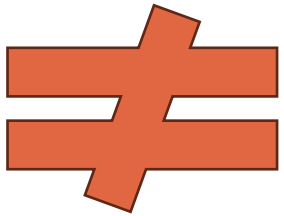
SB 123 Provider and Assessment Audits:

Initial Results and What to Expect

Trish Beck, Program Auditor

Gwyn Harvey-Belanger, B.A., LAC, Certification Specialist

Audit



Anxiety

An audit is a way to see how well our stakeholders are doing.

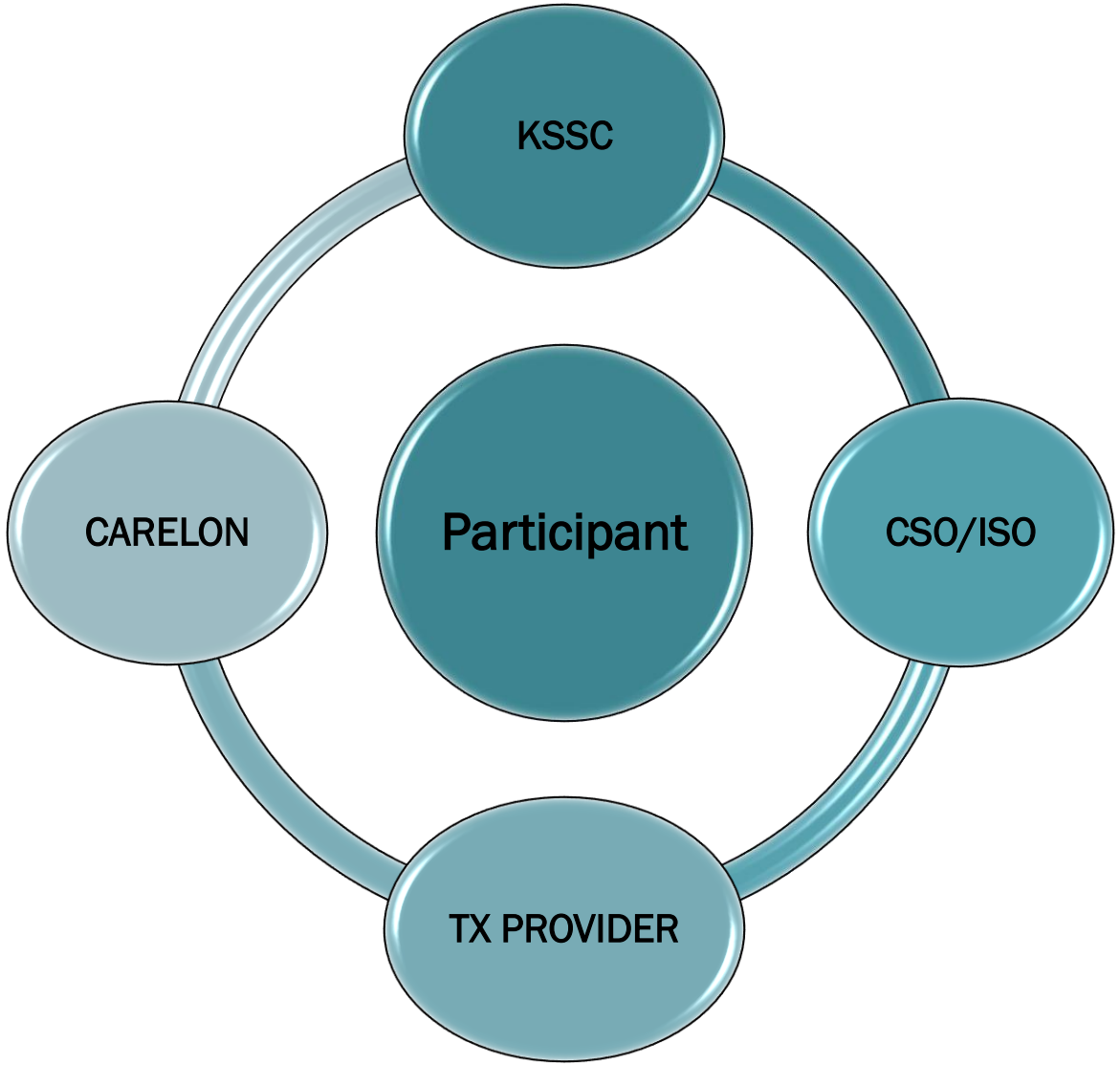
An audit provides us with information to make the SB 123 Program even better.

WHO'S INVOLVED?

ALL OF US-

From presentence, discharge of probation…

And everything in between.



Pre and Postsentence Audits

- Review Carelon submissions
  - ROI’s for Carelon and KSSC
  - CPA
  - SASSI IV Scoring Sheet
  - SUD Assessment Report
  - SUD Assessment Summary Form
- Timeliness

