

Table of Contents

State/Territory Name: Kansas

State Plan Amendment (SPA) #: 24-0015

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 5, 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) 24-0015

Dear Christine Osterlund:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0015. This amendment proposes to add adult dental benefits to the Working Healthy Alternative Benefit Plan (ABP) population due to the expanded dental services in the Kansas Medicaid Plan.

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 24-0015 was approved on September 4, 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,

A large black rectangular redaction box covers the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Bobbie Graff-Hendrixson
Bill Stelzner
Melissa Hammond

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name: **Kansas**

Transmittal Number:

Enter the Transmittal Number (TN), including dashes, in the format SS-YY-NNNN or SS-YY-NNNN-xxxx (with xxxx being optional to specific SPA types), where SS = 2-character state abbreviation, YY = last 2 digits of submission year, NNNN = 4-digit number with leading zeros, and xxxx = OPTIONAL, 1- to 4-character alpha/numeric suffix.

KS-24-0015

Proposed Effective Date

07/01/2024 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 447

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	24	\$ 0.00
Second Year	25	\$ 0.00

Subject of Amendment

Adding adult dental coverage to the Working Healthy ABP population effective July 1, 2024.

Governor's Office Review

- Governor's office reported no comment
 Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal
 Other, as specified

Describe:

Signature of State Agency Official

Submitted By: **Bobbie Graff-Hendrixson**

Last Revision Date: **Aug 16, 2024**

Submit Date: **Aug 6, 2024**



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: KS - 24 - 0015

Benefits Description	ABP5
The state/territory proposes a "Benchmark-Equivalent" benefit package. <input type="text" value="No"/>	
Benefits Included in Alternative Benefit Plan	
Enter the specific name of the base benchmark plan selected:	
<input type="text" value="Blue Cross Blue Shield of Kansas Comprehensive Major Medical-Blue Choice"/>	
Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter "Secretary-Approved."	
<input type="text" value="Secretary-Approved"/>	



Alternative Benefit Plan

1. Essential Health Benefit: Ambulatory patient services

Collapse All

Benefit Provided: Physicians' Services	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: 		

Benefit Provided: Outpatient Hospital Services	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: 		

Benefit Provided: Other Licensed Practitioners Services	Source: State Plan 1905(a)	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: 		



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Prior authorization may be required for some services. Not a universal requirement.

Benefit Provided:

Clinic Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Hospice Care

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Hospice Notice of Election statement must be on file. In accordance with section 2302 of the ACA, individuals under the age of 21, will receive hospice care concurrently with curative care.

Benefit Provided:

Certified Pediatric or Family Nurse Pract. Srvc

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Personal Services - WORK/Self Direction

Source:

State Plan 1915(j)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See Other below

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

ii. Service Package
The State elects to have the following included as Self-Directed Personal Assistance Services:
A. State Plan Personal Care and Related Services, to be self-directed by individuals eligible under the State Plan.
iv. Use of Cash
A. The State elects to disburse cash prospectively to participants self-directing personal assistance services. The State assures that all Internal Revenue Service (IRS) requirements regarding payroll/tax filing functions will be followed, including when participants perform the payroll/tax filing functions themselves.
viii. Geographic Limitations and Comparability
A. The State elects to provide self-directed personal assistance services on a statewide basis.
D. The State elects to provide self-directed personal assistance services to targeted populations.
Please describe:
Individuals whose functional limitations and need for assistance is similar to individuals meeting an institutional level of care.
E. The State elects to provide self-directed personal assistance services to an unlimited number of participants.
xii. Risk Management
A. The risk assessment methods used to identify potential risks to participants are described below.
1. During the initial and annual assessments, participants need for personal assistance is addressed in a person centered process. Participants receive the number of hours that they are assessed as needing. Once needs are determined, hours of personal assistance are assigned. Hours of service are then translated into dollars, and a monthly allocation determined. Participants, with the help of Independent Living (IL) Counselors and anyone else they wish to include in the planning process, develop an Individualized Budget designed to address their needs. The Individualized Budget includes personal assistance, alternative assistance, and use of any carryover funds. Both the needs assessment and the Individualized Budget are reviewed by the Managed Care Organization (MCO) Case Manager to determine that the Individualized Budget addresses the needs of participants identified in the needs assessment.
2. In addition to addressing activities of daily living that pose a risk without assistance, the assessor and participant complete a Health Related Information assessment, which includes an assessment of home and neighborhood safety.

