

## **Table of Contents**

**State/Territory Name: Kansas**

**State Plan Amendment (SPA) #: 20-0023**

This file contains the following documents in the order listed:

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

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January 14, 2021

Sarah Fertig, 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

Re: Kansas State Plan Amendment (SPA) 20-0023

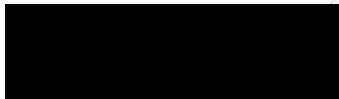
Dear Ms. Fertig:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 20-0023. This amendment proposes to add silver diamine fluoride treatments to the list of covered EPSDT dental services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR §440.50, §440.100 and §447 Subpart F. This letter is to inform you that Kansas' Medicaid SPA Transmittal Number 20-0023 is approved effective January 01, 2021.

If you have any questions, please contact Michala Walker at 816-426-6503 or via email at [Michala.Walker@cms.hhs.gov](mailto:Michala.Walker@cms.hhs.gov).

Sincerely,

 Digitally signed by James G. Scott -S  
Date: 2021.01.14 13:28:00 -06'00'

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Bobbie Graff-Hendrixson, KDHE  
Christiane Swartz, KDHE  
William Stelzner, KDHE

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

1. TRANSMITTAL NUMBER: <u>KS 20-0023</u>	2. STATE Kansas
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE January 1, 2021	

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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 §440.50, §440.100, and §447, Subpart F	7. FEDERAL BUDGET IMPACT a. FFY <del>2020</del> * \$ 0 2021 b. FFY <del>2021</del> * \$ 0 2022
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Attachment 3.1-A, #4.b. Page 2 Attachment 4.19-B, #4.b.	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> )  Attachment 3.1-A, #4.b. Page 2 Attachment 4.19-B, #4.b.

10. SUBJECT OF AMENDMENT  
Effective January 1, 2021, silver diamine fluoride (SDF) treatment will be added to the list of covered EPSDT dental services that are in accordance with the dental benefit at 42 CFR §440.100.

11. GOVERNOR'S REVIEW (*Check One*)


GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Sarah Fertig is the  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      Governor's Designee

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. 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
13. TYPED NAME Sarah Fertig	
14. TITLE State Medicaid Director	
15. DATE SUBMITTED November 17, 2020	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED November 17, 2020	18. DATE APPROVED January 14, 2021
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**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2021	20. SIGNATURE OF REGIONAL OFFICIAL  Digitally signed by James G. Scott -S Date: 2021.01.14 13:28:50 -06'00'
21. TYPED NAME James G. Scott	22. TITLE Director, Division of Program Operations

23. REMARKS  
  
\*FFYs corrected per state permission for pen and ink change in email dated 01/05/2021

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, and orthodontia.

- **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 January 1, 2021 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/Provider/PRICING/RefCode.asp>

When the user is on the landing page of the above link, select the link Download Fee Schedules. 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.