

Table of Contents

State/Territory Name: Kansas

State Plan Amendment (SPA) #: 24-0016

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) 24-0016

Dear Christine Osterlund:

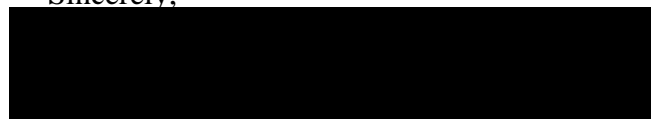
The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0016. This amendment proposes to add adult dental benefits to the STEPS Alternative Benefit Plan (ABP) due to the expanded dental services in the Kansas Medicaid 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 24-0016 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,



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-24-0016

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 benefits to the STEPS ABP program 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 - 0016

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 Assistance Services - STEPS

Source:

State Plan 1915(i)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Other

Amount Limit:

24 hours per day

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:

Personal Assistance Services (PAS) are designed to provide hands-on assistance, or cuing and prompting, for Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). PAS can be provided as a self-directed (employer authority, not budget authority) and/or agency-directed service. PAS includes methods of obtaining assistance, including: Enhanced Services (assistance for participants who require hands-on care during the night, including re-positioning, tracheotomy care, and care for chronic incontinence; need must be documented by a physician); cooking meals and cleaning, and reminders or queuing activities.

The need for PAS is determined through the STEPS assessment and person-centered planning process and documented in the participant's individualized STEPS Service Plan. The need for PAS is evaluated with the need for other services that could reduce the need for hands-on assistance such as home delivered meals or other benefits.

Only participants who meet criteria determined through assessment and the person centered planning process are eligible to receive these services. Participants must have a physical or intellectual/developmental disability and need physical assistance with ADLs or IADLs. Participants must demonstrate needing support for at least two ADLs per the assessment process. PAS is only provided in settings that comply with the home and community based services (HCBS) settings requirements.

Personal Assistance Services cannot be provided when participants are receiving these services from other Federal/State entities, e.g., Vocational Rehabilitation. PAS that can be covered under the state plan should be furnished to participants under the age of 21 as services required under EPSDT.

Provider Qualifications: Personal assistants (PAs), whether self or agency-directed must be 18 years of age or older to provide paid support for ADLs. PAs who are 14-18 years of age may provide paid support for IADLs at specified levels. PAs, whether self- or agency-directed, are required to pass State and National criminal history background checks.

PAS can only be provided by a Legally Responsible Individuals (LRI) when such services are deemed extraordinary, which means care exceeding the range of activities that an LRI would ordinarily perform in



Alternative Benefit Plan

the household on behalf of a person without a disability or chronic illness of the same age, and which are necessary to assure the health and welfare of the participant and avoid institutionalization. A court appointed legal guardian, conservator, or a durable power of attorney are not permitted to be a paid provider for the participant unless the probate court determines that all potential conflict of interest concerns have been mitigated in accordance with KSA 59-3068 and STEPS policy.

Under extenuating circumstances, legally responsible individuals are able to provide this service. The exceptions process is as follows:

STEPS is not required to make exceptions to any policy. Exceptions are at the discretion of the MCO or KDHE. Exceptions must be approved before implementation with documentation in the service plan and must follow normal provider enrollment and payment procedures.

1. The LRI is one of the following: guardian, conservator, or durable power of attorney.
2. Is the need for the exception in part based on the member living in a rural area with very limited resources?
3. How is any conflict of interest mitigated?
4. Is there other justification the member wants considered for any exception?

Benefit Provided:

Home Delivered Meals

Source:

State Plan 1915(i)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Other

Amount Limit:

2 per day

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:

Home-Delivered Meals service provides a participant with one (1) or two (2) meals per calendar date. Each meal will contain at least one-third (1/3) of the recommended daily nutritional requirements which may not compromise a full nutritional regimen. The meals are prepared elsewhere and delivered to a participant's residence.

The need for Home Delivered Meals is determined through the STEPS assessment and person-centered planning process and documented in the participant's individualized STEPS Service Plan. The need for Home Delivered Meals is evaluated with the need for PAS to determine if home delivered meals may reduce the need for hands-on services.

Only participants who are assessed to meet criteria determined through assessment and the person centered planning process are eligible to receive these services. Participants must have a physical or intellectual/developmental disability and need physical assistance with ADLs or IADLs. Participants must demonstrate needing support for at least two ADLs per the assessment process. Home Delivered Meals are only provided in settings that comply with the home and community based services (HCBS) settings requirements.

