must be met to satisfy criteria for admission

- A. The member has received a psychological or psychiatric evaluation that includes a DSM-IV-TR®, axes I-V diagnosis that requires and will respond to therapeutic/supportive interventions and which documents the need for CBS.
- B. The member demonstrates an exacerbation of a longstanding psychiatric disorder the symptoms of which (e.g. thought disorder, mood disorder) result in significant functional impairments associated with the mental health diagnosis.
- C. Services are supervised by a qualified licensed mental health professional.
- D. A clear individualized treatment plan is established including specific behavioral based and objective goals. Amount, scope and duration as well as specific interventions must be documented in the treatment plan and supported by progress notes.

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- E. The member requires services to assist in attaining self-sufficiency and satisfaction in the living, learning, work and social environments of choice.
- F. The member lacks a natural support system for accessing needed medical, social, education, and other services.
- G. The member requires ongoing assistance to access or maintain needed care consistently within the service delivery system.
- H. The member is not receiving duplicate case management services from another provider.

III. Continued Stay Guidelines:

Criteria A- D must be met to satisfy criteria for admission.

- A. Validated DSM IV Diagnosis which continues to have a broad and persistent effect on the member’s ability to remain in the home/community.
- B. Member is making adequate progress toward treatment goals as evidenced by lessening of symptoms over time and stabilization of psychosocial functioning through treatment planning and involvement but would not be able to progress without the services provided by the CBS.
- C. The treatment plan is updated monthly (30 days) and reflects effort to reduce the frequency of service or clinical documentation for inability to decrease the usage of community based services.
- D. Techniques are employed in treatment that are time-limited in nature and subordinate to a goal of enhanced autonomy and the least restrictive environment possible.

IV. Discharge Criteria:

Criterion A, B Or C must be met to satisfy criteria for discharge.

- A. Member no longer meets continued stay criteria.
- B. Member has progressed to the extent CBS are no longer necessary.
- C. Severity of illness requires higher level of care.

T1019 Attendant Care [1915(b)3]

I. Description of Services

Attendant Care is a service provided to participants who would otherwise be placed in a more restrictive setting due to significant functional impairments resulting from an identified mental illness. This service enables the participant to accomplish tasks or engage in activities that they would normally do themselves if they did not have a mental illness. Components include:

1. Assistance is in the form of direct support, supervision and/or cuing so that the participant performs the task by him/herself. Such assistance most often relates to performance of Activities for Daily Living and Instrumental Activities for Daily Living and includes assistance with maintaining daily routines and/or engaging in activities critical to residing in their home and community.

2. Services should generally occur in community locations where the participant lives, works, attends school, and/or socializes. Services provided at a work site must not be job tasks oriented. Services provided in an educational setting must not be educational in purpose.

3. Services must be recommended by a treatment team, are subject to prior approval, and must be intended to achieve the goals or objectives identified in the participant's individualized plan of care.

4. Transportation is provided between the participant's place of residence and other services sites or places in the community, and the cost of transportation is included in the rate paid to providers of this services.

II. Intensity Guidelines

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

III. Admission Criteria

Criterion A, B and C must be met.

- A. The member has received a mental health evaluation that includes a DSM-IV Axis I-V diagnosis that requires and will respond to therapeutic/supportive interventions and which documents the need for CBS.
- B. Member is not eligible for the 1915(c) SED waiver attendant care
- C. Services must be on the individualized plan of care and must be intended to achieve the goals or objectives identified in the Members individualized plan of care.

IV. Continued Stay Criteria

Criteria A and B must be met.

- A. Member continues to meet Admission Criterion.
- B. There is adequate documentation from the provider that the member is receiving coordinated care to achieve treatment plan goals as outlined in the Description of Services.

V. Discharge Criteria

Criterion A, B or C must be met.

- A. The member no longer meets the Admission Criteria.
- B. Member has progressed to the extent CBS are no longer necessary.
- C. The severity of the member's illness requires a higher level of care.

VI. Exclusions

- A. Services furnished to a participant who is an inpatient or resident of a hospital, nursing facility, intermediate care facility for persons with mental retardation, or institution for mental disease are not covered.

S5110TJ Parent Support and Training, Group

I. Description of Services

Parent Support and Training is designed to benefit participants experiencing a serious emotional disturbance who without waiver services would require state psychiatric hospitalization or psychiatric residential treatment facility treatment. This service provides the training and support necessary to ensure engagement and active participation of the family in the treatment planning process and with the ongoing implementation and reinforcement of skills learned throughout the treatment process. Training is provided to family members to increase their ability to provide a safe and supportive environment in the home and community for the participant. For the purposes of this service, "family" is defined as the persons who live with or provide care to a person served on the waiver or grant, and may include a parent, spouse, children, relatives, grandparents, or foster parents. Services may be provided individually or in a group setting. Services must be recommended by a treatment team, are subject to prior approval, and must be intended to achieve the goals or objectives identified in the child's individualized plan of care. Components include:

1. Assisting 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;
2. Development and enhancement of the family's specific problem-solving skills, coping mechanisms, and strategies for the participant's symptom/behavior management;
3. Assisting the family in understanding various requirements of the waiver or grant process, such as the crisis plan and plan of care process;
4. Training on the participant's medications or diagnoses; interpreting choice offered by service providers; and assisting with understanding policies, procedures and regulations that impact the participant with mental illness while living in the community.

