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State/Territory Name: Kansas

State Plan Amendment (SPA) #: 24-0014

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 28, 2024

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

Re: Kansas State Plan Amendment (SPA) 24-0014

Dear Christine Osterlund:

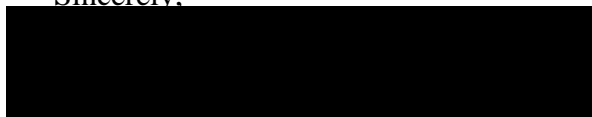
The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0014. This amendment proposes to expand dental services to cover Medicaid participants over 20 years of age.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter informs you that Kansas Medicaid SPA TN 24-0014 was approved on August 27, 2024, with an effective date of July 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Kansas State Plan.

If you have any questions, please contact Helenita Augustus at (410) 786-8902 or via email at Helenita.Augustus@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

cc: Bobbie Graff-Hendrixson
Bill Stelzner
Melissa Hammond

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

1. TRANSMITTAL NUMBER <u>2 4 — 0 0 1 4</u>	2. STATE <u>KS</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440, 42 CFR 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024 \$ 1,425
b. FFY 2025 \$ 4,274


7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-A, #10, Page 1
Attachment 4.19-B, #10

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 3.1-A, #10, Page 1
Attachment 4.19-B, #10

9. SUBJECT OF AMENDMENT
Dental services are expanded to cover Medicaid participants over 20 years of age.

10. GOVERNOR'S REVIEW (Check One)

<input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="radio"/> OTHER, AS SPECIFIED: Christine Osterlund is the Governor's Designee
<input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
<input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
Christine Osterlund

13. TITLE
Medicaid Director

14. DATE SUBMITTED
August 6, 2024

15. RETURN TO
Christine Osterlund
Medicaid Director
Deputy Secretary of Agency Integration and Medicaid
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
August 6, 2024

17. DATE APPROVED
August 27, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2024



20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

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

22. REMARKS

KANSAS MEDICAID STATE PLAN

Attachment 3.1-A
#10
Page 1

Dental Services Limitations (continued)

- x) hospital call may be reported when providing treatment in hospital or ambulatory surgical center, in addition to reporting appropriate code numbers for actual services performed;
- y) prior authorization on selected medical procedures; and
- z) prior authorization on selected dental procedures associated with medically necessary extractions.
 - aa) interim caries-arresting medicament applications.
 - bb) amalgam restorations (including polishing).
 - cc) resin based composite restorations – direct.
 - dd) crowns.
 - ee) periodontal treatment with maintenance.
 - ff) cleanings twice per year.
 - gg) exams.
 - hh) x-rays.
 - ii) fluoride treatments three times per year.
 - jj) sealants.
 - kk) preventative services.

Limitations may be exceeded based on medical necessity and with prior authorization.

KANSAS MEDICAID STATE PLAN

Attachment 4.19-B
#10

Dental Services **Methods and Standards for Establishing Payment Rates**

Dental services are reimbursed on the basis of reasonable fees as related to Medicaid customary charges except no fee is reimbursed in excess of a range maximum. The range of charges provides the base for computation of range maximums.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of dental services. The agency's fee schedule rate was set as of July 1, 2024 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.