

September 1, 2016

RE: Notice of Billing Policy Change: Kansas Medical Assistance Program (KMAP) HCBS- IDD Manual Updates

Dear Community Developmental Disability Organization (CDDO),

Effective September 1, 2016, KDADS finalized the residential services billing policy and will update the IDD KMAP manual accordingly. All providers billing for a residential support services are expected to become compliant with the new billing policy by October 1, 2016. In the next few weeks the MCOs will begin operationalizing this policy which includes assessing individual residential support needs and adjusting integrated service plans accordingly. As part of this process the MCOs will be requesting documentation from providers regarding residential support needs of currently served individuals.

Key changes include the following:

1. Moving forward, residential supports will no longer be authorized for an entire month. Instead residential supports will be authorized based on the individual's assessed needs on the integrated SP.
2. An authorized residential service must be provided in order to bill for the residential supports service.
3. Residential providers cannot bill unless a residential employee physically provides an authorized residential service.

The specific language that will be updated in the HCBS-IDD KMAP manual is as follows:

**Edit 1**

**Manual Location:** Pg. 8-15, Residential Supports Documentation Requirements, third solid bullet.

**Remove the following:**

- "In order to bill the daily rate, the beneficiary must be present for supports to be provided. Also, it must be documented that the supports were provided and/or the provider was available to provide the necessary supports to the beneficiary, if needed."

**Edit 2**

**Manual Location:** Pg. 8-15, Residential Supports Limitations. Add the following bullets:

- In order to bill the daily rate, the beneficiary must have received an authorized residential support as defined by the HCBS IDD waiver.
- Residential providers cannot bill for services unless a residential employee physically provides an authorized residential service. It is not necessary for the participant to be present at the time all residential services are provided by the employee.

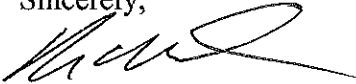
- Residential support services cannot exceed the services authorized by the plan of care/integrated service plan.
- Residential providers are allowed to respond to residential crisis situations as prescribed by the backup plan. A crisis is defined as a situation in which the member or member representative requests help due to the member feeling unsafe, medical emergencies, mental health emergencies and/or law enforcement involvement.
- When crisis services are provided, and additional units are added to the plan of care for crisis, the return to the previously established plan of care service units shall not be interpreted as a reduction of services to the beneficiary.

**Edit 3**

**Manual Location:** Pg. 8-16, Residential Supports Documentation Requirements. Add the following bullet:

- In the event residential services are provided to alleviate a crisis situation, the residential provider must provide the member's MCO with documentation of the crisis, upon request, for units above the plan of care amount.
- It must be documented that a paid caregiver was present and provided a service.

Sincerely,



Brandt Haehn  
Community Services and Programs Commissioner