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State/Territory Name: Kansas

State Plan Amendment (SPA) #: 22-0013

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

July 26, 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) 22-0013

Dear Ms. Fertig:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0013. This amendment establishes coverage of Certified Community Behavioral Health Centers (CCBHCs) and reimbursement of CCBHC services using a prospective payment system.

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 42 CFR § 447. This letter is to inform you that Kansas Medicaid SPA 22-0013 was approved on July 26, 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.

Sincerely,

Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosures

cc: Bobbie Graff-Hendrixson
William Stelzner
William Thompson
Andrew Brown

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

	1. TRANSMITTAL NUMBER <u>22</u> — <u>0013</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 and 42 CFR §447	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY <u>2022</u> \$ <u>0</u> b FFY <u>2023</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A #13.d. Pages 8-14 (new) Attachment 4.19-B #13.d. Page 6,7,8 (new)	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) None	

9. SUBJECT OF AMENDMENT
Adding CCBHC services and reimbursement rates to the Kansas Medicaid State Plan.

10. 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

11. SIGNATURE OF STATE AGENCY OFFICIAL	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
12. TYPED NAME Sarah Fertig	
13. TITLE State Medicaid Director	
14. DATE SUBMITTED April 28, 2022	

FOR CMS USE ONLY

16. DATE RECEIVED April 28, 2022	17. DATE APPROVED July 26, 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 Ruth A. Hughes	21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations

22. REMARKS

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Certified Community Behavioral Health Center (CCBHC) Services

Certified Community Behavioral Health Center (CCBHC) is an entity that provides integrated, comprehensive health services with a focus on behavioral health. Certification to operate as a CCBHC is provided by the Kansas Department for Aging and Disability Services (KDADS) and must be licensed to operate in the Kansas State Medicaid program. Providers must be a not-for-profit organization or a part of a local government authority or operated under the authority of the Indian Health Service, an Indian Tribe, or Tribal organization pursuant to a contract, grant, cooperative agreement, or compact with the Indian Health Service pursuant to the Indian Self Determination Act, or an Urban Indian organization pursuant to a grant or contract with the Indian Health Service under Title V of the Indian Health Care Improvement Act. CCBHCs may also contract with a Designated Collaborative Organization (DCO) that provide aspects of the covered services. The CCBHC maintains ultimate clinical responsibility for the services provided to CCBHC members for any services provided by the DCO. All CCBHC services are furnished by qualified individual practitioners affiliated with CCBHCs.

The following table provides a description of each service as well as the practitioners qualified to provide each service. All services must be medically necessary determined by a licensed mental health practitioner or other physician operating within their scope of practice consistent with state law, regulation and policy and delivered in accordance with the member’s integrated treatment plan. All services are furnished in accordance with 42 CFR 440.130(d).

Service	Description	Providers
Mental Health, Substance Use Disorder and Addictions Assessments	Assessments completed to determine an individual’s mental health, substance use, or other addictions treatment needs. Assessments and subsequent documentation must include factors pertaining to the individual’s emotional and physical health, social/family background, substance use/abuse, and prior treatments regarding any of the reported conditions.	Physician, LMHP, QMHP, Licensed addictions counselor, Non-licensed CCBHC personnel

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Service	Description	Providers
Family Therapy	Family therapy involves treatment of the family as a "system" with the family being the focus of attention and change, specifically including children (may refer to adult children). Family therapy that involves the participation of a non-Medicaid eligible is for the direct benefit of the member. The service must actively involve the member in the sense of being tailored to the member's individual needs. There may be times when, based on clinical judgement, the member is not present during the delivery of the service, but remains the focus of the service. Family therapy without the member present will only be made available once approved in other parts of the state plan. Family Therapy is available for both children and adults.	LMHP, QMHP
Individual and Group Therapy	The therapeutic interaction between a patient or patients and a counselor intended to improve, eliminate, or manage one or more of a patient's behavioral health condition.	LMHP, QMHP
Crisis Services	Services provided to an individual who is experiencing a psychiatric or substance use disorder crisis. Crisis services are designed to interrupt and/or ameliorate a crisis experience, including a preliminary assessment; immediate crisis resolution and de-escalation which could include detox and relapse prevention; and referral and linkage to appropriate community services to avoid more restrictive levels of treatment. Services are available 24/7 and are a face-to-face intervention and may occur in a variety of locations.	Team can include: <ul style="list-style-type: none"> • Physician • Physician Assistant • APRN • LMHP • QMHP • Certified Peer Support Specialist • Addictions Counselor • Non-licensed CCBHC personnel under supervision of the QMHP
Psychological Testing	The use, in any manner, of established psychological tests, procedures, and techniques with the intent of diagnosing adjustment, functional, mental, vocational, or emotional problems, or establishing treatment methods for individuals having such problems.	LMHP, QMHP, Non-licensed CCBHC personnel

