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State/Territory Name: KS

State Plan Amendment (SPA) #: 18-0011

This file contains the following documents in the order listed:

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

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

November 23, 2018

Jonathan J. Hamdorf, Division Director, and State Medicaid Director
Kansas Department of Health and Environment
Division of Health Care Finance
Landon State Office Building
900 SW Jackson, Suite 900N
Topeka, KS 66612-1220

Dear Mr. Hamdorf:

On September 25, 2018, the Centers for Medicare & Medicaid Services (CMS) received Kansas' State Plan Amendment (SPA) transmittal #18-0011, which documents the payment methodology for Reserve Days at Psychiatric Residential Treatment Facilities (PRTFs).

SPA #18-0011 was approved on November 23, 2018, with an effective date of July 1, 2018, as requested by the state. Enclosed is a copy of the CMS-179 form, as well as the approved page for incorporation into the Kansas State Plan.

If you have any questions regarding this amendment, please contact Michala Walker at (816) 426-5925.

Sincerely,

11/23/2018

Megan K. Buck
Acting Associate Regional Administrator
for Medicaid and Children's Health Operations

Signed by: PIV

Enclosure

cc: Jon Hamdorf
Kim Tjelmeland
Chris Swartz
Bobbie Graff-Hendrixson
Bill Stelzner

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER:
KS 18-0011

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
July 1, 2018

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 C.F.R. 441 Subpart D;
42 C.F.R. 447.40 Payments for Reserving Beds in Institutions

7. FEDERAL BUDGET IMPACT
a. FFY 2018 \$0.00
b. FFY 2019 \$0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-C, Part III, Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*)

NEW

10. SUBJECT OF AMENDMENT

Psychiatric Residential Treatment Facility, PRTF, Reserve Day Payment Policy and Reimbursements. This SPA documents the current and historical payment methodology for Reserve Days at PRTFs.

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

☒ OTHER, AS SPECIFIED:
Jonathan J. Hamdorf is the
Governor's Designee

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME
Jonathan J. Hamdorf

14. TITLE
Director, Division of Health Care Finance

15. DATE SUBMITTED
September 25, 2018

16. RETURN TO

Jonathan J. Hamdorf, Director
KDHE, Division of Health Care Finance
Landon State Office Building
900 SW Jackson, Room 900-N
Topeka, KS 66612-1220

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
September 25, 2018

18. DATE APPROVED
November 23, 2018

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2018

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME
Megan K. Buck

22. TITLE
Acting Associate Regional Administrator
for Medicaid and Children's Health Operations

23. REMARKS

KANSAS MEDICAID STATE PLAN

Attachment 4.19-C
Part III
Page I

PRTF RESERVE DAYS PAYMENT POLICY

Reserve days shall be defined as when a beneficiary is absent from a Psychiatric Residential Treatment Facility (PRTF) for more than 24 hours. A beneficiary is considered present at the facility for an entire day if the beneficiary is at the facility at 11:59 p.m. PRTFs will be reimbursed for reserve days at the facility's full per diem rate. Providers must obtain prior approval.

Payment for reserve days shall be approved for days in which it is necessary to reserve a bed in a PRTF when the beneficiary is absent for any of the following reasons:

- Medical appointment
- Hospital admission for a medical condition
- Home visit
- Court appointment
- Supervised visitation
- Other approved visitations indicated in the beneficiary's plan of care (such as a funeral, wedding, or graduation)

Plan of care changes will occur as often as needed for the benefit of the beneficiary.

The beneficiary's plan of care shall provide supporting documentation indicating frequency, duration, and location of each reserve day along with specific documentation of PRTF administrative activities during the reserve day period. Planned leaves of absence must be reflected in the individual's plan of care. Leaves due to unplanned hospitalizations must be appropriately documented upon conclusion.

Except as otherwise noted in the plan, the state-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate was set as of 07/01/2018 and is effective for services provided on or after that date. The agency's established fee schedule rates are published on the agency's website at <https://www.kmap-state-ks.us>