Alternative Benefit Plan

3. Participants, with the assistance of the assessor, and other significant persons if desired, develop an emergency back-up plan, document this plan on the Emergency Back-Up Plan form, and submit this to the Managed Care Organization (MCO) Case Manager for approval. The Emergency Back-up Plan is used to identify who will provide assistance in high-risk and emergency situations. MCO Case Managers review the Emergency Back-Up Plan to determine whether it includes the necessary safeguards, and either approves the plan, or returns it to the consumer and assessor with recommendations. Consumers, MCO Case Managers, Independent Living Counselors and State program staff maintain a copy of the Emergency Back-Up Plan and make it available as appropriate.

4. State program staff review the Needs Assessment, the Health Related form, the Emergency Back-Up Plan, the Consumer Agreement form and the Individualized Budget to assess whether they appear to meet the needs of the participant, that all information is complete, and that forms are signed by the participant or representative.

5. Assistive technology and home/vehicle modifications are available to participants who demonstrate a need for these for health and safety reasons. With the assistance of their IL Counselors, participants complete an Assistive Services Request Form, which is sent to their MCO Case Manager for approval.

6. Assessors, IL Counselors and MCO Case Managers are required to report any concerns regarding consumers living situations, emotional and physical abuse, neglect, exploitation and fiduciary abuse to KDHE and the Department of Children and Families (DCF). DCF is responsible for follow-up and investigation.

B. The tools or instruments used to mitigate identified risks are described below.

1. The Needs Assessment tool is an assessment of functional limitations and is designed to identify support needs for Activities of Daily Living (ADL), Instrumental Activities of Daily Living (IADL), and Employment Supports. The Needs Assessment tool requires a face-to-face meeting, and discussion with participants/representatives and anyone else they choose to include in the process, such as Independent Living Counselors (ILCs), other family members, and friends. The program is developed to provide needed support and yet encourage as much independence as possible.

The tool looks at the following for each ADL and IADL:

- o Can the member perform these tasks independently?
- o How much time does it require for the member to perform these tasks independently?
- o Does the member need assistance but currently use unpaid natural support to perform the task?
- o If natural support is currently used to accomplish these tasks, describe the nature of the natural support.
- o Is assistive technology or home modifications currently used, or needed, to increase independence?
- o If assistive technology is used or needed, describe the type of assistive technology or the home modifications.
- o Would personal assistance or assistive services reduce the amount of time?
- o How much personal assistance is needed, or what assistive technology is needed, to increase safety and independence.

2. The Health Related Information within the Needs Assessment tool includes an assessment of:

- o home and neighborhood safety
- o safety equipment such as carbon monoxide and smoke detectors
- o functionality of utilities
- o health and physical safety
- o egress safety, and
- o questions related to abuse, neglect and exploitation.

Participants may use their monthly allocation to purchase safety equipment such as smoke and carbon monoxide detectors. The intent to purchase safety items are documented on the participant's Individualized Budget.

3. The Emergency Back-up Plan provides the following information:

- o who should be contacted in the event a personal assistant does not come
- o who to contact in the event of an emergency
- o contacts who will provide assistance in an emergency/natural disaster
- o contacts to care for service pet in the event of an emergency, and
- o contact who is authorized to make decisions or sign documents.



Alternative Benefit Plan

4. The Individualized Budget documents
 o who will be paid to provide personal assistance services
 o what alternative services will be purchased, and
 o how carry-over funds will be used to increase health, safety or independence.

5. The Assistive Services Request form
 o describes the need for assistive technology or home/vehicle modifications, and
 o documents the medical necessity for these services.

6. Background Check forms allow the Fiscal Management Service provider to perform background checks on personal assistants. Background checks will be paid by the participant's MCO and none of the cost of the background check will be deducted from the participant's Individualized Budget.

7. The Independent Living Counselor as a Mandated Reporter explains that Kansas law considers IL Counselors mandated reporters of abuse, neglect, exploitation, and fiduciary abuse, and defines these terms.

xiii. Qualifications of Providers of Personal Assistance
 A. The State elects to permit participants to hire legally liable relatives, as paid providers of the personal assistance services identified in the service plan and budget.

xv. Permissible Purchases
 A. The State elects to permit participants to use their service budgets to pay for items that increase a participant's independence or substitute for a participant's dependence on human assistance.

xvi. Financial Management Services
 A. The State elects to employ a Financial Management Entity to provide financial management services to participants self-directing personal assistance services, with the exception of those participants utilizing the cash option and performing those functions themselves.

ii. The State elects to provide financial management services through vendor organizations that have the capabilities to perform the required tasks in accordance with section 3504 of the IRS Code and Revenue Procedure 70-6. (When private entities furnish financial management services, the procurement method must meet the requirements set forth Federal regulations in 45 CFR section 74.40 - section 74.48.)

iii. The State elects to provide financial management services using "agency with choice" organizations that have the capabilities to perform the required tasks in accordance with the principles of self-direction and with Federal and State Medicaid rules.

