

KANSAS MEDICAID STATE PLAN

**AGREEMENT BETWEEN REHABILITATION SERVICES
AND INCOME MAINTENANCE AND MEDICAL PROGRAMS**

I. THE MUTUAL OBJECTIVES AND RESPECTIVE RESPONSIBILITIES

The mutual objectives of Rehabilitation Services and The Division of Medical Programs are to provide evaluation, training and medical services to Kansans with disabilities. The responsibilities of Rehabilitation Services include guidance and counseling, training and job placement assistance. The responsibilities of the Division of Medical Programs include defining covered Medicaid/MediKan Services for those eligible and making payment to medical providers for those services.

II. THE SERVICES EACH OFFERS AND IN WHAT CIRCUMSTANCES

The following section outlines the services provided by Rehabilitation Services and Medical Programs.

A. Rehabilitation Services

Services are designed to help restore or develop the work skills of physically and mentally handicapped citizens to the extent that they may become gainfully employed. Counseling and many other types of services may be provided to help the person with a disability to become a self-supporting citizen. The following services may be included in a rehabilitation program for an individual client.

1. Complete medical diagnosis and vocational evaluation.
2. Medical, surgical, psychiatric, and hospital services.*
3. Prosthetic devices, such as artificial limbs, braces or hearing aids.*
4. Vocational guidance and counseling.
5. Vocational training such as post-secondary schools or on-the-job training.*
6. Personal and vocational adjustment training in rehabilitation centers or workshops.
7. Occupational tools or equipment required by a specific job.*
8. Job placement.
9. Followup to assure that the job is suitable and that both the worker and the employer are satisfied.

- * In instances where the individual is not eligible for a medical card and is able to participate financially in the program (as determined by an economic needs summary), he/she is expected to pay for needed medical services, prosthetic devices, vocational training or occupational tools.

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B. Medicaid/MediKan Program

In Kansas, the Medicaid/MediKan Program pays providers for the following categories of service delivered to persons determined eligible for medical services and who have a medical necessity for the services: adult care home services, ambulatory surgical center services, audiological services, chiropractic services, community mental health center services, dental services for only those in the Kan Be Healthy program, durable medical equipment and supplies, family planning services, home health services, inpatient and outpatient general hospital services, laboratory and x-ray services, local health department services, medical transportation, nursing services provided by an advanced registered nurse practitioner, optometric services, orthotics and prosthetics, physician services, podiatric services, prescribed drugs, psychological services, and targeted case management services. Each category of service has specific limitations which are outlined in Attachment 3.1-A of the Kansas Medicaid State Plan. Payment of claims for covered services is detailed in the provider manuals issued by the Medicaid fiscal agent.

III. COOPERATIVE AND COLLABORATIVE RELATIONSHIPS AT THE STATE LEVEL

The Commissioner of Rehabilitation Services and the Commissioner of Income Maintenance and Medical Programs, or their designees, will be responsible for the establishment of a working relationship between the two programs. In order to facilitate this coordination the two parties will meet as needed. The parties of this agreement also agree to work with the Staff Development Section of SRS to provide appropriate in-service training to local and area office staff. Annually, the services provided by each program under this agreement will be jointly reviewed (see Section V.E.).

IV. THE KINDS OF SERVICES TO BE PROVIDED BY LOCAL AGENCIES

A. Services provided by Rehabilitation Services staff in the area offices

1. Determination of eligibility of individuals for Rehabilitation Services.
2. Referral of potentially eligible Medicaid/MediKan recipients to Income Maintenance for determination of medical eligibility.
3. Referral of individuals who are eligible for Kan Be Healthy services.

B. Services provided by local and area SRS staff who determine medical eligibility

1. Determination of eligibility of individuals for Medicaid and MediKan.
2. Referral of potentially eligible clients to Rehabilitation Services.
3. Referral of individuals who are eligible for Kan Be Healthy services.

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V. METHODS

A. Arrangements for Early Identification of Individuals Under 21 Years of Age in Need of Medical or Remedial Services

All Rehabilitation Services clients who are under the age of 21 and eligible for Medicaid will be referred directly to local staff responsible for the Kan Be Healthy program.

B. Arrangements for Reciprocal Referrals

Methods and procedures for intraagency referrals between Rehabilitation Services staff and IM/MS staff will be worked out on the local level.

C. Coordinating Plans for Health Services Provided or Arranged for Recipients

The Rehabilitation Services and Division of Medical Programs will each designate a representative. These representatives will be responsible for (1) maintaining coordination between the two services, (2) assuring that communication is regular and timely, and (3) assuring that rates are coordinated and in a timely fashion.

D. Reimbursement for Services

1. Medicaid or MediKan will pay for all covered services (including durable medical equipment) that meet program criteria. These services may include such services as inpatient general hospitalization, wheelchairs, and other equipment, rehabilitation hospital services, diagnostic procedures and services and equipment not related to the handicapping condition. In all instances when clients are eligible and services are covered, Medicaid and MediKan will pay for the medical services. Claims for the services will be submitted to the Medicaid fiscal agent if the provider participates in the Kansas Medicaid Program. Claims for medical services provided by providers not participating in the Medicaid Program will be paid by Rehabilitation Services.
2. Rehabilitation Services' funds will be used to pay for prior authorized major medical services and equipment not covered by Medicaid or MediKan when a client is eligible for Rehabilitation services and when these services are part of the written rehabilitation plan. Equipment may include, but is not limited to, wheelchairs, beds, respiratory equipment, prostheses and braces, if needed to provide the client accessibility to training and/or employment. Services may include training in rehabilitation centers.
3. Rates of reimbursement to be used by both Rehabilitation Services and the Division of Medical Programs will be set by the Secretary of Social and Rehabilitation Services based upon recommendations of the Division of Medical Programs. Changes in the maximum allowable rates will be recommended to the Division of Medical Programs by Rehabilitation Services prior to budget preparation each year. Single rate recommendations will be made at least two months prior to the beginning of the state fiscal year.

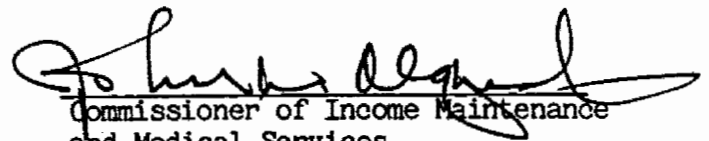
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- E. Exchange of Reports of Services Provided to Recipients
Reports concerning services provided to recipients of both programs will be shared as they become available.
- F. Periodic Review and Joint Planning for Changes in the Agreements
This agreement will be reviewed on an annual basis. The review and joint planning for changes in this agreement will be held at least one month prior to the expiration date of this agreement.
- G. Continuous Liaison and Designation of Staff Responsible for Liaison Activities at State and Local Levels
Liaison will be maintained by the Commissioner of Rehabilitation Services and the Commissioner of Income Maintenance and Medical Services or their designees.
- H. Joint Evaluation of Policies that Affect the Cooperative Work of the Parties
Policies that affect cooperative work of both divisions will be jointly reviewed and signed off prior to implementation. Differences in policies will be resolved through joint discussion. Referral of issues which cannot be resolved will be referred to the Commissioners, who may refer these to the Secretary of the Department of Social and Rehabilitation Services if necessary.

This agreement becomes effective upon its approval by both divisions. This agreement may be terminated by written confirmation of both parties, or by sixty days termination notice by either party.



Commissioner of Rehabilitation
Services



Commissioner of Income Maintenance
and Medical Services