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State/Territory Name: KS

State Plan Amendment (SPA) #: 20-0007

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 12th Street, Suite 355
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

May 22, 2020

Adam Proffitt, 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. Proffitt:

On May 7, 2020, the Centers for Medicare & Medicaid Services (CMS) received Kansas' State Plan Amendment (SPA) transmittal #20-0007, which makes changes in the service descriptions and provider qualifications for Consultative Clinical and Therapeutic Services (CCTS) and Intensive Individual Supports (IIS).

Based upon the information received, we are now ready to approve SPA #20-0007 as of May 18, 2020, with an effective date of April 3, 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.

Sincerely,

Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosure

cc:

Christiane Swartz, Deputy Medicaid Director
Bobbie Graff-Hendrixson, KDHE
William Stelzner, KDHE
Kim Tjelmeland, KDHE
Lindsey Wilde

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

1. TRANSMITTAL NUMBER:
KS 20-0007

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
4/3/2020

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 §440.130(c)

7. FEDERAL BUDGET IMPACT
a. FFY 2020 \$0
b. FFY 2021 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, #4b, Pages 3c, 3d, 3e, 3f

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 3.1-A, #4b, Pages 3c, 3d, 3e, 3f

10. SUBJECT OF AMENDMENT

The Autism spectrum-related service providers sections are being revised. The revisions will increase access to the Autism spectrum-related services.

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:
Adam Proffitt is the
Governor's Designee

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME
Adam Proffitt

14. TITLE
State Medicaid Director

15. DATE SUBMITTED
5/7/2020

16. RETURN TO
Adam Proffitt, State Medicaid 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
05/07/2020

18. DATE APPROVED
05/18/2020

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
04/03/2020

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME
Ruth A. Hughes

22. TITLE
Acting Director, Division of Program Operations

23. REMARKS

42CFR 440.130(c)

Consultative Clinical and Therapeutic Services (CCTS)

The Consultative Clinical and Therapeutic Services (CCTS) (also known as Autism Specialist Services) 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.

- **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 and children with Autism Spectrum Disorder(s). 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 (ABLLS-R). As advances in the field continue, other emerging behavioral outcome tools may be determined to be more effective and the BCBA/CCTS will be expected to utilize the most effective tool available at the time for assessments.

Service Definition: Consultative Clinical and Therapeutic Services are Autism Spectrum Disorders (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 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);

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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/Person Centered Service Plan is a required component for each child. These services may be provided in all customary and usual community locations (which could include home).

Provider Qualifications (CCTS): The CCTS provider will be 1) Board Certified Behavior Analyst (BCBA) or Assistant Behavior Analyst licensed through the Kansas Behavioral Sciences Regulatory Board (KSBSRB), or 2) Board Certified Behavior Analyst – Doctoral (BCBA-D), or Board Certified Behavior Analyst (BCBA), or Board Certified Assistant Behavior Analyst (BCaBA), or 3) an individual with a Master’s degree, preference in Human Services or Education with documented 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.

Intensive Individual Supports (IIS)

Intensive Individual Supports services (also known as Registered Behavior 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) with the service plan subsequently developed by the Consultative Clinical and Therapeutic Services (CCTS) provider. 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 community settings. IIS include the development of skills as directed through the Plan of Care /Person Center Support Plan as appropriate :

- 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. Functional Communication System to incorporate the child's communication system into everyday activities as directed through the Plan of Care / Person Center Service Plan (e.g. 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, fine/gross motor skills, cognitive skills and replacement of problem behaviors);
- e. 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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#4.b

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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. Children under 21 years will receive all medically necessary services.

The majority of these contacts must occur in customary and usual community settings (which could include home). 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.

Provider Qualifications (IIS):

- 1) Certification as a Registered Behavior Technician (RBT) under the supervision of a BCBA or
- 2) An individual of eighteen years of age or older with a high school diploma or equivalent and 40 hours of successfully applied behavioral analysis training following the Autism Center of Excellence (ACE) Program guidelines which would include:
 - a. 8 hours – supervised intervention work
 - b. 3 hours – ethics

At least 1 hour of:

- a. Criterion reference
- b. Social skills training
- c. Parent training
- d. Program development
- e. Successfully complete an initial competency assessment

This provider works under the direction of the BCBA or other Qualified CCTS Practitioner. The worker will adhere to all state approved standards, training, and ongoing requirements.

Meet all annual training requirements as specified by certification.

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.