

KANSAS SENTENCING COMMISSION

**SENATE BILL 123, RAFT, AND
SENATE BILL 123+
ALTERNATIVE SENTENCING POLICY**



OPERATIONS MANUAL

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INTRODUCTION

About this Manual

The Kansas Sentencing Commission Senate Bill 123, RAFT, and Senate Bill 123+ Alternative Sentencing Policy Operations Manual (Operations Manual) provides general instruction for the application of provisions of Kansas state funded substance use disorder (SUD) treatment programs, to include SB 123, Recovery from Addiction Funded Treatment (RAFT), and SB 123+. It is intended to provide assistance to members of the judiciary, legal practitioners, field service officers, law enforcement and correctional officials, Community Corrections/Court Services staff, SUD treatment providers, and mental health staff, in the provision of services related to Kansas state funded SUD treatment programs.

This Operations Manual should always be used in consultation with the applicable Kansas statutes, the language of which is always controlling.

This Operations Manual contains features, links, and descriptions that we hope will inform users of the latest developments regarding Kansas state funded SUD treatment programs. Please note that statutes referenced throughout the Operations Manual refer to drug abuse treatment and drug abuse assessments. Where the statutes are quoted, this language has not been changed. However, where otherwise referenced drug abuse treatment has been replaced with substance use disorder (SUD) treatment and drug abuse assessments with SUD screenings or assessments, as applicable, to reflect current terminology in the field. In an effort to provide the most up to date information regarding the programs, this Manual will be posted to the [Kansas Sentencing Commission website](#) for continuous update and linking to relevant materials. For convenience, the forms contained in Chapter VII of this Manual are posted separately on the website. Notification of changes to the Manual will be made on the website or by email.

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This manual is not intended as a substitute for appropriate legal counsel.

CHAPTER I - KANSAS STATE FUNDED SUBSTANCE USE DISORDER TREATMENT PROGRAMS COMPONENTS AND IMPLEMENTATION

SB 123 Mission Statement

The mission of the SB 123 program is to ensure public safety while effectively addressing prison recidivism by providing community-based substance use disorder (SUD) treatment to targeted individuals convicted of non-violent offenses and experiencing SUDs.

SB 123 Overview

Senate Bill 123 was approved during the 2003 Legislative session and implemented in fiscal year 2004, with the goal of treating people convicted of non-violent drug offenses and reserving prison sentences for those who commit serious, violent crimes. The program provides funding to eligible individuals for community-based SUD treatment for up to their 18-month term of probation. The program is maintained through coordinated efforts among the Kansas Sentencing Commission, Community Corrections, Court Services, and certified treatment providers. In 2019, SB 123 was broadened to allow some people convicted of a controlled substance cultivation or distribution offense to qualify for SUD treatment utilizing the same process as others accessing treatment through SB 123.

*Please note that throughout the Operations Manual, except where otherwise specified, “SB 123” covers the traditional SB 123 program as well as RAFT and SB 123+. Individual differences between these three programs are outlined for clarification.

Recovery from Addiction Funded Treatment (RAFT) Diversion Program

2021 House Bill 2026 established the RAFT program. Effective July 1, 2021, certain persons who have entered into a diversion agreement qualify for SUD treatment utilizing the same process as others accessing treatment through SB 123.

SB 123+ Overview

Effective July 1, 2023, Senate Bill 123 was expanded to allow certain people convicted of nondrug, nonperson offenses to qualify for participation in a SUD treatment program via traditional SB 123 funding and processes. This expansion is referred to as SB 123+.

SB 123 Program Components and Implementation

[K.S.A. 21-6824](#) requires participation in a certified SUD treatment program for a defined target population of adults who have been convicted of a [K.S.A. 21-5706](#) drug offense. [K.S.A. 21-6824](#) allows for participation in a certified SUD treatment program for a defined target population of adults who have been convicted of a [K.S.A. 21-5705](#) drug offense or a [K.S.A. 21-5706](#) drug offense. Lastly, [K.S.A. 21-6824](#) allows for participation in a certified SUD treatment program for a defined target population of adults convicted of certain specified nondrug, nonperson felony offenses.

[K.S.A. 21-6825](#) (RAFT) allows certain people charged with [K.S.A. 21-5706](#) to enter into a diversion agreement and participate in a certified SUD treatment program.

Unless the court orders otherwise, as part of the presentence investigation, the target population of adult offenders will receive a standardized risk assessment. When the assessment results meet the requirements of [K.S.A. 21-6824](#) or [K.S.A. 21-6825](#), the offender will receive a SUD screening to identify the probability that they experience a substance use disorder. When both the standardized risk assessment and SUD screening meet the requirements of [K.S.A. 21-6824](#) or [K.S.A. 21-6825](#), the offender will receive a more in-depth SUD assessment to determine the appropriate level of SUD treatment. In some circumstances, the courts shall at sentencing order the offender to a certified SUD treatment program and to community supervision through a Community Corrections or Court Services agency. Treatment will be at the discretion of the court in other circumstances. The offender will remain in treatment under supervision until determined suitable for discharge by the court. The SB 123 program is authorized to fund treatment up to 18 months from the date of first treatment.

Program Eligibility - Offenders Convicted of Felony Violations of K.S.A. 21-5705 or 21-5706

- A) Adult offenders with current possession convictions, criminal history 5 E-I of the drug grid, with no prior convictions for drug manufacture, drug distribution, or unlawful acts involving proceeds derived from certain drug crimes. SB 123 sentence is mandatory for offenders in this category.
- B) Adult offenders with current possession or distribution convictions, criminal history 5A-5B, 4E-4I of the drug grid, with no prior convictions for drug manufacture, drug distribution, or unlawful acts involving proceeds derived from certain drug crimes are eligible for SUD treatment if the court finds that placement of these offenders in a SUD treatment program will not jeopardize public safety. These person felony convictions can only be severity level 8, 9, or 10, or nongrid offenses for consideration of placement in the SB 123 program.
- C) Placement of offenders with prior person felony convictions (severity level 8, 9 or 10 or nongrid offenses) are subject to the departure sentencing procedures. [K.S.A. 21-6824\(e\)](#). Such offenders may also be subject to postrelease if revoked from SB 123 treatment and required to complete an underlying prison sentence. See [K.S.A. 22-3716\(g\)](#).

Program Eligibility - Offenders Convicted of Nondrug Offenses

- A) Adult offenders with current convictions of nonperson felonies whose offense is classified in grid blocks: 10C-10I, 9C-9I, 8C-8I, 7C-7I with no prior convictions of drug manufacture, drug distribution, or unlawful acts involving proceeds derived from certain drug crimes are eligible for SUD treatment.

- B) Adult offenders with current convictions of nonperson felonies whose offense is classified in grid blocks: 10A-10B, 9A-9B, and 7A-7B with no prior convictions of drug manufacture, drug distribution, or unlawful acts involving proceeds derived from certain drug crimes are eligible for SUD treatment if the court finds that placement of these offenders in a SUD treatment program will not jeopardize public safety. These person felony convictions can only be severity level 8, 9, or 10, or nongrid offenses for consideration of placement in the SB 123 program.

Program Eligibility – Offenders Eligible for RAFT

- A) Adults charged with [K.S.A. 21-5706](#), who have entered into a diversion agreement in lieu of further criminal proceedings, whose offense is classified in grid blocks 5C-5I with no prior convictions of drug manufacture, drug distribution or unlawful acts involving proceeds derived from certain drug crimes, are eligible for SUD treatment.

Other Sentencing Considerations

- A) The court will commit the offender sentenced under [K.S.A. 21-6824](#) or [K.S.A. 21-6825](#) to participation in a certified SUD treatment program and community supervision through Community Corrections or Court Services. This offender will remain in a certified SUD treatment program and under the supervision of Community Corrections or Court Services until determined suitable for discharge from treatment and supervision by the court. The offender may remain in a certified SUD treatment program and/or on supervision for a period not to exceed 18 months.

Note: The KSSC is authorized to pay for treatment for up to 18 months from the date of first treatment.

- B) The sentencing court shall determine the extent, if any, an offender sentenced under [K.S.A. 21-6824](#) is able to pay for the SUD assessment and treatment. The sentencing court may delegate that task to community corrections. See [K.S.A. 75-52,144\(d\)\(2\)](#).
- C) The county or district attorney shall determine the extent, if any, individuals entering into diversion under [K.S.A. 21-6825](#) are able to pay for the SUD assessment and treatment. See [K.S.A. 75,144\(d\)\(3\)](#).
- D) Upon successful completion of the SUD treatment program, offenders sentenced under [K.S.A. 21-6824](#) may be discharged and are not subject to a period of postrelease supervision.
- E) If a defendant sentenced under [K.S.A. 21-6824](#) fails to participate in or has a pattern of intentional conduct that demonstrates the defendant's refusal to comply with or participate in the treatment program, as established by judicial finding, the defendant shall be subject to sanction or revocation pursuant to the provisions of [K.S.A. 22-3716](#), and amendments thereto. If the defendant's probation is revoked, the defendant shall serve the underlying prison sentence. [K.S.A. 21-6604\(n\)\(2\)](#). If a divertee, under [K.S.A. 21-6825](#), is convicted of a new felony or has a pattern of intentional conduct that demonstrates the divertee's refusal to comply with or participate in the treatment program in the opinion of the county or district attorney, such offender shall be discharged from the program. See [K.S.A. 21-6825\(e\)\(1\)](#).

- F) For crimes committed on and after July 1, 2013, a felony offender whose nonprison sanction is revoked pursuant to [K.S.A. 22-3716\(c\)](#) or whose underlying prison term expires while serving a sanction pursuant to [K.S.A. 22-3716\(c\)\(1\)\(C\) or \(c\)\(1\)\(D\)](#) shall serve a period of postrelease supervision upon the completion of the prison portion of the underlying sentence. [K.S.A. 22-3716\(f\)](#).
- G) Prior to July 1, 2008, upon a third or subsequent conviction for felony drug possession, the offender was eligible for SB 123 treatment if the offender had not attended such program before. On and after July 1, 2008, an offender is not eligible for SB 123 treatment upon a third or subsequent conviction for felony drug possession. [K.S.A. 21-6805\(f\)](#).
- H) [K.S.A. 21-6824\(a\)\(2\)](#) became effective July 1, 2023. [K.S.A. 21-6825](#) was effective July 1, 2022.

