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State/Territory Name: Kansas

State Plan Amendment (SPA) #: 23-0025

This file contains the following documents in the order listed:

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

Managed Care Group

December 14, 2023

Christine Osterlund
Interim Medicaid Director
Kansas Department of Health and Environment
900 SW Jackson, Suite 900 N
Topeka, Kansas 66612-1220

Re: Kansas State Plan Amendment (SPA) 23-0025

Dear Director Osterlund:

The Centers for Medicare & Medicaid Services (CMS) completed review of Kansas' State Plan Amendment (SPA) Transmittal Number 23-0025 submitted on October 10, 2023. The purpose of this SPA is to add mandatory managed care coverage for eligible populations.

We conducted our review of this amendment according to statutory requirements of Title XIX of the Social Security Act and implementing Federal regulations. This letter is to inform you that Kansas Medicaid SPA Transmittal Number 23-0025 is approved effective January 1, 2024.

If you have any questions regarding this amendment, please contact Jemirah Holland at (667) 229-4015 or via email at Jemirah.Holland@cms.hhs.gov.

Sincerely,

[redacted]

John Giles
Director
Managed Care Group

cc: Bobbie L. Graff-Hendrixson, KDHE
Kurt J. Weiter, KDHE
Cynthia Garraway, CMS
Bill Brooks, CMS
Lynn DelVecchio, CMS

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 23-0025

2. STATE: KS

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT: (●) XIX ( ) XXI

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

4. PROPOSED EFFECTIVE DATE
January 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
Section 1932(a)(1)(A) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024 $ 0
b. FFY 2025 $ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-F, Pages 1 - 20

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*

9. SUBJECT OF AMENDMENT
Add mandatory managed care for eligible populations

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: Christine Osterlund is the Governor's Designee

[redacted]

12. TYPED NAME
Christine Osterlund

13. TITLE
Interim Medicaid Director, Deputy Secretary of Agency Integratic

14. DATE SUBMITTED
October 10, 2023

15. RETURN TO
Christine Osterlund
Interim Medicaid Director
Deputy Secretary of Agency Integration and Medicaid
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
October 10, 2023

17. DATE APPROVED
December 14, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2024

19. [redacted]

20. TYPED NAME OF APPROVING OFFICIAL
John Giles

21. TITLE OF APPROVING OFFICIAL
Director, Managed Care Group

22. REMARKS

Instructions on Back

State: KS

Citation	Condition or Requirement

1932(a)(1)(A)

A. Section 1932(a)(1)(A) of the Social Security Act.

The State of Kansas enrolls Medicaid beneficiaries on a mandatory basis into managed care entities (managed care organizations [MCOs], primary care case managers [PCCMs], and/or PCCM entities) in the absence of section 1115 or section 1915(b) waiver authority. This authority is granted under section 1932(a)(1)(A) of the Social Security Act (the Act). Under this authority, a state can amend its Medicaid state plan to require certain categories of Medicaid beneficiaries to enroll in managed care entities without being out of compliance with provisions of section 1902 of the Act on statewideness (42 CFR 431.50), freedom of choice (42 CFR 431.51), or comparability (42 CFR 440.230).

This authority may ***not*** be used to mandate enrollment in Prepaid Inpatient Health Plans (PIHPs) or Prepaid Ambulatory Health Plans (PAHPs), nor can it be used to mandate the enrollment of Medicaid beneficiaries described in 42 CFR 438.50(d).

Where the state's assurance is requested in this document for compliance with a particular requirement of 42 CFR 438 et seq., the state shall place a check mark to affirm that it will be in compliance no later than the applicable compliance date. All applicable assurances should be checked, even when the compliance date is in the future. **Please see Appendix A of this document for compliance dates for various sections of 42 CFR 438.**

1932(a)(1)(B)(i)
1932(a)(1)(B)(ii)
42 CFR 438.2
42 CFR 438.6
42 CFR 438.50(b)(1)-(2)

B. Managed Care Delivery System.

The State will contract with the entity(ies) below and reimburse them as noted under each entity type.

1. ☒ MCO
   a. ☒Capitation
   b. ☒The State assures that all applicable requirements of 42 CFR 438.6, regarding special contract provisions related to payment, will be met.

