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State/Territory Name: Kansas

State Plan Amendment (SPA) #: 23-0029

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

September 15, 2023

Sarah Fertig, 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) 23-0029

Dear Ms. Fertig:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0029. This amendment proposes to expand Peer Support Services, which allows providers outside of the Community Mental Health Center (CMHC) network to employ Peer Support providers and to be reimbursed for providing Peer Support Services.

We conducted our review of your submittal according to statutory requirements in Title 1905(a) of the Social Security Act. This letter is to inform you that Kansas Medicaid SPA 23-0029 was approved on September 14, 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,



James G. Scott, Director
Division of Program Operations

Enclosures

cc: Bobbie Graff-Hendrixson
Bill Stelzner
Bill Thompson
Annette Grant

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

1. TRANSMITTAL NUMBER
23 — 0029

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

Attachment 3.1-A, #13.d., Pages 4, 9-12, and 15
Supplement MAT Attachment 3.1-A, Pages 3-5
Supplement MAT Attachment 3.1-B, Pages 3-5
Attachment 4.19-B, #13.d., Page 10 (New)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 3.1-A, #13.d., Pages 4, 9-12, and 15
Supplement MAT Attachment 3.1-A, Pages 3-5
Supplement MAT Attachment 3.1-B, Pages 3-5

9. SUBJECT OF AMENDMENT

The Kansas Department for Aging and Disability Services, KDADS, Behavioral Health Commission, are amending the Kansas Medicaid State Plan to allow providers outside of the CMHC network to employ Peer Support providers and to be reimbursed for providing Peer Support Services. The Peer Support Services sections of the state plan are also being updated.

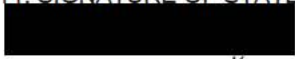
10. GOVERNOR'S REVIEW (Check One)

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

11. SIGNATURE OF STATE 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
June 7, 2023

17. DATE APPROVED
September 14, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2023

19. 

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

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

22. REMARKS

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Attachment 3.1-A
#13.d.
Page 4

- A. Helping the consumer to develop a network for information and support from others who have been through similar experiences.
- B. Assisting the consumers with regaining the ability to make independent choices and to take a proactive role in treatment including discussing questions or concerns about medications, diagnoses or treating with their treating clinician.
- C. Assisting the consumer with the identifying and effectively responding to or avoiding identified precursors or triggers that result in functional impairments.

Provider qualifications: Must be at least 18 years of age and at least 3 years older than a client under 18 years of age. Have a high school diploma or equivalent. Complete any required training approved by Kansas Department of Aging and Disability Services (KDADS) and maintain certifications as required by KDADS to provide the service, which includes criminal, abuse/neglect registry and professional background checks. Self-identify as a present or former consumer of behavioral health services. Parent Peer Specialists must have lived experience in the behavioral health area in which they work. Supervision of the peer provider must be provided by a Physician, APRN, PA, QMHP, or LMHP eligible to provide Medicaid services within their scope of practice. Supervising professionals shall complete any state required supervision training.

4. **Crisis Intervention (CI)** services are provided to a person who is experiencing a psychiatric crisis, designed to interrupt and/or ameliorate a crisis experience including a preliminary assessment, immediate crisis resolution and de-escalation, and referral and linkage to appropriate community services to avoid more restrictive levels of treatment. The goals of Crisis Interventions are symptom reduction, stabilization, and restoration to a previous level of functioning. All activities must occur within the context of a potential or actual psychiatric crisis. Crisis intervention is a face-to-face intervention and can occur in a variety of locations, including an emergency room or clinic setting, in addition to other community locations where the person lives, works, attends school, and/or socializes. This service may include the following components:

- A. A preliminary assessment of risk, mental status, and medical stability; and the need for further evaluation or other mental health services, Includes contact with the client, family members or other collateral sources (e.g. caregiver, school personnel) with pertinent information for the purpose of a preliminary assessment and/or referral to another alternative mental health services at an appropriate level.
- B. Short-term crisis interventions including crisis resolution and de-briefing and follow-up with the individual, and as necessary, with the individual's caretaker and/or family members.
- C. Consultation with a physician or with other providers to assist with the individual's specific crisis.

Provider qualifications: Must be at least 18 years old, and have an AA/AS degree or two years of equivalent education and/or experience working in the human services field. 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.