Benefit Provided:

Assistive Services - WORK

Source:

State Plan 1915(i)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

\$7,500 per year

Duration Limit:

None

Scope Limit:

Services are limited to individual program criteria and are based on a person centered planning process.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Individuals must have a medical and functional need for the assistive technology or services in order to improve health and safety and/or increase the ability to maintain employment. Assistive Services includes items, equipment, product systems, and home or vehicle modifications, not covered under the Medicaid State Plan, but which contribute to the individual's health and safety and/or ability to maintain employment and independence. Assistive Services may also include services which directly assist individuals with a disability in the selection, acquisition, or use of assistive technology. The Assistive Service requested must be prior authorized and must be related to the individual's disability and functional limitations, medically necessary and documented by appropriate medical personnel, and cannot go beyond the scope of the



Alternative Benefit Plan

Medicaid program and subsume an employer's responsibilities under Title I of the Americans with Disabilities Act (ADA), and the Kansas Act Against Discrimination.

For any Home and Community Based Services benefits as permitted in 1915(i) in ABP5, the state assures that:

1. The service(s) are provided in settings that meet HCB setting requirements;
2. The service(s) meet the person-centered service planning requirements;
3. Individuals receiving these services meet the state-established needs-based criteria that are not related solely to age, disability, or diagnosis, and are less stringent than criteria for entry into institutions. Services can be accessed as needed, even if the individuals have needs that are below institutional level of care.

The \$7500.00 annual limit may be exceeded based on medical necessity.

Provider Qualifications: Community organizations eligible to enroll as providers of Assistive Services must be providers of DME, orthotics and prosthetics or be one of the following: CDDO or CDDO Affiliate, CIL, or licensed Home Health Agency.

Benefit Provided:

Independent Living Counseling - WORK

Source:

State Plan 1915(j)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

40 units (quarter hour) per month.

Duration Limit:

None

Scope Limit:

Services are limited to individual program criteria and are based on a person centered planning process.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Independent Living Counseling is provided for WORK participants by Independent Living Counselors working for community organizations such as Centers for Independent Living, Community Developmental Disability Organizations, and licensed Home Health agencies. Independent Living Counselor responsibilities include conveying WORK program policies and procedures to participant and assisting participants to:

- complete the WORK Choice Form
- access training and supports needed to develop the skills to self-direct services, manage their monthly allocation, organize workplace accommodations, and otherwise meet goals for independent living
- develop an Individualized Budget
- determine and locate alternate, cost-effective methods for purchasing services
- plan for the use of carry-over funds
- develop an Emergency Back-Up Plan and locate emergency back-up care and emergency assistance
- recruit providers of personal assistance services
- interview, hire, supervise, and terminate personal assistants
- obtain agency-directed services, if that is their preference
- document the need for and apply for assistive services, as well as locate providers
- complete and submit required paperwork for the fiscal intermediary
- dis-enroll from the program.

Independent Living Counselors are also responsible for communicating any changes in status, needs, problems, etc., to the participant's MCO Case Manager, report emotional abuse, physical abuse, exploitation, fiduciary abuse, maltreatment and/or neglect to the program staff and/or Adult Protective Services.

Extra units may be added based on medical necessity.

For any Home and Community Based Services benefits as permitted in 1915(i) in ABP5, the state assures



Alternative Benefit Plan

that:

1. The service(s) are provided in settings that meet HCB setting requirements;
2. The service(s) meet the person-centered service planning requirements;
3. Individuals receiving these services meet the state-established needs-based criteria that are not related solely to age, disability, or diagnosis, and are less stringent than criteria for entry into institutions. Services can be accessed as needed, even if the individuals have needs that are below institutional level of care.

Provider Qualifications:

1. Be employed by a Center for Independent Living, Community Developmental Disability Organization or its affiliate, or a licensed Home Health Agency that is enrolled as a provider of independent living counseling services;
2. Have a minimum of one year of professional experience providing direct services, including case management;
3. Have a minimum of 6-months experience working with a person with a disability as recognized by the Rehabilitation Act of 1973;
4. Have attended a 2-hour WORK presentation;
5. Have at least 12 hours of standardized training annually; and
6. Have completed the on-line WORK Independent Living Counseling training and received the certificate of completion.