2. ☐ PCCM (individual practitioners)
   a. ☐ Case management fee
   b. ☐ Other (please explain below)

3. ☐ PCCM entity
   a. ☐ Case management fee

State: KS

Citation	Condition or Requirement

b. ☐ Shared savings, incentive payments, and/or financial rewards (see 42 CFR 438.310(c)(2))

c. ☐ Other (please explain below)

If PCCM entity is selected, please indicate which of the following function(s) the entity will provide (as in 42 CFR 438.2), in addition to PCCM services:

- ☐ Provision of intensive telephonic case management
- ☐ Provision of face-to-face case management
- ☐ Operation of a nurse triage advice line
- ☐ Development of enrollee care plans.
- ☐ Execution of contracts with fee-for-service (FFS) providers in the FFS program
- ☐ Oversight responsibilities for the activities of FFS providers in the FFS program
- ☐ Provision of payments to FFS providers on behalf of the State.
- ☐ Provision of enrollee outreach and education activities.
- ☐ Operation of a customer service call center.
- ☐ Review of provider claims, utilization and/or practice patterns to conduct provider profiling and/or practice improvement.
- ☐ Implementation of quality improvement activities including administering enrollee satisfaction surveys or collecting data necessary for performance measurement of providers.
- ☐ Coordination with behavioral health systems/providers.
- ☐ Coordination with long-term services and supports systems/providers.
- ☐ Other (please describe): _____

_____

_____

42 CFR 438.50(b)(4) C. Public Process.

Describe the public process including tribal consultation, if applicable, utilized for both the design of the managed care program and its initial implementation. In addition, describe what methods the state will use to ensure ongoing public involvement once the state plan managed care program has been implemented. *(Example: public meeting, advisory groups.)*
If the program will include long term services and supports (LTSS), please indicate how the views of stakeholders have been, and will continue to be, solicited and

State: KS

Citation	Condition or Requirement

addressed during the design, implementation, and oversight of the program, including plans for a member advisory committee (42 CFR 438.70 and 438.110).

On August 6, 2012, the State submitted a Medicaid Section 1115 Demonstration proposal, entitled KanCare. That request was approved by the Centers for Medicare & Medicaid Services on December 27, 2012, effective from January 1, 2013, through December 31, 2017, and then renewed as KanCare 2.0 in 2018.

KanCare 2.0 is operating concurrently with the State's section 1915(c) Home- and Community-Based Services (HCBS) waivers, which together provide the authority necessary for the State to require enrollment of almost all Medicaid beneficiaries (including the aged, disabled, and some dual eligibles) across the State into a managed care delivery system to receive state plan and waiver services.

In 2022, the Kansas Department of Health and Environment (KDHE) and the Kansas Department for Aging and Disability Services (KDADS) partnered to inform beneficiaries of their decision to change authorities to more permanent 1932(a) and 1915(b) managed care authorities and allow opportunity for feedback. Outreach efforts included public meetings to inform beneficiaries, advocates, Medicaid health plans, and other stakeholders of the administrative change in October 2022, as well as the required CMS transparency activities for 1115 waiver modifications and new requests (public notice and comment, including two public hearings). KDHE also conducted tribal notification for the 1932(a) State Plan Amendment (SPA) consistent with tribal consultation requirements.

Through these transparency initiatives, feedback has been solicited that has helped Kansas to continually improve the managed care program and supports the continued managed care delivery system. Kansas has historically received, and will continue to receive, ongoing feedback via the Medical Care Advisory Committee (MCAC), as well as ongoing touch points with members and advocates.

D. State Assurances and Compliance with the Statute and Regulations.
If applicable to the state plan, place a check mark to affirm that compliance with the following statutes and regulations will be met.

1932(a)(1)(A)(i)(I)
1903(m)
42 CFR 438.50(c)(1)

1. ☒The state assures that all of the applicable requirements of section 1903(m) of the Act, for MCOs and MCO contracts will be met.

1932(a)(1)(A)(i)(I)

2. ☐ The state assures that all the applicable requirements of section 1905(t)

State: KS

Citation	Condition or Requirement
1905(t) 42 CFR 438.50(c)(2) 1902(a)(23)(A)	of the Act for PCCMs and PCCM contracts (including for PCCM entities) will be met.
1932(a)(1)(A) 42 CFR 438.50(c)(3)	3. ☒ The state assures that all the applicable requirements of section 1932 (including subpart (a)(1)(A)) of the Act, for the state's option to limit freedom of choice by requiring beneficiaries to receive their benefits through managed care entities will be met.
1932(a)(1)(A) CFR 431.51 1905(a)(4)(C)	4. ☒The state assures that all the applicable requirements of 42 CFR 431.51 42 regarding freedom of choice for family planning services and supplies as defined in section 1905(a)(4)(C) will be met.
42 CFR 438.10(g)(2)(vii) 1932(a)(1)(A)	5. ☒ The state assures that it appropriately identifies individuals in the mandatory exempt groups identified in 1932(a)(1)(A)(i).
1932(a)(1)(A) 42 CFR 438 1903(m)	6. ☒ The state assures that all applicable managed care requirements of 42 CFR Part 438 for MCOs, PCCMs, and PCCM entities will be met.
1932(a)(1)(A) 42 CFR 438.4 42 CFR 438.5 42 CFR 438.7 42 CFR 438.8 42 CFR 438.74 42 CFR 438.50(c)(6)	7. ☒ The state assures that all applicable requirements of 42 CFR 438.4, 438.5, 438.7, 438.8, and 438.74 for payments under any risk contracts will be met.
1932(a)(1)(A) 42 CFR 447.362	8. ☒ The state assures that all applicable requirements of 42 CFR 447.362 for payments under any non-risk contracts will be met. 42 CFR 438.50(c)(6)
45 CFR 75.326	9. ☒ The state assures that all applicable requirements of 45 CFR 75.326 for procurement of contracts will be met.

