

State of Kansas
Kansas Department of Health and Environment
Division of Health Care Finance
And
Kansas Department for Aging and Disability Services
Behavioral Health Commission
Public Notice

The Kansas Department of Health and Environment, Division of Health Care Finance, KDHE-DHCF and the Kansas Department for Aging and Disability Services, Behavioral Health Commission, is amending the Kansas Medicaid State Plan to allow behavioral health integration with primary care via the Collaborative Care Model (CoCM). CoCM will be a benefit of Kansas Medicaid for persons of all ages who have a mental health, behavioral health, substance use disorder or psychiatric condition to include a suspected or pre-existing condition, if medically necessary, as determined by the primary care provider (i.e., physician, physician assistant, nurse practitioner or nurse midwife.)

The proposed effective date for the state plan amendment (SPA) is January 1, 2025.

Fee-For-Service Only	Estimated Federal Financial Participation
FFY 2025	\$0
FFY 2026	\$0

To request a copy of the proposed SPA, to submit a comment, or to review comments, please contact Patricia Satterlee by email at Patricia.Satterlee2@ks.gov

Patricia Satterlee
Kansas Department for Aging and Disability Services
Behavioral Health Commission
503 S. Kansas Ave.
Topeka, KS 66603.

The last day for public comment is January 20, 2025

Draft copies of the proposed SPA may also be found at a Local Health Department (LHD).

Christine Osterlund,
Medicaid Director
Deputy Secretary of Agency Integration and Medicaid
Division of Health Care Finance
Kansas Department of Health and Environment

Laura Howard, Secretary
Kansas Department for Aging and Disability Services

KANSAS MEDICAID STATE PLAN

Attachment 3.1-A
#5.a.
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Physicians' Services Limitations

Psychiatric Services

1. Psychotherapy is limited to a total of 32 hours per calendar year. Psychotherapy is noncovered when provided concurrently by the same provider with both targeted case management services and partial hospitalization activity, and brief therapy for crisis or continuing evaluation purposes.
2. Psychotherapy is noncovered on days that a hospital visit is claimed or on days that electroshock treatment is given.
3. Electroshock is limited to twelve inpatient treatments per month and six outpatient treatments per month.
4. Evaluation is limited to two six hours per two calendar years per consumer.
5. See Attachment 3.1-A, #4.b. for physician psychiatric services limitations for children under 21 years of age.

Other Services

1. Eye exams are limited to one per year excepting:
 - Post cataract surgery consumers within one year of surgery.
 - Eye exams required for the treatment of medical conditions (two exams a month are covered.)
2. Physician assistant services are limited to those allowed by State law.
3. Inpatient services provided on medically unnecessary days as determined by utilization review are noncovered.
4. See Attachment 3.1-A, #4.b. for other physician service limitations for children under 21 years of age.
5. See Attachment 3.1-A, #6.d., Page 5 for psychiatric collaborative care (integrated medical and behavioral health services) provided in the primary care setting.

KANSAS MEDICAID STATE PLAN

Attachment 3.1-A
#6.d.
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Other Practitioners' Service Limitations

7. Psychiatric Collaborative Care Services

Psychiatric collaborative care model (CoCM) services may be provided to eligible recipients who have any behavioral health condition, including a suspected or pre-existing condition, if medically necessary. Services shall be provided under the direction of a treating physician, physician assistant, or advanced practice registered nurse acting within the scope of their professional license and applicable state law for initial or subsequent psychiatric collaborative care management services.

A collaborative care team under the direction of one the providers listed above shall furnish services in accordance within the scope of their practice as defined by state law. These professional providers assume responsibility for the services provided by the non-licensed members of the collaborative care team.

Services shall include:

- Initial assessment;
- Systematic assessment and monitoring using applicable validated clinical rating scales;
- Care planning by the collaborative care team jointly with the beneficiary;
- Care plan revision for beneficiary whose condition is not improving;
- Facilitation and coordination of behavioral health treatment;
- Continuous relationship between the beneficiary and a designated member of the collaborative care team;
- Services shall be provided face-to-face or via telehealth provision.

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

Psychiatric Collaborative Care Services

Psychiatric collaborative care services are paid fee schedule 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.