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State/Territory Name: Kansas

State Plan Amendment (SPA) #: 22-0008

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS Form 179
3) Approved SPA Pages
August 30, 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) 22-0008

Dear Ms. Fertig:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0008. This amendment proposes to add the new mandatory benefits related to coverage of COVID-19 vaccines and administration, testing, and related treatments without cost sharing to the Medicaid State Plan.

Pursuant to section 1135(b)(5) of the Social Security Act (Act), for the period of the public health emergency, CMS is modifying the requirement at 42 C.F.R. §430.20 that the state submit SPAs related to the COVID-19 public health emergency by the final day of the quarter, to obtain a SPA effective date during the quarter, enabling SPAs submitted after the last day of the quarter to have an effective date in a previous quarter, but no earlier than the effective date of the public health emergency.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Act and implementing regulations. This letter is to inform you that Kansas’ Medicaid SPA Transmittal Number 22-0008 is approved effective March 11, 2021.

If you have any questions, please contact Michala Walker at 816-426-6503 or via email at michala.walker@cms.hhs.gov.

Sincerely,

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: 22 — 0008

2. STATE: KS

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT

4. PROPOSED EFFECTIVE DATE: March 11, 2021

5. FEDERAL STATUTE/REGULATION CITATION:
   American Rescue Plan (ARP) Act,
   Sections 1906(a)(4)(E) and (F) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars):
   a. FFY 2022: $0
   b. FFY 2023: $0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
   Att. 7.7-A (new)
   Att. 7.7-B (new)
   Att. 7.7-C (new)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable):
   None

9. SUBJECT OF AMENDMENT:
   In response to the American Rescue Plan (ARP) Act, the state is adding to the Kansas Medicaid State Plan and to the Alternative Beneficiary Plan (ARP) the following mandatory benefits as stated in sections 1906(a)(4)(E) and (F) of the Social Security Act:
   - Mandatory benefit for coverage of COVID-19 vaccines and administration without cost-sharing;
   - Mandatory benefit for coverage of COVID-19 testing, including at-home tests, without cost-sharing for most Medicaid beneficiaries;
   - Mandatory benefit for coverage of COVID-19 related treatments, including specialized equipment and therapies (including preventive therapies) without cost-sharing.

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. AUTHORITY OFFICIAL:
    Sarah Fertig

12. TITLE:
    State Medicaid Director

13. DATE Submitted:
    March 29, 2022

FOR CMS USE ONLY

16. DATE RECEIVED:
    March 29, 2022

17. DATE APPROVED:
    August 30, 2022

18. EFFECTIVE DATE OF APPROVED MATERIAL:
    March 11, 2021

19. SIGNATURE OF APPROVING OFFICIAL:
    DeBoy -S

20. TYPED NAME OF APPROVING OFFICIAL:
    Alissa Mooney DeBoy

21. TITLE OF APPROVING OFFICIAL:
    On Behalf of Anne Marie Costello, Deputy Director, CMCS

22. REMARKS

Instructions on Back
Vaccine and Vaccine Administration at Section 1905(a)(4)(E) of the Social Security Act

During the period starting March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act (the Act):

**Coverage**

__X__ The state assures coverage of COVID-19 vaccines and administration of the vaccines.¹

__X__ The state assures that such coverage:

1. Is provided to all eligibility groups covered by the state, including the optional Individuals Eligible for Family Planning Services, Individuals with Tuberculosis, and COVID-19 groups if applicable, with the exception of the Medicare Savings Program groups and the COBRA Continuation Coverage group for which medical assistance consists only of payment of premiums; and

2. Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(H) and section 1916A(b)(3)(B)(xii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost sharing that would otherwise be applicable under the state plan.

__X__ Applies to the state’s approved Alternative Benefit Plans, without any deduction, cost sharing or similar charge, pursuant to section 1937(b)(8)(A) of the Act.

__X__ The state provides coverage for any medically necessary COVID-19 vaccine counseling for children under the age of 21 pursuant to §§1902(a)(11), 1902(a)(43), and 1905(hh) of the Act.

__X__ The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration, with respect to the providers that are considered qualified to prescribe, dispense, administer, deliver and/or distribute COVID-19 vaccines.

Additional Information (Optional):

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¹ The vaccine will be claimed under this benefit once the federal government discontinues purchasing the vaccine.
**Reimbursement**

**X** The state assures that the state plan has established rates for COVID-19 vaccines and the administration of the vaccines for all qualified providers pursuant to sections 1905(a)(4)(E) and 1902(a)(30)(A) of the Act.

