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State/Territory Name: Kansas

State Plan Amendment (SPA) #: 24-0012

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

September 10, 2024

Christine Osterlund, 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 State Plan Amendment (SPA) 24-0012

Dear Christine Osterlund:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0012. This amendment proposes to allow providers outside of the Community Mental Health Center (CMHC) network to employ Mobile Crisis Intervention providers and to be reimbursed for providing mobile crisis intervention services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter informs you that Kansas Medicaid SPA TN 24-0012 was approved on September 10, 2024, with an effective date of July 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Kansas State Plan.

If you have any questions, please contact Helenita Augustus at (410) 786-8902 or via email at Helenita.Augustus@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

cc: Bobbie Graff-Hendrixson
Bill Stelzner
Melissa Hammond

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

1. TRANSMITTAL NUMBER <u>2 4 — 0 0 1 2</u>	2. STATE <u>KS</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <u>July 1, 2024</u>
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5. FEDERAL STATUTE/REGULATION CITATION <u>42 CFR 440, 42 CFR 447</u>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>0</u> b. FFY <u>2025</u> \$ <u>0</u>
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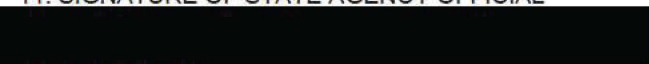
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 3.1-A #13.d. Pages 5, 5a, and 6</u> <u>Attachment 4 19-B #13.d, Page 4</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 3.1-A #13.d., Pages 5, 5a, and 6</u> <u>Attachment 4 19-B #13.d., Page 4</u>
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9. SUBJECT OF AMENDMENT
The Kansas Medicaid State Plan will be amended to allow providers outside of the CMHC network to employ Mobile Crisis Intervention providers and to be reimbursed for providing Mobile Crisis Intervention Services.

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

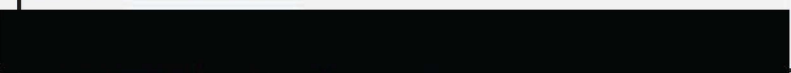
OTHER, AS SPECIFIED:
Christine Osterlund is the Governor's Designee

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Christine Osterlund Medicaid Director Deputy Secretary of Agency Integration and Medicaid KDHE, Division of Health Care Finance Landon State Office Building 900 SW Jackson, Room 900-N Topeka, KS 66612-1220
12. TYPED NAME <u>Christine Osterlund</u>	
13. TITLE <u>Medicaid Director</u>	
14. DATE SUBMITTED <u>August 2, 2024</u>	

FOR CMS USE ONLY

16. DATE RECEIVED <u>August 2, 2024</u>	17. DATE APPROVED <u>September 10, 2024</u>
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL <u>July 1, 2024</u>	
20. TYPED NAME OF APPROVING OFFICIAL <u>James G. Scott</u>	21. TITLE OF APPROVING OFFICIAL <u>Director, Division of Program Operations</u>

22. REMARKS

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Attachment 3.1-A
#13.d
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rehabilitation and recovery focus designed to promote skills for coping with and managing substance abuse symptoms and behaviors. These services are delivered in a wide variety of settings and are nonresidential services designed to help individuals achieve changes in their substance abuse behaviors. Services should address an individual's major lifestyle, attitudinal and behavioral problems that have the potential to undermine the goals of treatment. Outpatient services may be indicated as an initial modality of service for an individual whose severity of illness warrants this level of treatment, or when an individual's progress warrants a less intensive modality of service than they are currently receiving. Intensive outpatient treatment is provided any time during the day or week and provides essential skill restoration and counseling services.

Provider qualifications: Must be licensed in accordance with state law.

6. Mobile Crisis Intervention services will provide behavioral health support to individuals, across their lifespan, at times of crisis. This support will be timelier and better able to access the immediate and long-term needs of those served. The ability to meet these needs will decrease inpatient hospitalization, emergency room visits and law enforcement contact.

Mobile crisis intervention services cannot be delivered when the individual has inpatient status (as in a hospital, a psychiatric residential treatment facility (PRTF), or another institutional setting).

These services may include the following components:

Qualified Mental Health Professionals (QMHPs) and Licensed Mental Health Professionals (LMHPs) help deescalate behavioral health crises via a crisis helpline. "Crisis" is self-determined by the caller. For those individuals that access the crisis helpline and their behavioral health crisis cannot be resolved or de-escalated during the call or the request is made for a face to face response, mobile crisis intervention services will be deployed.

Provider Qualifications:

Qualified Mental Health Professional (QMHP) – In accordance with state law, a QMHP is defined as follows – A physician or psychologist who is employed by a participating mental health center or who is providing services as a physician or psychologist under a contract with a participating mental health center, a licensed masters level psychologist, a licensed clinical psychotherapist, a licensed marriage and family therapist, a licensed clinical marriage and family therapist, a licensed professional counselor, a licensed clinical professional counselor, a licensed specialist social worker or a licensed master social worker or a registered nurse who has a specialty in psychiatric nursing, who is employed by a participating mental health center and who is acting under the direction of a physician or psychologist who is employed by, or under contract with, a participating mental health center.

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Licensed Mental Health Professional (LMHP) – In accordance with state law, is an individual who is licensed in the State of Kansas to diagnose and treat mental illness or substance abuse acting within the scope of all applicable state laws and their professional license. LMHP providers licensed to practice independently are: Licensed psychologist, Licensed clinical marriage and family therapist, Licensed clinical professional counselor, Licensed specialist clinical social worker, Licensed clinical psychotherapist. LMHP providers licensed to practice under supervision or direction are: Licensed master’s level marriage and family therapist, Licensed Masters level professional counselor, Licensed Masters level social worker, Licensed Masters level psychologist.

Other Providers – All other providers involved in mobile crisis intervention services will be under the supervision of a QMHP or an LMHP.

These other provider types are:

Peer Support Specialist/Peer Mentor/Parent Peer Specialist – This provider will assist with the safety of the professional and support for the Medicaid member.

Provider Qualifications: In accordance with state policy, this provider must be at least 18 years old, and have a high school diploma or equivalent. Certification in the State of Kansas to provide the service, which includes criminal, abuse/neglect registry and professional background checks, and completion of a standardized basic training program. Self-identify as a present or former consumer of mental health or substance use disorder services or self-identify with life experience in the behavioral health area in which they work.

Community Psychiatric Support and Treatment Provider- This provider will assist with the safety of the professional and support for the Medicaid member.

Provider Qualifications: Must have a BA/BS degree or four years of equivalent education and/or experience working in the human services field. Certification in the State of Kansas to provide the service, which includes criminal, abuse/neglect registry and professional background checks, and completion of a standardized basic training program.

Psychosocial Rehabilitation Provider- This provider will assist with the safety of the professional and support for the Medicaid member.

Provider Qualifications: Must be at least 18 years old and have a high school diploma or equivalent. Certification in the State of Kansas to provide the service, which includes criminal, abuse/neglect registry and professional background checks, and completion of a standardized basic training program.

All licensed providers are functioning within their scope of practice in accordance with state law.

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[RESERVED FOR FUTURE USE]

**Rehabilitation Services
Methods and Standards for Establishing Payment Rates**

Mobile Crisis Intervention

Mobile Crisis Intervention services, as provided by professional staff employed by a Licensed Mental Health Professional (LMHP) or a Qualified Mental Health Professional (QMHP), are reimbursed in fifteen-minute increments.

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 July 1, 2024 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://portal.kmap-state-ks.us/PublicPage/ProviderPricing/Disclaimer?searchBy=ScheduleList>

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.