

## **Table of Contents**

**State/Territory Name: Kansas**

**State Plan Amendment (SPA) #: 21-0020**

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

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January 28, 2022

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

Re: Kansas State Plan Amendment (SPA) 21-0020

Dear Ms. Fertig:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0020. This amendment proposes revisions to bring Kansas' State plan into compliance with recent guidance requiring states to assure necessary transportation for beneficiaries to and from covered services per 42 CFR § 431.53. It also removes language from the state plan regarding a transportation broker program that is no longer operating.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 431.53 and 42 CFR § 440.170(a). This letter is to inform you that Kansas' Medicaid SPA 21-0020 was approved on January 27, 2022, with an effective date of October 1, 2021.

If you have any questions, please contact Michala Walker at 816-426-6503 or via email at [Michala.Walker@cms.hhs.gov](mailto:Michala.Walker@cms.hhs.gov).

Sincerely,

A black rectangular redaction box covers the signature area of the letter.

Digitally signed by James  
G. Scott -5  
Date: 2022.01.28 12:10:17  
-06'00'

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Bobbie Graff-Hendrixson  
William Stelzner

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

1. TRANSMITTAL NUMBER:  
KS 21-0020

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  
October 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 §440.170(a)

7. FEDERAL BUDGET IMPACT  
a. FFY ~~2020~~ \$ 0 **2022\***  
b. FFY ~~2021~~ \$ 0 **2023**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Attachment 3.1-A, #24.a. Page 1, Page 2 (New)  
Attachment 3.1-B, Page 8  
Attachment 3.1-D  
Attachment 4.19-B, #24.a, Page 1, Page 2 (New)  
**\*\* Attachment 3.1-A page 9**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*)  
Attachment 3.1-A, #8, Pages 1 – 6 (removal)      **\*\* Attachment 3.1-A page 9**  
Attachment 3.1-A, #24      **Attachment 3.1-A #24f (removal)**  
Attachment 3.1-B, Page 8  
Attachment 3.1-B, Pages 8a – 8g (removal)  
Attachment 3.1-D  
Attachment 4.19-B, #24.a.

10. SUBJECT OF AMENDMENT

The SPA removes the NEMT broker language from the Fee-For-Service NEMT service. The SPA also includes the revision of Att. 3.1-D as outlined in the guidance from the CMCS Informational Bulletin, dated July 12, 2021, regarding Assurance of Transportation.

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

[Redacted Signature]

13. TYPED NAME  
Sarah Fertig

14. TITLE  
State Medicaid Director

15. DATE SUBMITTED  
November 3, 2021

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 3, 2021

18. DATE APPROVED  
January 27, 2022

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL  
October 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME  
James G. Scott

22. TITLE [Redacted] Digitally signed by James G. Scott -S  
Date: 2022.01.28 12:11:53 -06'00'  
Director, Division of Program Operations

23. REMARKS

**\*per state request in 11/29 email from William Stelzner**  
**\*\*per state request in 1/24/22 email from William Stelzner**

# KANSAS MEDICAID STATE PLAN

Attachment 3.1-A  
#24.a.  
Page 1

## Transportation Limitations

### Ambulance

1. Medical necessity documentation is required for non-emergency ambulance transportation.
2. Non-emergency ambulance transportation is limited to trips to the nearest appropriate facility from the consumer's place of residence and trips from institution to institution.
3. Wheelchair transportation is not covered as ambulance transportation.

