

Frequently Asked Questions: Prior Authorization and Billing

1. Who can make an application for authorization for KIPBS services?

Only persons who have successfully completed the KIPBS training can make application for the Prior Authorization (PA) process. These professionals are called KIPBS Facilitators.

2. How can a professional become a KIPBS Facilitator?

Professionals who work in developmental disability services can complete an application to be considered for a year-long training program at the Kansas Institute for Positive Behavior Support. Applications are reviewed during the month of November. If you are interested in applying, send an email to kipbs@ku.edu or contact Pat Kimbrough at (785) 864-4096.

3. Once a professional completes the training, how long can they bill for services?

When a professional completes the KIPBS training program and becomes a KIPBS Facilitator, they will be approved to bill Medicaid for three services including assessment, intervention, and person-centered planning. Each consumer for whom the KIPBS Facilitator wishes to provide services must be approved through the Prior Authorization (PA) system. Once approved, those services can be billed for a period of a calendar year (specified on approval form you receive from KIPBS). KIPBS Facilitators must maintain eligibility through KIPBS to bill Medicaid for approved KIPBS services. This eligibility is maintained by providing 12 hours of volunteer mentoring to the KIPBS system each year and maintaining a quality of KIPBS work that is consistent with the KIPBS standards of practice.

4. How many consumers can each KIPBS Facilitator work with?

Professionals can work with six KIPBS consumers at a time. If a professional is working with six active KIPBS consumers, and one child moves or no longer needs the services, the facilitator must submit a termination form available on the KIPBS website at www.kipbs.org/PriorAuth/manual.aspx (this is a password protected site). After the case has been properly closed, the professional can send in a prior authorization request for another child.

5. How does the Prior Authorization process work?

A KIPBS Facilitator who has successfully completed the training program sends an application to the Kansas Institute on behalf of a consumer in need of positive behavior support and person-centered planning. The appropriate forms for this process are available on the KIPBS website (password protected area) (www.kipbs.org/PriorAuth/manual.aspx). When the KIPBS staff members receive the application for Prior Authorization (PA), they will check to make sure that the provider and consumer both meet the guidelines for KIPBS services. If the application is approved, the request is sent to the appropriate Kansas Medicaid (EDS) offices in Topeka for final approval. The Kansas Medicaid professionals (EDS) will enter the data in the state Medicaid database. KIPBS staff will notify the KIPBS Facilitator that the application has been approved via Federal mail and will indicate the billing period.

6. How long does the Prior Authorization process take?

The entire Prior Authorization (PA) process should take a week, however, this turn-around time is not guaranteed. The turn-around time depends upon whether a complete application has been sent and communications with Kansas Medicaid personnel occur in a timely fashion. KIPBS staff recognize the nature of the need for services, and will do everything they can to expedite the PA process.

7. Who are the targeted persons for KIPBS services?

The following criteria appear on the KIPBS Prior Authorization Application. Applications for Prior Authorization at this time will only be approved for children since the current SRS policy states that consumers must be Kan-Be-Healthy recipients.

1. _____ A Kan-Be-Healthy eligible child (age 0 to under 21) who is developmentally disabled, including mental retardation, as specified in K.S.A. 39-1801, et. seq., and/or has a verifiable diagnosis of autism.
2. _____ A typically developing child (age 0 to under 21) who is Kan-Be-Healthy eligible and fits at least one of the criteria listed below (check all that apply).
 - _____ The individual's behavior significantly and consistently interferes with integration and participation in the community.
 - _____ The individual's behavior is dangerous to self and others.
 - _____ The individual's behavior provides a health risk.
 - _____ The individual's behavior is likely to become serious in the near future if not addressed.
 - _____ The individual's behavior is of great concern to a caregiver or is occurring at such a frequency or intensity that a caregiver's ability to effectively provide support is being compromised.
 - _____ The individual's behavior results in significant damage to property.

8. What services are billable when a professional graduates from the KIPBS project?

Although the KIPBS services are not Targeted Case Management (TCM) services, they have temporarily been described in the Kansas SRS Targeted Case Management manual. [For a copy of this manual click here.](#) Effective January 1, 2002, three new Positive Behavior Support (PBS) services were created for Kan Be Healthy consumers. These services include:

- **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.
- **PBS Treatment** - Procedures that include environmental manipulation of one or more of the following: antecedent events, setting events, consequent events, and teaching new skills.
- **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.

9. What are the billing codes for the KIPBS services and how much is reimbursed for each service?

The billing codes, names of services, number of units approved on accepted Prior Authorizations, and amount of dollars allocated to each service are listed below for each approved consumer.

Service Code	Service Name	Units Approved	Dollar Amount Approved
90885(22)	PBS Environmental Assessment	30	\$1,200
90806(22)	PBS Treatment	60	\$6,000
90882(22)	PBS Person-Centered Planning	40	\$1,600

10. How much of the billed amount is actually reimbursed?

All of the funds allocated for each billable unit should be reimbursed to the requesting provider with the exception of any fees withheld by the billing provider. For instance, if one agency (the requesting provider) has an arrangement as an affiliate with a CDDO (the billing 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 requesting provider. Matching state funds come from Kansas General Fund allocations

11. Are the KIPBS services separate service provided by different individuals?

All approved applications will constitute an agreement on the part of the service provider to deliver all PBS services in a comprehensive and integrated fashion, i.e., person centered planning, assessment, and intervention should not be separated whenever possible to specialized personnel.

12. What kinds of internal documentation is required for these services?

Service providers must 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 as mentioned in Lesson 3;
- The amount of time it was provided to the nearest quarter hour;
- The description of interaction;
- The billing record must be signed; and
- The Medicaid number.

13. How are billing for KIPBS services and Targeted Case Management related?

Both Targeted Case Managers (TCM's) and KIPBS Facilitators will be providing person-centered services to consumers in the field of Developmental Disabilities. It is important to make sure that KIPBS Facilitators work closely with Targeted Case Managers to coordinate services and ensure that services are not being duplicated. It is also important to document services appropriately for purposes of quality assurance, making sure to note how the KIPBS and TCM services are different when they are provided. TCM documentation cannot reflect person-centered planning during the same month for instance that a KIPBS Facilitator has been working on a person-centered plan as part of an intervention. The TCM documentation could, however, reflect other appropriate TCM services such as coordinating transportation, medical and other care, etc.

14. Can I bill for services for children who are at school?

This is a somewhat difficult question. In general, when working with students are on Individualized Education Plans at schools, that school is probably receiving Medicaid funds if the child is a Kan-Be-Healthy participant. This means that to bill for time at the school during school hours could represent a "double-dipping" event into Medicaid funds. On the other hand, if the child is not special education, such school-hours should be fine for KIPBS services. In general, the KIPBS project encourages working closely with schools to develop plans and interventions for children. This may mean that when working with special education children, some planning might have to occur that outlines how school personnel can work with KIPBS facilitators to help collect behavioral and other data that is critical to PBS interventions.