Kansas Administrative Regulations

Kansas Department for Children and Families

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

30-5-86e. Modification of prospective rates for communty mental health centers.

(a) Each community mental health center participating in the prospective payment system may request that the rate review committee set forth in paragraph (g) modify its reimbursement rate if its current medicaid/medikan program unit cost exceeds the unit reimbursement rate by at least 15%.

(b) Each rate modification request shall be in writing, shall set forth sufficient information and documentation to support the request, and shall be received by the division of medical programs prior to April 1 of each year.

(c) The review committee shall submit its recommendations to the commissioner of income maintenance and medical services within 60 days after its receipt of the request.

(d) The commissioner shall have five working days from the receipt of the review committee's recommendations to accept, modify or reject them. The recommendations of the review committee shall become final if the commissioner fails to act within 60 days of the committee's receipt of the request.

(e) The commissioner shall notify the agency or community mental health center of the disposition of its modification request within five working days of the final decision.

(f) Each approved modification shall become effective on and after July 1 of that year.

(g) The secretary shall appoint a rate review committee consisting of six members and six alternates. Three of the members and three of the alternates shall be selected in consultation with the association of community mental health centers of Kansas. This rule and regulation shall expire on July 1, 1988.

(Authorized by and implementing K.S.A. 39-708c; effective May 1, 1986; amended May 1, 1988.)