

## **Table of Contents**

**State/Territory Name: Kansas**

**State Plan Amendment (SPA) #: 23-0007**

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

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February 6, 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: Kansas State Plan Amendment (SPA) 23-0007

Dear Ms. Fertig:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0007. This amendment adds coverage and reimbursement of outpatient Pulmonary Rehabilitation services to the state plan.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 42 CFR 447. This letter is to inform you that Kansas Medicaid SPA 23-0007 was approved on February 6, 2023, with an effective date of January 1, 2023.

If you have any questions, please contact Michala Walker at 913-558-2603 or via email at [michala.walker@cms.hhs.gov](mailto:michala.walker@cms.hhs.gov).

Sincerely,

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Bobbie Graff-Hendrixson  
Bill Stelzner  
Bill Thompson

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

1. TRANSMITTAL NUMBER <u>23</u> — <u>0007</u>	2. STATE <u>KS</u>
3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
4. PROPOSED EFFECTIVE DATE <u>January 1, 2023</u>	
5. FEDERAL STATUTE/REGULATION CITATION <u>42 CFR 447</u>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>11,076</u> b. FFY <u>2024</u> \$ <u>18,228</u>
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <u>Attachment 3.1-A, #13.d.1. Page 1 (New)</u> <u>Attachment 4.19-B, #13.d.1. Page 1 (New)</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

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

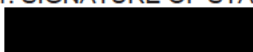
5. FEDERAL STATUTE/REGULATION CITATION  
42 CFR 447

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
  
Attachment 3.1-A, #13.d.1. Page 1 (New)  
Attachment 4.19-B, #13.d.1. Page 1 (New)

9. SUBJECT OF AMENDMENT  
Outpatient Pulmonary Rehabilitation Services are being added to the state plan.

10. GOVERNOR'S REVIEW (Check One)

<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <u>Sarah Fertig is the Governor's Designee</u>
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

11. SIGNATURE OF STATE AGENCY OFFICIAL  


12. TYPED NAME  
Sarah Fertig

13. TITLE  
State Medicaid Director

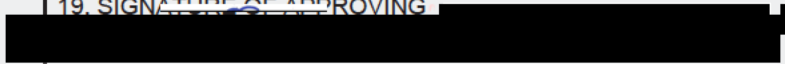
14. DATE SUBMITTED  
December 20, 2022

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 <u>December 20, 2022</u>	17. DATE APPROVED <u>February 6, 2023</u>
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL <u>January 1, 2023</u>	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL <u>James G. Scott</u>	21. TITLE OF APPROVING OFFICIAL <u>Director, Division of Program Operations</u>

22. REMARKS

**Rehabilitation Services**

**Pulmonary Rehabilitation**

**Program:**

Pulmonary rehabilitation is a hospital-based, outpatient program that includes patient assessment, exercise training, education, and psychosocial support to stabilize or reverse systemic manifestations of chronic respiratory disease. The program is supervised by a physician for chronic obstructive pulmonary disease (COPD) and certain other chronic pulmonary diseases such as but not limited to: asthma, cystic fibrosis, bronchiectasis, interstitial lung disease, perioperative conditions (thoracic or abdominal surgery, lung transplantation, lung volume reduction surgery), and conditions that affect pulmonary function (lung cancer, Guillain-Barre' syndrome, sarcoidosis) designed to optimize physical and social performance and autonomy.

**Pulmonary rehabilitation components:**

- Physician-prescribed exercise.

Some aerobic exercise must be included in each pulmonary rehabilitation session.

- Education or training closely and clearly related to the individual's care and treatment which is tailored to the individual's needs including information on respiratory problem management and, if appropriate, smoking cessation counseling.

- Psychosocial assessment.

Written evaluation of an individual's mental and emotional functioning as it relates to the individual's rehabilitation or respiratory condition.

- Outcomes assessment.

Includes beginning and end evaluations, objective clinical measures of effectiveness, and self-reported measures of shortness of breath and behavior.

- An individualized treatment plan that details how components are utilized for each patient.

The individualized treatment plan must be established, reviewed, and signed by a physician or other licensed practitioner, who is involved in the patient's care and has knowledge related to the patient's condition, every 30 days.

**Providers:**

Physicians

Respiratory Therapists

**Provider Qualifications:**

Physicians- An individual licensed by the State of Kansas to provide services within their scope of practice.

Respiratory Therapists- An individual licensed by the State of Kansas to provide services within their scope of practice.

**Rehabilitation Services**

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

Pulmonary rehabilitation services are paid fee schedule rates set at 80 percent of Medicare pulmonary rehabilitation services rates.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of pulmonary rehabilitation 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.