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State/Territory Name: KS

State Plan Amendment (SPA) #: 14-0017

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
601 East 12th Street, Suite 355
Kansas City, Missouri 64106



Division of Medicaid and Children's Health Operations

February 9, 2015

Mike Randol, Director
Kansas Department of Health and Environment
Division of Health Care Finance
Landon State Office Building
900 SW Jackson, Room 900N
Topeka, Kansas 66612

Dear Mr. Randol:

On March 3, 2014, the Centers for Medicare & Medicaid Services (CMS) received Kansas' State Plan Amendment (SPA) transmittal #14-0017. The purpose of this SPA was to increase the hours of Positive Behavior Support a Medicaid beneficiary may receive.

SPA #14-0017 was approved with an effective date of January 1, 2014, as requested by the state. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Kansas State Plan.

If you have any questions regarding this amendment, please contact Megan Buck or Karen Hatcher at (816) 426-5925.

Sincerely,

//s//

James G. Scott
Associate Regional Administrator
for Medicaid and Children's Health Operations

Enclosure

cc: Susan Mosier, M.D.
Bobbie Graff-Hendrixson
Fran Seymour-Hunter

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: SPA #KS 14-17	2. STATE Kansas
		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 January 1, 2014	
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: 1905(a) (13) (C)		7. FEDERAL BUDGET IMPACT:	
		a. FFY 2014 \$0	
		b. FFY 2015 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, #4.b, Page 3 Attachment 3.1-A, #4b, Page 3a and 3b (new pages) *		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-A, #4.b, Page 3	
10. SUBJECT OF AMENDMENT: Positive Behavioral Support Services			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Kari Bruffett is the Governor's Designee	
12. SIGNATURE OF STATE AGENCY OFFICIAL: —		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	
13. TYPED NAME: for Kari Bruffett			
14. TITLE: Director, Division of Health Care Finance			
15. DATE SUBMITTED: March 24, 2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: March 24, 2014		18. DATE APPROVED: February 9, 2015	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2014		20. SIGNATURE OF REGIONAL OFFICIAL: //s//	
21. TYPED NAME: James G. Scott		22. TITLE: Associate Regional Administrator for Medicaid and Children's Health Operations	
23. REMARKS: * Pen and Ink change per RAI response dated 2.3.15.			

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Attachment 3.1-A
#4.b
Page 3

Prescribed Drugs: Antihistamines, cold and cough medicines and vitamins are covered.

Positive Behavior Support (PBS) Services* Regulatory Citation: 42 CFR §440.130(c)

The Positive Behavioral Support Services are available to any individual under the age of 21 based on a determination of medical necessity. PBS services are recommended by a physician or other licensed practitioner (e.g., licensed clinical social worker or psychologist). Under EPSDT these services require prior authorization. The Managed Care Organization prior authorization process is not unduly burdensome and the MCO must provide notification of approved services within a reasonable timeframe.

PBS Assessment: This functional behavior assessment is conducted by a certified PBS Facilitator. This assessment is critical to the completion of the PBS intervention plan as it determines the function of challenging behaviors. With the child present, the provider conducts interviews, observations, and utilizes specialized PBS tools to gather information necessary to conduct an accurate PBS assessment based on National standards. This assessment is an ongoing process across service provision. This assessment occurs in multiple settings (such as home, community, and provider office).

A global risk assessment tool is used to verify medical necessity. The tool is completed by a trained PBS Facilitator and then is reviewed by a physician with the appropriate managed care organization. The global risk assessment tool includes a description of each challenging behavior and the risk that behavior poses to the child and his/her support system.

Limitations: Initially up to 30 hours are covered annually. Additional hours will be authorized when demonstrated by medical necessity criteria being met.

Provider qualifications: BA/BS degree in a human services related field (e.g. social work) along with three years of experience working in human services (e.g. Community Mental Health Center, or a Community Developmental Disability Organization), and completion of a state approved training program. This intensive training is equivalent to a graduate level course. The training involves didactic, case study, testing and passable scores to obtain certification as a Positive Behavior Support Facilitator.

*Requires prior authorization through the Managed Care Organization(s) review of medical necessity documentation.

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Attachment 3.1-A

#4.b

Page 3a

Person-Centered Planning: This planning process is a critical component of PBS services as it prevents and decreases the likelihood of more significant challenging behaviors. This service is provided by a certified PBS facilitator but is driven by the consumer and their family. Other natural support (such as neighbors, extended family, and faith based leaders) and professional supports are included in this planning process. The person centered planning results in the development of a behavior plan. The person-centered plan includes goals and objectives based on the input from the consumer, family, and PBS facilitator during the planning process consistent with the philosophy of PBS and person-centered treatment description.

Action steps:

1. Incorporating the health and medical/biophysical needs of the individual;
2. Outlining quality of life indicators comparable to same age individuals without disabilities (such as self-determination, inclusion, friends, fun, variety, access to belongings);
3. Highlighting the strengths and gifts of the individual;
4. Delineate the variety and roles of persons with whom they interact (such as family, friends, neighbors, support providers) and the nature, frequency and duration of such interactions;
5. Documenting the environments and activities in which they spend time including the level of acceptance and meaningful participation, problematic and successful routines, preferred settings/activities, the rate of reinforcement and/or corrective feedback, and the age appropriateness of settings, activities and materials.

Limitations: Initially up to 40 hours are covered annually. Additional hours will be authorized when demonstrated by medical necessity criteria being met.

Provider Qualifications: BA/BS degree in a human services related field (e.g. social work) along with three years of experience working in human services (e.g. Community Mental Health Center, or a Community Developmental Disability Organization), and completion of a state approved training program. This intensive training is equivalent to a graduate level course.

The training involves didactic, case study, testing and passable scores to obtain certification as a Positive Behavior Support Facilitator.

*Requires prior authorization through the Managed Care Organization(s) review of medical necessity documentation.

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Attachment 3.1-A

#4.b

Page 3b

PBS Treatment: PBS Treatment is a preventive service which provides goal directed supports and solution-focused interventions intended to achieve identified goals of the objectives as set forth in the consumer's PBS Person Centered Plan. PBS Treatment is a face-to-face intervention with the consumer present; however family or natural supports may also be involved. The majority of PBS Treatment contacts must occur in community locations where the consumer lives, works, and /or socializes. PBS interventions are prevention based strategies which include but are not limited to the following:

1. Establishing antecedent interventions;
2. Providing an ongoing assessment of treatment;
3. Cueing and modeling potential behavior alternatives.

Limitations: Initially up to 60 hours are covered per year. Additional hours will be authorized when demonstrated by medical necessity criteria being met.

Provider qualifications: BA/BS degree in a human services related field (e.g. social work) along with three years of experience working in human services (e.g. Community Mental Health Center, or a Community Developmental Disability Organization), and completion of a state approved training program. This intensive training is equivalent to a graduate level course. The training involves didactic, case study, testing and passable scores to obtain certification as a Positive Behavior Support Facilitator.

*Requires prior authorization through the Managed Care Organization(s) review of medical necessity documentation.