

## **Table of Contents**

**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

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



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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](mailto:michala.walker@cms.hhs.gov) if you have any questions about this approval.

Sincerely,

Alissa M.  
Deboy -S

Digitally signed by Alissa  
M. Deboy -S  
Date: 2022.09.16  
07:56:38 -04'00'

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

Enclosures

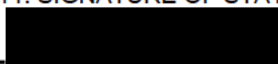
**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>22</u> — <u>0025</u>	2. STATE <u>KS</u>
3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
4. PROPOSED EFFECTIVE DATE  July 1, 2022	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>0</u> b. FFY <u>2023</u> \$ <u>0</u>
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Section 7.4.A.	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  None

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 \$.50 per prescription.

10. GOVERNOR'S REVIEW (Check One)


<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Sarah Fertig is the Governor's Designee
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

11. SIGNATURE OF STATE AGENCY OFFICIAL 	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
12. TYPED NAME Sarah Fertig	
13. TITLE State Medicaid Director	
14. DATE SUBMITTED July 29, 2022	

**FOR CMS USE ONLY**

16. DATE RECEIVED July 29, 2022	17. DATE APPROVED September 16, 2022
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2022	19. SIGNATURE OF APPROVING OFFICIAL Alissa M. DeBoy -S  Digitally signed by Alissa M. DeBoy -S Date: 2022.09.16 07:57:11 -04'00'
20. TYPED NAME OF APPROVING OFFICIAL Alissa Mooney DeBoy	21. TITLE OF APPROVING OFFICIAL Anne Marie Costello, Deputy Director, CMCS

22. REMARKS

State/Territory:   Kansas  

#### **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.

TN: KS-22-0025  
Supersedes: NEW

Approval Date: 9/16/2022  
Effective Date: 7/1/2022