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Service	Description	Providers
Community Psychiatric Support and Treatment (CPST)	Goal-directed supports and solution-focused interventions intended to achieve identified goals or objectives as set forth in the service recipient's individualized treatment plan. CPST is a face-to-face intervention with the member present; however, family or other collaterals may also be involved. The majority of CPST contacts must occur in community locations where the individual lives, works, attends school, and/or socializes.	LMHP, QMHP, Certified CPST Specialist
Individual and Group Peer Supports	Individual-centered services with a rehabilitation and recovery focus. These services are designed to promote skills to cope with and manage psychiatric symptoms while facilitating the use of natural resources and the enhancement of community living skills. Activities included must be intended to achieve the identified goals or objectives as set forth in the member's individualized treatment plan. The structured, scheduled activities provided by this service emphasize the opportunity for individuals to support each other in the restoration and expansion of the skills and strategies necessary to move forward in recovery. Peer Support (PS) is a face-to-face intervention with the member present. Services may be provided individually or in a group setting.	LMHP, QMHP, Certified Peer Support Specialist
Psychosocial Rehabilitation (PSR)	Services designed to assist the individual with compensating for or eliminating functional deficits and interpersonal and/or environmental barriers associated with the individual's mental illness. Activities included must be intended to achieve the identified goals or objectives as set forth in the individual's individualized treatment plan. The intent of PSR is to restore the fullest possible integration of the individual as an active and productive member of his or her family, community, and/or culture with the least amount of ongoing professional intervention. PSR is a face-to-face intervention with the individual present. Services may be provided individually or in a group setting. The majority of PSR contacts must occur in community locations where the individual lives, works, attends school, and/or socializes.	LMHP, QMHP, Certified PSR

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Service	Description	Providers
Community Supports	Community Supports services are ongoing supports to members who, because of their intensive behavioral health needs, require on-going support to integrate into the community. Services provide solution-oriented interventions intended to achieve the goals and objectives in the member’s integrated treatment plan. Component services can include intensive support services necessary to improve independent living skills and reduce symptoms that will interfere with a member’s ability to sustain safe and stable permanent community housing, intensive and directed support that will be of a short-term nature targeting members who are unable to tolerate congregate living arrangements in which the presence of other members in their immediate living area tends to precipitate psychiatric and substance abuse relapse, aggression, or other behaviors associated with risk of re-hospitalization or incarceration, learning appropriate work habits, identifying behaviors that interfere with work performance, personal hygiene, time management, capacity to follow directions, managing symptoms/cravings, planning transportation, and identifying behaviors that interfere with work performance.	LMHP, QMHP, Community Supports Specialist
Assertive Community Treatment (ACT)	An evidence-based practice to improve outcomes in individuals with diagnosed severe mental illness or co-occurring SMI/SUD. Provided pursuant to an Individual treatment plan incorporating a flexible array of community behavioral health services based on assertive outreach and designed to promote recovery for individuals with the most challenging and persistent problems.	Each ACT team includes: <ul style="list-style-type: none"> • LMHP/QMHP, • Physician, • Advanced Practice Registered Nurse (APRN)/Registered Nurse, • Licensed Addictions Counselor, • Certified Peer Support Specialist, • Non-licensed CCBHC personnel

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Provider Qualifications:

Advanced Practice Registered Nurse (APRN) - An Individual licensed by the State of Kansas to provide services within their scope of practice.

Certified Community Psychiatric Support Treatment (CPST) Specialist - An individual licensed in the state of Kansas to provide Psychiatric Support Treatment services meeting the following criteria:

- BA/BS degree or four years of equivalent education and/or experience working in the human services field
- Complete and maintain certifications for the service provided as required by the State of Kansas and the Federal government, which includes criminal, abuse/neglect registry, and professional background checks
- Completion of any required training approved by Kansas Department of Aging and Disability Services (KDADS)

Certified Peer Support Specialist – An individual licensed in the state of Kansas to provide Peer Support services meeting the following criteria:

- Be at least 18 years of age and at least 3 years older than a client under 18 years of age
- Have a high school diploma or equivalent
- Complete and maintain certifications for the service provided as required by the State of Kansas and the Federal government, which includes criminal, abuse/neglect registry, and professional background checks
- Complete any required training approved by Kansas Department of Aging and Disability Services (KDADS)
- 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

Certified Psychosocial Rehabilitation Specialist (PSR) - An individual licensed in the state of Kansas to provide Psychosocial Rehabilitation services meeting the following criteria:

- Be at least 18 years of age and at least 3 years older than a client under 18 years of age
- Have a high school diploma or equivalent
- Complete and maintain certifications for the service provided as required by the State of Kansas and the Federal government, which includes criminal, abuse/neglect registry, and professional background checks
- Complete any required training approved by Kansas Department of Aging and Disability Services (KDADS)

Community Support Specialist - An individual licensed in the state of Kansas to provide Community Support services meeting the following criteria:

- Be at least 18 years of age and at least 3 years older than a client under 18 years of age
- Have a high school diploma or equivalent
- Complete and maintain certifications for the service provided as required by the State of Kansas and the Federal government, which includes criminal, abuse/neglect registry, and professional background checks
- Complete any required training approved by Kansas Department of Aging and Disability Services (KDADS)

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Licensed Addictions Counselor – an individual licensed in the state of Kansas to engage in the practice of addiction counseling limited to substance use disorders.

- Be at least 18 years of age and at least 3 years older than a client under 18 years of age
- Have a bachelor's degree or equivalent
- Complete and maintain certifications for the service provided as required by the State of Kansas and the Federal government, which includes criminal, abuse/neglect registry, and professional background checks
- Complete any required training approved by Kansas Department of Aging and Disability Services (KDADS)

Licensed Mental Health Professional (LMHP) – An individual who is licensed in the State of Kansas to diagnose and treat mental illness or substance abuse acting within the scope of all applicable state laws and their professional license.

LMHP providers licensed to practice independently:

- Licensed psychologist
- Licensed clinical marriage and family therapist
- Licensed clinical professional counselor
- Licensed specialist clinical social worker
- Licensed clinical psychotherapist

LMHP providers licensed to practice under supervision or direction:

- Licensed Masters level marriage and family therapist
- Licensed Masters level professional counselor
- Licensed Masters level social worker
- Licensed Masters level psychologist

Non-licensed CCBHC personnel – An individual employed by the CCBHC in the state of Kansas who meets the following criteria:

- Be at least 18 years of age and at least 3 years older than a client under 18 years of age
- Have a high school diploma or equivalent
- Approved by the State of Kansas to provide the service, having passed any criminal, abuse/neglect registry, and professional background checks
- Complete any required training approved by Kansas Department of Aging and Disability Services (KDADS)

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Physician – An individual licensed under state law to furnish services within their scope of practice.

Physician Assistant - An individual licensed under state law to furnish services within their scope of practice.

Qualified Mental Health Professional (QMHP) – 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 an advanced practice registered nurse/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.

Registered Nurse - An individual licensed under state law to furnish services within their scope of practice.

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Methods and Standards for Establishing Payment Rates Certified Community Behavioral Health Center (CCBHC)

Certified Community Behavioral Health Center (CCBHC) services include a comprehensive and integrated package of mental health and substance use disorder treatment services and supports and physical health services.

The state reimburses CCBHC providers on a per visit basis using a provider specific bundled daily payment rate when any of the services listed below in (1) and (2) are provided. The bundled payment represents the daily cost of providing CCBHC services. A CCBHC provider receives payment for each day CCBHC services are provided to a Medicaid member. Payment is limited to one payment per day, per CCBHC, per member for each CCBHC visit. Visits eligible for reimbursement include days on which at least one CCBHC service is provided to a member. Care coordination alone is not eligible to be reimbursed at the daily CCBHC bundled rate.

The daily bundled rate for CCBHC services will be paid when a CCBHC program delivers at least one CCBH bundled code, which includes one of the services specified in (1) and (2) below, and when a valid individual procedure code is reported for a date of service. While care coordination is a CCBHC service, it is not eligible to be reimbursed at the daily CCBHC bundled rate.

1. **CCBHC Rehabilitative Services** – The daily CCBHC bundled payment is inclusive of all CCBHC rehabilitative services described under the Rehabilitative Services benefit (§13.d.) in Attachment 3.1-A
2. **Other State Plan Covered Services** – The daily CCBHC bundled payment includes services covered elsewhere in the plan (see table below).