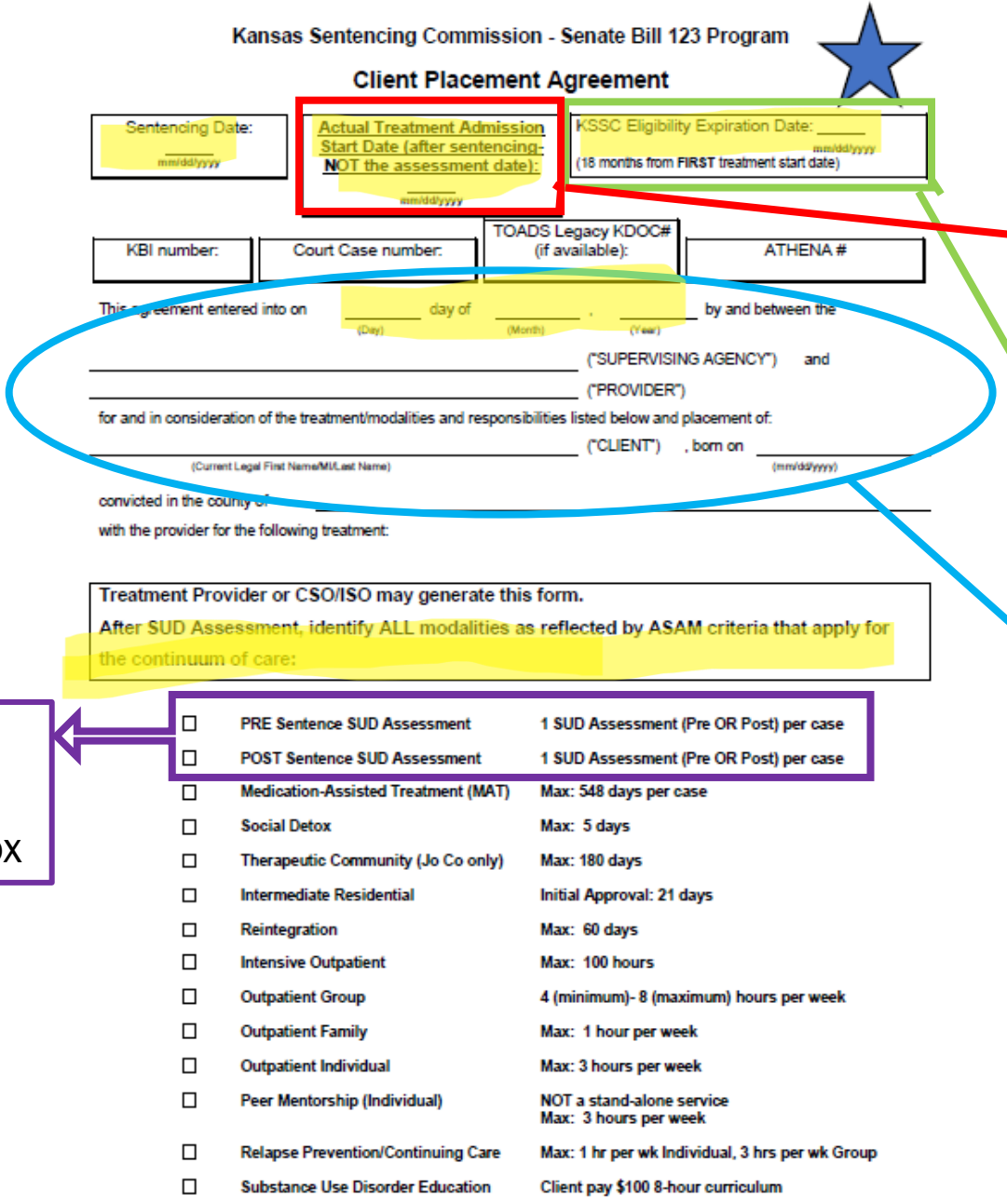
CPA

• This form “tells the story” of the client’s treatment history

• Keep a copy in client’s file and share with treatment provider(s) and supervision officer(s)

• Plan on multiple CPA’s- per client’s treatment

- Separate CPA for SUD Assessment
- Referring to new provider for treatment- new provider is responsible for obtaining CPA
- Recommended or new modality
- New Case



Kansas Sentencing Commission - Senate Bill 123 Program

Client Placement Agreement

Sentencing Date: _____ mm/dd/yyyy

Actual Treatment Admission Start Date (after sentencing- NOT the assessment date): _____ mm/dd/yyyy

KSSC Eligibility Expiration Date: _____ mm/dd/yyyy (18 months from FIRST treatment start date)

KBI number: | Court Case number: | TOADS Legacy KDOC# (if available): | ATHENA #

This agreement entered into on _____ (Day) day of _____ (Month), _____ (Year) by and between the

_____ ("SUPERVISING AGENCY") and

_____ ("PROVIDER")

for and in consideration of the treatment/modalities and responsibilities listed below and placement of:

_____ (Current Legal First Name/MI/Last Name) ("CLIENT"), born on _____ (mm/dd/yyyy)

convicted in the county of _____

with the provider for the following treatment:

Treatment Provider or CSO/ISO may generate this form.

After SUD Assessment, identify ALL modalities as reflected by ASAM criteria that apply for the continuum of care:

☐	PRE Sentence SUD Assessment	1 SUD Assessment (Pre OR Post) per case
☐	POST Sentence SUD Assessment	1 SUD Assessment (Pre OR Post) per case
☐	Medication-Assisted Treatment (MAT)	Max: 548 days per case
☐	Social Detox	Max: 5 days
☐	Therapeutic Community (Jo Co only)	Max: 180 days
☐	Intermediate Residential	Initial Approval: 21 days
☐	Reintegration	Max: 60 days
☐	Intensive Outpatient	Max: 100 hours
☐	Outpatient Group	4 (minimum)- 8 (maximum) hours per week
☐	Outpatient Family	Max: 1 hour per week
☐	Outpatient Individual	Max: 3 hours per week
☐	Peer Mentorship (Individual)	NOT a stand-alone service Max: 3 hours per week
☐	Relapse Prevention/Continuing Care	Max: 1 hr per wk Individual, 3 hrs per wk Group
☐	Substance Use Disorder Education	Client pay $100 8-hour curriculum

