
Table of Contents

State/Territory Name: Kansas

State Plan Amendments (SPA) #: KS-42/2232

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) State Plan Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

September 8, 2020

Ms. Sarah Fertig
Medicaid Director
State of Kansas, Department of Health and Environment
900 SW Jackson Avenue Suite 900
Topeka, KS 66612-1220

Dear Ms. Fertig:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) number KS-20-0010, has been approved. Through this SPA, Kansas has demonstrated compliance with section 5022 of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act. Additionally, this SPA clarifies Kansas' policies regarding coverage of children aging out of CHIP during a public health emergency. This SPA has an effective date of October 24, 2019 and April, 1, 2020, respectively.

Section 5022 of the SUPPORT Act added Section 2103(c)(5) to the Social Security Act (the Act) and requires child health and pregnancy related assistance to include coverage of services necessary to prevent, diagnose, and treat a broad range of behavioral health symptoms and disorders. Additionally, Section 2103(c)(5)(B) of the Act requires that these behavioral health services be delivered in a culturally and linguistically appropriate manner. Kansas demonstrated compliance by providing the necessary assurances and benefit descriptions that the state covers a range of behavioral health services in a culturally and linguistically appropriate manner.

Your Project Officer is Ms. Kristin Edwards. She is available to answer your questions concerning this amendment and other CHIP-related matters. Ms. Edwards' contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850
Telephone: (410) 786-5480
E-mail: kristin.edwards@cms.hhs.gov

Page 2- Ms. Sarah Fertig

If you have additional questions, please contact Meg Barry, Acting Division Director, Division of State Coverage Programs, at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,

/signed Amy Lutzky/

Amy Lutzky
Acting Deputy Director

TEMPLATE FOR CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT CHILDREN'S HEALTH INSURANCE PROGRAM

(Required under 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))

State/Territory: Kansas
(Name of State/Territory)

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR, 457.40(b)) Sarah Fertig
(Signature of Governor, or designee, of State/Territory, Date Signed)

submits the following Child Health Plan for the Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following State officials are responsible for program administration and financial oversight (42 CFR 457.40(c)):

Name: Sarah Fertig	Position/Title: State Medicaid Director
Name: Christiane Swartz	Position/Title: Deputy Medicaid Director, Director of Operations/COO, Healthcare Division
Name: (Vacant)	Position/Title: Medical Director
Name: Mark S. Heim	Position/Title: Director of Program Finance

*Disclosure. In accordance with the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #34). The time required to complete this information collection is estimated to average 80 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, write to: CMS, 7500 Security Blvd., Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Effective Date: 10/24/2019

Approval Date: 09/08/2020

- 1.4. Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

Original Plan

Effective Date: July 1, 1998

Implementation Date: July 1, 1998

- Amendment #1- Effective April 20, 2000
- Amendment #2 - Effective May 1, 2001
- Amendment #3 - Effective August 21, 2001
- Amendment #4 - Effective January 1, 2003
- Amendment #5 - Effective July 1, 2003
- Amendment #6 - Effective July 1, 2005
- Amendment #7 - Effective July 1, 2006
- Amendment #8 - Effective January 1, 2010
- Amendment #9 - Withdrawn February 6, 2013
- Amendment #10 - Effective November 19, 2010
- Amendment# 11 - Effective January 1, 2013
- Amendment#12 - Effective July 1, 2014
- Amendment #13 - Effective October 1, 2017
- Amendment #14 – Effective July 1, 2018
- Amendment #15 – Effective October 24, 2019

SPA #20-0010 Purpose of SPA: CHIP Support Act

Proposed effective date: October 24, 2019

Proposed implementation date: October 24, 2019

Discontinuation of federal funds for coverage of children aging out of CHIP during the COVID public health emergency occurred on April 1, 2020 for those children who turned 19.

