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State/Territory Name: Kansas

State Plan Amendment (SPA) #: 23-0002

This file contains the following documents in the order listed:

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

February 24, 2023

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: 23-0002

Dear Ms. Fertig:

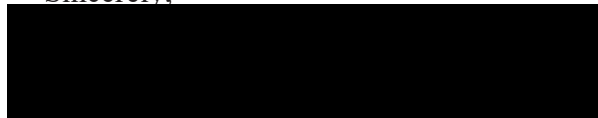
Enclosed please find a corrected approval package for your Kansas State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0002. This SPA, which adds coverage and reimbursement of the Parent Peer Support Services, was originally approved on February 21, 2023. The approval package sent to Kansas included the following errors:

- The approval letter referenced the purpose of the SPA incorrectly.
- On the day the original approval package was signed, Ruth Hughes was acting as Director of the Division of Program Operations. Therefore, Block 21 on the CMS-179 should have indicated "Acting Director." However, the CMS-179 included in this corrected package was signed by DPO's Division Director; thus, Block 21 still says "Director," and Block 20 indicates James Scott.

The enclosed corrected package contains the original signed letter and SPA pages, and the corrected CMS-179.

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

Enclosures

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

1. TRANSMITTAL NUMBER
23 — 0002

2. STATE
KS

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2023 \$ 0
b. FFY 2024 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A #13.d. Page 8
Attachment 3.1-A #13.d Page 15 (New)
Attachment 4.19-B #13.d ~~Page 5~~ (New) Page 9

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 3.1-A #13.d. Page 8

9. SUBJECT OF AMENDMENT

Add Parent Peer Support as a behavioral health rehabilitation benefit. A technical correction is also included to add section number "8" to Attachment 3.1-A #13.d. Page 8.


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


12. TYPED NAME
Sarah Fertig

13. TITLE
State Medicaid Director

14. DATE SUBMITTED
December 7, 2022

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


FOR CMS USE ONLY

16. DATE RECEIVED
December 7, 2022

17. DATE APPROVED
February 21, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2023



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 changes on 02/16/2023

KANSAS MEDICAID STATE PLAN

8. 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

KANSAS MEDICAID STATE PLAN

Attachment 3.1-A

#13.d.

Page 15

REHABILITATION SERVICES

9. Parent Peer Support – Parent/Family Peer Support Services (PFPSS) are defined client centered services with a rehabilitation and recovery focus designed to promote skills for coping with and managing behavioral health symptoms while facilitating the utilization of natural resources and the enhancement of community living skills for the parent/legal guardian raising an individual with behavioral health needs.

Parent/Family Peer Support service that involves the participation of a non-Medicaid eligible is for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service.

Rehabilitative services include any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his practice under State law as defined at section 1905(a)(13) of the Social Security Act and in the Code of Federal Regulations at 42 CFR 440.130(d).

Provider Qualifications

Persons providing parent/family peer support services and the organizations which employ them must provide Parent/Family Peer Support Services in a manner consistent with the requirements set forth by Kansas Department of Aging and Disability Services KDADS.

KDADS requirements of persons delivering parent/family peer services in Kansas:

1. Must self-identify as a person with lived experience in the identified behavioral health area in which they work.
2. Must be at least 18 years old and have a high school diploma or equivalent
3. Must be certified by KDADS as Kansas Parent/Family Peer Support provider:
 - a. Kansas Parent/Family Peer Support provider in Training (level one) or
 - b. Kansas Certified Parent/Family Peer Specialist, (certified level one and level two)
4. Employer may require a completed criminal abuse & neglect registry and professional background check.
5. Employer must maintain certification records and background checks in personnel files for the Parent/Family Peer Support Staff.
6. If the service participant is under the age of 18, the Parent/Family Peer Support Services provider must be at least three years older.
7. Supervision of the Parent/Family Peer Support provider must be provided by a licensed mental health professional (as defined by the state).

**Rehabilitation Services
Methods and Standards for Establishing Payment Rates**

Parent Peer Support is 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 January 1, 2023 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.