Page 1 of 3

June 2025

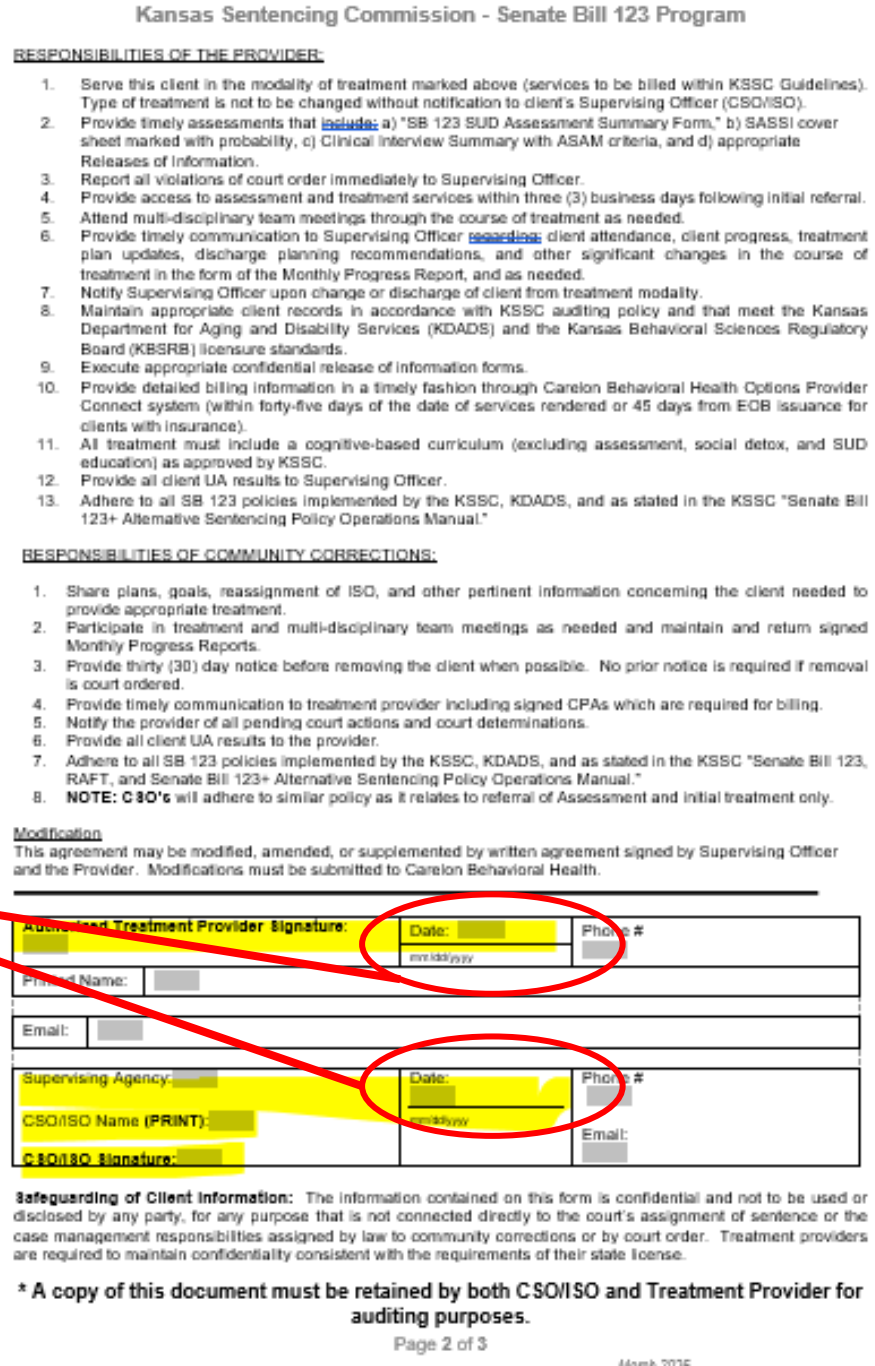
Check ONLY one box

CPA page 1

- Actual Treatment Admission Start Date
  - Start date is NOT the SUD Assessment date
  - Start date is NOT the sentencing date
- KSSC Eligibility Expiration Date NEVER changes per case
- The date the referring officer and provider agree to treat the participant.

CPA page 2

Signed on or before SUD Assessment or treatment.



Kansas Sentencing Commission - Senate Bill 123 Program

RESPONSIBILITIES OF THE PROVIDER:

1. Serve this client in the modality of treatment marked above (services to be billed within KSSC Guidelines). Type of treatment is not to be changed without notification to client's Supervising Officer (CSO/ISO).
2. Provide timely assessments that include: a) "SB 123 SUD Assessment Summary Form," b) SASSI cover sheet marked with probability, c) Clinical Interview Summary with ASAM criteria, and d) appropriate Releases of Information.
3. Report all violations of court order immediately to Supervising Officer.
4. Provide access to assessment and treatment services within three (3) business days following initial referral.
5. Attend multi-disciplinary team meetings through the course of treatment as needed.
6. Provide timely communication to Supervising Officer regarding client attendance, client progress, treatment plan updates, discharge planning recommendations, and other significant changes in the course of treatment in the form of the Monthly Progress Report, and as needed.
7. Notify Supervising Officer upon change or discharge of client from treatment modality.
8. Maintain appropriate client records in accordance with KSSC auditing policy and that meet the Kansas Department for Aging and Disability Services (KDADS) and the Kansas Behavioral Sciences Regulatory Board (KBSRB) licensure standards.
9. Execute appropriate confidential release of information forms.
10. Provide detailed billing information in a timely fashion through Carelon Behavioral Health Options Provider Connect system (within forty-five days of the date of services rendered or 45 days from EOB issuance for clients with insurance).
11. All treatment must include a cognitive-based curriculum (excluding assessment, social detox, and SUD education) as approved by KSSC.
12. Provide all client UA results to Supervising Officer.
13. Adhere to all SB 123 policies implemented by the KSSC, KDADS, and as stated in the KSSC "Senate Bill 123+ Alternative Sentencing Policy Operations Manual."

RESPONSIBILITIES OF COMMUNITY CORRECTIONS:

1. Share plans, goals, reassignment of ISO, and other pertinent information concerning the client needed to provide appropriate treatment.
2. Participate in treatment and multi-disciplinary team meetings as needed and maintain and return signed Monthly Progress Reports.
3. Provide thirty (30) day notice before removing the client when possible. No prior notice is required if removal is court ordered.
4. Provide timely communication to treatment provider including signed CPAs which are required for billing.
5. Notify the provider of all pending court actions and court determinations.
6. Provide all client UA results to the provider.
7. Adhere to all SB 123 policies implemented by the KSSC, KDADS, and as stated in the KSSC "Senate Bill 123, RAFT, and Senate Bill 123+ Alternative Sentencing Policy Operations Manual."
8. **NOTE: CSO's** will adhere to similar policy as it relates to referral of Assessment and initial treatment only.

Modification

This agreement may be modified, amended, or supplemented by written agreement signed by Supervising Officer and the Provider. Modifications must be submitted to Carelon Behavioral Health.