Superseding Pages of MAGI CHIP State Plan Material

State: Kansas

Transmittal Number	SPA Group	PDF #	Description	Superseded Plan Section(s)
KS-14-0009 Effective/Implementation Date: January 1, 2014	MAGI Eligibility & Methods	CS7	Eligibility – Targeted Low-Income Children	Supersedes the current sections Geographic Area 4.1.1; Age 4.1.2; and Income 4.1.3

Effective Date: 10/24/2019

Approval Date: 09/08/2020

Transmittal Number	SPA Group	PDF #	Description	Superseded Plan Section(s)
		CS13	Eligibility- Deemed Newborns	Incorporate within a separate subsection under section 4.3
		CS15	MAGI-Based Income Methodologies	Incorporate within a separate subsection under section 4.3
KS-15-0004 Effective/Implantation Date: April 1, 2015	MAGI Eligibility & Methods	CS7	Supporting Document for Eligibility-Targeted Low-Income Children	Supersedes the previously approved CS7 supporting document
KS-15-0005 Effective/Implementation Date: July 1, 2014	MAGI Eligibility & Methods	CS15	MAGI-Based Income Methodologies	Supersedes previously approved CS15
KS-16-0001 Effective/Implementation Date: January 1, 2016	MAGI Eligibility & Methods	CS10	Eligibility- Children Who Have Access to Public Employee Coverage	Supersedes information on dependents of public employees in Section 4.4.1
KS-16-0003 Effective/Implementation Date: April 1, 2016	MAGI Eligibility & Methods	CS7	Supporting Document for Eligibility-Targeted Low-Income Children	Supersedes the previously approved CS7 supporting document
KS-17-0002 Effective/Implementation Date: April 1, 2017	MAGI Eligibility & Methods	CS7	Supporting Document for Eligibility-Targeted Low-Income Children	Supersedes the previously approved CS7 supporting document
KS-18-0003 Effective/Implementation Date: April 1, 2018	MAGI Eligibility & Methods	CS7	Supporting Document for Eligibility- Targeted Low-Income Children	Supersedes the previously approved CS7 supporting document
KS-19-0002	MAGI	CS7	Supporting	Supersedes the

Transmittal Number	SPA Group	PDF #	Description	Superseded Plan Section(s)
Effective/Implementation Date: April 1, 2019	Eligibility & Methods		Document for Eligibility- Targeted Low-Income Children	previously approved CS7 supporting document
KS-20-0002 Effective/Implementation Date: April 1, 2020	MAGI Eligibility & Methods	CS7	Supporting Document for Eligibility- Targeted Low-Income Children	Supersedes the previously approved CS7 supporting document
KS-14-0010 Effective/Implementation Date: January 1, 2014	XXI Medicaid Expansion	CS3	Eligibility for Medicaid Expansion Program	Supersedes the current Medicaid expansion section 4.0
KS-14-0011 Effective/Implementation Date: January 1, 2014	Establish 2101(f) Group	CS14	Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards	Incorporate within a separate subsection under section 4.1
KS-14-0012 Effective/Implementation Date: October 1, 2013	Eligibility Processing	CS24	Eligibility Process	Supersedes the current sections 4.3 and 4.4
KS-14-0013 Effective/Implementation Date: January 1, 2014	Non-Financial Eligibility	CS17	Residency	Supersedes the current section 4.1.5
		CS18	Citizenship	Supersedes the current sections 4.1.5 and 4.3 on citizenship
		CS19	Social Security Number	Supersedes the current section 4.1.9.1
		CS20	Substitution of Coverage	Supersedes the current section 4.4.4
		CS21	Non-Payment of Premiums	Supersedes the current section 8.7
KS-14-0013	General Eligibility	CS27	Continuous Eligibility	Supersedes the current section

Effective Date: 10/24/2019

Approval Date: 09/08/2020

Transmittal Number	SPA Group	PDF #	Description	Superseded Plan Section(s)
		CS28	Presumptive Eligibility for Children	4.1.8 Supersedes the current section 4.3.2
KS-15-0006 Effective/ Implementation Date: April 1, 2015	General Eligibility	CS28	Presumptive Eligibility for Children	Supersedes the previously approved CS28

1.4- TC Tribal Consultation (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

TN No: 20-0010 Approval Date _____ Effective Date October 24, 2019
 Kansas did seek tribal consultation on the Support Act SPA. An e-mail was sent to the tribal nations on May 18, 2020 stating that the proposed SPA documents the state's compliance with the SUPPORT Act, Section 5022. The SPA confirms that the current Kansas CHIP Plan ensures access to mental health and substance use disorder (SUD) services for children and pregnant women. In addition, the Kansas CHIP Plan does not allow or impose financial or utilization limits on mental health/SUD treatment that are lower than limits placed on physical health treatment. No negative impact is expected for Indian Health Programs, Tribal Governments, or Urban Indian Organizations (I/T/U).
 Tribal nations were reminded that an in-person consultation may be requested. No consultations were requested. There was one request for the SPA from the Chief Counsel for Prairie Band Potawatomi Nation. No comments were received.

