

## **Table of Contents**

**State/Territory Name: KS**

**State Plan Amendment (SPA) #: 19-0014**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 East 12<sup>th</sup> Street, Suite 355  
Kansas City, Missouri 64106-2898



**Medicaid & CHIP Operations Group**

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November 27, 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

Dear Mr. Proffitt:

On September 25, 2019, the Centers for Medicare & Medicaid Services (CMS) received Kansas' State Plan Amendment (SPA) transmittal #19-0014. This SPA is updating the reimbursement rate for Autism related State Plan services that was increased by the State on April 1, 2019.

SPA #19-0014 was approved November 26, 2019, with an effective date of August 16, 2019, as requested by the state. Enclosed is a copy of the CMS-179 summary form, as well as the approved page for incorporation into the Kansas State Plan.

If you have any questions regarding this amendment, please contact Karen Hatcher or Michala Walker at (816) 426-5925.

Sincerely,

11/27/2019

James G. Scott, Director  
Division of Program Operations

Signed by: James G. Scott -S

Enclosure

cc:  
Christiane Swartz, Deputy Medicaid Director  
Bobbie Graff-Hendrixson  
William Stelzner  
Kim Tjelmeland

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

1. TRANSMITTAL NUMBER:  
KS 19-0014

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 §441.1 Subpart B - EPSDT

7. FEDERAL BUDGET IMPACT  
a. FFY 2019 \$0  
b. FFY 2020 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4 19-B, #4.b, Page 2g- \*

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Attachment 4 19-B, #4.b, Page 2g- \*

10. SUBJECT OF AMENDMENT

Update the reimbursement rate for Autism-related state plans services that was increased by the State on April 1, 2019.

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 25, 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  
September 25, 2019

18. DATE APPROVED  
November 26, 2019

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL  
August 16, 2019

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME  
James G. Scott

22. TITLE  
Director, Division of Program Operations

23. REMARKS

\* Pen and Ink change per state response dated 11.15.19

# KANSAS MEDICAID STATE PLAN

Revised Submission 11.15.19

Attachment 4.19-B  
#4.b.

## **Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Methods and Standards for Establishing Payment Rates**

EPSDT screens are reimbursed on the basis of reasonable fees as related to Medicaid customary charges except no fee is reimbursed in excess of a Statewide maximum.

Agency staff will individually review claims for medically necessary services not normally covered under the plan when these services are provided to an EPSDT participant. Staff will consult with agency medical experts and compare the service to comparable services and determine a price based on expert advice and rates for similar services.

Reimbursement for positive behavior support services, Consultative Clinical and Therapeutic Services, and Intensive Individual Supports are based upon a Medicaid fee schedule established by the State of Kansas. Commercial third-party payers and market rates will be considered when establishing the fee schedules. These reimbursement methodologies will produce rates sufficient to enlist enough providers so that services under the plan are available to recipients at least to the extent that these services are available to the general population, as required by 42 CFR 447.204. These rates comply with the requirements of Section 1902(a)(3) of the Social Security Act 42 CFR 447.200, regarding payments and consistent with economy, efficiency and quality of care. Provider enrollment and retention will be reviewed periodically to ensure that access to care and adequacy of payments are maintained. The Medicaid fee schedule will be equal to or less than the maximum allowable under the same Medicare rate, if applicable. If a service has no Kansas specific Medicare rate, Kansas will establish pricing based on similar services. Room and board costs are not included in the Medicaid fee schedule.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of EPSDT. The agency's fee schedule rate was set as of August 16, 2019 and is effective for services provided on or after that date. All rates are published on the Kansas Medical Assistance Program website. <https://kmap-state-ks.us/>.