

## Kansas Medicaid UM Guideline

**Subject:** Parent Support and Training – Autism Waiver

**Current Effective Date:** 01/26/2017

**Status:** Active

**Last Review Date:** 2/23/18

Description
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Parent Support and Training is designed to provide the training and support necessary to ensure engagement and active participation of the family in the treatment process and with the ongoing implementation and reinforcement of skills learned throughout the treatment process. Support and training is provided to family members to increase their ability to provide a safe and supportive environment in the home and community for the child. This involves assisting the family in acquiring the knowledge and skills necessary to understand and address the specific needs of the child in relation to Autism Spectrum Disorder and related treatments. The Parent Support provider can also assist the parents in gathering materials, making materials, finding information and training parents on the materials and Parent Support training maybe provide on a one-to-one basis or in a group setting.

For the purposes of this service, "family" is defined as persons who live with or provide care to a child served on the waiver, and may include a parent, step parent, legal guardian, siblings, relatives, grandparents, or foster parents. Services may be provided individually or in a group setting, are subject to prior approval, and must be intended to achieve the goals or objectives identified in the child's individualized plan of care.

**Components:**

1. Support, coaching and training provided to family members to increase their ability to provide a safe and supportive environment in the home and community for the member.
2. This involves helping the families identify and use healthy coping strategies to decrease caregiver strain, improve relationships with family, peers and community members and increase social supports;
3. Assist the family in the acquisition of knowledge and skills necessary to understand and address the specific needs of the participant in relation to their developmental disability and treatment;
4. Development and enhancement of the families' specific problem-solving skills, coping mechanisms, and strategies for the participant's symptom/behavior management;
5. Assist the family in understanding various requirements of the waiver or grant process, such as the crisis plan and plan of care process;
6. Educational information and understanding on the participant's medications or diagnoses; interpreting choice offered by service providers; and assisting with understanding policies, procedures and regulations that impact the participant with mental illness while living in the community; provide information on supportive resources in the community;
7. Service must be intended to achieve the goals and/or objectives identified in the participant's individualized plan of care.

Clinical Indications
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**Eligibility Criteria:**

- Member must be currently eligible for the Kansas Autism Waiver.

<https://providers.amerigroup.com/KS>

**State of Kansas Definition of Medical Necessity:**

- Medical Necessity means that a clinical intervention for an otherwise covered category of service, is not specifically excluded from coverage, and is medically necessary, according to all of the following criteria:
  - Authority
  - Purpose
  - Scope
  - Evidence
  - Value

<b>Coding</b>
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- T1027 – Individual
- T1027 HQ – Group

**Parent Support and Training Billing Considerations:**

- Parent Support services are billed by units of services. A unit equals 15 minutes whether it is an one on one or a group setting. Units are limited to 120 units per calendar year. Limitation on units is the same whether services are given individually, group, or a combination of both.
- Services are to be billed by date of services
- Written documentation is required for services provided and billed to Amerigroup Kansas, Inc.
- Delivery of this service may occur via telemedicine, telehealth or other modes of video distance monitoring methods that adhere to all required HIPAA guidelines and meet the state standards for telemedicine delivery methods. This service delivery model is subject to state program manager approval. A request submitted for this exception must include, at a minimum, three (3) written statements from service providers in at least a 50 mile radius declining to provide services because the child/family resides in a location that is so remote or far away that the provider does not have staff to meet with the child on a continual and/or intermittent basis as needed.

<b>Discussion/General Information</b>
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**Allowed Modes(s) of Delivery:**

- Individual
- Group

**Limitations/Exclusions:**

- Persons with family relationships to the beneficiary cannot provide parent support and training services.
- The maximum allowable units per child are 120 units (30 hours) per calendar year. This limit applies whether it is an individual or group rate or a combination of individual and group services. Families may request more hours from their MCO if needed.
- Services are subject to prior approval through the Plan of Care, and must be intended to achieve the goals or objectives identified in the child’s IBP/POC.

- Group settings cannot consist of more than three families.
- The group membership requirement for parent support and training is to have a family member with a diagnosis of an ASD.
- Families must agree to a group setting.
- No more than one Parent Support provider may be paid for services at any given time of day.
- Travel time is not reimbursable.

**Provider qualifications:**

- Medicaid enrolled provider
- Must have a high school diploma or equivalent
- Must be 21 years of age or older
- Must have three years of direct care experience with an Autism Spectrum Disorder (ASD) child or is a parent of a child with an ASD.
  - Completion of parent support training and other approved training curriculum.
- Adherence to KDADS training and professional development requirements. Must successfully pass background check with the Kansas Bureau of Investigation (KBI), Adult Protective Services (APS), Child Protective Services (CPS), Kansas Dept. of Health and Environment Kansas Nurse Aid Registry, and Motor Vehicle screen

<b>Definitions</b>
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Not Applicable

<b>References</b>
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**Government Agency, Medical Society, and Other Authoritative Publications:**

1. Approved 2017 Application for Home and Community-Based Waiver Services-Autism Waiver; pg. 48-50.

<b>Websites for Additional Information</b>
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<https://www.kdads.ks.gov/docs/default-source/CSP/HCBS/HCBS-Policies/autism-waiver.pdf?sfvrsn=0>

<b>History</b>
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Status	Date	Action
Revised	5/24/2018	MOC Approved