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State/Territory Name: KS

State Plan Amendment (SPA) #: 15-0003-MM3

This file contains the following documents in the order listed:

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

August 7, 2015

Mike Randol, Director
Kansas Department of Health and Environment
Division of Health Care Finance
900 SW Jackson, Room 900N
Topeka, KS 66612

Dear Mr. Randol:

On May 26, 2015, the Centers for Medicare & Medicaid Services (CMS) received Kansas' State Plan Amendment (SPA) transmittal #15-0003-MM3 containing Section 10 which replaces this section as approved with Transmittal #14-0004. This is a technical amendment to correct an error in marking the original submission. The original amendment had been marked to indicate a pregnant woman and the number of unborn children she is carrying would be counted in the household size when determining the eligibility of other members of the household. However, this is the way the pregnant woman is counted when determining her own eligibility. This amendment changes how Section 10 is marked to correctly reflect that when determining the eligibility of other household members, a pregnant woman is counted as one member of the household, regardless of the number of children she is carrying. Kansas has indicated this is how the MAGI policy was implemented originally, so this will not require a change in state procedures.

SPA 15-0003-MM3 is approved on August 7, 2015, with an effective date of April 1, 2015, as requested. Enclosed is a copy of the approved pages for incorporation into the Kansas State Plan.

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

Sincerely,

//s//

Megan Buck
Acting Associate Regional Administrator
for Medicaid and Children's Health Operations

Enclosure

cc: Susan Mosier, M.D.
Bobbie Graff-Hendrixson
Jeanine Schieferecke

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: **Kansas**

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

KS15-0003

Proposed Effective Date

04/01/2015 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 435.603

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2015	\$0.00
Second Year	2016	\$0.00

Subject of Amendment

This is a technical correction. There is no fiscal impact. Policy has not changed.

Governor's Office Review

☒ Governor's office reported no comment

☐ Comments of Governor's office received

Describe:

☐ No reply received within 45 days of submittal

☐ Other, as specified

Describe:

Signature of State Agency Official

Submitted By: **KIM Tjelmeland**

Last Revision Date: **Aug 3, 2015**

Submit Date: **Jun 29, 2015**



Medicaid Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: KS - 15 - 0003

Expiration date: 10/31/2014

MAGI-Based Income Methodologies

S10

1902(e)(14)
42 CFR 435.603

- ☒ The state will apply Modified Adjusted Gross Income (MAGI)-based methodologies as described below, and consistent with 42 CFR 435.603.

In the case of determining ongoing eligibility for beneficiaries determined eligible for Medicaid on or before December 31, 2013, MAGI-based income methodologies will not be applied until March 31, 2014, or the next regularly-scheduled renewal of eligibility, whichever is later, if application of such methods results in a determination of ineligibility prior to such date.

In determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.

In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:

- ☒ The pregnant woman is counted just as herself.
- ☐ The pregnant woman is counted as herself, plus one.
- ☐ The pregnant woman is counted as herself, plus the number of children she is expected to deliver.

Financial eligibility is determined consistent with the following provisions:

When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.

When determining eligibility for current beneficiaries, financial eligibility is based on:

- ☒ Current monthly household income and family size
- ☐ Projected annual household income and family size for the remaining months of the current calendar year

In determining current monthly or projected annual household income, the state will use reasonable methods to:

- ☐ Include a prorated portion of a reasonably predictable increase in future income and/or family size.
- ☐ Account for a reasonably predictable decrease in future income and/or family size.

Except as provided at 42 CFR 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.

In determining eligibility for Medicaid, an amount equivalent to 5 percentage points of the FPL for the applicable family size will be deducted from household income in accordance with 42 CFR 435.603(d).

Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.

☐ Yes ☒ No



Medicaid Eligibility

☒ The age used for children with respect to 42 CFR 435.603(f)(3)(iv) is:

☐ Age 19

☒ Age 19, or in the case of full-time students, age 21

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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