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State/Territory Name: KS

State Plan Amendment (SPA) #: 21-0019

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 E. 12th St., Room 355

Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

December 23, 2021

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

Re: Kansas State Plan Amendment (SPA) 21-0019

Dear Ms. Fertig:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0019. This amendment proposes to add Mobile Crisis Intervention as a covered service for children up to age 20.

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 Subpart A, and 42 CFR 447 Subpart B. This letter is to inform you that Kansas' Medicaid SPA 21-0019 was approved on December 21, 2021, with an effective date of October 1, 2021."

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

Sincerely,

James G. Scott, Director
Division of Program Operations

cc: Bobbie Graff-Hendrixson

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

1. TRANSMITTAL NUMBER:
KS 21-0019

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
October 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 Subpart A, 42 CFR 447 Subpart B

7. FEDERAL BUDGET IMPACT
a. FFY 2022 \$ 0
b. FFY 2023 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-A #13.d. Page 1
Attachment 3.1-A #13.d. Page 5
Attachment 4.19-B #13.d. Page 4 (new)
Attachment 3.1-A, Page 6 (new) *

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)
Attachment 3.1-A #13.d. Page 1
Attachment 3.1-A #13.d. Page 5

10. SUBJECT OF AMENDMENT

Add Mobile Crisis Intervention as a state plan service for children through the age of 20.

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
October 20, 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
October 20, 2021

18. DATE APPROVED
December 21, 2021

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
October 1, 2021

21. TYPED NAME
James G. Scott

20. SIGNATURE OF REGIONAL OFFICIAL

22. TITLE
Director, Division of Program Operations

23. REMARKS

*Per state request in 12/2 email

REHABILITATION SERVICES LIMITATIONS

The following explanation and limitations apply to all rehabilitation services, which are the following:

- Community Psychiatric Support and Treatment
- Psychosocial Rehabilitation
- Peer Support
- Crisis Intervention
- Outpatient Substance Abuse Services
- Mobile Crisis Intervention

These rehabilitation services are provided as part of a comprehensive specialized psychiatric program available to all Medicaid eligibles with significant functional impairments resulting from an identified mental health diagnosis or substance abuse diagnosis. The medical necessity for these rehabilitative services must be determined by a licensed mental health practitioner or physician who is acting within the scope of his/her professional license and applicable state law, and furnished by or under the direction of a physician, to promote the maximum reduction of symptoms and/or restoration of a recipient to his/her best possible functional level.

Limitations:

Services are subject to prior approval, must be medically necessary, must be recommended by a licensed mental health practitioner or physician according to an individualized treatment plan, and must be furnished under the direction of a physician. The activities included in the service must be intended to achieve identified treatment plan goals or objectives. Anyone providing substance abuse treatment services must be licensed in accordance with state law, in addition to their scope of practice license.

Medical necessity of the services is determined by a licensed mental health practitioner or physician conducting an assessment consistent with state law, regulation and policy.

Services provided at a work site must not be job tasks oriented. Any services or components of services the basic nature of which are to supplant housekeeping, homemaking, or basic services for the convenience of a person receiving covered services (including housekeeping, shopping, child care, and laundry services) are non-covered. Services cannot be provided in an institute for mental disease (IMD).

Definitions:

The services are defined as follows:

1. **Community Psychiatric Support and Treatment (CPST)** are goal directed supports and solution-focused interventions intended to achieve identified goals or objectives as set forth

rehabilitation and recovery focus designed to promote skills for coping with and managing substance abuse symptoms and behaviors. These services are delivered in a wide variety of settings and are nonresidential services designed to help individuals achieve changes in their substance abuse behaviors. Services should address an individual's major lifestyle, attitudinal and behavioral problems that have the potential to undermine the goals of treatment. Outpatient services may be indicated as an initial modality of service for an individual whose severity of illness warrants this level of treatment, or when an individual's progress warrants a less intensive modality of service than they are currently receiving. Intensive outpatient treatment is provided any time during the day or week and provides essential skill restoration and counseling services.

Provider qualifications: Must be licensed in accordance with state law.

6. Mobile Crisis Intervention services will provide behavioral health support to individuals aged 0-20 at times of crisis. This support will be timelier and better able to access the immediate and long-term needs of those served. The ability to meet these needs will decrease inpatient hospitalization, emergency room visits and law enforcement contact.

Mobile crisis intervention services cannot be delivered when the individual has inpatient status (as in a hospital, a psychiatric residential treatment facility (PRTF), or another institutional setting).

These services may include the following components:

Qualified mental health professionals (QMHPs), who help deescalate behavioral health crises via a crisis helpline, are accessible to all children in Kansas. "Crisis" is self-determined by the caller. For those individuals that access the crisis helpline and their behavioral health crisis cannot be resolved or de-escalated during the call or the request is made for a face to face response, mobile crisis intervention services will be deployed.

Provider qualifications:

Qualified Mental Health Professional (QMHP) – In accordance with state law, a QMHP is defined as follows – A physician or psychologist who is employed by a participating mental health center or who is providing services as a physician or psychologist under a contract with a participating mental health center, a licensed masters level psychologist, a licensed clinical psychotherapist, a licensed marriage and family therapist, a licensed clinical marriage and family therapist, a licensed professional counselor, a licensed clinical professional counselor, a licensed specialist social worker or a licensed master social worker or a registered nurse who has a specialty in psychiatric nursing, who is employed by a participating mental health center and who is acting under the direction of a physician or psychologist who is employed by, or under contract with, a participating mental health center.

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Attachment 3.1-A

#13.d

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Other Providers – All providers listed below, who are involved in mobile crisis intervention services, will be under the supervision of a QMHP.

Licensed Mental Health Professional (LMHP) – In accordance with state law, an LMHP is defined as follows – A licensed psychologist, clinical marriage and family therapist, clinical professional counselor, specialist clinical social worker, or clinical psychotherapist who is licensed to practice independently in the State of Kansas; A licensed Masters level marriage and family therapist, professional counselor, social worker, or psychologist who is licensed to practice under supervision or direction of a physician or psychologist who is employed by, or under contract with, a participating mental health center.

Certified Peer Support Specialist – In accordance with state policy, a Certified Peer Support Specialist is defined as follows – An individual who is at least 18 years old and possess a high school diploma or equivalent, who is certified in the State of Kansas to provide peer support service, who has passed a criminal, abuse/neglect registry and professional background check, and who has completed required, standardized basic training program; the individual must self-identify to have had life experience with a diagnosed mental health or addiction disorder, be in sustained and continued recovery for a minimum of one year, and continued recovery while acting as a Certified Peer Support Specialist.

KS 21-0019

Approval Date: 12/21/21

Effective Date 10/1/21

Supersedes NEW

KANSAS MEDICAID STATE PLAN

Attachment 4.19-B
#13.d
Page 4

Rehabilitation Services Methods and Standards for Establishing Payment Rates

Mobile Crisis Intervention

Mobile Crisis Intervention services, as provided by professional staff employed by a Community Mental Health Center (CMHC), are reimbursed in fifteen-minute increments.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers for the above services. The agency's fee schedule rate was set as of October 1, 2021 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/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.

KS 21-0019

Approval Date: 12/21/21

Effective Date 10/01/2021

Supersedes NEW