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State/Territory Name: Kansas

State Plan Amendment (SPA) #: 23-0033

This file contains the following documents in the order listed:

- Approval Letter
 CMS Form 179
- 3) Approved SPA Pages



Medicaid and CHIP Operations Group

October 18, 2023

Christine Osterlund, Acting 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) 23-0033

Dear Christine Osterlund:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0033. This amendment proposes to add coverage and reimbursement of pharmacists as providers, and to authorize pharmacy technicians and interns to administer vaccines.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 440 and 447. This letter is to inform you that Kansas Medicaid SPA 23-0033 was approved on October 16, 2023, with an effective date of August 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,

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Ruth A. Hughes, Acting Director Division of Program Operations

Enclosures

cc: Bobbie Graff-Hendrixson William Stelzner William Thompson Annette Grant Kurt Weiter

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|---|--|--|--|--|--|--|--|--|
| TRANSMITTAL AND NOTICE OF APPROVAL OF | 1. TRANSMITTAL NUMBER 2. STATE | | | | | | | |
| | 23 — 0033 KS | | | | | | | |
| STATE PLAN MATERIAL | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL | | | | | | | |
| FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | SECURITY ACT | | | | | | | |
| | | | | | | | | |
| TO: CENTER DIRECTOR | 4. PROPOSED EFFECTIVE DATE | | | | | | | |
| CENTERS FOR MEDICAID & CHIP SERVICES | August 1, 2023 | | | | | | | |
| DEPARTMENT OF HEALTH AND HUMAN SERVICES | | | | | | | | |
| 5. FEDERAL STATUTE/REGULATION CITATION | 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2023 § 0 | | | | | | | |
| 42 CFR 440 and 42 CFR 447 | b. FFY 2024 \$ 0 | | | | | | | |
| 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT | | | | | | | | |
| | 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) | | | | | | | |
| Attachment 3 1-A, #6.d., Page 1 | Attachment 3 1-A, #6.d., Page 1 | | | | | | | |
| Attachment 3 1-A, #6.d., Page 3 (New) Attachment 3.1-A, #13.c.1., Page 1 | Attachment 3.1-A, #13.c.1., Page 1 | | | | | | | |
| Attachment 4.19-B, #6.d., Page 1 | Attachment 4.19-B, #6.d., Page 1 | | | | | | | |
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| | | | | | | | | |
| 9. SUBJECT OF AMENDMENT 1.Pharmacists are recognized as providers under Kansas state law. | | | | | | | | |
| 2.Pharmacists are recognized as providers under Kansas state law. 2.Pharmacy technicians and Pharmacy interns are authorized by the Kansas Legislature to administer vaccines. | | | | | | | | |
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| | | | | | | | | |
| 10. GOVERNOR'S REVIEW (Check One) | | | | | | | | |
| GOVERNOR'S OFFICE REPORTED NO COMMENT | ✓ OTHER, AS SPECIFIED: | | | | | | | |
| COMMENTS OF GOVERNOR'S OFFICE ENCLOSED | Sarah Fertig is the Governor's Designee | | | | | | | |
| NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL | Governoi s Designee | | | | | | | |
| 11. SIGNATURE OF STATE AGENCY OFFICIAL | 5. RETURN TO | | | | | | | |
| | Sarah Fertig, State Medicaid Director | | | | | | | |
| | KDHE, Division of Health Care Finance | | | | | | | |
| 12. TYPED NAME Sarah Fertig | Landon State Office Building 900 SW Jackson, Room 900-N | | | | | | | |
| 13. TITLE | Topeka, KS 66612-1220 | | | | | | | |
| State Medicaid Director | | | | | | | | |
| 14. DATE SUBMITTED | | | | | | | | |
| August 30, 2023 | | | | | | | | |
| FOR CMS USE ONLY | | | | | | | | |
| 16. DATE RECEIVED 17 | 7. DATE APPROVED | | | | | | | |
| August 30, 2023 | October 16, 2023 | | | | | | | |
| PLAN APPROVED - ONE COPY ATTACHED | | | | | | | | |
| 18. EFFECTIVE DATE OF APPROVED MATERIAL | 9. SIGNATURE OF APPROVING OFFICIAL | | | | | | | |
| August 1, 2023 | | | | | | | | |
| | TITLE OF APPROVING OFFICIAL | | | | | | | |
| | | | | | | | | |
| Ruth A. Hughes | Acting Director, Division of Program Operations | | | | | | | |
| 22. REMARKS | | | | | | | | |