List Medicaid state plan references to payment methodologies that describe the rates for COVID-19 vaccines and their administration for each applicable Medicaid benefit:

<table>
<thead>
<tr>
<th>DR SPA KS-21-0010 authorizes the $40 vaccine administration rate with the effective date of April 1, 2021. After the PHE, through the end of the ARP period, Kansas will continue the DR rate as described in Section E 2 establishing the rate. After the ARP period, Kansas will reimburse for vaccine administration under Attachment 4.19-B, #6.d. Page 1. Regarding vaccine administration, EPSDT counseling is considered content of service.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>X</strong> The state is establishing rates for COVID-19 vaccines and the administration of the vaccines pursuant to sections 1905(a)(4)(E) and 1902(a)(30)(A) of the Act.</td>
</tr>
<tr>
<td><strong>____</strong> The state’s rates for COVID-19 vaccines and the administration of the vaccines are consistent with Medicare rates for COVID-19 vaccines and the administration of the vaccines, including any future Medicare updates at the:</td>
</tr>
<tr>
<td><strong>____</strong> Medicare national average, OR</td>
</tr>
<tr>
<td><strong>____</strong> Associated geographically adjusted rate.</td>
</tr>
<tr>
<td><strong>X</strong> The state is establishing a state specific fee schedule for COVID-19 vaccines and the administration of the vaccines pursuant to sections 1905(a)(4)(E) and 1902(a)(30)(A) of the Act.</td>
</tr>
</tbody>
</table>

The state’s rate is as follows and the state’s fee schedule is published in the following location:
Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers for the above services. The agency’s fee schedule rate was set as of March 11, 2021 and is effective for services provided on or after that date. The agency’s established fee schedule rates are published on the agency’s website at https://portal.kmap-state-ks.us/PublicPage/ProviderPricing/Disclaimer?searchBy=ScheduleList

This link will take the user to a page titled “Reference Copyright Notice.” Scroll to the bottom of the page and click on the word “Accept” to access the fee schedule. The next page that appears is titled “KMAP Fee Schedules.”

To access a fee schedule:
   a. Select the program from the drop-down list - TXIX;
   b. Choose the type of rates – Medicaid;
   c. After choosing the rate type, the user will see a list of the current and historical versions of the corresponding schedule;
   d. Click the schedule TXIX.

__X__ The state’s fee schedule is the same for all governmental and private providers.

____ The below listed providers are paid differently from the above rate schedules and payment to these providers for COVID-19 vaccines and the administration of the vaccines are described under the benefit payment methodology applicable to the provider type:

_____The payment methodologies for COVID-19 vaccines and the administration of the vaccines for providers listed above are described below:

_____The state is establishing rates for any medically necessary COVID-19 vaccine counseling for children under the age of 21 pursuant to sections 1905(a)(4)(E), 1905(r)(1)(B)(v) and 1902(a)(30)(A) of the Act.

____The state’s rate is as follows and the state’s fee schedule is published in the following location:
PRA Disclosure Statement Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 75). Public burden for all of the collection of information requirements under this control number is estimated to take up to 1 hour per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.
COVID-19 Testing at section 1905(a)(4)(F) of the Social Security Act

During the period starting March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act (the Act):

Coverage

_X_ The state assures coverage of COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) definitions of diagnostic and screening testing for COVID-19 and its recommendations for who should receive diagnostic and screening tests for COVID-19.

_X_ The state assures that such coverage:

1. Includes all types of FDA authorized COVID-19 tests;
2. Is provided to all categorically needy eligibility groups covered by the state that receive full Medicaid benefits;
3. Is provided to the optional COVID-19 group if applicable; and
4. Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(I) and 1916A(b)(3)(B)(xiii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost sharing that would otherwise be applicable under the state plan.

Please describe any limits on amount, duration or scope of COVID-19 testing consistent with 42 CFR 440.230(b).

_X_ Applies to the state’s approved Alternative Benefit Plans, without any deduction, cost sharing, or similar charge, pursuant to section 1937(b)(8)(B) of the Act.

_X_ The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration.

Additional Information (Optional):

_X_ Applies to the state’s approved Alternative Benefit Plans, without any deduction, cost sharing, or similar charge, pursuant to section 1937(b)(8)(B) of the Act.

_X_ The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration.
Reimbursement

___X___ The state assures that it has established state plan rates for COVID-19 testing consistent with the CDC definitions of diagnostic and screening testing for COVID-19 and its recommendations for who should receive diagnostic and screening tests for COVID-19.

List references to Medicaid state plan payment methodologies that describe the rates for COVID-19 testing for each applicable Medicaid benefit:

DR SPA KS-20-0012 authorizes the waiver of cost sharing for testing with the effective date of March 1, 2020. After the PHE, through the end of the ARP period, Kansas will continue the DR waiver of cost sharing as described in Section C 1. Reimbursement rates for testing are found on Attachment 4.19-B, #3.

___X___ The state is establishing rates for COVID-19 testing pursuant to sections 1905(a)(4)(F) and 1902(a)(30)(A) of the Act.

___ The state’s rates for COVID-19 testing are consistent with Medicare rates for testing, including any future Medicare updates at the:

___ Medicare national average, OR
___ Associated geographically adjusted rate.

___X___ The state is establishing a state specific fee schedule for COVID-19 testing pursuant to sections 1905(a)(4)(F) and 1902(a)(30)(A) of the Act.

