

## **Table of Contents**

**State/Territory Name: KS**

**State Plan Amendment (SPA) #: 23-0008**

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  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



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**Financial Management Group**

March 22, 2023

Sarah Fertig, 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 23-0008

Dear Ms. Fertig:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 23-0008. This amendment increases the Nursing Facility 24-hour Ventilator Dependent Program Per Diem rate.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We have found that the proposed reimbursement methodology complies with applicable requirements and therefore have approved them with an effective date of January 1, 2023. We are enclosing the CMS-179 and the amended approved plan pages.

If you have any questions, please contact Fredrick Sebree at [Fredrick.sebree@cms.hhs.gov](mailto:Fredrick.sebree@cms.hhs.gov).

Sincerely,



Rory Howe  
Director

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

1. TRANSMITTAL NUMBER  
23 — 0008

2. STATE  
KS

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

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**January 1, 2023**

5. FEDERAL STATUTE/REGULATION CITATION  
42 CFR 447; Subpart B

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2023 \$ 35,500  
b. FFY 2024 \$ 48,300

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**Attachment 4.19-D, Part I, Subpart I, Page 2**


8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
**Attachment 4.19-D, Part I, Subpart I, Page 2**

9. SUBJECT OF AMENDMENT  
The Nursing Facility (NF) 24-hour Ventilator Dependent Program Per Diem rate will increase to \$609.84. This rate increase will continue to include durable medical equipment for 24-hour a day ventilator dependent NF residents.

10. 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

11. SIGNATURE OF STATE AGENCY OFFICIAL  


12. TYPED NAME  
**Sarah Fertig**

13. TITLE  
**State Medicaid Director**

14. DATE SUBMITTED  
**January 17, 2023**

15. 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 CMS USE ONLY**

16. DATE RECEIVED  
**1/17/2023**

17. DATE APPROVED  
**March 22, 2023**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
**1/1/2023**

19. SIGNATURE OF APPROVING OFFICIAL  


20. TYPED NAME OF APPROVING OFFICIAL  
**Rory Howe**

21. TITLE OF APPROVING OFFICIAL  
**Director, FMG**

22. REMARKS

# KANSAS MEDICAID STATE PLAN

Attachment 4.19 D  
Part I  
Subpart I  
Page 2 of 2

## 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) 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. The agency's fee rate bulletin, Bulletin 22395, was set as of January 1, 2023, and is effective for services provided on or after that date. The agency's established fee rate is published on the agency's website at <https://portal.kmap-state-ks.us/PublicPage/Public/Bulletins>

This link will take the user to a page titled "Bulletins."

To access the KMAP Bulletin 22395:

- a. Click on the blue line below "Bulletin Number";
- b. A search box will open;
- c. Type "22395" in the search box;
- d. Click on "22395 – General" (click twice if necessary);
- e. Bulletin 22395 will open.