Home Delivered Meals cannot be provided when participants are receiving these services from other Federal/State entities, e.g., Vocational Rehabilitation.



Alternative Benefit Plan

Provider Qualifications: Agencies who are approved and a Medicaid-enrolled nutrition provider agency.

Benefit Provided:

Personal Emergency Response System (PERS)

Source:

State Plan 1915(i)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Other

Amount Limit:

2 PERS installations per year

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:

Personal Emergency Response Systems (PERS) involve the use of electronic devices which enable participants to secure help in an emergency. The system is connected to the participant's telephone and programmed to signal a response center once the "help" button is activated. The participant may wear a portable "help" button to allow for mobility. PERS is limited to those individuals who:

1. Are alone for significant parts of the day, AND
2. Have no regular attendant (formal or informal) for extended periods of time, AND
3. Who would otherwise require extensive routine supervision.

The PERS system has a back-up battery that is activated if an emergency situation develops. The back-up battery will activate if there is interference with the landline and connection through the cell phone will remain as long as the cell phone towers are intact. If the system is not functioning properly, the provider will attempt to contact the participant through the PERS system. If unable to communicate with the participant, the provider contacts the participant-selected responders to contact with the participant in a 15-20-minute window. If the PERS provider is unable to reach the responders, then the provider will contact 911/EMS to check on the unresponsive participant. In addition, the PERS system should be checked once a month to ensure that it is functioning properly, and the back-up battery is functional. Participants have the ability to turn off/unplug the PERS system; however, turning off the system will trigger an alert to the PERS provider. The provider will follow up with the participant to ensure his/her health and welfare. The PERS provider must receive permission from the participant for the use of the device in the home.

PERS Installation is the placement of electronic PERS devices in a participant's residence. These participants have met the assessed need of a Personal Emergency Response System.

The need for PERS is evaluated with the need for PAS to determine if PERS may reduce the need for hands-on services.

Only participants who are assessed to meet criteria determined through assessment and the person centered planning process are eligible to receive these services. Participants must have a physical or intellectual/developmental disability and need physical assistance with ADLs or IADLs. Participants must demonstrate needing support for at least two ADLs per the assessment process. PERS are only provided in settings that comply with the home and community based services (HCBS) settings requirements.

PERS cannot be provided when participants are receiving these services from other Federal/State entities, e.g., Vocational Rehabilitation.



Alternative Benefit Plan

Provider Qualifications: PERS installation provider who meets the following:
 Must be an enrolled Medicaid provider.
 Must conform to industry standards and any federal, state, and local laws and regulations that govern this service.
 The emergency response center must be staffed on a 24 hour/7 days a week basis by trained personnel.

All HCBS providers are required to pass background checks consistent with the Background Check policy and comply with all regulations related to Abuse, Neglect and Exploitation. Any provider found to have a prohibited offense, as listed in K.S.A. 39-2009, is not eligible for reimbursement of services under Medicaid funding.

Benefit Provided:

Medication Reminder Dispenser

Source:

State Plan 1915(i)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Other

Amount Limit:

1 installation per year

Duration Limit:

Non

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:

Medication Reminder Services provides a scheduled reminder to a participant when it is time for the participant to take medications. The reminder may be a phone call, automated recording, or automated alarm depending on the providers system.

Medication Reminder/Dispenser is a device that houses a participant’s medication and dispenses the medication with an alarm at programmed times.

Medication Reminder/Dispenser Installation is the placement of the Medication Dispenser in a participant’s home.

The need for Medication Reminder is evaluated with the need for PAS to determine if Medication Reminder Services may reduce the need for hands-on services.

Only participants who are assessed to meet criteria determined through assessment and the person centered planning process are eligible to receive these services. Participants must have a physical or intellectual/developmental disability and need physical assistance with ADLs or IADLs. Participants must demonstrate needing support for at least two ADLs per the assessment process. Medication Reminder Services are only provided in settings that comply with the home and community based services (HCBS) settings requirements.

Medication Reminder Services cannot be provided when participants are receiving these services from other Federal/State entities, e.g., Vocational Rehabilitation.

Provider Qualifications: Any company providing medication reminder services per industry standards is eligible to contract with KanCare as a Medication Reminder Services.

Medication Reminder Service providers must provide appropriate training to their staff on medication



Alternative Benefit Plan

administration and dispensing of medication.

