

## **Table of Contents**

**State/Territory Name: KS**

**State Plan Amendment (SPA) #: 16-0011**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages



---

**Financial Management Group**

**MAY 23 2017**

Michael Randol, 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 TN: 16-011

Dear Mr. Randol:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 16-011. This amendment provides for a 4.00% reduction in intermediate care facility for individuals with intellectual disabilities (ICF/IID) payment rates.

As part of our review of the pending SPA, we requested the State to demonstrate that the payment rate decrease would not restrict access to services for the fee-for-service population in the Kansas Medicaid program. The State provided data confirming that 97% of Medicaid beneficiaries in Kansas receive care through a managed care arrangement and that the 3% remaining in the fee-for-service system includes individuals that receive limited specialty services or services in periods of presumptive or retro-active eligibility. Based on this information, the state concluded that access will not be affected by the rate reductions under SPA 16-011. The State must continue to monitor access to care for the fee-for-service population and promptly notify us if access to care appears to be lessening.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. This is to inform you that Medicaid State plan amendment 16-011 is approved effective July 1, 2016. We are enclosing the CMS-179 and the amended plan page.

If you have any questions, please call Tim Weidler at (816) 426-6429.

Sincerely,

Kristin Fan  
Director

Enclosures

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

1. TRANSMITTAL NUMBER:  
KS 16-011

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  
July 1, 2016

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 440-150

7. FEDERAL BUDGET IMPACT  
a. FFY 2016 (\$ 480)  
b. FFY 2017 (\$ 1,928)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-D, Part II, Subpart O, Exhibit 0-1, Page 1a

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Attachment 4.19-D, Part II, Subpart O, Exhibit 0-1, Page 1a

10. SUBJECT OF AMENDMENT  
ICF's/MR Payment Reduction

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:  
Michal Randol is the  
Governor's Designee

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME  
for Michael Randol

14. TITLE  
Director, Division of Health Care Finance

15. DATE SUBMITTED  
September 21, 2016

16. RETURN TO  
Michael Randol, 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

18. DATE APPROVED  
MAY 23 2017

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL  
JUL 01 2016

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME  
Kristen FAN

22. TITLE  
Director, FHC

23. REMARKS

## KANSAS MEDICAID STATE PLAN

Attachment 4.19-D  
Part II  
Subpart O  
Exhibit 0-1  
Page 1a

### Methods and Standards for Establishing Payment Rates

(ICF's/IID)

Effective with dates of service July 1, 2016 forward, the allowed Medicaid payment amount will be reduced by 4%. The 4 percent reduction will be applied to the claim allowed amount prior to any cost sharing amounts such as client obligation or other insurance payments.

TN# 16-011 Approval Date MAY 23 2017 Effective Date 07/01/16 Supersedes 10-02