II. Intensity Guidelines

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

III. Admission Criteria

Criterion A must be met.

- A. Must have prior state approval for the HCBS-SED waiver.

IV. Continued Stay Criteria

Criteria A and B must be met.

- A. Member continues to meet Admission Criterion.
- B. There is adequate documentation from the provider that the member is receiving coordinated care to achieve treatment plan goals as outlined in the Description of Services.

V. Discharge Criteria

Criterion A or B must be met.

- A. The member no longer meets the Admission Criteria.
- B. The severity of the member's illness requires a higher level of care.

T2038 Independent Living / Skills Building

I. Description of Services

Independent Living/Skills Building services are designed to assist participants who are or will be transitioning to adulthood with support in acquiring, retaining, and improving self-help, socialization, and adaptive skills necessary to be successful in the domains of employment, housing, education, and community life and to reside successfully in home and community settings. Components include:

1. Independent Living/Skills Building activities are provided in partnership with participants to help the participant arrange for the services they need to become employed, find transportation, housing, and continue their education.
2. Services are individualized according to each participant's strengths, interests, skills, goals as specified in the Plan of Care.
3. It would be expected that Independent Living/ Skills Building activities take place in the community.
4. This service can be utilized to train and cue normal activities of daily living and instrumental activities of daily living.
5. Housekeeping, homemaking (shopping, child care, and laundry services), or basic services solely for the convenience of a participant receiving independent living / skills building are not covered.
6. The following are examples of appropriate community settings rather than an all inclusive list: a grocery store to shop for food, a clothing store to teach the participant what type of clothing is appropriate for interviews, an unemployment office to assist in seeking jobs or assist the participant in completing applications for jobs, apartment complexes to seek out housing opportunities, and laundry mats to teach the participant how to wash clothing.
7. Other appropriate activities can be provided in any other community setting as identified through the Plan of Care process.
8. Transportation is provided between the participant's place of residence and other services sites or places in the community and the cost of transportation is included in the rate paid to providers of this service.

II. Intensity Guidelines

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

III. Admission Criteria

Criterion A must be met.

- A. Must have prior state approval for the HCBS-SED waiver.

IV. Continued Stay Criteria

Criteria A and B must be met.

- C. Member continues to meet Admission Criterion.
- D. There is adequate documentation from the provider that the member is receiving coordinated care to achieve treatment plan goals as outlined in the Description of Services.

V. Discharge Criteria

Criterion A or B must be met.

- D. The member no longer meets the Admission Criteria.
- E. The severity of the member’s illness requires a higher level of care.

S5150 Short Term Respite Care

I. Description of Services

Short Term Respite Care provides temporary direct care and supervision for the participant. The primary purpose is to provide relief to families/caregivers of a participant with a serious emotional disturbance. Components include:

1. The service is designed to help meet the needs of the primary caregiver as well as the identified participant.
2. Normal activities of daily living are considered content of the service when providing respite care, and these include: support in the home, after school, or at night, transportation to and from school, medical appointments, or other community-based activities, and/or any combination of the above.
3. Short Term Respite Care can be provided in an individual's home or place of residence or provided in other community settings, including: Licensed Family Foster Home, Licensed Crisis House, Licensed Emergency Shelter, Out-of-Home Crisis Stabilization House/Unit/Bed.
4. The participant must be present when providing Short Term Respite Care.
5. The cost of transportation is included in the rate paid to providers of these services.

II. Intensity Guidelines

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

III. Admission Criteria

Criterion A must be met.

- A. Must have prior state approval for the HCBS-SED waiver.

IV. Continued Stay Criteria

Criteria A and B must be met.

- E. Member continues to meet Admission Criterion.
- F. There is adequate documentation from the provider that the member is receiving coordinated care to achieve treatment plan goals as outlined in the Description of Services.

V. Discharge Criteria

Criterion A or B must be met.

- F. The member no longer meets the Admission Criteria.
- G. The severity of the member’s illness requires a higher level of care.

VI. Exclusions

- A. Short Term Respite Care is not available to participants in foster care because that service is available through child welfare contractors.
- B. Short Term Respite Care may not be provided simultaneously with Professional Resource Family Care services.

- C. Respite Services provided by or in an Institution for Mental Disease (IMD) are non-covered.
- D.