All HCBS providers are required to pass background checks consistent with the KDADS' Background Check policy and comply with all regulations related to Abuse, Neglect and Exploitation. Any provider found to have a prohibited offense, as listed in K.S.A. 39-2009, is not eligible for reimbursement of services under Medicaid funding.

Benefit Provided:

Assistive Services

Source:

State Plan 1915(i)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Other

Amount Limit:

See Other below

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:

Assistive Services includes equipment and product systems that are medically necessary, increase health, safety, independence, and employability and are not covered by the Kansas Medicaid State Plan. The need for Assistive Service is determined through the STEPS assessment and a person-centered planning process and documented in the participant's individualized STEPS Service Plan. Each Assistive Service request is reviewed on a case-by-case basis, taking into consideration medical necessity, appropriateness and cost-effectiveness. The request is then approved or denied by the STEPS Program Manager. Assistive Services has an annual cap of \$7,500 which is combined with environmental and vehicle modifications, but that can be exceeded based on medical necessity. Participants are notified of the dollar limit through the service plan development process where it is determined if that amount may need to be exceeded if additional modifications or assistive services are needed to maintain community placement safely. Limits are designed to be able to enable the person to live and work in the community.

Assistive Services cannot be provided when participants are receiving these services from other Federal/State entities, e.g., Vocational Rehabilitation.

Provider Qualifications: Durable Medical Equipment (DME) vendors, dentists, orthotics and prosthetics vendors, Community Developmental Disability Organizations (CDDOs) and affiliates of CDDOs, Centers for Independent Living (CILs), and licensed Home Health Agencies. All providers must be approved by the STEPS Program Manager. All HCBS providers are required to pass background checks consistent with the KDADS' Background Check policy and comply with all regulations related to Abuse, Neglect and Exploitation. Any provider found to have been substantiated for a prohibited offense as listed in K.S.A. 39-2009 is not eligible for reimbursement of services under Medicaid funding. Providers must meet standards to operate under the state plan, or under any of the KS 1915(c) waivers.

Benefit Provided:

Vehicle Modifications

Source:

State Plan 1915(i)

Remove

Authorization:

Yes

Provider Qualifications:

Other



Alternative Benefit Plan

Amount Limit:

See Other below

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:

Vehicle modifications are those services which meet a participant’s assessed need or otherwise enhancing the participant's ability to live independently in his/her home and community through the use of adaptive equipment such as modifications like van lifts or other vehicle modifications.

Vehicle Modifications

1. Vehicle modifications must meet engineering and safety recognized by the Secretary of the U.S. Department of Transportation.
2. Vehicle modifications can only be installed or done to vehicles owned or leased by the participant.

Each Vehicle Modification request is reviewed on a case-by-case basis, taking into consideration medical necessity, appropriateness and cost-effectiveness. The request is then approved or denied by the STEPS Program Manager. Vehicle Modifications have an annual cap of \$7,500 which is combined with Assistive services and environmental modifications, but that can be exceeded based on medical necessity. Participants are notified of the dollar limit through the service plan development process where it is determined if that amount may need to be exceeded if additional modifications or assistive services are needed to maintain community placement safely. Limits are designed to be able to enable the person to live and work in the community.

Vehicle Modifications cannot be provided when participants are receiving these services from other Federal/State entities, e.g., Vocational Rehabilitation.

Provider Qualifications:

1. Contractors shall affiliate with a local Center for Independent Living.
2. Community businesses that have all necessary licenses and permits to operate in conformity with federal, state, and local laws and regulations, and that submit verification of current liability and workers’ compensation coverage.
3. All HCBS providers are required to pass background checks consistent with the KDADS’ Background Check policy and comply with all regulations related to Abuse, Neglect and Exploitation. Any provider found to have been substantiated for a prohibited offense as listed in K.S.A. 39-2009 is not eligible for reimbursement of services under Medicaid funding.

Benefit Provided:

Community Service Coordination - STEPS

Source:

State Plan 1915(i)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Other

Amount Limit:

10 hours per month

Duration Limit:

None



Alternative Benefit Plan

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:

Community Service Coordination includes assisting participants to make program choices, locate and direct services, develop and obtain approval for Emergency Back-Up Plans, perform fiscal management responsibilities, and complete paperwork; monitoring services and progress to complete goals; requesting and increase or decrease of services from the STEPS Program Manager; communicating progress and concerns with MCO care coordinators and Employment Specialists; linking and referring participants to community resources and non-Medicaid supports such as education, employment, and housing. Community Service Coordinators (CSC) must provide conflict-free service coordination. The limit of 10 hours/month may be exceeded based on medical necessity.

