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State/Territory Name: Kansas

State Plan Amendment (SPA) #: 22-0011

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 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

June 21, 2022

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) 22-0011

Dear Ms. Fertig:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0011. This amendment removed age limits from the mobile crisis services covered by Kansas State plan.

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 and 447. This letter is to inform you that Kansas Medicaid SPA 22-0011 was approved on June 21, 2022, with an effective date of May 1, 2022.

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

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Bobbie Graff-Hendrixson
William Stelzner

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>22</u> — <u>0011</u>	2. STATE <u>KS</u>
	3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE May 1, 2022	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440, 42 CFR 447	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>179,279</u> b. FFY <u>2023</u> \$ <u>743,750</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A #13.d, Page 5 Attachment 4.19-B #13.d, Page 4 Attachment 3.1-A #13.d, page 5a (new)	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable) Attachment 3.1-A #13.d, Page 5 Attachment 4.19-B #13.d, Page 4	

9. SUBJECT OF AMENDMENT
Amending the Kansas Medicaid State Plan to remove age limitations in mobile crisis intervention.

10. GOVERNOR'S REVIEW (Check One)

<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Sarah Fertig is the Governor's Designee
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11. SIGNATURE OF STATE AGENCY OFFICIAL 12. TYPED NAME Sarah Fertig	15. 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
13. TITLE State Medicaid Director	
14. DATE SUBMITTED April 7, 2022	

FOR CMS USE ONLY

16. DATE RECEIVED April 7, 2022	17. DATE APPROVED June 21, 2022
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL May 1, 2022	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS

Box 7: State authorized pen and ink change on 06/03/2022.

KANSAS MEDICAID STATE PLAN

Attachment 3.1-A
#13.d
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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 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) help deescalate behavioral health crises via a crisis helpline. "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.

Other Providers – All other providers involved in mobile crisis intervention services will be under the supervision of a QMHP.

These other provider types are:

Certified Peer Specialist – This provider will assist with the safety of the professional and support for the Medicaid member.

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Attachment 3.1-A

#13.d

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Provider qualifications: Must be at least 18 years old, and have a high school diploma or equivalent. Certification in the State of Kansas to provide the service, which includes criminal, abuse/neglect registry and professional background checks, and completion of a standardized basic training program. Self-identify as a present or former consumer of mental health services.

Community Psychiatric Support and Treatment Provider- This provider will assist with the safety of the professional and support for the Medicaid member.

Provider Qualifications: Must have a BA/BS degree or four years of equivalent education and/or experience working in the human services field. Certification in the State of Kansas to provide the service, which includes criminal, abuse/neglect registry and professional background checks, and completion of a standardized basic training program.

Psychosocial Rehabilitation Provider- This provider will assist with the safety of the professional and support for the Medicaid member.

Provider Qualifications: Must be at least 18 years old and have a high school diploma or equivalent. Certification in the State of Kansas to provide the service, which includes criminal, abuse/neglect registry and professional background checks, and completion of a standardized basic training program.

All licensed providers are functioning within their scope of practice in accordance with state law.

**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 May 1, 2022 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://portal.kmap-state-ks.us/PublicPage/ProviderPricing/Disclaimer?searchBy=ScheduleList>

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.