Benefit Provided:

Supported Employment - Ind Emp Sup Ser

Source:

State Plan 1915(i)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services are limited to individual program criteria and are based on a person centered planning process.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Individuals must have a medical and functional need for the Supported Employment - Individual Employment Support services in order to improve health and safety and/or increase the ability to maintain employment. Supported Employment - Individual Employment Support Services are the ongoing supports to participants who, because of their disabilities, need intensive on-going support to maintain an individual job in competitive or customized employment, or self-employment, in an integrated work setting in the general workforce for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. The outcome of this service is sustained paid employment at or above the minimum wage in an integrated setting in the general workforce. Supported employment services are individualized and may include support to learn new or evolving and changing job responsibilities, to exhibit appropriate work behavior, to interact appropriately with other employees and the general public, to practice safety measures at work, and transportation to and from work. It may also include job coaching and consultation with the employer to deal with employment related issues and/or job related adaptations or modifications. Supported Employment - Individual Employment Supports do not include payment for supervision, training, support and adaptations typically available to other workers without disabilities filling similar positions in the business. For those who are self-employed, Supported Employment - Individual Support Medicaid is not provided to defray the expenses associated with starting up or operating a business. Providers of Supported Employment - Individual Support are community service providers, selected by the individual, who have trained staff such as job specialists, job developers, supported employment specialists,



Alternative Benefit Plan

etc. Individuals who are self-directing may use community service providers or establish their own provider qualifications for the provision of individual employment supports.

For any Home and Community Based Services benefits as permitted in 1915(i) in ABP5, the state assures that:

1. The service(s) are provided in settings that meet HCB setting requirements;
2. The service(s) meet the person-centered service planning requirements;
3. Individuals receiving these services meet the state-established needs-based criteria that are not related solely to age, disability, or diagnosis, and are less stringent than criteria for entry into institutions. Services can be accessed as needed, even if the individuals have needs that are below institutional level of care.

Benefit Provided:

Source:

Remove

Authorization:

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Add



Alternative Benefit Plan

2. Essential Health Benefit: Emergency services

Collapse All

Benefit Provided:	Source:	Remove
Emergency Hospital Services - Outpatient Hospital	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<input type="text"/>		

Benefit Provided:	Source:	Remove
Emergency Transportation - Outpatient Hospital	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<input type="text"/>		

Benefit Provided:	Source:	Remove
<input type="text"/>	<input type="text"/>	
Authorization:	Provider Qualifications:	
Yes	<input type="text"/>	
Amount Limit:	Duration Limit:	
<input type="text"/>	<input type="text"/>	
Scope Limit:		
<input type="text"/>		



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Add



Alternative Benefit Plan

3. Essential Health Benefit: Hospitalization

Collapse All

Benefit Provided: Inpatient Hospital Services	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: 		

Benefit Provided: Physicians' Services - Inpatient	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: 		

Benefit Provided: Hospice Services - Inpatient	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: For symptoms management of the hospice diagnosis. In accordance with section 2302 of the		



Alternative Benefit Plan

ACA, individuals under the age of 21, will receive hospice care concurrently with curative care.

Add



Alternative Benefit Plan

4. Essential Health Benefit: Maternity and newborn care

Collapse All

Benefit Provided:	Source:	Remove
Nurse-Midwife Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<input type="text"/>		

Benefit Provided:	Source:	Remove
Ambulatory Prenatal Care-Physicians	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<input type="text"/>		

Benefit Provided:	Source:	Remove
Inpatient Hospital - Maternity	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<input type="text"/>		



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Add



Alternative Benefit Plan

5. Essential Health Benefit: Mental health and substance use disorder services including behavioral health treatment

Collapse All

The state/territory assures that it does not apply any financial requirement or treatment limitation to mental health or substance use disorder benefits in any classification that is more restrictive than the predominant financial requirement or treatment limitation of that type applied to substantially all medical/surgical benefits in the same classification.

Benefit Provided:	Source:	Remove
Community Psychiatric Support and Treatment-Rehab.	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<input type="text"/>		

Benefit Provided:	Source:	Remove
Mental Health In-patient Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Individuals assessed to be admitted for inpatient acute care related to psychiatric services in which the psychiatric plan of care is directed by a psychiatrist and in which psychotherapy is provided on a daily basis. These services are not provided in an IMD.		

Benefit Provided:	Source:	Remove
Substance Abuse Out-patient Services-Rehab	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	



Alternative Benefit Plan

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Outpatient Substance Abuse Services includes an array of consumer centered outpatient and intensive outpatient services consistent with the individual's assessed treatment needs, with a rehabilitation and recovery focus designed to promote skills for coping with and managing substance abuse symptoms and behaviors.

Benefit Provided:

Substance Abuse In-patient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Acute medical detoxification hospital level of care.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

These services are not provided in an IMD. Residential treatment also covered.

Benefit Provided:

Psychosocial Rehabilitation-Rehabilitation

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Add



Alternative Benefit Plan

6. Essential Health Benefit: Prescription drugs

- The state/territory assures that the ABP prescription drug benefit plan is the same as under the approved Medicaid State Plan for prescribed drugs.

