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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
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.

Sincerely,

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

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

1. TRANSMITTAL NUMBER:
   KS 21-0020

2. STATE
   Kansas

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

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 2024 $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, #24
   Attachment 3.1-B, Page 8
   Attachment 3.1-B, Pages 8a – 8g (removal)
   Attachment 3.1-D

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

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

17. DATE RECEIVED
    November 3, 2021

18. DATE APPROVED
    January 27, 2022

FOR REGIONAL OFFICE USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL
    October 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL
    Digitally signed by James G. Scott -S
    Date: 2022.01.28 12:11:53 -06'00'

21. TYPED NAME
    James G. Scott

22. TITLE
    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

FORM CMS-179 (07/92)
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.
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.
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.

KS 21-0020 Approval Date____1/27/2022____ Effective Date 10/1/2021
Supersedes TN #09-01
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.
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.

KS 21-0020 Approval Date 1/27/2022 Effective Date 10/1/2021
Supersedes KS 19-0020
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](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.
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 sanitoria.
      ☐ 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.

KS 21-0020 Approval Date 1/27/2022 Effective Date 10/1/2021
Supersedes TN# 08-14