

## **Table of Contents**

**State/Territory Name: Kansas**

**State Plan Amendment (SPA) #: 20-0015**

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 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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October 20, 2020

Sarah Fertig, 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 Ms. Fertig:

On June 29, 2020, the Centers for Medicare & Medicaid Services (CMS) received Kansas' State Plan Amendment (SPA) transmittal #20-0015, which establishes the reimbursement rate for wheelchair seating assessments and caps those assessments at \$500 per year per beneficiary.

Based upon the information received, we are now ready to approve SPA #20-0015 as of October 14, 2020, with an effective date of July 1, 2020, as requested by the State.

Enclosed is a copy of the CMS-179 form, as well as the approved pages for incorporation into the Kansas State Plan.

If you have any questions regarding this amendment, please contact Michala Walker at (816) 426-5925. We hope this information is helpful. If you have further questions regarding this response, please direct them to Michala Walker of my staff, at [Michala.walker@cms.hhs.gov](mailto:Michala.walker@cms.hhs.gov) or 816-426-5925.

Sincerely,

 d by James G.  
20 18:07:53

James G. Scott, Director  
Division of Program Operations

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

1. TRANSMITTAL NUMBER:  
KS 20-0015

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, 2020

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 447 Subpart F

7. FEDERAL BUDGET IMPACT  
a. FFY 2020 \$10,595  
b. FFY 2021 \$40,460

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

~~Attachment 3 1-A #2.a. \*~~  
Attachment 3 1-A #11.a.  
Attachment 3 1-A #11.b.  
Attachment 4.19-B, #11 a, b, c, d

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

~~Attachment 3 1-A #2.a. \*~~  
Attachment 3 1-A #11.a.  
Attachment 3 1-A #11.b.  
Attachment 4.19-B, #11 a, b, c

10. SUBJECT OF AMENDMENT

Wheelchair seating assessment reimbursement rates will be capped at \$500 per beneficiary per year. The reimbursement rates will be set at 85% of non-rural Medicare rates.

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:  
Christiane Swartz is the  
Governor's Designee

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME  
Christiane Swartz

14. TITLE  
Interim Medicaid Director  
Director, Medicaid Operations

15. DATE SUBMITTED  
June 29, 2020

16. RETURN TO

Christiane Swartz,  
Interim Medicaid Director  
Director, Medicaid Operations  
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  
June 29, 2020

18. DATE APPROVED  
October 14, 2020

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL  
July 1, 2020

20. SIGNATURE OF REGIONAL OFFICIAL  
by James G. Scott -S  
20 18:08:46 -05'00'

21. TYPED NAME  
James G. Scott

22. TITLE  
Director, Division of Program Operations

23. REMARKS

\*pen and ink change per state IRAI response on 9/1/20.

## KANSAS MEDICAID STATE PLAN

Attachment 3.1-A  
#11.a.

### Physical Therapy Services

Physical therapy services must be rehabilitative and restorative in nature and provided following physical debilitation due to acute physical trauma or illness and must be prescribed by the attending physician. Physical therapy services are limited to 6 months for participants over the age of 20 (except the provision of therapy under HCBS) per injury, to begin at the discretion of the provider. There are no time limits for participants from birth through age 20. Rehabilitative therapy evaluations and re-evaluations may be done when reasonable and necessary for wheelchair seating assessments. Wheelchair seating assessment reimbursements are capped at \$500 per participant per year.

Physical therapy services are provided in accordance with 1905(a)(11) of the Social Security Act and all applicable federal regulations, including 42 CFR 440.110.

Physical therapy services are performed by a qualified physical therapist or furnished by a certified physical therapy assistant working under the supervision of a qualified physical therapist.

Physical therapy must be provided by a physical therapist registered, licensed, or certified in the jurisdiction where the service is provided or licensed by the Kansas Board of Healing Arts.

Refer also to General Limitations page.

## KANSAS MEDICAID STATE PLAN

Attachment 3.1-A  
#11.b.

### Occupational Therapy Services

Occupational therapy services must be rehabilitative and restorative in nature and provided following physical debilitation due to acute physical trauma or illness and must be prescribed by the attending physician. Occupational therapy services are limited to 6 months for participants over the age of 20 (except the provision of therapy under HCBS) per injury, to begin at the discretion of the provider. There are no time limits for participants from birth through age 20. Rehabilitative therapy evaluations and re-evaluations may be done when reasonable and necessary for wheelchair seating assessments. Wheelchair seating assessment reimbursements are capped at \$500 per participant per year.

Occupational therapy services are provided in accordance with 1905(a)(11) of the Social Security Act and all applicable federal regulations, including 42 CFR 440.110.

Occupational therapy services are performed by a qualified occupational therapist or by a certified occupational therapy assistant working under the supervision of a qualified occupational therapist.

Occupational therapy must be provided by an occupational therapist registered, licensed, or certified in the jurisdiction where the service is provided or licensed by the Kansas Board of Healing Arts.

Refer also to General Limitations page.

## KANSAS MEDICAID STATE PLAN

**Attachment 4.19-B  
#11 a, b, c, d**

### **Methods and Standards for Establishing Rates**

#11 a, b, c, d. Physical Therapy, Occupational Therapy, Speech, Hearing, and Language Disorders, Wheelchair Seating Assessments

Inpatient Hospital – services are reimbursed in accordance with the payment methodology described in Attachment 4.19-A

Outpatient Hospital – services are reimbursed in accordance with the payment methodology described in Attachment 4.19-B #1

Home Health Agency – services are reimbursed in accordance with the payment methodology described in Attachment 4.19-B #7

Physician – services are reimbursed in accordance with the payment methodology described in Attachment 4.19-B #5

Hearing aid services 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. Provider representatives are consulted in reviewing the maximum rate. The statewide maximum rate is found on the fee schedule referenced in the payment methodology described in Attachment 4.19-B #12c, Paragraph 5.

Wheelchair seating assessment reimbursements are capped, except as medically necessary, at \$500 per beneficiary per year. The reimbursement codes are set at 85% of non-rural Medicare rates as set on January 1 of each year. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers for wheelchair seating assessments and hearing aid services. The agency's fee schedule rate for wheelchair assessment services and hearing aid services were set as of July 1, 2020 and January 1, 2019, respectively, and are effective for wheelchair seating assessments and hearing aid services provided on or after those dates, with the wheelchair assessment rates updated on an annual basis as noted above and effective beginning January 1 of each year beginning January 1, 2021. The agency's established fee schedule rates are published on the agency's website at <https://www.kmap-state-ks.us/Provider/PRICING/RefCode.asp>

When the user is on the landing page of the above link, select the link [Download Fee Schedules](#). This link will take the user to a page titled "Reference Copyright Notice." Scroll to the bottom of the page and click on the word "Accept" to access the fee schedule. The next page that appears is titled "KMAP Fee Schedules." To access a fee schedule:

- a. Select the program from the drop-down list -TXIX;
- b. Choose the type of rates – Medicaid;
- c. After choosing the rate type, the user will see a list of the current and historical versions of the corresponding schedule;
- d. Click the schedule TXIX.