H2021 Wraparound Facilitation

I. Description of Services

The function of the wraparound facilitator is to form the wraparound team consisting of the participant’s family, extended family, and other community members involved with the participant’s daily life for the purpose of producing a community-based, individualized Plan of Care. This includes working with the family to identify who should be involved in the wraparound team and assembly of the wraparound team for the Plan of Care development meeting. The wraparound facilitator guides the Plan of Care development process of the team. The wraparound facilitator is also responsible for reassembling the team when subsequent Plan of Care review and revision is needed, at minimum on a yearly basis to review the Plan of Care and more frequently when changes in the participant’s circumstances warrant changes in the Plan of Care. The wraparound facilitator will emphasize building collaboration and ongoing coordination among the parents or caregivers, family members, service providers, and other formal and informal community resources identified by the family. The wraparound facilitator will promote flexibility to ensure appropriate and effective service delivery to the participant and parents or caregivers. Facilitators will be certified after completion of specialized training in the wraparound philosophy, waiver rules and processes, waiver eligibility and associated paperwork, structure of the wraparound team, and wraparound meeting facilitation. Wraparound facilitation is provided in addition to targeted case management to address the unique needs of a participant living in the community.

II. Intensity Guidelines

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

III. Admission Criteria

Criteria A and B must be met.

- A. Must have prior state approval for the HCBS-SED waiver.
- B. Must be receiving targeted case management.

IV. Continued Stay Criteria

Criteria A must be met to satisfy continued stay criteria.

- A. Member continues to meet Admission Criteria.

V. Discharge Criteria

Criterion A or B must be met to satisfy discharge criteria.

- A. The member no longer meets continued stay criteria.
- B. The severity of the member’s illness requires a higher level of care.

VI. Exclusions

- A. The member is not receiving any state plan services that would duplicate this service.

S9485 Professional Resource Family Care

I. Description of Services

Professional Resource Family Care is intended to provide short-term and intensive supportive resources for the participant and his or her family. This service offers intensive family-based support for the participant's family through the utilization of a co-parenting approach provided to the participant in a surrogate family setting. Components include:

1. The goal is to support the participant and family in ways that will address current acute and/or chronic mental health needs and coordinate a successful return to the family setting at the earliest possible time.
2. During the time the professional resource family is supporting the participant, there is regular contact with the family to prepare for the participant's return and his or her ongoing needs as part of the family.
3. It is expected that the participant, family and the professional resource family are integral members of the participant's individual treatment team.
4. Transportation is provided between the participant's place of residence and other services sites, and the cost of transportation is included in the rate paid to providers of this services.

II. Intensity Guidelines

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

III. Admission Criteria

Criterion A must be met.

- A. Must have prior state approval for the HCBS-SED waiver.

IV. Continued Stay Criteria

Criteria A and B must be met.

- A. Member continues to meet Admission Criterion.
- B. There is adequate documentation from the provider that the member is receiving coordinated care to achieve treatment plan goals as outlined in the Description of Services.

V. Discharge Criteria

Criterion A or B must be met.

- A. The member no longer meets the Admission Criteria.
- B. The severity of the member's illness requires a higher level of care.

VI. Exclusions

- A. Professional Resource Family Care may not be provided simultaneously with Short Term Respite Care services.
- B. Professional Resource Family Care is not available to participants in foster care because that service is available through Child Welfare Contractors.

T1019HK Attendant Care

VII. Description of Services

Attendant Care is a service provided to participants who would otherwise be placed in a more restrictive setting due to significant functional impairments resulting from an identified mental illness. This service enables the participant to accomplish tasks or engage in activities that they would normally do themselves if they did not have a mental illness. Components include:

1. Assistance is in the form of direct support, supervision and/or cuing so that the participant performs the task by him/her self. Such assistance most often relates to performance of Activities for Daily Living and Instrumental Activities for Daily Living and includes assistance with maintaining daily routines and/or engaging in activities critical to residing in their home and community.
2. Services should generally occur in community locations where the participant lives, works, attends school, and/or socializes. Services provided at a work site must not be job tasks oriented. Services provided in an educational setting must not be educational in purpose.
3. Services must be recommended by a treatment team, are subject to prior approval, and must be intended to achieve the goals or objectives identified in the participant's individualized plan of care.
4. Transportation is provided between the participant's place of residence and other services sites or places in the community, and the cost of transportation is included in the rate paid to providers of this services.

VIII. Intensity Guidelines

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

IX. Admission Criteria

- Criterion A must be met.*
- B. Must have prior state approval for the HCBS-SED waiver.

X. Continued Stay Criteria

- Criteria A and B must be met.*
- G. Member continues to meet Admission Criterion.
 - H. There is adequate documentation from the provider that the member is receiving coordinated care to achieve treatment plan goals as outlined in the Description of Services.

XI. Discharge Criteria

- Criterion A or B must be met.*
- H. The member no longer meets the Admission Criteria.
 - I. The severity of the member's illness requires a higher level of care.