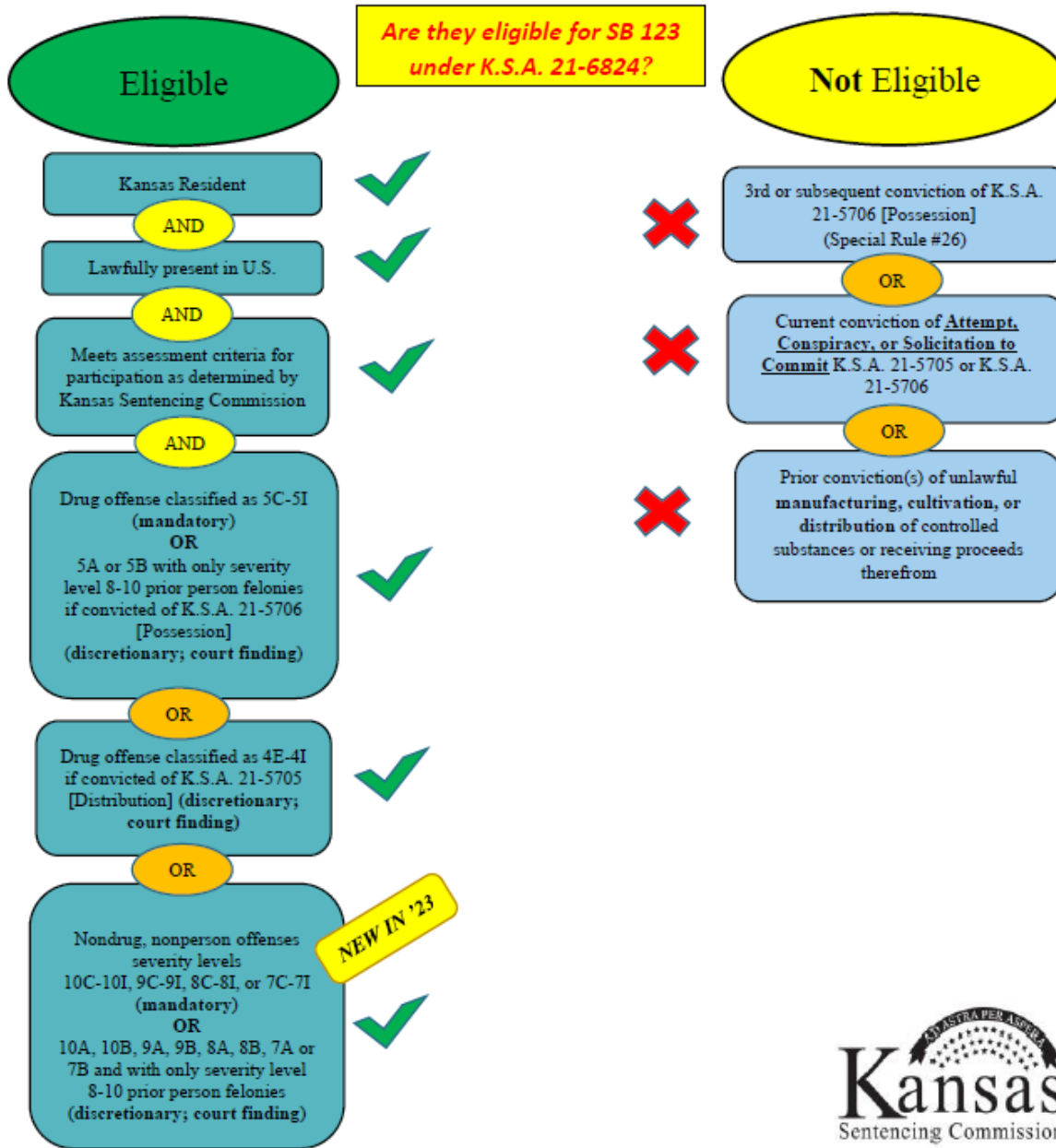
Further Eligibility Considerations

- A) Kansas resident;
- B) Lawfully present in the United States;
- C) Women’s Risk Need Assessment (WRNA) 15 or greater or Level of Service/Case Management Inventory (LS/CMI) 15 or greater under [K.S.A. 21-6825](#) (RAFT); WRNA 22 or greater or LS/CMI 20 or greater under [K.S.A. 21-6824](#) (SB 123 and SB 123+);
- D) For SB 123+, WRNA substance abuse scales history 6 and above or recent 4 and above or LS/CMI alcohol/drug problems sub-scale medium (4 and above)
- E) High Probability score on the Substance Abuse Subtle Screening Inventory IV (SASSI)

Note: If eligibility requirements are not met, offender may still be evaluated and treated for substance use disorder, but treatment will not be funded by SB 123.

2003 SB 123 ELIGIBILITY EFFECTIVE JULY 1, 2023

Felony conviction of K.S.A. 21-5705 or K.S.A. 21-5706 or certain nondrug felonies (New)




Nothing prohibits evaluation and treatment for any person that does not qualify for SB123

Probation Placement Criteria

2003 SB 123 ELIGIBILITY EFFECTIVE JULY 1, 2023

Probation Placement Criteria for State-Funded Substance Use Disorder (SUD) Treatment (RAFT/SB 123/SB 123+)

Assessment Scoring Tools	Diversion KSA 21-6825	SB 123 KSA 21-6824	SB 123+ KSA 21-6824	 Order of Evaluation
WRNA	mid-range of moderate to high risk (15 and above)	medium to high risk (22 and above)	<u>Composite Score</u> medium to high risk (22 and above) <u>Substance Abuse Scales</u> History - 6 and above or Recent - 4 and above	
or				
LS/CMI	mid-range of medium to very high risk (15 and above)	high to very high (20 and above)	<u>Composite Score</u> high to very high (20 and above) and <u>Alcohol/drug Problems Sub-scale</u> medium (4 and above)	
and				
SASSI-4	high	high	high	

SB123 Jurisdiction Transfer (K.S.A. 21-6824(d)(3))
 Sentencing court may transfer or retain jurisdiction.

- SB123 Diversions (K.S.A. 21-6825)**
- Certified SUD Treatment Program for Divertees if 5C- 5I
 - No prior convictions of unlawful manufacturing, cultivation, or distribution of controlled substances or receiving proceeds therefrom
 - SUD assessment that includes a clinical interview with a licensed professional and a recommendation concerning SUD treatment
 - Risk Needs Assessment as Determined by Kansas Sentencing Commission
 - County or District Attorney discretion



Nothing prohibits evaluation and treatment for any person that does not qualify for SB123

Assessment Process

As part of the presentence investigation, all offenders who meet the requirements of [K.S.A. 21-6824](#) or [K.S.A. 21-6825](#) are subject to a standardized risk assessment and SUD screening. The standardized risk assessments selected by the Sentencing Commission are the Level of Service/Case Management Inventory (LS/CMI) for men and the Women's Risk Needs Assessment (WRNA) for women. Both assessments measure the risk of recidivism and need factors of adult offenders. The LS/CMI or WRNA shall be conducted by a court services officer. If the results of the standardized risk assessment meet the requirements of [K.S.A. 21-6824](#) or [K.S.A. 21-6825](#), the offender will receive a SUD screening. The screening tool selected by the Sentencing Commission is the Substance Abuse Subtle Screening Inventory IV (SASSI). For convictions occurring prior to January 1, 2025, the SASSI may be administered by court services officers trained to do so, or the offender may be referred to a certified community-based provider. For convictions occurring after January 1, 2025, the SASSI shall be administered by court services officers trained to do so.

If both the standardized risk assessment and SUD screening meet the requirements of [K.S.A. 21-6824](#) or [K.S.A. 21-6825](#), the offender will be referred to Community Corrections. The Community Corrections officer will then reach out to a certified community-based provider to conduct an in-depth SUD assessment to determine a recommended level of care for the offender's substance use disorder. The SUD assessment is only available to the parties, the sentencing court, the KDOC, and the KSSC. See [K.S.A. 21-6813\(c\)](#).

The **SB 123 Substance Use Disorder Assessment** shall be standardized and contain:

1. A standardized risk-needs assessment, either the Level of Service/Case Management Inventory (LS/CMI) or the Women's Risk Needs Assessment (WRNA), to determine the offender's risk of re-offending; and
2. A **Substance Use Disorder Assessment Package (SUDAP) formerly known as a Drug Abuse Assessment Package (DAAP)**, which includes:
 - a. The **Substance Abuse Subtle Screening Inventory IV (SASSI) scoring sheet**, indicating the results of the selected substance use disorder screening tool;
 - b. A **substance use disorder (SUD) assessment**, utilizing the American Society of Addiction Medicine (ASAM) criteria to outline social history and determine a recommended level of care and treatment for the offender; and
 - c. The **SB 123 SUD Assessment Summary Form**, which provides demographic information of the offender, the identifying information of the Community Corrections or Court Services agency and the certified treatment provider, the SASSI scores, recommended level of care, and the indication of application and disposition of a mental health screen (provided at the discretion of the assessor).

Treatment

For those offenders who meet criteria for SB 123 funding and treatment, determination of treatment needs shall be made by the SUD assessment provider in consultation with Community Corrections or Court Services and, if applicable, a mental health professional. During the course of their treatment, offenders may move up and down the continuum of care as clinically indicated.

Certified SUD treatment programs are required to provide one or more treatment options in the continuum of services authorized for payment by the KSSC. The provision of services is limited to the cost caps and service limitations outlined in the [SB 123 Approved Treatment Modalities and Cost Caps](#) found in Chapter VII.

Certified SUD treatment programs must be based in cognitive-behavioral therapeutic treatment curricula and may include community and/or faith-based programs. Programs should include appropriate treatment for the offender based on those needs identified during assessment, address alcohol use disorders in addition to other substance use disorders when required, and family and auxiliary services. The eligibility of treatment elements for certification purposes will be determined by the Kansas Sentencing Commission at time of certification. Regardless of the level or type of services rendered throughout treatment, all treatment plans must include an aftercare/relapse prevention component. The only exception to this is for those offenders who are assessed as not meeting clinical criteria for SUD treatment. For those offenders, the recommendation shall be to a certified standard SUD education program.

It may be necessary for treatment placements to occur outside an offender's local community, should the necessary treatment modality be unavailable or if those services cannot be provided in a timely manner. In these and other instances, telehealth may be used in a manner and scope previously approved by the Kansas Sentencing Commission.

Prohibited Expenditures per K.S.A. 21-6824:

- Treatment funds shall not be used for administration purposes or auxiliary services.
- Neither treatment nor supervision funds shall be used for:
 - Temporary housing, or
 - Mental health treatment medications.

Treatment Providers

Treatment providers who would like to be eligible for KSSC funding are required to obtain KSSC certification, in addition to any other Kansas state licensing or certification requirements needed to provide substance and alcohol use disorder treatment. A list of current, certified SUD treatment providers is available through the [KSSC website](#). Treatment provider certification focuses on understanding eligibility criteria, billing, KSSC requirements, and the roles of treatment providers, KSSC, Community Corrections, Court Services, and Carelon Behavioral Health as well as other elements deemed necessary for certification by the KSSC (see Chapter III). The SUD treatment counselor shall initiate treatment recommendations and collaborate with the supervision officer in the case management decisions regarding an offender sentenced under this policy.

Discharge from Treatment

Successful discharge from a certified SUD treatment program occurs after the offender has met all requirements of treatment and supervision, and is deemed eligible by relevant parties, to include Community Corrections or Court Services, treatment providers, and the court.

Should the offender be *discharged prior to successful completion of treatment* and/or supervision, all involved parties shall be notified in a timely manner and relevant statute components shall be observed.

- A. [K.S.A. 21-6824\(f\)\(1\)](#) provides that an offender shall be discharged from a SB 123/SB 123+ sentence imposed if the offender:
 - a. Is convicted of a new felony; or
 - b. Has a pattern of intentional conduct demonstrating the offender's refusal to comply with or to participate in the treatment program, as established by a judicial finding. [K.S.A. 21-6824\(f\)\(1\)\(B\)](#). Condition violations may also result in discharge from the mandatory drug abuse treatment. See *State v. Gumfory*, 281 Kan. 1168, (2006) (holding that [K.S.A. 21-6824\(f\)\(1\)\(A\) and \(B\)](#) do not set forth exclusive grounds for revocation of an SB 123 sentence.)

- B. An offender, sentenced under [K.S.A. 21-6824](#), who subsequently violates a condition of the treatment program is subject to an additional nonprison sanction for any such subsequent violation. Such nonprison sanctions include but are not limited to: up to sixty (60) days in a county jail, fines, community service, intensified treatment, house arrest and electronic monitoring. [K.S.A. 22-3716\(g\)](#).
- a. Offenders who are discharged from the treatment program are subject to the revocation provisions of [K.S.A. 21-6604\(n\)](#). [K.S.A. 21-6824\(f\)\(2\)](#).
 - b. An offender whose probation is revoked shall serve their underlying prison sentence without any credit for time spent participating in the treatment program. [K.S.A. 21-6604\(n\)](#).
 - c. For crimes committed on and after July 1, 2013, a felony offender whose nonprison sanction is revoked pursuant to [K.S.A. 22-3716\(c\)](#) or whose underlying prison term expires while serving a sanction pursuant to [K.S.A. 22-3716\(c\)\(1\)](#) shall serve a period of postrelease supervision upon the completion of the prison portion of the underlying sentence. [K.S.A. 22-3716\(f\)](#).
- C. [K.S.A. 21-6825\(e\)\(1\)](#) provides that RAFT divertees in a certified drug abuse treatment program shall be discharged from the program if the divertee:
- a. Is convicted of a new felony; or
 - b. has a pattern of intentional conduct that demonstrates the divertee's refusal to comply with or participate in the treatment program in the opinion of the county or district attorney. [K.S.A. 21-6825\(e\)\(1\)](#).
- D. Divertees who are discharged from such treatment program shall be subject to the revocation provisions of the divertee's diversion agreement.

