Table of Contents

State/Territory Name: KS

State Plan Amendment (SPA) #: 13-13

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 7500 Security Boulevard, Mail Stop S2-26-12 Baltimore, Maryland 21244-1850



APR 1 1 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: 13-13

Dear Ms. Bruffet:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 13-13. This amendment updates provisions of the Nursing Facility (NF) and Nursing Facility for Mental Health (NF-MH) Quality and Efficiency Incentive Factor per diem add-on. This amendment updates charts and exhibits within the State plan that demonstrate the revised factors and limits applicable to the new rate period beginning with SFY 2014.

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 13-13 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

HEALTH CARE FINANCING ADMINISTRATION		OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
. STATE PLAN MATERIAL	SPA #KS #13-13	Kansas
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Medicaid	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	July 1, 2013	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	July 1, 2010	
5. TYPE OF PLAN MATERIAL (Check One):	·	A CONTRACT OF THE CONTRACT OF
	CONSIDERED AS NEW PLAN	X AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		h amendment)
6. FEDERAL STATUTE/REGULATION CITATION:		\$0
42 CFR 447.201, 42 CFR 442.10	0.22	80
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPER OR ATTACHMENT (If Applicable)	
Subpart C, Exhibit C-1, pages 14-15	Subpart C, Exhibit C-1, TN-MS-K	
Subpart C, Exhibit C-2, pages 3 and 3a	Subpart C, Exhibit C-2, TN-MS-K	S 12-06, pages 3 and 3a
Subpart C, Exhibit C-3, pages 3 and 3a	Subpart C, Exhibit C-3, TN-MS-K	
Subpart C, Exhibit C-5, pages 2 and 3	Subpart C, Exhibit C-5, TN-MS-K	
1 , , , , , , ,		, 1 0
10. SUBJECT OF AMENDMENT:		
Methods and standards for establishing nursing facility payment ra	tes.	
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	X OTHER, AS SPE Kari Bruffett is the Governor's Desi	ne
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
12. SIGNATORE OF STATE AGENCY OFFICIAL.	Kari Bruffett, Director	
Dua K. Mone	Division of Health Care Finance	
13. TYPED NAME:	Kansas Department of Health and	i Environment
for Kari Bruffett	900 SW Jackson, Room 900N	
14. TITLE:	Topeka, KS 66612-1220	
Director, KDHE; Division of Health Care Finance 15. DATE SUBMITTED:		
September 30, 2013	·	
FOR REGIONAL O		
	BRICE USE UNLY	
17. DATE RECEIVED:	18. DATE APPROVED: APR 112	014
N AN ADDROVED ON	18. DATE APPROVED: APR 117 VE COPY ATTACHED	
	18. DATE APPROVED: APR 112	
N IN INNIVIEW OF	18. DATE APPROVED: APR 117 VE COPY ATTACHED	
PLAN APPROVED - ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: 0 1 2013 21. TYPED NAME:	18. DATE APPROVED: APR 117 VE COPY ATTACHED 20. SIGNATURE OF REGIONAL O	
PLAN APPROVED - ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: 0 1 2013	18. DATE APPROVED: APR 117 VE COPY ATTACHED 20. SIGNATURE OF REGIONAL O	
PLAN APPROVED - ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: 0 1 2013 21. TYPED NAME:	18. DATE APPROVED: APR 117 VE COPY ATTACHED 20. SIGNATURE OF REGIONAL O	
PLAN APPROVED - ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: 0 1 2013 21. TYPED NAME:	18. DATE APPROVED: APR 117 VE COPY ATTACHED 20. SIGNATURE OF REGIONAL O	
PLAN APPROVED - ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: 0 1 2013 21. TYPED NAME:	18. DATE APPROVED: APR 117 VE COPY ATTACHED 20. SIGNATURE OF REGIONAL O	
PLAN APPROVED - ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: 0 1 2013 21. TYPED NAME:	18. DATE APPROVED: APR 117 VE COPY ATTACHED 20. SIGNATURE OF REGIONAL O	

Attachment 4.19D
Part 1
Subpart C
Exhibit C-1
Page 14 of 19

INCENTIVE

Methods and Standards for Establishing Payment Rates Nursing Facilities and Nursing Facilities-Mental Health

Narrative Explanation of Nursing Facility Reimbursement Formula

The table below summarizes the incentive factor outcomes and per diem add-ons:

DICENTAL OFFICON C	DODUTC
INCENTIVE OUTCOME	POINTS
CMI adjusted staffing ratio >= 75th percentile (4.78), or	\$2.25
CMI adjusted staffing < 75th percentile but improved >=	
10%	\$0.20
Staff turnover rate <= 75th percentile, 40.6% or	\$2.25
Staff turnover rate > 75th percentile but reduced >= 10%	\$0.20
Medicaid occupancy >= 60%	\$1.00
ivieuteatu occupancy >= 0076	\$1.00
Total Incentive Points Available	\$5.50

Nursing Facility for Mental Health Quality and Efficiency Incentive Factor:

The Quality and Efficiency Incentive plan for Nursing Facilities for Mental Health (NFMH) will be established separately from NF. NFMH serve people who often do not need the NF level of care on a long term basis. There is a desire to provide incentive for NFMH to work cooperatively and in coordination with Community Mental Health Centers to facilitate the return of persons to the community.

