Kansas Administrative Regulations

Kansas Department for Children and Families

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

30-5-309. Scope of and reimbursement for medicaid home- and community-based services (HCBS).

The scope of medicaid home- and community-based services shall consist of those services provided under the authority of the applicable federally approved waiver to the Kansas medicaid state plan. (a) Medicaid home- and community-based services shall be provided to medicaid-eligible consumers who are determined by individualized assessment to be qualified for the appropriate institutional level of care, and who elect to receive the services specified in individualized written plans of care designed to prevent living in an institution.

(b) Medicaid home- and community-based services shall consist of one or more of the services defined and federally approved in the medicaid home- and community-based waiver provided under a written plan of care.

(c) Medicaid home- and community-based services shall be provided in accordance with an individualized written plan of care approved in writing by the Kansas department of social and rehabilitation services for all waiver program services other than the frail elderly waiver program services, which shall be provided in accordance with an individualized written plan of care approved in writing by the Kansas department on aging. Each annual review and amendment of this plan shall be approved in the same fashion. This plan shall meet these requirements:

(1) Be based on needs identified during the screening assessment;

(2) specify each service to be provided and why each service was selected, or how each service will address any specific need identified by the assessment;

(3) specify the frequency and limits of each provided service;

(4) specify any other required support services and the plan for obtaining them;

(5) be prepared in consultation with the consumer or the consumer's guardian, if one has been appointed;

(6) be approved in writing by the consumer or the consumer's guardian, as appropriate; and

(7) be reviewed at least annually and updated as necessary.

(d) Medicaid home- and community-based services shall be subject to the individual and aggregate expenditure limits applicable under the federally approved waiver.

(e) Medicaid home- and community-based services for a consumer shall be terminated when the Kansas department of social and rehabilitation services or the Kansas department on aging for the frail elderly program determines at least one of the following:

(1) The consumer no longer meets the level of care criteria.

(2) The consumer fails to cooperate with basic program requirements to the degree that the department's ability to deliver services is substantially impeded.

(3) The written plan of care no longer meets the tests of cost-effectiveness, or a cost cap exception is not granted.

(4) No provider of essential services is available in the consumer's home location.

(5) The consumer enters a nursing facility for more than a planned brief stay.

(6) The consumer becomes no longer eligible for medicaid.

(7) The consumer requests termination of services.

(8) The consumer dies.

(f) Reimbursement for medicaid home- and community-based services shall be based upon reasonable fees as related to customary charges, but no fee shall be paid in excess of the range maximum. The range of charges shall provide the basis for computations.

(g) This regulation shall take effect on and after July 1, 2000.

(Authorized by and implementing K.S.A. 1999 Supp. 39-708c; effective July 1, 1997; amended July 1, 2000.)