The state’s rate is as follows and the state’s fee schedule is published in the following location:
The following fee schedule establishes the rates for COVID-19 Home Testing.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers for the above services. The agency’s fee schedule rate was set as of March 11, 2021 and is effective for services provided on or after that date. The agency’s established fee schedule rates are published on the agency’s website at https://portal.kmap-state-ks.us/PublicPage/ProviderPricing/Disclaimer?searchBy=ScheduleList

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To access a fee schedule:
- Select the program from the drop-down list -TXIX;
- Choose the type of rates – Medicaid;
- After choosing the rate type, the user will see a list of the current and historical versions of the corresponding schedule;
- Click the schedule TXIX.

___X___ The state’s fee schedule is the same for all governmental and private providers.

____ The below listed providers are paid differently from the above rate schedules and payment to these providers for COVID-19 testing is described under the benefit payment methodology applicable to the provider type:

Additional Information (Optional):

___The payment methodologies for COVID-19 testing for providers listed above are described below:

PRA Disclosure Statement Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 75). Public burden for all of the collection of information requirements under this control number is estimated to take up to 1 hour per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1830.
COVID-19 Treatment at section 1905(a)(4)(F) of the Social Security Act

During the period starting March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act (the Act):

Coverage for the Treatment and Prevention of COVID

___X___ The state assures coverage of COVID-19 treatment, including specialized equipment and therapies (including preventive therapies).

___X___ The state assures that such coverage:

1. Includes any non-pharmacological item or service described in section 1905(a) of the Act, that is medically necessary for treatment of COVID-19;
2. Includes any drug or biological that is approved (or licensed) by the U.S. Food & Drug Administration (FDA) or authorized by the FDA under an Emergency Use Authorization (EUA) to treat or prevent COVID-19, consistent with the applicable authorizations;
3. Is provided without amount, duration or scope limitations that would otherwise apply when covered for purposes other than treatment or prevention of COVID-19;
4. Is provided to all categorically needy eligibility groups covered by the state that receive full Medicaid benefits;
5. Is provided to the optional COVID-19 group, if applicable; and
6. Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(I) and 1916A(b)(3)(B)(xiii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost sharing that would otherwise be applicable under the state plan.

___X___ Applies to the state’s approved Alternative Benefit Plans, without any deduction, cost sharing, or similar charge, pursuant to section 1937(b)(8)(B) of the Act.

___X___ The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration.

Additional Information (Optional):
Coverage for a Condition that May Seriously Complicate the Treatment of COVID

___X____ The state assures coverage of treatment for a condition that may seriously complicate the treatment of COVID-19 during the period when a beneficiary is diagnosed with or is presumed to have COVID-19.

___X____ The state assures that such coverage:

1. Includes items and services, including drugs, that were covered by the state as of March 11, 2021;
2. Is provided without amount, duration or scope limitations that would otherwise apply when covered for other purposes;
3. Is provided to all categorically needy eligibility groups covered by the state that receive full Medicaid benefits;
4. Is provided to the optional COVID-19 group, if applicable; and
5. Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(l) and 1916A(b)(3)(B)(xii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost sharing that would otherwise be applicable under the state plan.

___X____ Applies to the state’s approved Alternative Benefit Plans, without any deduction, cost sharing, or similar charge, pursuant to section 1937(b)(8)(B) of the Act.

___X____ The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration.

Additional Information (Optional):


Reimbursement

___X____ The state assures that it has established state plan rates for COVID-19 treatment, including specialized equipment and therapies (including preventive therapies).

List references to Medicaid state plan payment methodologies that describe the rates for COVID-19 treatment for each applicable Medicaid benefit:

KS 22-0008   Approval Date 8/30/2022   Effective Date 3/11/2021   Supersedes NEW
DR SPA KS-20-0012 authorizes the waiver of cost sharing for treatment with the effective date of March 1, 2020. After the PHE, through the end of the ARP period, Kansas will continue the DR waiver of cost sharing as described in Section C 1. Reimbursement rates for treatment are found on Attachment 4.19-B, #5 and Attachment 4.19-B, #6.d.

X The state is establishing rates or fee schedule for COVID-19 treatment, including specialized equipment and therapies (including preventive therapies) pursuant to sections 1905(a)(4)(F) and 1902(a)(30)(A) of the Act.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers for the above services. The agency’s fee schedule rate was set as of March 11, 2021 and is effective for services provided on or after that date. The agency’s established fee schedule rates are published on the agency’s website at https://portal.kmap-state-ks.us/PublicPage/ProviderPricing/Disclaimer?searchBy=ScheduleList

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X The state’s rates or fee schedule is the same for all governmental and private providers.

The below listed providers are paid differently from the above rate schedules and payment to these providers for COVID-19 vaccines and the administration of the vaccines are described under the benefit payment methodology applicable to the provider type:

Additional Information (Optional):

KS 22-0008 Approval Date 8/30/2022 Effective Date 3/11/2021 Supersedes NEW
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