State: KS

Citation	Condition or Requirement

42 CFR 438.66

10. Assurances regarding state monitoring requirements:
☒ The state assures that all applicable requirements of 42 CFR 438.66(a), (b), and (c), regarding a monitoring system and using data to improve the performance of its managed care program, will be met.
☒ The state assures that all applicable requirements of 42 CFR 438.66(d), regarding readiness assessment, will be met.
☒ The state assures that all applicable requirements of 42 CFR 438.66(e), regarding reporting to CMS about the managed care program, will be met.

1932(a)(1)(A)
1932(a)(2)

E. Populations and Geographic Area.

1. **Included Populations.** Please check which eligibility groups are included, if they are enrolled on a **Mandatory (M)** or **Voluntary (V)** basis (as defined in 42 CFR 438.54(b)) or **Excluded (E),** and the geographic scope of enrollment. Under the **Geographic Area** column, please indicate whether the nature of the population's enrollment is on a statewide basis, or if on less than a statewide basis, please list the applicable counties/regions. Also, if type of enrollment varies by geographic area (for example, mandatory in some areas and voluntary in other areas), please note specifics in the **Geographic Area** column. Under the **Notes** column, please note any additional relevant details about the population or enrollment.

A. Mandatory Eligibility Groups (Eligibility Groups to which a state must provide Medicaid coverage) 1. Family/Adult

Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
1. Parents and Other Caretaker Relatives	§435.110	X			Statewide	
2. Pregnant Women	§435.116	X			Statewide	
3. Children Under Age 19 (Inclusive of Deemed Newborns under §435.117)	§435.118	X			Statewide	
4. Former Foster Care Youth (up to age 26)	§435.150			X		Enrolled through 1915(b)
5. Adult Group (Non-pregnant individuals age 19-64 not eligible for Medicare with income no more than 133% FPL)	§435.119					Not Covered
6. Transitional Medical Assistance (Includes adults and children, if not eligible under §435.116, §435.118, or §435.119)	1902(a)(52), 1902(e)(1), 1925, and 1931(c)(2) of SSA	X			Statewide	
7. Extended Medicaid Due to Spousal Support Collections	§435.115	X			Statewide	

State: KS

Citation	Condition or Requirement

2. Aged/Blind/Disabled Individuals

Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
8. Individuals Receiving SSI age 19 and over only (See E.2. below regarding age <19)	§435.120			X		Enrolled through 1915(b)
9. Aged and Disabled Individuals in 209(b) States	§435.121					Not covered
10. Individuals Who Would be Eligible for SSI/SSP but for OASDI COLA Increase since April, 1977	§435.135			X		Enrolled through 1915(b)
11. Disabled Widows and Widowers Ineligible for SSI due to an increase of OASDI	§435.137			X		Enrolled through 1915(b)
12. Disabled Widows and Widowers Ineligible for SSI due to Early Receipt of Social Security	§435.138			X		Enrolled through 1915(b)
13. Working Disabled under 1619(b)	1619(b), 1902(a)(10)(A)(i)(II), and 1905(q) of SSA			X		Enrolled through 1915(b)
14. Disabled Adult Children	1634(c) of SSA			X		Enrolled through 1915(b)

B. Optional Eligibility Groups

1. Family/Adult

Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
1. Optional Parents and Other Caretaker Relatives	§435.220	X			Statewide	
2. Optional Targeted Low-Income Children	§435.229					Not Covered
3. Independent Foster Care Adolescents Under Age 21	§435.226			X		Enrolled through 1915(b)
4. Individuals Under Age 65 with Income Over 133%	§435.218			X		

State: KS

Citation | Condition or Requirement

Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
5. Optional Reasonable Classifications of Children Under Age 21	§435.222	X			Statewide	
6. Individuals Electing COBRA Continuation Coverage	1902(a)(10)(F) of SSA					Not covered

