

Frequently Asked Questions

Question: Who can submit Prior Authorization application for KIPBS services?

Answer: Only persons who have successfully completed the KIPBS training submit an application for the Prior Authorization (PA) process. These professionals are called KIPBS Facilitators.

Question: How can someone become a KIPBS Facilitator?

Answer: Only professionals who successfully complete all the requirements of the year-long training program at the Kansas Institute for Positive Behavior Support can become Facilitators. When a professional completes the KIPBS training program and becomes a Facilitator, he or she will be approved to bill Medicaid for the following three services: assessment, intervention, and person-centered planning.

Facilitators need to have liability insurance either as part of their job within an organization or as a private contractor. In addition, KIPBS Facilitators must have an agreement with the Community Developmental Disability Organization (CDDO) in order to be reimbursed for services. Professionals from developmental disability services, child welfare, and mental health settings have participated in this course. A bachelor's degree is required in order to become a qualified KIPBS Facilitator and submit billing for PBS services.

However, a number of professionals have participated in the KIPBS training even though they do not intend to bill Medicaid for PBS services. Professionals representing Social and Rehabilitation Services, education, and other human service systems have participated in the KIPBS training. Professionals without a bachelor's degree have successfully completed the training as well.

Anyone interested in applying can send an email to kipbs@ku.edu. The application materials are available on the KIPBS website (<http://www.kipbs.org/KIPBSApps/default.aspx>). The year-long class begins in February each year. To be considered for the class, applications must be submitted no later than November of the previous year.

Question: How many consumers can each KIPBS Facilitator work with at one time?

Answer: Professionals can work with six "Kan-Be-Healthy" eligible children at a time. If a Facilitator is working with six active consumers, and one child moves or no longer needs the services, the Facilitator must submit a termination form available on the KIPBS website (<http://www.kipbs.org>) under the "Prior Authorization" link in a password protected part of the website. The username and password can be found in the KIPBS Online Instruction Modules User's Manual professionals received during the online lab conducted at the initial training.

Question: What are the Kan-Be-Healthy eligibility requirements, and how do I know if a child is eligible?

Answer: The Kan-Be-Healthy criterion is that the child be under the age of 21 and has a medical card. Facilitators can call HP Enterprises at 1-800-933-6593 to see if a child is eligible. There is also a Customer Service representative available to answer questions at 800-766-9012. For additional information on Kan-Be-Healthy criteria, visit the website at <https://www.kmap-state-ks.us/>

Question: Where do I find the Prior Authorization forms and consent forms?

Answer: Go to <http://www.kipbs.org> and click on the "Prior Authorization" link. This is a password protected site. The username and password can be found in the KIPBS Online Instruction Modules User's Manual received during the online lab conducted at the initial KIPBS Facilitator February training. The PA form and consent forms are available on the "Application for Prior Authorization for PBS Services" link. Contact KIPBS staff at kipbs@ku.edu if you need assistance accessing the site or have any questions on how to complete these forms.

Question: Why do I need to send consent forms with my Prior Authorization?

Answer: Projects associated with The University of Kansas must meet the requirements of the Human Subjects Committee (HSCL) on the Lawrence Campus. HSCL is the mechanism through which the University of Kansas abides by federal regulations pertaining to the protection of human research participants to ensure protection of the individual's rights, well-being, and personal privacy.

Before individuals are involved in research, they must understand the following:

1. The associated risks;
2. The anticipated benefits to them and others;
3. The importance of the knowledge that may reasonably be expected to result; and
4. The informed consent process to be employed.

By signing the appropriate consent forms, individuals are confirming that they are aware of these issues and agree to participate.

Question: Can I bill for services for children who are at school?

Answer: The KIPBS project encourages working closely with schools to develop plans and interventions for children regardless of the child's IEP status. This may mean that when working with children who are in special education, some brainstorming may be needed to collaborate with school personnel. In fact, many KIPBS Facilitators work in organizations support collaborative work with schools regardless of the whether this time can be billed or not since interagency communication is so critical for supporting children effectively. However, we recommend not billing Medicaid for PBS services during school hours in order to avoid inadvertently violating otherwise existing Medicaid rules.

Question: How do KIPBS Facilitators bill for services?

Answer: The child served must be present during hours that are being billed. Graphing and writing plans are not considered billable time as the child is not present while conducting these activities. In addition, consultation to parents or others when the child is not physically present is not considered billable time.

Only one provider can be billing for a service at a time, (i.e., Case Managers and KIPBS Facilitators cannot submit bills for the same time period during a PCP meeting, and KIPBS Facilitators cannot bill during school hours if the child is in special education receiving Medicaid support). Therefore, careful communication is needed between case managers and KIPBS Facilitators, especially with person-centered planning activities.

Question: How are Prior Authorizations (PA) processed?

