

KANSAS MEDICAID STATE PLAN

Attachment 4.19D
Part I
Subpart D

Methods and Standards for Establishing Payment Rates
Skilled Nursing and Intermediate Care Facility Rates
(NFs and NFs-MH)

Therapeutic Mental Health Treatment Pass-Through
for Special Level of Care Facilities

This provision allows for the pass-through of therapeutic mental health treatment expenses to nursing facilities for mental health that meet certain criteria.

Criteria for Determining Eligible Providers:

Only special level of care facilities classified as nursing facilities for mental health are eligible for this pass-through. A nursing facility for mental health is defined as:

1. A nursing facility licensed by the State of Kansas; and
2. Certified to participate in Medicaid by the Department of Social and Rehabilitation Services that, pursuant to 42CFR 435.1009, the Center for Medicare and Medicaid identifies as an institution for mental disease.

A nursing facility for mental health will be eligible for the increased rate if:

1. Its established rate using the base year methodology is less than the rate it received during the preceding year, and
2. It demonstrates it is providing specific additional amounts of mental health treatment services above the amount provided during the base year.

Determination of Pass-Through Amount for Eligible Providers:

The per diem rate for a nursing facility for mental health may be increased from the established rate based on documented additional costs associated with providing therapeutic mental health treatment services above the amount provided in the base year which are not otherwise covered by the established rate. The increased amount provided the eligible nursing facility for mental health will be the per diem amount that the facility can document is attributable to increased therapeutic mental health treatment. The increased amount shall not exceed the difference between the allowable per diem costs on the most recent cost report and the base year cost report before inflation. Only costs from indirect and direct health care cost centers shall be included in the per diem calculations. No per diem increases shall be based on increased administrative, property, or plant operating costs. All per diem amounts used in the determination of the pass-through add-on shall be calculated by dividing the expenses reported on the cost report by the actual residents days provided during the cost report period.