CHAPTER II - K.S.A. 21-6824 AND K.S.A. 21-6825 TEXT AND RELATED STATUTES

K.S.A. 21-6824

21-6824. Nonprison sanction; certified drug abuse treatment programs; assessment; supervision by community corrections or court services; discharge from program; exceptions to placement in program.

(a) There is hereby established a nonprison sanction of certified drug abuse treatment programs for certain offenders who are sentenced on or after November 1, 2003. Placement of offenders in certified drug abuse treatment programs by the court shall be limited to placement of adult offenders who meet the requirements of this subsection.

(1) Offenders convicted of a felony violation of [K.S.A. 21-5705](#) or [21-5706](#), and amendments thereto, whose offense is classified in grid blocks:

(A) 5-C, 5-D, 5-E, 5-F, 5-G, 5-H or 5-I of the sentencing guidelines grid for drug crimes and such offender has no felony conviction of [K.S.A. 65-4142](#), [65-4159](#), [65-4161](#), [65-4163](#) or [65-4164](#), prior to their repeal, [K.S.A. 21-36a03](#), [21-36a05](#) or [21-36a16](#), prior to their transfer, or [K.S.A. 21-5703](#), [21-5705](#) or [21-5716](#), and amendments thereto, or any substantially similar offense from another jurisdiction; or

(B) 5-A, 5-B, 4-E, 4-F, 4-G, 4-H or 4-I of the sentencing guidelines grid for drug crimes and:

(i) Such offender has no felony conviction of [K.S.A. 65-4142](#), [65-4159](#), [65-4161](#), [65-4163](#) or [65-4164](#), prior to their repeal, [K.S.A. 21-36a03](#), [21-36a05](#) or [21-36a16](#), prior to their transfer, or [K.S.A. 21-5703](#), [21-5705](#) or [21-5716](#), and amendments thereto, or any substantially similar offense from another jurisdiction;

(ii) the person felonies in the offender's criminal history were severity level 8, 9 or 10 or nongrid offenses of the sentencing guidelines grid for nondrug crimes; and

(iii) the court finds and sets forth with particularity the reasons for finding that the safety of the members of the public will not be jeopardized by such placement in a drug abuse treatment program.

(2) Offenders convicted of a nonperson felony whose offense is classified in grid blocks:

(A) 10-C, 10-D, 10-E, 10-F, 10-G, 10-H, 10-I, 9-C, 9-D, 9-E, 9-F, 9-G, 9-H, 9-I, 8-C, 8-D, 8-E, 8-F, 8-G, 8-H, 8-I, 7-C, 7-D, 7-E, 7-F, 7-G, 7-H or 7-I of the sentencing guidelines grid for nondrug crimes and such offender has no felony conviction of [K.S.A. 65-4142](#), [65-4159](#), [65-4161](#), [65-4163](#) or [65-4164](#), prior to their repeal, [K.S.A. 21-36a03](#), [21-36a05](#) or [21-36a16](#), prior to their transfer, or [K.S.A. 21-5703](#), [21-5705](#) or [21-5716](#), and amendments thereto, or any substantially similar offense from another jurisdiction; or

(B) 10-A, 10-B, 9-A, 9-B, 8-A, 8-B, 7-A or 7-B of the sentencing guidelines grid for nondrug crimes and:

(i) Such offender has no felony conviction of [K.S.A. 65-4142](#), [65-4159](#), [65-4161](#), [65-4163](#) or [65-4164](#), prior to their repeal, [K.S.A. 21-36a03](#), [21-36a05](#) or [21-36a16](#), prior to their transfer, or [K.S.A. 21-5703](#), [21-5705](#) or [21-5716](#), and amendments thereto, or any substantially similar offense from another jurisdiction;

(ii) the person felonies in the offender's criminal history were severity level 8, 9 or 10 or nongrid offenses of the sentencing guidelines grid for nondrug crimes; and

(iii) the court finds and sets forth with particularity the reasons for finding that the safety of the members of the public will not be jeopardized by such placement in a drug abuse treatment program.

(b) As a part of the presentence investigation pursuant to [K.S.A. 21-6813](#), and amendments thereto, offenders who meet the requirements of subsection (a), unless otherwise specifically ordered by the court, shall be subject to:

(1) A drug abuse assessment that shall include a clinical interview with a mental health professional and a recommendation concerning drug abuse treatment for the offender; and

(2) a criminal risk-need assessment. The criminal risk-need assessment shall assign a risk status to the offender.

(c) If the offender is assigned a risk status as determined by the drug abuse assessment performed pursuant to subsection (b)(1) and a risk status as determined by the criminal risk-need assessment performed pursuant to subsection (b)(2) that meets the criteria for participation in a drug abuse treatment program as determined by the Kansas sentencing commission, the sentencing court shall commit the offender to treatment in a drug abuse treatment program until the court determines the offender is suitable for discharge by the court. The term of treatment shall not exceed 18 months. The court may extend the term of probation pursuant to [K.S.A. 21-6608\(c\)\(3\)](#), and amendments thereto. The term of treatment may not exceed the term of probation.

(d)(1) Offenders who are committed to a drug abuse treatment program pursuant to subsection (c) shall be supervised by community correctional services.

(2) Offenders who are not committed to a drug abuse treatment program pursuant to subsection (c) shall be supervised by community correctional services or court services based on the result of the criminal risk assessment.

(3) If the offender is permitted to go from the judicial district of the sentencing court, the court may, pursuant to [K.S.A. 21-6610](#), and amendments thereto:

(A) Transfer supervision of the offender from that judicial district to another; and

(B) either transfer or retain jurisdiction of the offender.

(e) Placement of offenders under subsection (a)(1)(B) or (a) (2)(B) shall be subject to the departure sentencing statutes of the revised Kansas sentencing guidelines act.

(f)(1) Offenders in drug abuse treatment programs shall be discharged from such program if the offender:

(A) Is convicted of a new felony; or

(B) has a pattern of intentional conduct that demonstrates the offender's refusal to comply with or participate in the treatment program, as established by judicial finding.

(2) Offenders who are discharged from such program shall be subject to the revocation provisions of [K.S.A. 21-6604\(n\)](#), and amendments thereto.

(g) As used in this section, “mental health professional” includes licensed social workers, persons licensed to practice medicine and surgery, licensed psychologists, licensed professional counselors or registered alcohol and other drug abuse counselors licensed or certified as addiction counselors who have been certified by the Kansas sentencing commission to treat offenders pursuant to [K.S.A. 75-52,144](#), and amendments thereto.

(h)(1) Offenders who meet the requirements of subsection (a) shall not be subject to the provisions of this section and shall be sentenced as otherwise provided by law, if such offenders:

(A) Are residents of another state and are returning to such state pursuant to the interstate corrections compact or the interstate compact for adult offender supervision;

(B) are not lawfully present in the United States and being detained for deportation; or

(C) do not meet the risk assessment levels provided in subsection (c).

(2) Such sentence shall not be considered a departure and shall not be subject to appeal.

(i) The court may order an offender who otherwise does not meet the requirements of subsection (c) to undergo one additional drug abuse assessment while such offender is on probation. Such offender may be ordered to undergo drug abuse treatment pursuant to subsection (a) if such offender is determined to meet the requirements of subsection (c). The cost of such assessment shall be paid by such offender.

[K.S.A. 21-6825](#)

21-6825. Certified drug abuse treatment program for persons who have entered into a diversion agreement; supervision by community corrections or court services; discharge from program; exceptions to placement in program.

(a) There is hereby established a certified drug abuse treatment program for certain persons who enter into a diversion agreement in lieu of further criminal proceedings on and after July 1, 2021. Placement of divertees in a certified drug abuse treatment program pursuant to a diversion agreement shall be limited to placement of adults, on a complaint alleging a felony violation of [K.S.A. 21-5706](#), and amendments thereto, whose offense is classified in grid blocks 5-C, 5-D, 5-E, 5-F, 5-G, 5-H or 5-I of the sentencing guidelines

grid for drug crimes who have no felony conviction of [K.S.A. 65-4142](#), [65-4159](#), [65-4161](#), [65-4163](#) or [65-4164](#), prior to their repeal, [K.S.A. 21-36a03](#), [21-36a05](#) or [21-36a16](#), prior to their transfer, or [K.S.A. 21-5703](#), [21-5705](#) or [21-5716](#), and amendments thereto, or any substantially similar offense from another jurisdiction.

(b) As part of the consideration of whether or not to allow diversion to the defendant, a divertee who meets the requirements of subsection (a) shall be subject to:

(1) A drug abuse assessment that shall include a clinical interview with a mental health professional and a recommendation concerning drug abuse treatment for the divertee; and

(2) a standardized criminal risk-need assessment specified by the Kansas sentencing commission.

(c) The diversion agreement shall require the divertee to comply with and participate in a certified drug abuse treatment program if the divertee meets the assessment criteria set by the Kansas sentencing commission. The term of treatment shall not exceed 18 months.

(d) Divertees who are committed to a certified drug abuse treatment program pursuant to subsection (c) may be supervised by community correctional services or court services pursuant to a memorandum of understanding entered into pursuant to [K.S.A. 22-2907](#), and amendments thereto.

(e)(1) Divertees in a certified drug abuse treatment program shall be discharged from the program if the divertee:

(A) Is convicted of a new felony; or

(B) has a pattern of intentional conduct that demonstrates the divertee's refusal to comply with or participate in the treatment program in the opinion of the county or district attorney.

(2) Divertees who are discharged from such program pursuant to paragraph (1) shall be subject to the revocation provisions of the divertee's diversion agreement.

(f) For the purposes of this section:

(1) "Mental health professional" includes licensed social workers, persons licensed to practice medicine and surgery, licensed psychologists, licensed professional counselors or registered alcohol and other drug abuse counselors licensed or certified as addiction counselors who have been certified by the Kansas sentencing commission to treat persons pursuant to [K.S.A. 75-52,144](#), and amendments thereto.

(2) "Divertee" means a person who has entered into a diversion agreement pursuant to [K.S.A. 22-2909](#), and amendments thereto.

Related Statutes

Below, please find links to Kansas Statutes related to the SB 123 program. Any Kansas Statute can be searched on the [Kansas Legislative website](#).

- [K.S.A. 21-5706](#)
 - Unlawful acts relating to possession; penalties.
- [K.S.A. 21-6604](#)
 - Authorized dispositions, crimes committed on or after July 1, 1993
- [K.S.A. 21-6805](#)
 - Sentencing Guidelines; grid for drug crimes applied in felony cases under uniform controlled substances act; authority and responsibility of sentencing court; presumptive disposition.
- [K.S.A. 21-6813](#)
 - Presentence investigation report; information included; part of court record; confidential information, disclosure to certain parties; report format
- [K.S.A. 22-3716](#)
 - Arrest for violating condition of probation, assignment to community corrections, suspension of sentence or nonperson sanction, procedure; time limitation on issuing warrant; limitations on serving sentence in department of corrections' facility or serving period of postrelease supervision, exceptions.
- [K.S.A. 65-4105\(e\)](#), [65-4107\(e\)](#), [65-4109\(b\) or \(c\)](#), or [65-4111\(b\)](#)
 - Depressants
- [K.S.A. 65-4105\(f\)](#), or [65-4109\(e\)](#)
 - Stimulants
- [K.S.A. 65-4105\(d\)](#), [65-4107\(g\)](#), or [65-4109\(g\)](#)
 - Hallucinogens
- [K.S.A. 65-4109\(f\)](#)
 - Anabolic Steroids
- [K.S.A. 75-5291](#)
 - Community correctional services; grants to counties; placement of offenders, limitations; community corrections advisory committee, membership and duties
- [K.S.A. 75-52, 144](#)
 - Certified drug abuse treatment programs; presentence criminal risk-needs assessment; certified treatment providers; cost of programs

Note: This list does not represent a comprehensive and complete list of all relevant statutes related to the SB 123 program. All legal questions should be addressed to appropriate legal counsel.

CHAPTER III - COMMUNITY CORRECTIONS/COURT SERVICES

Client Assessment Presentence

During the presentence phase, all clients will be assessed for the risk of re-offending. The standardized risk assessments selected by the KSSC are the Level of Service Case Management Inventory (LS/CMI) for men and the Women's Risk Needs Assessment (WRNA) for women. These assessments will be completed by the court services officer. If the client's score meets requirements for [K.S.A. 21-6824](#) or [K.S.A. 21-6825](#), they will receive a substance use disorder (SUD) screening. The screening tool selected by the KSSC is the Substance Abuse Subtle Screening Inventory IV (SASSI). This tool identifies the probability that the client has experienced a SUD. Court Services is responsible for ensuring a SUD screening (SASSI) is completed when indicated by the results of the risk assessment.

