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**State/Territory Name: KS**

**State Plan Amendment (SPA) #: 19-0018**

This file contains the following documents in the order listed:

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

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# KS - Submission Package - KS2019MS0003O - (KS-19-0018) - Eligibility

[Summary](#)   [Reviewable Units](#)   [Versions](#)   [Correspondence Log](#)   [Analyst Notes](#)   [Approval Letter](#)   [Transaction Logs](#)   [News](#)

Related Actions

CMS-10434 OMB 0938-1188

## Package Information

|                            |   |                        |                        |
|----------------------------|---|------------------------|------------------------|
| <b>Package ID</b>          | KS2019MS0003O   | <b>Submission Type</b> | Official               |
| <b>Program Name</b>        | N/A   | <b>State</b>           | KS                     |
| <b>SPA ID</b>              | KS-19-0018  | <b>Region</b>          | Kansas City, KS        |
| <b>Version Number</b>      | 2   | <b>Package Status</b>  | Approved               |
| <b>Submitted By</b>        | Bobbie Graff-Hendrixson   | <b>Submission Date</b> | 10/15/2019             |
| <b>Package Disposition</b> |  | <b>Approval Date</b>   | 11/5/2019 12:14 PM EST |
| <b>Priority Code</b>       | P2  |                        |                        |

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Kansas City Regional Office  
601 E. 12th Street, Suite 355  
Kansas City, MO 64106



## Division of Medicaid and Children's Health Operations

November 05, 2019

Dr. Lee Norman  
Secretary  
Kansas Department of Health and Environment, Division of Health  
Care Finance  
900 SW Jackson, Suite 900 N  
Topeka, KS 666  
Topeka, KS 66612

Re: Approval of State Plan Amendment KS-19-0018

Dear Dr. Lee Norman:

On October 15, 2019, the Centers for Medicare and Medicaid Services (CMS) received Kansas State Plan Amendment (SPA) KS-19-0018 to The purpose of this amendment was to transfer some basic eligibility information into the MACPro system, without making any changes to Kansas' current covered groups..

We approve Kansas State Plan Amendment (SPA) KS-19-0018 on November 05, 2019 with an effective date(s) of October 01, 2019.

| Name               | Date Created |  |
|--------------------|--------------|--|
| No items available |              |  |

If you have any questions regarding this amendment, please contact Michala Walker at [michala.walker@cms.hhs.gov](mailto:michala.walker@cms.hhs.gov).

Sincerely,  
James G. Scott  
Director, Division of Medicaid  
Field Operations - North  
Division of Medicaid and  
Children's Health Operations

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | KS2019MS0003O | KS-19-0018

### Package Header

|                          |               |                                |            |
|--------------------------|---------------|--------------------------------|------------|
| <b>Package ID</b>        | KS2019MS0003O | <b>SPA ID</b>                  | KS-19-0018 |
| <b>Submission Type</b>   | Official      | <b>Initial Submission Date</b> | 10/15/2019 |
| <b>Approval Date</b>     | 11/5/2019     | <b>Effective Date</b>          | N/A        |
| <b>Superseded SPA ID</b> | N/A           |                                |            |

### State Information

**State/Territory Name:** Kansas

**Medicaid Agency Name:** Kansas Department of Health  
and Environment, Division of  
Health Care Finance

### Submission Component

☒ State Plan Amendment

☒ Medicaid

☐ CHIP

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | KS2019MS0003O | KS-19-0018

### Package Header

|                          |               |                                |            |
|--------------------------|---------------|--------------------------------|------------|
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| <b>Approval Date</b>     | 11/5/2019     | <b>Effective Date</b>          | N/A        |
| <b>Superseded SPA ID</b> | N/A           |                                |            |

### SPA ID and Effective Date

**SPA ID** KS-19-0018

| Reviewable Unit   | Proposed Effective Date | Superseded SPA ID |
|---|-------------------------|-------------------|
| Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability | 10/1/2019               | Unknown           |
| Mandatory Eligibility Groups  | 10/1/2019               | Unknown           |
| Optional Eligibility Groups   | 10/1/2019               | Unknown           |

**Page Number of the Superseded Plan Section or Attachment (If Applicable):**

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | KS2019MS0003O | KS-19-0018

### Package Header

|                          |               |                                |            |
|--------------------------|---------------|--------------------------------|------------|
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| <b>Superseded SPA ID</b> | N/A           |                                |            |