5. **Outpatient substance abuse services** include an array of consumer centered outpatient and intensive outpatient services consistent with the individual's assessed treatment needs, with a

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#13.d
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Service	Description	Providers
Family Therapy	Family therapy involves treatment of the family as a "system" with the family being the focus of attention and change, specifically including children (may refer to adult children). Family therapy that involves the participation of a non-Medicaid eligible is for the direct benefit of the member. The service must actively involve the member in the sense of being tailored to the member's individual needs. There may be times when, based on clinical judgement, the member is not present during the delivery of the service, but remains the focus of the service. Family therapy without the member present will only be made available once approved in other parts of the state plan. Family Therapy is available for both children and adults.	LMHP, QMHP
Individual and Group Therapy	The therapeutic interaction between a patient or patients and a counselor intended to improve, eliminate, or manage one or more of a patient's behavioral health condition.	LMHP, QMHP
Crisis Services	Services provided to an individual who is experiencing a psychiatric or substance use disorder crisis. Crisis services are designed to interrupt and/or ameliorate a crisis experience, including a preliminary assessment; immediate crisis resolution and de-escalation which could include detox and relapse prevention; and referral and linkage to appropriate community services to avoid more restrictive levels of treatment. Services are available 24/7 and are a face-to-face intervention and may occur in a variety of locations.	Team can include: <ul style="list-style-type: none"> • Physician • Physician Assistant • APRN • LMHP • QMHP • Peer Support Specialist • Parent Peer Specialist • Peer Mentor • Addictions Counselor • Non-licensed CCBHC personnel under supervision of the QMHP
Psychological Testing	The use, in any manner, of established psychological tests, procedures, and techniques with the intent of diagnosing adjustment, functional, mental, vocational, or emotional problems, or establishing treatment methods for individuals having such problems.	LMHP, QMHP, Non-licensed CCBHC personnel

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Attachment 3.1 – A
#13.d
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Service	Description	Providers
Community Psychiatric Support and Treatment (CPST)	Goal-directed supports and solution-focused interventions intended to achieve identified goals or objectives as set forth in the service recipient’s individualized treatment plan. CPST is a face-to-face intervention with the member present; however, family or other collaterals may also be involved. The majority of CPST contacts must occur in community locations where the individual lives, works, attends school, and/or socializes.	LMHP, QMHP, CPST Specialist
Individual and Group Peer Supports	Individual-centered services with a rehabilitation and recovery focus. These services are designed to promote skills to cope with and manage psychiatric symptoms while facilitating the use of natural resources and the enhancement of community living skills. Activities included must be intended to achieve the identified goals or objectives as set forth in the member’s individualized treatment plan. The structured, scheduled activities provided by this service emphasize the opportunity for individuals to support each other in the restoration and expansion of the skills and strategies necessary to move forward in recovery. Peer Support (PS) is a face-to-face intervention with the member present. Services may be provided individually or in a group setting.	LMHP, QMHP, Peer Support Specialist, Parent Peer Specialist, Peer Mentor
Psychosocial Rehabilitation (PSR)	Services designed to assist the individual with compensating for or eliminating functional deficits and interpersonal and/or environmental barriers associated with the individual’s mental illness. Activities included must be intended to achieve the identified goals or objectives as set forth in the individual’s individualized treatment plan. The intent of PSR is to restore the fullest possible integration of the individual as an active and productive member of his or her family, community, and/or culture with the least amount of ongoing professional intervention. PSR is a face-to-face intervention with the individual present. Services may be provided individually or in a group setting. The majority of PSR contacts must occur in community locations where the individual lives, works, attends school, and/or socializes.	LMHP, QMHP, PSR

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#13.d

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Service	Description	Providers
Community Supports	Community Supports services are ongoing supports to members who, because of their intensive behavioral health needs, require on-going support to integrate into the community. Services provide solution-oriented interventions intended to achieve the goals and objectives in the member's integrated treatment plan. Component services can include intensive support services necessary to improve independent living skills and reduce symptoms that will interfere with a member's ability to sustain safe and stable permanent community housing, intensive and directed support that will be of a short-term nature targeting members who are unable to tolerate congregate living arrangements in which the presence of other members in their immediate living area tends to precipitate psychiatric and substance abuse relapse, aggression, or other behaviors associated with risk of re-hospitalization or incarceration, learning appropriate work habits, identifying behaviors that interfere with work performance, personal hygiene, time management, capacity to follow directions, managing symptoms/cravings, planning transportation, and identifying behaviors that interfere with work performance.	LMHP, QMHP, Community Supports Specialist
Assertive Community Treatment (ACT)	An evidence-based practice to improve outcomes in individuals with diagnosed severe mental illness or co-occurring SMI/SUD. Provided pursuant to an Individual treatment plan incorporating a flexible array of community behavioral health services based on assertive outreach and designed to promote recovery for individuals with the most challenging and persistent problems.	Each ACT team includes: <ul style="list-style-type: none"> • LMHP/QMHP, • Physician, • Advanced Practice Registered Nurse (APRN)/Registered Nurse, • Licensed Addictions Counselor, • Peer Support Specialist, • Parent Peer Specialist • Peer Mentor • Non-licensed CCBHC personnel

Provider Qualifications:

Advanced Practice Registered Nurse (APRN) - An Individual licensed by the State of Kansas to provide services within their scope of practice.

