KDADS STANDARD POLICY

<table>
<thead>
<tr>
<th>Policy Name:</th>
<th>Process Improvements for the Kansas Client Placement Criteria (KCPC) System Manual Workaround</th>
<th>Policy Number:</th>
<th>BHS 701</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commission:</td>
<td>Behavioral Health Services</td>
<td>Date Established:</td>
<td>01/07/19</td>
</tr>
<tr>
<td>Applicability:</td>
<td>Substance Use Disorder</td>
<td>Date Last Revised:</td>
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<tr>
<td>Contact:</td>
<td>Behavioral Health Services Interim Commissioner</td>
<td>Date Effective:</td>
<td>04/15/19</td>
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<tr>
<td>Policy Location:</td>
<td>KDADS website</td>
<td>Date Posted:</td>
<td>04/10/19</td>
</tr>
<tr>
<td>Status/Date:</td>
<td>Approved 01-07-19</td>
<td>Number of Pages:</td>
<td>5</td>
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Revision History

Purpose

This policy establishes the process all Kansas licensed substance use disorder (SUD) Block Grant (BG) and Medicaid KanCare providers must follow for:

- Block Grant member eligibility (BG only) and
- Member service authorizations (Block Grant and Medicaid)

Summary

The Kansas Department for Aging and Disability Services is in the process of procuring a new SUD data system to replace the current KCPC system. In the interim, providers and contractors, referring to the KanCare Managed Care Organizations (MCOs) or the Administrative System Organization (ASO) for the Block Grant (Beacon) are using different manual workaround forms, processes and prior authorization criteria in the absence of the KCPC.

In order to streamline the process for a more consistent and efficient system, the contractors were asked by the State to collaborate and develop one common service request form for BG member eligibility and member service authorizations (Block Grant and Medicaid), which is the purpose of this policy. The form was vetted through the Kansas SUD provider associations and other stakeholders for feedback before approval. After stakeholder feedback and updates, the common SUD Services Request form with instruction sheet was finalized by the contractors and then approved by KDADS and the Kansas Department for Health and Environment (KDHE) for provider distribution and utilization effective 04/15/19.

Also, a workgroup consisting of KDADS staff, a KDHE staff member and contractors has been formed to review and end prior authorization requirements for the lower levels of care. The group discussed the SUD lower levels of care prior authorization requirements and document the current and proposed requirements. The requirements were collected in a tool and then discussed in several subsequent meetings.

Attached to this policy is the common Kansas SUD Services Request form and instruction sheet created by the contractors. This policy also documents the process providers are to follow for submission of the form along with the prior authorization requirements resulting from the process improvement meetings and follow-up.
Entities/Individuals Impacted

Substance Use Disorder Block Grant and Medicaid KanCare providers
Medicaid KanCare Managed Care Organizations (MCOs) – Aetna, UnitedHealth, Sunflower
Block Grant Administrative Service Organization (ASO) - Beacon

I. Policy

A. For Kansas BG member eligibility for SUD services, this policy applies to new members. Providers are to complete the first page of the SUD Services Request form (attached) and submit to Beacon.

B. For Kansas BG and Medicaid SUD service levels 2.1, 3.1, 3.2, 3.3, 3.5 and 3.7, all admissions and continued stay reviews will require completion of the SUD Services Request form (attached) and submission to the applicable contractor.

C. Prior to beginning services, providers are to submit the information required in the SUD Services Request form (attached) either by completing the fields in the form itself or by attaching a print-out from an electronic health record (EHR) or other assessment tool that provides enough information to determine medical necessity by the contractors. After completion, the provider should submit the SUD Services Request form (with any associated assessment tools) to the appropriate KanCare managed care organization or Beacon at the contractor address in the format required on the top of the SUD Services Request form.

D. For both Medicaid and Block Grant members, prior authorization for lower levels of care is not required for the following codes - services:

<table>
<thead>
<tr>
<th>CPT Code (Block Grant and Medicaid)</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>H0001</td>
<td>Assessment</td>
</tr>
<tr>
<td>H0004</td>
<td>Outpatient Individual Therapy</td>
</tr>
<tr>
<td>H0005</td>
<td>Outpatient Group</td>
</tr>
<tr>
<td>H0006</td>
<td>Substance Use Case Management</td>
</tr>
<tr>
<td>H0038HF</td>
<td>Peer Support, Individual</td>
</tr>
<tr>
<td>H0038HF HQ</td>
<td>Peer Support, Group</td>
</tr>
</tbody>
</table>
Policy Name: Process Improvements for the Kansas Client Placement Criteria (KCPC) System Manual Workaround
Commission: Behavioral Health Services
Applicability: Substance Use Disorder
Contact: Behavioral Health Services Interim Commissioner
Policy Location: KDADS website
Status/Date: Approved 01/07/19