2. Aged/Blind/Disabled Individuals

Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
7. Aged, Blind or Disabled Individuals Eligible for but Not Receiving Cash	§435.210 and §435.230			X		Enrolled through 1915(b)
8. Individuals eligible for Cash except for Institutionalized Status	§435.211			X		Enrolled through 1915(b)
9. Individuals Receiving Home and Community-Based Waiver Services Under Institutional Rules	§435.217			X		Enrolled through 1915(b)
10. Optional State Supplement Recipients 1634 and SSI Criteria States – with 1616 Agreements	§435.232			X		Enrolled through 1915(b)
11. Optional State Supplemental Recipients 209(b) States and SSI criteria States without 1616 Agreements	§435.234					Not covered
12. Institutionalized Individuals Eligible under a Special Income Level	§435.236			X		Enrolled through 1915(b)
13. Individuals Participating in a PACE Program under Institutional Rules	1934 of the SSA			X		PACE is not in managed care.
14. Individuals Receiving Hospice Care	1902(a)(10)(A)(ii)(VII) and 1905(o) of the SSA	X				
15. Poverty Level Aged or Disabled	1902(a)(10)(A)(ii)(X) and 1902(m)(1) of the SSA					Not covered
16. Work Incentive Group	1902(a)(10)(A)(ii)(XIII) of the SSA			X		

State: KS

Citation Condition or Requirement

Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
17. Ticket to Work Basic Group	1902(a)(10)(A)(ii)(XV) of the SSA			X		Enrolled through the 1915(b)
18. Ticket to Work Medically Improved Group	1902(a)(10)(A)(ii)(XVI) of the SSA			X		Enrolled through the 1915(b)
19. Family Opportunity Act Children with Disabilities	1902(a)(10)(A)(ii)(XIX) of the SSA	X			Statewide	
20. Individuals Eligible for State Plan Home and Community-Based Services	§435.219					Not covered

3. Partial Benefits

Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
21. Family Planning Services	§435.214					Not Covered
22. Individuals with Tuberculosis	§435.215					Not Covered
23. Individuals Needing Treatment for Breast or Cervical Cancer (under age 65)	§435.213	X			Statewide	

C. Medically Needy

Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
1. Medically Needy Pregnant Women	§435.301(b)(1)(i) and (iv)	X			Statewide	
2. Medically Needy Children under Age 18	§435.301(b)(1)(ii)	X			Statewide	
3. Medically Needy Children Age 18 through 20	§435.308	X			Statewide	
4. Medically Needy Parents and Other Caretaker Relatives	§435.310					Not covered
5. Medically Needy Aged	§435.320	X			Statewide	
6. Medically Needy Blind	§435.322	X			Statewide	
7. Medically Needy Disabled	§435.324	X			Statewide	
8. Medically Needy Aged, Blind and Disabled in 209(b) States	§435.330					Not covered

.

State: KS

Citation | Condition or Requirement

2. **Voluntary Only or Excluded Populations.** Under this managed care authority, some populations cannot be subject to mandatory enrollment in an MCO, PCCM, or PCCM entity (per 42 CFR 438.50(d)). Some such populations are Eligibility Groups separate from those listed above in E.1., while others (such as American Indians/Alaskan Natives) can be part of multiple Eligibility Groups identified in E.1. above.
Please indicate if any of the following populations are excluded from the program, or have only voluntary enrollment (even if they are part of an eligibility group listed above in E.1. as having mandatory enrollment):

Population	Citation (Regulation [42 CFR] or SSA)	V	E	Geographic Area	Notes
Medicare Savings Program — Qualified Medicare Beneficiaries, Qualified Disabled Working Individuals, Specified Low Income Medicare Beneficiaries, and/or Qualifying Individuals	1902(a)(10)(E), 1905(p), 1905(s) of the SSA		**X**		
"Dual Eligibles" not described under Medicare Savings Program - Medicaid beneficiaries enrolled in an eligibility group other than one of the Medicare Savings Program groups who are also eligible for Medicare			**X**		Enrolled through 1915(b)
American Indian/Alaskan Native — Medicaid beneficiaries who are American Indians or Alaskan Natives and members of federally recognized tribes	§438.14	**X**		Statewide	
Children Receiving SSI who are Under Age 19 - Children under 19 years of age who are eligible for SSI under title XVI	§435.120		**X**		Enrolled through 1915(b)
Qualified Disabled Children Under Age 19 - Certain children under 19 living at home, who are disabled and would be eligible if they were living in a medical institution.	§435.225 1902(e)(3) of the SSA				Not Covered
Title IV-E Children — Children receiving foster care, adoption assistance, or kinship guardianship assistance under title IV-E *	§435.145		**X**		Enrolled through 1915(b)
Non-Title IV-E Adoption Assistance Under Age 21*	§435.227		**X**		

