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State/Territory Name: Kansas

State Plan Amendment (SPA) #: 23-0024

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 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 3, 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) 23-0024

Dear Ms. Fertig

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0024. This amendment proposes to add coverage and reimbursement of Community Health Workers services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 447. This letter is to inform you that Kansas Medicaid SPA 23-0024 was approved on July 3, 2023, with an effective date of July 1, 2023.

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

Sincerely,

Ruth
Hughes -S

Digitally signed by Ruth
Hughes -S
Date: 2023.07.03
10:27:40 -05'00'

Ruth A. Hughes, Acting Director
Division of Program Operations

cc: Bobbie Graff-Hendrixson
William Stelzner
William Thompson

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

1. TRANSMITTAL NUMBER
23 — 0024

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
July 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, #6.d, Page 2 NEW
Attachment 4.19-B, #6.d


8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19-B, #6.d

9. SUBJECT OF AMENDMENT
Adding Community Health Workers as a reimbursable service.

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
May 24, 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
May 24, 2023

17. DATE APPROVED
July 3, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL
Ruth Hughes -S Digitally signed by Ruth Hughes -S
Date: 2023.07.03 10:28:17 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL
Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL
Acting Director, Division of Program Operations

22. REMARKS

KANSAS MEDICAID STATE PLAN

Attachment 3.1-A
#6.d.
Page 2

Other Practitioners' Service Limitations

4. Community Health Worker – A community health worker (CHW) is an individual certified in the State of Kansas to provide services within the scope of the certification program. Supervision of the certified community health worker is included in the scope of practice for each supervising licensed practitioner. Each supervising licensed practitioner shall assume professional responsibility for the services provided by the certified community health worker and attest to the CHW's certification.

The community health worker services shall include:

- a) Screening and assessment to identify health-related social needs and barriers to accessing health care.
- b) Health promotion and coaching to assist beneficiaries to set goals and action plans to address health-related social needs and barriers to accessing health care; and Provide information, coaching and support to assist beneficiaries to engage and re-engage in their own health care including adherence to treatment plans, follow up with necessary health care, and self-management of chronic conditions.
- c) Health system navigation and resource coordination to serve as a cultural liaison between the beneficiary and the health care system, and to link beneficiaries to appropriate information and services to help navigate the health care system, to address health-related social needs or barriers to health care.
- d) Health Education and Training for individual and groups of beneficiaries, consistent with established or recognized health care standards, on methods and measures to prevent disease, disability and other health conditions or their progression.
- e) Care planning with a beneficiary's care team to support a person-centered wholistic approach to care delivery to promote physical and mental health and efficiency, and to address health-related social needs and barriers to accessing health care.

These services may be provided in the community, in a clinic setting, individually or in a group.

The supervising practitioners will be Physicians, Dentists, Advanced Practitioner Registered Nurses (APRN), Licensed Mental Health Professionals (LMHP) or Physician Assistants (PA).

KANSAS MEDICAID STATE PLAN

Attachment 4.19-B
#6.d.

Other Practitioner's Services Methods and Standards for Establishing Payment Rates

Reimbursement for services are based upon a Medicaid fee schedule established by the State of Kansas.

Effective January 1, 2022, additional varicose vein treatment modalities reimbursement rates have been added to the plan.

Effective January 1, 2023, reimbursement rates for LMHP visits in nursing facilities have been added to the state plan.

Effective July 1, 2023, reimbursement rates for Community Health Workers have been added to the state plan.

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 July 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.