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State/Territory Name: Kansas

State Plan Amendment (SPA) #: 23-0028

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

August 21, 2023

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

Re: Kansas State Plan Amendment (SPA) 23-0028

Dear Sarah Fertig:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0028. This amendment proposes increased reimbursement for targeted case management, and replaces the phrase “mental retardation and other developmental disabilities” with the phrase “intellectual or developmental disabilities” on the submitted pages.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 42 CFR 440 and 447. This letter is to inform you that Kansas Medicaid SPA 23-0028 was approved on August 18, 2023, with an effective date of July 1, 2023

If you have any questions, please contact Michala Walker at 816-426-6503 or via email at michala.walker@cms.hhs.gov.

Sincerely,



Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosures

cc: Bobbie Graff-Hendrixson
Bill Stelzner
Bill Thompson

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

1. TRANSMITTAL NUMBER
23 — 0028

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 and 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

Supplement 1 to Attachment 3.1-A, Pages 6-8 ⁹
Attachment 4.19-B #6.a.

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Supplement 1 to Attachment 3.1-A, Pages 6-8 ⁹
Attachment 4.19-B #6.a.


9. SUBJECT OF AMENDMENT

With passage of legislation during the 2023 legislature session, the Targeted Case Management (TCM) reimbursement rate for Intellectual and/or Developmental Disabilities (IDD) members has been increased. The SPA will also replace "Mental Retardation and Other Developmental Disabilities (MR/DD)" with "Intellectual and/or Developmental Disabilities (IDD)" 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

TE AGENCY OFFICIAL


12. TYPED NAME
Sarah Fertig

13. TITLE
State Medicaid Director

14. DATE SUBMITTED
July 7, 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
July 7, 2023

17. DATE APPROVED
August 18, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Ruth A. Hughes

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

22. REMARKS

Boxes 7 and 8: State authorized pen and ink changes on 8/4/2023.

State Plan under Title XIX of the Social Security Act
State/Territory: Kansas

TARGETED CASE MANAGEMENT SERVICES
Intellectual and/or Developmental Disabilities

Target Group: Persons with intellectual and/or developmental disabilities. Intellectual Disability means substantial limitations in present functioning that is manifest during the period from birth to 18 years and is characterized by significantly sub-average intellectual functioning existing concurrently with deficits in adaptive behavior including related limitations in two or more of the following applicable skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure and work.

Developmental disability means intellectual disability or a severe, chronic disability, which is attributable to a mental or physical impairment, a combination of mental and physical impairments, or a condition which has received a dual diagnosis of intellectual disability and mental illness, is manifest before 22 years of age; and is likely to continue indefinitely. In the case of a person five years of age or older, results in substantial limitation in three or more of the following areas of major life functioning: self-care, receptive and expressive language development and use, learning and adapting, mobility, self-direction, capacity for independent living and economic self-sufficiency; reflects a need for a combination and sequence of special interdisciplinary or generic care, treatment of other services which are life long, or extended in duration, are individually planned or coordinated, and does not include individuals who are solely and severely emotionally disturbed or seriously or persistently mentally ill or have disabilities solely as result of infirmities of aging. The target group includes individuals transitioning to a community setting. Case management services will be made available for up to 180 consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000)

Areas of state in which services will be provided:

Entire State of Kansas

Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide)

Comparability of services:

Services are provided in accordance with section 1902(a)(10)(B) of the Act.

Services are not comparable in amount duration and scope.

Definition of services: Targeted case management services are defined as those services which will assist the individual, eligible under the State Plan, in gaining access to medical, social, educational and other needed services. Targeted case management includes any or all of the following services:

**State Plan under Title XIX of the Social Security Act
State/Territory: Kansas**

**TARGETED CASE MANAGEMENT SERVICES
Intellectual and/or Developmental Disabilities (continued)**

Comprehensive assessment and periodic reassessment of an eligible individual to determine service needs for any medical, educational, social or other services by:

- taking the beneficiary's history,
- identifying the individual's needs and completing the related documentation, and
- gathering information, if necessary, from other sources such as family members, medical providers, social workers, and educators, to form a complete assessment of the individual.

Assessments are conducted initially upon entry into the program, and at least annually or more if the individual's condition changes. This frequency ensures that the care plan aligns with evolving needs, adapting as necessary to any changes in the individual's needs.

Development (and periodic revision) of a specific support/care plan that:

- is based on the information collected through the assessment,
- specifies the goals and actions to address the medical, social, educational, and other service needs of the individual,
- includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop such goals, and identify a course of action to respond to the assessed needs of the eligible individual.

Referral and related activities:

- to help an individual obtain needed services including,
- activities that help link the individual with medical, social, educational providers, or
- other programs and services that are capable of providing needed services, to address identified needs and achieve goals specified in the care plan.

Monitoring and follow-up activities, including:

- activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the individual's needs, and which may be with the individual, family members, providers, or other entities or individuals, and conducted as frequently as necessary to determine whether:
 - Services are being furnished in accordance with the individual's care plan;
 - The services in the care plan are adequate; and
 - There are changes in the needs or status of the individual, and if so, making necessary adjustments in the care plan and service arrangements with the providers.

Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. (42 CFR 440.169(e))

**State Plan under Title XIX of the Social Security Act
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**TARGETED CASE MANAGEMENT SERVICES
Intellectual and/or Developmental Disabilities (continued)**

Qualifications of providers:

Case management services are provided by providers who meet licensing standards of the State of Kansas, and who are qualified enrolled Medicaid providers.

- Six months full time experience in a field of human services; and
- A bachelor's degree or additional full-time experience in the field of developmental disabilities services, which may be substituted for the degree at the rate of six-months of full-time experience for each missing semester of college; and
- Completion and passing of the Kansas Department for Aging and Disability Services – Long Term Services and Supports (KDADS-LTSS) case management training and assessment.

Freedom of choice:

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment:

Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

State Plan under Title XIX of the Social Security Act
State/Territory: Kansas

TARGETED CASE MANAGEMENT SERVICES
Intellectual and/or Developmental Disabilities (continued)

Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows:

- (i) The name of the individual;
- (ii) The dates of the case management services;
- (iii) The name of the provider agency (if relevant) and the person providing the case management service;
- (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved;
- (v) Whether the individual has declined services in the care plan;
- (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

The maximum allowable units per beneficiary are 240 units per calendar year. This may be waived with prior authorization by the Kansas Department for Aging and Disability Services.

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

KANSAS MEDICAID STATE PLAN

Attachment 4.19-B
#6.a.

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, FE, and FSC 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>

The link in both 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.