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State/Territory Name: Kansas

State Plan Amendment (SPA) #: KS-19-0019

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850



Children and Adults Health Programs Group

DEC 04 2019

Adam Proffitt
Medicaid Director and Interim Division Director
State of Kansas, Department of Health and Environment
900 SW Jackson Avenue Suite 900
Topeka, KS 666612-1220

Dear Mr. Proffitt:

The Centers for Medicare & Medicaid Services has approved your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) number KS-19-0019, submitted on November 26, 2019. This SPA eliminates the state's 90 day waiting period with an effective date of December 1, 2019. Kansas will continue to monitor for substitution consistent with requirements at section 2102(b)(3)(C) of the Social Security Act and 42 CFR 457.805.

The revised state plan template, CS20, is attached. It supersedes the previously approved CS20 and should be incorporated as an attachment to the current CHIP state plan.

Your title XXI project officer is Ms. Kristin Edwards. She is available to answer questions concerning these amendments. Ms. Edwards' contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850
Telephone: (410) 786-5480
E-mail: kristin.edwards@cms.hhs.gov

Official communications regarding program matters should be sent simultaneously to Ms. Kristin Edwards and to Mr. James G. Scott, Director, of our Medicaid Field Office North division. Mr. Scott's address is:

Centers for Medicare & Medicaid Services
Division of Medicaid Field Operations North
Richard Bolling Federal Building
601 East 12th St, Room 355
Kansas City, MO 64103-2808

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If you have additional questions or concerns, please contact Ms. Amy Lutzky, Director, Division of State Coverage Programs, at (410) 786-0721. We look forward to continuing to work with you and your staff.

Sincerely,
/Signed by Anne Marie
Costello/

Anne Marie Costello
Director

Enclosures

cc: Mr. James G. Scott, Director, Medicaid Field Operations North



CHIP Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: KS - 19 - 0021

Separate Child Health Insurance Program Non-Financial Eligibility - Substitution of Coverage CS20

Section 2102(b)(3)(C) of the SSA and 42 CFR 457.340(d)(3), 457.350(i), and 457.805

Substitution of Coverage

The CHIP Agency provides assurance that it has methods and policies in place to prevent the substitution of group health coverage or other commercial health insurance with public funded coverage. These policies include:

Substitution of coverage prevention strategy:

Add	Name of policy	Description	Remove
Add	Substitution Monitoring	Applicants may not be covered by other comprehensive health insurance. The application used by the CHIP agency and the state-based marketplace asks applicants to report other health insurance coverage. If a household reports creditable coverage, any child in the household will be found ineligible for CHIP. To determine the percentage of enrollees who dropped group health insurance in order to gain eligibility for CHIP the state will develop the following report. This quarterly report will compare the number of individuals under age 19 that were denied due to other insurance and then reapplied within a three (3) month time frame. The report will monitor the percentage of such applicants who are subsequently approved for CHIP, but no longer report other insurance. If the substitution exceeds ten (10) percent, the state will collaborate with CMS to identify an alternative strategy to reduce substitution.	Remove

A waiting period during which an individual is ineligible due to having dropped group health coverage.

If the state elects to offer dental only supplemental coverage, the following assurances apply:

- The other coverage exclusion does not apply to children who are otherwise eligible for dental only supplemental coverage as provided in section 2110(b)(5) of the SSA.
- The waiting period does not apply to children eligible for dental only supplemental coverage.

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 50 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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