

Table of Contents

State/Territory Name: Kansas

State Plan Amendment (SPA) #: 23-0034

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Blvd
Baltimore, Maryland 21244-1850



Medicaid and CHIP Operations Group

December 11, 2023

Christine Osterlund, Acting State Medicaid Director
Kansas Department of Health and Environment
900 SW Jackson, Suite 900
Topeka, KS 66612-1220

Re: Kansas State Plan Amendment (SPA) 23-0034

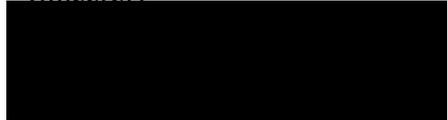
Dear Christine Osterlund:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0034. This amendment proposes to add Diabetes Self-Management Training (DSMT) benefits to the Kansas Medicaid State Plan as a preventive outpatient service for persons diagnosed with diabetes.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that Kansas Medicaid SPA 23-0034 was approved on December 8, 2023, with an effective date of October 1, 2023.

If you have any questions, please contact Helenita Augustus at 410-786-8902 or via email at Helenita.Augustus@cms.hhs.gov.

Sincerely



Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosures

cc: Bobbie Graff-Hendrixson
Bill Stelzner
Bill Thompson
Kurt Weiter
Sandra Akpovona

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

1. TRANSMITTAL NUMBER <u>23</u> — <u>0034</u>	2. STATE <u>KS</u>
3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1 2023
--	--

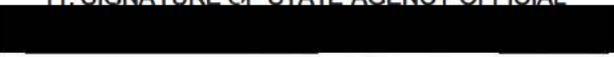
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440 and 42 CFR 447	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>108,478</u> b. FFY <u>2025</u> \$ <u>108,831</u>
---	---

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, #13.c.2. New, Page 1, New Attachment 4.19-B, #13.c.2. New, Page 1, New	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
---	---

9. SUBJECT OF AMENDMENT
Diabetes Self-Management Training (DSMT) benefit will be a preventive outpatient service for persons diagnosed with diabetes.

10. GOVERNOR'S REVIEW (Check One)

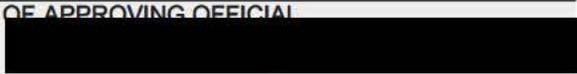
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Christine Osterlund is the Governor's Designee
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

11. SIGNATURE OF STATE AGENCY OFFICIAL 	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
12. TYPED NAME Christine Osterlund	
13. TITLE Interim Medicaid Director, Deputy Secretary of Agency Integration and Medicaid	
14. DATE SUBMITTED October 3, 2023	

FOR CMS USE ONLY

16. DATE RECEIVED October 3, 2023	17. DATE APPROVED December 8, 2023
--------------------------------------	---------------------------------------

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL October 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
Kansas requested a pen and ink change to the CMS form 179, box 7 on 10/17/2023. The changes are noted in red.

PREVENTIVE SERVICES LIMITATIONS
Diabetes Self-Management Training
(DSMT)

Program:

DSMT is a preventive outpatient service for persons diagnosed with diabetes. An accredited outpatient DSMT program includes education on self-monitoring of blood glucose, diet and exercise, and an insulin treatment plan developed specifically for the patient who is insulin dependent and motivates patients to use the skills for successful self-management of diabetes. DSMT services minimize the occurrence of disease disability through instruction and maintaining the health and well-being of the patient.

Limitations:

A maximum of 6 hours of training is allowed in ½ hour units within a continuous 12-month period. This may be a combination of individual sessions or group sessions, not to exceed a combined total of 12 units per year. Limits can be exceeded based on medical necessity. Services are covered for both newly diagnosed individuals and those individuals who need additional support for self-management of their diabetes.

Components:

- Assessment
- Training
- Counseling/Education

Providers:

Physicians

Other Practitioners:

- APRNs
- Physician Assistants
- Certified Diabetic Educator Professionals

Provider Qualifications:

Physicians – An individual licensed by the State of Kansas to provide services within their scope of practice and also certified as a diabetic educator.

Other Practitioners – An individual licensed by the State of Kansas to provide services within their scope of practice and also certified as a diabetic educator.

KANSAS MEDICAID STATE PLAN

Attachment 4.19-B
#13.c.2.
Page 1

PREVENTIVE SERVICES LIMITATIONS

Methods and Standards for Establishing Payment Rates Diabetes Self-Management Training (DSMT)

DSMT will be reimbursed at 75% of the Medicare rate.

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 October 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.