XII. Exclusions

- B. Services furnished to a participant who is an inpatient or resident of a hospital, nursing facility, intermediate care facility for persons with mental retardation, or institution for mental disease are not covered.

H2015: Consultative Clinical and Therapeutic Services (Autism Specialist)

I. Description of Service

Consultative Clinical and Therapeutic Services (CCTS) are provided by the Autism Specialists, CCTS, (therapeutic is defined as working towards remediation of the behavioral symptoms related to the diagnosis of an Autism Spectrum Disorder (ASD) by teaching more adaptive skills), are intended to assist the family and paid support staff or other professionals with carrying out the Individualized Behavioral Plan/Plan of Care (IBP/POC) that supports the child's functional development and inclusion in the community. These services may be provided in all customary and usual community locations including where the child lives, attends school and/or childcare, and/or socializes. Persons with family relationships to the beneficiary cannot be the assigned Autism Specialist. Autism Specialist Provider Qualifications as listed in the HCBS Autism Waiver Policies & Procedures must be met. Autism Specialist Services consist of:

- A. Completion of a Criterion Reference Skill Based Assessment.
- B. Identification, with family's input, which evidence-based treatment option will be utilized.
- C. Development of the IBP/POC based on the identified needs of the child with the family's input and guidance.
- D. Training and technical assistance to the family and paid support staff in order to carry out the IBP/POC.
- E. Development of the teaching protocol by which the Intensive Individualized Support person implements the evidence-based treatment.
- F. Service Coordination and Implementation.
- G. Monitor the child's progress within the program.
- H. Utilizes data-based decision making to monitor progress, track gains, and make program modifications.

II. Intensity Guidelines

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services

III. Admission Criteria

Criteria A, B, C, D, and E must be met to satisfy admission criteria.

- A. Services are being furnished in accordance with the child's IBP/POC.
- B. Services in the IBP/POC are adequate to maintain an appropriate level of care, including the identification of functional capabilities.
- C. Service authorizations are adequate to support the delivery of needed services including identification of current resources available (formal and informal) and goals and actions utilizing evidenced based therapy.

- D. Schedule developed to update or review Plan of Care at a minimum annually or as needed with a reevaluation of domains every 6 months.
- E. The IBP/POC evaluates the family's strengths, goals and preferences.

IV. Continued Stay Criteria

Criteria A, B, and C must be met to satisfy continued stay criteria.

- A. The member's condition continues to meet the admission criteria.
- B. Post Implementation of the POC includes monitoring and follow-up activities and a review of the IBP/POC at a minimum of every six months with documentation of progress toward stated goals. The review process involves the child, family members, providers, and other entities.
- C. If progress is not demonstrated, documentation must support a reason for pursuing these goals or a change in the goals must be made.

V. Discharge Criteria

Any one of the following criteria must be met to satisfy criteria for discharge.

- A. Death of child.
- B. Child and/or family moved out of state. If they move within the state, but out of the Autism Specialist service area, the child's case will remain open and the case file will be transferred within 30 days to the Autism Specialist of their choice who operates in the area to which the child and family has moved.
- C. Child or family chose to terminate services, including revoking release of information.
- D. Family or informal support will provide the level and/or intensity of services needed.
- E. Child no longer meets financial eligibility (loss of Medicaid eligibility).
- F. Child no longer meets Autism functional eligibility criteria at annual re-evaluation.
- G. Lack of cooperation to the point that the child and/or family substantially interfere with the provider's ability to provide services (e.g., inability to get along with the providers or inappropriate child and/or family behaviors). All other options (i.e. training, counseling, etc.) must be explored prior to termination of services.
- H. Family failed or refused to sign or abide by plan of care.
- I. Child and/or family whereabouts are unknown (e.g., post office returns agency mail to the child or family indicating no forwarding address).
- J. If the child and/or family have sought medical/behavioral treatment outside the state of Kansas and the treatment process will be more than thirty (30) consecutive days outside the state, the case will be closed.
- K. Child has met the service limits established in the HCBS Autism Waiver.

VI. Clinical Exclusions

Any one of the following criteria must be met to preclude eligibility for the service.

- A. Services furnished to a child who is an inpatient or resident of a hospital, nursing facility, intermediate care facility for persons with mental retardation, or institution for mental disease are not covered.
- B. Severity of behavioral health impairment precludes provision of services in this level of care.
- C. Severity of cognitive impairment precludes provision of services in this level of care.
- D. There is a lack of social support systems such that a more intensive level of service is needed.

H2019: Intensive Individual Supports

I. Description of Services

Intensive Individual Supports services are identified on the POC. They are services provided to a child with an ASD to assist in acquiring, retaining, improving, and generalizing the self-help, socialization, and adaptive skills necessary to reside and function successfully in home and community settings. Services are provided through evidence based and data driven methodologies. Intensive Individual Supports person will be trained by, work under the direction of the Autism Specialist, provide one-on-one services with the child and document services provided. The majority of these contacts must occur in customary and usual community locations where the child lives, attends school and/or childcare, and/or socializes. Services provided in an educational setting must not be academic in purpose. Persons with family relationships to the beneficiary cannot provide Intensive Individual Supports services. Intensive Individual Support Provider Qualifications as listed in the HCBS Autism Waiver Policies & Procedures must be met.