State: KS

Citation	Condition or Requirement

Population	Citation (Regulation [42 CFR] or SSA)	V	E	Geographic Area	Notes
Children with Special Health Care Needs — Receiving services through a family-centered, community-based, coordinated care system that receives grant funds under section 501(a)(1)(D) of Title V, and is defined by the State in terms of either program participation or special health care needs.			**X**		Not covered

* = Note – Individuals in these two Eligibility Groups who are age 19 and 20 can have mandatory enrollment in managed care, while those under age 19 cannot have mandatory enrollment. Use the Notes column to indicate if you plan to mandatorily enroll 19- and 20-year-olds in these Eligibility Groups.

3. **(Optional) Other Exceptions.** The following populations (which can be part of various Eligibility Groups) can be subject to mandatory enrollment in managed care, but states may elect to make exceptions for these or other individuals. Please indicate if any of the following populations are excluded from the program or have only voluntary enrollment (even if they are part of an eligibility group listed above in E.1. as having mandatory enrollment):

Population	V	E	Notes
Other Insurance--Medicaid beneficiaries who have other health insurance			Included in the SPA populations.
Reside in Nursing Facility or ICF/IID-Medicaid beneficiaries who reside in Nursing Facilities (NF) or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).		X	Individuals receiving services in public ICF/IID facilities are excluded from managed care enrollment. All other individuals receiving services in other NF or ICF/IDD are enrolled in managed care.
Enrolled in Another Managed Care Program-Medicaid beneficiaries who are enrolled in another Medicaid managed care program			Included in the SPA populations.
Eligibility Less Than 3 Months — Medicaid beneficiaries who would have less than three months of Medicaid eligibility remaining upon enrollment into the program			Included in the SPA populations.
Participate in HCBS Waiver — Medicaid beneficiaries who participate in a Home and Community Based Waiver (HCBS, also referred to as a 1915(c) waiver).		X	Enrolled through 1915(b)
Retroactive Eligibility — Medicaid beneficiaries for the period of retroactive eligibility.			Included in the SPA populations.

State: KS

Citation	Condition or Requirement

Population	V	E	Notes
Other (Please define):			No other populations excluded or voluntary.

1932(a)(4)
42 CFR 438.54

F. Enrollment Process.

Based on whether mandatory and/or voluntary enrollment are applicable to your program (see E. Populations and Geographic Area and definitions in 42 CFR 438.54(b)), please complete the below:

1. For **voluntary** enrollment: (see 42 CFR 438.54(c))
   a. Please describe how the state fulfills its obligations to provide information as specified in 42 CFR 438.10(c)(4), 42 CFR 438.10(e) and 42 CFR 438.54(c)(3).

      American Indians/Alaska Natives are voluntarily enrolled in managed care. Information is provided through the enrollment packets that describe how the member may disenroll from managed care.

      State with voluntary enrollment must have an enrollment choice period or passive enrollment. Please indicate which will apply to the managed care program:

   b. ☐ If applicable, please check here to indicate that the state provides an **enrollment choice period**, as described in 42 CFR 438.54(c)(1)(i) and 42 CFR 438.54(c)(2)(i), during which individuals who are subject to voluntary enrollment may make an active choice to enroll in the managed care program or will otherwise continue to receive covered services through the fee-for-service delivery system.
      i. Please indicate the length of the enrollment choice period:
      _____

State: KS

Citation	Condition or Requirement

c. ☒ If applicable, please check here to indicate that the state uses a **passive enrollment** process, as described in 42 CFR 438.54(c)(1)(ii) and 438.54(c)(2)(ii), for individuals who are subject to voluntary enrollment.

i. If so, please describe the algorithm used for passive enrollment and how the algorithm and the state's provision of information meets all of the requirements of 42 CFR 438.54(c)(4),(5),(6),(7), and (8).

ii. Please indicate how long the enrollee will have to disenroll from the plan and return to the fee-for-service delivery system:

American Indians/Alaska Natives Medicaid beneficiaries will be presumptively enrolled in KanCare, but they will have the option of affirmatively opting out of managed care at any time and have the ability to change MCOs once a month. The assignment algorithm will seek to preserve existing relationships with providers, re-enroll them into the same MCO if they had previously had a relationship with the MCO, and keep families together in the same MCO.

2. For **mandatory** enrollment: (see 42 CFR 438.54(d))

a. Please describe how the state fulfills its obligations to provide information as specified in 42 CFR 438.10(c)(4), 42 CFR 438.10(e) and 42 CFR 438.54(d)(3).