When both the standardized risk assessment and SUD screening meet the requirements of [K.S.A. 21-6824](#) or [K.S.A. 21-6825](#), the client will receive a more in-depth clinical SUD assessment to determine the appropriate level of SUD treatment. The outcome of the SUD assessment shall be a placement recommendation that matches the client's clinical, cognitive, and potential mental health needs. Placement recommendations must be based on the gathered information and on the principles of treatment contained in the American Society of Addiction Medicine (ASAM) criteria.

Client Supervision

All clients sentenced under SB 123 and SB 123+ are placed on probation for up to 18 months and are supervised by Community Corrections. Probation may, at the discretion of the Court, be extended beyond 18 months. Treatment may be funded by SB 123 for no longer than 18 months.

All clients participating in RAFT have entered into a diversion agreement for up to 18 months and are supervised by the District Attorney's office, Court Services, or Community Corrections pursuant to a memorandum of understanding. The diversion agreement may, at the discretion of the Court, be extended beyond 18 months. Treatment may be funded by RAFT for no longer than 18 months.

Supervision of clients, including but not limited to, requirements for client contact, urinalysis testing and risk assessments should occur in accordance with KDOC Standards for Adult Intensive Supervision Programs (AISP). Documentation of all supervision activities should also occur in accordance with KDOC Standards. A copy of the current KDOC Standards Manual may be found [here](#).

When documenting intervention information in the KDOC case management system it is critical that officers create the intervention for the correct modality of treatment. In addition to completing all data entry fields, officers should ensure the 'Referral Date' is completed as well as the 'Start Date,' which is the first date the client entered treatment for that modality. 'Termination Date' and 'Termination Reason' shall be completed at the conclusion of each treatment modality.

In the event a client has a SB 123 sentence and a non-SB 123 sentence, any standards specific to SB 123 shall take precedence.

Client Treatment

Structure

Treatment funding will pay for one SUD assessment and up to 18 months of treatment per court case beginning from the first date of treatment. It is allowable for a client to move up and down the continuum of care as clinically indicated throughout their 18 months of treatment. Any subsequent SUD assessments that may be necessary, unless associated with a new SB 123 conviction, will be at the expense of the court or client.

Clients may have two (2) SB 123 cases that occur concurrently or consecutively. If the client is already in treatment, they may not require an additional SUD assessment on the second case. For specific questions regarding treatment episodes when a client has multiple SB 123 cases where sentencing occurred on different dates and/or jurisdictions, please contact the Kansas Sentencing Commission.

Assessments should only be completed by providers who have been certified by the KSSC. If the client has insurance and would like to attend treatment at a non-KSSC certified provider, they may do so, however that provider is not eligible to receive any KSSC funding. Officers are strongly encouraged to utilize KSSC-certified providers as they have received training and demonstrated a commitment to the goals of the SB 123 program and willingness to participate appropriately. For a list of these providers, please refer to the [KSSC website](#).

Providers, except for those offering only assessments, social detox, medication-assisted treatment, or SUD education, will use an approved, evidence-based cognitive behavioral curriculum. Regardless of the level of treatment assessed, all treatment plans will include a relapse prevention/continuing care component. The only exception is for clients assessed as not meeting clinical criteria for treatment. For these clients, the treatment plan shall be to a certified SUD education program with no relapse prevention/continuing care component.

Clients who experience a recurrence of use subsequent to the education class and prior to discharge of their probation, may be required to complete additional SB 123 treatment. The supervision officer should contact the assessment provider and/or KSSC to determine the appropriate course of action. Please note that a new assessment may or may not be necessary.

It may be necessary for some treatment placements to occur outside a client's local community. In these instances, the supervision agency should follow courtesy transfer requirements outlined in the [KDOC Standards for Adult Intensive Supervision Programs \(AISP\)](#).

Supervision of Clients Receiving Medication-Assisted Treatment (MAT)

MAT is defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) as “the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a ‘whole-patient’ approach to the treatment of substance use disorders (SUDs)”. Funding for MAT ensures that SB 123 clients with opioid and alcohol use disorders receive comprehensive and evidence-based care that improves recovery outcomes, reduces recurrences of use, lowers the risk of overdose, and reduces recidivism.

The decision to begin or discontinue MAT shall be voluntary and made by the client. A client shall not receive any incentives nor be subject to a probation violation solely due to a decision to begin MAT, not begin MAT, or discontinue MAT. Supervision officers shall collaborate with treatment providers regarding the successes and ongoing needs of clients receiving MAT, as they would with any other client. No client shall be removed from or denied participation in MAT as a result of supervision violation(s).

Certified providers approved to facilitate MAT for SB 123 clients are required to conduct a minimum once monthly urine drug screen to ensure medication compliance and prevent diversion. The results of these drug screens shall be sent to supervision officers. SB 123 clients shall not face probation violations or revocation of RAFT diversion agreements due to the presence of MAT medications in drug screens. No client shall be denied eligibility for MAT or discontinued on MAT solely based on a positive drug screen. Treatment providers shall determine the appropriate response when a client is found to be diverting medication or noncompliant with prescribed medication. Such diversion or noncompliance shall be reported to the client's supervision officer.

If a SB 123 client on MAT is required to serve a jail sanction, supervision officers must collaborate with the MAT provider and local jail to ensure that receipt of MAT is not negatively impacted by the jail sanction. Suddenly discontinuing a client's MAT can result in a multitude of adverse consequences, including precipitated withdrawal, recurrences of substance use, increased chances of overdose, and destabilization of physical and mental health.

If a SB 123 client on MAT is facing the revocation of their diversion or probation, supervision officers must communicate this to the treatment provider as soon as they are aware that a motion to revoke diversion or probation has been filed with the court. Every effort shall be made to ensure that the client is either able to continue receiving MAT or be tapered off in a way that is medically appropriate and reduces the chances of adverse consequences.

KSSC's full policy on MAT is on the [KSSC website](#).

Client Referral/Placement in Treatment Post Sentencing

If the SB 123 Substance Use Disorder Assessment Package (SUDAP), formerly known as the Drug Abuse Assessment Package (DAAP), was not completed presentence, an initial referral for it shall be made by the supervision officer immediately upon the client's reporting to Community Corrections or Court Services.

The outcome of a SUD assessment shall be a placement recommendation that matches the client's clinical, cognitive, and potential mental health needs. Placement recommendations must be based on the gathered information and on the principles of treatment contained in the American Society of Addiction Medicine (ASAM) criteria.

Upon completion of the SB 123 Substance Use Disorder Assessment Package (SUDAP):

If completed presentence:

The supervision officer shall:

1. obtain a copy of the completed **SB 123 SUD Assessment Summary Form** (Ch. VII);
2. complete the Eligibility/Respondent Form using the link provided by KSSC;
3. complete **Client Placement Agreement** and obtain necessary signatures; and
4. instruct the client to report for treatment as agreed upon between the officer and the treatment provider.

If completed post sentence:

The supervision officer shall:

1. obtain a copy of the completed **SB 123 SUD Assessment Summary Form** (Ch. VII);
2. complete the **Client Placement Agreement** and obtain necessary signatures; and
3. instruct the client to report for treatment as agreed upon between the officer and the treatment provider.

The supervision officer and treatment provider shall each retain a copy of the signed **SB 123 SUD Assessment Summary Form** and **Client Placement Agreement(s)** in their client's case file for audit purposes. Referrals for assessment should only be to providers certified by KSSC. Clients with insurance are strongly encouraged to utilize KSSC-certified providers for treatment, however if they would like to use their insurance to access a non-certified provider they may do so. Non-certified providers are not eligible for KSSC funding. For a list of KSSC-certified providers, please refer to the [KSSC website](#).

Supervision Officer and Treatment Provider Communication and Collaboration

Treatment providers are responsible for making decisions regarding the level of treatment necessary to address the client's needs. Supervision officers are responsible for making case management decisions related to the client's probation supervision or diversion agreement.

Communication between the treatment provider and the supervision officer shall occur at a frequency necessary to ensure supervision and treatment plans are in alignment, progress towards each plan's goals is being achieved or failure to progress and/or recurrences of use are properly addressed. Other topics of discussion may include, but are not limited to, exchange of information regarding employment, urinalysis testing, family issues, companions or any other information that would reflect behavior changes and compliance with treatment and supervision requirements.

At a minimum, treatment providers are required to initiate one communication per month. The **Monthly Progress Report Form** (Ch. VII) may be used, or any other documentation that demonstrates effective communication between the treatment provider and supervision officer. Copies of the form or documented communication, including communication from both the supervision officer and treatment provider, should be maintained by each party in their client's case file for audit purposes.

Any additional communication between the parties should be documented in the KDOC case management system in accordance with KDOC Standards for Adult Intensive Supervision Programs (AISP).

Treatment providers shall notify Community Corrections or Court Services upon change or discharge of the client from the treatment modalities identified on the client's **Client Placement Agreement (CPA)** and complete modified CPAs as needed.

Client Accountability

Supervision officers shall ensure that violations of supervision conditions or treatment program requirements are addressed in accordance with local agency policy.

If a client is discharged unsuccessfully or displays a pattern of intentional conduct that demonstrates the client's refusal to comply with or participate in the terms of the mandatory SUD treatment and supervision, the client will be subject to the entire underlying prison sentence, with no credit for time served in the mandatory SUD treatment program. The criteria that define failure and require mandatory discharge from treatment are discussed in the Discharging Clients section below.

Client Reimbursement for Assessment and Treatment

Clients determined to be able to pay are expected to partially reimburse KSSC for their assessment and treatment via the SB 123 fees on the presentence investigation. Clients who meet criteria based on their risk/needs assessment and SUD screening, who subsequently complete an SUD assessment with a certified treatment provider, may be charged the SB 123 Assessment Fee. If treatment is recommended by the SUD assessment, the client may be charged the SB 123 Offender Reimbursement fee.

Journal Entries Prior to June 1, 2024

For clients with journal entries filed prior to June 1, 2024, supervision agencies may elect to have the client submit a money order or cashier's check directly to the Kansas Sentencing Commission. Reimbursements sent to the Sentencing Commission shall be accompanied by the **Offender Reimbursement Remittance Form** (Ch. VII). The money order must contain the client's name, KBI and KDOC number, case number, and sentencing county. Another option available to supervision agencies regarding clients with journal entries filed prior to June 1, 2024, is to collect the money from the client at the local level and forward it to the Kansas Sentencing Commission, utilizing a remittance form. The Sentencing Commission requires that the client's name, KBI and KDOC number, case number, sentencing county, and date of payment be included on the form. Agencies electing to send the money to the Sentencing Commission will need to make sure that clients are given receipts for their payments. **Offender Reimbursement Remittance Forms** are contained in the forms chapter of this manual and can be downloaded from the Sentencing Commission [website](#). It is the responsibility of the supervision officer or agency to track client payments for purposes of supervision.

Journal Entries Filed on or after June 1, 2024

For clients with journal entries filed on or after June 1, 2024, payments are to be made through the court clerks and entered in the appropriate system for tracking purposes.

If a client refuses to make reimbursement payments, the expectation is that agencies will impose sanctions on the client similar to those that would be used if the client were not making the required court payments or supervision fees to the agency as this is also a court-imposed cost.

Discharging Clients

The intent of this legislation is to provide clients with the needed level of treatment, coupled with the appropriate level of supervision. The client cannot be in SB 123 treatment for a duration longer than the statute allows, which is a period up to 18 months. The client is eligible for discharge upon successful

completion of treatment (including continuing care), and upon completion of court ordered requirements. It is not the expectation of the legislation that all clients should remain under supervision for the full 18 months. As an example, a client who has been sentenced under this legislation may be assessed as needing only SUD education. If the client successfully completes the education, and fulfills their court obligations, the client, with the concurrence of both the treatment provider and the supervision agency, may be submitted to the court for discharge from sentence.