Other Practitioners' Service Limitations

1. Licensed Mental Health Practitioner:

A licensed mental health practitioner (LMHP) is an individual who is licensed in the State of Kansas to diagnose and treat mental illness or substance abuse acting within the scope of all applicable state laws and their professional license. A LMHP includes individuals licensed to practice independently and individuals licensed to practice under supervision or direction.

Supervision or direction must be provided by a person who is eligible to provide Medicaid services and who is licensed at the clinical level or is a physician.

All services have an initial authorization level of benefit. Services which exceed the limitation of the initial authorization must be approved for re-authorization prior to service delivery. Anyone providing substance abuse treatment services must be licensed in accordance with state law, in addition to their scope of practice license.

Inpatient hospital visits are limited to those ordered by the consumer's physician. Visits to nursing facilities are covered. Visits to ICFs/IID are limited to testing and evaluation. All services provided while a person is a resident of an IMD are content of the institutional service and not otherwise reimbursable by Medicaid.

A unit of service is defined according to the HCPCS approved code set unless otherwise specified.

- 2. Advanced Registered Nurse Practitioner:
 - Anesthesia services are limited to those provided by certified registered nurse anesthetists.
 - Obstetrical services are limited to those provided by nurse midwives.
 - An ARNP may be an eligible LMHP and can provide all services available to an LMHP that are within the ARNP's scope of practice according to the limitations specified above.
 - Other services are limited to those in Attachment 3.1-A #5, Physician's Services Limitations
- 3. Immunization Administration by a Licensed Pharmacist

Licensed pharmacists will take professional responsibility for their pharmacy technicians and pharmacy interns who are approved to administer vaccines, according to state protocol.

Attachment 3.1-A #6.d. Page 3

Other Practitioners' Service Limitations

5. <u>Pharmacist as Provider</u>:

Pharmacists are recognized as providers under Kansas state law. Medicaid services approved under this designation/status are those services that are not directly related to dispensing medications.

An active Kansas pharmacist license, in good standing with the Kansas Board of Pharmacy, is required.

PREVENTIVE SERVICES LIMITATIONS

Immunization Services Vaccines, Administration, and Counseling

Vaccines:

1. All vaccines are covered as defined by the Advisory Committee on Immunization Practices, ACIP. (See Attachment 3.1-A, #9., Page 2, Item 5.)

Administration:

1. The administration of the vaccine is covered. (See Attachment 3.1-A, #6.d., Page 1, Item 3.)

Counseling:

- 1. EPSDT vaccine counseling is content of service if the counseling and vaccine occur on the same date of service.
- 2. EPSDT stand-alone vaccine counseling may be billed separately from the vaccine if the counseling for the vaccine and the administration of the vaccine occur on different dates of service.

Providers:

Physicians Other Practitioners:

- APRNs
- Physician Assistants
- Pharmacists
 - Pharmacy Interns
 - Pharmacy Technicians

Provider Qualifications:

<u>Physicians</u> – An individual licensed by the State of Kansas to provide services within their scope of practice.

<u>Other Practitioners</u> – An individual licensed by the State of Kansas to provide services within their scope of practice.

<u>Pharmacy Interns and Pharmacy Technicians</u> – Licensed pharmacists will take professional responsibility for their pharmacy interns and pharmacy technicians who are approved to administer vaccines, according to state protocol.

Other Practitioner's Services Methods and Standards for Establishing Payment Rates

Reimbursement for services are based upon a Medicaid fee schedule established by the State of Kansas.

Effective January 1, 2022, additional varicose vein treatment modalities reimbursement rates have been added to the plan.

Effective January 1, 2023, reimbursement rates for LMHP visits in nursing facilities have been added to the state plan.

Effective July 1, 2023, reimbursement rates for Community Health Workers have been added to the state plan.

Effective August 1, 2023, reimbursement rates for Pharmacists as Providers have been added to the state plan.

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 August 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.