### Executive Summary

**Summary Description Including Goals and Objectives** Creating the base RU for Eligibility in order to transition the information into MacPro.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

|        | Federal Fiscal Year | Amount |
|--------|---------------------|--------|
| First  | 2019                | \$0    |
| Second | 2020                | \$0    |

#### Federal Statute / Regulation Citation

42 CFR 435.120

Supporting documentation of budget impact is uploaded (optional).

| Name               | Date Created |  |
|--------------------|--------------|--|
| No items available |              |  |

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | KS2019MS0003O | KS-19-0018

### Package Header

**Package ID** KS2019MS0003O  
**Submission Type** Official  
**Approval Date** 11/5/2019  
**Superseded SPA ID** N/A

**SPA ID** KS-19-0018  
**Initial Submission Date** 10/15/2019  
**Effective Date** N/A

### Governor's Office Review

- ☒ No comment
- ☐ Comments received
- ☐ No response within 45 days
- ☐ Other

## Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | KS2019MS0003O | KS-19-0018

### Package Header

|                          |               |                                |            |
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| <b>Superseded SPA ID</b> | N/A           |                                |            |

Indicate whether public comment was solicited with respect to this submission.

- ☒ Public notice was not federally required and comment was not solicited
- ☐ Public notice was not federally required, but comment was solicited
- ☐ Public notice was federally required and comment was solicited



## Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | KS2019MS0003O | KS-19-0018

### Package Header

**Package ID** KS2019MS0003O  
**Submission Type** Official  
**Approval Date** 11/5/2019  
**Superseded SPA ID** N/A

**SPA ID** KS-19-0018  
**Initial Submission Date** 10/15/2019  
**Effective Date** N/A

**One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state**

- ☒ Yes  
☐ No

**This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.**

- ☐ Yes  
☒ No

**Explain why this SPA is not likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations:** Transitioning the eligibility information into MacPro

## Medicaid State Plan Eligibility

### Income/Resource Methodologies

#### Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | KS2019MS0003O | KS-19-0018

#### Package Header

|                          |               |                                |            |
|--------------------------|---------------|--------------------------------|------------|
| <b>Package ID</b>        | KS2019MS0003O | <b>SPA ID</b>                  | KS-19-0018 |
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| <b>Approval Date</b>     | 11/5/2019     | <b>Effective Date</b>          | 10/1/2019  |
| <b>Superseded SPA ID</b> | Unknown       |                                |            |
|                          | User-Entered  |                                |            |

#### A. Eligibility Determinations of Individuals Who Are Age 65 or Older or Who Have Blindness or a Disability

Eligibility determinations of individuals who are age 65 or older or who have blindness or a disability are based on one of the following:

☐ 1. SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

☒ 2. State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

☐ 3. State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

#### B. Additional information (optional)

## Medicaid State Plan Eligibility

### Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | KS2019MS0003O | KS-19-0018









### Package Header

|                          |               |                                |            |
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| <b>Superseded SPA ID</b> | Unknown       |                                |            |
|                          | User-Entered  |                                |            |





### Mandatory Coverage





**A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:**

#### Families and Adults

| Eligibility Group Name   |   | Covered In State Plan               | Include RU In Package ?  | Included in Another Submission Package | Source Type ? |
|--|---|-------------------------------------|--------------------------|--|---------------|
| Infants and Children under Age 19  |    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | CONVERTED     |
| Parents and Other Caretaker Relatives  |    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | CONVERTED     |
| Pregnant Women   |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | CONVERTED     |
| Deemed Newborns  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |
| Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |
| Former Foster Care Children  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |
| Transitional Medical Assistance  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |
| Extended Medicaid due to Spousal Support Collections                           |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |

#### Aged, Blind and Disabled

| Eligibility Group Name                 |   | Covered In State Plan               | Include RU In Package ?  | Included in Another Submission Package | Source Type ? |
|--|---|-------------------------------------|--------------------------|--|---------------|
| SSI Beneficiaries                      |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |
| Closed Eligibility Groups              |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |
| Individuals Deemed To Be Receiving SSI |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |
|  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |

| Eligibility Group Name                      |   | Covered In State Plan               | Include RU In Package ?  | Included in Another Submission Package | Source Type ? |
|---|---|-------------------------------------|--------------------------|--|---------------|
| Working Individuals under 1619(b)           |   |                                     |                          |  |               |
| Qualified Medicare Beneficiaries            |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |
| Qualified Disabled and Working Individuals  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |
| Specified Low Income Medicare Beneficiaries |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |
| Qualifying Individuals                      |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |

## Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | KS2019MS0003O | KS-19-0018

### Package Header

|                          |               |                                |            |
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| <b>Superseded SPA ID</b> | Unknown       |                                |            |
|                          | User-Entered  |                                |            |

**B. The state elects the Adult Group, described at 42 CFR 435.119.**

☐ Yes ☒ No

**C. Additional Information (optional)**

### Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

## Medicaid State Plan Eligibility

### Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | KS2019MS0003O | KS-19-0018

### Package Header

|                          |                         |                                |            |
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### A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.
















