Table of Contents

State/Territory Name:  KS

State Plan Amendment (SPA) #:  19-0015

This file contains the following documents in the order listed:

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

Dear Mr. Proffitt:

On September 25, 2019, the Centers for Medicare & Medicaid Services (CMS) received Kansas’ State Plan Amendment (SPA) transmittal #19-0015. This SPA is updating the reimbursement rate for dental services.

SPA #19-0015 was approved on November 26, 2019, with an effective date of August 16, 2019, as requested by the state. Enclosed is a copy of the CMS-179 summary form, as well as the approved page for incorporation into the Kansas State Plan.

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

Sincerely,

James G. Scott, Director  
Division of Program Operations

cc:  
Christiane Swartz, Deputy Medicaid Director  
Bobbie Graff-Hendrixson  
William Stelzner  
Kim Tjelmeland
**TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL**

**FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

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**1. TRANSMITTAL NUMBER:**
KS 19-0015

**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**
August 16, 2019

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**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)**

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**6. FEDERAL STATUTE/REGULATION CITATION**
42 CFR §440.100

**7. FEDERAL BUDGET IMPACT**
- FFY 2019 $500
- FFY 2020 $4206

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**8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT**
Attachment 4.19-B. #10

**9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)**
Attachment 4.19-B. #10

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**10. SUBJECT OF AMENDMENT**
Update the reimbursement rate for dental services that was increased by the State on August 1, 2019.

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

- GOVERNOR'S OFFICE REPORTED NO COMMENT
- COMMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

- OTHER, AS SPECIFIED:
Adam Proffitt is the Governor's Designee

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**12. SIGNATURE OF STATE AGENCY OFFICIAL**

**13. TYPED NAME**
Adam Proffitt

**14. TITLE**
State Medicaid Director

**15. DATE SUBMITTED**
September 25, 2019

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**16. RETURN TO**
Adam Proffitt, State Medicaid Director
KDHE, Division of Health Care Finance
Landon State Office Building
900 SW Jackson, Room 900-N
Topeka, KS 66612-1220

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**FOR REGIONAL OFFICE USE ONLY**

**17. DATE RECEIVED**
September 25, 2019

**18. DATE APPROVED**
November 26, 2019

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**19. EFFECTIVE DATE OF APPROVED MATERIAL**
August 16, 2019

**20. SIGNATURE OF REGIONAL OFFICIAL**

**21. TYPED NAME**
James G. Scott

**22. TITLE**
Director, Division of Program Operations

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**23. REMARKS**

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Instructions on Back
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 August 16, 2019 and is effective for services provided on or after that date. All rates are published at https://www.kmap-state-ks.us/Provider/Pricing/ScheduleList.asp.