If a client convicted under [K.S.A. 21-6824](#) is unsuccessfully discharged or voluntarily quits the mandatory SUD treatment, the client will be subject to the entire underlying prison sentence, with no credit for time served in the mandatory SUD treatment. [K.S.A. 21-6824\(f\)\(1\)](#) provides the criteria that defines a client's failure and shall result in the dismissal from a mandatory treatment program:

1. Conviction of a new felony offense; or
2. A judicial finding that the offender has a pattern of intentional conduct that demonstrates the offender's refusal to comply with or participate in the terms of the mandatory drug abuse treatment and supervision.

Clients who have been sentenced pursuant to [K.S.A. 21-6824](#), and amendments thereto, and who subsequently violate a condition of the SUD treatment program shall be subject to an additional nonprison sanction for any such subsequent violation. Such nonprison sanctions shall include, but not be limited to, up to 60 days in a county jail, fines, community service, intensified treatment, house arrest and electronic monitoring. See [K.S.A. 22-3716\(f\)\(2\)](#).

[K.S.A. 21-6825\(e\)](#) states that divertees in a certified drug abuse treatment program shall be discharged from the program if the divertee:

1. is convicted of a new felony offense; or
2. has a pattern of intentional conduct that demonstrates the divertee's refusal to comply with or participate in the treatment program in the opinion of the county or district attorney.

Clients discharged from a certified treatment program, pursuant to [K.S.A. 21-6825](#), shall be subject to the revocation provisions of their diversion agreement. See [K.S.A. 21-6825\(e\)\(2\)](#). If a client is subject to the revocation provisions of their diversion agreement, eligibility for SB 123 must be established using the same criteria applied to other clients who may be sentenced to SB 123. If subsequently sentenced to SB 123, the client's 18 months of funded treatment starts over as of the first treatment date after sentencing. Nothing prohibits evaluation and treatment for any person that does not qualify for SB 123.

Presentence Phase Discharges under K.S.A. 21-6824

In the presentence phase, the court case can be closed for one of two reasons:

1. The offender was not sentenced to Community Corrections by the judge; or
2. The offender absconded while in the presentence phase.

Post Sentence Phase Discharges under K.S.A. 21-6824

In the post sentence phase, the court case may be closed for the same reason(s) as any other court case closes while under the jurisdiction of Community Corrections. SB 123 clients are treated no differently than any other being supervised by Community Corrections.

Absconding

Supervision officers are REQUIRED to notify the treatment provider within two (2) working days of determining that a client has absconded from supervision. This communication may occur via phone or email and documentation of the notification should be entered into the KDOC case management system for audit purposes.

Similarly, treatment providers are REQUIRED to notify the supervision officer within two (2) working days if a client fails to report for a scheduled treatment appointment without notice. This communication may occur via phone or email and documentation of the notification should be recorded in the client's case file for audit purposes. Treatment providers who continue to provide treatment to clients after notification of absconding may not receive payment for those services.

CHAPTER IV - SUBSTANCE USE DISORDER TREATMENT PROVIDERS

Treatment Provider Certification

To be eligible to access funding for substance use disorder (SUD) treatment services rendered to SB 123 clients, treatment providers must first be certified through the Kansas Sentencing Commission (KSSC). Certification requires that providers are licensed and utilize cognitive-behavioral treatment curriculum. Providers requesting to become certified must attend KSSC training and submit a formal application and Implementation Plan. Through this process, providers are also informed of their responsibilities for maintaining certification and given information regarding KSSC's auditing process. Once approved, treatment providers will enter into a Qualified Service Organization Agreement (QSOA) with the Kansas Sentencing Commission. This agreement is to be signed by relevant parties and submitted to the KSSC. A copy shall be retained by treatment providers for auditing purposes. Certification is good for four years. After each four-year certification period, providers wishing to remain certified must attend KSSC training and submit an updated Implementation Plan.

Please see [KSSC's providers page](#) for more information on provider certification.

A list of certified treatment providers, and the services they are approved to provide, is distributed to Court Services and Community Corrections for referrals.

Note: Treatment providers performing only assessments, social detox, medication-assisted treatment, or SUD education do not need to provide proof of cognitive-behavioral based curriculum.

Treatment Provider Responsibilities

As part of the agreement with KSSC, treatment providers receiving payment for services provided to SB 123 clients agree to:

- 1) Abide by applicable licensing regulations/standards of the State of Kansas and SB 123 program policies established by KSSC.
- 2) Adhere to all pre-service and ongoing training requirements for respective provider certification.
- 3) Maintain up-to-date records as required by KSSC and Community Corrections/Court Services in a manner that meets the Kansas Department of Aging and Disability Services (KDADS) and Kansas Behavioral Sciences Regulatory Board (KSBSRB) licensure standards.
- 4) Maintain current licensure to practice in the state of Kansas and notify KSSC within 60 calendar days should licensure status change.
- 5) Execute appropriate confidential release of information forms for Carelon, KSSC, and others as needed.
- 6) Cooperate with auditing efforts for all governing and auditing agencies.
- 7) Comply with the KSSC established cost caps for each approved treatment modality.
- 8) Provide access to assessment and treatment services within three (3) business days of referral.
- 9) Obtain and update training relative to required assessment tools and treatment curricula (as applicable).

Assessment

The SB 123 Substance Use Disorder Assessment Package (SUDAP), formerly known as the Drug Abuse Assessment Package (DAAP) includes:

1. The Substance Abuse Subtle Screening Inventory IV (SASSI) scoring sheet;
2. A clinical interview or SUD assessment for social history and outlining the ASAM criteria; and
3. The SB 123 SUD Assessment Summary Form.

Note: Treatment providers may administer a mental health screen as it applies to the client, the treatment recommendation, and the scope of the provider's practice. The completion of a mental health screen and any subsequent mental health referral should be indicated on the SB 123 SUD Assessment Summary Form, along with a note that mental health services are not funded by KSSC.

Presentence Phase

Presentence assessment requires entry of eligibility information into Carelon Behavioral Health's online eligibility survey by Court Services staff. Treatment providers will submit billing for presentence assessments through Carelon's ProviderConnect system, including a Client Placement Agreement (CPA), SB 123 SUD Assessment Summary Form, the SUD assessment with ASAM criteria, the SASSI scoring sheet, and releases of information for Carelon and KSSC. All documents must be submitted to the presentence segment to Carelon and approved by KSSC for processing of payment.

Post Sentence Phase

Treatment providers will submit billing for post sentence assessments through Carelon Behavioral Health's ProviderConnect system (Ch. VI).

A signed copy of the CPA, SB 123 SUD Assessment Summary Form, the SUD assessment with ASAM criteria, a copy of the SASSI scoring sheet, and releases of information for Carelon and KSSC for each SB 123 participant must be uploaded in order for payment to be made.

Initial referrals for the SB 123 Substance Use Disorder Assessment Package (SUDAP) shall be made by Community Corrections or Court Services. Relative to the outcome of the assessment, the client shall be recommended to treatment that meets their clinical, medical, cognitive, and mental health needs. This recommendation must be based on the American Society of Addiction Medicine (ASAM) criteria.

Client Placement Agreement

Prior to commencement of treatment, the treatment provider will enter into a **Client Placement Agreement** (Ch. VII) with Community Corrections or Court Services for each client receiving treatment. This agreement provides the client's identifying information, the agency and officer responsible for their supervision, their insurance information (if applicable), and the treatment modalities to be provided. The responsibilities of both parties are also outlined. The CPA is an acknowledgement of receipt and understanding, and in signing the supervision officer is acting on behalf of the client. A copy of this form shall be submitted through Carelon's ProviderConnect system at the outset of treatment, and a copy shall be retained by the supervision agency and the treatment provider for auditing purposes.

A new form shall be submitted upon change of treatment modality (if not indicated on a previous CPA), and upon change of treatment provider. If a referral is made from one treatment provider to another, it is the responsibility of the provider receiving the referral to obtain and sign a CPA for the services they agree to provide. Nothing prevents the referring provider from assisting in this process.

Note: If multiple modalities are anticipated in the course of treatment with a single provider, the provider may indicate this on the initial form (e.g., intermediate residential with subsequent reintegration). As long as all modalities provided are indicated on the CPA, the form need only be resubmitted upon change of treatment provider or addition of modality not already indicated.

Treatment providers must notify Community Corrections or Court Services upon change of modality or discharge of the client from treatment modality.

Communication with Supervision Officers

During the course of treatment, it is crucial that treatment providers communicate thoroughly and effectively with Community Corrections or Court Services officers regarding client's progress and treatment. It is the responsibility of the treatment provider to:

1. Provide timely and informative evaluations.
2. Provide results of all UA collections to Community Corrections or Court Services.
3. Attend administrative meetings and training sponsored by KSSC, and Community Corrections or Court Services, as required.
4. Attend all scheduled multi-disciplinary meetings through the course of treatment.
5. Fully participate in meetings, revocation proceedings, and similar administrative functions as required by KSSC and Community Corrections or Court Services policy.
6. Provide timely communication to Community Corrections or Court Services regarding client attendance, client progress or lack thereof, and relapse prevention and care plan.
 - a. Treatment providers are **REQUIRED** to notify the supervision officer within two (2) working days if a client fails to report for a scheduled appointment without notice.
 - b. This communication may occur via phone or email and documentation of the notification should be recorded in the client's case file for audit purposes.
 - c. Treatment providers who continue to provide services to clients after notification of absconding may not receive payment for those services.
7. Report all violations of court order immediately to Community Corrections or Court Services.
8. Notify supervision officer of change to or discharge from treatment modality in a timely manner.
9. Generate and complete **SB 123 Monthly Progress Report Form** (see below) or retain documentation of other monthly communication with supervision officer covering the same information as the SB 123 Monthly Progress Report Form.
10. Retain all documentation and comply with the auditing process.

Monthly Progress Reports

At a minimum, treatment providers are required to initiate one communication per month. The **Monthly Progress Report Form** (Ch. VII) may be used, or any other documentation that demonstrates effective communication between the treatment provider and supervision officer. Copies of the form or documented communication, including communication from both the supervision officer and treatment provider, should be maintained by each party in their client's case file for audit purposes.

Note: Notification and/or communication of important treatment information may be necessary outside of this monthly contact and must be appropriately conveyed to the relevant parties in a timely manner, compliant with KSSC and Community Corrections or Court Services policies.

Treatment

All treatment is to incorporate the cognitive-behavioral therapy curricula which was approved for the treatment provider at the time of their certification, fully integrated into existing treatment offered by treatment providers. Four treatment modalities, however, provide exception to this rule; these are (1) assessments, (2) social detox services, (3) medication-assisted treatment and (4) SUD education. All remaining treatment modalities must integrate cognitive-behavioral tools, utilizing at least one core evidence-based practice (EBP) curriculum. EBPs represent the conscientious and judicious use of current best evidence in conjunction with clinical expertise and patient values to guide treatment decisions. The research supporting the EBP must be recent, widely accepted by the professional community, and must be shown to be efficacious when working with SUD and justice-involved populations.

Treatment provided must fall within the modalities listed in the [SB 123 Approved Treatment Modalities and Cost Caps](#) (Ch. VII). All fees and cost caps listed are the negotiated rates and limitations for the program. Clients should not be charged separate fees in addition to the fees listed per modality (i.e. service fees). This includes but is not limited to charging clients for day care, workbooks, or any other services or materials related to their participation in treatment. If a residential treatment facility obtains a client's SNAP or food stamp benefits to purchase food for the client during their stay in residential treatment, these benefits must be returned to the client immediately upon discharge from residential treatment.

The only fees clients may be charged are for SUD education and some fees associated with reintegration. Should a client wish to continue services *after completion of supervision*, they and/or their insurance may be billed as with non-SB 123 clients.

It is expected that the SUD treatment provided to a SB 123 client is appropriate for that person based on assessment and ongoing clinical judgement. Clients should be recommended to treatment that is of the level and intensity that matches their needs. When a client requires a treatment modality not offered by the assessing or current treatment provider, that provider must contact Community Corrections or Court Services to secure a referral to a provider for the appropriate modality. Providers may give referral recommendations to supervision officers as appropriate. If for any reason a provider becomes unable to offer any approved modality for a week or longer, a referral must be made to another provider to ensure ongoing access to care. The only exceptions to this are assessments and SUD education. Providers are encouraged to engage clients through a continuum of care, and clients may move up and down this continuum as clinically indicated throughout their time in SB 123 funded treatment.