Benefit Provided:

Coverage is at least the greater of one drug in each U.S. Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.

Prescription Drug Limits (Check all that apply.):

- Limit on days supply
- Limit on number of prescriptions
- Limit on brand drugs
- Other coverage limits
- Preferred drug list

Authorization:

Yes

Provider Qualifications:

State licensed

Coverage that exceeds the minimum requirements or other:

The State of Kansas ABP prescription drug benefit is the same as under the approved Medicaid state plan for prescribed drugs. KS Medicaid covers all federally rebated drugs.



Alternative Benefit Plan

7. Essential Health Benefit: Rehabilitative and habilitative services and devices

Collapse All

- The state/territory assures that it is not imposing limits on habilitative services and devices that are more stringent than limits on rehabilitative services (45 CFR 156.115(a)(5)(ii)). Further, the state/territory understands that separate coverage limits must also be established for rehabilitative and habilitative services and devices. Combined rehabilitative and habilitative limits are allowed, if these limits can be exceeded based on medical necessity.

Benefit Provided: Physical Therapy and Related Services: PT	Source: State Plan 1905(a)	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: Adult 6 mos per illness or injury/children none	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Services provided in accordance with CFR 440.110. Used to define both rehabilitative and habilitative services. Six month limit for adults can be extended with medical necessity documentation.		

Benefit Provided: Physical Therapy and Related Services: OT	Source: State Plan 1905(a)	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: Adult 6 mos per illness or injury/children none.	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Services provided in accordance with CFR 440.110. Used to define both rehabilitative and habilitative services. Six month limit for adults can be extended with medical necessity documentation.		

Benefit Provided: Physical Therapy and Related Services: ST	Source: State Plan 1905(a)	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: Adult 6 mos per illness or injury/children none.	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Services provided in accordance with CFR 440.110. Used to define both rehabilitative and habilitative services. Six month limit for adults can be extended with medical necessity documentation.		



Alternative Benefit Plan

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Services provided in accordance with CFR 440.110. Used to define both rehabilitative and habilitative services. Includes audiological testing and evaluation by an audiologist. Six month limit for adults can be extended with medical necessity documentation.

Benefit Provided:

Home Health Services: Medical supplies, equipment

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Home Health Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Add



Alternative Benefit Plan

8. Essential Health Benefit: Laboratory services

Collapse All

Benefit Provided:

Other Laboratory and X-Ray Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Add



Alternative Benefit Plan

9. Essential Health Benefit: Preventive and wellness services and chronic disease management Collapse All

The state/territory must provide, at a minimum, a broad range of preventive services including: “A” and “B” services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA’s Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

Benefit Provided:

Source:

Remove

Add



Alternative Benefit Plan

10. Essential Health Benefit: Pediatric services including oral and vision care

Collapse All

Benefit Provided:

Medicaid State Plan EPSDT Benefits

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

PA may be required for services in excess of adult benefit limitations. Medical necessity documentation may be required.

Add



Alternative Benefit Plan

11. Other Covered Benefits from Base Benchmark

Collapse All



Alternative Benefit Plan

12. Base Benchmark Benefits Not Covered due to Substitution or Duplication Collapse All

Base Benchmark Benefit that was Substituted: Prim. Care Visit to Treat Injury or Illness - dup	Source: Base Benchmark	<input type="button" value="Remove"/>
---------------------------------------------------------------------------------------------------	---------------------------	---------------------------------------

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Primary Care Visit to Treat an Injury or Illness is mapped to EHB 1, Physicians' Services and 1905(a). The services are a duplication of physicians' services under the approved Medicaid State Plan.

Base Benchmark Benefit that was Substituted: Specialist Visit - duplication	Source: Base Benchmark	<input type="button" value="Remove"/>
--------------------------------------------------------------------------------	---------------------------	---------------------------------------

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Specialist Visit is mapped to EHB 1, Other Licensed Practitioners' Services and 1905(a). The services are a duplication of other practitioners' services under the approved Medicaid State Plan.

Base Benchmark Benefit that was Substituted: Other Practitioner Office Visit - duplication	Source: Base Benchmark	<input type="button" value="Remove"/>
-----------------------------------------------------------------------------------------------	---------------------------	---------------------------------------

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Other Practitioner Office Visit is mapped to EHB 1, Other Licensed Practitioners' Services and 1905(a). The services are a duplication of other practitioners' services under the approved Medicaid State Plan.

Base Benchmark Benefit that was Substituted: Out Pt Fac. Fee(e.g., Amb. Surg. Ctr.) - duplicate	Source: Base Benchmark	<input type="button" value="Remove"/>
----------------------------------------------------------------------------------------------------	---------------------------	---------------------------------------

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Outpatient Facility Fee (e.g., Amb. Surgery Ctr.) is mapped to EHB 1, Outpatient Hospital Services and Clinic Services and 1905(a). The services are a duplication of outpatient hospital and clinic services from the approved Medicaid State Plan.

