Kansas Administrative Regulations

Kansas Department for Children and Families

Article 5.—Provider Participation, Scope of Services, and Reimbursements for the Medicaid (Medical Assistance) Program

30-5-89. Scope of home health services.

(a) Covered home health services shall be available to program recipients if both of the following conditions are met:

(1) A physician has developed a plan of treatment and has certified the need for the service.

(2) The service is determined to be medically necessary pursuant to K.A.R. 30-5-58.

(b) Skilled nursing services that are provided on a part-time or intermittent basis shall be provided by a home health agency that meets the requirements for participation in medicare. If there is no such agency in the recipient's county of residence, skilled nursing services may be provided by a registered professional nurse who is licensed in Kansas.

(c) Except as specified in subsection (d), home health services shall be provided by an agency that meets the requirements to participate in medicare. Home health services shall include the following:

(1) Skilled nursing services provided by a registered professional nurse or a licensed practical nurse;

(2) home health aide services;

(3) restorative and rehabilitative physical therapy;

(4) restorative and rehabilitative occupational therapy;

(5) restorative and rehabilitative speech therapy;

(6) respiratory therapy for Kan Be Healthy program participants;

(7) immunizations;

(8) durable medical equipment and medical supplies pursuant to K.A.R. 30-5-108 and K.A.R. 30-5-166; and

(9) restorative aide services.

(d) Prior authorized medical attendant care for independent living (ACIL) by a licensed home health agency shall be covered for eligible beneficiaries.

(1) Covered services for the ACIL program shall consist of the following:

(A) Attendant care;

(B) skilled nursing care provided by a licensed practical nurse or registered professional nurse; and

(C) case management.

(2) Covered services shall meet the following requirements:

(A) Continue as long as the recipient complies with the plan of care and meets the eligibility requirements for program participation set by the Kansas department of social and rehabilitation services;

(B) not be reimbursed if provided in the same 24-hour period as designated medicaid HCBS services; and

(C) be provided after a recipient is determined by the department to be eligible for the services.

(Authorized by and implementing K.S.A. 39-708c; effective May 1, 1981; amended May 1, 1982; amended May 1, 1983; amended May 1, 1986; amended May 1, 1987; amended May 1, 1988; amended Jan. 2, 1989; amended July 1, 1989; amended, T-30-12-28-89, Jan. 1, 1990; amended Jan. 1, 1990; amended Aug. 15, 2003.)