KS 21-0020

Approval Date 1/27/2022

Effective Date 10/1/2021

Supersedes TN #09-01

**KANSAS MEDICAID STATE PLAN**

Attachment 3.1-A  
#24.a.  
Page 2

Transportation Limitations

Non-Emergency Medical Transportation (NEMT)

1. Prior authorization is required for all “non-commercial,” non-emergency medical transportation. Prior authorization is required for “commercial,” non-emergency medical transportation that is reimbursed at a “level two” rate, for beneficiaries who are non-ambulatory or have specialized medical equipment which cannot be removed during transit, or are receiving specialized medical treatment resulting in a disabling physical condition.
2. Limitations do not apply to emergency transportation (trips for medical services which cannot be delayed for prior authorization).
3. Non-emergency medical transportation is limited to Medicaid beneficiaries, receiving Medicaid covered services, for medical purposes, and when no other less expensive mode of transportation is available.
4. Payment for waiting time is not allowed.
5. Subsistence (food and lodging) is normally limited to the beneficiary. An attendant, parent or guardian, who accompanies a child beneficiary or an adult beneficiary with restrictive disabilities, shall also receive subsistence.

KS 21-0020  
Supersedes NEW

Approval Date 1/27/2022 Effective Date 10/1/2021

**KANSAS MEDICAID STATE PLAN**

**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED**

**MEDICALLY NEEDY GROUP(S):** All medically needy groups

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).  
 Provided:                       No limitations                       With limitations\*  
 Not provided.

23. Pediatric or family nurse practitioner's services as defined in Section 1905(a)(21) of the Act (added by Section 6405 of OBRA '89):  
 Provided:                       No limitations                       With limitations\*

24. Any other medical care and any other type of remedial care recognized under state law and specified by the Secretary.

a. Transportation  
 Provided                       No limitations                       With limitations\*

b. Services of Christian Science nurses.  
 Provided:                       No limitations                       With limitations\*  
 Not provided.

c. Care and services provided in Christian Science sanatoria.  
 Provided:                       No limitations                       With limitations\*  
 Not provided.

d. Skilled nursing facility services provided for patients under 21 years of age.  
 Provided:                       No limitations                       With limitations\*

e. Emergency hospital services.  
 Provided:                       No limitations                       With limitations\*

\*Description provided on Attachment 3.1-A.

# KANSAS MEDICAID STATE PLAN

Attachment 3.1-D

## Assurance of Transportation

The State assures it has established a Non-Emergency Medical Transportation (NEMT) program for all Medicaid covered services in accordance with 42 CFR §440.170(a) which provides for any other medical care or remedial care recognized under State law and specified by the Secretary.

The single State agency attests that all the minimum requirements outlined in 1902(a)(87) of the Act are met.

KS-21-0020  
Supersedes TN # 09-01

Approval Date 1/27/2022

Effective Date 10/1/2021

# KANSAS MEDICAID STATE PLAN

Attachment 4.19B  
#24.a.  
Page 1

## Methods and Standards for Establishing Payment Rates

### Transportation

#### Ambulance

Ambulance transportation services are paid fee schedule rates.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers for the above services. The agency's fee schedule rate was set as of October 25, 2019 and is effective for services provided on or after that date. The agency's established fee schedule rates are published on the agency's website at

<https://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.



# KANSAS MEDICAID STATE PLAN

Attachment 4.19-B  
#24.a.  
Page 2

## Methods and Standards for Establishing Payment Rates

### Transportation

#### Non-Emergency Medical Transportation (NEMT)

Motor carrier services are paid fee schedule rates.

Subsistence services are paid fee schedule rates.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers for the above services. The agency's fee schedule rate was set as of October 1, 2021 and is effective for services provided on or after that date. The agency's established fee schedule rates are published on the agency's website at <https://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.

**KANSAS MEDICAID STATE PLAN**

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

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

Provided:  No limitations  With limitations\*

Not provided.

b. Services of Christian Science nurses.

Provided:  No limitations  With limitations\*

Not provided.

c. Care and services provided in Christian Science sanatoria.

Provided:  No limitations  With limitations\*

Not provided.

d. Nursing facility services for patients under 21 years of age.

Provided:  No limitations  With limitations\*

Not provided.

e. Emergency hospital services.

Provided:  No limitations  With limitations\*

Not provided.

\*Description provided on attachment.