Community Psychiatric Support Treatment (CPST) Specialist - An individual certified in the state of Kansas to provide Psychiatric Support Treatment services meeting the following criteria:

- BA/BS degree or four years of equivalent education and/or experience working in the human services field
- Complete and maintain certifications for the service provided as required by the State of Kansas and the Federal government, which includes criminal, abuse/neglect registry, and professional background checks
- Completion of any required training approved by Kansas Department of Aging and Disability Services (KDADS)

Peer Support Specialist/Peer Mentor – An individual certified in the state of Kansas to provide Peer Support Services meeting the following criteria:

- Be at least 18 years of age and at least 3 years older than a client under 18 years of age
- Have a high school diploma or equivalent
- Complete and maintain certifications for the service provided as required by the State of Kansas and the Federal government, which includes criminal, abuse/neglect registry, and professional background checks
- Complete any required training approved by Kansas Department of Aging and Disability Services (KDADS)
- Employer must maintain certification records and background checks in personnel files for the peer staff.
- Self-identify to have had life experience with a diagnosed mental health or addiction disorder, be in sustained and continued recovery for a minimum of one year, and continued recovery while acting as a Peer Support Specialist or Peer Mentor.
- Supervision of the Peer Support provider must be provided by a Physician, APRN, PA, QMHP, or LMHP eligible to provide Medicaid services. Supervising professionals shall complete the required KDADS approved Peer Support Supervisor Training.

Psychosocial Rehabilitation Specialist (PSR) - An individual certified in the state of Kansas to provide Psychosocial Rehabilitation services meeting the following criteria:

- Be at least 18 years of age and at least 3 years older than a client under 18 years of age
- Have a high school diploma or equivalent
- Complete and maintain certifications for the service provided as required by the State of Kansas and the Federal government, which includes criminal, abuse/neglect registry, and professional background checks
- Complete any required training approved by Kansas Department of Aging and Disability Services (KDADS)

Community Support Specialist - An individual certified in the state of Kansas to provide Community Support services meeting the following criteria:

- Be at least 18 years of age and at least 3 years older than a client under 18 years of age
- Have a high school diploma or equivalent
- Complete and maintain certifications for the service provided as required by the State of Kansas and the Federal government, which includes criminal, abuse/neglect registry, and professional background checks
- Complete any required training approved by Kansas Department of Aging and Disability Services (KDADS)

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REHABILITATION SERVICES

9. Parent Peer Support – Parent/Family Peer Support Services (PFPSS) are defined client centered services with a rehabilitation and recovery focus designed to promote skills for coping with and managing behavioral health symptoms while facilitating the utilization of natural resources and the enhancement of community living skills for the parent/legal guardian raising an individual with behavioral health needs.

Parent/Family Peer Support service that involves the participation of a non-Medicaid eligible is for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service.

Rehabilitative services include any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his practice under State law as defined at section 1905(a)(13) of the Social Security Act and in the Code of Federal Regulations at 42 CFR 440.130(d).

Provider Qualifications

Persons providing parent/family peer support services and the organizations which employ them must provide Parent/Family Peer Support Services in a manner consistent with the requirements set forth by Kansas Department of Aging and Disability Services KDADS.

KDADS requirements of persons delivering parent/family peer services in Kansas:

1. Must self-identify as a person with lived experience in the identified behavioral health area in which they work.
2. Must be at least 18 years old and have a high school diploma or equivalent
3. Must be certified by KDADS as Kansas Parent/Family Peer Support provider:
4. Employer completes criminal abuse & neglect registry and professional background check.
5. Employer must maintain certification records and background checks in personnel files for the Parent/Family Peer Support Staff.
6. If the service participant is under the age of 18, the Parent/Family Peer Support Services provider must be at least three years older.
7. Supervision of the Parent/Family Peer Support provider must be provided by a Physician, APRN, PA, QMHP, or LMHP eligible to provide Medicaid services, within their scope of practice. Supervising professionals shall complete any state required supervision.

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Supplement to Attachment 3.1-A

Page 3

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

i. Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT.

a) Please set forth each service and components of each service (if applicable), along with a description of each service and component service. From October 1, 2020, through September 30, 2025, the state assures that MAT to treat OUD as defined at section 1905(ee)(1) of the Social Security Act (the Act) is covered exclusively under section 1905(a)(29) of the Act.

- Individual/Group Therapy refers to the therapeutic interaction between a patient or patients and a counselor intended to improve, eliminate, or manage one or more of a patient’s opioid use disorder.
- Peer Support Services are designed to promote skills to cope with and manage opioid use disorder symptoms while facilitating the use of natural resources and the enhancement of community living skills.