CCBHC Activity/Service	Medicaid Authority	State Plan Page
Targeted Case Management	Targeted Case Management	Supplement 1 to Attachment 3.1-A, Page 3
Primary care screening and monitoring	Physician Services	Attachment 3.1-A, #5a, Page 1
Tobacco Cessation	Face-to-Face Tobacco Cessation Counseling Services	Attachment 3.1-A, #13c Attachment 3.1-A, #4d, Page 1

Effective May 1, 2022, payments for CCBHC services will be made using the following methodology. The payment rate for CCBHC services is based on the total annual allowable

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CCBHC costs divided by the total annual number of CCBHC visits. For the purposes of calculating rates, visits include all visits for CCBHC services including both Medicaid and non-Medicaid visits. Allowable direct and indirect costs are identified using requirements in 45 CFR §75 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards and 42 CFR §413 Principles of Reasonable Cost Reimbursement.

CCBHCs must provide data on costs and visits to the department annually using the CMS CCBHC cost report. Annual CCBHC cost reports based on audited financials are due to the state by September. Upon receipt from the CCBHC, the cost reports are reviewed independently by the Kansas Department of Aging and Disability Services' (KDADS) audit staff or a qualified Certified Public Accountant (reviewer). Upon acceptance of the CCBHC cost reports by KDADS based on the recommendation from the reviewer, the state sets the rates for the following rate year. The initial rate period begins May 1, 2022, for the first year and follows the calendar year thereafter, subsequent to the reporting year of the cost report. Each cost report will include one full year of expense and visit data, with a reporting period of the state fiscal year. For the clinics qualifying to begin May 1, 2022, the initial rate period will be from May 1, 2022, to December 31, 2023. After the initial rate period for each clinic, the rate period will follow the calendar year.

For the initial year of the CCBHC, the state will establish a provider-specific bundled daily payment rate using audited historical cost report data adjusted for the expected cost of delivering CCBHC services. Estimates shall include the expected cost of providing the full scope of CCBHC services and the expected number of visits for the rate period. Expected costs will be based on estimates for salaries and expected visits per Full-Time Employee (FTE) plus projected costs for non-wage expenses, including indirect costs. Salary data available from recent studies of the Kansas market and the Bureau of Labor Statistics will guide the reasonableness of expected wages for new FTEs. The initial rates include expected costs and visits that are subject to review by a Certified Public Accountant or the KDADS' audit staff. The bundled daily rate is calculated by dividing the total annual allowable expected costs of CCBHC services by the total annual number of expected CCBHC Medicaid and non-Medicaid visits and adjusted from the reporting period to the rate period using the Medicare Economic Index (MEI).

Initial payment rates are rebased once the CCBHC submits the first audited cost report including a full year of actual cost and visit data for CCBHC services under the state plan.

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Methods and Standards for Establishing Payment Rates Certified Community Behavioral Health Center (CCBHC)

These initial rates are rebased using actual data on costs and visits and adjusted for the following rate period using the MEI. Once the final rate is calculated using a year of actual costs, the state will reconcile previous payments made with the initial payment rate to cost if actual costs are less than total payments. These final rates will then be the effective rate at the beginning of the next rate year the following January. Rates will be adjusted annually using the MEI, or rebased using actual, annual cost data and visits adjusted for the effective rate period using the MEI as indicated below.

CCBHC payment rates are rebased after an initial rate period, following a rate adjustment for a change in scope, and every three years. Rates are rebased at least once every three years, by dividing the total annual allowable costs for CCBHC services from the CCBHC's most recent 12-month audited cost report by the total annual number of CCBHC visits during that 12-month time period. The resulting rate is trended from the midpoint of the cost year to the midpoint of the rate year using the MEI.

CCBHC providers may request a rate adjustment for changes in scope expected to change individual CCBHC provider payment rates by 2.5 percent or more. The provider must submit information to the state regarding changes in the scope of services, including changes in the type, intensity, or duration of services, the actual or expected cost of providing the new or modified services, and any projected increase or decrease in the number of visits resulting from the change. If twelve months of actual data is not available, the CCBHC provider may use projections of expected costs and visits. Projections are subject to review by KDADS' audit staff or a qualified Certified Public Accountant.

Provider-specific rate adjustments for changes in scope are permitted no more than once per year and take effect with annual rate updates.

Rates adjusted for a change in scope using expected cost and visit data are rebased once the CCBHC submits the first cost report with a full year of cost and visit data including the change in scope.