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Book 2

Revision: HCFA-PM-86-20 (BERC)
SEPTEMBER 1986

ATTACHMENT 3.1-B
Page 1
OMB No. 0938-0193

State/Territory: Kansas

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All medically needy groups

The following ambulatory services are provided.

Refer to Attachment 3.1-A. The same scope of services is provided to the medically needy as is provided to the categorically needy.

*Description provided on attachment.

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Approval Date 1/6/87

Effective Date 10/1/86

HCFA ID: 0140P/0102A

State/Territory: Kansas

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All medically needy groups

1. Inpatient hospital services other than those provided in an institution for mental diseases.

Provided: No limitations With limitations*

2. a. Outpatient hospital services.

Provided: No limitations With limitations*

b. Rural health clinic services and other ambulatory services furnished by a rural health clinic (which are otherwise covered under the plan).

Provided: No limitations With limitations*

c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

Provided: No limitations With limitations*

3. Other laboratory and x-ray services.

Provided: No limitations With limitations*

4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided: No limitations With limitations*

b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.

Provided: No limitations With limitations*

c. Family planning services and supplies for individuals of childbearing age.

Provided: No limitations With limitations*

*Description provided on Attachment 3.1-A.

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State/Territory: Kansas

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All medically needy groups

4. d. 1) Face-to-Face Tobacco Cessation Counseling Services provided (by):

- (i) By or under supervision of a physician;
- (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services *other* than tobacco cessation services; * or
- (iii) Any other health care professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations. (None are designated at this time; this item is reserved for future use.)

*describe if there are any limits on who can provide these counseling services

2) Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women

Provided: No limitations With limitations

Please describe any limitations:

- 5. a. Physicians' services, whether furnished in the office, the patient's home, a hospital, a nursing facility, or elsewhere.
 - Provided: No limitations With limitations*
- b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).
 - Provided: No limitations With limitations*
 - Not provided

*Description provided on Attachment 3.1-A.

KANSAS MEDICAID STATE PLAN

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDY GROUP(S): All medically needy groups

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

- a. Podiatrists' Services
 Provided: No limitations With limitations*
- b. Optometrists' Services
 Provided: No limitations With limitations*
- c. Chiropractors' Services
 Provided: No limitations With limitations*
- d. Other Practitioners' Services
 Provided: No limitations With limitations*

7. Home Health Services
Electronic Visit Verification System (EVV). In accordance with Section 12006 of the 21st Century CURES Act, the state complies with the electronic visit verification system requirements as of January 1, 2024.

- a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.
 Provided: No limitations With limitations*
- b. Home health aide services provided by a home health agency.
 Provided: No limitations With limitations*
- c. Medical supplies, equipment, and appliance suitable for use in the home.
 Provided: No limitations With limitations*
- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.
 Provided: No limitations With limitations*

*Description provided on Attachment 3.1-A.

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All medically needy groups

8. Private duty nursing services
 Provided: No limitations With limitations*
 Not provided.
9. Clinic services.
 Provided: No limitations With limitations*
10. Dental services.
 Provided: No limitations With limitations*
11. Physical Therapy and related services.
 a. Physical Therapy.
 Provided: No limitations With limitations*
 b. Occupational Therapy
 Provided: No limitations With limitations*
 c. Services for individuals with speech, hearing and language disorders (provided by or under the supervision of a speech pathology or audiologist).
 Provided: No limitations With limitations*
12. Prescribed drugs, dentures and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.
 a. Prescribed drugs.
 Provided: No limitations With limitations*
 b. Dentures.
 Provided: No limitations With limitations*
 Not provided.

*Description provided on Attachment 3.1-A.

KANSAS MEDICAID STATE PLAN

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All medically needy groups

- c. Prosthetic devices.
 Provided: No limitations With limitations*
- d. Eyeglasses.
 Provided: No limitations With limitations*
13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in the plan.
- a. Diagnostic services.
 Provided: No limitations With limitations*
 Not provided.
- b. Screening services.
 Provided: No limitations With limitations*
 Not provided.
- c. Preventive services.
 Provided: No limitations With limitations*
 Not provided.
- d. Rehabilitative services
 Provided: No limitations With limitations*
14. Services for individuals age 65 or older in institutions for mental diseases.
- a. Inpatient hospital services.
 Provided: No limitations With limitations*
- b. Skilled nursing facility services.
 Provided: No limitations With limitations*

*Description provided on Attachment 3.1-A.

