

## KANSAS MEDICAID STATE PLAN

Attachment 3.1-A  
#7

### Scope of Home Health Services

1. Covered home health services include:
  - (a) Skilled nursing services provided in accordance with 42 CFR 440.70;
  - (b) Restorative and rehabilitative physical therapy provided in accordance with 42 CFR 440.110;
  - (c) Restorative and rehabilitative occupational therapy provided in accordance with 42 CFR 440.110;
  - (d) Restorative and rehabilitative speech therapy provided in accordance with 42 CFR 440.110;
  - (e) Durable medical equipment and supplies provided in accordance with 42 CFR 440.70;
  - (f) Home health aide services provided in accordance with 42 CFR 440.70;
  - (g) Restorative aide services provided in accordance with 42 CFR 440.70;
  - (h) Immunizations;
  - (i) Kan Be Healthy (EPSDT) medical screening by a certified registered nurse or ARNP within the limitations of Attachment 3.1-A, #4.b.;
  - (j) Home Telehealth services within the limitations of Attachment 3.1-A, #7.a.
  
2. Home Health services provided to home and community based service waiver recipients must be prior authorized.

Revised Submission 5/10/11

**KANSAS MEDICAID STATE PLAN**

Attachment 3.1-A  
#7.b.

Home Health Aide Services  
Provided by a Home Health Agency - Limitations

Home health aide visits are limited to two visits per week in the absence of additional documentation of medical necessity. Providers must submit documentation supporting medical necessity to exceed two home health visits per week to ensure effective and efficient use and accurate reimbursement. This will be considered on a case-by-case basis. Providers may not bill more than one home health aide visit per date of service.

Home health aide services are non-covered on the same date of service as restorative aide services for the same recipient.

TN # MS 11-01 Approval Date NOV 02 2011 Effective Date 03/01/11 Supersedes MS 02-12

State of Kansas  
PACE State Plan Amendment Pre-Print

Amount, Duration and Scope of Medical and Remedial Care Services Provided To the Categorically Needy

28. Program of All-Inclusive Care for the Elderly (PACE) services, as described in Supplement 3 to Attachment 3.1-A.

Election of PACE: By virtue of this submittal, the State elects PACE as an optional State Plan service.

No election of PACE: By virtue of this submittal, the State elects to not add PACE as an optional State Plan service.

**Attachment 3.1A: Freestanding Birth Center Services**

**29. (i) Licensed or Otherwise State-Approved Freestanding Birth Centers**

Provided:     : No limitations      With limitations

Please describe any limitations:

**29. (ii) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center**

Provided:     : No limitations      With limitations (please describe below)

Please describe any limitations:

Please check all that apply:

: (a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).

: (b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife).\*

(c) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.).\*

\*For (b) and (c) above, please list and identify below each type of professional who will be providing birth center services:

Certified professional midwives  
Advanced Registered Nurse Practitioner (ARNPs)

**KANSAS MEDICAID STATE PLAN**

Attachment 3.1-A

#6.d.

Page 1

Other Practitioners' Service Limitations

1. Licensed Mental Health Practitioner:

A licensed mental health practitioner (LMHP) is an individual who is licensed in the State of Kansas to diagnose and treat mental illness or substance abuse acting within the scope of all applicable state laws and their professional license. A LMHP includes individuals licensed to practice independently:

- licensed psychologists,
- licensed clinical marriage and family therapist,
- licensed clinical professional counselor,
- licensed specialist clinical social worker, or
- licensed clinical psychotherapist.

A LMHP also includes individuals licensed to practice under supervision or direction:

- licensed masters marriage and family therapist,
- licensed masters professional counselor,
- licensed masters social worker, or
- licensed masters level psychologist.

Supervision or direction must be provided by a person who is eligible to provide Medicaid services and who is licensed at the clinical level or is a physician.

All services have an initial authorization level of benefit. Services which exceed the limitation of the initial authorization must be approved for re-authorization prior to service delivery. Anyone providing substance abuse treatment services must be licensed under K.S.A. 65-4012, in addition to their scope of practice license.

