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State/Territory Name: Kansas

State Plan Amendment (SPA) #: 24-0001

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 Boulevard
Baltimore, Maryland 21244-1850



Medicaid and CHIP Operations Group

January 26, 2024

Christine Osterlund, Acting 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) 24-0001

Dear Christine Osterlund:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0001. This amendment proposes to update the state plan to indicate that, in accordance with Section 12006 of the 21st Century Cures Act, the state complies with the Electronic Visit Verification System (EVV) requirements for home health services.

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 24-0001 was approved on January 26, 2024, with an effective date of January 1, 2024.

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

Sincerely,



Digitally signed by
Ruth Hughes -S
Date: 2024.01.26
11:12:14 -06'00'

Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosures

cc: Bobbie Graff-Hendrixson
Bill Stelzner

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

1. TRANSMITTAL NUMBER 2 4 — 0 0 0 1 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 12006 of the 21st Century CURES Act

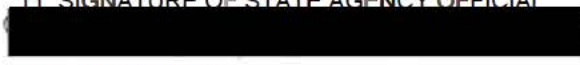
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024 \$ 0
b. FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-A, Page 3
Attachment 3.1-B, Page 3

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 3.1-A, Page 3
Attachment 3.1-B, Page 3

9. SUBJECT OF AMENDMENT
Home Health: Electronic Visit Verification System (EVV). In accordance with Section 12006 of the 21st Century CURES Act, the state complies with the electronic visit verification system requirements as of January 1, 2024.

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

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
Christine Osterlund

13. TITLE
Medicaid Director

14. DATE SUBMITTED
January 11, 2024

15. RETURN TO
Christine Osterlund
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
January 11, 2024

17. DATE APPROVED
January 26, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL
 Digitally signed by Ruth Hughes -S
Date: 2024.01.26 11:12:49 -06'00'

20. TYPED NAME OF APPROVING OFFICIAL
Ruth A. Hughes

21. TITLE OF APPR
Acting Director, Division of Program Operations

22. REMARKS

KANSAS MEDICAID STATE PLAN

ATTACHMENT 3.1-A

Page 3

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Optometrists' services.

Provided: No limitations With limitations*

Not provided.

c. Chiropractors' services.

Provided: No limitations With limitations*

Not provided.

d. Other practitioners' services.

Provided: No limitations With limitations*

Not provided.

7. Home health services.

Electronic Visit Verification System (EVV). In accordance with Section 12006 of the 21st Century CURES Act, the state complies with the electronic visit verification system requirements as of January 1, 2024.

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided: No limitations With limitations*

b. Home health aide services provided by a home health agency.

Provided: No limitations With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided: No limitations With limitations*

*Description provided on attachment.

KS 24-0001 Approval Date 1/26/2024 Effective Date 1/1/2024 Supersedes TN No. 03-17

KANSAS MEDICAID STATE PLAN

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDY GROUP(S): All medically needy groups

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

- a. Podiatrists' Services
 Provided: No limitations With limitations*
- b. Optometrists' Services
 Provided: No limitations With limitations*
- c. Chiropractors' Services
 Provided: No limitations With limitations*
- d. Other Practitioners' Services
 Provided: No limitations With limitations*

7. Home Health Services
Electronic Visit Verification System (EVV). In accordance with Section 12006 of the 21st Century CURES Act, the state complies with the electronic visit verification system requirements as of January 1, 2024.

- a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.
 Provided: No limitations With limitations*
- b. Home health aide services provided by a home health agency.
 Provided: No limitations With limitations*
- c. Medical supplies, equipment, and appliance suitable for use in the home.
 Provided: No limitations With limitations*
- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.
 Provided: No limitations With limitations*

*Description provided on Attachment 3.1-A.