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State/Territory Name: Kansas

State Plan Amendment (SPA) #: 24-0023

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

November 27, 2024

Christine Osterlund, 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) 24-0023

Dear Christine Osterlund:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0023. This amendment proposes to add Elevated Blood Lead (EBL) level education visits for children under 21 years of age, and Lead Hazard Risk Assessments for children under 21 years of age.

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 24-0023 was approved on November 26, 2024, with an effective date of October 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Kansas State Plan.

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

Sincerely,



Digitally signed by James G.
Scott -S
Date: 2024.11.27 10:56:36
-06'00'

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 4 — 0 0 2 3</u> | 2. STATE <u>KS</u> |
|-----------------------------------------------|-----------------------|

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 440 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 3.1-A, #13.c.6., Page 1 (New)
Attachment 3.1-A, #13.c.7., Page 1 (New)
Attachment 4.19-B, #13.c.6., Page 1 (New)
Attachment 4.19-B, #13.c.7., Page 1 (New)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT
1. Cover Registered Nurse (RN) Elevated Blood Lead (EBL) level education visits for children under the age of 21. 2. Cover Lead Hazard Risk Assessments for children under the age of 21 if they are shown to have an Elevated Blood Lead (EBL) level equal to or greater than 10 mcg/dL


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


12. TYPED NAME
Christine Osterlund

13. TITLE
Medicaid Director

14. DATE SUBMITTED
November 6, 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
November 6, 2024

17. DATE APPROVED
November 26, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
October 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

Digitally signed by James G. Scott -S
Date: 2024.11.27 10:57:05 -06'00'

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

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

22. REMARKS

PREVENTIVE SERVICES LIMITATIONS

RN Education Visits for Elevated Blood Lead Levels

SERVICE

Registered Nurse (RN) Elevated Blood Lead (EBL) level education visits are for children under the age of 21. RN education visits for elevated blood lead levels services must be recommended by a physician or by another licensed practitioner of the healing arts.

DEFINITION

The RN education visit for an Elevated Blood Lead (EBL) level involves the RN advising parents and/or guardians of the child's blood lead level and what it means such as the impact of lead poisoning on children, risk factors and possible sources of lead exposure including steps to take to decrease lead exposure. The RN education visit should also include the assessment of the child pertaining to growth, development, behavior, nutrition, and the initiation of appropriate referrals to a health care provider. Additional education given includes the importance of a well-balanced diet, good housekeeping practices, and follow-up blood lead testing recommendations. Follow up RN education visits can be done to assess the family's progress in complying with the recommendations provided by the RN. Education and assessments, by the RN, must be documented in the child's medical chart.

PROVIDERS

Registered Nurse (RN)

PROVIDER QUALIFICATIONS

Registered Nurse—individual licensed by the State of Kansas to provide services within their scope of practice.

PREVENTIVE SERVICES LIMITATIONS

Lead Hazard Risk Assessments

SERVICE

Lead Hazard Risk Assessments are for children under the age of 21. Prior authorization is required. Lead Hazard Risk Assessment services must be recommended by a physician or by another licensed practitioner of the healing arts.

DEFINITION

Lead Hazard Risk assessment means an on-site investigation to determine the existence, nature, severity, and location of lead hazards in a residential dwelling and the provision of a written report explaining the results of the investigation and options for reducing lead hazards. Coverage for the Lead Hazard Risk Assessment is for time and activities and does not include laboratory analysis. Lead Hazard Risk Assessment investigations of the child's home involve the identification of potential sources of exposure to lead, advising parents or guardians about identified and potential sources of lead and ways to reduce exposure.

PROVIDERS

Local Health Department. The Local Health Department can provide Lead Hazard Risk Assessment directly by becoming a KDHE licensed Lead Activity Firm and employing a KDHE certified Risk Assessor or KDHE certified Elevated Blood Lead (EBL) Level Investigator, or they may contract with a KDHE licensed Lead Activity Firm that employs a KDHE certified Risk Assessor or KDHE certified EBL Level Investigator.

PROVIDER QUALIFICATIONS

KDHE licensed Lead Activity Firm – an individual or entity that meets all the requirements as listed by the State of Kansas.

KDHE certified Risk Assessor – an individual who meets the certification requirements as defined by the State of Kansas.

KDHE certified Elevated Blood Lead Level Investigator – an individual who meets the certification requirements as defined by the State of Kansas.

KANSAS MEDICAID STATE PLAN

Attachment 4.19-B
#13.c.6.
Page 1

PREVENTIVE SERVICES LIMITATIONS

Methods and Standards for Establishing Payment Rates

RN Education Visits for Elevated Blood Lead Levels

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 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>

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.

KS 24-0023
Supersedes: New

Approval Date: 11/26/2024

Effective Date: 10/1/2024

KANSAS MEDICAID STATE PLAN

Attachment 4.19-B
#13.c.7.
Page 1

PREVENTIVE SERVICES LIMITATIONS

Methods and Standards for Establishing Payment Rates

Lead Hazard Risk Assessments

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