II. Intensity Guidelines

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

III. Admission Criteria

Criteria A-H must be addressed on the IBP/POC to satisfy criteria for admission.

- A. Social skills to enhance participation in family, school, and community activities (including imitation, social initiations and response to adult to peers, parallel and interactive play with peers and siblings).
- B. Expressive verbal language, receptive language and non verbal communications skills.
- C. A functional symbolic communication system.

- D. Increased engagement and flexibility in developmentally appropriate tasks and play, including the ability to attend to the environment and respond to an appropriate motivational system.
- E. Fine and gross motor skills used for age-appropriate functional activities, as needed.
- F. Cognitive skills, including symbolic play and basic concepts, as well as academic skills.
- G. Replacement of problem behaviors with more conventional and appropriate behaviors.
- H. Independent organizational skills and other socially appropriate behavior patterns that facilitate successful community integration (such as completing a task independently, following instruction in a group, or asking for help.)

IV. Continued Stay Criteria

Criteria A-D and either E or F must be met to satisfy criteria for continued stay.

- A. The member's clinical condition continues to warrant Intensive Individual Supports and the member is continuing to progress toward identified, documented treatment plan goal(s) on the IBP/POC.
- B. There is adequate documentation from the provider that the member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Services.
- C. The member is actively participating in the treatment as required by the treatment plan to the extent possible consistent with his/her condition.
- D. The parent/guardian/caregiver is actively participating in the treatment as required by the treatment plan.
- E. Progress toward identified treatment plan goal(s) is evident and has been documented based upon objectives defined for each goal, but the goal(s) has not been substantially achieved.
- F. Progress has not been made and the Intensive Individual Supports has identified and implemented changes and revisions to the treatment plan to support goals.

V. Discharge Criteria

Any one of the following criteria must be met to satisfy criteria for discharge.

- L. Death of child.
- M. Child and/or family moved out of state. If they move within the state, but out of the Autism Specialist service area, the child's case will remain open and the case file will be transferred within 30 days to the Autism Specialist of their choice who operates in the area to which the child and family has moved.
- N. Child or family chose to terminate services, including revoking release of information.
- O. Family or informal support will provide the level and/or intensity of services needed.

- P. Child no longer meets financial eligibility (loss of Medicaid eligibility).
- Q. Child no longer meets Autism functional eligibility criteria at annual re-evaluation.
- R. Lack of cooperation to the point that the child and/or family substantially interfere with the provider's ability to provide services (e.g., inability to get along with the providers or inappropriate child and/or family behaviors). All other options (i.e. training, counseling, etc.) must be explored prior to termination of services.
- S. Family failed or refused to sign or abide by plan of care.
- T. Child and/or family whereabouts are unknown (e.g., post office returns agency mail to the child or family indicating no forwarding address).
- U. If the child and/or family have sought medical/behavioral treatment outside the state of Kansas and the treatment process will be more than thirty (30) consecutive days outside the state, the case will be closed.
- V. Child has met the service limits established in the HCBS Autism Waiver.

VI. Clinical Exclusions

Any one of the following criteria must be met to preclude eligibility for the service.

- E. Services furnished to a child who is an inpatient or resident of a hospital, nursing facility, intermediate care facility for persons with mental retardation, or institution for mental disease are not covered.
- F. Severity of behavioral health impairment precludes provision of services in this level of care.
- G. Severity of cognitive impairment precludes provision of services in this level of care.
- H. There is a lack of social support systems such that a more intensive level of service is needed.

S9482: Family Adjustment Counseling (Individual or Group)

I. Description of Services

Counseling provided to the family members of a child with an Autism Spectrum Disorder 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 by the child with an Autism Spectrum Disorder. 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 provides a safe and supportive environment for the family to express emotions associated with the comprehension of the disorder and to ask questions about the disorder to achieve acceptance of the disorder and prepare the family to support the child on an ongoing basis. Services can be provided on a one to one basis or in a group setting. A group setting

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cannot consist of more than three families. Persons with family relationships to the beneficiary cannot provide Family Adjustment Counseling. Family Adjustment Counseling Provider Qualifications as listed in the HCBS Autism Waiver Policies & Procedures must be met.

II. Intensity Guidelines

- D. Severity of the functional impairment
- E. Appropriate intensity of services
- F. Least restrictive or intrusive services necessary

III. Admission Criteria

Criteria A-C must be met to satisfy criteria for admission.

