



JUNE 2024

KMAP GENERAL BULLETIN 24114

HCBS Settings Ongoing Monitoring and Compliance

Effective with dates of service on and after June 1, 2024, the Kansas Medical Assistance Program (KMAP) will establish the following compliance requirements of Home & Community Based Service (HCBS) settings:

- The compliance requirements of providers and settings where individuals participating in HCBS programs receive their support and services.
- The processes and procedures by which the state shall conduct ongoing monitoring activities to ensure continued compliance of HCBS settings with 42 C.F.R. § 441.301(c)(4) and its subparts.

Compliance Requirements for Providers:

The Final Rule's ongoing monitoring and compliance will be assessed based on the following billing codes:

S5101	S5102	S5125	T2016	T2021
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New providers enrolling with KMAP to render services under any of the service codes above, and further identified under the provider types and specialties listed below, will need to present verification of HCBS Compliance Portal registration prior to completing the enrollment process.

Provider Type	Provider Specialty	Billing Codes Captured
55	363	S5125, S5126
55	364	T2016
55	365	S5125
55	367	S5125, S5126, S5160, S5161, T2025
55	410	S5101, S5102
55	510	S5125, S5130
55	520	T2020, T2021

Providers will be required to obtain annual certification from the Kansas Department for Aging and Disability Services (KDADS) for each setting where the above codes are billed.

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- 7:30 a.m. - 5:30 p.m.
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Gainwell Technologies is the fiscal agent for KMAP



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Non-Compliance:

- KDADS will notify the Managed Care Organization (MCO) and provider when becoming aware of a non-compliant setting by issuing a corrective action plan (CAP) and indicating a date for the provider/setting to achieve compliance.
- In the event compliance is not achieved by the date set in the CAP, and an HCBS participant is active and receiving services from the identified setting, a transition process must be immediately initiated following the KDADS HCBS Transition Policy:
 - Notification will be made by KDADS to the provider, MCO, and KMAP and will include a date that payment for services will no longer be authorized for the participant(s) receiving services in the non-compliant setting.
 - KDADS, with the assistance of the Kansas Department of Health and Environment (KDHE), may request a post-payment review and recoup funds from the provider in the event transitions do not occur from non-compliant settings.

Recertification Criteria:

1. Providers offering services that are not categorized as provider owned, managed, and/or controlled, which may be presumed to be compliant with the Settings Final Rule, shall undergo the presumed compliant screening every 365 days for each service presumed to be compliant.
 - a. The provider shall recertify in the event there is a change in service delivery.
 - b. A certificate showing the service delivery method is compliant shall be issued.
2. Providers of settings classified as provider owned, managed, and/or controlled, shall complete the HCBS Readiness Assessment for Residential/Day Services, and
 - a. Shall re-confirm that no changes have been made to the settings or its immediate surroundings every 365 days after the setting was issued compliance status.
 - b. A certificate showing the setting is compliant shall be issued.

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- c. If there have been changes to the setting or its immediate surroundings, then the changes may require the setting to complete a new HCBS Readiness Assessment for Residential/Day Services.

Any questions can be directed to KDADS.FINALRULE@ks.gov.

Note: The effective date of the policy is June 1, 2024. The implementation of State policy by the KanCare MCOs may vary from the date noted in the KMAP bulletins. The **KanCare Open Claims Resolution Log** on the KMAP [Bulletins](#) page documents the MCO system status for policy implementation and any associated reprocessing completion dates once the policy is implemented.

For the changes resulting from this provider bulletin, view the updated *HCBS BI Fee-for-Service Provider Manual*, Section 7020, pages 7-5 – 7-6; *HCBS FE Fee-for-Service Provider Manual*, Section 7020, pages 7-5 – 7-6; *HCBS I/DD Fee-for-Service Provider Manual*, Section 7020, pages 7-4 – 7-5; and *HCBS PD Fee-for-Service Provider Manual*, Section 7020, pages 7-4 – 7-5.

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