

## **Table of Contents**

**State/Territory Name: KS**

**State Plan Amendment (SPA) #: 23-0031**

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



---

**Financial Management Group**

October 5, 2023

Sarah Fertig, State Medicaid Director  
Kansas Department of Health and Environment  
Division of Health Care Finance  
Landon State Office Building  
900 SW Jackson, Room 900-N  
Topeka, KS 66612-1220

RE: Kansas SPA 23-0031

Dear Ms. Fertig:

We have reviewed the proposed amendment to Attachments 3.1-A and 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 23-0031. This amendment increases the Brain Injury Rehabilitation Facility rate from \$700 per day to \$1400 per day.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We have found that the proposed reimbursement methodology complies with applicable requirements and therefore have approved them with an effective date of July 1, 2023. We are enclosing the CMS-179 and the amended approved plan pages.

If you have any questions, please contact Fredrick Sebree at [Fredrick.sebree@cms.hhs.gov](mailto:Fredrick.sebree@cms.hhs.gov).

Sincerely,



Rory Howe  
Director

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

1. TRANSMITTAL NUMBER  
23 — 0031

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 440, 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, #1, Page 1  
Attachment 3.1-A, #1, Page 2  
Attachment 4.19-A, Page 47 (New)

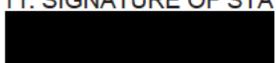
8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
  
Attachment 3.1-A, #1, Page 1  
Attachment 3.1-A, #1, Page 2 (Deleted)

9. SUBJECT OF AMENDMENT  
  
Pursuant to the Kansas legislative appropriations, effective 7/1/2023, the Brain Injury Rehabilitation Facility (BIRF) rate will be increased from \$700 per day to \$1,400 per day. The SPA also makes a technical change from Traumatic Brain Injury (TBI) to Brain Injury (BI) on the submitted pages.

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  
July 19, 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  
7/19/2023

17. DATE APPROVED  
October 5, 2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
7/1/2023

19. SIGNATURE OF APPROVING OFFICIAL  


20. TYPED NAME OF APPROVING OFFICIAL  
Rory Howe

21. TITLE OF APPROVING OFFICIAL  
Director, FMG

22. REMARKS  
  
8/17/2023 - State authorized update to block 7 to strike out page 2 of the section 3.1-A and an update to block 8 annotating the page has been deleted.

# KANSAS MEDICAID STATE PLAN

Attachment 3.1-A

#1

Page 1

## Inpatient Hospital Services Limitations

1. Services shall be ordered by a physician and shall be related specifically to the present diagnosis of the Consumer. Inpatient services are available for all beneficiaries as medically necessary.

2. Inpatient services for individuals who have experienced a brain injury:

Services provided under the inpatient benefit include medically appropriate inpatient services for individuals who have experienced a Brain Injury (BI) and receive services in a Brain Injury Rehabilitation Facility (BIRF), if medically appropriate for an inpatient hospital. These services are inpatient hospital facility services and not residential treatment services

Provider Qualifications: Inpatient hospitals must meet the Medicare Conditions of Participation.

Services must be furnished by or under the direction of a physician and all staff must meet applicable licensure and certification requirements and adhere to scope of practice definitions of licensure boards.

**KANSAS MEDICAID STATE PLAN**

**Attachment 4.19-A  
Page 47**

**Methods and Standards for Establishing Payment Rates  
Brain Injury Rehabilitation Facility (BIRF)**

**Reimbursement Rate**

Pursuant to the Kansas legislative appropriations, and effective 7/1/2023, the Brain Injury Rehabilitation Facility (BIRF) rate will be increased from \$700 per day to \$1,400 per day.