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State/Territory Name: KS

State Plan Amendment (SPA) #: 18-0012

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

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

November 6, 2018

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

Dear Mr. Hamdorf:

On September 26, 2018, the Centers for Medicare & Medicaid Services (CMS) received Kansas' State Plan Amendment (SPA) transmittal #18-0012, which expands tobacco cessation counseling to all Medicaid enrollees.

SPA #18-0012 was approved on November 6, 2018, with an effective date of September 21, 2018, as requested by the state. Enclosed is a copy of the CMS-179 form, as well as the approved pages for incorporation into the Kansas State Plan.

If you have any questions regarding this amendment, please contact Michala Walker at (816) 426-5925.

Sincerely,

11/6/2018

James G. Scott
Associate Regional Administrator
for Medicaid and Children's Health Operations

Signed by: James G. Scott -A

Enclosure

cc:
Kim Tjelmeland
Bobbie Graff-Hendrixson
Bill Stelzner

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: KS 18-0012	2. STATE Kansas
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE September 21, 2018	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>)			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.130(c)		7. FEDERAL BUDGET IMPACT a. FFY 2018 \$ 1,059.00 b. FFY 2019 \$ 50,878.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Page 6 Attachment 3.1-A, #13.c (new) Attachment 4.19-B, #13.c (new)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Attachment 3.1-A, Page 6	
10. SUBJECT OF AMENDMENT The SPA amends the Kansas Medicaid Plan to provide smoking cessation counseling to Medicaid members.			
11. GOVERNOR'S REVIEW (<i>Check One</i>)			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Jonathan J. Hamdorf is the Governor's Designee	
12. SIGNATURE OF STATE AGENCY OFFICIAL <i>[Signature]</i>		16. RETURN TO Jonathan J. Hamdorf, Director KDHE, Division of Health Care Finance Landon State Office Building 900 SW Jackson, Room 900-N Topeka, KS 66612-1220	
13. TYPED NAME Jonathan J. Hamdorf			
14. TITLE Director, Division of Health Care Finance			
15. DATE SUBMITTED September 26, 2018			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED September 26, 2018		18. DATE APPROVED November 6, 2018	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL September 21, 2018		20. SIGNATURE OF REGIONAL OFFICIAL <i>[Signature]</i>	
21. TYPED NAME James G. Scott		22. TITLE Associate Regional Administrator for Medicaid and Children's Health Operations	
23. REMARKS			

KANSAS MEDICAID STATE PLAN

Attachment 3.1-A
Page 6

**AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

b. Screening Services

- Provided: No limitations With limitations*
 Not provided.

c. Preventive Services

- Provided: No limitations With limitations*
 Not provided.

d. Rehabilitative services

- Provided: No limitations With limitations*
 Not Provided.

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services

- Provided: No limitations With limitations*
 Not Provided.

b. Skilled nursing facility services

- Provided: No limitations With limitations*
 Not Provided.

c. Intermediate care facility services

- Provided: No limitations With limitations*
 Not Provided.

*Description provided on attachment.

KANSAS MEDICAID STATE PLAN

Attachment 3.1-A
#13.c

PREVENTIVE SERVICES LIMITATIONS

Tobacco Cessation Counseling Services

Tobacco cessation counseling is covered for all KS Medicaid members. In accordance with the preventive services benefit requirements at 42 CFR 440.130(c), these services are designed to reduce the incidence and prevalence of tobacco use.

Tobacco cessation counseling services include: Intermediate and intensive smoking and tobacco use cessation counseling visits.

Tobacco Cessation counseling services will be provided by the following Kansas Medicaid enrolled licensed providers within their scope of practice under state law:

- Physicians
- Physician Assistants
- Licensed Advanced Practice Registered Nurses
- Psychiatrists
- Psychologists
- Licensed Clinical Social Workers
- Licensed Professional Counselors.

KANSAS MEDICAID STATE PLAN

Attachment 4.19-B
#13.c.

PREVENTIVE SERVICES

Tobacco Cessation Counseling Services

Except as otherwise noted in the plan, the state-developed fee schedule rates are the same for both governmental and private providers for the above services. The agency's fee schedule rate was set as of September 21, 2018 and is effective for services provided on or after that date. The agency's established fee schedule rates are published on the agency's website at <https://www.kmap-state-ks.us>.