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State/Territory Name: Kansas

State Plan Amendment (SPA) #: 25-0005

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

April 16, 2025

Christine Osterlund
Medicaid Director
Division of Health Care Finance
Landon State Office Building
900 SW Jackson, Room 900-N
Topeka, Kansas 66612-1220

Re: Kansas State Plan Amendment (SPA) – KS-25-0005

Dear Director Osterlund:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0005. This amendment proposes to allow Partial Hospitalization Program (PHP) and Intensive Outpatient Treatment (IOP) of mental health disorders related to Eating Disorder Care.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations in Section 1905 (a)(13), 42 CFR 440, and 42 CFR 447. This letter informs you that Kansas' Medicaid SPA TN 25-0005 was approved on April 16, 2025, with an effective date of January 1, 2025.

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 Ashli Clark at (410) 786-5602 or via email at ashli.clark@cms.hhs.gov.

Sincerely,

Ruth A. Hughes
On Behalf of Courtney Miller, MCOG Director

Enclosures

cc: Bobbie Graf-Hendrixson
William Stelzner

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

1. TRANSMITTAL NUMBER <u>2 5</u> — <u>0 0 0 5</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, 2025

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440, 42 CFR 447 1905(a)(13)

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.d., Pages 16-19 (New)
Attachment 4.19-B, #13.d., Page 11 (New)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT
Allow Partial Hospitalization Program (PHP) and Intensive Outpatient Treatment (IOP) of mental health disorders related to Eating Disorder 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

Christine Osterlund

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

13. TITLE
Medicaid Director

14. DATE SUBMITTED
January 31, 2025

FOR CMS USE ONLY

16. DATE RECEIVED
January 31, 2025

17. DATE APPROVED
April 16, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL
On Behalf of Courtney Miller, MCOG Director

22. REMARKS

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#13.d.

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REHABILITATION SERVICES

10. Partial Hospitalization Psychiatric Care (PHP)/Intensive Outpatient Treatment (IOP)

Partial Hospitalization Psychiatric Care Program (PHP). Adults and youth demonstrating a medical necessity for the service arising from behavioral health disorders that are at risk of psychiatric hospitalization or transitioning from a psychiatric hospitalization to the community, or that result in significant functional impairments in major life activities. Treatment is intensive nonresidential, structured, and therapeutic for individuals with substance use disorder (SUD), mental health diagnoses, and/or co-occurring disorders and meet the plan of treatment requirements of 42 CFR 440.130(d). This service includes assessment, assistance with medication management, individual and group therapy, skills restoration, and care coordination for individuals who require coordinated, intensive, comprehensive, and multidisciplinary treatment but who do not require inpatient treatment. Services are delivered under the direction of a physician.

Intensive Outpatient Treatment Program (IOP). Includes skilled treatment services for adults and youth who demonstrate a medical necessity for the service arising from behavioral health disorders that result in significant functional impairments in major life activities. Treatment is based on a comprehensive, coordinated and individualized individual service plan that involves the use of multiple, concurrent service components and treatment modalities. Treatment focuses on symptom reduction, crisis and safety planning, promoting stability and independent living in the community, recovery/relapse prevention and reducing the need for a more acute level of care. This service is provided to individuals who do not require the intensive level of care of inpatient, residential, or partial hospitalization service, but require more intensive services than outpatient services and would benefit from the structure and safety available in the IOP setting.

Services are provided via interdisciplinary approach to treatment which are intensive nonresidential, structured, and therapeutic for individuals with substance use disorder (SUD), mental health diagnoses, and/or co-occurring disorders and meet the IOP plan of treatment requirements. Treatment focuses on symptom reduction, crisis and safety planning, promoting stability and independent living in the community, recovery/relapse prevention and reducing the need for a more acute level of care.

Services must be recommended by a physician or other licensed practitioner in accordance with 42 CFR 440.130(d) and provided by a health care professional licensed by the State of Kansas operating within their scope of practice.

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Non-Licensed and paraprofessional staff shall be under the direction of a health care professional licensed by the State of Kansas operating within their scope of practice.

Qualifications for non-licensed and paraprofessional staff as applicable to the direct service:

- Must be at least 18 years old, and have a high school diploma or equivalent; or
- an AA/AS degree or two years of equivalent education and/or experience working in the human services field; or
- a BA/BS degree or four years of equivalent education and/or experience working in the human services field; and
- hold a certification in the State of Kansas to provide the service, which includes criminal, abuse/neglect registry and professional background checks, and completion of a standardized basic training program.

