

## **Table of Contents**

**State/Territory Name: KS**

**State Plan Amendment (SPA) #: 13-12**

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



APR 25 2014

Kari Bruffet, Director  
Division of Health Care Finance  
Kansas Department of Health and Environment  
900 SW Jackson, Room 900N  
Topeka, KS 66612-1220

RE: Kansas State Plan Amendment TN: 13-12

Dear Ms. Bruffet:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 13-12. This amendment updates provisions of the Nursing Facility (NF) and Nursing Facility for Mental Health (NF-MH) Quality Care Assessment Pass-Through. The Pass-Through is being changed from a lump-sum payment to a per diem add-on.

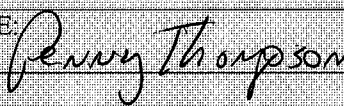
We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. This is to inform you that Medicaid State plan amendment 13-12 is approved effective July 1, 2013. We are enclosing the HCFA-179 and the amended plan pages.

If you have any questions, please call Tim Weidler at (816) 426-6429.

Sincerely,

Cindy Mann  
Director

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: SPA #KS 13-12	2. STATE Kansas
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2013	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION:  42 CFR 447.201, 42 CFR 442.10		7. FEDERAL BUDGET IMPACT: a. FFY 2013                      \$ 0.00 b. FFY 2014                      \$ 0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 4.19D, Part I, Subpart U, Page 1</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  <b>Attachment 4.19D, Part I, Subpart U, Page 1</b>	
10. SUBJECT OF AMENDMENT: Nursing facility provider assessment pass-through payments			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED                      Kari Bruffett is the <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL                      Governor's Designee			
12. SIGNATURE OF STATE AGENCY OFFICIAL:  13. TYPED NAME: for Kari Bruffett 14. TITLE: Director, Division of Health Care Finance 15. DATE SUBMITTED: June 26, 2013		16. RETURN TO: Kari Bruffett KDHE: Division of Health Care Finance Landon State Office Building 900 SW Jackson, Room 900-N Topeka, KS 66612-1220	
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED:  <div style="text-align: right;">APR 25 2014</div>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:  <div style="text-align: center;">JUL 01 2013</div>		20. SIGNATURE OF REGIONAL OFFICIAL:  	
21. TYPED NAME: Penny Thompson		22. TITLE: Deputy Director, Policy & Financial Mgt. CMCS	
23. REMARKS:			

# **KANSAS MEDICAID STATE PLAN**

**Attachment 4.19D**

**Part I**

**Subpart U**

**Page 1**

## **Methods and Standards for Establishing Payment Rates Skilled Nursing and Intermediate Care Facility Rates (NFs and NFs-MH)**

### **Quality Care Assessment Pass-Through**

To compensate providers for increased expenses incurred due to the quality care assessment, a per diem pass-through will be determined and paid to each Medicaid provider. The per diem will be added to the nursing facility Medicaid per diem rate. The quality care assessment pass-through will not be subject to cost center limits or the 85% occupancy rule.

#### **1) Qualifying Providers**

All providers currently enrolled in the Medicaid program that also provided Medicaid nursing facility services during the most recent cost report period will be eligible for the quality care assessment pass-through per diem.

#### **2) Pass-Through Calculation**

The quality care assessment pass-through per diem will be determined by multiplying the quarterly quality care assessment paid by each qualifying provider by four to determine an annualized assessment expense. The annualized assessment expense will be divided by the total resident days from the calendar year cost report preceding the start of the fiscal year. For example, during fiscal year 2014 (July 1, 2013 through June 30, 2014), the resident day total from the calendar year 2012 cost report will be used to determine the per diem pass-through. For providers filing a projected cost report the projected resident day total will be used to initially calculate the pass-through per diem. The per diem pass-through will be adjusted retroactively for an historical cost report covering the projection period.