Community Services Coordination cannot be provided when participants are receiving these services from other Federal/State entities, e.g., Vocational Rehabilitation.

Provider Qualifications: Community Developmental Disability Organizations (CDDOs), CDDO Affiliates, Community Mental Health Centers (CMHCs), CMHC Affiliates, Centers for Independent Living (CILs), Accredited Clubhouse Models, Brain Injury HCBS providers, and religious based organizations. All providers must be approved by the STEPS Program Manager. Any provider listed must meet the requirements to participate in Medicaid either through the state plan or a waiver of the state plan. Additional qualifications located in the STEPS program manual include:

- employee or affiliate of one of the listed organizations
- experience providing case management, Targeted Case Management, care coordination
- ability to provide conflict-free service coordination.

Benefit Provided:

Supported Employment - Indiv Supported Employment

Source:

State Plan 1915(i)

Remove

Authorization:

Other

Provider Qualifications:

Other

Amount Limit:

13.25 hours per month

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:

Supported Employment includes a number of services that assist participants in obtaining and maintaining employment, including developing relationships with community employers; coordinating with participants, family, the Community Service Coordinator, and the Pre-Vocational Services provider to determine participants interests and skills; assisting participants to locate employment; determining and requesting needed job accommodations; collaborating with Community Service Coordinators to determine when one-on-one assistance should be decreased or eliminated; trouble-shooting when problems arise; providing technical assistance as needed for participants and/or their employers; and documenting efforts. Supported Employment can involve one-on-one assistance to assist participants to become oriented to a new job, learn job responsibilities, practice work-appropriate and safe behavior, etc.

Supported Employment is provided up to 13.25 hours during the first 15 months of participation in STEPS.



Alternative Benefit Plan

Following the first 15 months, the MCO care coordinator, with input from the Community Service Coordinator, will review the need for Supported Employment quarterly and reduce the number of hours, with a goal of eliminating Supported Employment entirely by the end of the second year. Supported Employment may be re-instated at some level, up to 13.25 hours, for a limited time, if participants require the service to maintain employment or learn new job responsibilities.

The need for Supported Employment is determined through the STEPS assessment and a person-centered planning process and documented in the participant's individualized STEPS Service Plan. Supported Employment is only provided in settings that comply with the HCBS settings requirements and are provided in the following situations: in an integrated work setting in the general workforce at or above the state's minimum wage, at or above the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.

Supported Employment cannot be provided when participants are receiving these services from other Federal/State entities, e.g., Vocational Rehabilitation. Documentation is maintained in the file of each individual receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.). Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

1. Incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment; or
2. Payments that are passed through to users of supported employment services.

Provider Qualifications: Community Developmental Disability Organizations (CDDOs), CDDO Affiliates, Community Mental Health Centers (CMHCs), CMHC Affiliates, Centers for Independent Living (CILs), KS Workforce Centers, Accredited Clubhouse Models, Brain Injury HCBS providers and religious based organizations. All providers must be approved by the STEPS Program Manager. The provider's employee must have experience providing employment support for individuals with disabilities and their employers, knowledge of the local job market and local employers, and certification/training in any of the specified employment models.

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: Emergency Hospital Services - Outpatient Hospital	Source: State Plan 1905(a)	<input type="button" value="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: <input type="text"/>		

Benefit Provided: Emergency Transportation - Outpatient Hospital	Source: State Plan 1905(a)	<input type="button" value="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: <input type="text"/>		



Alternative Benefit Plan

3. Essential Health Benefit: Hospitalization

Collapse All

Benefit Provided:	Source:	Remove
Inpatient Hospital 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
Physicians' Services - Inpatient	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
Hospice Services - Inpatient	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:		
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: Nurse-Midwife 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: Ambulatory Prenatal Care-Physicians	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: Inpatient Hospital - Maternity	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: 		



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 Inpatient 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 Outpatient 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 Inpatient 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

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)- duplicate

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 Assistance Services, home delivered meals, PERS, and medication dispensers-STEPS in EHB 1 are substituted for Infertility Treatment. Actuaries have determined the cost of Personal Assistance Services along with other services listed - STEPS 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:

Community Service Coordination - STEPS in EHB 1 is substituted for Donor Search. Actuaries have determined the cost of Community Service Coordination - STEPS 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, home and vehicle modifications -STEPS in EHB 1 are substituted for Biofeedback for Urinary Incontinence. Actuaries have determined the cost of Assistive Services-STEPS 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



Alternative Benefit Plan

disease management under the approved Medicaid State 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 EHB 1 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 "Reevaluation		



Alternative Benefit Plan

for the need of crisis services is to be completed by a QMHP every 72 hours or more frequently as needed."

