

## **Table of Contents**

**State/Territory Name: Kansas**

**State Plan Amendment (SPA) #: 23-0011**

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



March 17, 2023

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

Re: Kansas State Plan Amendment (SPA) 23-0011

Dear Ms. Fertig:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0011. This amendment proposes to temporarily implement a disregard of income that would have otherwise been part of an individual's liability for institutional or home and community-based waiver services based on application of the post-eligibility treatment of income (PETI) rules, but which became countable resources on or after March 18, 2020. This disregard was originally approved in Disaster Relief SPA 22-0029 and is now being approved with the following modification: changing the effective date from the day after the COVID-19 public health emergency ends to April 1, 2023.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Kansas' Medicaid SPA Transmittal Number 23-0011 is approved effective April 1, 2023.

If you have any questions, please contact Michala Walker at 816-426-6503 or via email at [Michala.Walker@cms.hhs.gov](mailto:Michala.Walker@cms.hhs.gov).

Sincerely,

Alissa M.  
Deboy -S

Digitally signed by Alissa  
M. Deboy -S  
Date: 2023.03.17  
07:48:01 -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>23</u> — <u>0011</u>	2. STATE <u>KS</u>
3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
4. PROPOSED EFFECTIVE DATE April 1, 2023	
5. FEDERAL STATUTE/REGULATION CITATION FFCRA, Consolidated Appropriations Act (CAA), 2023	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 Section 7.4.C., Page 1	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Section 7.4.C., Page 1

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

9. SUBJECT OF AMENDMENT  
The proposed effective date of Section 7.4.C., Page 1 is changed to April 1, 2023.

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. AGENCY OFFICIAL  
[Redacted]

12. TYPED NAME  
Sarah Fertig

13. TITLE  
State Medicaid Director

14. DATE SUBMITTED  
February 21, 2023

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

**FOR CMS USE ONLY**

16. DATE RECEIVED February 21, 2023	17. DATE APPROVED March 17, 2023
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL April 1, 2023	19. SIGNATURE OF APPROVING OFFICIAL Alissa M. DeBoy -S Digitally signed by Alissa M. DeBoy -S Date: 2023.03.17 07:48:18 -04'00'
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

**Section 7 General Provisions**

**7.4.C. Temporary Policies in effect following the COVID-19 National Emergency**

Effective April 1, 2023, the agency temporarily implements the following changes to the state plan:

The agency applies less restrictive resource methodologies to individuals excepted from financial methodologies based on modified adjusted gross income (MAGI) as follows: Income that would have otherwise been part of an individual's liability for his or her institutional or home and community-based waiver services based on application of the post-eligibility treatment-of income (PETI) rules, but which became countable resources on or after March 18, 2020. Such resources will be disregarded through the twelve months following the end of the continuous enrollment requirement enacted by section 6008(b)(3) of the Families First Coronavirus Response Act and amended by section 5131(a)(2)(C) of the Consolidated Appropriations Act, 2023.

TN: KS-23-0011

Approval Date: March 17, 2023

Supersedes TN: KS-22-0029

Effective Date: April 1, 2023