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State/Territory Name: Kansas

State Plan Amendment (SPA) #: 21-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page

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

April 8, 2021

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

Re: Kansas State Plan Amendment (SPA) 21-0002

Dear Ms. Fertig:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0002. This amendment removes an incorrect acronym used in describing the provider qualifications for the Individual Intensive Supports service. The change does not alter the provider qualifications themselves.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR §440.130(c). This letter is to inform you that Kansas' Medicaid SPA Transmittal Number 21-0002 is approved effective January 01, 2021.

If you have any questions, please contact Michala Walker at 816-426-6503 or via email at Michala.Walker@cms.hhs.gov.

Sincerely,



Digitally signed by James G.
Scott -S
Date: 2021.04.08 16:48:40
-05'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Bobbie Graff-Hendrixson, KDHE
Christiane Swartz, KDHE
William Stelzner, KDHE

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

1. TRANSMITTAL NUMBER:
KS 21-0002

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
1/1/2021

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 2021 \$0
b. FFY 2022 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, #4b, Page 3f

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 3.1-A, #4b, Page 3f

10. SUBJECT OF AMENDMENT

Removal of an incorrect acronym, ACE, and its reference from Attachment 3.1-A #4.b. Page 3f.

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:
Sarah Fertig is the
Governor's Designee

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME
Sarah Fertig

14. TITLE
State Medicaid Director

15. DATE SUBMITTED
January 15, 2021

16. RETURN TO
Sarah Fertig, 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
January 15, 2021

18. DATE APPROVED
April 8, 2021

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL
Digitally signed by James G. Scott -S
Date: 2021.04.08 16:49:15 -05'00'

21. TYPED NAME
James G. Scott

22. TITLE
Director, Division of Program Operations

23. REMARKS

KANSAS MEDICAID STATE PLAN

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. 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 which would include:
 - a. 8 hours – supervised intervention work
 - b. 3 hours – ethicsAt 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.