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State/Territory Name: Kansas

State Plan Amendment (SPA) #: 22-0021

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 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

August 23, 2022

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) 22-0021

Dear Ms. Fertig:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0021. This amendment adds Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) reimbursement rates for periodontal maintenance and for the use of prefabricated porcelain and ceramic crowns on primary teeth, as well as for the repair of crowns on primary teeth. It also increases ESPDT pediatrician reimbursement rates.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations in 42 CFR § 447. This letter is to inform you that Kansas Medicaid SPA 22-0021 was approved on August 22, 2022, with an effective date of July 1, 2022.

If you have any questions, please contact Michala Walker at 816-426-6503 or via email at Michala.Walker@cms.hhs.gov.

Sincerely,

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Bobbie Graff-Hendrixson
Bill Stelzner
Bil Thompson
Suzanne Moore

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

1. TRANSMITTAL NUMBER
22 — 0021

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

July 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2022 \$ 0
b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, #4.b., Page 2
Attachment 4.19-B, #4b

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 3.1-A, #4.b., Page 2
Attachment 4.19-B, #4b

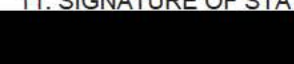
9. SUBJECT OF AMENDMENT

Add Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) reimbursement rates for periodontal maintenance and for the use of prefabricated porcelain/ceramic crowns on primary teeth as well as for the repair of crowns on primary teeth. Increase EPSDT reimbursement rates for pediatricians.

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
July 8, 2022

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

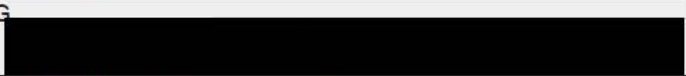
FOR CMS USE ONLY

16. DATE RECEIVED
July 8, 2022

17. DATE APPROVED
August 22, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2022

19. SIG


20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

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

22. REMARKS

Additional services available to children are listed below. Those services which include procedures requiring prior authorization are noted with an asterisk*:

- **Clinic Services**

- Elective Surgery is covered at ambulatory surgical centers.*

- **Dental Services (including Medical and Surgical Services Furnished by a Dentist)***

In accordance with the dental benefit at 42 CFR 440.100, covered dental services including cleanings twice per year, fluoride treatments three times per year, fillings, pulpotomies, extractions, x-rays, dentures, endodontia, silver diamine fluoride (SDF) treatments, orthodontia, periodontal maintenance, prefabricated porcelain/ceramic crowns on primary teeth, and crown repairs on primary teeth.

- **Denture Services**

- In accordance with the denture benefit at 42 CFR 440.120(b), partial dentures, repair and adjustments are covered.

- **Equipment and Supplies**

- Wheelchair purchases, rentals and accessories may be covered with prior authorization.

- **Eyeglasses**

- Lenses and frames for eyeglasses replacement is covered up to three times per year. Additional lenses and frames are covered by prior authorization for vision changes.
- Contact Lenses and certain tints require prior authorization.

- **Home Health Nursing Services**

- Respiratory therapy is covered.

- **Immunizations**

- Age appropriate immunizations as determined by American Committee on Immunization Practices (ACIP)

- **Inpatient Hospital Services**

- Elective Surgery is covered.*

- **Optometric Services**

- Eye exams, refractions and coordination testing are covered.

- **Other Practitioners'**

- Dietitian Services are covered.

- **Outpatient Hospital Services**

- Elective Surgery is covered.*

- **Podiatric Services**

- Podiatry services are covered.

KANSAS MEDICAID STATE PLAN

Attachment 4.19-B
#4.b.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Methods and Standards for Establishing Payment Rates

Agency staff will individually review claims for medically necessary services not normally covered under the plan when these services are provided to an EPSDT participant. Staff will consult with agency medical experts and compare the service to comparable services and determine a price based on expert advice and rates for similar services.

Reimbursement for positive behavior support services, Consultative Clinical and Therapeutic Services, and Intensive Individual Supports are based upon a Medicaid fee schedule established by the State of Kansas. Commercial third-party payers and market rates will be considered when establishing the fee schedules. These reimbursement methodologies will produce rates sufficient to enlist enough providers so that services under the plan are available to recipients at least to the extent that these services are available to the general population, as required by 42 CFR 447.204. These rates comply with the requirements of Section 1902(a)(3) of the Social Security Act 42 CFR 447.200, regarding payments and consistent with economy, efficiency and quality of care. Provider enrollment and retention will be reviewed periodically to ensure that access to care and adequacy of payments are maintained. The Medicaid fee schedule will be equal to or less than the maximum allowable under the same Medicare rate, if applicable. If a service has no Kansas specific Medicare rate, Kansas will establish pricing based on similar services. Room and board costs are not included in the Medicaid fee schedule.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of EPSDT services. The agency's fee schedule rate was set as of July 1, 2022 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://portal.kmap-state-ks.us/PublicPage/ProviderPricing/Disclaimer?searchBy=ScheduleList>

This link will take the user to a page titled "Reference Copyright Notice." Scroll to the bottom of the page and click on the word "Accept" to access the fee schedule. The next page that appears is titled "KMAP Fee Schedules."

To access a fee schedule:

- a. Select the program from the drop-down list -TXIX;
- b. Choose the type of rates – Medicaid;
- c. After choosing the rate type, the user will see a list of the current and historical versions of the corresponding schedule;
- d. Click the schedule TXIX.