4.3 Methodology. Describe the methods of establishing and continuing eligibility and enrollment. The description should address the procedures for applying the eligibility standards, the organization and infrastructure responsible for making and reviewing eligibility determinations, and the process for enrollment of individuals receiving covered services, and whether the State uses the same application form for Medicaid and/or other public benefit programs. (Section 2102)(b)(2)) (42CFR, 457.350).

See Approved SPAs 14-0013 and 15-0005, as well as 15-0006 (PE Procedures)

A simplified application/enrollment form is used to access both Medicaid and CHIP coverage. The form is available through a number of access points including schools, churches, medical providers and Department for Children and Families (DCF). The form is mailed in with supporting documentation such as wage information to a central clearinghouse. The clearinghouse is responsible for initial processing and eligibility determination for both Medicaid and CHIP and involves privately contracted staff. The

Medicaid state agency administers the portion of the clearinghouse responsible for Medicaid determination and case maintenance. Contracted staff is responsible for all CHIP processing and determinations as well as ongoing case management.

The Income Eligibility Verification System (IEVS) is used to confirm income information on an ongoing basis and the Systematic Alien Verification for Entitlements (SAVE) program or an appropriate alternative is used to verify immigration status.

Eligibility is continuous for 12 months and re-established annually. The family must meet all eligibility criteria and have paid any applicable premiums from the prior year to be reenrolled for a new 12-month period. The amendment effective 1/1/99 allows an infant born to a KanCare enrolled mother will be retroactively enrolled in KanCare starting with the month of birth, but will be subject to Medicaid screening and enrollment requirements no later than 90 days from the date the Agency has been notified of the birth of the infant.

The application/enrollment form will be used to ascertain current health insurance coverage as well as access to state employee coverage. Children found to have current health coverage will be denied eligibility for CHIP coverage.

If application is made for medical assistance under Medicaid or CHIP, the applicant must provide approved documentation for verification of citizenship and identity.

The amendment effective 7/1/01 allows children who had health coverage within eight months prior to application for the CHIP program to receive benefits. They will be denied benefits in the situation when other private health coverage is active on the day of application. Kansas does track those who had health coverage within 90 days, per approved SPA 14-0013, prior to application. Premiums will be charged to families above 167% of FPL in the CHIP program. There are exceptions which are listed in section 4.4.4.2.

The agency will verify the applicant is not covered by any insurance at the time of application and will monitor any conditions that may contribute to crowd out on at least an annual basis for up to 200% of Federal Poverty Level. For those applicants above 250% of the 2008 Federal Poverty Guidelines the agency will require that private insurance has not been voluntarily terminated within the previous 90 days, per approved SPA 14-0013.

Once determined eligible for the CHIP program, children are enrolled into one of three Managed Care Organizations contracted to provide services. Once approval is authorized in the state's eligibility system, the record is transferred to the MMIS, which in turn sends an 834-enrollment record to the MCO. Applicants may choose any of the MCOs in which to enroll, however if a choice is not indicated on the application the beneficiary will be auto assigned to an MCO. There is a 90-day choice period after enrollment during which beneficiaries may chose a different MCO. Once the 90-day choice period is over, the beneficiary remains assigned to the plan for one year.

Procedures for disenrollment for cause:

All disenrollment requests are processed by the Single State Medicaid Agency. MCOs are not permitted to process disenrollments. Oral or written requests are received and documented by the State's fiscal agent. Determination criteria mirror 42 CFR 438.56 with the following additions for case continuity: children who change custodial arrangements between family households (change cases) or are adopted by a new family may change health plans outside the open enrollment period. The State of Kansas does not require enrollees to seek redress through the MCO grievance process prior to requesting disenrollment. Requests based on provider access are compared with the MCO network. If a provider is available, the MCO is required to offer assistance to the beneficiary in scheduling an appointment for needed services. If the MCO is unable to offer an appointment, disenrollment is allowed. Disenrollment requests based on provider quality are allowed if another in-network provider is not available. Quality grievances are investigated by the MCO and reviewed by the State. Information explaining how to access the State Fair Hearing process is included on all disenrollment denial notices.

