

KanCare Prior Authorization Termination of PBS Services Form

NOTICE: This form is to be used when PBS services for a consumer are being terminated. Please check the appropriate box below and fill out the corresponding sections of the form. After completing this form, please fax it to KIPBS at 785-864-1284.

- Termination of Case - billing units completed or year ended**
(Complete Sections 1 and 2)
- Early Termination of Case - billing units NOT completed**
(Complete Sections 1, 2, and 3)

<u>Internal Use Only</u>
Date Rec'd: _____
Initials: _____
Case Number: _____

CONSUMER/PROVIDER INFORMATION

Section 1 (this section to be filled out by provider)

Consumer Name:	
Consumer Medicaid Number:	
PBS Provider Name:	
Provider NPI Number:	
Facilitator Number (from KIPBS):	
Billing Agency Name:	
Prior Authorization Approval Date:	
Prior Authorization Closing Date:	

Section 2 (this section to be filled out with parent or guardian)

Use the rating scale below to indicate the person's current overall risk levels.	
Strongly Disagree → Strongly Agree 1 2 3 4 5	
1. The individual's behavior significantly and consistently interferes with integration and participation in the community.	1 2 3 4 5 NA
2. The individual's behavior is dangerous to others.	1 2 3 4 5 NA
3. The individual's behavior provides a health risk to self (i.e. head banging, self-biting, ingestion of objects, etc.).	1 2 3 4 5 NA
4. The individual's behavior results in significant damage to property.	1 2 3 4 5 NA
5. The individual's behavior is likely to become serious in the near future if not addressed.	1 2 3 4 5 NA
6. The individual's behavior is occurring at such a frequency or intensity that a caregiver's ability to effectively provide support is being compromised.	1 2 3 4 5 NA
7. The individual's behavior results in the involvement of law enforcement.	1 2 3 4 5 NA
8. The individual's behavior puts them at risk of institutionalization or loss of a current least restrictive environment.	1 2 3 4 5 NA

EARLY TERMINATION OF CASE

Section 3

1. Please provide a brief explanation of the critical issues surrounding this case:

2. Reason for incomplete plan or for early termination

(Please check all reasons that apply, and answer the “action” question next to each reason checked by selecting “yes” or “no” in the last column)

Check Reason	Action	Check Answer
<input type="checkbox"/> Consumer/family moved	Were there any attempts at transferring the information gathered to the new team?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Consumer out of home placement	Were there any attempts at transferring the information gathered to the new team?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Health issues within the family (includes mental health)	Were there any attempts at obtaining assistance for the family?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Family stress	Were there any attempts at obtaining assistance for the family?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Team instability	Were there any attempts at increasing team stability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Poor team collaboration	Were there any attempts at increasing team collaboration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Change of caretaker’s priorities	Were there any attempts at negotiation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Caretaker termination request	Were there any attempts at negotiation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Scheduling conflicts	Were there any attempts at increasing scheduling flexibility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Data collection issues	Were there any attempts at increasing training and/or at modifying the procedures to decrease effort and/or increase consistency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Poor intervention implementation	Were there any attempts at increasing training and/or at modifying the procedures to decrease effort and/or increase consistency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Provider leaving position	Were there any attempts at transferring the information gathered to the new team?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other: _____ _____ _____	Action taken (briefly explain). _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