Answer: A qualified KIPBS Facilitator applies for services by submitting a PA form and proper consent forms to KIPBS. These documents must be sent by fax or Federal mail. ***Do not send forms by email due to privacy issues. Forms received by email will be returned unprocessed with a message stating to either fax or send the materials by Federal mail.*** In order to facilitate a timely assessment of this information by KIPBS staff and HP Enterprises staff, it is critical that the KIPBS Facilitator complete all sections of the PA form with accurate, current information. This includes information regarding the consumer, the provider, the provider number for the agency that is doing the billing, and the requesting provider agency information.

KIPBS staff will review the PA to ensure that the person who is making the application is a qualified KIPBS Facilitator, the consumer has a Medicaid number, and the consumer meets the standards for services. The entire Prior Authorization process should take about a week. However, this turn-around time is not guaranteed if applications are incomplete or the information provided is incorrect. KIPBS staff recognize the nature of the need for services and will do everything they can to expedite the PA process.

KIPBS staff sends an appropriate Prior Authorization form to HP Enterprises for processing and notifies the KIPBS Facilitator by mail that the Prior Authorization has been sent to HP Enterprises. The KIPBS Facilitator should send a copy of that letter to all CDDOs involved in the Prior Authorization to let them know billing will begin for that consumer.

Once HP Enterprises receives the paperwork, they will perform a final review to ensure the Prior Authorization information is complete and accurate. HP Enterprises staff will notify KIPBS if there is a problem with the Prior Authorization information submitted by the Facilitator. KIPBS staff will then contact the Facilitator to resolve the issue so the PA can be resubmitted to HP Enterprises. After the PA has been submitted and accepted by HP Enterprises, a Facilitator can track the request by contacting HP Enterprises at 1-800-285-4978 (ask for the Home Health Unit).

Question: How does my agency begin the billing process?

Answer: At this time, Community Developmental Disability Organizations (CDDOs) are the only provider type allowed for reimbursement of these services. If you are not affiliated with a CDDO, you will need to make an arrangement with your local CDDO to bill through that agency. Prior to billing for KIPBS services, it is important to make sure that all agencies involved in the Prior Authorization billing process have a current provider number that is appropriate for billing for the KIPBS services. *This provider number can be checked with HP Enterprises by calling 1-800-933-6593.* The provider number should be appropriate for KIPBS services that have the following names, descriptions, and codes:

- **PBS Environmental Assessment** - An assessment of environmental events, antecedents, and/or consequences that are associated with or maintain the behaviors of interest, including physiological responses. This service should be billed using the code **90885 (22)**.
- **PBS Treatment** - Procedures that include environmental manipulation of one or more of the following: antecedent events, setting events, consequent events, and teaching new skills. This service should be billed using the code **90806 (22)**.
- **PBS Person-Centered Planning** - The use of person-centered planning approaches that integrate a person's desired quality of life, taking into account barriers to achievement. This service should be billed using the code **90882 (22)**.

Providers who do not have a provider number appropriate for these services can contact HP Enterprises and request a provider application packet or get the name and phone number of their provider representative by calling 1-800-933-6593.

Question: How much is reimbursed for each service?

Answer: The following table provides a summary of the billing rates and number of hours of billable time allowed for each KIPBS service.

Service Name	Service Code	Maximum Number of Hours Allowed	Reimbursement Rate	Dollar Amount Approved
PBS Environmental Assessment	90885 (22)	30	\$40/hour	\$1,200
PBS Treatment	90806 (22)	60	\$100/hour	\$6,000
PBS Person-Centered Planning	90882 (22)	40	\$40/hour	\$1,600

There may be occasions when a case is determined to be eligible for a subsequent year of service. If this occurs, an exception may be considered. All exceptions must be prior authorized by submitting a new, updated Prior Authorization through KIPBS and receiving approval of the extension.

Question: How much of the billed amount is actually reimbursed?

Answer: All of the funds allocated for each billable unit will be reimbursed to the performing provider with the exception of any fees withheld by the billing provider (the requesting provider). For instance, if one agency (the performing provider) has an arrangement as an affiliate with a CDDO (the requesting provider) for an administrative fee of 7%, then when the CDDO is reimbursed fees for services provided, they will withhold 7% of the funds and return the remainder to the performing provider.

Question: What kind of internal documentation is required for these services?

Answer: According to the current Kansas SRS Medical Assistance Programs: Part II HCBS-MRDD Targeted Case Management Provider Manual, service providers will maintain internal documentation systems that comply with all necessary regulations and laws pertaining to confidentiality and privacy protection. For all PBS services, documentation for billing should be in quarter of an hour increments. The PBS service provider must maintain a record of the individuals to whom he/she provides services that shows:

- The name of the individual receiving the service;
- The date the service was provided;
- The name of the provider agency;
- The name of the individual providing the service;
- The location at which the service was provided;
- The code and type of PBS treatment provided;
- The amount of time it was provided to the nearest quarter hour;
- The description of interaction;
- The Medicaid number; and
- The billing record must be signed.

