

July 2006

Provider Bulletin Number 678

CMHC Providers

HCBS SED Reimbursement Changes

Effective with payment dates on and after July 1, 2006, payment for all mental health services for children on the Home and Community Based Services Children with Severe Emotional Disturbance (HCBS SED) Waiver Program are reimbursed at 100 percent (all funds) of the regular Medicaid pricing. The 100 percent reimbursement rate requires the CMHCs to use their SED provider number when billing for these services.

Information about the Kansas Medical Assistance Program as well as provider manuals and other publications are on the KMAP Web site at <https://www.kmap-state-ks.us>. For the changes resulting from this provider bulletin, please view the *HCBS SED Provider Manual*, pages 8-2. Please note the Certification of State Match Funds form was removed from the manual's Forms appendix.

If you have any questions, please contact the KMAP Customer Service Center at 1-800-933-6593 (in-state providers) or (785) 274-5990 between 7:30 a.m. and 5:30 p.m., Monday through Friday.

BENEFITS AND LIMITATIONS

8400. MEDICAID **Updated 7/06**

Only services described herein, provided by individuals listed, and provided in the manner described are reimbursable by Kansas Medicaid for HCBS SED providers.

Additionally, the existing Community Mental Health Center (CMHC) services are reimbursable by Kansas Medicaid for HCBS SED providers. Refer to the CMHC Provider Manual for these services.

~~Payment for CMHC services for children on the HCBS SED waiver are “FFP Only” (just the federal share). On a quarterly basis EDS sends to providers a copy of the computer report titled “HCBS SED Services For Quarter Ending xx/xx/xx.” This report documents, in summary form, the dollar amounts of the claims paid to the provider during the previous quarter. The report shows the federal amount actually received by the provider and the required contribution of state match funds.~~

~~Within 10 days of receiving this report from EDS, the HCBS SED provider is required to submit to SRS Health Care Policy, a statement that documents the fact that the provider has the amount of state funds necessary to match the federal funds. The amount to certify is identified under the column titled “Contributed Match” and on the line titled “Total For Provider.”~~

~~In the forms section at the end of this manual, you will find a suggested format that you may use to accomplish the certification. Certifications should be sent to the attention of:~~

~~Fiscal Services Manager
SRS Health Care Policy
628 S Docking Building
915 Harrison
Topeka, KS 66612 1570~~

Certification of State Match Funds

To: ~~_____ Kansas Department of Social and Rehabilitation Services
Adult and Medical Services
Fiscal Unit~~

From: _____

Re: ~~Certification of State Match Funds~~

~~(Name and Provider Number of Early Childhood Intervention), an Early Childhood Intervention agency enrolled with the Kansas Medical Assistance Program, certifies that, for the quarter ending (date from printout), the following amount of state funds was available and used for Medicaid match for federal funds received to pay for services provided to Medicaid beneficiaries: (\$ Amount from report).~~

Signed: _____
(Early Childhood Intervention Fiscal Officer or Director)