Presumptive Eligibility Process:

Staff of designated entities selected and trained by the Medicaid state agency are authorized to determine presumptive eligibility. The determination will be completed using only the Kansas Presumptive Eligibility determination tool. The tool will be provided by the agency. If the income of the family group is above 250 % of the 2008 Federal Poverty Guidelines the child is presumptively eligible for medical coverage. Children within the CHIP income guidelines may be eligible for medical coverage if he or she has no other health coverage. Information on eligible children will be submitted by the qualified entity to the central clearinghouse within 5 working days. The staff at the designated entity will assist the family in completing a formal application for CHIP and submit it to the central clearinghouse.

Presumptive eligibility begins on the day the designated entity determines that the child appears eligible. If an application is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day a final determination of eligibility is made. If an application is not filed by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.

Each child is eligible for only one period of presumptive eligibility within a 12-month period. The 12-month period begins on the first day of presumptive eligibility determination.

Children who are determined presumptively eligible for Title XXI will receive the Title XIX benefit package until such time as eligibility for Title XXI is confirmed or denied. When formal determination of the PE application is complete, the child will be enrolled

in the appropriate program, either Title XIX or Title XXI. Program placement will be based on established eligibility criteria.

Claims for services being provided to individuals found to be presumptively eligible for CHIP will be processed in accordance with the State Medicaid Manual, Option 1 (report all expenditures at Medicaid match rate). For applicants who qualify at or under 250% of the 2008 Federal Poverty Guidelines would be those persons not enrolled in a comprehensive health insurance for the time period of the application date minus eight months.

Emergency Flexibilities:

At State discretion, requirements related to timely processing of applications may be temporarily waived for CHIP applicants who reside and/or work in a State or Federally declared disaster area

At State discretion, requirements related to timely processing of renewals and/or deadlines for families to respond to renewal requests may be temporarily waived for CHIP beneficiaries who reside and/or work in a State or Federally declared disaster area.”

The state may delay acting on changes in circumstances for CHIP beneficiaries other than the required changes in circumstances described in 42 CFR 457.342(a) cross-referencing 42 CFR 435.926(d).

At State discretion, the agency may provide for an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status, if the non-citizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency is unable to complete the verification process within the 90-day reasonable opportunity period due to the State or Federally declared disaster or public health emergency.

The state may temporarily increase the allowable number of presumptive eligibility periods from one to two within a 12-month time period for CHIP applicants for the duration of the national or state COVID-19 public health emergency.

6.2.22. EPSDT consistent with requirements of sections 1905(r) and 1902(a)(43) of the Act

6.2.22.1 The state assures that any limitations applied to the amount, duration, and scope of benefits described in Sections 6.2 and 6.3- BH of the CHIP state plan can be exceeded as medically necessary.

Guidance: Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic or rehabilitative service may be provided, whether in a facility, home, school, or other setting, if recognized by State law and

only if the service is: 1) prescribed by or furnished by a physician or other licensed or registered practitioner within the scope of practice as prescribed by State law; 2) performed under the general supervision or at the direction of a physician; or 3) furnished by a health care facility that is operated by a State or local government or is licensed under State law and operating within the scope of the license.

- 6.2.23. Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, or rehabilitative services. (Section 2110(a)(24))
- 6.2.24. Premiums for private health care insurance coverage (Section 2110(a)(25))
- 6.2.25. Medical transportation (Section 2110(a)(26))
- Guidance: Enabling services, such as transportation, translation, and outreach services, may be offered only if designed to increase the accessibility of primary and preventive health care services for eligible low-income individuals.
- 6.2.26. Enabling services (such as transportation, translation, and outreach services) (Section 2110(a)(27))
- 6.2.27. Any other health care services or items specified by the Secretary and not included under this Section (Section 2110(a)(28))

6.2-BH Behavioral Health Coverage Section 2103(c)(5) requires that states provide coverage to prevent, diagnose, and treat a broad range of mental health and substance use disorders in a culturally and linguistically appropriate manner for all CHIP enrollees, including pregnant women and unborn children.

Guidance: Please attach a copy of the state’s periodicity schedule. For pregnancy-related coverage, please describe the recommendations being followed for those services.

6.2.1- BH Periodicity Schedule The state has adopted the following periodicity schedule for behavioral health screenings and assessments. Please specify any differences between any covered CHIP populations:

- State-developed schedule
- American Academy of Pediatrics/ Bright Futures
- Other Nationally recognized periodicity schedule (please specify: _____)
- Other (please describe: _____)

6.3- BH Covered Benefits Please check off the behavioral health services that are provided to the state’s CHIP populations, and provide a description of the amount, duration, and scope of each benefit. For each benefit, please also indicate whether the benefit is available for mental

health and/or substance use disorders. If there are differences in benefits based on the population or type of condition being treated, please specify those differences.