Inpatient hospital visits are limited to those ordered by the consumer's physician. Visits to nursing facilities are noncovered. Visits to ICFs/MR are limited to testing and evaluation. All services provided while a person is a resident of an IMD are content of the institutional service and not otherwise reimbursable by Medicaid.

A unit of service is defined according to the HCPCS approved code set unless otherwise specified.

2. Advanced Registered Nurse Practitioner:

- Anesthesia services are limited to those provided by certified registered nurse anesthetists.
- Certified Professional Midwives
- Obstetrical services are limited to those provided by nurse midwives.
- An ARNP may be an eligible LMHP and can provide all services available to an LMHP that are within the ARNP's scope of practice according to the limitations specified above.
- Other services are limited to those in Attachment 3.1-A #5, Physician's Services Limitations

### Methods and Standards for Establishing Payment Rates

For services from January 1, 2010 through June 30, 2010, the net Medicaid payment will be reduced by 10%. The payment reduction is not a reduction on the current rates, but is a reduction to the final Medicaid payment amount (net reimbursement amount). Established fee amounts are the same for governmental and private providers. The payment reduction is applied to the net Medicaid paid amount after reductions for Medicare, other insurance, or any other third party liability payment.

#### Specific Services Impacted by this SPA:

Outpatient Hospital Services (Attachment 4.19-B, #1, Replacement Page and Page 1a)  
Professional Fee Reimbursed Claims (Attachment 4.19-B, #5)  
Prescribed Drugs (Pharmacy) (Attachment 4.19-B, #12.a., Pages 1-2)  
Rural Health Clinics-Reduction will not go below the provider's PPS amount.  
(Attachment 4.19-B, #2.b., Pages 1-10)  
Federally Qualified Health Centers-Reduction will not go below the provider's PPS amount.  
(Attachment 4.19-B, #2.c., Pages 1-11)  
Dental, Dental Group Practice (Attachment 4.19-B, #10)  
Freestanding Birth Centers (Attachment 4.19-B, #8)  
CRNA, Nurse Midwife, Nurse Practitioner (Attachment 4.19-B, #17)  
Podiatrist, Podiatry Group Practice (Attachment 4.19-B, #6.d.)  
Optometrist, Optometry Group Practice (Attachment 4.19-B, #6.d.)  
Ocularist (Attachment 4.19-B, Page #12.c.)  
Optician (Attachment 4.19-B, Page #12.d.)  
Physical Therapist (Attachment 4.19-B, Page #11a)  
Home Health Agencies (Attachment 4.19-B, #7)  
Medical Equipment Suppliers, Orthotics, Prosthetics (Attachment 4.19-B, #12.c.)  
Independent Laboratory, Radiology, Nuclear Medicine (Attachment 4.19-B, #3)  
Ambulance Transportation (Attachment 4.19-B, #24.a.)  
Targeted Case Management/PD (Attachment 4.19-B, #6.a.)  
Targeted Case Management/FE (Attachment 4.19-B, #6.a.)  
PACE (Supplement 3 to Attachment 3.1-A, Pages 6-8)

In general, the following should be noted concerning the Kansas Medicaid fee schedules:

**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 established fee schedule rates are published on the agency's website at <https://www.kmap-state-ks.us>."**

The agency adjusted 4,678 fee schedule rates on June 1, 2006 to a level that currently equals approximately 83% of the Medicare rate. On December 18, 2009, the agency adjusted additional codes (not previously adjusted) to 83% of the Medicare rates.

Revised Submission 9.23.11

**KANSAS MEDICAID STATE PLAN**

Attachment 4.19-B  
#8

Freestanding Birth Centers  
Methods and Standards for Establishing Payment Rates

Freestanding Birth Centers (Maternity Centers)

These centers are reimbursed on the basis of the lesser of the Medicaid fee-for-service rate, or customary charges. This reimbursement is for the facility component. Professionals working in the centers may bill for Medicaid professional fee reimbursement.

TN# 11-01 Approval Date **NOV 02 2011** Effective Date 07/01/10 Supersedes TN# New