

## **Table of Contents**

**State/Territory Name: KS**

**State Plan Amendment (SPA) #: 16-0015**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 East 12<sup>th</sup> Street, Suite 355  
Kansas City, Missouri 64106



**Division of Medicaid and Children's Health Operations**

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January 19, 2017

Mike Randol  
Division Director and Medicaid Director  
Kansas Department of Health and Environment  
Division of Health Care Finance  
900 SW Jackson Street, Room 900N  
Topeka, KS 66612

Dear Mr. Randol:

On October 31, 2016, the Centers for Medicare & Medicaid Services (CMS) received Kansas' State Plan Amendment (SPA) transmittal #16-015. This SPA added two new services under the Early and Periodic Screening Diagnosis and Treatment (EPSDT) section of the state plan. The new services are Consultative Clinical and Therapeutic Services and Intensive Individual Supports. These services were previously provided under the Autism 1915(c) waiver.

SPA #16-015 was approved January 18, 2017, with an effective date of January 1, 2017, 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 Kevin Slaven or Karen Hatcher at (816) 426-5925.

Sincerely,

1/19/2017

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

Sign

Enclosures

cc:  
Kim Tjelmeland  
Bobbie Graff – Hendrixson  
Fran Seymour-Hunter

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER: <u>KS 16-015</u>	2. STATE Kansas
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2017
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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 440-345	7. FEDERAL BUDGET IMPACT a. FFY 2017                      \$2,120,978    ** \$894,152 b. FFY 2018 <del>-\$2,174,003</del> **\$1,190,049
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Attachment 3.1-A, #4b, Pages 3c,3d,3e,3f (new) Attachment 4.10-B, #4b- Attachment 4.19-B, #4b *	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> )  Attachment 4.10-B, #4b- Attachment 4.19-B, #4b *
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10. SUBJECT OF AMENDMENT

This State Plan will be implementing two new services under the Early and Periodic Screening Diagnosis and Treatment (EPSDT) Section. The Services are Consultative Clinical and Therapeutic Services and Intensive Individual Supports. These services were previously provided under the Autism 1915(c) waiver.

11. GOVERNOR'S REVIEW (*Check One*)


GOVERNOR'S OFFICE REPORTED NO COMMENT                       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED                      Michal Randol is the  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL                      Governor's Designee

12. SIGNATURE OF STATE AGENCY OFFICIAL  	16. RETURN TO Michael Randol, Director KDHE, Division of Health Care Finance Landon State Office Building 900 SW Jackson, Room 900-N Topeka, KS 66612-1220
13. TYPED NAME for Michael Randol	
14. TITLE Director, Division of Health Care Finance	
15. DATE SUBMITTED October 31, 2016	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED October 31, 2016	18. DATE APPROVED January 18, 2017
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**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2017	20. SIGNATURE OF REGIONAL OFFICIAL  
21. TYPED NAME  James G. Scott	22. TITLE Associate Regional Administrator for Medicaid and Children's Health Operations

23. REMARKS

\* Pen and Ink changes made per email dated 1.10.17.  
\*\* Pen and Ink changes made per email dated 1.12.17

## KANSAS MEDICAID STATE PLAN

Attachment 3.1-A

#4.b

Page 3c

### 42CFR 440.130(c)

#### Consultative Clinical and Therapeutic Services (CCTS)\*

The Consultative Clinical and Therapeutic Services (CCTS) are available to any individual under the age of 21 based on a determination of medical necessity. CCTS 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 (MCO) prior authorization process is not unduly burdensome and the MCO must provide notification of approved services within a reasonable timeframe. This CCTS service is furnished by a Board Certified Behavior Analyst (BCBA) or a qualified provider as defined in the provider qualifications (CCTS).

- **Criterion Reference Skill Based Assessment (CRSBA):** This criterion reference skill based assessment is conducted by a BCBA or a qualified provider as defined in the provider qualifications (CCTS). The assessment is critical to the completion of the individualized behavior plan as it determines the child's competency in specific skills. With the child present, the provider conducts interviews, observations, and utilizes specialized CRSBA tools to gather information necessary to conduct an accurate CRSBA assessment based on national standards. These assessments consider the child's developmental milestones in comparison to data from typically developing children, children with autism, and children with other developmental disabilities. Examples of behavioral outcome tools include, but are not limited to: Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP), Assessment of Basic Language and Learning Skills-Revised (ABLSS-R). As advances in the field continue, other emerging behavioral outcome tools may be determined to be more effective and Kansas will utilize the most effective tool available at the time for assessments.

