# **Serious Emotional Disturbance (SED) Waiver Program**

## **Provisional Plan of Care January 2021**

*The Provisional Plan of Care is required by CMS as part of the eligibility process. The Provisional Plan of Care must be sent alongside the KDHE Form 3160 to KDADS designated mailbox at* [***KDADS.SED@KS.GOV***](mailto:KDADS.SED@KS.GOV)*. This form after completion, the ICE form, CAFAS Assessment, CBCL, and Strength and Needs forms must be uploaded into KAMIS.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Consumer Information** | | | |
| \*Last Name: | \*First Name: | \*Middle Initial: | \*Date of Birth: |
| \*Address: | \*City, State: | \*Zip: | \*Phone #: |
| \*KAMIS ID: | \*Medicaid ID: | \*KanCare MCO: | \*SSN #: |
| **Parent / Legal Guardian Information** | | | |
| \*Last Name: | \*First Name: | \*Address: | |
| \*City, State: | \*Zip: | \*Phone #: | Cell #: |
| **COMMUNITY MENTAL HEALTH CENTER (CMHC)** | | | |
| \*CMHC: | \*Address: | \*City, State: | |
| \*Phone #: | \*Email Address: | \*Completed By: | |

\*required fields if known

|  |  |  |  |
| --- | --- | --- | --- |
| **SERVICE** | **UNIT/DURATION** | **UNITS OF SERVICES** | **CHECK** |
| ATTENDANT CARE (T1019 HK) | 1 Unit =  15 Minutes | FOR       # UNITS |  |
| INDEPENDENT LIVING / SKILLS BUILDING (T2038) | 1 Unit =  1 Hour | FOR       # UNITS |  |
| PARENT SUPPORT TRAINING (INDIVIDUAL) (S5110) | 1 Unit =  15 Minutes | FOR       # UNITS |  |
| PARENT SUPPORT TRAINING (GROUP)  (S5110 TJ) | 1 Unit =  15 Minutes | FOR       # UNITS |  |
| PROFESSIONAL RESOURCE FAMILY CARE (S9485) | 1 Unit =  1 Day | FOR       # UNITS |  |
| SHORT TERM RESPITE CARE (S5150) | 1 Unit =  15 Minutes | FOR       # UNITS |  |
| WRAPAROUND FACILITATION (mandatory) (H2021) | 1 Unit =  15 Minutes | FOR       # UNITS |  |
| **TOTAL MONTHLY UNITS FOR ALL SELECTED SERVICES** | **=**  # UNITS | **Comments:** | |

**KDADS SED Form/Provisional Plan of Care v.2 rev.12/10/21**