During the Medicaid application process and annually thereafter, Medicaid beneficiaries are given information about the MCOs in operation in the State. Beneficiaries are informed of their ability to select an MCO, and if one is not selected during the application process, the State will automatically enroll them into one of the MCOs.

☐ If applicable, please check here to indicate that the state provides an **enrollment choice period**, as described in 42 CFR 438.54(d)(2)(i), during which individuals who are subject to mandatory enrollment may make an active choice to select a managed care plan or will otherwise be enrolled in a plan selected by the State's default enrollment process.

i. Please indicate the length of the enrollment choice period: _____

State: KS

Citation	Condition or Requirement

☒ If applicable, please check here to indicate that the state uses a **default** enrollment process, as described in 42 CFR 438.54(d)(5), for individuals who are subject to mandatory enrollment.

i. If so, please describe the algorithm used for default enrollment and how it meets all of the requirements of 42 CFR 438.54(d)(4), (5), (7), and (8).

Every member has the option to enroll in the MCO of their choice. If a member does not select an MCO during their Medicaid application process, they are automatically assigned and enrolled into one of the three plans. Members have until the Choice Period End Date on the enrollment form to change plans, which is 90 days from initial enrollment. If members choose not to change MCOs by that date, the next time they are able to change is generally during Annual Open Enrollment. The algorithm for default enrollment will first seek to enroll an individual into an MCO if they had an existing relationship with that MCO and seek to preserve any relationships with providers.

b. ☐If applicable, please check here to indicate that the state uses a **passive enrollment** process, as described in 42 CFR 438.54(d)(2), for individuals who are subject to mandatory enrollment.

i. If so, please describe the algorithm used for passive enrollment and how it meets all of the requirements of 42 CFR 438.54(d)(4), (6), (7), and (8).

1932(a)(4) 3. State assurances on the enrollment process. 42 CFR 438.54

Place a check mark to affirm the state has met all of the applicable requirements of choice, enrollment, and re-enrollment.

42 CFR 438.52

a. ☒ The state assures that, per the choice requirements in 42 CFR 438.52:

i. Medicaid beneficiaries with mandatory enrollment in an MCO will have a choice of at least two MCOs unless the area is considered rural as defined in 42 CFR 438.52(b)(3);

ii. Medicaid beneficiaries with mandatory enrollment in a primary care case management system will have a choice of at least two primary care case managers employed by or contracted with the State;

iii. Medicaid beneficiaries with mandatory enrollment in a PCCM entity may be limited to a single PCCM entity and will have a

State: KS

Citation	Condition or Requirement

choice of at least two PCCMs employed by or contracted with the PCCM entity.

42 CFR 438.52

b. ☐ The state plan program applies the rural exception to choice requirements of 42 CFR 438.52(a) for MCOs in accordance with 42 CFR 438.52(b). Please list the impacted rural counties:

☒ This provision is not applicable to this 1932 State Plan Amendment.

42 CFR 438.56(g)

c. ☒ The state applies the automatic reenrollment provision in accordance with 42 CFR 438.56(g) if the recipient is disenrolled solely because he or she loses Medicaid eligibility for a period of 2 months or less.

☐ This provision is not applicable to this 1932 State Plan Amendment.

42 CFR 438.71

d. ☒ The state assures that all applicable requirements of 42 CFR 438.71 regarding developing and implementing a beneficiary support system that provides support to beneficiaries both prior to and after MCO, PCCM, or PCCM entity enrollment will be met.

1932(a)(4)
42 CFR 438.56

G. Disenrollment.

1. The state will ☒/ will not☐ limit disenrollment for managed care.

2. The disenrollment limitation will apply for _12 months_ (up to 12 months).

3. ☒ The state assures that beneficiary requests for disenrollment (with and without cause) will be permitted in accordance with 42 CFR 438.56.

4. Describe the state's process for notifying the Medicaid beneficiaries of their right to disenroll without cause during the 90 days following the date of their initial enrollment into the MCO, PCCM, or PCCM entity. *(Examples: state generated correspondence, enrollment packets, etc.)*

When members are informed of their enrollment into an MCO, the member is informed through the enrollment broker of their MCO assignment as well as their ability to change MCOs within 90 days of enrollment. Members are also informed of any for-cause reasons they can disenroll and informed of the next time they would be able to disenroll from the MCO if they do not change prior to the 90 days.

Citation	Condition or Requirement

5. Describe any additional circumstances of "cause" for disenrollment (if any).

Kansas permits additional circumstances for disenrollment due to member dissatisfaction with LTSS service planning and if a residential provider leaves the MCO network.