Authorized Treatment Provider Signature:	Date: mm/dd/yyyy	Phone #
Printed Name:		
Email:		
Supervising Agency:	Date: mm/dd/yyyy	Phone #
CSO/ISO Name (PRINT):		Email:
CSO/ISO Signature:		

Safeguarding of Client Information: The information contained on this form is confidential and not to be used or disclosed by any party, for any purpose that is not connected directly to the court's assignment of sentence or the case management responsibilities assigned by law to community corrections or by court order. Treatment providers are required to maintain confidentiality consistent with the requirements of their state license.

*** A copy of this document must be retained by both CSO/ISO and Treatment Provider for auditing purposes.**

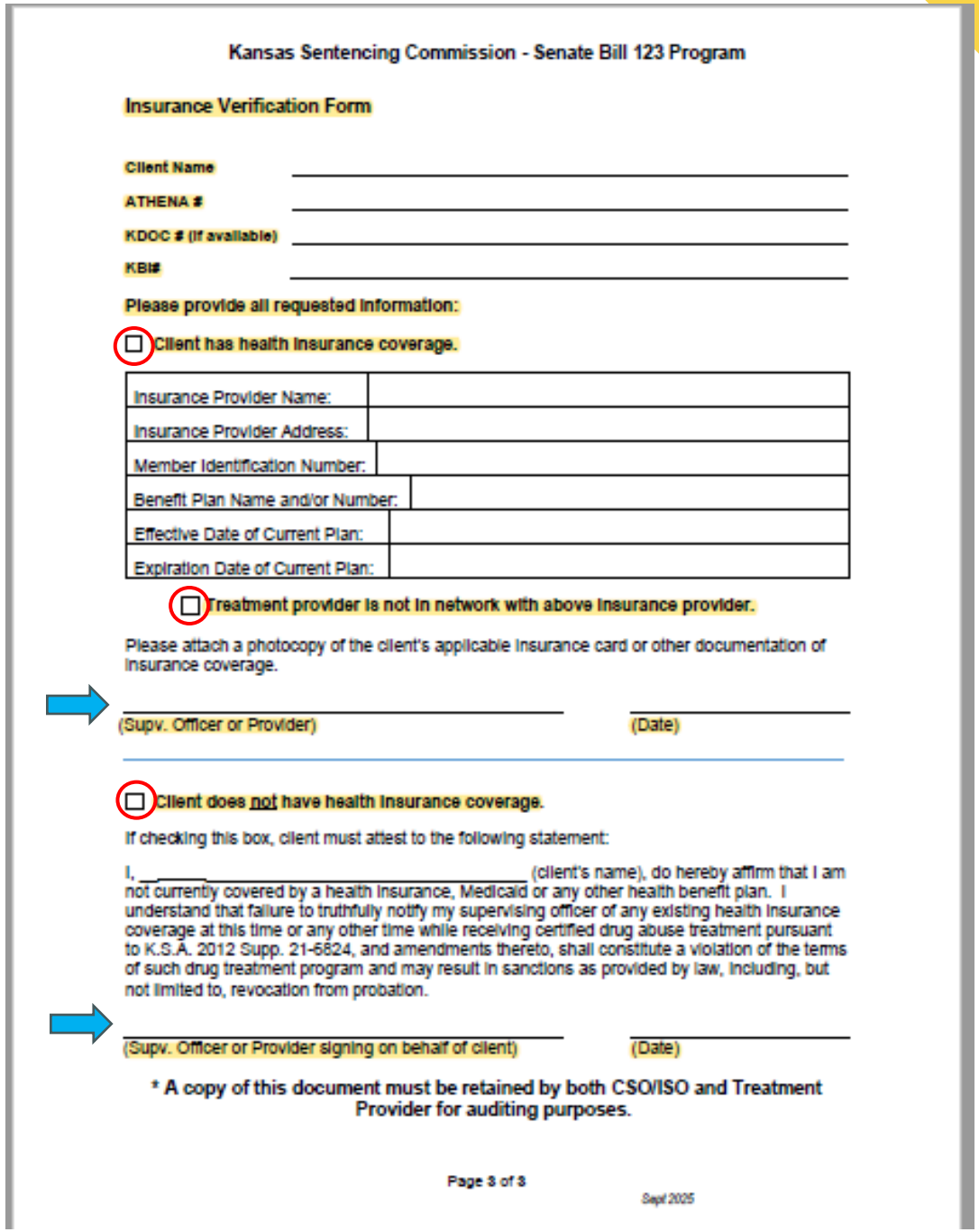
Page 2 of 3

March 2025

CPA page 3

- Insurance Verification and
- Signatures.

  (Supv. officer OR provider)



Kansas Sentencing Commission - Senate Bill 123 Program

Insurance Verification Form

Client Name _____

ATHENA # _____

KDOC # (if available) _____

KBI# _____

Please provide all requested information:

☐ Client has health insurance coverage.

Insurance Provider Name:	
Insurance Provider Address:	
Member Identification Number:	
Benefit Plan Name and/or Number:	
Effective Date of Current Plan:	
Expiration Date of Current Plan:	

☐ Treatment provider is not in network with above insurance provider.

Please attach a photocopy of the client's applicable insurance card or other documentation of insurance coverage.

_____ _____

(Supv. Officer or Provider) (Date)

☐ Client does not have health insurance coverage.

If checking this box, client must attest to the following statement:

I, _____ (client's name), do hereby affirm that I am not currently covered by a health insurance, Medicaid or any other health benefit plan. I understand that failure to truthfully notify my supervising officer of any existing health insurance coverage at this time or any other time while receiving certified drug abuse treatment pursuant to K.S.A. 2012 Supp. 21-6824, and amendments thereto, shall constitute a violation of the terms of such drug treatment program and may result in sanctions as provided by law, including, but not limited to, revocation from probation.

