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State/Territory Name: Kansas

State Plan Amendment (SPA) #: 20-0022

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

January 11, 2021

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

Dear Ms. Fertig:

On November 17, 2020, the Centers for Medicare & Medicaid Services (CMS) received Kansas' State Plan Amendment (SPA) transmittal #20-0022, which adds maternal depression screening to the benefits covered under the screening benefit category in Kansas' State plan.

Based upon the information received, we are now ready to approve SPA #20-0022 as of January 8, 2021, with an effective date of January 1, 2021, as requested by the State.

Enclosed is a copy of the CMS-179 form, as well as the approved pages for incorporation into the Kansas State Plan.

If you have any questions regarding this amendment, please contact Michala Walker at (816) 426-5925. We hope this information is helpful. If you have further questions regarding this response, please direct them to Michala Walker of my staff, at Michala.walker@cms.hhs.gov or 816-426-5925.

Sincerely,

 Digitally signed by James
G. Scott -S
Date: 2021.01.11 10:38:47
-06'00'

James G. Scott, Director
Division of Program Operations

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

1. TRANSMITTAL NUMBER:
KS 20-0022

2. STATE
Kansas

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

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2021

5. TYPE OF PLAN MATERIAL (*Check One*)

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION
42 CFR §441, Subpart B and §447, Subpart F

7. FEDERAL BUDGET IMPACT
a. FFY 2020 \$ 2,570 FFY 2021 \$1,928*
b. FFY 2021 \$ 2,634 FFY 2022 \$2,634*

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, Page 6, 13.b.
Attachment 3.1-A, #13.b (new)
Attachment 4.19-B, #13.b (new)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*)

Attachment 3.1-A, Page 6, 13.b.

10. SUBJECT OF AMENDMENT

Effective January 1, 2021, maternal depression screening will be added to the Kansas Medicaid State Plan.

11. GOVERNOR'S REVIEW (*Check One*)

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
Sarah Fertig is the
Governor's Designee

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME

Sarah Fertig

14. TITLE

State Medicaid Director

15. DATE SUBMITTED

November 17, 2020

16. RETURN TO

Sarah Fertig, State Medicaid Director
KDHE, Division of Health Care Finance
Landon State Office Building
900 SW Jackson, Room 900-N
Topeka, KS 66612-1220

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

November 17, 2020

18. DATE APPROVED

January 8, 2021

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

James G. Scott

22. TITLE

Digitally signed by James G. Scott -S
Date: 2021.01.11 10:43:40 -06'00'
in Operations

23. REMARKS

* pen and ink change made to FFYs and totals per state request dated 01/06/2021

KANSAS MEDICAID STATE PLAN

Attachment 3.1-A

Page 6

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Screening Services

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

c. Preventive Services

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

d. Rehabilitative services

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not Provided.

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not Provided.

b. Skilled nursing facility services

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not Provided.

c. Intermediate care facility services

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not Provided.

*Description provided on attachment.

KANSAS MEDICAID STATE PLAN

Attachment 3.1-A

#13.b.

Page 1

SCREENING SERVICES

Maternal Depression Screening Services 42 CFR 440.130(b)

Maternal Depression Screening Under the Mother's Medicaid Identification Number: The administration of a patient-focused, health risk assessment of the mother under her Medicaid ID number, using a validated screening tool, that includes scoring and documentation. The following providers can provide Maternal Depression Screening Under the Mother's Medicaid Identification Number: Advance Practice Registered Nurses (APRNs), Certified Nurse Midwives (CNWs), Physician Assistants (PAs), Psychologists, Certified Clinical Social Workers, Master's Level Social Workers, Certified Social Workers, and Physicians.

Maternal Depression Screening Under the Child's Medicaid Identification Number: The administration of a caregiver-focused, health risk assessment of the mother, under the child's Medicaid ID number, for the benefit of the child, using a validated screening tool, that includes scoring and documentation. The following providers can provide Maternal Depression Screening Under the Child's Medicaid Identification Number: Advance Practice Registered Nurses (APRNs), Certified Nurse Midwives (CNWs), Physician Assistants (PAs), Psychologists, Certified Clinical Social Workers, Master's Level Social Workers, Certified Social Workers, and Physicians.

Provider Qualifications: A non-licensed professional can administer a maternal depression screening using a validated screening tool; however, a licensed professional must interpret the results to ensure appropriate follow-up.

Qualified Providers:

- a. **Advance Practice Registered Nurses (APRNs) and Certified Nurse Midwives (CNWs):** Advanced practice nurses must complete formal post-basic programs that include required coursework. Except for nurse midwives, all prospective advanced practice nurses must complete nursing degree programs at the master's level or higher. All prospective APRNs must have, as part of their program, a three credit-hour course in advanced pharmacology. Clinical nurse specialists and nurse practitioners are to have a three credit-hour course in advanced physiology and a three credit-hour course in advanced health assessment.

KANSAS MEDICAID STATE PLAN

Attachment 4.19-B
#13.b.

SCREENING SERVICES

Maternal Depression Screening Services

Effective January 1, 2021, Maternal Depression Screening services are added to the state plan.

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

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

To access a fee schedule:

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