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State/Territory Name: Kansas

State Plan Amendment (SPA) #: 23-0014

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

June 1, 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) 23-0014

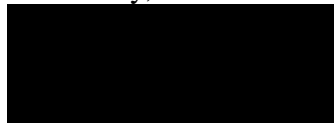
Dear Ms. Fertig:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0014. This amendment proposes to remove the requirement for a motor vehicle screen from the provider qualifications for Consultative Clinical and Therapeutic Services and Intensive Individual Support.

We conducted our review of your submittal according to statutory requirements in 1905(a) of the Social Security Act. This letter is to inform you that Kansas Medicaid SPA 23-0014 was approved on June 1, 2023, with an effective date of May 3, 2023.

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

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
23 — 0014

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
May 3, 2023

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 447.440

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, #4.b, Page 3d
Attachment 3.1-a, #4.b, Page 3f

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 3.1-a, #4.b, Page 3d
Attachment 3.1-a, #4.b, Page 3f

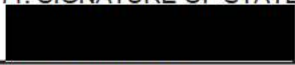
9. SUBJECT OF AMENDMENT

Motor vehicle screens will no longer be required for Autism Specialist to deliver the following services: Consultative Clinical and Therapeutic Services and Intensive Individual Supports.

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
April 12, 2023

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
April 12, 2023

17. DATE APPROVED
June 1, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
May 3, 2023

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 5: Changes authorized by state on 5/31/23.

- Adapting environments to promote positive behaviors and learning while reducing negative behaviors (e.g. naturalistic intervention, antecedent based intervention, visual supports);
 - Applying reinforcement to change behaviors and promote learning (e.g. reinforcement, differential reinforcement of alternative behaviors, extinction);
 - Teaching techniques to increase positive behaviors, build motivation, and develop social, communication, and adaptive skills (e.g. discrete trial teaching, modeling, social skills instruction, picture exchange communication systems, pivotal response training, social narratives, self-management, prompting);
 - Teaching parents to provide individualized interventions for their child, for the benefit of the child (e.g. parent implemented intervention);
 - Using typically developing peers (e.g., individuals who do not have ASD) to teach and interact with children with ASD (e.g. peer mediated instruction, structured play groups); and
 - Applying technological tools to change behaviors and teach skills (e.g. video modeling, tablet-based learning software).
- *Note: The examples listed above are intended to illustrate services that may be provided under each Medicaid state plan subcomponent service and are not intended to be prescriptive or limit the services children receive. Additional services beyond those provided as examples above are available to children through the Medicaid state plan, and children under 21 years will receive all medically necessary services.*

The Plan of Care/Person Centered Service Plan is a required component for each child. These services may be provided in all customary and usual community locations (which could include home).

Provider Qualifications (CCTS): The CCTS provider will be 1) Board Certified Behavior Analyst (BCBA) or Assistant Behavior Analyst licensed through the Kansas Behavioral Sciences Regulatory Board (KSBSRB), or 2) Board Certified Behavior Analyst – Doctoral (BCBA-D), or Board Certified Behavior Analyst (BCBA), or Board Certified Assistant Behavior Analyst (BCaBA), or 3) an individual with a Master’s degree, preference in Human Services or Education with documented experience working with a child with an Autism Spectrum Disorder and completion of state approved training curriculum. Additionally, the individual must have a clean background as evidenced through background checks of records maintained by the Kansas Bureau of Investigation (KBI), Adult Protective Services (APS), Child Protective Services (CPS), and Nurse Aide Registry

KANSAS MEDICAID STATE PLAN

Attachment 3.1-A
#4.b
Page 3f

Note: The examples listed above are intended to illustrate services that may be provided under each Medicaid state plan subcomponent service and are not intended to be prescriptive or limit the services children receive. Children under 21 years will receive all medically necessary services.

The majority of these contacts must occur in customary and usual community setting (which included home). Services furnished to an individual who is an inpatient or resident of a hospital, nursing facility, Intellectual/Developmental Disabilities intermediate care facility, or an institution for mental disease are non-covered.

Provider Qualifications (IIS):

- 1) Certification as a Registered Behavior Technician (RBT) under the supervision of a BCBA
or
- 2) An individual of eighteen years of age or older with a high school diploma or equivalent and 40 hours of successfully applied behavioral analysis training which would include:
 - a. 8 hours – supervised intervention work
 - b. 3 hours – ethicsAt least 1 hour of:
 - a. Criterion reference
 - b. Social skills training
 - c. Parent training
 - d. Program development
 - e. Successfully complete an initial competency assessment

This provider works under the direction of the BCBA or other Qualified CCTS Practitioner. The worker will adhere to all state approved standards, training, and ongoing requirements.

Meet all annual training requirements as specified by certification.

Additionally, the individual must have a clean background as evidenced through background checks of records maintained by the Kansas Bureau of Investigation (KBI), Adult Protective Services (APS), Child Protective Services (CPS), and Nurse Aide Registry.