

## **Table of Contents**

**State/Territory Name: Kansas**

**State Plan Amendment (SPA) KS: 22-0034**

This file contains the following documents in the order listed:

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

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

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: TN 22-0034

Dear Ms. Fertig:

We have reviewed the proposed Kansas State Plan Amendment (SPA) to Attachment 4.19-B, KS-22-0034, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on October 11<sup>th</sup>, 2022. This State Plan Amendment is a technical correction to remove the word "dental" from the second paragraph of Attachment 4.19-B, #13. d. Page 1, and replace with the correct words "behavioral health".

Based upon the information provided by the State, we have approved the amendment with an effective date of October 1, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Robert Bromwell at (410) 786-5914 or [Robert.Bromwell@cms.hhs.gov](mailto:Robert.Bromwell@cms.hhs.gov).

Sincerely,

A solid black rectangular box used to redact the signature of the sender.

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER <u>22</u> — <u>0034</u>	2. STATE <u>KS</u>
3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
4. PROPOSED EFFECTIVE DATE <u>October 1, 2022</u>	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>0</u> b. FFY <u>2024</u> \$ <u>0</u>
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <u>Attachment 4.19-B, #13.d. Page 1</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  <u>Attachment 4.19-B, #13.d. Page 1</u>

9. SUBJECT OF AMENDMENT  
A correction is needed to approved SPA KS-22-0024. This technical SPA removes the word "dental" from the second paragraph of Attachment 4.19-B, #13.d. Page 1, and adds the correct words "behavioral health" to the page.

10. GOVERNOR'S REVIEW (Check One)


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

AGENCY OFFICIAL  <u>Sarah Fertig</u>	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
13. TITLE <u>State Medicaid Director</u>	
14. DATE SUBMITTED <u>October 11, 2022</u>	

**FOR CMS USE ONLY**

16. DATE RECEIVED <u>October 11, 2022</u>	17. DATE APPROVED <u>December 7, 2022</u>
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL <u>October 1, 2022</u>	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL <u>Todd McMillion</u>	21. TITLE OF APPROVING OFFICIAL <u>Director, Division of Reimbursement Review</u>

22. REMARKS

**Rehabilitation Services  
Methods and Standards for Establishing Payment Rates**

Reimbursement for services is based upon a Medicaid fee schedule established by the State of Kansas. Commercial third-party payers and market rates will be considered when establishing the fee schedules. These reimbursement methodologies will produce rates sufficient to enlist enough providers so that services under the plan are available to recipients at least to the extent that these services are available to the general population, as required by 42 CFR 447.204. These rates comply with the requirements of Section 1902(a)(30)(A) of the Social Security Act 42 CFR 447.200, regarding payments and consistent with economy, efficiency and quality of care. Provider enrollment and retention will be reviewed periodically to ensure that access to care and adequacy of payments are maintained. The Medicaid fee schedule will be equal to or less than the maximum allowable under the same Medicare rate, if applicable. If a service has no Kansas specific Medicare rate, Kansas will establish pricing based on similar services. Room and board costs are not included in the Medicaid fee schedule.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of behavioral health services. The agency's fee schedule rate was set as of July 1, 2022 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.