Base Benchmark Benefit that was Substituted: Out Pt Surg. Phys./Surg. Svs. - duplication	Source: Base Benchmark	<input type="button" value="Remove"/>
---------------------------------------------------------------------------------------------	---------------------------	---------------------------------------

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Outpatient Surgery Physician/Surgical Services are mapped to EHB 1, Outpatient Hospital Services and Clinic Services and 1905(a). The services are a duplication of outpatient hospital and clinic services from the approved Medicaid State Plan.

Base Benchmark Benefit that was Substituted: Out Pt Fac. Fee/Abortion - duplication	Source: Base Benchmark	<input type="button" value="Remove"/>
----------------------------------------------------------------------------------------	---------------------------	---------------------------------------



Alternative Benefit Plan

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Out Pt Fac. Fee/Abortion is mapped to EHB 1, Outpatient Hospital Services and Clinic Services and 1905(a). The services are a duplication of outpatient hospital and clinic services from the approved Medicaid State Plan.

Base Benchmark Benefit that was Substituted:
Out Pt. Surg. Phys./Surg. Ser./Abortion - duplicat

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Out Pt. Surg. Phys./Surg. Ser. (Abortion) is mapped to EHB 1, Outpatient Hospital Services and Clinic Services and 1905(a). The services are a duplication of outpatient hospital and clinic services from the approved Medicaid State Plan.

Base Benchmark Benefit that was Substituted:
Urgt. Care Out Pt. Ctrs or Fac. - duplication

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Urgent Care Out Pt. Centers or Facilities are mapped to EHB 1, Outpatient Hospital Services and Clinic Services and 1905(a). The services are a duplication of outpatient hospital and clinic services from the approved Medicaid State Plan.

Base Benchmark Benefit that was Substituted:
Hospice Care - duplication

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Hospice Care is mapped to EHB 1, Hospice Care and 1905(a), and EHB 3, Hospice Services-Inpatient and 1905(a). The services are a duplication of hospice care services from the approved Medicaid State Plan.

Base Benchmark Benefit that was Substituted:
Routine Foot Care - duplication

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Routine Foot Care is mapped to EHB 1, Other Licensed Practitioners' Services and 1905(a). The services are a duplication of other practitioners' services under the approved Medicaid State Plan.

Base Benchmark Benefit that was Substituted:
Home Health Care Services - duplication

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Home Health Care Services is mapped to EHB 7, Home Health Services and 1905(a). The services are a duplication of home health services from the approved Medicaid State Plan.



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Emergency Room Services - duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Emergency Room Services are mapped to EHB 2, Emergency Hospital Services and 1905(a). The services are a duplication of outpatient hospital services from the approved Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Emrgncy Trans./Ambulance - duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Emergency Transportation/Ambulance is mapped to EHB 2, Emergency Transportation and 1905(a). The services are a duplication of outpatient hospital services from the approved Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

In Pt. Hosp. Svc (e.g., Hospital Stay)- duplicati

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

In Pt. Hospital Services (e.g., Hospital Stay) is mapped to EHB 3, Inpatient Hospital services and 1905(a). The services are a duplication of inpatient hospital services from the approved Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

In Pt. Phys. and Surg. Srvcs - duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

In Pt. Physician and Surg. Services is mapped to EHB 3, Physicians' Services-Inpatient and 1905(a). The services are a duplication of inpatient hospital services from the approved Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

In Pt. Hosp. Svcs (e.g. Hosp. Sty) Abortion - dupl

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

In Pt. Hosp. Services (e.g., Hosp. Stay) Abortion is mapped to EHB 3, Inpatient Hospital Services and 1905(a). The services are a duplication of inpatient hospital services from the approved Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

In Pt. Phys. and Surg. Srvcs (Abortion) - duplicat

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

In Pt. Physician and Surg. Services (Abortion) is mapped to EHB 3, Physicians' Services-Inpatient and



Alternative Benefit Plan

1905(a). The services are a duplication of inpatient hospital services from the approved Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Prenatal and Postnatal Care - duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Prenatal and Postnatal Care is mapped to EHB 4, Ambulatory Prenatal Care-Physicians and 1905(a). The services are a duplication of physicians' services from the approved Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Delvry & all In Pt. Srvcs for Mat. Care - duplicat

