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State/Territory Name: Kansas

State Plan Amendment (SPA) #: 22-0025

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS Form 179
3) Approved SPA Page
September 16, 2022

Sarah Fertig, State Medicaid Director
Kansas Department of Health and Environment
Division of Health Care Finance
Landon State Office Building
900 SW Jackson, Suite 900 N
Topeka, KS 66612-1220

Re: Kansas State Plan Amendment (SPA) 22-0025

Dear Ms. Fertig:

We have reviewed the proposed amendment to add section 7.4.A. Rescissions to the State’s Disaster Relief Policies for the COVID-19 National Emergency to Kansas’ Medicaid state plan, as submitted under transmittal number (TN) 22-0025. This amendment proposes to rescind temporary policies, in section 7.4. Medicaid Disaster Relief for the National Emergency.

We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Social Security Act and implementing regulations. Section 7.4 of the Medicaid state plan provides temporary authority for these provisions and is intended to be in effect only for the duration of the COVID-19 public health emergency. Due to the temporary nature of this provision, Medicaid SPA Transmittal Number 22-0025 is approved effective July 1, 2022.

Enclosed is a copy of the CMS-179 summary form and the approved state plan page.

Please contact Michala Walker at 816-426-6503 or by email at michala.walker@cms.hhs.gov if you have any questions about this approval.

Sincerely,

Alissa M. DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

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

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Federal Statute/Regulation Citation
42 CFR 447

Page Number of the Plan Section or Attachment
Section 7.4.A.

9. SUBJECT OF AMENDMENT
The SPA submits a rescission to DR SPA KS-20-0012, Sec. D.8, that increased reimbursement service for pharmacy services by increasing the dispensing fee by $0.50 per prescription.

10. 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:
Sarah Fertig is the Governor’s Designee

11. SIGNATURE OF STATE AGENCY OFFICIAL
Sarah Fertig

12. TYPED NAME
Sarah Fertig

13. TITLE
State Medicaid Director

14. DATE SUBMITTED
July 29, 2022

15. RETURN TO
Sarah Fertig, State Medicaid Director
KDHE, Division of Health Care Finance
Landon State Office Building
900 SW Jackson, Room 900-N
Topeka, KS 66612-1220

16. DATE RECEIVED
July 29, 2022

17. DATE APPROVED
September 16, 2022

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL
Alissa M. DeBoy

20. TYPED NAME OF APPROVING OFFICIAL
Alissa Mooney DeBoy

21. TITLE OF APPROVING OFFICIAL
Anne Marie Costello, Deputy Director, CMCS

22. REMARKS

Instructions on Back
7.4.A. Rescissions to the State’s Disaster Relief Policies for the COVID-19 National Emergency

Effective 7/1/2022, the agency rescinds the election at D.8 of section 7.4 (approved on 05/11/2020 in SPA Number KS-20-0012) of the state plan to increase reimbursement service for pharmacy services by increasing the dispensing fee by $.50 per prescription.