- I. A comprehensive behavioral health assessment inclusive of the diagnosis of Autism Spectrum Disorder and a Criterion Reference Skill Based Assessment (CRSBA) indicates that the member's clinical condition warrants this service in order to enhance problem-solving, limit-setting, and risk management/safety planning, communication; to advance therapeutic goals or to improve ineffective patterns of interaction; and to build skills to strengthen the parent/caregiver's ability to sustain the member in their home setting or to prevent the need for more intensive levels of service such as inpatient hospitalization or other out of home behavioral health treatment services.
- J. The member resides in a family home environment (e.g., parent, step parent, legal guardian, siblings, relatives, grandparents or foster parents) and has a family member who voluntarily agrees to participate in Family Adjustment Counseling.
- K. Services are provided by a Licensed Mental Health Professional (LMHP), services must be recommended by an Autism Specialist, are subject to prior approval through the Plan of Care, and must be intended to achieve the goals or objectives identified in the child's IBP/POC.

IV. Continued Stay Criteria

Criteria A-D and either E or F must be met to satisfy criteria for continued stay.

- G. The member's clinical condition continues to warrant Family Adjustment Counseling and the member is continuing to progress toward identified, documented treatment plan goal(s) identified on the member's IBP/POC.
- H. There is adequate documentation from the provider that the member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Services.
- I. The member is actively participating in the treatment as required by the treatment plan to the extent possible consistent with his/her condition.
- J. The parent/guardian/caregiver is actively participating in the treatment as required by the treatment plan.

- K. Progress toward identified treatment plan goal(s) is evident and has been documented based upon objectives defined for each goal, but the goal(s) has not been substantially achieved.
- L. Progress has not been made and the Family Adjustment Counselor has identified and implemented changes and revisions to the treatment plan to support goals.

V. Discharge Criteria

Any one of the following criteria must be met to satisfy criteria for discharge.

- W. Death of child.
- X. Child and/or family moved out of state. If they move within the state, but out of the Autism Specialist service area, the child’s case will remain open and the case file will be transferred within 30 days to the Autism Specialist of their choice who operates in the area to which the child and family has moved.
- Y. Child or family chose to terminate services, including revoking release of information.
- Z. Family or informal support will provide the level and/or intensity of services needed.
- AA. Child no longer meets financial eligibility (loss of Medicaid eligibility).
- BB. Child no longer meets Autism functional eligibility criteria at annual re-evaluation.
- CC. Lack of cooperation to the point that the child and/or family substantially interfere with the provider’s ability to provide services (e.g., inability to get along with the providers or inappropriate child and/or family behaviors). All other options (i.e. training, counseling, etc.) must be explored prior to termination of services.
- DD. Family failed or refused to sign or abide by plan of care.
- EE. Child and/or family whereabouts are unknown (e.g., post office returns agency mail to the child or family indicating no forwarding address).
- FF. If the child and/or family have sought medical/behavioral treatment outside the state of Kansas and the treatment process will be more than thirty (30) consecutive days outside the state, the case will be closed.
- GG. Child has met the service limits established in the HCBS Autism Waiver.

VI. Clinical Exclusions

Any one of the following criteria must be met to preclude eligibility for the service.

- A. Services furnished to a child who is an inpatient or resident of a hospital, nursing facility, intermediate care facility for persons with mental retardation, or institution for mental disease are not covered.
- B. Severity of behavioral health impairment precludes provision of services in this level of care.
- C. Severity of cognitive impairment precludes provision of services in this level of care.

- D. There is a lack of social support systems, such that a more intensive level of services is needed.

T1005: Respite Care

I. Description of Services

Respite Care services provide temporary direct care and supervision of the child. The primary purpose is to provide relief to families/caregivers of a child with an Autism Spectrum Disorder (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. Respite Care can be provided in a child’s home or place of residence or provided in other community settings. Respite care services cannot be provided by a parent and/or the primary caregiver of the child. Respite Care Provider Qualifications as listed in the HCBS Autism Waiver Policies & Procedures must be met.

II. Intensity Guidelines

- G. Severity of the functional impairment
- H. Appropriate intensity of services
- I. Least restrictive or intrusive services necessary

III. Admission Criteria

Criteria A-C must be met to satisfy criteria for admission.

- L. The member has a diagnosis of ASD and has emotional and/or behavioral problems which stress the ability of the parent/guardian/caregiver to provide for the member in the home.
- M. The parent/guardian/caregiver’s ability to participate in normal activities of daily life in the community is compromised as a result of caring for the member (i.e. employment, training opportunities, or other family obligations).
- N. Services must be recommended by an Autism Specialist and must be intended to achieve the goals or objectives identified in the child’s IBP/POC.

IV. Continued Stay Criteria

Criteria A-C must be met to satisfy criteria for continued stay.

- M. The member’s clinical condition continues to warrant Respite Care and the member is continuing to progress toward identified, documented treatment plan goal(s) identified on the member’s IBP/POC.
- N. The member is actively participating in the treatment as required by the treatment plan to the extent possible consistent with his/her condition.
- O. The parent/guardian/caregiver is actively participating in the treatment as required by the treatment plan.