Medication-Assisted Treatment (MAT)

Medication-assisted treatment is defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) as “the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a ‘whole-patient’ approach to the treatment of substance use disorders (SUDs)”. Funding for MAT ensures that SB 123 clients receive comprehensive and evidence-based care that improves recovery outcomes, reduces recurrences of use, lowers the risk of overdose, and reduces recidivism.

To be eligible for KSSC-funded MAT, clients must be sentenced to SB 123/123+ or have entered into a RAFT diversion agreement and have a diagnosis of opioid use disorder (OUD) or alcohol use disorder (AUD). Medications approved for KSSC reimbursement represent those that are FDA approved for the treatment of OUD or AUD.

MAT should be offered as an option when clinically appropriate without discrimination. In some cases, this may mean using telehealth in a manner and scope previously approved by the Kansas Sentencing Commission. Participation shall not be denied to any individual who is assessed as having AUD or OUD and who wishes to participate. The decision to receive MAT shall be voluntary and made by the SB 123 client.

MAT shall be provided as part of a holistic treatment plan that combines medication with another approved treatment modality (i.e. social detox, intermediate/residential, intensive outpatient, outpatient, or relapse prevention). MAT facilitation and the approved treatment modality may be delivered by the same provider or by separate providers. When delivered by separate providers, providers must coordinate care, including communication regarding treatment planning and ongoing clinical progress, to ensure integrated service delivery in the best interest of the SB 123 participant. Prior to initiating MAT, the provider shall ensure that the Client Placement Agreement (CPA) indicates that the client will receive MAT and is signed by the supervision officer. Funding for MAT is available for the duration of a client’s time in KSSC-funded treatment (up to 18 months). It is the provider's responsibility to be aware of the client’s KSSC eligibility expiration date. This expiration date may be a relevant factor for a client when deciding whether to begin MAT. Clients should be informed of their eligibility expiration date and supported in making a clinically sound decision with this date in mind. Clients may elect to undergo screening and, if clinically indicated, commence participation in MAT at any time during their SB 123 treatment and supervision. As soon as a client begins receiving MAT, providers shall start working collaboratively with them to develop a plan to ensure they have continued access to MAT upon expiration of their eligibility for KSSC funding. A SB 123 client may elect to discontinue MAT. If MAT is discontinued for any reason, providers shall taper the client off MAT in a manner consistent with best practices to reduce chances of withdrawal, recurrences of use, or other adverse outcomes that may be the result of prematurely ending MAT or tapering too quickly.

SB 123 clients receiving MAT are subject to a minimum once monthly urine drug screen to ensure medication compliance and prevent diversion. Results of all drug screens shall be reported to the client’s supervision officer. SB 123 clients shall not face probation revocations or revocation of RAFT diversion agreements due to the presence of MAT medications in drug screens. No SB 123 client shall be denied MAT or discontinued on MAT solely based on a positive drug screen. Treatment providers shall address any positive drug screens as clinically appropriate within the client’s treatment.

Treatment providers shall determine the appropriate response when a client is found to be diverting medication or noncompliant with prescribed medication. Such diversion or noncompliance shall be

reported to the client's supervision officer. Providers who are approved to offer MAT onsite must make all reasonable efforts to prevent diversion of medication.

Providers approved to facilitate MAT services for SB 123 clients are subject to the KSSC provider auditing policy. Client files for those receiving MAT and personnel files for prescribers employed by approved providers must be made available to KSSC within seven calendar days of a request by the SB 123 Program Director. The auditing policy in its entirety is located on the [KSSC website](#). Providers approved to facilitate MAT must send the following to the Kansas Sentencing Commission by July 15 of each year: the number of SB 123 clients who received MAT during the prior state fiscal year (July 1-June 30), the diagnosis for which the medication was prescribed, the name of the medication prescribed, and the outcome of treatment (ongoing, successful, unsuccessful, or unknown).

KSSC's policy on MAT is in its entirety on the [KSSC website](#).

SUD Education

Some clients will be assessed as not meeting clinical criteria for treatment. In these cases, clients shall be required to complete SUD education. The SB 123 SUD education intervention is intended to provide a minimum of eight (8) hours of education. This intervention can be delivered in a similar format to the Alcohol and Drug Information School (ADIS) currently offered to DUI offenders. Completing an ADIS program shall be considered completing the SB 123 SUD education intervention. At a minimum, the following information should be presented during the course of this program:

- An overview of the effects of alcohol and specific drugs on the human body and brain.
- Life consequences related to alcohol and substance misuse (e.g., impaired judgment leading to high-risk behavior, loss of employment).
- Medical consequences of alcohol and substance misuse (e.g., HIV/AIDS, STI's, Fetal Alcohol Syndrome, SUD as a progressive illness, signs and symptoms of SUDs, description of early to late stages of SUDs).
- Effects of concurrent alcohol and substance use (e.g. an overview of over-the-counter and illicit drug and alcohol use).
- Development of a personal plan to avoid future problems with alcohol and substances (e.g. review of self-help, treatment, and counseling options).

Term of Treatment

The term of treatment in a SUD treatment program under SB 123 shall not begin until the first non-assessment service after sentencing and shall not exceed 18 months. See [K.S.A. 21-6824\(c\)](#) and [21-6825\(c\)](#). Thus, no bills for treatment services under any of the Kansas state funded SUD treatment programs can be paid by the Sentencing Commission beyond 18 months from the date of first treatment. This does not alter the Court's ability to extend or revoke probation under SB 123 or a prosecutor's ability to extend diversion under RAFT. However, the 18-month term during which treatment services can be paid from State General Funds allocated for such purpose will be calculated from the date of first non-assessment service on the case in question.

This policy allows SB 123 clients to receive treatment up to 18 months in duration, even though they may have previous sentence obligations to fulfill prior to beginning treatment. Some clients may encounter situations outside their control that delay treatment. For these clients, their 18 months starts upon first

treatment service after assessment. For example, client is sentenced to SB 123 treatment but:

- is first required to serve time in jail.
- has a case in another county where incarceration requirements must be fulfilled before SB 123 treatment can begin.
- has a serious medical condition that must be resolved before treatment can begin.

This policy does not provide additional time delays for the following non-exclusive list of reasons that are volitional on the part of the client:

- Intentional delays by the client in starting SB 123 treatment.
- Absconding.
- The client violates the terms of probation, which results in jail time and in turn interrupts the client's treatment plan.
- Any other cause which is within the control of the client.

Clients may have two (2) SB 123 cases that occur concurrently or consecutively. If the client is already in treatment, they may not require an additional assessment on the second case. For specific questions regarding treatment episodes or term of treatment, please contact the Kansas Sentencing Commission.

Discharge from Treatment

Upon successful completion of a treatment modality or round of treatment, treatment providers shall notify Community Corrections or Court Services and provide recommendations and/or the relapse prevention plan. If additional treatment is recommended, a new **Client Placement Agreement** may be required. Treatment providers may elect to provide the client with a certificate of completion. Please note that failure to "complete" a program that is of greater length than the cost caps afford does not necessarily constitute failure on the part of the client to fulfill requirements of supervision. For more information on discharging clients, please see Chapter III.

Auditing SB 123 Certified Treatment Providers

To ensure that treatment providers certified by the KSSC comply with standards set forth in this manual and deliver high-quality care as outlined in their approved Implementation Plan, the KSSC has adopted a formal auditing policy which took effect January 1, 2025. The objectives of this policy are to verify compliance with KSSC operating procedures for the SB 123 program, assess the quality and effectiveness of treatment services, ensure adherence to approved Implementation Plans, best practices, and standards of care, and to identify and address any potential issues or areas for improvement. KSSC will inform providers of upcoming audit(s) at least 60 calendar days in advance by email to the contact person on record. Audits may take the form of a file review or a site visit, which may be conducted separately or simultaneously. Providers found to be out of compliance with KSSC standards will receive a Corrective Action Plan (CAP) Request, which must be completed and returned to the SB 123 Program Director. Providers who do not fully cooperate with all aspects of the auditing process may be subject to graduated sanctions. The auditing policy in its entirety is on the [KSSC website](#).

Graduated Sanctions Model of Corrective Action for SB 123 Providers

As of July 1, 2024, the KSSC has adopted a graduated sanctions model of corrective action to be initiated in response to violation(s) of program policy by providers. This policy includes multiple, progressive stages, and can be initiated at any stage depending on the severity of the violation, the provider's response to current and past violations, or other factors determined by KSSC at the time the sanction takes place. The stages of the graduated sanctions model are as follows:

- **Education**—Initial step for the majority of violations; includes educational outreach and a time-limited correction plan.
- **Probation**—Secondary stage for moderate violations or failure to adequately address violations at the Education stage; also includes educational outreach and time-limited correction plan.
- **Suspension**—Temporary suspension of a provider's certification or ability to bill for services due to persistent inability to resolve violations at a previous stage or a more serious violation.
- **Termination**—Permanent revocation of certification and right to bill for services due to egregious violation or failure to resolve violations at a previous stage. This could be immediate or through due process to remove certification.

CHAPTER V - INVOICING AND PAYMENT PROCESS

Funding

A funding source from State General Funds (SGF) has been identified specifically for assessment and treatment costs for the Kansas state funded substance use disorder (SUD) treatment programs. [K.S.A. 75-52,144\(d\)](#) states, in part, that “the cost for all drug abuse assessments and certified drug abuse treatment programs for any person shall be paid by the Kansas Sentencing Commission (KSSC) from funds appropriated for such purpose.”

Billable Services

Modalities. Only those modalities listed in the [SB 123 Approved Treatment Modalities and Cost Caps](#) (Ch. VII) are billable services under SB 123. Only those modalities for which the treatment provider has achieved approval through the KSSC certification process and contracted for through the **SB 123 Client Placement Agreement** are billable under the provisions of SB 123.

Components of Modality. Contained in the [SB 123 Approved Treatment Modalities and Cost Caps](#) (Ch. VII) are service components that are minimum requirements for each treatment modality. All SB 123 modalities, with the exceptions of social detox, assessment, medication-assisted treatment, and SUD education, shall be based in cognitive-behavioral treatment methodology. SB 123 does not require the treatment provider to input data into Kansas Department of Aging and Disability Services (KDADS) data system regarding any client.

Billable Hour. A minimum of 50 minutes of treatment time shall constitute a billable hour for the purposes of minimum treatment requirements. Time is to be billed in 15-minute increments in Carelon’s ProviderConnect System for most modalities.

Missed Appointments. Providers shall not bill Carelon, KSSC, or participants for missed or canceled appointments. Appointments missed or canceled outside of a provider’s cancellation policy will not be reimbursed by KSSC. Such participant behavior shall be communicated to the supervision officer immediately so appropriate action may be taken on the part of the officer.

Residential Billable Days. Note that treatment may be billed for the day of arrival for residential services but will not be billed for the day of departure from residential services. This applies to Social Detox, Intermediate/Residential, Therapeutic Community, and Reintegration modalities. No more than 90 days of Intermediate/Residential treatment will be funded by SB 123 per participant, per case.

Continued Stay Review. The initial approval for Intermediate/Residential treatment is 21 days. Should a participant require Intermediate/Residential treatment in excess of 21 days, the treatment provider shall notify Community Corrections or Court Services of this need and shall submit a Continued Stay Review through Carelon’s ProviderConnect System. The American Society of Addiction Medicine (ASAM) criteria will be reviewed for medical necessity by a clinician and services will be authorized or denied within five (5) calendar days.

Medication-Assisted Treatment (MAT). Approved certified providers are able to bill KSSC for facilitating MAT as outlined in their approved Implementation Plan. In billing for this service, providers are attesting to the client’s receipt of medication and the number of days that the client was clinically determined to have benefited from receiving the medication.