_____ _____

(Supv. Officer or Provider signing on behalf of client) (Date)

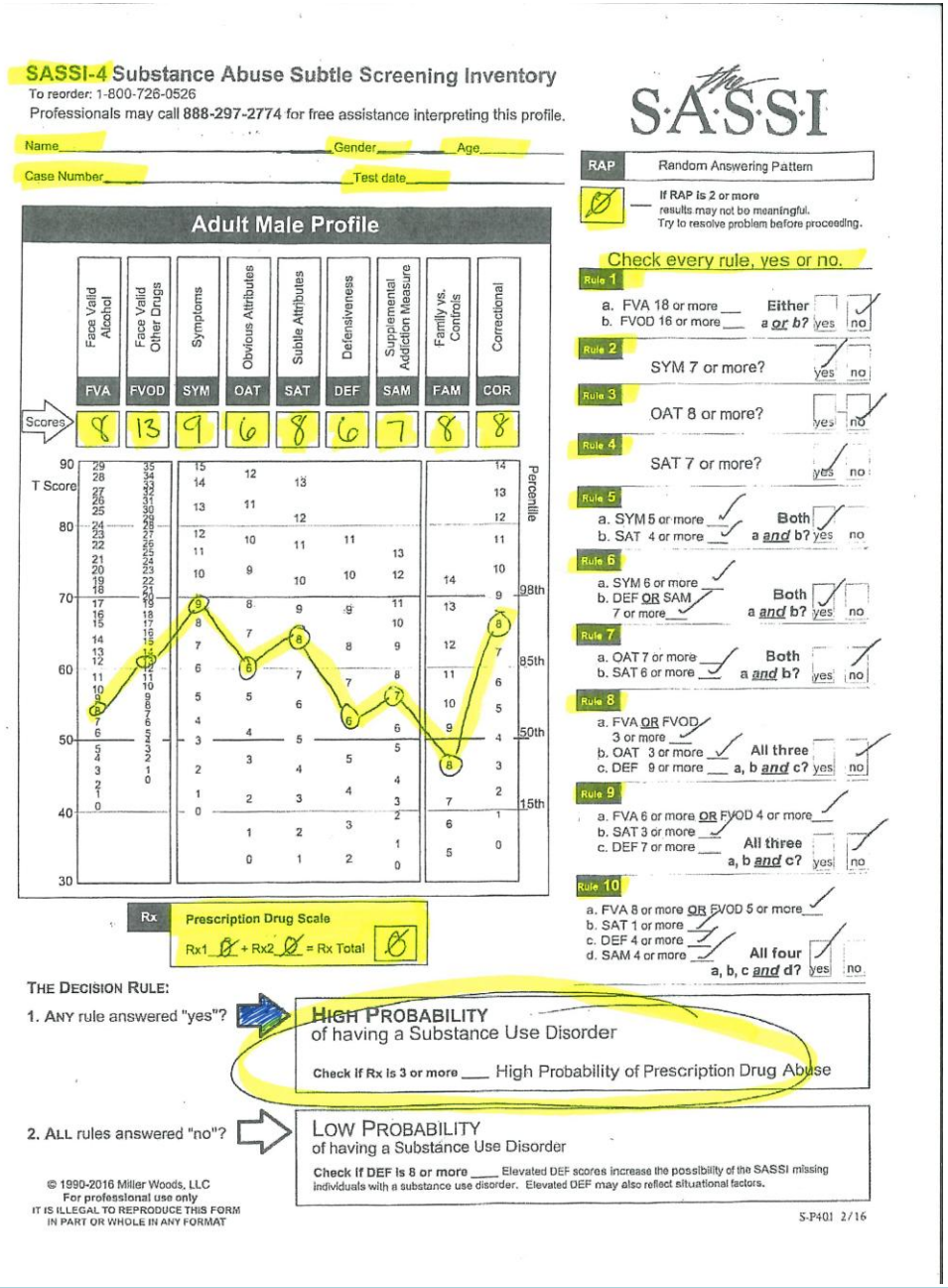
* A copy of this document must be retained by both CSO/ISO and Treatment Provider for auditing purposes.

Page 3 of 3

Sept 2025

SASSI IV Scoring Page

- Administer the screening for the client's LIFETIME
- High Probability Score = Eligible for KSSC program and funding
- Client meeting eligibility requirements= sentenced to SB 123 program for up to 18-months (treatment & supervision)
- "Low Probability" Score= No need for a SB 123 assessment, **or** if mandated to treatment, assessment may focus on current need and relapse prevention



SASSI-4 Substance Abuse Subtle Screening Inventory

To reorder: 1-800-726-0526

Professionals may call 888-297-2774 for free assistance interpreting this profile.

the SASSI

Name _____ Gender _____ Age _____

Case Number _____ Test date _____

RAP Random Answering Pattern

0 — If RAP is 2 or more results may not be meaningful. Try to resolve problem before proceeding.

Adult Male Profile

Face Valid Alcohol	Face Valid Other Drugs	Symptoms	Obvious Attributes	Subtle Attributes	Defensiveness	Supplemental Addiction Measure	Family vs. Controls	Correctional
FVA	FVOD	SYM	OAT	SAT	DEF	SAM	FAM	COR
Scores 8	13	9	6	8	6	7	8	8

T Score 90 80 70 60 50 40 30 — Percentile 98th 85th 50th 15th

Rx Prescription Drug Scale

Rx1 0 + Rx2 0 = Rx Total 0

Check every rule, yes or no.

Rule 1
a. FVA 18 or more ___
b. FVOD 16 or more ___
Either a *or* b? yes ✓ no

Rule 2
SYM 7 or more? ✓ yes no

Rule 3
OAT 8 or more? yes ✓ no

Rule 4
SAT 7 or more? ✓ yes no

Rule 5
a. SYM 5 or more ✓
b. SAT 4 or more ✓
Both a *and* b? ✓ yes no

Rule 6
a. SYM 6 or more ✓
b. DEF OR SAM 7 or more ✓
Both a *and* b? ✓ yes no

Rule 7
a. OAT 7 or more ✓
b. SAT 6 or more ___
Both a *and* b? yes ✓ no

Rule 8
a. FVA OR FVOD 3 or more ✓
b. OAT 3 or more ✓
c. DEF 9 or more ___
All three a, b *and* c? yes ✓ no

Rule 9
a. FVA 6 or more OR FVOD 4 or more ✓
b. SAT 3 or more ✓
c. DEF 7 or more ___
All three a, b *and* c? yes ✓ no

Rule 10
a. FVA 8 or more OR FVOD 5 or more ✓
b. SAT 1 or more ✓
c. DEF 4 or more ✓
d. SAM 4 or more ✓
All four a, b, c *and* d? ✓ yes no

