

Community Services and Programs Commission
New England Building
503 South Kansas Avenue
Topeka, KS 66603-3404



Phone: (785) 296-3537
Fax: (785) 296-0256
wwwmail@kdads.ks.gov
www.kdads.ks.gov

Kari M. Bruffett, Acting Secretary
Gina Meier-Hummel, Commissioner

Sam Brownback, Governor

Amerigroup
Fax: 1-800-505-1193

Sunflower State
Fax: 1-866-694-3649

UnitedHealthcare
Fax: 1-855-268-9392

KanCare Service Prior Authorization Form for PBS Services

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

For completion by the Facilitator:

Please select MCO:	PA sent to MCO:	PA and release sent to KIPBS:
<input type="checkbox"/> Amerigroup	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Sunflower	<input type="checkbox"/> No	<input type="checkbox"/> No
<input type="checkbox"/> United		

Date of Application: _____

New PA _____ Year 2 PA Request _____ (check one)

Consumer Information

Name of Consumer: _____
Medicaid Number: _____
Street Address: _____ City: _____
County: _____ State: _____ Zip: _____ Phone Number: _____
Date of Birth: _____ Gender (circle one): M F Primary Diagnosis: _____
Ethnicity: _____ White _____ Black _____ Hispanic _____ Asian/Pacific Islander
_____ American Indian Other _____ (please list) _____ Unknown

PBS Provider/Facilitator Information

NPI Provider Number:

Name of Approved PBS Provider: _____
Work Phone Number: _____
Work Street Address: _____
City: _____ County: _____ State: _____ Zip: _____
Email Address: _____ Work Fax Number: _____

Billing Agency Information

Agency Number:

Name of Agency: _____
Work Phone Number: _____ Work Fax Number: _____
Work Street Address: _____
City: _____ County: _____ State: _____ Zip: _____
Type of Provider (choose the one that best describes your agency)
_____ Developmental Disability _____ Mental Health _____ Child Welfare

Environmental Status: Using the table below, describe how long the person has been in each of the following environments.

Home or Living situation	Employment or Work situation	Classroom or Educational setting
<input type="checkbox"/> Less than 6 weeks <input type="checkbox"/> 6 weeks to 6 months <input type="checkbox"/> 6 months to 1 year <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> More than 2 years	<input type="checkbox"/> Less than 6 weeks <input type="checkbox"/> 6 weeks to 6 months <input type="checkbox"/> 6 months to 1 year <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> More than 2 years <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Less than 6 weeks <input type="checkbox"/> 6 weeks to 6 months <input type="checkbox"/> 6 months to 1 year <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> More than 2 years <input type="checkbox"/> Not Applicable

Behavioral Ratings: Use the rating scale below to complete this section of the Prior Authorization form.

Almost Never (Less than once a month)	Occasionally (About once a month)	Sometimes (More than once a month)	Usually (About once a week)	Almost Always (Multiple times a week)
1	2	3	4	5

Behavior 1 (describe): _____

Settings in which this behavior occurs (circle all that apply)? Home Education Work Community

When this behavior occurs it is...	Rating
a) Significantly and consistently interfering with integration and participation in the community.	
b) Dangerous to others.	
c) A health risk to the person (i.e., head banging, self-biting, ingestion of objects).	
d) Resulting in significant damage to property.	
e) Becoming gradually more serious and will be of concern in the near future if not addressed.	
f) Occurring at such a frequency or intensity that the caregiver's support is being compromised.	
g) Resulting in the involvement of law enforcement.	

Behavior 2 (describe): _____

Settings in which this behavior occurs (circle all that apply)? Home Education Work Community

When this behavior occurs it is...	Rating
a) Significantly and consistently interfering with integration and participation in the community.	
b) Dangerous to others.	
c) A health risk to the person (i.e., head banging, self-biting, ingestion of objects).	
d) Resulting in significant damage to property.	
e) Becoming gradually more serious and will be of concern in the near future if not addressed.	
f) Occurring at such a frequency or intensity that the caregiver's support is being compromised.	
g) Resulting in the involvement of law enforcement.	

Behavior 3 (describe): _____

Settings in which this behavior occurs (circle all that apply)? Home Education Work Community

When this behavior occurs it is...	Rating
a) Significantly and consistently interfering with integration and participation in the community.	
b) Dangerous to others.	
c) A health risk to the person (i.e., head banging, self-biting, ingestion of objects).	
d) Resulting in significant damage to property.	
e) Becoming gradually more serious and will be of concern in the near future if not addressed.	
f) Occurring at such a frequency or intensity that the caregiver's support is being compromised.	
g) Resulting in the involvement of law enforcement.	

Global Risk Rating Scales: Consider the information outlined on the previous pages and what you know about the individual's entire behavioral repertoire. Use the rating scale below to indicate the person's overall risk levels.

Strongly Disagree $\xrightarrow{\hspace{10em}}$ **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).	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 overall behavior puts them at risk of institutionalization or loss of a current least restrictive environment, such as at home or at school.	1 2 3 4 5 NA

Final Instructions: Submit all additional documentation to support your application. These items will assist in reviewing the application. Additional items may include (please put an X by those you have included with this application):

- _____ Documentation related to problem behaviors (e.g. a previous behavior support plan or person-centered plan, several incident reports that provide examples of common problems encountered, etc.).
- _____ Summary of data presented in graphs or other formats.
- _____ Other documentation of multi-agency or multi-service efforts to address challenging behavior that have failed to resolve the challenging behavior.