V. Discharge Criteria

Any one of the following criteria must be met to satisfy criteria for discharge.

- HH. Death of child.
- II. Child and/or family moved out of state. If they move within the state, but out of the Autism Specialist service area, the child's case will remain open and the case file will be transferred within 30 days to the Autism Specialist of their choice who operates in the area to which the child and family has moved.
- JJ. Child or family chose to terminate services, including revoking release of information.
- KK. Family or informal support will provide the level and/or intensity of services needed.
- LL. Child no longer meets financial eligibility (loss of Medicaid eligibility).
- MM. Child no longer meets Autism functional eligibility criteria at annual re-evaluation.
- NN. Lack of cooperation to the point that the child and/or family substantially interfere with the provider's ability to provide services (e.g., inability to get along with the providers or inappropriate child and/or family behaviors). All other options (i.e. training, counseling, etc.) must be explored prior to termination of services.
- OO. Family failed or refused to sign or abide by plan of care.
- PP. Child and/or family whereabouts are unknown (e.g., post office returns agency mail to the child or family indicating no forwarding address).
- QQ. If the child and/or family have sought medical/behavioral treatment outside the state of Kansas and the treatment process will be more than thirty (30) consecutive days outside the state, the case will be closed.
- RR. Child has met the service limits established in the HCBS Autism Waiver.

VI. Clinical Exclusions

Any one of the following criteria must be met to preclude eligibility for the service.

- E. Services furnished to a child who is an inpatient or resident of a hospital, nursing facility, intermediate care facility for persons with mental retardation, or institution for mental disease are not covered.
- F. Severity of behavioral health impairment precludes provision of services in this level of care.
- G. Severity of cognitive impairment precludes provision of services in this level of care.
- H. There is a lack of social support systems, such that a more intensive level of services is needed.

T1027: Parent Support and Training (Individual or Group)

I. Description of Services

Parent Support and training is designed to promote the 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. 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 in acquiring the knowledge and skills necessary to understand and address the specific needs of the child in relation to Autism Spectrum Disorder and related treatments. The Parent Support provider can also assist the parents in gathering materials, making materials, finding information and training parents on the materials under the direction of the Autism Specialist. Parent Support training may be provided on a one to one basis or in a group setting. A group setting cannot consist of more than three families. Persons with family relationships to the beneficiary cannot provide Parent Support and Training. Parent Support and Training Provider Qualifications as listed in the HCBS Autism Waiver Policies & Procedures must be met.

II. Intensity Guidelines

- J. Severity of the functional impairment
- K. Appropriate intensity of services
- L. Least restrictive or intrusive services necessary

III. Admission Criteria

Criteria A-C must be met to satisfy criteria for admission.

- O. A comprehensive behavioral health assessment inclusive of the diagnosis of Autism Spectrum Disorder and a Criterion Reference Skill Based Assessment (CRSBA) indicates that the member's clinical condition warrants this service in order to enhance specific problem-solving skills, develop coping mechanisms, and/or develop strategies for the child's symptom and behavior management.
- P. The member resides in a family home environment (e.g., parent, step parent, legal guardian, siblings, relatives, grandparents or foster parents) and has a family member who voluntarily agrees to participate in Parent Support and Training.
- Q. Services must be recommended by an Autism Specialist/Treatment Team, are subject to prior approval through the Plan of Care, and must be intended to achieve the goals or objectives identified in the child's IBP/POC.

IV. Continued Stay Criteria

Criteria A-D and either E or F must be met to satisfy criteria for continued stay.

- P. The member's clinical condition continues to warrant Parent and Support Training and the member is continuing to progress toward identified, documented treatment plan goal(s) identified on the member's IBP/POC.
- Q. There is adequate documentation from the provider that the member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Services.

- R. The member is actively participating in the treatment as required by the treatment plan to the extent possible consistent with his/her condition.
- S. The family is actively participating in the treatment as required by the treatment plan.
- T. Progress toward identified treatment plan goal(s) is evident and has been documented based upon objectives defined for each goal, but the goal(s) has not been substantially achieved.
- U. Progress has not been made and the Parent Support/Trainer has identified and implemented changes and revisions to the treatment plan to support goals.

V. Discharge Criteria

Any one of the following criteria must be met to satisfy criteria for discharge.

