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State/Territory Name: KS

State Plan Amendment (SPA) #: 19-0013

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Financial Management Group

November 19, 2019

Adam Proffitt, State Medicaid Director
Kansas Department of Health and Environment
Division of Health Care Finance
Landon State Office Building
900 SW Jackson, Room 900-N
Topeka, KS 66612-1220

RE: Kansas SPA 19-0013

Dear Mr. Proffitt:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 19-0013. This amendment increases the Nursing Facility 24-hour Ventilator Dependent Program Per Diem rate to $534.71.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment 19-0013 is approved effective August 16, 2019. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please call Tim Weidler at (816) 426-6429.

Sincerely,

Kristin Fan
Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: KS 19-0013

2. STATE: Kansas

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
August 16, 2019

5. TYPE OF PLAN MATERIAL *(Check One)*

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION
42 CFR §447.201, 42 CFR §442.10

7. FEDERAL BUDGET IMPACT
a. FFY 2020 $20,527.50
b. FFY 2021 $82,110.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-D, Part I, Subpart I, Page 1 and Page 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*

Attachment 4.19-D, Part I, Subpart I, Page 1 and Page 2

Methods and Standard for Establishing Payment Rates: Nursing Facility 24-hour ventilator program

11. GOVERNOR'S REVIEW *(Check One)*
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED: Adam Proffitt is the Governor's Designee

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME
Adam Proffitt

14. TITLE
State Medicaid Director

15. DATE SUBMITTED
September 20, 2019

16. RETURN TO
Adam Proffitt, State Medicaid Director
KDHE, Division of Health Care Finance
Landon State Office Building
900 SW Jackson, Room 900-N
Topeka, KS 66612-1220

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

18. DATE APPROVED
NOV 19 2019

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
AUG 16 2019

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME
Kristin Fan

22. TITLE
Director, FMG

23. REMARKS

FORM CMS-179 (07/92

Instructions on Back

Method and Standards for Establishing Payment Rates:
Nursing Facilities

Nursing Facility Rate Determination for Ventilator Dependent Resident

The following are the policies and procedures for determining a rate for a ventilator-dependent resident in a nursing facility.

(1) The request for additional reimbursement for a ventilator-dependent resident shall be submitted to the Kansas Department for Aging and Disability Services (KDADS) in writing for prior approval. Each request shall include the most current Minimum Data Set (MDS) resident assessment.

(2) All of the following criteria shall be present in order for a resident to be considered ventilator dependent:

(A) The resident shall not be able to breathe without a volume ventilator with a backup.

(B) The resident shall use the ventilator 24 hours a day, seven days a week.

(C) The resident shall have a tracheostomy or endotracheal tube.

(3) Requests for additional reimbursement for ventilator dependent residents shall be submitted to the agency in writing for prior approval. Rates are modified as appropriations are made available and are negotiated with the nursing facility providing ventilator services. The nursing facility per diem rate for the ventilator dependent resident shall be set with consideration of the following:

(A) The provider's current Kansas Medical Assistance Program per diem rate.
(B) The provisions outlined in K.A.R. 129-10-18.
(C) The additional costs anticipated to provide ventilator services.
(D) The cost of durable medical equipment shall be reimbursed separately from the ventilator per diem rate.
(E) The direct and indirect costs of providing 24-hour a day ventilator services to a resident with a tracheostomy or endotracheal tube.

The additional reimbursement for the ventilator dependent resident shall be offset to the cost center of benefit on the Nursing Facility Financial and Statistical Report.

Method and Standards for Establishing Payment Rates:
Nursing Facilities

Nursing Facility Rate Determination for Ventilator Dependent Resident

(4) Reimbursement will be limited to the current Kansas Medical Assistance Program nursing facility daily until the service is prior authorized by KDADS.

(5) The criteria shall be reviewed quarterly to determine if the resident continues to be ventilator-dependent. If a resident is no longer ventilator-dependent, the provider shall not receive additional reimbursement beyond the Kansas Medical Assistance Program per diem rate determined for the facility.

(6) The agency's fee schedule rate was set as of August 16, 2019 and is effective for services provided on or after this date. All fee schedule rates are available through the agency's website at https://www.kmap-state-ks.us. Except as otherwise noted in the state plan, state-developed fee schedule rates are the same for both governmental and private providers of 24-hour ventilator dependent services and care.