Billing for Multiple Modalities

- If an individual is engaged in Intermediate/Residential treatment, no Outpatient services may be billed on that same day.
- If an individual is engaged in Intermediate/Residential Treatment, a minimum of one (1) group family session per 28 days of Intermediate/Residential treatment is required and is NOT billable as a separate item. This applies when the family is able, willing, and available to participate in the client’s recovery process.
- Outpatient Group and Outpatient Individual treatment services may be co-billed on the same day if, in fact, these two types of services are provided at different times on the same day.
- Outpatient Group and Outpatient Family treatment services may be co-billed on the same day if, in fact, these two types of services are provided at different times on the same day.
- Outpatient Individual and Outpatient Family treatment services may be co-billed on the same day if, in fact, these two types of services are provided at different times on the same day. This does not apply when the family is brought into an individual treatment session.
- Intensive Outpatient includes, but is not limited to, Individual, Group and/or Family counseling and thus co-billing for Intensive Outpatient with Outpatient Individual, with Outpatient Group, or with Outpatient Family services may not occur.
- Relapse Prevention services can be billed concurrently with Peer Mentorship and Medication-Assisted Treatment only. Relapse Prevention may be used as an initial treatment admission as clinically indicated.
- Peer Mentorship services must be billed concurrently with Relapse Prevention or Outpatient (individual, group, or family), and may be billed concurrently Medication-Assisted Treatment services. Peer Mentorship is not a stand-alone service.
- Medication-Assisted Treatment must be billed concurrently with either social detox, intermediate/residential, reintegration, therapeutic community, intensive outpatient, outpatient, or relapse prevention. It may also be billed concurrently with Peer Mentorship in addition to one of the above modalities.

Client-Pay

- Treatment providers shall not accept payment for any other type of SB 123 service from the client.
- Exceptions to this rule are:
 - SUD education is the only entirely client-paid modality under the provisions of SB 123 and shall be billed at the rate specified in the [SB 123 Approved Treatment Modalities and Cost Caps](#).
 - Clients engaged in Reintegration may be required to contribute a co-pay to the treatment agency. Any additional fees to the client shall be documented in the **Client Placement Agreement**.
 - Should the client be able and willing to continue treatment services beyond the 18-month term of supervision and KSSC funding eligibility, the client may pay for such treatment.

Client Insurance Proceeds

Providers will be required to bill any applicable insurance the client may have. KSSC is the payer of last resort. Providers shall not “double bill” or combine and retain payments from KSSC and a client’s insurance. Invoicing for clients with insurance shall be performed through Carelon’s ProviderConnect system, even if the client’s insurance completely covers treatment costs (Ch. VI).

Timely Filing

For all services billed through Carelon’s ProviderConnect System, invoices are to be submitted **within 45 calendar days from the date of service**. For clients with insurance, invoices are to be submitted **within 45 calendar days from issuance of Explanation of Benefits (EOB)**. Invoices not submitted in accordance with timely filing requirements shall be denied. If services are rendered and an error occurs where a provider believes they are entitled to payment, but are outside the timely filing window, a waiver can be requested through Carelon’s ProviderConnect system.

Fraud

Payment for services under SB 123 is made from state funds and any false claims, statements, documents, or concealment of a material fact may be prosecuted under applicable state law. The submission of false documentation, including, but not limited to invoices, **Monthly Progress Report Forms**, any false information, charging for services not performed, or giving or receiving a monetary incentive or bribe in relationship to treatment services for SB 123 clients are crimes subject to prosecution under applicable federal and/or state law and applicable consequences from licensing bodies.

CHAPTER VI - CARELON BEHAVIORAL HEALTH PROVIDERCONNECT SYSTEM

SB 123, RAFT, SB 123+ and Carelon Behavioral Health

In 2018, the Kansas Sentencing Commission awarded a five-year contract to Carelon Behavioral Health (Carelon), a national leader in behavioral health management, to provide billing services for SB 123 and related programs. This contract was extended in 2023 and will last at least through the 2026 calendar year. The intent of this partnership is to benefit all stakeholders by increasing efficiency and accountability. Directions for creating a user account, using the ProviderConnect System, and submitting authorizations and invoices can be found on: <https://providers.ks.carelonbehavioralhealth.com/providers/kssc/>

Questions and customer service inquiries regarding the ProviderConnect system may be addressed to Carelon Behavioral Health by email or phone:

Email: kansasclinical@carelon.com

Phone: 1-866-645-8216 Option 3

Network Relations Manager: Beth Bernasek

Email: Elizabeth.bernasek@carelon.com

Phone: 785-213-3562

Chapter VII SB 123 / RAFT Forms

The following forms, as well as the RAFT SUD Assessment Summary Form, RAFT Monthly Progress Report Form, and RAFT Client Placement Agreement, can be located on the [KSSC website](#) and are included in this chapter:

SB123 Forms have a “blue star”

- Approved Treatment Modalities and Cost Caps (3 pages)
- 2003 SB 123: SUD Assessment Summary Form
- Client Placement Agreement (3 pages)
- Monthly Progress Report Form
- Offender Reimbursement Remittance
- SB 123: SASSI Summary Form
- Invoice for SASSI Reimbursement

RAFT Forms have a “green circle”

- RAFT Diversion Program SUD Assessment Summary Form
- RAFT Diversion Program Client Placement Agreement (3 pages)
- RAFT Diversion Program Monthly Progress Report Form

Note: All forms used specifically for Carelon Behavioral Health can be found at [Carelon Behavioral Health of Kansas](#).

Kansas Sentencing Commission - Senate Bill 123 Program

Approved Treatment Modalities and Cost Caps

Modality	Cost Cap	Required Service Components
Assessment SB 123 Substance Use Disorder Assessment Package (SUDAP) formerly DAAP	\$200 per assessment	Maximum Paid Units: <ul style="list-style-type: none"> 1 assessment per SB 123 court case Components: <ul style="list-style-type: none"> SUDAP includes: <ul style="list-style-type: none"> SB 123 Assessment Summary Form SASSI IV Scoring Sheet Clinical Interview with ASAM criteria
Medication-Assisted Treatment (MAT)	<ul style="list-style-type: none"> Oral Naltrexone \$37/day Vivitrol injection \$65/day Buprenorphine \$37/day Sublocade injection \$90/day Methadone \$30/day Acamprosate \$40/day Disulfiram \$35/day UA lab confirmation \$200/test 	Maximum paid units: <ul style="list-style-type: none"> 548 days per court case Components: <ul style="list-style-type: none"> Use of FDA-approved medications in combination with counseling and behavioral therapies Must be billed concurrently with another level of care (i.e. social detox, intermediate/residential, reintegration, therapeutic community, intensive outpatient, outpatient, or relapse prevention) May be short term (e.g., to manage withdrawal) or part of client's long-term recovery Approved providers may bill for each day client benefits from medication
Social Detox	\$210 per day	Maximum Paid Units: <ul style="list-style-type: none"> 5 days Components: <ul style="list-style-type: none"> Typically, short term and provides 24-hour supervision, observation and support for individuals who are intoxicated or experiencing withdrawal from substances. This modality of care provides services for those individuals whose intoxication/withdrawal signs and symptoms are sufficiently severe to require 24-hour structure and support.
Therapeutic Community (Currently Johnson County ONLY)	\$180 per day	Maximum Paid Units: <ul style="list-style-type: none"> 6 months Components: <ul style="list-style-type: none"> Residential (24 hours/day; 7 days/week) Currently only offered by Johnson County Cognitive behavioral based <p><i>* If client is engaged in inpatient treatment, a minimum of one group family session per each 28 days of inpatient treatment is required and is NOT billable as a separate item. This applies when the family is able, willing, and available to participate in the client's recovery process.</i></p>

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Modality	Cost Cap	Required Service Components
Intermediate/ Residential	\$260 per day	<p>Maximum Paid Units:</p> <ul style="list-style-type: none"> • Ranges from 7-21 days in length (21-day initial approval) • Under no circumstances will payment be made for intermediate/residential services beyond 90 days per SB 123 court case • <i>A Continued Stay Review is required for additional inpatient days up to 90 days</i> <p>Components:</p> <ul style="list-style-type: none"> • Residential (24 hours/day; 7 days/week) • Structured, Cognitive Behavioral based clinical program meeting ASAM specifications • Includes Group and Individual counseling, at a minimum 10 hours per week <p><i>* NOTE: Clients do NOT leave intermediate residential facilities for employment, education, or other similar reasons. * If client is engaged in inpatient treatment, a minimum of one group family session per each 28 days of inpatient treatment is required and is NOT billable as a separate item. This applies when the family is able, willing, and available to participate in the client's recovery process.</i></p>
Re-integration	\$165 per day	<p>Maximum Paid Units:</p> <ul style="list-style-type: none"> • 60 days <p>Components:</p> <ul style="list-style-type: none"> • Minimum of 10 hours of scheduled, structured activities per week – which shall include a minimum of three hours of clinical individual, group or family treatment services • Cognitive behavioral based • Clients are expected to be employed or actively seeking employment during their reintegration engagement. • Frequently follows an inpatient modality as a “step-down” modality
Intensive Outpatient	\$50 per hour	<p>Maximum Paid Units:</p> <ul style="list-style-type: none"> • 100 hours <p>Components:</p> <ul style="list-style-type: none"> • 10-15 hours of direct clinical services with a certified counselor per week, to include structured group, individual, and/or family counseling for each individual client • Cognitive behavioral based
Outpatient Individual	\$120 per hour	<p>Maximum Paid Units:</p> <ul style="list-style-type: none"> • Up to 3 hours per week with counselor, as needed <p>Components:</p> <ul style="list-style-type: none"> • Reinforces cognitive behavioral based concepts and tools
Outpatient Group	\$50 per hour	<p>Maximum Paid Units:</p> <ul style="list-style-type: none"> • 4-8 hours of services per week; <p>Components:</p> <ul style="list-style-type: none"> • Reinforces cognitive behavioral based concepts and tools

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Modality	Cost Cap	Required Service Components
Outpatient Family	\$100 per hour	<p>Maximum Paid Units:</p> <ul style="list-style-type: none"> ▲ 1 hour per week <p>Components:</p> <ul style="list-style-type: none"> • Applies when the family is able, willing, and available to participate in the client's recovery process
Relapse Prevention Individual	\$120 per hour	<p>Maximum Paid Units:</p> <ul style="list-style-type: none"> • 1 hour per week <p>Components:</p> <ul style="list-style-type: none"> • Provides relapse prevention planning, follow-through, and action plan development to handle potential relapse events so as to maintain a lifestyle free from substance use • Cognitive behavioral based • Can be billed concurrently <i>only</i> with Peer Mentorship or MAT • Billable in 15-minute increments, not to exceed maximums
Relapse Prevention Group	\$50 per hour	<p>Maximum Paid Units:</p> <ul style="list-style-type: none"> • 3 hours per week <p>Components:</p> <ul style="list-style-type: none"> • Provides relapse prevention planning, follow-through, and action plan development to handle potential relapse events so as to maintain a lifestyle free from substance use • Cognitive behavioral based • Can be billed concurrently <i>only</i> with Peer Mentorship or MAT • Billable in 15-minute increments, not to exceed maximums
Peer Mentorship	\$22 per 15 minutes	<p>Maximum Paid Units:</p> <ul style="list-style-type: none"> • 3 hours per week <p>Components:</p> <ul style="list-style-type: none"> • 15-minute billing increments • Individual (not group) sessions • Peer Mentor must be certified through KDADS, employed through KSSC certified provider, and must present certification to KSSC • Can be billed concurrently <i>only</i> with Relapse Prevention, Outpatient (individual, group, family), or MAT • NOT a stand-alone service
Substance Use Disorder Education	\$100 – client pay	<p>Maximum Paid Units:</p> <ul style="list-style-type: none"> • Client pay only <p>Components:</p> <ul style="list-style-type: none"> • 8-hour curriculum • Any education program that meets ADIS criteria meets KSSC requirements

2003 SB 123: SUD Assessment Summary Form



Date of Assessment: _____ (MM/YYYY)

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.:	<input type="checkbox"/> ISO <input type="checkbox"/> CSO Name: Phone No.: Email.:
Assessor Signature:	
SASSI Completed by: <input type="checkbox"/> Above <input type="checkbox"/> 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/YYYY)			County of Conviction:			TOADS Legacy KDOC#:			Court Case No:		
SASSI Probability:		SASSI Profile Scores:									
High: <input type="checkbox"/> Low: <input type="checkbox"/>		FVA	FVOD	SYM	OAT	SAT	DEF	SAM	FAM	COR	RX
		NOTE: Summary Score Page - <ul style="list-style-type: none"> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Mental Health Comments:									
Referred for additional services? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Clinical History Comments: (attach additional page(s) as necessary)											