<table>
<thead>
<tr>
<th>Fee Schedule Codes (Block Grant)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0160</td>
<td>Overnight Boarding</td>
</tr>
<tr>
<td>A0160</td>
<td>Support Services</td>
</tr>
<tr>
<td>T1015</td>
<td>Methadone dosing</td>
</tr>
<tr>
<td>S9446</td>
<td>Educational group for driving under the influence (DUI)</td>
</tr>
</tbody>
</table>

E. Prior authorization is required for intensive outpatient and all higher level of care services.

II. Procedures

Block Grant

A. For Kansas BG member eligibility, BG-funded providers are to complete the first page of the attached SUD services request form for new BG eligible members with any associated assessment tools then upload to the Beacon provider portal or securely e-mail to Beacon at KansasClinical@BeaconHealthOptions.com. If requesting eligibility, forms only need to be sent to Beacon if the member is either not found in Beacon’s system or if there is an eligibility termination date.

B. For Kansas BG SUD service levels 2.1, 3.1, 3.2, 3.3, 3.5 and 3.7, all admissions and continued stay reviews will require SUD providers to either complete the fields in the form itself or attach a print-out from an electronic health record (EHR) or other assessment tool that includes those components then submit to Beacon by uploading the form with any associated assessment tools to the Beacon provider portal.

C. Providers must retain a copy of the SUD Services Request form with any associated assessment tools along with the subsequent decision from the appropriate contract in the member’s electronic health record and/or file.

D. Beacon will review and approve/deny the service request based upon medical necessity but no longer than twenty-four (24) hours of receipt of the completed request.

KanCare

A. For any Medicaid member needing a higher level of care or intensive outpatient SUD services, SUD providers are to either complete the fields in the form itself or attach a print-out from an electronic health record (EHR) or other assessment tool that includes those components then submit to the appropriate MCO with any associated assessment tools whose managed care patient the provider intends to serve, as follows:

1. Aetna – toll free fax 1-855-225-4102 Attention: BH UM or securely e-mail to the BH UM department at AetnaBetterHealthKS_PriorAuth@aetna.com
2. **Sunflower Health Plan** – fax to the Utilization Management department at (844) 824-7705

3. **United Healthcare Community Plan** – fax to the service authorization number at (855) 268-9392

B. Providers must retain a copy of the SUD Services Request form with any associated assessment tools along with the subsequent decision from the appropriate contractor in the member’s electronic health record and/or file.

C. The MCO will review and approve/deny the service request based upon medical necessity but no longer than twenty-four (24) hours of receipt of the completed request.

### A. Documentation/Quality Assurance

A. Provider Requirements – This policy requires providers to complete a SUD Services Request form for:
   - SUD Block Grant member eligibility or for
   - SUD Block Grant or Medicaid members to request authorization for SUD member intensive outpatient or higher levels of care services. Providers must submit the form to the appropriate MCO or Beacon for approval.

B. Documentation – Providers must retain a copy of the form with any associated assessment tools along with the subsequent decision from the appropriate contractor in the member’s electronic health record and/or file.

C. Quality Assurance – The MCO or Beacon shall monitor provider authorization and documentation compliance for the providers billing for SUD services within their network. KDADS Licensing will conduct audits of member files to ensure compliance with the KDADS Licensing standards and regulations.

### B. Definitions

A. Kansas Client Placement Criteria (KCPC) System – the State of Kansas SUD data system based upon the American Society of Addiction Medicine (ASAM) criteria for the collection of member demographic information and authorization of SUD services.

B. Block Grant – Substance Abuse Prevention and Treatment Block Grant (SAPT) program is a noncompetitive grant that provides funding for substance abuse and mental health prevention, treatment, recovery support, and other services to supplement Medicaid, Medicare, and private insurance services. The Block Grant should be considered the funder of last resort if the person meets requirements and no other funding resource is available.

C. Contractors – refers to the Kansas KanCare Managed Care Organizations and the Administrative System Organization for the Block Grant.

D. Kansas KanCare Managed Care Organizations – refers to UnitedHealth, Sunflower, and Aetna

E. Provider – refers to all Kansas licensed substance use disorder (SUD) Block Grant (BG) and Medicaid KanCare providers.
### Authority

**Federal Authorities**
- **Block Grant**
  - Title 42, Chapter 6A, Subchapter XVII of the United States Code, Part B, subpart ii

**Medicaid**

**State Authorities**
- 2018 Kansas Statutes 8-1008. Alcohol and drug evaluations; when required; providers; reports; standardized Substance use evaluations. (f)

### Related Information

**PUBLIC COMMENT PERIOD:**

January 10, 2019 – March 5, 2019

**RELATED CONTENT:**

- **Policy:**

- **Manuals:**
  - Kansas Medical Assistance Program Provider Manual for Substance Use Disorder – [https://www.kmap-state-ks.us/Documents/Content/Provider%20Manuals/SUD_12122017_17200.3.pdf](https://www.kmap-state-ks.us/Documents/Content/Provider%20Manuals/SUD_12122017_17200.3.pdf)

**ADDITIONAL LINKS:**