THE DECISION RULE:

1. ANY rule answered "yes"? → HIGH PROBABILITY of having a Substance Use Disorder

Check if Rx is 3 or more ___ High Probability of Prescription Drug Abuse

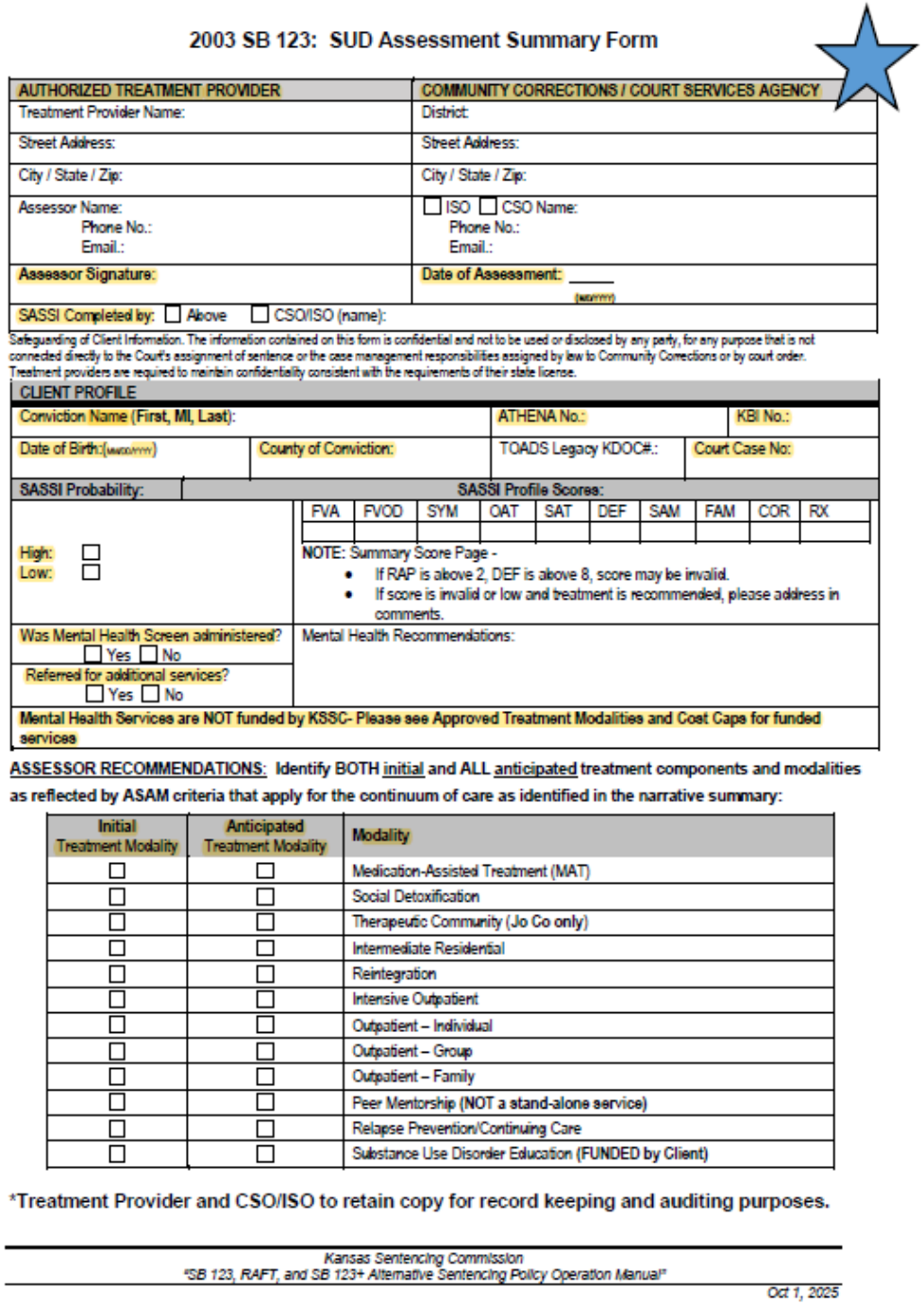
2. ALL rules answered "no"? → LOW PROBABILITY of having a Substance Use Disorder

Check if DEF is 8 or more ___ Elevated DEF scores increase the possibility of the SASSI missing individuals with a substance use disorder. Elevated DEF may also reflect situational factors.

S-P401 2/16

SASSI-IV

- The SASSI needs to have ALL areas completed
  - Name
  - Case number and test date
  - Scores and graph
  - High or Low probability



2003 SB 123: SUD Assessment Summary Form

AUTHORIZED TREATMENT PROVIDER	COMMUNITY CORRECTIONS / COURT SERVICES AGENCY
Treatment Provider Name:	District:
Street Address:	Street Address:
City / State / Zip:	City / State / Zip:
Assessor Name: Phone No.: Email.:	☐ ISO ☐ CSO Name: Phone No.: Email.:
Assessor Signature:	Date of Assessment: ____ (mm/yyyy)
SASSI Completed by: ☐ Above ☐ CSO/ISO (name):	

Safeguarding of Client Information. The information contained on this form is confidential and not to be used or disclosed by any party, for any purpose that is not connected directly to the Court's assignment of sentence or the case management responsibilities assigned by law to Community Corrections or by court order. Treatment providers are required to maintain confidentiality consistent with the requirements of their state license.

