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State/Territory Name: Kansas

State Plan Amendment (SPA) #: 23-0015

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

May 19, 2023

Sarah Fertig, State Medicaid Director
Kansas Department of Health and Environment
Division of Health Care Finance
Landon State Office Building
900 SW Jackson, Suite 900 N
Topeka, KS 66612-1220

Re: Kansas State Plan Amendment (SPA) 23-0015


Dear Ms. Fertig:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0015. This amendment proposes to align premium rates for the Working Healthy program with recent changes to the protected income level for Kansas Home- and Community-Based Services waivers, which eliminates premiums for most beneficiaries.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 447.50-57. This letter is to inform you that Kansas Medicaid SPA 23-0015 was approved on May 19, 2023 with an effective date of May 1, 2023.

If you have any questions, please contact Michala Walker at 816-426-6503 or via email at Michala.Walker@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

cc: Bobbie Graff-Hendrixson
William Stelzner
William Thompson

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
23 — 0015

2. STATE
KS

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
May 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 447 Sections 1916 and 1916A of the SSA; 42 CFR 447.50-57

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a FFY 2023 \$ 0
b FFY 2024 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 2.6-A, Page 12o

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION

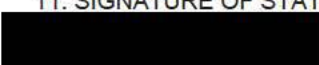
Attachment 2.6-A, Page 12o

9. SUBJECT OF AMENDMENT
The Working Healthy premium rates are being realigned with the recent changes to the protected income limit for HCBS waivers.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:
Sarah Fertig is the Governor's Designee

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
Sarah Fertig

13. TITLE
State Medicaid Director

14. DATE SUBMITTED
April 12, 2023

15. RETURN TO
Sarah Fertig, State Medicaid Director
KDHE, Division of Health Care Finance
Landon State Office Building
900 SW Jackson, Room 900-N
Topeka, KS 66612-1220

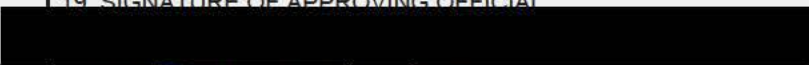
FOR CMS USE ONLY

16. DATE RECEIVED
April 12, 2023

17. DATE APPROVED
May 19, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
May 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS
Box 5: State authorized pen and ink change on 04/25/2023.

KANSAS MEDICAID STATE PLAN

ATTACHMENT 2.6-A
PAGE 12o

Citation
Sections 1902(a)(I0)(A)
(ii)(XV), (XVI), and 1916 (g)
of the Act (cont.)

Condition or Requirement
Premiums and Other Cost-Sharing Charges

For the Basic Coverage Group and the Medical Improvement Group, the agency's premium or other cost-sharing charges, and how they are applied, are described below.

For each individual whose monthly applicable income* is at least 226% for an individual or a two person household, or 179% for a three person household, but not greater than 300% of the official Federal Poverty level income guidelines for the appropriate family size, a monthly premium amount shall be assessed. The premium amount cannot exceed 7.5% of the poverty level indicated for the appropriate family size. Failure to pay the premium shall result in ineligibility.

Premiums For Individuals:

\$124 per month for incomes between 226% and 250% of FPL
\$138 per month for incomes between 251% and 275% of FPL
\$152 per month for incomes between 276% and 300% of FPL

Premiums For Two Person Households:

\$168 per month for incomes between 226% and 250% of FPL
\$186 per month for incomes between 251% and 275% of FPL
\$205 per month for incomes between 276% and 300% of FPL

Premiums For Three Person Households:

\$168 per month for incomes between 179% and 199% of FPL
\$186 per month for incomes between 200% and 219% of FPL
\$205 per month for incomes between 220% and 300% of FPL

* Monthly applicable income is all countable monthly income according to 1902(r)(2) of the Act as described in the Kansas Medicaid State Plan. Kansas is an SSI-criteria state. Except where the state is more liberal, the SSI income counting rules are followed. Those who receive an SSI federal benefit are not eligible for the Basic Coverage Group and the Medical Improvement Group.