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State/Territory Name: Kansas

State Plan Amendment (SPA) #: 23-0038

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Blvd
Baltimore, Maryland 21244-1850

Medicaid and CHIP Operations Group

December 14, 2023

Christine Osterlund, Acting State Medicaid Director
Kansas Department of Health and Environment
900 SW Jackson, Room 900-N
Topeka, KS 66612-1220

Re: Kansas State Plan Amendment (SPA) 23-0038

Dear Acting Director Osterlund:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0038. This amendment proposes to amend the Working Healthy Alternative Benefit Plan (ABP) to change the Medicaid authority from the 1115 waiver for managed care to the 1915(b) waiver.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that Kansas Medicaid SPA 23-0038 was approved on December 14, 2023, with an effective date of January 1, 2024.

If you have any questions, please contact Helenita Augustus at 410-786-8902 or via email at Helenita.Augustus@cms.hhs.gov .

Sincerely,

Ruth Hughes -S

Digitally signed by Ruth Hughes -S
Date: 2023.12.14 09:11:53 -06'00'

Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosures

cc: Bobbie Graff-Hendrixson
Bill Stelzner
Bill Thompson
Annette Grant

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name: **Kansas**

Transmittal Number:

Enter the Transmittal Number (TN), including dashes, in the format SS-YY-NNNN or SS-YY-NNNN-xxxx (with xxxx being optional to specific SPA types), where SS = 2-character state abbreviation, YY = last 2 digits of submission year, NNNN = 4-digit number with leading zeros, and xxxx = OPTIONAL, 1- to 4-character alpha/numeric suffix.

KS-23-0038

Proposed Effective Date

01/01/2024 *(mm/dd/yyyy)*

Federal Statute/Regulation Citation

42 CFR 440 Subpart C

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	24	$ 0.00
Second Year	25	$ 0.00

Subject of Amendment

Changing managed care authority from the 1115 to the 1915(b) waiver.

Governor's Office Review

- (●) **Governor's office reported no comment**
- ( ) **Comments of Governor's office received**

  Describe:

- ( ) **No reply received within 45 days of submittal**
- ( ) **Other, as specified**

  Describe:

Signature of State Agency Official

Submitted By: **Bobbie Graff-Hendrixson**

Last Revision Date: **Dec 7, 2023**

Submit Date: **Oct 10, 2023**

Alternative Benefit Plan

State Name: Kansas Attachment 3.1-L- OMB Control Number: 09381148

Transmittal Number: KS - 23 - 0038

Service Delivery Systems — ABP8

Provide detail on the type of delivery system(s) the state/territory will use for the Alternative Benefit Plan's benchmark benefit package or benchmark-equivalent benefit package, including any variation by the participants' geographic area.

Type of service delivery system(s) the state/territory will use for this Alternative Benefit Plan(s).

Select one or more service delivery systems:

- [x] Managed care.
  - [x] Managed Care Organizations (MCO).
  - [ ] Prepaid Inpatient Health Plans (PIHP).
  - [ ] Prepaid Ambulatory Health Plans (PAHP).
  - [ ] Primary Care Case Management (PCCM).
- [ ] Fee-for-service.
- [ ] Other service delivery system.

Managed Care Options

Managed Care Assurance

- [x] The state/territory certifies that it will comply with all applicable Medicaid laws and regulations, including but not limited to sections 1903(m), 1905(t), and 1932 of the Act and 42 CFR Part 438, in providing managed care services through this Alternative Benefit Plan. This includes the requirement for CMS approval of contracts and rates pursuant to 42 CFR 438.6.

Managed Care Implementation

Please describe the implementation plan for the Alternative Benefit Plan under managed care including member, stakeholder, and provider outreach efforts.

The State's Medicaid managed care program, "KanCare", was initially implemented in January of 2013 under the authority of a Section 1115 demonstration, which is currently approved through December 31, 2023. In December 2022, Kansas submitted an amendment and five-year renewal of the KanCare 1115 demonstration for the period January 1, 2024 through December 31, 2028. This amendment proposes to transition the managed care authority for KanCare from the 1115 to a 1932(a) state plan amendment and a section 1915(b) waiver and authority for WORK from the 1115 to an ABP.

WORK participants are enrolled with the current MCOs, and the ABP population will continue to be enrolled with the current MCOs through the end of the contract term. The State's current MCO contracts are effective until December 31, 2024. The State intends to release a Request for Proposal (RFP) in the fall of 2023 to select MCOs for service delivery effective January 1, 2025. The State will work with the MCOs and stakeholders to ensure a smooth transition of the ABP population to any new MCOs.

The ABP population will be enrolled in MCOs similar to other Medicaid/CHIP beneficiaries and will receive all MCO communications, a member handbook, enrollment materials, etc.

MCO: Managed Care Organization

The managed care delivery system is the same as an already approved managed care program. Yes

The managed care program is operating under (select one):

○ Section 1915(a) voluntary managed care program.

◉ Section 1915(b) managed care waiver.

○ Section 1932(a) mandatory managed care state plan amendment.

○ Section 1115 demonstration.

○ Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.

Identify the date the managed care program was approved by CMS: Dec 14, 2023

Describe program below:

The goals of the KanCare program are to improve overall health outcomes while slowing the rate of cost growth over time. This is accomplished by providing the right care, in the right amount, in the right setting, at the right time. As noted above, KanCare is currently authorized under a Section 1115 demonstration, but Kansas intends to transition the managed care authority for KanCare from the 1115 to a 1932(a) state plan amendment and a Section 1915(b) waiver. Beneficiaries participating in WORK will be included in the Section 1915(b) waiver.

Kansas currently contracts with three MCOs to provide integrated physical health, behavioral health, and long-term services and supports to nearly all Medicaid/CHIP beneficiaries. As noted above, the State intends to issue an RFP in the fall of 2023 to procure MCOs for service delivery effective January 1, 2025.

The Kansas Department of Health and Environment (KDHE) and the Kansas Department for Aging and Disability Services (KDADS) administer KanCare. KDHE maintains financial management and contract oversight of the KanCare program while KDADS administers the 1915(c) HCBS waiver programs and mental health and substance abuse services and operates the state hospitals and institutions.

☐ The Alternative Benefit Plan will be provided through primary care case management (PCCM) consistent with applicable managed care requirements (42 CFR Part 438, section 1903(m) of the Social Security Act, and section 1932 of the Social Security Act).

#type# Procurement or Selection Method

Indicate the method used to select #type#s:

◉ Competitive procurement method (RFP, RFA).

○ Other procurement/selection method.

Describe the method used by the state/territory to procure or select the MCOs:

Other MCO-Based Service Delivery System Characteristics

One or more of the Alternative Benefit Plan benefits or services will be provided apart from the managed care organization. No

MCO service delivery is provided on less than a statewide basis. No

#type# Participation Exclusions

Individuals are excluded from MCO participation in the Alternative Benefit Plan: No

General #type# Participation Requirements

Indicate if participation in the managed care is mandatory or voluntary:

◉ Mandatory participation.

◯ Voluntary participation. Indicate the method for effectuating enrollment:

Describe method of enrollment in MCOs:

Participants are defaulted to an MCO, but given 90 days to make a change. Yearly, during the open enrollment process, participants are given 90 days to make a new MCO choice or to remain with the current MCO. Participants are also able to change MCOs outside of open enrollment for a good cause reason as defined in 42 CFR 438(d)(2). Native Americans can opt out of managed care at any time.

Additional Information: #type# (Optional)

Provide any additional details regarding this service delivery system (optional):

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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