CLIENT PROFILE			
Conviction Name (First, MI, Last):		ATHENA No.:	KBI No.:
Date of Birth:(mm/dd/yyyy)	County of Conviction:	TOADS Legacy KDOC#.:	Court Case No:

SASSI Probability:	SASSI Profile Scores:
High: ☐ Low: ☐	FVA | FVOD | SYM | OAT | SAT | DEF | SAM | FAM | COR | RX NOTE: Summary Score Page - • If RAP is above 2, DEF is above 8, score may be invalid. • If score is invalid or low and treatment is recommended, please address in comments.
Was Mental Health Screen administered? ☐ Yes ☐ No Referred for additional services? ☐ Yes ☐ No	Mental Health Recommendations:
Mental Health Services are NOT funded by KSSC- Please see Approved Treatment Modalities and Cost Caps for funded services	

ASSESSOR RECOMMENDATIONS: Identify BOTH initial and ALL anticipated treatment components and modalities as reflected by ASAM criteria that apply for the continuum of care as identified in the narrative summary:

Initial Treatment Modality	Anticipated Treatment Modality	Modality
☐	☐	Medication-Assisted Treatment (MAT)
☐	☐	Social Detoxification
☐	☐	Therapeutic Community (Jo Co only)
☐	☐	Intermediate Residential
☐	☐	Reintegration
☐	☐	Intensive Outpatient
☐	☐	Outpatient – Individual
☐	☐	Outpatient – Group
☐	☐	Outpatient – Family
☐	☐	Peer Mentorship (NOT a stand-alone service)
☐	☐	Relapse Prevention/Continuing Care
☐	☐	Substance Use Disorder Education (FUNDED by Client)

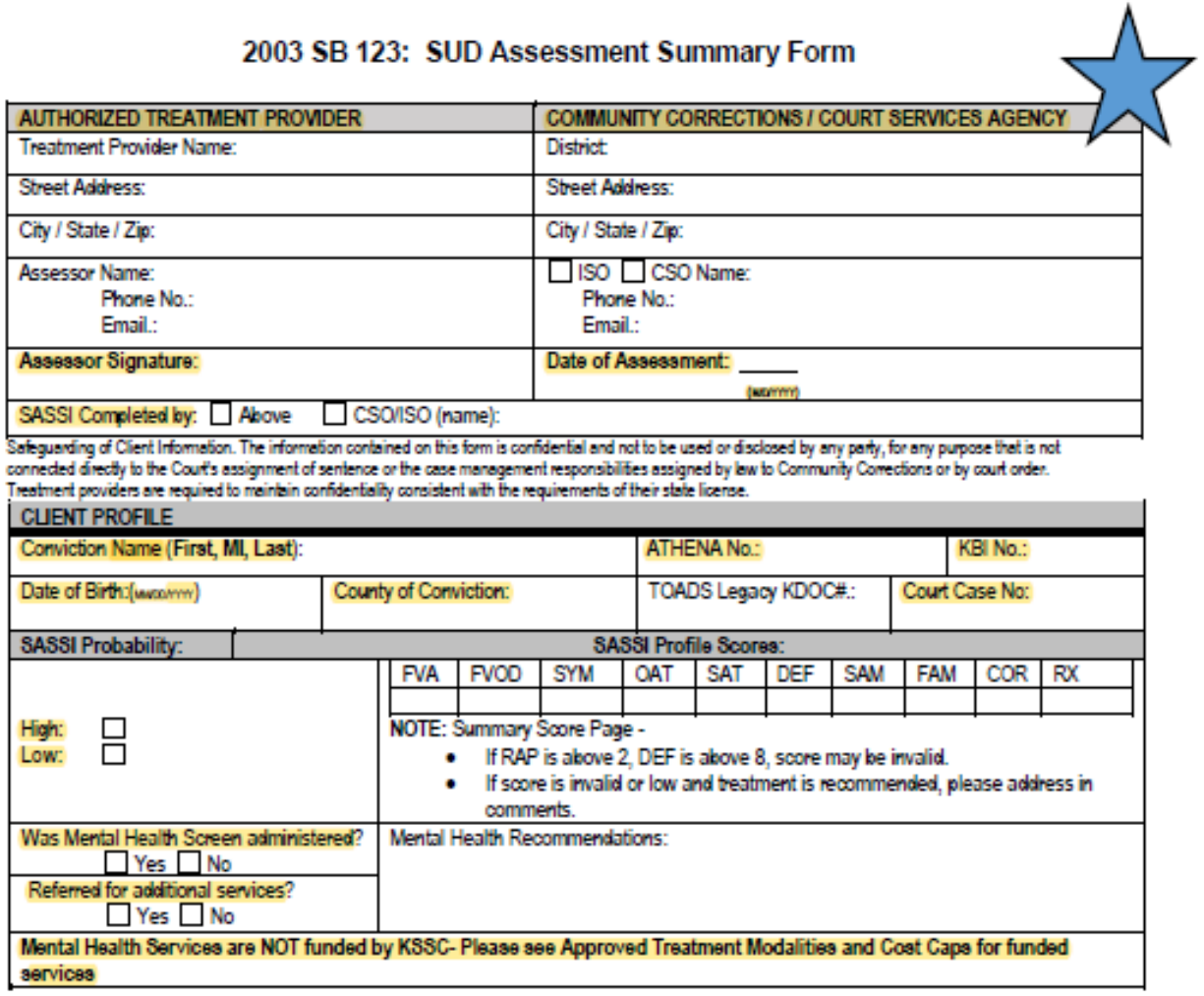
*Treatment Provider and CSO/ISO to retain copy for record keeping and auditing purposes.

SUD Assessment Summary Form

SUD Assessment Summary Form

(top half)

- Complete all Provider and Supervising Agency information
- Sign the form
- Date of assessment
- Complete all client profile information
- SASSI IV probability and scores
- Check MH boxes



2003 SB 123: SUD Assessment Summary Form

AUTHORIZED TREATMENT PROVIDER	COMMUNITY CORRECTIONS / COURT SERVICES AGENCY
Treatment Provider Name:	District:
Street Address:	Street Address:
City / State / Zip:	City / State / Zip:
Assessor Name: Phone No.: Email.:	☐ ISO ☐ CSO Name: Phone No.: Email.:
Assessor Signature:	Date of Assessment: _____ (MM/DD/YYYY)
SASSI Completed by: ☐ Above ☐ CSO/ISO (name):	

Safeguarding of Client Information. The information contained on this form is confidential and not to be used or disclosed by any party, for any purpose that is not connected directly to the Court's assignment of sentence or the case management responsibilities assigned by law to Community Corrections or by court order. Treatment providers are required to maintain confidentiality consistent with the requirements of their state license.