H. Information Requirements for Beneficiaries.

1932(a)(5)(c)
42 CFR 438.50
42 CFR 438.10

☒ The state assures that its state plan program is in compliance with 42 CFR 438.10 for information requirements specific to MCOs, PCCMs, and PCCM entity programs operated under section 1932(a)(1)(A)(i) state plan amendments.

1932(a)(5)(D)(b)
1903(m)
1905(t)(3)

I. List all benefits for which the MCO is responsible.

Complete the chart below to indicate every State Plan-Approved services that will be delivered by the MCO, and where each of those services is described in the state's Medicaid State Plan. For "other practitioner services", list each provider type separately. For rehabilitative services, habilitative services, EPSDT services and 1915(i), (j) and (k) services list each program separately by its own list of services. Add additional rows as necessary.

In the first column of the chart below, enter the name of each State Plan-Approved service delivered by the MCO. In the second – fourth column of the chart, enter a State Plan citation providing the Attachment number, Page number, and Item number, respectively.

State: KS

Citation Condition or Requirement

State Plan-Approved Service Delivered by the MCO	Medicaid State Plan Citation		
	Attachment #	Page #	Item #
Inpatient Hospital Services	*3.1A and B*	2 2	1
Outpatient Hospital Services	*3.1A and B*	2 2	2a
EPSDT Services	*3.1A and B*	3 3	4b
Nursing Facility Services	*3.1A and B*	2 2a	4a
Home Health Services	*3.1A and B*	1 2	7
Physician Services	*3.1A and B*	1 2	5a
Federally Qualified Health Clinic Services/RHC	*3.1A and B*	2 2	2b and 2c
Laboratory and X-Ray Services	*3.1A and B*	7 6	3
Family Planning Services	*3.1A and B*	8a 8	4c
Nurse Midwife Services	*3.1A and B*	2 2	17
Certified Pediatric and Family Nurse Practitioner Services	*3.1A and B*	2 2	23
Licensed or otherwise state recognized covered professional providing services in a Freestanding Birth Center	*3.1A*	11	29i
Transportation to Medical Care	*3.1A and B*	9 8	24a
Tobacco Cessation Counseling for all members	*3.1A and B*	6 2a	13c 4d Section B
Prescription Drugs	*3.1A and B*	5 4	12 a
Clinic Services	*3.1A and B*	4 4	9
PT/OT/ST/Audiology	*3.1A and B*	3a, 4 4	7d and 11a, 11b, 11c
Other licensed practitioners	*3.1A and B*	3 3	6d
Other Diagnostic, Screening, Preventive, and Rehabilitative Services	*3.1A and B*	6 5	13b, 13c, 13d

State: KS

Citation | Condition or Requirement

State Plan-Approved Service Delivered by the MCO	Medicaid State Plan Citation		
	Attachment #	Page #	Item #
Dental Services	*3.1A and B*	2, 4, 5 2a	5b and 10, 12b
Optometry Services	*3.1A and B*	3, 5 3	6b, 12d
Durable Medical Equipment Prosthetics	*3.1A and B*	3, 5 5	7c, 12c
Hospice	*3.1A and B*	7 6	18
Inpatient Psychiatric Hospital Services for individuals under age 22	*3.1A and B*	7 6	16
Health Homes for Enrollees with Chronic Conditions	3.1H		
Services for individuals age 65 and older in Institutions for mental diseases	*3.1A and B*	6 5	14a, 14b, 14c
Intermediate Care Facility Services (other than such services in an institution for mental disease)	*3.1A and B*	7 6	15a, 15b
Case Management	*3.1A and B*	8 7b	19a

1932(a)(5)(D)(b)(4)
42 CFR 438.228

J. ☒ The state assures that each MCO has established an internal grievance and appeal system for enrollees.

1932(a)(5)(D)(b)(5)
42 CFR 438.62
42 CFR 438.68
42 CFR 438.206
42 CFR 438.207
42 CFR 438.208

K. Services, including capacity, network adequacy, coordination, and continuity.

☒ The state assures that all applicable requirements of 42 CFR 438.62, regarding continued service to enrollees, will be met.

☒ The state assures that all applicable requirements of 42 CFR 438.68, regarding network adequacy standards, will be met.

☒ The state assures that all applicable requirements of 42 CFR 438.206, regarding availability of services, will be met.

☒ The state assures that all applicable requirements of 42 CFR 438.207, regarding assurances of adequate capacity and services, will be met.

