

Table of Contents

State/Territory Name: KANSAS

State Plan Amendment (SPA) #: KS-24-0020

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
230 South Dearborn Street
Chicago, Illinois 60604



Financial Management Group

October 29, 2024

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

RE: TN 24-0020

Dear Medicaid Director Osterlund,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Kansas State Plan Amendment (SPA) to Attachment 4.19-B 24-0020, which was submitted to CMS on October 4, 2024. This plan amendment updates the Family Service Coordination Targeted Case Management (TCM) reimbursement rate.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of October 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Ysabel Gavino via email at Maria.Gavino@cms.hhs.gov.

Sincerely,

A solid black rectangular box used to redact the signature of the sender.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER 2 4 — 0 0 2 0 2. STATE KS

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI

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

4. PROPOSED EFFECTIVE DATE
October 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2025 \$ 0
b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B #6.a., Page 1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19-B #6.a.(Adding "Page 1")

9. SUBJECT OF AMENDMENT
Family Service Coordination Targeted Case Management (TCM) reimbursement rate will be increased.

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:
Christine Osterlund is the Governor's Designee

11. SIGNATURE OF STATE AGENCY OFFICIAL
[Redacted Signature]

12. TYPED NAME
Christine Osterlund

13. TITLE
Medicaid Director

14. DATE SUBMITTED
October 4, 2024

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
October 4, 2024

17. DATE APPROVED
October 29, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
October 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL
[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS

KANSAS MEDICAID STATE PLAN

Attachment 4.19-B

#6.a.

Page 1

Targeted Case Management

“Reimbursement for Targeted Case Management Services (TCM) for individuals meeting criteria for mental health (MH), intellectual and/or developmental disabilities (IDD), brain injury (BI), physical disabilities (PD), frail elderly (FE) and early inter family services coordination (FSC) is based on a fee schedule established by the State of Kansas.

The agency’s TCM reimbursement rates for MH, BI, PD, and FE were set as of July 1, 2007 and are effective for services on or after that date. All rates are published on the agency’s website. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of targeted case management services and the fee schedule and any annual/periodic adjustments to the fee schedule are published on the agency’s website at <https://portal.kmap-state-ks.us/PublicPage/ProviderPricing/Disclaimer?searchBy=ScheduleList>

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers for IDD TCM reimbursement. 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>

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers for FSC TCM reimbursement. The agency’s fee schedule rate was set as of October 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>

The link in the paragraphs above 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.