The Quality and Efficiency Incentive Factor is a per diem add-on ranging from zero to three dollars. It is designed to encourage quality care, efficiency and cooperation with discharge planning. The incentive factor is determined by five outcome measures: case-mix adjusted nurse staffing ratio; operating expense, staff turnover rate, staff retention rate; and occupancy rate. Each provider is awarded points based on their outcomes measures and the total points for each provider determine the per diem incentive factor included in the provider's rate calculation.

Providers may earn up to two incentive points for their case mix adjusted nurse staffing ratio. They will receive two points if their case-mix adjusted staffing ratio equals or exceeds 3.66, which is 120% of the statewide NFMH median of 3.05. They will receive one point if the ratio is less than 120% of the NFMH median but greater than or equal to 3.36, which is 110% of the statewide NFMH median. Providers with staffing ratios below 110% of the NFMH median will receive no points for this incentive measure.

Attachment 4.19D
Part 1
Subpart C
Exhibit C-1
Page 15 of 19

Methods and Standards for Establishing Payment Rates Nursing Facilities and Nursing Facilities-Mental Health

Narrative Explanation of Nursing Facility Reimbursement Formula

NFMH providers may earn one point for low occupancy outcomes measures. If they have total occupancy less than 90% they will earn a point.

NFMH providers may earn one point for low operating expense outcomes measures. They will earn a point if their per diem operating expenses are below \$19.49, or 90% of the statewide median of \$21.27.

NFMH providers may earn up to two points for their turnover rate outcome measure. Providers with direct health care staff turnover equal to or below 24%, the 75th percentile statewide, will earn two points as long as contracted labor costs do not exceed 10% of the provider's total direct health care labor costs. Providers with direct health care staff turnover greater than 24% but equal to or below 34%, the 50th percentile statewide, will earn one point as long as contracted labor costs do not exceed 10% of the provider's total direct health care labor costs.

Finally, NFMH providers may earn up to two points for their retention rate outcome measure. Providers with staff retention rates at or above 81%, the 75th percentile statewide will earn two points. Providers with staff retention rates at or above 79%, the 50th percentile statewide will earn one point.

The table below summarizes the incentive factor outcomes and points:

QUALITY/EFFICIENCY

OUTCOME

POINTS

OCICOME	1011110
CMI adjusted staffing ratio >= 120% (3.66) of NF-MH median	
(3.05), or	2, or
CMI adjusted staffing ratio between 110% (3.36) and 120%	1
Total occupancy <= 90%	1
Operating expenses < \$19.49, 90% of NF-MH median, \$21.27	1
Staff turnover rate <= 75th percentile, 24%	2, or
Staff turnover rate <= 50th percentile, 34%	1
Contracted labor < 10% of total direct health care labor costs	·
Staff retention >= 75th percentile, 81%	2, or
Staff retention >= 50th percentile, 79%	1
Total Incentive Points	
Available	8

Attachment 4.19-D

Part I

Subpart C

Exhibit C-2 Page 3

QUALITY AND EFFICIENCY INCENTIVE FACTOR EFFECTIVE 07/01/12

NF ONLY

		INCENTIVE
	INCENTIVE OUTCOME	ADD-ON
1	CMI adjusted staffing ratio >= 75th percentile (4.78), or	\$2.25
	CMI adjusted staffing < 75th percentile but improved >= 10%	\$0.20
2	Staff turnover rate <= 75th percentile, 40.6% or	\$2.25
	Staff turnover rate > 75th percentile but reduced >= 10%	\$0.20
3	Medicaid occupancy >= 60%	\$1.00
	. '	
	Total Incentive Add-on Available	\$5.50

Attachment 4.19-D Part I Subpart C 13 Exhibit C-2 Page 3a

QUALITY AND EFFICIENCY INCENTIVE FACTOR EFFECTIVE 07/01/13

NF-MH ONLY

	QUALITY/EFFICIENCY OUTCOME	INCENTIVE POINTS
1	CMI adjusted staffing ratio >= 120% (3.66) of NF-MH median (3.05), or	2, or
	CMI adjusted staffing ratio between 110% (3.36) and 120%	1
2	Total occupancy <= 90%	1
3	Operating expenses < \$19.49, 90% of NF-MH median, \$21.27	1,
4	Staff turnover rate <= 75th percentile, 24%	2, or
	Staff turnover rate <= 50th percentile, 34%	1 1
	Contracted labor < 10% of total direct health care labor costs	
5	Staff retention >= 75th percentile, 81%	2, or
	Staff retention >= 50th percentile, 79%	1
	Total Incentive Points Available	8

