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State/Territory Name: KS

State Plan Amendment (SPA) #: 16-0004

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 355
Kansas City, Missouri 64106



Division of Medicaid and Children's Health Operations

June 9, 2016

Mike Randol, Director
Kansas Department of Health and Environment
Division of Health Care Finance
900 SW Jackson, Room 900N
Topeka, KS 66612

Dear Mr. Randol:

On April 1, 2016, the Centers for Medicare & Medicaid Services received Kansas state plan amendment (SPA) transmittal # 16-0004. The original approval package sent on June 8, 2016, inadvertently identified the program as Home Health. The purpose of the approved SPA was to terminate Kansas' Health Home (HH) program authorized under section 2703 of the Patient Protection and Affordable Care Act, to serve individuals with serious and persistent mental illness. The state is discontinuing the program, effective June 30, 2016, as required by their Governor's budget.

SPA 16-0004 was approved on June 3, 2016, with an effective date of June 30, 2016, as requested. Enclosed is a copy of the CMS-179 summary form.

If you have any questions regarding this amendment, please contact Sandra Levels or Karen Hatcher at (816) 426-5925.

Sincerely,

6/9/2016

Megan K. Buck
Acting Associate Regional Administrator
for Medicaid and Children's Health Operations

Signed by: Megan K. Buck -A

Enclosure

cc:

Bobbie Graff-Hendrixson
Rebecca Ross

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

Transmittal Number: KS16-0004 Supersedes Transmittal Number: KS14-0014 Proposed Effective Date: Jun 30, 2016 Approval Date: June 3, 2016
Attachment 3.1-H Page Number:

Submission Summary

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

Supersedes Transmittal Number:

Please enter the Supersedes Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

- The State elects to implement the Health Homes State Plan option under Section 1945 of the Social Security Act.

Name of Health Homes Program:

State Information

State/Territory name:

Medicaid agency:

Authorized Submitter and Key Contacts

The authorized submitter contact for this submission package.

Name:

Title:

Telephone number:

Email:

The primary contact for this submission package.

Name:

Title:

Telephone number:
 Email:

The secondary contact for this submission package.

Name:
 Title:
 Telephone number:
 Email:

The tertiary contact for this submission package.

Name:
 Title:
 Telephone number:
 Email:

Proposed Effective Date

(mm/dd/yyyy)

Executive Summary

Summary description including goals and objectives:

The Health Homes model in Kansas terminates 6/30/2016. The state request Attachment 3.1H be removed from the state plan.

The anticipated 2016 FFY savings is \$3,954,591.01. Below reflects "0." The ability to enter savings is not supported by this application.

Federal Budget Impact

Federal Fiscal Year		Amount
First Year	<input type="text" value="2016"/>	\$ <input type="text" value="0.00"/>
Second Year	<input type="text" value="2017"/>	\$ <input type="text" value="0.00"/>

Federal Statute/Regulation Citation

Governor's Office Review

No comment.

Comments received.

Describe:

No response within 45 days.

Other.

Describe:

Transmittal Number: KS16-0004 Supersedes Transmittal Number: KS14-0014 Proposed Effective Date: Jun 30, 2016 Approval Date: June 3, 2016