

## **Table of Contents**

**State/Territory Name: Kansas**

**State Plan Amendment (SPA) #: 21-0017**

This file contains the following documents in the order listed:

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

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

November `12, 2021

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

RE: TN 21-0017

Dear Ms. Fertig:

We have reviewed the proposed Kansas State Plan Amendment (SPA) to Attachment 4.19-B, KS-21-0017, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on October 13<sup>th</sup> 2021. This plan amendment increases the rates for EPSDT Speech Therapy Evaluation and Treatment.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 1, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Robert Bromwell at (410) 786-5914 or [Robert.bromwell@cms.hhs.gov](mailto:Robert.bromwell@cms.hhs.gov).

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER:  
KS 21-0017

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, 2021

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 Subpart B

7. FEDERAL BUDGET IMPACT  
a. FFY 2022 \$155,875  
b. FFY 2023 \$127,773

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Attachment 4.19-B, #4.b.  
Attachment 4.19-B, #11.a,b,c,d. Page 1  
Attachment 4.19-B, #11.a,b,c,d. Page 2 (New)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*)  
Attachment 4.19-B, #4.b.  
Attachment 4.19-B #11.a,b,c,d.

10. SUBJECT OF AMENDMENT

The reimbursement rate for EPSDT Speech Therapy Evaluation and Treatment will increase to 75% of the Medicare rate. The rate will be adjusted on January 1 of each calendar year to maintain this rate.

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:  
Sarah Fertig is the  
Governor's Designee

12. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

13. TYPED NAME  
Sarah Fertig

14. TITLE  
State Medicaid Director

15. DATE SUBMITTED  
October 13, 2021

16. RETURN TO

Sarah Fertig, 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  
October 13, 2021

18. DATE APPROVED  
November 12, 2021

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL  
October 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL

[Redacted Signature]

21. TYPED NAME  
Todd McMillion

22. TITLE  
Director, Division of Reimbursement Review

23. REMARKS

## KANSAS MEDICAID STATE PLAN

Attachment 4.19-B  
#4.b.

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

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 services. The agency's fee schedule rate was set as of October 1, 2021 and is effective for services provided on or after that date. The agency's established fee schedule rates are published on the agency's website at <https://www.kmap-state-ks.us/Provider/PRICING/RefCode.asp>

When the user is on the landing page of the above link, select the link [Download Fee Schedules](#). This link will take the user to a page titled "Reference Copyright Notice." Scroll to the bottom of the page and click on the word "Accept" to access the fee schedule. The next page that appears is titled "KMAP Fee Schedules."

To access a fee schedule:

- a. Select the program from the drop-down list -TXIX;
- b. Choose the type of rates – Medicaid;
- c. After choosing the rate type, the user will see a list of the current and historical versions of the corresponding schedule;
- d. Click the schedule TXIX.

## KANSAS MEDICAID STATE PLAN

**Attachment 4.19-B**  
**#11 a, b, c, d**  
**Page 1**

### Methods and Standards for Establishing Rates

#11 a, b, c, d. Physical Therapy, Occupational Therapy, Speech, Hearing, and Language Disorders, Wheelchair Seating Assessments

Inpatient Hospital – services are reimbursed in accordance with the payment methodology described in Attachment 4.19-A

Outpatient Hospital – services are reimbursed in accordance with the payment methodology described in Attachment 4.19-B #1, with the exception of wheelchair seating assessment services which are reimbursed by fee schedule as described on page 11 a, b, c, d below.

Home Health Agency – services are reimbursed in accordance with the payment methodology described in Attachment 4.19-B #7

Physician – services are reimbursed in accordance with the payment methodology described in Attachment 4.19-B #5

Hearing aid services 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. Provider representatives are consulted in reviewing the maximum rate. The statewide maximum rate is found on the fee schedule referenced in the payment methodology described in Attachment 4.19-B #12c, Paragraph 5.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers for the above services. The agency's fee schedule rate was set as of October 1, 2021 and is effective for services provided on or after that date. The agency's established fee schedule rates are published on the agency's website at <https://www.kmap-state-ks.us/Provider/PRICING/RefCode.asp>

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- c. After choosing the rate type, the user will see a list of the current and historical versions of the corresponding schedule;
- d. Click the schedule TXIX.

KS 21-0017 Approval Date 11/12/2021 Effective Date 10/1/21 Supersedes KS 20-0015

## KANSAS MEDICAID STATE PLAN

Attachment 4.19-B  
#11 a, b, c, d  
Page 2

### Methods and Standards for Establishing Rates

#11 a, b, c, d. Physical Therapy, Occupational Therapy, Speech, Hearing, and Language Disorders, Wheelchair Seating Assessments (cont.)

Wheelchair seating assessment reimbursements are capped, except as medically necessary, at \$500 per beneficiary per year. The reimbursement codes are set at 85% of non-rural Medicare rates as set on January 1 of each year. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers for wheelchair seating assessments and hearing aid services. The agency's fee schedule rate for wheelchair assessment services and hearing aid services were set as of July 1, 2020 and January 1, 2019, respectively, and are effective for wheelchair seating assessments and hearing aid services provided on or after those dates, with the wheelchair assessment rates updated on an annual basis as noted above and effective beginning January 1 of each year beginning January 1, 2021. The agency's established fee schedule rates are published on the agency's website at <https://www.kmap-state-ks.us/Provider/PRICING/RefCode.asp>

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