Benefit Provided:

Extended Services for Pregnant Women

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

One year postpartum coverage

Scope Limit:

Services as specified in the Medicaid State Plan. Pregnancy related and postpartum services for twelve months after the pregnancy ends.

Other:

Services for any other medical conditions that may complicate pregnancy.

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.



Alternative Benefit Plan

Other:

Benefit Provided:

Source:

Remove

Authorization:

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

Other:

Benefit Provided:

Source:

Remove

Authorization:

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

Other:

Benefit Provided:

Source:

Remove

Authorization:

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

Other:



Alternative Benefit Plan

condition -
Diabetes, Hypertension, Cardiovascular disease, COPD, Metabolic Syndrome, Mental illness, Substance use disorder, Morbid Obesity, Tobacco Use or exposure to second hand smoke.

Benefit Provided:

Qualified Clinical Trials - Routine Patient Costs

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

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 new mandatory benefit to cover routine patient costs for services furnished in connection with participation in qualifying clinical trials.

Benefit Provided:

CCBHC

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

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:

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.



Alternative Benefit Plan

MAT is provided in accordance with 1905(a)(29) for the period ending September 30, 2025.

Benefit Provided:

Pre-Vocational Services

Source:

State Plan 1915(i)

Remove

Authorization:

Other

Provider Qualifications:

Other

Amount Limit:

34 hours

Duration Limit:

See Other below

Scope Limit:

See Other below

Other:

Pre-Vocational Services are designed to lead to integrated competitive employment by assisting participants to determine individualized vocational goals, develop or re-establish employment related skills, and participate in internships or work experiences. Services are intended to provide learning and work experiences where the participant can develop general, non-job-task-specific strengths and skills that contribute to employability in paid employment in integrated community settings. Billable services include career exploration, workrelated skills training, and work experience. Pre-Vocational Services are provided for an established period of time; this is not an ongoing service. Participants and their providers must establish goals in the service plan, and providers must document progress toward achieving these goals.

The need for Pre-Vocational Services is determined through the STEPS assessment and person-centered planning process and documented in the participant's individualized STEPS Service Plan.

Pre-Vocational Services are only provided in settings that comply with the HCBS settings requirements. Pre-Vocational Services cannot be provided when participants are receiving these services from other Federal/State entities, e.g., Vocational Rehabilitation.

Provider Qualifications: Community Developmental Disability Organizations (CDDOs), CDDO Affiliates, Community Mental Health Centers (CMHCs), CMHC Affiliates, Centers for Independent Living (CILs), accredited Clubhouse Models, KS Workforce Centers, Brain Injury HCBS providers, and religious-based organizations. All providers must be approved by the STEPS Program Manager. The provider's employee must have experience providing pre-vocational services for individuals with disabilities.

Benefit Provided:

Independent Living Skills Training

Source:

State Plan 1915(i)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Other

Amount Limit:

34 hours

Duration Limit:

See Other below

Scope Limit:

See Other below

Other:

Independent Living Skills (ILS) Training is designed to improve participant's ability to live as



Alternative Benefit Plan

independently as possible at home and in the community using existing community resources. The provision of ILS Training may reduce or eliminate the need for Personal Assistance Services and/or Transportation. ILS Training is provided for an established period-of-time and is not ongoing. The need for ILS Training is determined through the STEPS assessment and person-centered planning process and documented in the participant's individualized STEPS Service Plan. The limit of 34 hours may be exceeded based on medical necessity by the STEPS Program Manager.

ILS Training is only provided in settings that comply with the HCBS settings requirements. ILS Training cannot be provided when participants are receiving these services from other Federal/State entities, e.g., Vocational Rehabilitation.

Provider Qualifications: Community Developmental Disability Organizations (CDDOs), CDDO Affiliates, Community Mental Health Centers (CMHCs), CMHC Affiliates, Centers for Independent Living (CILs), Accredited Clubhouse Models, KS Workforce Centers, Brain Injury HCBS providers and religious-based organizations. All providers must be approved by the STEPS Program Manager. The provider's employee must have experience providing independent living skills training for individuals with disabilities.