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1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

iii. Service Package (continued)

b) Please include each practitioner and provider entity that furnishes each service and component service.

i. Individual/Group Therapy (The listed providers may provide individual therapy, group therapy, or both. They do not provide peer support services.)

- Licensed Social Workers
- Licensed Professional Counselors
- Licensed Addiction Counselors
- Licensed Marriage and Family Therapists
- Licensed Psychologists
- Physicians, Nurse Practitioners and Physician Assistants
- Clinical Nurse Specialists, Certified Registered Nurse Anesthetists, and Certified Nurse Midwives are included in the provider types approved for MAT services, per the 2018 SUPPORT Act requirements.

ii. Peer Support Services (The listed providers provide peer support services. They do not provide individual therapy nor group therapy.)

- Peer Specialists
- Peer Mentors
- Parent Peer Specialists

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1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

iii. Service Package (continued)

c) Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

i. Individual/Group Therapy

- Physicians and Physician Assistants must meet the requirements established by licensure with the Kansas State Board of Healing Arts.
- Nurse Practitioners, Clinical Nurse Specialists, Certified Nurse Midwives, and Certified Registered Nurse Anesthetists must meet the requirements established for licensure with the Kansas State Board of Nursing.
- Licensed Social Workers, Licensed Professional Counselors, Licensed Addiction Counselors, Licensed Marriage and Family Therapists, and Licensed Psychologists must meet the requirements established for licensure with the Kansas Behavioral Sciences Regulatory Board.

ii. Peer Support Services

- Peer Support Specialists, Peer Mentors, and Parent Peer Specialists must be at least 18 years old and at least 3 years older than a client under 18 years of age. Have a high school diploma or equivalent. Certification in the State of Kansas to provide peer support service, which includes criminal, abuse/neglect registry and professional background checks, and completion of a standardized basic training program. Self-identify to have had life experience with a diagnosed mental health or addiction disorder and be in sustained recovery for a minimum of one year. Parent Peer Specialists must have lived experience in the behavioral health area in which they work.

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Supplement to Attachment 3.1-B

Page 3

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

i. Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT.

a) Please set forth each service and components of each service (if applicable), along with a description of each service and component service. From October 1, 2020, through September 30, 2025, the state assures that MAT to treat OUD as defined at section 1905(ee)(1) of the Social Security Act (the Act) is covered exclusively under section 1905(a)(29) of the Act.

- Individual/Group Therapy refers to the therapeutic interaction between a patient or patients and a counselor intended to improve, eliminate, or manage one or more of a patient's opioid use disorder.
- Peer Support Services are designed to promote skills to cope with and manage opioid use disorder symptoms while facilitating the use of natural resources and the enhancement of community living skills.

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Supplement to Attachment 3.1-B

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1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

iii. Service Package (continued)

b) Please include each practitioner and provider entity that furnishes each service and component service.

i. Individual/Group Therapy (The listed providers may provide individual therapy, group therapy, or both. They do not provide peer support services.)

- Licensed Social Workers
- Licensed Professional Counselors
- Licensed Addiction Counselors
- Licensed Marriage and Family Therapists
- Licensed Psychologists
- Physicians, Nurse Practitioners and Physician Assistants
- Clinical Nurse Specialists, Certified Registered Nurse Anesthetists, and Certified Nurse Midwives are included in the provider types approved for MAT services, per the 2018 SUPPORT Act requirements.

ii. Peer Support Services (The listed providers provide peer support services. They do not provide individual therapy nor group therapy.)

- Peer Specialists
- Peer Mentors
- Parent Peer Specialists

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1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

iii. Service Package (continued)

c) Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

i. Individual/Group Therapy

- Physicians and Physician Assistants must meet the requirements established by licensure with the Kansas State Board of Healing Arts.
- Nurse Practitioners, Clinical Nurse Specialists, Certified Nurse Midwives, and Certified Registered Nurse Anesthetists must meet the requirements established for licensure with the Kansas State Board of Nursing.
- Licensed Social Workers, Licensed Professional Counselors, Licensed Addiction Counselors, Licensed Marriage and Family Therapists, and Licensed Psychologists must meet the requirements established for licensure with the Kansas Behavioral Sciences Regulatory Board.

ii. Peer Support Services

- Peer Support Specialists, Peer Mentors, and Parent Peer Specialists must be at least 18 years old and at least 3 years older than a client under 18 years of age. Have a high school diploma or equivalent. Certification in the State of Kansas to provide peer support service, which includes criminal, abuse/neglect registry and professional background checks, and completion of a standardized basic training program. Self-identify to have had life experience with a diagnosed mental health or addiction disorder and be in sustained recovery for a minimum of one year. Parent Peer Specialists must have lived experience in the behavioral health area in which they work.

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

Peer Support Services

Peer Support Services may be billed by physicians and other licensed providers within their scope of practice.

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 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>

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.