

JUNE 1, 2026

**KMAP GENERAL BULLETIN 26103**

## **Immediate Action Required: KDADS HCBS Background Check Policy**

The KanCare program has been identified by the Centers for Medicare & Medicaid Services (CMS), to have widespread deficiencies in the completion and documentation of required background checks across the Home and Community Based Services (HCBS) provider network. These deficiencies place providers out of compliance with federal Medicaid health and safety standards under Section 1915(c) waivers and applicable federal regulations (42 C.F.R. §§ 438.214, 438.206, and 441.302(a)).

Compliance with **KDADS HCBS Background Check Policy and all applicable waiver standards**, including expanded audit requirements and enforcement actions for noncompliance will be enforced moving forward.

All Agency-Directed HCBS providers, Assessing Entities, Financial Management Services (FMS) providers, and Self-Directed HCBS participants' employees must complete and document the following background checks, as applicable to their role:

- KDADS Criminal Record Check
- DCF Adult Abuse Registry (APS) Check
- DCF Child Abuse Registry (CPS) Check
- KDADS Nurse Aide Registry Check (ANE), when applicable
- Office of Inspector General (OIG) Exclusions List Check
- National Sex Offender Registry Check
- Motor Vehicle Record Check (when transporting HCBS participants).

These checks are mandatory under state policy and are required to maintain waiver compliance.

Effective with the KDADS HCBS Quarterly Audit period of **July 1, 2026, through September 30, 2026**, and each quarter thereafter, MCOs must audit **100% of employees of HCBS providers**. Partial audits are no longer permitted. Providers will be required to submit complete staff files in response to audit requests from Averifi.

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## Immediate Action Required: KDADS HCBS Background Check Policy continued

All KanCare MCOs are implementing a **mandatory thirty (30) calendar-day period** to allow providers to correct identified deficiencies and achieve compliance. During this period, providers must:

- Review all staff files;
- Ensure all required background checks are complete, current, and properly documented; and
- Correct all deficiencies in accordance with waiver standards and KDADS policy.

Providers that remain noncompliant after June 30, 2026, may be subject to enforcement actions, including payment denial, suspension, termination, or other corrective measures, consistent with KDADS policy, MCO contractual requirements, and federal Medicaid regulations.

If you have questions, please reach out to your MCO provider representative:

Healthy Blue: [LTSSProviderRelations@healthybluekansas.com](mailto:LTSSProviderRelations@healthybluekansas.com)

Sunflower Health Plan: [ProviderRelations@sunflowerhealthplan.com](mailto:ProviderRelations@sunflowerhealthplan.com)

United Healthcare: [ksunited\\_longtermcare@uhc.com](mailto:ksunited_longtermcare@uhc.com)

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