

## **Table of Contents**

**State/Territory Name: KS**

**State Plan Amendment (SPA) #: 19-0005**

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 12<sup>th</sup> Street, Suite 355  
Kansas City, Missouri 64106-2898



**Kansas City Regional Operations Group**

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March 28, 2019

Christiane Swartz, Deputy Medicaid Director  
Kansas Department of Health and Environment  
Division of Health Care Finance  
Landon State Office Building  
900 SW Jackson, Room 900N  
Topeka, KS 66612-1220

Dear Ms. Swartz:

On March 20, 2019, the Centers for Medicare & Medicaid Services (CMS) received Kansas' State Plan Amendment (SPA) transmittal #19-0005. This SPA is amending the Medicaid State Plan regarding vision for adults. The change updates that an adult may receive one eye exam and one pair of eyeglasses per year instead of every four years.

SPA #19-0005 was approved March 28, 2019, with an effective date of February 15, 2019, as requested by the state. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Kansas State Plan.

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

Sincerely,

3/28/2019

A black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director  
Division of Medicaid Field Operations - North

Signed by: James G. Scott -A

Enclosure

cc: Bobbie Graff – Hendrixson  
William Stelzner

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

1. TRANSMITTAL NUMBER:  
KS 19-0005

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  
February 15, 2019

5. TYPE OF PLAN MATERIAL (*Check One*)

- NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION  
42 CFR §440.120 (Subpart A)

7. FEDERAL BUDGET IMPACT  
a. FFY 2019 \$130,387.00  
b. FFY 2020 \$231,342.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, #5.a., page 2; #6.b.; #12.d

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*)

Attachment 3.1-A, #5.a., page 2; #6.b.; #12.d

10. SUBJECT OF AMENDMENT

Medicaid Plan – One complete eye exam and one pair of eyeglasses per adult per year.

11. 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:  
Christiane Swartz is the  
Governor's Designee

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME  
Christiane Swartz

14. TITLE  
Deputy Medicaid Director, Division of Health Care Finance

15. DATE SUBMITTED  
March 20, 2019

16. RETURN TO

Christiane Swartz, Deputy Medicaid Director  
KDHE, Division of Health Care Finance  
Landon State Office Building  
900 SW Jackson, Room 900-N  
Topeka, KS 66612-1220

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED  
March 20, 2019

18. DATE APPROVED  
March 28, 2019

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL  
February 15, 2019

21. TYPED NAME  
James G. Scott

20. SIGNATURE OF REGIONAL OFFICIAL

22. TITLE  
Director  
Division of Medicaid Field Operations - North

23. REMARKS

## KANSAS MEDICAID STATE PLAN

Attachment 3.1-A  
#5.a., page 2

### Physicians' Services Limitations

#### Psychiatric Services

1. Psychotherapy is limited to a total of 32 hours per calendar year. Psychotherapy is noncovered when provided concurrently by the same provider with both targeted case management services and partial hospitalization activity, and brief therapy for crisis or continuing evaluation purposes.
2. Psychotherapy is noncovered on days that a hospital visit is claimed or on days that electroshock treatment is given.
3. Electroshock is limited to twelve inpatient treatments per month and six outpatient treatments per month.
4. Evaluation is limited to two six hours per two calendar years per consumer.
5. See Attachment 3.1-A, #4.b. for physician psychiatric services limitations for children under 21 years of age.

#### Other Services

1. Eye exams are limited to one per year excepting:
  - Post cataract surgery consumers within one year of surgery
  - Eye exams required for the treatment of medical conditions (two exams a month are covered.)
2. Physician assistant services are limited to those allowed by State law.
3. Inpatient services provided on medically unnecessary days as determined by utilization review are noncovered.
4. See Attachment 3.1-A, #4.b. for other physician service limitations for children under 21 years of age.

## KANSAS MEDICAID STATE PLAN

Attachment 3.1-A  
#6.b.

### Optometric Services Limitations

1. Optometric examinations are limited to one complete exam per year.
2. Two partial exams per month are covered for the treatment of medical conditions.
3. Post-cataract surgery exams are covered, as needed, up to one year following the surgery.
4. Vision therapy is noncovered.
5. Medical care by optometrists is covered according to Kansas licensure limits.
6. Includes one pair of eyeglasses per year.

# KANSAS MEDICAID STATE PLAN

Attachment 3.1-a  
#12.d.

## Eyeglasses Limitations

- 1 Glasses are limited to one pair per year. Post-cataract surgery recipients are covered for up to one year after surgery.
- 2 Rose tints are noncovered.
- 3 Other tints are covered when prescribed for medical reasons.
- 4 Contact lenses require prior authorization.