**Service Definition:** Consultative Clinical and Therapeutic Services are Autism Spectrum Disorder (ASD) treatment services that involve working towards the remediation of maladaptive behavioral symptoms by teaching children more adaptive skills. These services are intended to assist the family and direct the Intensive Individual Support (IIS) staff or other professionals with carrying out the individual behavioral program that supports the child's functional development and inclusion in the community. ASD treatment services include a variety of behavioral interventions which have been identified as evidence-based by nationally recognized research reviews and/or other nationally recognized substantial scientific and clinical evidence. These services are designed to be delivered primarily in the home and in other community settings. These services include, but are not limited to, the following categories of evidence-based interventions:

- Collecting information systematically regarding behaviors, environments, and task demands (e.g. shaping, demand fading, task analysis);

## KANSAS MEDICAID STATE PLAN

Attachment 3.1-A

#4.b

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- Adapting environments to promote positive behaviors and learning while reducing negative behaviors (e.g. naturalistic intervention, antecedent based intervention, visual supports);
  - Applying reinforcement to change behaviors and promote learning (e.g. reinforcement, differential reinforcement of alternative behaviors, extinction);
  - Teaching techniques to increase positive behaviors, build motivation, and develop social, communication, and adaptive skills (e.g. discrete trial teaching, modeling, social skills instruction, picture exchange communication systems, pivotal response training, social narratives, self-management, prompting);
  - Teaching parents to provide individualized interventions for their child, for the benefit of the child (e.g. parent implemented intervention);
  - Using typically developing peers (e.g., individuals who do not have ASD) to teach and interact with children with ASD (e.g. peer mediated instruction, structured play groups); and
  - Applying technological tools to change behaviors and teach skills (e.g. video modeling, tablet-based learning software).
- *Note: The examples listed above are intended to illustrate services that may be provided under each Medicaid state plan subcomponent service, and are not intended to be prescriptive or limit the services children receive. Additional services beyond those provided as examples above are available to children through the Medicaid state plan, and children under 21 years will receive all medically necessary services.*

The plan of care is a required component for each child. These services may be provided in all customary and usual community locations.

**Soft Limits:** Initially up to 50 hours are covered annually. Additional hours will be authorized based on a demonstration of medical necessity criteria being met.

**Provider Qualifications (CCTS):** The CCTS provider will be 1) Board Certified Behavior Analyst (BCBA) licensed through the Kansas Behavioral Sciences Regulatory Board (KSBSRB) or 2) an individual with a Master's degree, preference in Human Services or Education with 2000 hours of supervised experience working with a child with an Autism Spectrum Disorder and completion of state approved training curriculum. Additionally, the individual must have a clean background as evidenced through background checks of records maintained by the Kansas Bureau of Investigation (KBI), Adult Protective Services (APS), Child Protective Services (CPS), Nurse Aide Registry, and Motor Vehicle screen.

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

**Intensive Individual Supports (IIS)\***

Intensive Individual Supports services are available to any individual under the age of 21 based on a determination of medical necessity. IIS 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 (MCO) prior authorization process is not unduly burdensome and the MCO must provide notification of approved services within a reasonable timeframe.

**Service Definition:** Services provided to a beneficiary are designed to assist in acquiring, retaining, improving a generalization of the self-help, socialization, and adaptive skills necessary to reside and function successfully in home and community settings. IIS include the development of skills such as:

