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State/Territory Name: KS

State Plan Amendment (SPA) #: 19-0022

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 0300
Kansas City, Missouri 64106-2898

Medicaid and CHIP Operations Group

January 30, 2020

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

Dear Mr. Proffitt:

On December 18, 2019, The Centers for Medicare & Medicaid Services (CMS) received Kansas' State Plan Amendment (SPA) transmittal #19-0022. This SPA updating the reimbursement methodology for Hospice Care services to include the Service Intensity Add-on (SIA) services for end of life care as outlined by CMS.

SPA #19-0022 was approved January 29, 2020, with an effective date of October 1, 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, 1/30/2020

James G. Scott, Director
Division of Program Operations

Signed by: James G. Scott -S

Enclosure

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

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 19-0022

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
October 1, 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
1905(o), and 1902(a)(13)(b) of the Social Security Act

7. FEDERAL BUDGET IMPACT
a. FFY 2020 $0
b. FFY 2021 $0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B, #18

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Attachment 4.19-B, #18

10. SUBJECT OF AMENDMENT
The reimbursement methodology for Hospice Care services was updated to include Service Intensity Add-on (SIA) services for end of life care as outlined by the Centers for Medicare & Medicaid Services (CMS).

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
December 18, 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
December 18, 2019

18. DATE APPROVED
January 29, 2020

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
October 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME
James G. Scott

22. TITLE
Director, Division of Program Operations

23. REMARKS

FORM CMS-179 (07/92

Instructions on Back

Hospice Services
Methods and Standards for Establishing Payment Rates

Payments for hospice services payments are effective October 1st annually and are equivalent to the annual Medicaid hospice rates published by CMS with the application of the current hospice wage index.

For each day that an individual is under the care of a hospice, the hospice is paid an amount applicable to the type and intensity of the service furnished to the individual for that day. For continuous home care, the amount of payment is determined based on the number of hours of continuous care furnished to the beneficiary on that day. A description of each level of care follows.

A. Routine Home Care – The hospice is paid at one of two routine home care rates for each day the patient is under the care of the hospice and no other hospice rate is paid. This rate is paid without regard to the volume or intensity of services provided on any given day.

   1. Providers are paid at two different rates:
      a. Days 1 through 60;
      b. Days 61 and longer.

B. Continuous Home Care – The hospice is paid at the continuous home care rate when continuous home care is provided. The continuous home care rate is divided by 24 hours in order to arrive at an hourly rate. A minimum of 8 hours per day must be provided. The hospice is paid for every hour or part of an hour that continuous care is furnished up to a maximum of 24 hours a day.

C. Inpatient Respite Care – The hospice is paid at the inpatient respite care rate for each day on which the beneficiary is in an approved inpatient facility and is receiving respite care. Respite care is paid for a maximum of 5 days at a time including the date of admission but not counting the date of discharge. The sixth and any subsequent days are paid at the routine home care rate.

D. General Inpatient Care – Payment is made at the general inpatient rate when general inpatient care is provided.

E. Service Intensity Add-on (SIA) – An SIA payment is paid for visits made by a social worker or a registered nurse, when provided during routine home care in the last seven days of life. The SIA payment is in addition to the routine home care rate. The SIA payment will be equal to the continuous home care hourly rate, multiplied by the hours of nursing or social work provided (up to four hours total) that occurred on the day of service. The SIA payment will also be adjusted by the appropriate hospice wage index.

Hospice Nursing Facility Room and Board—Hospice nursing facility room and board per diem rates are reimbursed to the hospice provider at a rate equal to 95% of the skilled nursing facility rate, less any Post Eligibility Treatment of Income amount (amount an individual in an institution is able to contribute to cost of his/her own care) for Medicaid clients who are receiving hospice services. The hospice provider is responsible for passing the room and board payment through to the nursing facility.

Hospice providers that do not comply with hospice quality data submission will be subject to hospice payments with a 2% market basket reduction.

Physician services will be reimbursed in accordance with Medicaid reimbursement policy for physician services based on the lower of the actual charge or the Medicaid maximum allowable amount for the specific service.

Payments to a hospice for inpatient care must be limited according to the number of days of inpatient care furnished to Medicaid patients. During the 12-month period beginning October 1 of each year and ending September 30, the aggregate number of inpatient days (both for general inpatient care and inpatient respite care) may not exceed 20% of the aggregate total number of days of hospice care provided to all Medicaid recipients during that same period. This limitation is applied once each year, at the end of the hospices' cap period.