Service Component Definitions –Mental Health Partial Hospitalization and Intensive Outpatient Treatment	Providers
<p>“Assessment” means the face-to-face interaction in which the provider obtains information from the individual or other family members, as appropriate, about the individual's mental health status. It includes documented history of the severity, intensity, and duration of mental health problems and behavioral and emotional issues</p>	<p>LMHP, LCMHP, Nurse Practitioner, Physician Assistant, Physician</p>
<p>“Treatment Planning” means the development of a person-centered plan of care that is specific to the individual’s unique treatment needs, developed with the individual, in consultation with the individual's family, as appropriate. Contain the following: physicians diagnosis; type, amount, duration, and frequency of the services; and treatment goals under the plan.</p>	<p>LMHP, LCMHP, Nurse Practitioner, Physician Assistant</p>
<p>“Health literacy counseling” means patient counseling on mental health, and, as appropriate, addiction, treatment, and recovery, and associated health risks including administration of medication, monitoring for adverse side effects or results of that medication, counseling on the role of prescription medications and their effects including side effects and the importance of compliance and adherence.</p>	<p>LMHP, LCMHP, Nurse Practitioner, Physician Assistant, Occupational Therapist, RN,</p>

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<p>"Individual, group and family therapy" means the application of principles, standards, and methods of the counseling profession in (i) conducting assessments and diagnoses for the purpose of establishing treatment goals and objectives and (ii) planning, implementing, and evaluating treatment plans using treatment interventions to facilitate human development and to identify and remediate mental, emotional, or behavioral disorders and associated distresses that interfere with mental health. All family therapy services furnished are for the direct benefit of the individual, in accordance with the individual's needs and treatment goals identified in the individual's plan of care, and for the purpose of assisting in the individual's recovery. The individual is present during family therapy except when it is clinically appropriate for the individual to be absent in order to advance the individual's treatment goals.</p>	<p>LCMHP, LMHP,</p>
<p>"Skills Restoration" means a service to assist individuals in the restoration of lost skills that are necessary to achieve the goals established in the individual's plan of care. Services include assisting the individual in restoring the following skills: self- management, symptom management, interpersonal, communication, community living, and problem-solving skills through modeling, coaching, and cueing.</p>	<p>LCMHP, LMHP, non-licensed staff under the direction of an LMHP</p>
<p>"Crisis treatment" means behavioral health care, available 24-hours per day, seven days per week, to provide immediate assistance to individuals experiencing acute behavioral health problems that require immediate intervention to stabilize and prevent harm and a higher level of acuity.</p>	<p>LCMHP, LMHP, non-licensed staff under the direction of an LMHP</p>

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<p>“Peer Recovery Support Services” means strategies and activities that include person centered, strength based planning to promote the development of self-advocacy skills; empowering the individual to take a proactive role in the development of their plan of care; crisis support; assisting in the use of positive self-management techniques, problem-solving skills, coping mechanisms, symptom management and communication strategies identified in the plan of care. Caregivers of individuals under age 21 may also receive Parent/Family Peer support as a peer recovery support service when the service is directed exclusively toward the benefit of the individual. Peer recovery support services to the beneficiary’s family and significant others is for the direct benefit of the beneficiary, in accordance with the beneficiary’s needs and treatment goals identified in the beneficiary’s treatment plan, and for the purpose of assisting in the beneficiary’s recovery.</p>	<p>Kansas Certified Peer Specialist, Kansas Certified Peer Mentor, Kansas Certified Parent Peer Specialist under the direction of an LMHP</p>
<p>“Care coordination” means locating and coordinating services across multiple providers to include sharing of information among health care providers and others, who are involved with an individual's health care, to improve the restorative care and align service plans.</p>	<p>LMHP, non-licensed staff under the direction of an LMHP</p>
<p>General Terms–Mental Health Partial Hospitalization and Intensive Outpatient Treatment</p>	<p>Definitions</p>
<p>“Session”</p>	<p>Means one day of service consisting of the required service components (i.e. clinical interventions and restorative grp interventions).</p>
<p>“Week”</p>	<p>Defined as Sunday through Saturday</p>

**Rehabilitation Services
Methods and Standards for Establishing Payment Rates**

Partial Hospitalization Psychiatric Care (PHP)/Intensive Outpatient Treatment (IOP)

PHP and IOP Services are paid per diem rates.

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, 2025 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.