State: KS

Citation	Condition or Requirement
	☒ The state assures that all applicable requirements of 42 CFR 438.208, regarding coordination and continuity of care, will be met.
1932(c)(1)(A) 42 CFR 438.330 42 CFR 438.340	L. ☒ The state assures that all applicable requirements of 42 CFR 438.330 and 438.340, regarding a quality assessment and performance improvement program and State quality strategy, will be met.
1932(c)(2)(A) 42 CFR 438.350 42 CFR 438.354 42 CFR 438.364	M. ☒ The state assures that all applicable requirements of 42 CFR 438.350, 438.354, and 438.364 regarding an annual external independent review conducted by a qualified independent entity, will be met.
1932 (a)(1)(A)(ii)	N. <u>Selective Contracting Under a 1932 State Plan Option.</u> To respond to items #1 and #2, place a check mark. The third item requires a brief narrative. 1. The state will ☒ /will not ☐intentionally limit the number of entities it contracts under a 1932 state plan option. 2. ☒ The state assures that if it limits the number of contracting entities, this limitation will not substantially impair beneficiary access to services. 3. Describe the criteria the state uses to limit the number of entities it contracts under a 1932 state plan option. *(Example: a limited number of providers and/or enrollees.)* The State has operated with three MCOs historically to provide a balance of choice for members, but also administrative simplification in oversight and allow the MCOs to have a large enough membership to operate successfully in the State. 4. ☐ The selective contracting provision in not applicable to this state plan.

State: KS

Citation	Condition or Requirement

Appendix A: Compliance Dates (from Supplementary Information in 81 FR 27497, published 5/6/2016)

States must comply with all provisions in effect as of the issuance of this preprint. Additionally, the following compliance dates apply:

Compliance Dates	Sections
For rating periods for Medicaid managed care contracts beginning before July 1, 2017, States will not be held out of compliance with the changes adopted in the following sections so long as they comply with the corresponding standard(s) codified in 42 CFR part 438 contained in 42 CFR parts 430 to 481, edition revised as of October 1, 2015. **States must comply with these requirements no later than the rating period for Medicaid managed care contracts starting on or after July 1, 2017.**	§§ 438.3(h), 438.3(m), 438.3(q) through (u), 438.4(b)(7), 438.4(b)(8), 438.5(b) through (f), 438.6(b)(3), 438.6(c) and (d), 438.7(b), 438.7(c)(1) and (2), 438.8, 438.9, 438.10, 438.14, 438.56(d)(2)(iv), 438.66(a) through (d), 438.70, 438.74, 438.110, 438.208, 438.210, 438.230, 438.242, 438.330, 438.332, 438.400, 438.402, 438.404, 438.406, 438.408, 438.410, 438.414, 438.416, 438.420, 438.424, 438.602(a), 438.602(c) through (h), 438.604, 438.606, 438.608(a), and 438.608(c) and (d)
For rating periods for Medicaid managed care contracts beginning before July 1, 2018, states will not be held out of compliance with the changes adopted in the following sections so long as they comply with the corresponding standard(s) codified in 42 CFR part 438 contained in the 42 CFR parts 430 to 481, edition revised as of October 1, 2015. **States must comply with these requirements no later than the rating period for Medicaid managed care contracts starting on or after July 1, 2018.**	§§ 438.4(b)(3), 438.4(b)(4), 438.7(c)(3), 438.62, 438.68, 438.71, 438.206, 438.207, 438.602(b), 438.608(b), and 438.818
States must be in compliance with the requirements at § 438.4(b)(9) no later than the rating period for Medicaid managed care contracts starting on or after July 1, 2019.	§ 438.4(b)(9)
States must be in compliance with the requirements at § 438.66(e) no later than the rating period for Medicaid managed care contracts starting on or after the date of the publication of CMS guidance.	§ 438.66(e)
States must be in compliance with § 438.334 no later than 3 years from the date of a final notice published in the Federal Register.	§ 438.334
Until July 1, 2018, states will not be held out of compliance with the changes adopted in the following sections so long as they comply with the corresponding standard(s) codified in 42	§§ 438.340, 438.350, 438.354, 438.356, 438.358, 438.360, 438.362, and 438.364

State: KS

Citation | Condition or Requirement

Compliance Dates	Sections
CFR part 438 contained in the 42 CFR parts 430 to 481, edition revised as of October 1, 2015.	
States must begin conducting the EQR-related activity described in § 438.358(b)(1)(iv) (relating to the mandatory EQR-related activity of validation of network adequacy) **no later than one year from the issuance of the associated EQR protocol.**	§ 438.358(b)(1)(iv)
States may begin conducting the EQR-related activity described in § 438.358(c)(6) (relating to the optional EQR-related activity of plan rating) **no earlier than the issuance of the associated EQR protocol.**	§ 438.358(c)(6)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0933. The time required to complete this information collection is estimated to average 10 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

CMS-10120 (exp. TBD – currently 4/30/17)