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Delivery & all In Pt. Services for Maternity Care is mapped to EHB 4, Inpatient Hospital-Maternity and 1905(a). The services are a duplication of physicians' services from the approved Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Ment/Behav Hlth Out Pt. Srvcs - duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Mental/Behavioral Health Out Pt. Services is mapped to EHB 5, Community Psychiatric Support and Treatment-Rehabilitation, Psychosocial Rehabilitation-Rehabilitation, and 1905(a). The services are a duplication of Community Psychiatric Support and Treatment services and Psychosocial Rehabilitation from the approved Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Ment/Behav Hlth In Pt. Services - duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Mental/Behavioral Health In Pt. Services is mapped to EHB 5, Mental Health In-patient Services and 1905(a). The services are a duplication of inpatient acute care related to psychiatric services from the approved Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Substance Abuse Dis. Out Pt. Srvcs - duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Substance Abuse Disorder Out Pt. Services is mapped to EHB 5, Substance Abuse Out-patient Services-Rehab and 1905(a). The services are a duplication of outpatient Substance Abuse Services from the approved Medicaid State Plan.



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Substance Abuse Dis. In Pt. Svcs - duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Substance Abuse Disorder In Pt. Services is mapped to EHB 5, Substance Abuse In-patient Hospital Services and 1905(a). The services are a duplication of acute medical detoxification hospital services from the approved Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Prescription Drugs - duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Prescription Drugs are mapped to EHB 6, Prescription Drugs and 1905(a). The services are a duplication of prescription drugs services from the approved Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Out Pt. Rehabilitation Services - duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Out Pt. Rehabilitation Services is mapped to EHB 7, Physical Therapy and Related Services and 1905(a). The services are a duplication of PT, OT, ST under 440.110 and covered by the approved Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Durable Medical Equipment - duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Durable Medical Equipment is mapped to EHB 7, Home Health Services: Medical supplies, equipment and 1905(a). The services are a duplication of home health services covered by the approved Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Diagnostic Test (X-ray and Lab work) - duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Diagnostic Test (X-ray and Lab work) services are mapped to EHB 8, Other Laboratory and X-Ray Services and 1905(a). The services are a duplication of other laboratory and x-ray services covered by the approved Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Routine Eye Exam (Pediatric) - duplication

Source:

Base Benchmark

Remove



Alternative Benefit Plan

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Routine Eye Exam is mapped to EHB 10, EPSDT and 1905(a). The services are a duplication of the optometrists' services covered by the approved Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Preventive Care/Screening/Immunization - duplicati

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Preventive Care/Screening/Immunization is mapped to EHB 9, Preventive and wellness services and chronic disease management and 1905(a). The services are a duplication of preventive and wellness services and chronic disease management under the approved Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Infertility Treatment - substitution

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Personal Services-WORK/Self Direction in EHB 1 is substituted for Infertility Treatment. Actuaries have determined the cost of Personal Services-WORK/Self Direction exceeds the cost of Infertility Treatment.

Base Benchmark Benefit that was Substituted:

Donor search - substitution

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Independent Living Counseling-WORK in EHB1 is substituted for Donor Search. Actuaries have determined the cost of Independent Living Counseling-WORK exceeds the cost of Donor Search.

Base Benchmark Benefit that was Substituted:

Biofeedback for urinary incontinence - substituted

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Assistive Services-WORK in EHB 1 is substituted for Biofeedback for Urinary Incontinence. Actuaries have determined the cost of Assistive Services-WORK exceeds the cost of Biofeedback for Urinary Incontinence.

Base Benchmark Benefit that was Substituted:

Diabetes Education - duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Diabetes Education is mapped to EHB 9, Preventive and wellness services and chronic disease management and 1905(a). The services are a duplication of preventive and wellness services and chronic disease management under the approved Medicaid State Plan.



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Certified Pediatric or Family Nurse Practitioner-dup

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Certified Pediatric or Family Nurse Practitioner is mapped to EHB 1, Certified Pediatric or Family Nurse Pract. Svcs and 1905(a). The services are a duplication of pediatric services under the approved Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Physician Services - Inpatient - duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Physician Services-Inpatient is mapped to EHB 3, Physicians' Services-Inpatient and 1905(a). The services are a duplication of inpatient physician services from the approved Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Infertility Treatment - Substitution

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Supported Employment - Individual Employment Support Services in EHB1 is substituted for Infertility Treatment. Actuaries have determined the cost of Supported Employment - Individual Employment Support Services exceeds the cost of Infertility Treatment.

Base Benchmark Benefit that was Substituted:

Delivery/Inpat. Ser. for Maternity Care - dup

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Delivery and All Inpatient Services for Maternity Care is mapped to EHB 4, Nurse-Midwife Services and 1905(a). The services are a duplication of nurse-midwife services in the approved Medicaid State Plan.