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
<input type="checkbox"/>	<input type="checkbox"/>	Medication-Assisted Treatment (MAT)
<input type="checkbox"/>	<input type="checkbox"/>	Social Detoxification
<input type="checkbox"/>	<input type="checkbox"/>	Therapeutic Community (Jo Co only)
<input type="checkbox"/>	<input type="checkbox"/>	Intermediate Residential
<input type="checkbox"/>	<input type="checkbox"/>	Reintegration
<input type="checkbox"/>	<input type="checkbox"/>	Intensive Outpatient
<input type="checkbox"/>	<input type="checkbox"/>	Outpatient – Individual
<input type="checkbox"/>	<input type="checkbox"/>	Outpatient – Group
<input type="checkbox"/>	<input type="checkbox"/>	Outpatient – Family
<input type="checkbox"/>	<input type="checkbox"/>	Peer Mentorship (NOT a stand-alone service)
<input type="checkbox"/>	<input type="checkbox"/>	Relapse Prevention/Continuing Care
<input type="checkbox"/>	<input type="checkbox"/>	Substance Use Disorder Education (FUNDED by Client)

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

Kansas Sentencing Commission - Senate Bill 123 Program



Client Placement Agreement

Sentencing Date: <small>mm/dd/yyyy</small>	Actual Treatment Admission Start Date (after sentencing- NOT the assessment date): <small>mm/dd/yyyy</small>	KSSC Eligibility Expiration Date: _____ <small>mm/dd/yyyy</small> (18 months from FIRST treatment start date)
KBI number:	Court Case number:	TOADS Legacy KDOC# (if available):
ATHENA #		

This agreement entered into on _____ day of _____, _____ by and between the

_____ ("SUPERVISING AGENCY") and
 _____ ("PROVIDER")

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

_____ ("CLIENT"), born on _____
(Current Legal First Name/MI/Last Name) (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:

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

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: <small>mm/dd/yyyy</small>	Phone #
Printed Name:		

Email:	
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Supervising Agency:	Date: <small>mm/dd/yyyy</small>	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.**

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:	

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.**

**Kansas Sentencing Commission- SB 123 Program
Monthly Progress Report Form**



Client Name:		TOADS Legacy KDOC # (if available):		KBI #:	
<small>First Name/M/Last Name</small>		ATHENA #		CASE #	

Report For Services _____ **To** _____
(m/dd/yyyy) (m/dd/yyyy)

SB 123 Provider:

Primary Provider: _____ **Date of Admission:** _____
(SB 123 Provider) (m/d/yyyy)

Check Service(s) Receiving and Rate Level of Participation:

Services:	Very Satisfactory	Satisfactory	Needs Improvement	Relapse
<input type="checkbox"/> Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Medication-Assisted Treatment (MAT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Social Detox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Therapeutic Community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Intermediate Residential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Re-Integration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Intensive-Outpatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Out-Patient Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Out-Patient Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Out-Patient Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Peer Mentorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Relapse Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments and Recommendations Regarding Positive Progress and Areas for Improvement:

Supervising Community Corrections Agency:

ISO: _____

Indicate Supervision Level

Level: _____

Rate Level of Performance relative to Supervision Conditions:

Very Satisfactory Satisfactory Needs Improvement Revoked Other
(If marked, please comment below)

Comments and Recommendations Regarding Positive Progress and Areas for Improvement:

The SUPERVISING COMMUNITY CORRECTIONS AGENCY and THE PROVIDER AGREE on the Monthly Progress Report

Authorized Treatment Provider Signature:	Date: m/d/yyyy	Phone #: Email:
Community Corrections ISO Signature:	Date: m/d/yyyy	Phone #: Email:
* A copy of this document must be retained by both ISO and Treatment Provider for auditing purposes.		

Kansas Sentencing Commission
OFFENDER REIMBURSEMENT REMITTANCE FORM
2003 SB 123
This form is to accompany ALL remittance



Mail to: Kansas Sentencing Commission
 700 SW Jackson, Ste 501
 Topeka, KS 66603

Community Correction Agency Name:
If payment is submitted by the Community Correction Agency

Name of Person Submitting Payment:

Total Amount Paid: **Date:**

Payment Information:

SB 123 Client Name		KBI Number	ATHENA Number	Legacy TOADS KDOC# (if available)	Court Case Number	County	Community Corrections or Court Services	Amount Paid
Last Name	First Name							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Enter the information for one individual or several as applies. Attach additional form(s) if needed.
NOTE: If offender does not have an ATHENA or Legacy TOADS KDOC# or is not SB 123 eligible- please note this and include comments.
Comments:

SB 123: SASSI Summary Form

Date of Assessment: _____ (MM/DD/YYYY)

COMMUNITY CORRECTIONS OR COURT SERVICES AGENCY:	
District:	
Street Address:	
City / State / Zip:	
SASSI Administrator Name:	
Phone Number:	
Fax Number:	
Email:	
Assessor Signature:	Director or Chief 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, the billing and data collection requirements of the Kansas Sentencing Commission, 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):	KDOC No. (if known):	KBI No.
Date of Birth (MM/DD/YYYY):	County of Conviction:	Court Case No.:

SASSI III Probability:	SASSI III Profile Scores:									
High: <input type="checkbox"/> Low: <input type="checkbox"/>	FVA	FVOD	SYM	OAT	SAT	DEF	SAM	FAM	COR	
Referred for Full SB 123 Assessment?										
Yes <input type="checkbox"/> No <input type="checkbox"/>										

NOTES: (If SASSI score is low but client still referred for full assessment, please explain below).

DISTRIBUTION OF THIS DOCUMENT:

- Full SB 123 Assessor - If referred for full SB 123 Assessment, send copy of full completed SASSI to agency/provider conducting the assessment.
- Community Corrections Agency of Supervision – copy of this form along with the supporting instruments including the full completed SASSI, maintained in client file.
- Kansas Sentencing Commission – copy of this form submitted along with invoice for SASSI assessment services. Invoices shall be submitted not more than once each quarter.

Invoice for SASSI Reimbursement

COMMUNITY CORRECTIONS OR COURT SERVICES AGENCY:
Street Address:
City / State / Zip:
Phone Number:
Fax Number:
Email:

Invoice Period: _____ to _____
(mm/dd/yy) (mm/dd/yy)

*Number of SASSI's administered _____ x \$5.00 / assessment = \$ _____

Signature of Designee: _____

Date: _____

Please attach a copy of each SASSI Summary Form completed during invoice period and submit this form to the Kansas Sentencing Commission:

- email to SB123payments@ks.gov, or
- by mail to: Kansas Sentencing Commission
700 SW Jackson, Suite 501
Topeka, Ks 66603

***The total must be greater than \$20 to be reimbursed.**

RAFT Diversion Program: SUD Assessment Summary Form



Date of Assessment: _____ (mm/yyyy)

AUTHORIZED TREATMENT PROVIDER	COMMUNITY CORRECTIONS / COURT SERVICES AGENCY / DA
Treatment Provider Name:	District:
Street Address:	Street Address:
City / State / Zip:	City / State / Zip:
Assessor Name: Phone No.: Email:	<input type="checkbox"/> ISO <input type="checkbox"/> CSO <input type="checkbox"/> DA Name: Phone No.: Email:
Assessor Signature:	
SASSI Completed by: <input type="checkbox"/> Above <input type="checkbox"/> CSO/Supervisor (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 Supervising Agency 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 # (if available):			KBI No.:			
Date of Birth: (mm/yyyy)		County of Diversion:			TOADS Legacy KDOC # (if available):		Court Case No.:				
SASSI Probability:		SASSI Profile Scores:									
		FVA	FVOD	SYM	OAT	SAT	DEF	SAM	FAM	COR	RX
High: <input type="checkbox"/> Low: <input type="checkbox"/>		NOTE: Summary Score Page - <ul style="list-style-type: none"> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Mental Health Comments:									
Referred for additional services? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Clinical History Comments: (attach additional page(s) as necessary)											

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
<input type="checkbox"/>	<input type="checkbox"/>	Medication-Assisted Treatment (MAT)
<input type="checkbox"/>	<input type="checkbox"/>	Social Detoxification
<input type="checkbox"/>	<input type="checkbox"/>	Therapeutic Community (Jo Co only)
<input type="checkbox"/>	<input type="checkbox"/>	Intermediate Residential
<input type="checkbox"/>	<input type="checkbox"/>	Reintegration
<input type="checkbox"/>	<input type="checkbox"/>	Intensive Outpatient
<input type="checkbox"/>	<input type="checkbox"/>	Outpatient – Individual
<input type="checkbox"/>	<input type="checkbox"/>	Outpatient – Group
<input type="checkbox"/>	<input type="checkbox"/>	Outpatient – Family
<input type="checkbox"/>	<input type="checkbox"/>	Peer Mentorship (NOT a stand-alone service)
<input type="checkbox"/>	<input type="checkbox"/>	Relapse Prevention/Continuing Care
<input type="checkbox"/>	<input type="checkbox"/>	Substance Use Disorder Education (FUNDED by Client)

*Treatment Provider and Supervising Agency to retain copy for record keeping and auditing purposes.

June 1, 2025

Kansas Sentencing Commission – RAFT Diversion Program
Client Placement Agreement



Diversion Date: _____ <small>mm/dd/yyyy</small>	Actual Treatment Admission Start Date (after Diversion effective date- NOT the assessment date): _____ <small>mm/dd/yyyy</small>	KSSC Eligibility Expiration Date: _____ <small>mm/dd/yyyy</small> (18 months from FIRST treatment start date)	
KBI number: _____	Court Case number: _____	TOADS Legacy KDOC# (if available): _____	ATHENA # _____

This agreement entered into on _____ day of _____, _____ by and between the
(Day) (Month) (Year)
 _____ ("SUPERVISING AGENCY") and
 _____ ("PROVIDER")
 for and in consideration of the treatment/modalities and responsibilities listed below and placement of:
 _____ ("CLIENT"), born on _____
(Current Legal First Name/Mi/Last Name) (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:

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

Kansas Sentencing Commission – RAFT Diversion 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 Caredon 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 Caredon Behavioral Health.

Authorized Treatment Provider Signature:	Date: <small>mm/dd/yyyy</small>	Phone #
Printed Name:		

Email:	
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Supervising Agency:	Date: <small>mm/dd/yyyy</small>	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.**

Kansas Sentencing Commission – RAFT Diversion 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:	_____

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.**

**Kansas Sentencing Commission
RAFT Diversion Program
Monthly Progress Report Form**



Client Name:		CASE #		KBI #:	
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First Name/M/Last Name

Report For Services _____ To _____
(m/dd/yyyy) (m/dd/yyyy)

SB 123 Provider:

Primary Provider: _____ Date of Admission: _____
(Treatment Provider) (m/d/yyyy)

Check Service(s) Receiving and Rate Level of Participation:

Services:	Very Satisfactory	Satisfactory	Needs Improvement	Relapse
<input type="checkbox"/> Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Medication-Assisted Treatment (MAT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Social Detox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Therapeutic Community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Intermediate Residential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Re-Integration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Intensive-Outpatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Out-Patient Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Out-Patient Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Out-Patient Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Peer Mentorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Relapse Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments and Recommendations Regarding Positive Progress and Areas for Improvement:

Supervising Agency:

ISO/CSO/DA: _____

Indicate Supervision Level

Level: _____

Rate Level of Performance relative to Supervision Conditions:

Very Satisfactory Satisfactory Needs Improvement Revoked Other (If marked, please comment below)

Comments and Recommendations Regarding Positive Progress and Areas for Improvement:

The SUPERVISING AGENCY and THE TREATMENT PROVIDER AGREE on the Monthly Progress Report

Authorized Treatment Provider Signature:	Date: m/d/yyyy	Phone #: Email:
Supervising Agency Signature:	Date: m/d/yyyy	Phone #: Email:
* A copy of this document must be retained by both Supervising Agency and Treatment Provider for auditing purposes.		

June 1, 2025