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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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 355
Kansas City, Missouri 64106-2898



Medicaid & CHIP Operations Group

November 27, 2019

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,

11/27/2019

James G. Scott, Director
Division of Program Operations

Signed by: James G. Scott -S

Enclosure

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	1. TRANSMITTAL NUMBER: <u>KS 19-0015</u>	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*)

6. FEDERAL STATUTE/REGULATION CITATION 42 CFR §440.100	7. FEDERAL BUDGET IMPACT a. FFY 2019 \$500 b. 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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) 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.

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

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

12. SIGNATURE OF STATE AGENCY OFFICIAL <i>[Signature]</i>	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
13. TYPED NAME Adam Proffitt	
14. TITLE State Medicaid Director	
15. DATE SUBMITTED September 25, 2019	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED September 25, 2019	18. DATE APPROVED November 26, 2019
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL August 16, 2019	20. SIGNATURE OF REGIONAL OFFICIAL <i>[Signature]</i>
21. TYPED NAME James G. Scott	22. TITLE Director, Division of Program Operations

23. REMARKS

KANSAS MEDICAID STATE PLAN

Revised Submission 10.24.19

**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 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>.