If EPSDT is provided, as described at Section 6.2.22 and 6.2.22.1, the state should only check off the applicable benefits. It does not have to provide additional information regarding the amount, duration, and scope of each covered behavioral health benefit.

Guidance: Please include a description of the services provided in addition to the behavioral health screenings and assessments described in the assurance below at 6.3.1.1-BH.

6.3.1- BH Behavioral health screenings and assessments. (Section 2103(c)(6)(A))

6.3.1.1- BH The state assures that all developmental and behavioral health recommendations outlined in the AAP Bright Futures periodicity schedule and United States Public Preventive Services Task Force (USPSTF) recommendations graded as A and B are covered as a part of the CHIP benefit package, as appropriate for the covered populations.

Guidance: Examples of facilitation efforts include requiring managed care organizations and their networks to use such tools in primary care practice, providing education, training, and technical resources, and covering the costs of administering or purchasing the tools.

6.3.1.2- BH The state assures that it will implement a strategy to facilitate the use of age-appropriate validated behavioral health screening tools in primary care settings. Please describe how the state will facilitate the use of validated screening tools.

Kansas' strategy for facilitating the use of behavioral health screening tools involves two elements, which include: highlighting the importance of the use of validated screening tools by providers and resources in this area as appropriate during monthly meetings with its managed care organizations (MCOs); and conducting yearly audits of its MCOs to verify use of validated behavioral health screening tools.

The MCOs will continue to be responsible for validation of appropriate screening tools. The MCOs are required to have on staff as a key position a Behavioral Health Medical Officer/Medical Director (BH-CMO) who is a board-certified psychiatrist and addictionologist. This staff person oversees and is responsible for all Behavioral Health activities, including oversight of coordination activities with KDADS and shall work closely with the Behavioral Health Supports Director and other Medical Officers to ensure the delivery of holistic and integrated person-centered care. It is the expectation of the state that managed care providers select and use trauma-

informed care and other evidence-based practices that meets the Periodicity schedules.

6.3.2- BH Outpatient services (Sections 2110(a)(11) and 2110(a)(19))

Guidance: Psychosocial treatment includes services such as psychotherapy, group therapy, family therapy and other types of counseling services.

6.3.2.1- BH Psychosocial treatment
Provided for: Mental Health Substance Use Disorder

6.3.2.2- BH Tobacco cessation
Provided for: Substance Use Disorder

Guidance: In order to provide a benefit package consistent with section 2103(c)(5) of the Act, MAT benefits are required for the treatment of opioid use disorders. However, if the state provides MAT for other SUD conditions, please include a description of those benefits below at section 6.3.2.3- BH.

6.3.2.3- BH Medication Assisted Treatment
Provided for: Substance Use Disorder

6.3.2.3.1- BH Opioid Use Disorder

6.3.2.3.2- BH Alcohol Use Disorder

6.3.2.3.3- BH Other

6.3.2.4- BH Peer Support
Provided for: Mental Health Substance Use Disorder

6.3.2.5- BH Caregiver Support
Provided for: Mental Health Substance Use Disorder

6.3.2.6- BH Respite Care
Provided for: Mental Health Substance Use Disorder

6.3.2.7- BH Intensive in-home services
Provided for: Mental Health Substance Use Disorder

6.3.2.8- BH Intensive outpatient
Provided for: Mental Health Substance Use Disorder

6.3.2.9- BH Psychosocial rehabilitation
Provided for: Mental Health Substance Use Disorder

Guidance: If the state considers day treatment and partial hospitalization to be the same benefit, please indicate that in the benefit description. If there are differences between these benefits, such as the staffing or intensity of the setting, please specify those in the description of the benefit's amount, duration, and scope.

6.3.3- BH Day Treatment
Provided for: Mental Health Substance Use Disorder

6.3.3.1- BH Partial Hospitalization
Provided for: Mental Health Substance Use Disorder

6.3.4- BH Inpatient services, including services furnished in a state-operated mental hospital and including residential or other 24-hour therapeutically planned structural services (Sections 2110(a)(10) and 2110(a)(18))
Provided for: Mental Health Substance Use Disorder

Guidance: If applicable, please clarify any differences within the residential treatment benefit (e.g. intensity of services, provider types, or settings in which

the residential treatment services are provided).