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September 1986

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State/Territory: Kansas

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All medically needy groups

- c. Intermediate care facility services.
 - Provided: No limitations With limitations*
- 15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.
 - Provided: No limitations With limitations*
- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.
 - Provided: No limitations With limitations*
- 16. Inpatient psychiatric facility services for individuals under 22 years of age.
 - Provided: No limitations With limitations*
- 17. Nurse-midwife services.
 - Provided: No limitations With limitations*
- 18. Hospice care (in accordance with section 1905(o) of the Act).
 - Provided: No limitations Provided in accordance with section 2302 of the Affordable Care Act
 - With limitations*
 - Not provided.

*Description provided on Attachment 3.1-A.

State/Territory: Kansas

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All medically needy groups

19. Case Management services and Tuberculosis related services.
- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a) (19) or section 1915(g) of the Act).
- Provided: No limitations With limitations*
- Not provided.
- b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.
- Provided: No limitations With limitations*
- Not provided.
20. Extended services for pregnant women
- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.
- Provided: + Additional coverage ++
- b. Services for any other medical conditions that may complicate pregnancy.
- Provided: Additional coverage Not provided.
- ++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on Attachment 3.1-A.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kansas

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All medically needy groups

21. Certified pediatric or family nurse practitioners' services.
- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a) (19) or section 1915(g) of the Act).
- Provided: No limitations With limitations*
- Not provided.
- + Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy.
- ++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on Attachment 3.1-A.

KANSAS MEDICAID STATE PLAN

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDY GROUP(S): All medically needy groups

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).
 Provided: No limitations With limitations*
 Not provided.

23. Pediatric or family nurse practitioner's services as defined in Section 1905(a)(21) of the Act (added by Section 6405 of OBRA '89):
 Provided: No limitations With limitations*

24. Any other medical care and any other type of remedial care recognized under state law and specified by the Secretary.

a. Transportation
 Provided No limitations With limitations*

b. Services of Christian Science nurses.
 Provided: No limitations With limitations*
 Not provided.

c. Care and services provided in Christian Science sanatoria.
 Provided: No limitations With limitations*
 Not provided.

d. Skilled nursing facility services provided for patients under 21 years of age.
 Provided: No limitations With limitations*

e. Emergency hospital services.
 Provided: No limitations With limitations*

*Description provided on Attachment 3.1-A.

State/Territory: Kansas

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED MEDICALLY
NEEDY GROUP(S): _____

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A and Appendices A-G to Supplement 2 to Attachment 3.1-A.

_____ provided x not provided

26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

___ provided: ___ State Approved (Not Physician) Service Plan Allowed
 ___ Services Outside the Home Also Allowed
 ___ Limitations Described on Attachment

x not provided

KANSAS MEDICAID STATE PLAN

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**State of Kansas
PACE State Plan Amendment Pre-Print**

Amount, Duration and Scope of Medical and Remedial Care Services Provided To the Medically Needy

27. Program of All-Inclusive Care for the Elderly (PACE) services, as described in Supplement 3 to Attachment 3.1-A.

Election of PACE: By virtue of this submittal, the State elects PACE as an optional State Plan service.

No election of PACE: By virtue of this submittal, the State elects to not add PACE as an optional State Plan service.

State Plan under Title XIX of the Social Security Act
State/Territory: [Select State or Territory]

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

Citation: 3.1-B Amount, Duration, and Scope of Services

[Please check the box below to indicate if this benefit is provided for the categorically needy (3.1-A) or medically needy only (3.1-B)]

1905(a)(29) MAT as described and limited in Supplement MAT to Attachment 3.1-B.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN:KS-25-0024
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AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED**MEDICALLY NEEDY GROUP(S)**

30. Coverage of Routine Patient Cost in Qualifying Clinical Trials

*The state needs to check each assurance below.

Provided: X

I. General Assurances:

Routine Patient Cost – Section 1905(gg)(1)

 X Coverage of routine patient cost for items and services as defined in section 1905(gg)(1) that are furnished in connection with participation in a qualified clinical trial.

Qualifying Clinical Trial – Section 1905(gg)(2)

 X A qualified clinical trial is a clinical trial that meets the definition at section 1905(gg)(2).

Coverage Determination – Section 1905(gg)(3)

 X A determination with respect to coverage for an individual participating in a qualified clinical trial will be made in accordance with section 1905(gg)(3).

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 210 of the Consolidated Appropriations Act of 2021 amending section 1905(a) of the Social Security Act (the Act), by adding a new mandatory benefit at section 1905(a)(30). Section 210 mandates coverage of routine patient services and costs furnished in connection with participation by Medicaid beneficiaries in qualifying clinical trials effective January 1, 2022. Section 210 also amended sections 1902(a)(10)(A) and 1937(b)(5) of the Act to make coverage of this new benefit mandatory under the state plan and any benchmark or benchmark equivalent coverage (also referred to as alternative benefit plans, or ABPs). Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #74). Public burden for all of the collection of information requirements under this control number is estimated to take about 56 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.