☒ Yes ☐ No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

#### Families and Adults

| Eligibility Group Name                                      |   | Covered In State Plan               | Include RU In Package ?  | Included in Another Submission Package | Source Type ? |
|---|---|-------------------------------------|--------------------------|--|---------------|
| Optional Coverage of Parents and Other Caretaker Relatives  |    | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |
| Reasonable Classifications of Individuals under Age 21      |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | CONVERTED     |
| Children with Non-IV-E Adoption Assistance                  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | CONVERTED     |
| Independent Foster Care Adolescents                         |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | CONVERTED     |
| Optional Targeted Low Income Children                       |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |
| Individuals above 133% FPL under Age 65                     |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |
| Individuals Needing Treatment for Breast or Cervical Cancer |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |
| Individuals Eligible for Family Planning Services           |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |
| Individuals with Tuberculosis                               |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |
| Individuals Electing COBRA Continuation Coverage            |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |

#### Aged, Blind and Disabled

| Eligibility Group Name   |   | Covered In State Plan               | Include RU In Package ?  | Included in Another Submission Package | Source Type ? |
|--|---|-------------------------------------|--------------------------|--|---------------|
| Individuals Eligible for but Not Receiving Cash Assistance   |    | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |
| Individuals Eligible for Cash Except for Institutionalization  |    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |
| Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules                      |    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |
| Optional State Supplement Beneficiaries  |    | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |
| Individuals in Institutions Eligible under a Special Income Level  |    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |
| PACE Participants  |    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |
| Individuals Receiving Hospice  |    | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |
| Children under Age 19 with a Disability  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |
| Age and Disability-Related Poverty Level   |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |
| Work Incentives  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |
| Ticket to Work Basic   |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |
| Ticket to Work Medical Improvements  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |
| Family Opportunity Act Children with a Disability  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |
| Individuals Receiving State Plan Home and Community-Based Services   |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |
| Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | KS2019MS0003O | KS-19-0018

### Package Header

|                          |               |                                |            |
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| <b>Superseded SPA ID</b> | Unknown       |                                |            |
|                          | User-Entered  |                                |            |

## B. Medically Needy Options for Coverage



The state provides Medicaid to specified groups of individuals who are medically needy.

☒ Yes ☐ No


The medically needy eligibility groups covered in the state plan are:

### 1. Mandatory Medically Needy:

#### Families and Adults



| Eligibility Group Name                |  | Covered In State Plan               | Include RU In Package ?  | Included in Another Submission Package | Source Type ? |
|---------------------------------------|--|-------------------------------------|--------------------------|--|---------------|
| Medically Needy Pregnant Women        |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |
| Medically Needy Children under Age 18 |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |

#### Aged, Blind and Disabled

| Eligibility Group Name  |   | Covered In State Plan               | Include RU In Package ?  | Included in Another Submission Package | Source Type ? |
|---|---|-------------------------------------|--------------------------|--|---------------|
| Protected Medically Needy Individuals Who Were Eligible in 1973 |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |


### 2. Optional Medically Needy:

#### Families and Adults

| Eligibility Group Name   |   | Covered In State Plan               | Include RU In Package ?  | Included in Another Submission Package | Source Type ? |
|--|---|-------------------------------------|--------------------------|--|---------------|
| Medically Needy Reasonable Classifications of Individuals under Age 21 |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |
| Medically Needy Parents and Other Caretaker Relatives                  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |

#### Aged, Blind and Disabled



| Eligibility Group Name  |   | Covered In State Plan               | Include RU In Package ?  | Included in Another Submission Package | Source Type ? |
|---|---|-------------------------------------|--------------------------|--|---------------|
| Medically Needy Populations Based on Age, Blindness or Disability |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | KS2019MS0003O | KS-19-0018

### Package Header

|                          |               |                                |            |
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| <b>Superseded SPA ID</b> | Unknown       |                                |            |
|                          | User-Entered  |                                |            |

### C. Additional Information (optional)

#### Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

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 0938-1188. 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.

*This view was generated on 11/5/2019 1:12 PM EST*