6.3.4.1- BH Residential Treatment
Provided for: Mental Health Substance Use Disorder

Residential treatment services are available to CHIP eligible children under the CHIP state plan. Children in need of additional intensive services will be reevaluated to determine whether the child is eligible for the state's Medicaid 1915(c) Serious Emotional Disturbance (SED) waiver.

6.3.4.2- BH Detoxification
Provided for: Substance Use Disorder

Guidance: Crisis intervention and stabilization could include services such as mobile crisis, or short term residential or other facility-based services in order to avoid inpatient hospitalization.

6.3.5- BH Emergency services
Provided for: Mental Health Substance Use Disorder

6.3.5.1- BH Crisis Intervention and Stabilization
Provided for: Mental Health Substance Use Disorder

6.3.6- BH Continuing care services
Provided for: Mental Health Substance Use Disorder

6.3.7- BH Care Coordination
Provided for: Mental Health Substance Use Disorder

6.3.7.1- BH Intensive wraparound
Provided for: Mental Health Substance Use Disorder

Children in need of intensive wraparound services will be evaluated to determine whether the child is eligible for the state's Medicaid 1915(c) Serious Emotional Disturbance (SED) waiver.

6.3.7.2- BH Care transition services
Provided for: Mental Health Substance Use Disorder

6.3.8- BH Case Management
Provided for: Mental Health Substance Use Disorder

6.3.9- BH Other
Provided for: Mental Health Substance Use Disorder

6.4- BH Assessment Tools

6.4.1- BH Please specify or describe all of the tool(s) required by the state and/or each managed care entity:

- ASAM Criteria (American Society Addiction Medicine)
 Mental Health Substance Use Disorders
- InterQual
 Mental Health Substance Use Disorders
- MCG Care Guidelines
 Mental Health Substance Use Disorders
- CALOCUS/LOCUS (Child and Adolescent Level of Care Utilization System)
 Mental Health Substance Use Disorders
- CASII (Child and Adolescent Service Intensity Instrument)
 Mental Health Substance Use Disorders
- CANS (Child and Adolescent Needs and Strengths)
 Mental Health Substance Use Disorders
- State-specific criteria (e.g. state law or policies) (please describe)
 Mental Health Substance Use Disorders
- Plan-specific criteria (please describe)
 Mental Health Substance Use Disorders

- Other (please describe)
 Mental Health Substance Use Disorders

CAFAS tool – The Child and Adolescent Functional Assessment Scale (CAFAS: Hodges, 2000a; 2000b), assesses the degree of impairment in youth with emotional, behavioral, psychiatric, or substance use problems. This tool is required when screening a CHIP eligible for the Serious and Emotional Disturbance (SED) 1915(c) waiver. The SED waiver exists under the Medicaid program.

- No specific criteria or tools are required
 Mental Health Substance Use Disorders

Guidance: Examples of facilitation efforts include requiring managed care organizations and their networks to use such tools to determine possible treatments or plans of care, providing education, training, and technical resources, and covering the costs of administering or purchasing the assessment tools.

6.4.2- BH Please describe the state’s strategy to facilitate the use of validated assessment tools for the treatment of behavioral health conditions.

The state requires the use of the ASAM and CANS assessment tools for Title XXI. The state requires the use of the CAFAS assessment tool when assessing a CHIP eligible for the 1915(c) SED Medicaid waiver. Along with these mandated assessment tools, the state encourages the use of other validated tools, such as InterQual. Yearly audits occur with the KanCare MCOs. The External Quality Review Organization (EQRO) contracted with the state collaboratively develops the yearly MCO audit tool. The state reviews documents and processes of each MCO during the yearly audit, which includes a review of assessment tools. The state also meets monthly with the MCOs on various topics, including the use of assessment tools.

6.2.5- BH Covered Benefits The State assures the following related to the provision of behavioral health benefits in CHIP:

All behavioral health benefits are provided in a culturally and linguistically appropriate manner consistent with the requirements of section 2103(c)(6), regardless of delivery system.

The state will provide all behavioral health benefits consistent with 42 CFR 457.495 to ensure there are procedures in place to access covered services as well as appropriate and timely treatment and monitoring of children with chronic, complex or serious conditions.