

129-10-15a. Reimbursement. (a) Each provider with a current signed provider agreement shall be paid a per diem rate for services furnished to Kansas medical assistance-eligible residents. Payment shall be for the type of medical or health care required by the resident, as determined by the attending physician's or physician extender's certification upon admission, and the individual's level of care needs, as determined through assessment and reassessment. However, payment for services shall not exceed the type of care that the provider is certified to provide under the Kansas medical assistance program. The type of care required by the resident may be verified by the agency before and after payment.

(b) Payment for routine services and supplies, pursuant to K.A.R. 30-10-1a, shall be included in the per diem reimbursement. No provider shall otherwise bill or be reimbursed for these services and supplies.

(1) The durable medical equipment, medical supplies, and other items and services specified in paragraphs (b)(1)(A) through (OOO) shall be considered routine for each resident to attain and maintain the highest practicable physical and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. No provider shall bill or be reimbursed for the following separately from the per diem rate:

- (A) Alternating pressure pads and pumps;
- (B) armboards;
- (C) bedpans, urinals, and basins;
- (D) bed rails, beds, mattresses, and mattress covers;
- (E) blood glucose monitors and supplies;

- (F) canes;
- (G) commodes;
- (H) compressors;
- (I) crutches;
- (J) denture cups;
- (K) dialysis, including supplies and maintenance, if the service is provided in the facility by facility staff;
- (L) dressing items, including applicators, tongue blades, tape, gauze, bandages, adhesive bandages, pads, compresses, elasticized bandages, petroleum jelly gauze, cotton balls, slings, triangle bandages, pressure pads, and tracheostomy care kits;
- (M) emesis basins and bath basins;
- (N) enemas and enema equipment;
- (O) extra nursing care and supplies;
- (P) facial tissues and toilet paper;
- (Q) first-aid ointments and similar ointments;
- (R) footboards;
- (S) foot cradles;
- (T) gel pads or cushions;
- (U) geriatric chairs;
- (V) gloves, rubber or plastic;
- (W) heating pads;

- (X) heat lamps and examination lights;
- (Y) humidifiers;
- (Z) ice bags and hot water bottles;
- (AA) intermittent positive-pressure breathing (IPPB) machines;
- (BB) irrigation solution, both water and normal saline;
- (CC) IV stands, clamps, and tubing;
- (DD) laundry, including personal laundry;
- (EE) laxatives;
- (FF) lifts;
- (GG) lotions, creams, and powders, including baby lotion, oil, and powders;
- (HH) maintenance care for residents who have head injuries;
- (II) mouthwash;
- (JJ) nebulizers;
- (KK) nonemergency transportation;
- (LL) nutritional supplements;
- (MM) occupational therapy;
- (NN) orthoses and splints to prevent or correct contractures;
- (OO) over-the-counter analgesics and antacids taken for the occasional relief of pain or discomfort, as needed;
- (PP) over-the-counter vitamins;
- (QQ) oxygen, masks, stands, tubing, regulators, hoses, catheters, cannulae, humidifiers, concentrators, and canisters;

(RR) parenteral and enteral infusion pumps;

(SS) patient gowns, pajamas, and bed linens;

(TT) physical therapy;

(UU) respiratory therapy;

(VV) restraints;

(WW) sheepskins and foam pads;

(XX) skin antiseptics, including alcohol;

(YY) speech therapy;

(ZZ) sphygmomanometers, stethoscopes, and other examination equipment;

(AAA)stool softeners;

(BBB)stretchers;

(CCC)suction pumps and tubing;

(DDD)syringes and needles;

(EEE)thermometers;

(FFF)traction apparatus and equipment;

(GGG)underpads and adult diapers, disposable or nondisposable;

(HHH)walkers;

(III)water pitchers, glasses, and straws;

(JJJ)weighing scales;

(KKK)wheelchairs;

(LLL)urinary supplies, urinary catheters, and accessories; (MMM) total nutritional replacement therapy;

(NNN) gradient compression stockings; and

(OOO) ostomy supplies.

(2) Each nursing facility shall provide at no cost to residents over-the-counter drugs, supplies, and personal comfort items that meet these criteria:

(A) Are available without a prescription at a commercial pharmacy or medical supply outlet; and

(B) are provided by the facility as a reasonable accommodation for individual needs and preferences. These over-the-counter products shall be included in the nursing facility cost report. A nursing facility shall not be required to stock all products carried by vendors in the nursing facility's community that are viewed as over-the-counter products.

(3) Occupational, physical, respiratory, speech, and other therapies. The Kansas medical assistance program cost of therapies shall be determined as follows:

(A) Compute the medicaid therapy ratio as the total number of medicaid therapy units not otherwise reimbursed to the total number of therapy units provided to all nursing facility residents during the cost report period;

(B) multiply the medicaid therapy ratio by the total reported therapy costs to determine the allowable medicaid portion of therapy costs;

(C) multiply the allowable medicaid portion of the therapy costs by the ratio of the total number of days to the number of medicaid resident days to determine the allowable therapy expenses for the cost report period;

(D) offset the nonallowable portion of the therapy cost in the provider adjustment column and on the related therapy expense line in the cost report; and

(E) submit a work paper with the cost report that supports the calculation of the allowable Kansas medical assistance program therapy expenses determined in accordance with paragraphs (b)(5)(A) through (C).

(c) Each provider of ancillary services, as defined in K.A.R. 30-10-1a, shall bill separately for each service when the services or supplies are required.

(d) Payment for specialized rehabilitative services or active treatment programs shall be included in the per diem reimbursement.

(e) Payment shall be limited to providers who accept, as payment in full, the amount paid in accordance with the fee structure established by the Kansas medical assistance program.

(f) Payment shall not be made for allowable, nonroutine services and items unless the provider has obtained prior authorization.

(g) Private rooms for recipients shall be provided if medically necessary or, if not medically necessary, at the discretion of the facility. If a private room is not medically necessary or is not occupied at the discretion of the facility, then a family member, guardian, conservator, or other third party may pay the incremental difference that would be charged to a private-pay resident to move from a semiprivate room to a private room.

(Authorized by K.S.A 2007 Supp. 75-7403 and 75-7412; implementing K.S.A. 2007 Supp. 75-7405 and 75-7408; effective Sept. 19, 2008.)