- a. Social skills to enhance participation in family, school, and community activities (e.g. imitation, social initiations and response to adults and peers, parallel and interactive play with peers and siblings);
- b. Expressive verbal language, receptive language, and nonverbal communication skills (e.g. prompting and teaching within the task, following visual schedules, social stories);
- c. A functional symbolic communication system (e.g. working with the child's current level, as identified by the autism specialist during the criterion referenced skill based assessment, the IIS will incorporate the child's communication system into everyday activities, this might be sounds, gestures, pictures, words);
- d. Increased engagement and flexibility in developmentally appropriate tasks and play, including the ability to attend to the environment and respond to an appropriate motivational system (e.g. imitation, parallel and interactive play with peers and siblings);
- e. Fine and gross motor skills used for age appropriate functional activities, as needed (e.g. cutting, drawing, dressing, jumping, shoe tying);
- f. Cognitive skills, including symbolic play and basic concepts, as well as academic skills; Using structured teaching, the IIS will present activities one on one and in community settings for the child to gain and implement identification of pre-academic skills (e.g. shape, letter, sounds, pretend play);
- g. Replacement of problem behaviors with more conventional and appropriate behaviors (e.g. utilizing the results of the functional assessment completed by the Autism Specialist, the IIS will prompt appropriate replacement behaviors and pre-teach calming and coping strategies); and
- h. Independent organizational skills and other socially appropriate behaviors that facilitate successful community integration (e.g. completing a task independently, following instructions in a group, asking for help).

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Attachment 3.1-A

#4.b

Page 3f

*Note: The examples listed above are intended to illustrate services that may be provided under each Medicaid state plan subcomponent service, and are not intended to be prescriptive or limit the services children receive. Additional services beyond those provided as examples above are available to children through the Medicaid state plan, and children under 21 years will receive all medically necessary services.*

The majority of these contacts must occur in customary and usual community locations. Services furnished to an individual who is an inpatient or resident of a hospital, nursing facility, Intellectual/Developmental Disabilities intermediate care facility, or an institution for mental disease are non-covered.

**Soft Limits:** Initially up to 25 hours are authorized per week. Additional hours will be authorized based on a demonstration of medical necessity criteria being met. Services must be recommended by a BCBA or other qualified CCTS practitioner, are subject to prior approval, and must be intended to achieve the goals or objectives identified in the child's plan of care.

**Provider Qualifications (IIS):** The IIS provider will be eighteen years of age or older with a high school diploma or equivalent; documentation of 1,000 hours experience working with a child with an Autism Spectrum Disorder; and the completion of the state approved training curriculum. This provider works under the direction of the BCBA or other qualified CCTS practitioner. The IIS worker will adhere to all state approved standards, training, and ongoing requirements. Additionally, the individual must have a clean background as evidenced through background checks of records maintained by the Kansas Bureau of Investigation (KBI), Adult Protective Services (APS), Child Protective Services (CPS), Nurse Aide Registry, and Motor Vehicle screen.

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

## KANSAS MEDICAID STATE PLAN

Attachment 4.19-B  
#4.b.

### **Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Methods and Standards for Establishing Payment Rates**

EPSDT screens are reimbursed on the basis of reasonable fees as related to Medicaid customary charges except no fee is reimbursed in excess of a Statewide maximum.

Agency staff will individually review claims for medically necessary services not normally covered under the plan when these services are provided to an EPSDT participant. Staff will consult with agency medical experts and compare the service to comparable services and determine a price based on expert advice and rates for similar services.

Reimbursement for positive behavior support services, Consultative Clinical and Therapeutic Services, and Intensive Individual Supports are based upon a Medicaid fee schedule established by the State of Kansas. Commercial third party payers and market rates will be considered when establishing the fee schedules. These reimbursement methodologies will produce rates sufficient to enlist enough providers so that services under the plan are available to recipients at least to the extent that these services are available to the general population, as required by 42 CFR 447.204. These rates comply with the requirements of Section 1902(a)(3) of the Social Security Act 42 CFR 447.200, regarding payments and consistent with economy, efficiency and quality of care. Provider enrollment and retention will be reviewed periodically to ensure that access to care and adequacy of payments are maintained. The Medicaid fee schedule will be equal to or less than the maximum allowable under the same Medicare rate, if applicable. If a service has no Kansas specific Medicare rate, Kansas will establish pricing based on similar services. Room and board costs are not included in the Medicaid fee schedule.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of EPSDT. The agency's fee schedule rate was set as of January 1, 2017 and is effective for services provided on or after that date. All rates are published on the Kansas Medical Assistance Program website. <https://kmap-state-ks.us/>.