Total Incentive Points:	<u>Incentive Factor Per Diem:</u>
Tier 1: 6-8 points	\$7.50
Tier 2: 5 points	\$5.00
Tier 3: 4 points	\$2.50
Tier 4: 0-3 points	\$0.00

Attachment 4.19-D Part I Subpart C Exhibit C-3 Page 3

COMPILATION OF NF INCENTIVE POINTS AWARDED EFF. 07/01/13

	#	
INCENTIVE	OF	
AWARDED	PROVIDERS	PERCENTAGE
40.00		40.40/
\$0.00	61	19.1%
\$0.20	38	11.9%
\$0.40	7	2.2%
\$1.00	41	12.8%
\$1.20	41	12.8%
\$1.40	7	2.2%
\$2.25	45	14. 1 %
\$2.45	20	6.3%
\$3.25	20	6.3%
\$3.45	10	3.1%
\$4.50	24	7.5%
\$5.50	6	1.9%
TOTALS	320	100%
PEAK	#	
INCENTIVE	OF	
AWARDED	PROVIDERS	PERCENTAGE
\$0.00	154	48.1%
\$0.50	154	48.1%
\$1.00	4	1.3%
\$2.00	0	0.0%
\$3.00	2	0.6%
\$4.00	6	1.9%
TOTALS	320	100.0%

APR 1 1 2014

Attachment 4.19D Part 1 Subpart C Exhibit C-5 Page 2

KANSAS MEDICAID QUALITY AND EFFICIENCY OUTCOMES INCENTIVE FACTOR

Provider Number:

HP Enterprise Services Provider Number:

Facility Name:

Rate Effective Date:

07/01/13

			entive ssible	Facility Stats		entive arded
1.	Case Mix Adjusted Nurse Staff Ratio Tier 1: At or Above the NF 75th Percentile (4.78) Tier 2: Below the NF 75th Percentile but Improved At	\$	2.25		\$	0.00
	or Above 10%	\$	0.20	3.38	\$	0.00
	Cost Report Year Data:			12/31/2012		
2.	Staff Turnover					
	Tier 1: At or Below the NF 75th Percentile (40.6%)	\$	2.25		\$	2.25
	Tier 2: Above the NF 75th Percentile but Reduced At or Above 10%	\$	0.20		\$	0.00
	And Contract Nursing Labor Less than 10% of total DHC Labor Costs	Φ	0.20		Ф	0.00
	of total billo Eusof Costo			38.4%		
	Cost Report Year Data:			12/31/2012		
3.	Occupancy Rate					
	Medicaid Occupancy At or Above 60%	\$	1.00		\$	1.00
	Cost Report Year Data:			62% 12/31/2012		
Tot	al Incentive before Survey Adjustment				\$	3.25
Sur	vey Adjustment and Reduction 0%				\$	0.00
Fin	al Incentive Awarded				\$	3.25

Attachment 4.19D Part 1 Subpart C Exhibit C-5 Page 3

KANSAS MEDICAID QUALITY AND EFFICIENCY OUTCOMES INCENTIVE FACTOR

Provider Number:

HP Enterprise Services Provider Number:

Facility Name:

Rate Effective Date:

07/01/13

		Incentive Possible	Facility Stats	Incentive Awarded
1.	Case Mix Adjusted Nurse Staff Ratio Tier 1: At or Above 120% of NF-MH Median (3.66) Tier 2: At or Above 110% of NF-MH Median of (3.36) (NF-MH Median is 3.05 for an Average Statewide CMI of 1.0124)	2		0 0
	Cost Report Year Data:		2.19 12/31/2012	
2.	Operating Expense At or below \$19.49, 90% of NF-MH Median (\$21.27)	1	\$19.94	0
	Cost Report Year Data:		12/31/2012	
3 .	Staff Turnover Tier 1: At or Below the NF-MH 75th Percentile (24%) Tier 2: At or Below the NF-MH 50th Percentile (34%) And Contract Nursing Labor Less than 10% of total DHC Labor Costs	2		0 1
	Cost Report Year Data:		26% 12/31/2012	
4.	Staff Retention Tier 1: At or Above the NF-MH 75th Percentile (81%) Tier 2: At or Above the NF-MH 50th Percentile (79%) Cost Report Year Data:	2 1	79% 12/31/2012	0
5.	Occupancy Rate Total Occupancy At or Below 90% Cost Report Year Data:	1	99% 12/31/2012	0
To	tal Points Awarded			2
Su	entive Before Survey Adjustment rvey Adjustment and Reduction 0% al Incentive			\$0 \$0 \$0
	\$5.00 \$2.50			