CLIENT PROFILE			
Conviction Name (First, MI, Last):		ATHENA No.:	KBI No.:
Date of Birth:(MM/DD/YYYY)	County of Conviction:	TOADS Legacy KDOC#.:	Court Case No:

SASSI Probability:	SASSI Profile Scores:
High: ☐ Low: ☐	FVA | FVOD | SYM | OAT | SAT | DEF | SAM | FAM | COR | RX NOTE: Summary Score Page - • If RAP is above 2, DEF is above 8, score may be invalid. • If score is invalid or low and treatment is recommended, please address in comments.
Was Mental Health Screen administered? ☐ Yes ☐ No	Mental Health Recommendations:
Referred for additional services? ☐ Yes ☐ No	

Mental Health Services are NOT funded by KSSC- Please see Approved Treatment Modalities and Cost Caps for funded services

SUD Assessment Summary Form

(bottom half)

ASSESSOR RECOMMENDATIONS: Identify BOTH initial and ALL anticipated treatment components and modalities as reflected by ASAM criteria that apply for the continuum of care as identified in the narrative summary:

Initial Treatment Modality	Anticipated Treatment Modality	Modality
☐	☐	Medication-Assisted Treatment (MAT)
☐	☐	Social Detoxification
☐	☐	Therapeutic Community (Jo Co only)
☐	☐	Intermediate Residential
☐	☐	Reintegration
☐	☐	Intensive Outpatient
☐	☐	Outpatient – Individual
☐	☐	Outpatient – Group
☐	☐	Outpatient – Family
☐	☐	Peer Mentorship (NOT a stand-alone service)
☐	☐	Relapse Prevention/Continuing Care
☐	☐	Substance Use Disorder Education (FUNDED by Client)

❑Check at least ONE initial modality

❑ Check all anticipated modalities

Are the checked modalities mentioned in the SUD summary report?

*Treatment Provider and CSO/ISO to retain copy for record keeping and auditing purposes.

CLAIM REVIEW- COMMON ERRORS

Kansas Sentencing Commission
700 SW Jackson, Suite 501
Topeka, KS 66603
Phone: (785) 296-0923

Kansas Sentencing Commission

Claim Review

Date:
Treatment Provider:
Assessor Name:
Client Name: Assessment Date:

After review of your Assessment claim documents for SB 123/RAFT, submitted to Carelon on , your claim is being held for processing for the following reason(s):

- ☐ OLD FORMS- Please use the new revised forms provided on our website.
- ☐ Data missing: ☐ CPA ☐ Assessment Summary Form ☐ SASSI scoring sheet ☐ KSSC ROI ☐ Assessment Report *(clinical interview summary with ASAM criteria)* ☐ Carelon ROI
- ☐ CPA missing 3rd page (insurance information) or 3rd page not completed
- ☐ CPA Agreement date and/or signature dates are not on or prior to Assessment date.
- ☐ CPA Actual Treatment Admission Start date is NOT Assessment Date and should be left blank.
- ☐ Signature(s) missing on: ☐ CPA ☐ Assessment Summary Form ☐ KSSC ROI ☐ Carelon ROI ☐ Assessment Report *(clinical interview summary with ASAM criteria)*
- ☐ Missing Forms: ☐ CPA ☐ Assessment Summary Form ☐ SASSI scoring sheet ☐ KSSC ROI ☐ Assessment Report *(clinical interview summary with ASAM criteria)* ☐ Carelon ROI
- ☐ Initial submission of documents to Carelon not timely. *(Denial of payment when received later than 45 days from the date of service.)*
- ☐ Incorrect client documents in file.
- ☐ Treatment recommendations on the Assessment Report are not reflective of Cost Cap guidelines.
- ☐ Treatment recommendations on the Assessment Report are not reflective of Assessment Summary Forms' initial and anticipated modalities.
- ☐ License expired/no current license on file (send current license(s) to Gwyn.S.Harvey@ks.gov).
- ☐ **OTHER: _____**

Please correct the error(s) above and resubmit in ProviderConnect within 14 days of this notice.
☐ **Original Corrections requested**
☐ **Denied - corrections/claim review not completed**
☐ **Denied- exceeded 14-day timeline**
☐ **Recoupment- Expired License(s) not submitted**

Thank you for providing SB 123 services. If you should have any further questions, please email us at sb123payments@ks.gov and/or Gwyn.S.Harvey@ks.gov.

Revised 10/2025

Timeliness Issues

- Submission Date to Carelon
- Dates on documents
  - Assessment Date
  - CPA dates
  - Signature Dates
- Claim Reviews

File Reviews & Site Visits

- May occur at the same time or separately
- Will receive 60 days notice from KSSC
- It’s helpful to have at least 1 staff member available to answer questions, assist in locating documents in electronic medical records, etc.
- Same common errors as found during assessment audits

What to expect from a file review?

Active and discharged clients from previous 4 years

- SB 123 SUD Assessment Summary Form
- SB 123 SUD Assessment
- SASSI scoring sheet
- Signed Releases of Information (For KSSC, Carelon, and others as needed)
- Client Placement Agreement(s)
- Monthly Progress Report Forms (1 per month, signed & submitted to Community Corrections)
- Treatment plan incorporating approved EBP curricula and any use of medication-assisted treatment (MAT)
- Discharge Summary (if applicable)

What to expect from a site visit?

- Description of the program and the services provided
- Copy of your current approved implementation plan
- Copy of current KDADS license
- Complete list of current SB 123 approved clinical staff w/current BSRB licenses
- Curriculum (Program manuals utilized by staff and materials utilized by participants)
- Personnel files for any staff prescribing MAT to SB 123 clients
- Client satisfaction forms (if available)

Final tips & takeaways

CPA	• Tells the story of the client's treatment history
SUD Assessment	• One per case
SUD Assessment Summary Form	• Blueprint of treatment recommendations
Timely Filing	• 45 days from the day of service
SB123 Eligibility	• SASSI IV – High probability • Risk/Needs must score within range

Final tips & takeaways (cont'd)

- Communicate
- Obtain ROI's
- Obtain insurance information
- Double check documents before submission to Carelon
- Reach out for assistance

Thank you

Trish Beck, Program Auditor

sb123payments@ks.gov

Gwyn Harvey- Belanger, Certification Specialist

Gwyn.S.Harvey@ks.gov