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State/Territory Name: Kansas

State Plan Amendment (SPA) #: 23-0044

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
7500 Security Boulevard
Baltimore, Maryland 21244-1850



Medicaid and CHIP Operations Group

February 23, 2024

Christine Osterlund, Acting 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 State Plan Amendment (SPA) 23-0044

Dear Christine Osterlund:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0044. This amendment proposes to add the Management of Self-Monitoring Blood Pressure (SMBP) treatment plans as a preventive outpatient service for persons using SMBP devices as part of their care.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that Kansas Medicaid SPA 23-0044 was approved on February 23, 2024, with an effective date of January 1, 2024.

If you have any questions, please contact Helenita Augustus at 410-786-8902 or via email at Helenita.Augustus@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

cc: Bobbie Graff-Hendrixson
Bill Stelzner

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

1. TRANSMITTAL NUMBER <u>2 3 — 0 0 4 4</u>	2. STATE <u>KS</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

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

4. PROPOSED EFFECTIVE DATE
January 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440, 42 CFR 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY <u>2024</u>	\$ <u>22,912</u>
b. FFY <u>2025</u>	\$ <u>30,550</u>

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-A, #13.c.3. ,Page 1, New
Attachment 4.19-B, #13.c.3. , Page 1, New

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT
The Management of Self-monitoring Blood Pressure (SMBP) treatment plans will be added to the Kansas Medicaid State Plan as a preventive outpatient service for persons using SMBP devices as part of their care.

10. GOVERNOR'S REVIEW (Check One)

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

11. SIGNATURE OF STATE AGENCY OFFICIAL
[Redacted]

12. TYPED NAME
Christine Osterlund

13. TITLE
Medicaid Director

14. DATE SUBMITTED
December 6, 2023

15. RETURN TO
Christine Osterlund
Medicaid Director
Deputy Secretary of Agency Integration and Medicaid
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 6, 2023	17. DATE APPROVED February 23, 2024
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2024	19. SIGNATURE OF APPROVING OFFICIAL [Redacted]
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS
State approved a pen and ink change to CMS 179 Form, block 7 to add "Page 1, New" for both attachments.

PREVENTIVE SERVICES LIMITATIONS

Management of Self-monitoring Blood Pressure (SMBP) Treatment Plans

Program:

The management of self-monitoring blood pressure (SMBP) treatment plans is a preventive outpatient service for persons using SMBP devices as part of their care. Self-measured blood pressure monitoring has been shown to be an effective approach to lowering blood pressure, improving control in patients with hypertension, and increasing patient compliance with antihypertensive therapy.

Limitations:

Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration is allowed annually.

Collection of blood pressure data reported by the patient and /or caregiver to the physician or other qualified health care professional and subsequent communication of a treatment plan to the patient is allowed up to four times per year. This limitation may be exceeded with prior authorization and medical necessity.

Services:

Management of Self-monitoring Blood Pressure (SMBP) Treatment Plan services include:

- Patient education and training
- Validate clinical accuracy of SMBP devices
- Calibration of SMBP devices by the providers listed below
- Ongoing verification of the patient's self-measurements with data reported to the provider

Providers:

Physicians

Other Practitioners:

- APRNs
- Physician Assistants

Provider Qualifications:

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

Other Practitioners – An individual licensed by the State of Kansas to provide services within their scope of practice.

KANSAS MEDICAID STATE PLAN

Attachment 4.19-B
#13.c.3.
Page 1

PREVENTIVE SERVICES LIMITATIONS

Methods and Standards for Establishing Payment Rates

Management of Self-monitoring Blood Pressure (SMBP) Treatment 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 January 1, 2024 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.