Question: If a Facilitator is providing services to a child from another CDDO, does billing go through the Facilitator's CDDO or the child's CDDO?

Answer: The billing would go through the child's CDDO, so the Facilitator would need an affiliate's agreement with the child's CDDO. When filling out the PA form, the Facilitator would put their CDDO number as the Performing Provider Number and the child's CDDO as the Requesting Provider Number.

Question: Can a KIPBS Facilitator be a Case Manager and bill for KIPBS services?

Answer: A KIPBS Facilitator can be a Case Manager and provide PBS services to consumers in their own agency as long as these consumers are not on their TCM caseload.

Question: What happens if I'm billing for someone and he or she moves to another part of Kansas to a new CDDO area or another Facilitator in my agency takes over the case due to reorganization and the year is not over yet?

Answer: If the consumer is moving and does not intend to work with another KIPBS Facilitator in the new CDDO, the Facilitator should send KIPBS a Termination Notice/Change of Provider form and indicate the reason for the early termination. KIPBS will let HP Enterprises know that the case is terminated early.

If the consumer is moving to a new CDDO and a KIPBS Facilitator from that new CDDO will be taking over the case, more documentation is needed to document the transition. The current Facilitator will need to complete a Termination Notice/Change of Provider form that indicates the change in provider, the last date of service by the current Facilitator, and the number of units left to bill for the consumer in each category. The current Facilitator sends the Termination Notice/Change of Provider form to KIPBS staff. The *new* Facilitator must then submit a *new* Prior Authorization form and signed consent forms to KIPBS. It is very helpful to submit the Termination Notice/Change of Provider and the Prior Authorization and consent forms at the same time to KIPBS staff. ***Be aware that the new Prior Authorization will still maintain the same end date indicated in the original Prior Authorization.*** KIPBS will forward all documentation to HP Enterprises and make the change in the internal KIPBS database.

If a consumer's case is moved from one KIPBS Facilitator in an agency to another KIPBS Facilitator in the same agency, the current Facilitator will only be required to send in the Termination Notice/Change of Provider form indicating a change in provider. HP Enterprises does not require KIPBS to send in a new Prior Authorization if the providers are from the same agency and there are no changes in the performing and requesting provider numbers. KIPBS staff will make the change in their internal database showing a change of provider on the date indicated on the form. The end date will still remain the same as the original Prior Authorization.

Question: What does a KIPBS Facilitator have to do to maintain their billing status?

Answer: In order to maintain billing status, a Facilitator must donate 12 hours per year (such as awareness presentations, revising in-service training systems, collaboration with KIPBS staff on organization-wide and state-wide changes, etc.). In January of each year, Facilitators will be asked for their mentor documentation form. KIPBS staff no longer asks for proof of Mandt renewal, although it is strongly recommended that all KIPBS Facilitators maintain their training in Mandt or other nationally known crisis management education.

KIPBS Facilitators must submit the following information on the first six prior authorization case after completing the KIPBS training. The following information should be included:

- Case Closing/Transition Form
- Pre PCP and PBS Plans
- Post PC-PBS plan
- Contextual Fit Surveys from team members
- Consumer Satisfaction Surveys from team members
- Quality of Life Survey

The above documentation will be due within 30 days of the first case closes. All required forms are available in Module 10. The plans will be evaluated using the PC-PBS Plan Checklist Scoring Criteria (also found in Module 10). PC-PBS plans that follow the case example report format available in the KIPBS modules are likely to increase scores on this fidelity measure since the KIPBS staff evaluating the plan will be able to find items on the checklist easily. Facilitators must achieve a score of 80% or higher on this case to continue billing. If you do not initially score over 80% on the PC-PBS Checklist, KIPBS staff will work with you to create an action plan to improve your score. In addition, your case load will be monitored until you are successful.

After receiving an 80% or higher on the first scored plan, plans will be randomly selected each year from the total number of cases that KIPBS Facilitators are submitting. These data will not only be used to maintain each KIPBS Facilitator's status, but will also be used to evaluate the effectiveness and impact of the Kansas Institute for Positive Behavior Support.

Question: What do I need to do when a case ends?

Answer: When a case ends, Facilitators should complete the Case Closing/Transition Form and fax or mail it to KIPBS. Cases are considered closed when all billable services have been completed, when the case has reached the end of one year, or when the consumer is no longer receiving PBS services from the KIPBS Facilitator. If the case comes up in the random selection for evaluation, the Facilitator will be contacted by KIPBS who will ask for additional information about the plan. (For more information about what information will be requested see the FAQ: What does a KIPBS Facilitator have to do to maintain their billing status?)