- SS. Death of child.
- TT. Child and/or family moved out of state. If they move within the state, but out of the Autism Specialist service area, the child's case will remain open and the case file will be transferred within 30 days to the Autism Specialist of their choice who operates in the area to which the child and family has moved.
- UU. Child or family chose to terminate services, including revoking release of information.
- VV. Family or informal support will provide the level and/or intensity of services needed.
- WW. Child no longer meets financial eligibility (loss of Medicaid eligibility).
- XX. Child no longer meets Autism functional eligibility criteria at annual re-evaluation.
- YY. Lack of cooperation to the point that the child and/or family substantially interfere with the provider's ability to provide services (e.g., inability to get along with the providers or inappropriate child and/or family behaviors). All other options (i.e. training, counseling, etc.) must be explored prior to termination of services.
- ZZ. Family failed or refused to sign or abide by plan of care.
- AAA. Child and/or family whereabouts are unknown (e.g., post office returns agency mail to the child or family indicating no forwarding address).
- BBB. If the child and/or family have sought medical/behavioral treatment outside the state of Kansas and the treatment process will be more than thirty (30) consecutive days outside the state, the case will be closed.
- CCC. Child has met the service limits established in the HCBS Autism Waiver.

VI. Clinical Exclusions

Any one of the following criteria must be met to preclude eligibility for the service.

- I. Services furnished to a child who is an inpatient or resident of a hospital, nursing facility, intermediate care facility for persons with mental retardation, or institution for mental disease are not covered
- J. Severity of behavioral health impairment precludes provision of services in this level of care.
- K. Severity of cognitive impairment precludes provision of services in this level of care.
- L. There is a lack of social support systems, such that a more intensive level of service is needed.

HCBS Autism Waiver Extension

I. Description of Services

It is the Autism Specialist's responsibility to request and make available all documentation necessary for the review team to make a decision. The Autism Specialist will complete the Request of Extension/Statement of need form (AW-008). All requests for the one time, one year extension of HCBS Autism Waiver services must be submitted to the Autism Wavier Program Manager no later than 120 days before the child meets their service limits. The Autism Review team will consist of the HCBS Autism Program Manager, a therapist/individual who works with the child with Autism and an Autism Specialist who is not directly involved with the child/family requesting extension. Autism Waiver Services shall be limited to three years, unless medically necessary. For reason of medical necessity services may be extended for one year, with approval of review team.

II. Intensity Guidelines

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

III. Extension Criteria

Criteria A-E must be met for extension of Autism Waiver Services.

- A. Individualized Behavioral Program/Plan of Care (IBP/POC) –section1, question 11- (Global Risk Rating Scale) on the most recent IBP/POC. This question asks parents to rate their child's behavior in relationship to their environment(s). A minimum total score of 14 has to be met.
- B. Did the family use two services (must meet): if not, why not?
- C. A Child must have utilized at least 20 % of available waiver services in the last 365 days prior to the request for the extension of services in order to demonstrate a need of continued services. The calculations for the 20 % can span across two calendar years. (MMIS data will verify usage of services per paid claims).

- D. Compare Adaptive skills from the initial Vineland to the most recent Vineland and the child must show improvement in any two adaptive skills (raw scores). Adaptive skills are: Communication, Daily Living skills, socialization, or motor skills
- E. If the child does not meet the criteria for items 3 or 4 listed above, the team can use one or a combination of the following items as a determining factor to demonstrate a continuing need for services: Criterion Reference Skill Based Assessment (CRSBA) summary, additional data sheet, or progress sheets.

IV. Continued Stay Criteria

Not applicable

V. Discharge Criteria

Any one of the following criteria must be met to satisfy criteria for discharge.

- DDD. Death of child.
- EEE. Child and/or family moved out of state. If they move within the state, but out of the Autism Specialist service area, the child’s case will remain open and the case file will be transferred within 30 days to the Autism Specialist of their choice who operates in the area to which the child and family has moved.
- FFF. Child or family chose to terminate services, including revoking release of information.
- GGG. Family or informal support will provide the level and/or intensity of services needed.
- HHH. Child no longer meets financial eligibility (loss of Medicaid eligibility).
- III. Child no longer meets Autism functional eligibility criteria at annual re-evaluation.
- JJJ. Lack of cooperation to the point that the child and/or family substantially interfere with the provider’s ability to provide services (e.g., inability to get along with the providers or inappropriate child and/or family behaviors). All other options (i.e. training, counseling, etc.) must be explored prior to termination of services.
- KKK. Family failed or refused to sign or abide by plan of care.
- LLL. Child and/or family whereabouts are unknown (e.g., post office returns agency mail to the child or family indicating no forwarding address).
- MMM. If the child and/or family have sought medical/behavioral treatment outside the state of Kansas and the treatment process will be more than thirty (30) consecutive days outside the state, the case will be closed.
- NNN. Child has met the service limits established in the HCBS Autism Waiver.

VI. Clinical Exclusions

Any one of the following criteria must be met to preclude eligibility for the service.

- M. Services furnished to a child who is an inpatient or resident of a hospital, nursing facility, intermediate care facility for persons with mental retardation, or institution for mental disease are not covered
- N. Severity of behavioral health impairment precludes provision of services in this level of care.
- O. Severity of cognitive impairment precludes provision of services in this level of care.

There is a lack of social support systems, such that a more intensive level of service is needed.