



Kansas Medicaid UM Guideline

Subject: Family Adjustment Counseling – Autism Waiver

Current Effective Date: 01/26/2017

Status: Active

Last Review Date: 2/23/18

| Description |
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Counseling can be provided to the family members of a child with an Autism Spectrum Disorder in order to guide and help them cope with the child's illness and the related stress that accompanies the initial understanding of the diagnosis and the ongoing continuous, daily care required by the child with an Autism Spectrum Disorder. Enabling the family to manage this stress improves the likelihood that the child with the disorder will continue to be cared for at home, thereby preventing premature and otherwise unnecessary institutionalization. When acceptance of the disorder is achieved the family is better prepared to support the child on an ongoing basis. Services can be provided on a one-to-one basis or in a group setting.

For the purposes of this service, "family" is defined as unpaid persons who live with or provide care to a person served on the waiver, and may include a parent, step parent, legal guardian, siblings, relatives, or grandparents. 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.

Family Adjustment Counseling does not duplicate any other Medicaid State Plan Service or other services otherwise available to recipient at no cost. Family Adjustment Counseling provides the family the ability to meet with a counselor who is a Licensed Mental Health Professional to assist in coping with the child's illness and the related stress that accompanies the initial understanding of the diagnosis and the ongoing, continuous, and daily care required by the child with an ASD. This model allows the family to meet with a counselor without the child present.

Components:

1. Offers the family a mechanism for expressing emotions associated with the comprehension of the disorder.
2. Allows families to ask questions about the disorder in a safe and supportive environment.

| Clinical Indications |
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Eligibility Criteria:

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

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

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

- Value

Additional Service Criteria:

The Family Adjustment Counselor is expected to adhere to federal and state regulations regarding reporting of abuse, neglect, and /or exploitation per K.S.A. 38-2223

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| Coding |
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- S9482 – Individual
- S9482 HQ – Adult Group

Family Adjustment Counseling Billing Considerations:

- Family Adjustment Counseling service is billed by units of service.
- Services are to be billed by date of services
- Written documentation is required for services provided and billed to the Kansas Medical Assistance Program

Delivery of this service may occur via telemedicine, telehealth or other modes of video distance monitoring methods that adhere to all required HIPPA 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.

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| Discussion/General Information |
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Allowed Modes(s) of Delivery:

- Individual
- Group
- On-site
- Off-site

Limitations/Exclusions:

- The maximum allowable units per child are 48 units (12 hours) per calendar year. This limit applies whether it is individually or group rate or a combination of individual and group services.
- Services are subject to prior approval and must be intended to achieve the goals or objectives identified in the child's behavioral plan of care.
- A group setting cannot consist of more than three families.
- The group membership requirement for family adjustment counseling is to have a family member with a diagnosis of ASD.
- Families must agree to a group setting.

Provider Qualifications:

- A Licensed Mental Health Professional (LMHP) must hold a current license to practice in the state of Kansas by the Kansas Behavioral Sciences Regulatory Board, K.A.R. 28-5-564
- Medicaid Enrolled Provider
- Adherence to KDADS training and professional development requirements; maintenance of clear background as evidenced through background checks of; Kansas Bureau of Investigation

(KBI), Adult Protective Services (APS), Child Protective Services (CPS), Nurse Aide Registry, and Motor Vehicle screen.

Definitions

Not applicable

References

Government Agency, Medical Society, and Other Authoritative Publications:

1. Approved 2017 Application for Home and Community-Based Waiver Services-Autism Waiver; pg. 45-47.

Websites for Additional Information

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

History

| Status | Date | Action |
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| Revised | 5/24/2018 | MOC Approved |
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