Benefit Provided:

Transportation Services (non-Medical)

Source:

State Plan 1915(i)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Other

Amount Limit:

10 hours per week

Duration Limit:

None

Scope Limit:

See Other below

Other:

Transportation to and from job interviews, work and essential locations such as grocery stores and banks. Transportation to and from medical appointments is considered Non-Emergency Medical Transportation (NEMT) and must be obtained from participants' MCO.

The need for transportation is determined through the STEPS assessment and person-centered planning process and documented in the participant's individualized STEPS Service Plan. The limit of 10 hours per week may be exceeded based on medical necessity by the STEPS Program Manager.

Transportation services cannot be provided when participants are receiving these services from other Federal/State entities, e.g., Vocational Rehabilitation.

Provider Qualifications: Personal assistants or other individuals selected by participants, agencies or companies providing specialized transportation, companies that provide non-specialized transportation such as buses, taxis, Uber, etc. The driver must have a driver's license and a review of their driving record.

Benefit Provided:

Fiscal Management Services

Source:

State Plan 1915(i)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Other



Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See Other below

Other:

Fiscal Management Services (FMS) assist participants who are self-directing their services, including processing all employer, employee, and vendor paperwork; processing payroll/paying invoices; withholding federal and state taxes and making tax payments to appropriate tax authorities; and performing fiscal accounting and providing expenditure reports.

Provider Qualifications: Organizations interested in providing Financial Management Services (FMS) are required to contract with KDADS, or their designee. The contract must be signed prior to enrollment to provide the service. The agreement identifies the programs under which the organization is requesting to provide FMS and outlines general expectations and specific provider requirements. The agreement will be renewed annually, and approval is subject to satisfactory completion of the required Generally Accepted Accounting Principles (GAAP) audit. KanCare MCOs will not credential any application without a fully executed FMS Provider agreement.

All HCBS providers are required to pass background checks consistent with the KDADS' Background Check policy and comply with all regulations related to Abuse, Neglect and Exploitation. Any provider found to have a prohibited offense, as listed in K.S.A. 39-2009, is not eligible for reimbursement of services under Medicaid funding.

For new organizations seeking to be a FMS provider, the FMS provider agreement and accompanying documentation are reviewed by KDADS and/or their designee to ensure that all assurances are satisfied as part of a readiness review prior to signing by the Secretary of KDADS, or designee.

Benefit Provided:

Environmental Modifications

Source:

State Plan 1915(i)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Other

Amount Limit:

See Other below

Duration Limit:

None

Scope Limit:

See Other below

Other:

Environmental modifications are those services which meet a participant's assessed need by modifying or improving a participant's home through home modifications or otherwise enhancing the participant's ability to live independently in his/her home and community through the use of adaptive equipment such as modifications like van lifts or other vehicle modifications.

Home Modifications

- 1.Home modifications may not add to the total square footage of the home except when necessary to complete the modification. Examples include increase in square footage to improve entrance/egress in a residence or to configure a bathroom to accommodate a wheelchair.
- 2.Home modifications may only be purchased in rented apartments or homes when the landlord agrees in



Alternative Benefit Plan

writing to maintain the modifications for a period of not less than three years and will give first rent priority to tenants with physical disabilities.

3. Home modifications may not be furnished to adapt living arrangements that are owned or leased by providers of waiver services.

Each Environmental Modification request is reviewed on a case-by-case basis, taking into consideration medical necessity, appropriateness and cost-effectiveness. The request is then approved or denied by the STEPS Program Manager. Environmental Modifications have an annual cap of \$7,500 which is combined with Assistive services and vehicle modifications, but that can be exceeded based on medical necessity. Participants are notified of the dollar limit through the service plan development process where it is determined if that amount may need to be exceeded if additional modifications or assistive services are needed to maintain community placement safely. Limits are designed to be able to enable the person to live and work in the community.

Environmental Modifications cannot be provided when participants are receiving these services from other Federal/State entities, e.g., Vocational Rehabilitation.

Provider Qualifications:

1. Contractors shall affiliate with a local Center for Independent Living.

2. Companies chosen to provide adaptations to housing structures must be licensed or certified by the county or city and must perform all work according to existing building codes. If the company is not licensed or certified, then a letter from the county or city must be provided stating licensure or certification is not required.

3. All HCBS providers are required to pass background checks consistent with the KDADS' Background Check policy and comply with all regulations related to Abuse, Neglect and Exploitation. Any provider found to have been substantiated for a prohibited offense as listed in K.S.A. 39-2009 is not eligible for reimbursement of services under Medicaid funding.

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.

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