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State/Territory Name: Kansas

State Plan Amendment (SPA) #: 23-0017

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

June 16, 2023

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) 23-0017

Dear Ms. Fertig:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0017. This amendment proposes to add stand-alone vaccine counseling for EPSDT to the state plan. The SPA also adds a new section for Immunization Preventive Services, and revises Attachment 3.1-B, Section 13, to align it with Attachment 3.1-A, Section 13.

We conducted our review of your submittal according to statutory requirements in 1905(a) of the Social Security Act. This letter is to inform you that Kansas Medicaid SPA 23-0017 was approved on June 16, 2023, with an effective date of 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.

Sincerely,

A rectangular black box with a red border, used to redact the signature of Ruth A. Hughes.

Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosures:

cc: Bobbie Graff-Hendrixson
Bill Stelzner
Bill Thompson

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

1. TRANSMITTAL NUMBER
23 — 0017

2. STATE
KS

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

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

4. PROPOSED EFFECTIVE DATE
April 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2023 \$ 0
b. FFY 2024 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, #13.c.1 (New)
Attachment 4.19-B, #13.c.1 (New)
Attachment 3.1-B, Page 5

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

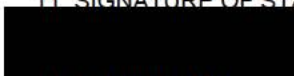
Attachment 3.1-B, Page 5

9. SUBJECT OF AMENDMENT
Adding Stand-alone vaccine counseling for EPSDT, and Immunization Preventive Services benefit section. Revises Attachment 3.1-B, Section 13.

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


12. TYPED NAME
Sarah Fertig

13. TITLE
State Medicaid Director

14. DATE SUBMITTED
April 26, 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
April 26, 2023

17. DATE APPROVED
June 16, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
April 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL
Acting Director, Division of Program Operations

22. REMARKS

PREVENTIVE SERVICES LIMITATIONS

**Immunization Services
Vaccines, Administration, and Counseling**

Vaccines:

1. All vaccines are covered as defined by the Advisory Committee on Immunization Practices, ACIP. (See Attachment 3.1-A, #9., Page 2, Item 5.)

Administration:

1. The administration of the vaccine is covered. (See Attachment 3.1-A, #6.d., Page 1, Item 3.)

Counseling:

1. EPSDT vaccine counseling is content of service if the counseling and vaccine occur on the same date of service.
2. EPSDT stand-alone vaccine counseling may be billed separately from the vaccine if the counseling for the vaccine and the administration of the vaccine occur on different dates of service.

Providers:

Physicians

Other Practitioners:

- APRNs
- Physician Assistants

Provider Qualifications:

Physicians – An individual licensed by the State of Kansas to provide services within their scope of practice.

Other Practitioners – An individual licensed by the State of Kansas to provide services within their scope of practice.

KANSAS MEDICAID STATE PLAN

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All medically needy groups

- c. Prosthetic devices.
 Provided: No limitations With limitations*
- d. Eyeglasses.
 Provided: No limitations With limitations*
13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in the plan.
- a. Diagnostic services.
 Provided: No limitations With limitations*
 Not provided.
- b. Screening services.
 Provided: No limitations With limitations*
 Not provided.
- c. Preventive services.
 Provided: No limitations With limitations*
 Not provided.
- d. Rehabilitative services
 Provided: No limitations With limitations*
14. Services for individuals age 65 or older in institutions for mental diseases.
- a. Inpatient hospital services.
 Provided: No limitations With limitations*
- b. Skilled nursing facility services.
 Provided: No limitations With limitations*

*Description provided on Attachment 3.1-A.

KS 23-0017 Approval Date 06/16/2023 Effective Date 04/01/2023 Supersedes TN No. 05-07

KANSAS MEDICAID STATE PLAN

Attachment 4.19-B
#13.c.1
Page 1

PREVENTIVE SERVICES LIMITATIONS

Immunization Services Vaccines, Administration, and Counseling

Vaccines:

1. Adult vaccines are listed on the KMAP fee schedule.
2. Childhood vaccines are covered by the VFC Program.

Administration:

1. The administration fees for vaccines:
 - a. Adults – See Attachment 4.19-B, #6.d., Page 1;
 - b. Children – See Section 4 – General Program Administration, Pediatric Immunization.

Counseling:

1. EPSDT vaccine counseling is content of service if the counseling and vaccine occur on the same date of service.
2. EPSDT stand-alone vaccine counseling may be billed separately from the vaccine if the counseling for the vaccine and the administration of the vaccine occur on different dates of service.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers for the above immunization services. The agency's fee schedule rate was set as of April 1, 2023 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.