

## **Table of Contents**

**State/Territory Name: Kansas**

**State Plan Amendment (SPA) #: 23-0013**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

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

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May 2, 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) 23-0013

Dear Ms. Fertig:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0013. This amendment proposes to remove outdated language regarding the Drug Addiction Treatment Act of 2000 (DATA 2000) waiver from the Medication Assisted Treatment provider qualifications.

We conducted our review of your submittal according to statutory requirements in 1905(a) of the Social Security Act. This letter is to inform you that Kansas Medicaid SPA 23-0013 was approved on May 2, 2023, with an effective date of January 25, 2023.

If you have any questions, please contact Michala Walker at 816-426-6503 or via email at [Michala.Walker@cms.hhs.gov](mailto:Michala.Walker@cms.hhs.gov).

Sincerely,

A black rectangular redaction box covers the signature of James G. Scott. A blue ink scribble is visible below the redaction.

Digitally signed by James G.  
Scott -S  
Date: 2023.05.02 18:19:40  
-05'00'

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Bobbie Graff-Hendrixson  
Bill Stelzner  
Bill Thompson

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

1. TRANSMITTAL NUMBER  
23 — 0013

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  
January 25, 2023

5. FEDERAL STATUTE/REGULATION CITATION  
1905(a)(29) of the Act

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  
Supplement MAT Attachment 3.1-A, Page 4  
Supplement MAT Attachment 3.1-B, Page 4

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
Supplement MAT Attachment 3.1-A, Page 4  
Supplement MAT Attachment 3.1-B, Page 4

9. SUBJECT OF AMENDMENT  
Removal of DATA 2000 waiver language from the MAT pages of the state plan.

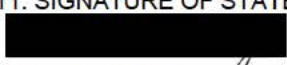
10. GOVERNOR'S REVIEW (Check One)

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  
March 31, 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  
March 31, 2023

17. DATE APPROVED  
May 2, 2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
January 25, 2023

19. SIGNATURE OF APPROVING OFFICIAL  
  
Digitally signed by James G. Scott -S  
Date: 2023.05.02 18:20:07 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL  
James G. Scott

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

22. REMARKS

**KANSAS MEDICAID STATE PLAN**

Supplement to Attachment 3.1-A

Page 4

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

iii. Service Package (continued)

a) Please include each practitioner and provider entity that furnishes each service and component service.

i. Individual/Group Therapy (The listed providers may provide individual therapy, group therapy, or both. They do not provide peer support services.)

- Licensed Social Workers
- Licensed Professional Counselors
- Licensed Addiction Counselors
- Licensed Marriage and Family Therapists
- Licensed Psychologists
- Physicians, Nurse Practitioners and Physician Assistants
- Clinical Nurse Specialists, Certified Registered Nurse Anesthetists, and Certified Nurse Midwives are included in the provider types approved for MAT services, per the 2018 SUPPORT Act requirements.

ii. Peer Support Services (The listed providers provide peer support services. They do not provide individual therapy nor group therapy.)

- Certified Peer Specialists

**KANSAS MEDICAID STATE PLAN**

Supplement to Attachment 3.1-B

Page 4

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

iii. Service Package (continued)

a) Please include each practitioner and provider entity that furnishes each service and component service.

- i. Individual/Group Therapy (The listed providers may provide individual therapy, group therapy, or both. They do not provide peer support services.)
  - Licensed Social Workers
  - Licensed Professional Counselors
  - Licensed Addiction Counselors
  - Licensed Marriage and Family Therapists
  - Licensed Psychologists
  - Physicians, Nurse Practitioners and Physician Assistants
  - Clinical Nurse Specialists, Certified Registered Nurse Anesthetists, and Certified Nurse Midwives are included in the provider types approved for MAT services, per the 2018 SUPPORT Act requirements.
- ii. Peer Support Services (The listed providers provide peer support services. They do not provide individual therapy nor group therapy.)
  - Certified Peer Specialists