Add



Alternative Benefit Plan

<input checked="" type="checkbox"/> 13. Other Base Benchmark Benefits Not Covered	Collapse All <input type="checkbox"/>	
Base Benchmark Benefit not Included in the Alternative Benefit Plan:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Non-Emergency Care When Traveling Outside US"/>	<input type="text" value="Base Benchmark"/>	
Explain why the state/territory chose not to include this benefit:		
<input type="text" value="Kansas Medicaid does not cover any services outside of the United States."/>		
<input type="button" value="Add"/>		



Alternative Benefit Plan

14. Other 1937 Covered Benefits that are not Essential Health Benefits

Collapse All



Alternative Benefit Plan

15. Additional Covered Benefits (This category of benefits is not applicable to the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act.)

Collapse All

Benefit Provided: Nursing Facility Services	Source: State Plan 1905(a)	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Services as specified in the Medicaid State Plan.		
Other: Provided to beneficiaries assessed for the level of need for nursing facility. This can be either rehabilitation or long term care.		

Benefit Provided: Peer Support-Rehabilitation	Source: State Plan 1905(a)	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Services as specified in the Medicaid State Plan.		
Other: Activities included must be intended to achieve the identified goals or objectives as set forth in the consumer's individualized treatment plan.		

Benefit Provided: Crisis Intervention-Rehabilitation	Source: State Plan 1905(a)	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Services as specified in the Medicaid State Plan.		
Other: No PA is required for crisis services. The language in the "Limitations/Exclusions is as follows "Re-evaluation for the need of crisis services is to be completed by a QMHP every 72 hours or more frequently as needed."		



Alternative Benefit Plan

Benefit Provided:

Extended Services for Pregnant Women

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Services as specified in Medicaid State Plan

Duration Limit:

Services as specified in Medicaid State Plan

Scope Limit:

Services as specified in Medicaid State Plan

Other:

Benefit Provided:

Routine Eye Exam (Adult)

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

One exam per year

Duration Limit:

None

Scope Limit:

Services as specified in the Medicaid State Plan.

Other:

Benefit Provided:

Dental Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services are limited to those specified in the Medicaid State Plan.

Other:



Alternative Benefit Plan

Benefit Provided:

Eyeglasses

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Yes, see Other below.

Duration Limit:

None

Scope Limit:

Yes, see Other below.

Other:

One pair (lenses and frames) for adults per year.

Benefit Provided:

Health Home - Serious Mental Illness

Source:

State Plan 1945

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services as specified in Medicaid State Plan

Other:

Meet Health Home - SMI (OneCare Kansas) eligibility criteria as described in Medicaid State Plan

Benefit Provided:

Health Home - Asthma

Source:

State Plan 1945

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services as specified in the Medicaid State Plan

Other:

Meet Health Home - Asthma (OneCare Kansas) eligibility criteria: Asthma and at risk of developing another chronic condition - Diabetes, Hypertension, Cardiovascular disease, COPD, Metabolic Syndrome, Mental illness, Substance use disorder, Morbid Obesity, Tobacco Use or exposure to second hand smoke.



Alternative Benefit Plan

Benefit Provided:

Qualified Clinical Trials - Routine Patient Costs

Source:

State Plan 1905(a)

Remove

Authorization:

Yes

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Services as specified in Medicaid State Plan

Duration Limit:

None

Scope Limit:

Services as specified in Medicaid State Plan

Other:

In response to the Consolidated Appropriations Act, 2021 (CAA), the state is adding to the Alternative Benefit Plan (ABP) the new mandatory benefit to cover routine patient costs for services furnished in connection with participation in qualifying clinical trials. This is effective 1/01/2022.

Benefit Provided:

CCBHC

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Services as specified in Medicaid State Plan

Duration Limit:

None

Scope Limit:

Services as specified in Medicaid State Plan

Other:

This is effective 5/01/2022.

Benefit Provided:

SUPPORT Act MAT

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Services as specified in Medicaid State Plan

Duration Limit:

None

Scope Limit:

Services as specified in Medicaid State Plan

Other:

MAT is provided as defined in the approved state plan 3.1-A and, if applicable, 3.1-B pages. MAT is provided in accordance with 1905(a)(29) for the period beginning October 1, 2020, and ending September 30,2025.



Alternative Benefit Plan

Benefit Provided:	Source:	<input type="button" value="Remove"/>
<input type="text"/>	<input type="text"/>	
Authorization:	Provider Qualifications:	
<input type="text" value="Other"/>	<input type="text"/>	
Amount Limit:	Duration Limit:	
<input type="text"/>	<input type="text"/>	
Scope Limit:	<input type="text"/>	
Other:	<input type="text"/>	
		<input type="button" value="Add"/>

PRA Disclosure Statement

Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) for the purpose of standardizing data. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20190808