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State/Territory Name: Kansas

State Plan Amendment (SPA) #: 22-0027

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 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

October 3, 2022

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) 22-0027

Dear Ms. Fertig:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0027. This amendment establishes coverage of additional dental services for adults over age 21.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations in 42 CFR Part 447. This letter is to inform you that Kansas Medicaid SPA 22-0027 was approved on October 3, 2022, with an effective date of July 1, 2022.

If you have any questions, please contact Michala Walker at 816-426-6503 or via email at Michala.Walker@cms.hhs.gov.

Sincerely,

[REDACTED]
James G. Scott, Director
Division of Program Operations

cc: Bobbie Graff-Hendrixson
Bill Stelzner
Bil Thompson

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

1. TRANSMITTAL NUMBER
22 — 0027

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

July 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2022 \$ 547
b. FFY 2023 \$ 2175

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-A #10, Page 1
Attachment 4.19-B #10

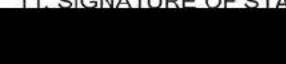
8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 3.1-A #11 (Renamed to #10, Page 1)
Attachment 4.19-B #10

9. SUBJECT OF AMENDMENT
Add additional over 21 adult dental benefits. Prior authorizations are also defined for select medical procedures and select dental procedures associated with medically necessary extractions. Associated NEMT costs will apply and are included in Box 6. Attachment 3.1-A #11 will be realigned as Attachment 3.1-A #10, Page 1 keeping all adult dental services together.

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
August 3, 2022

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

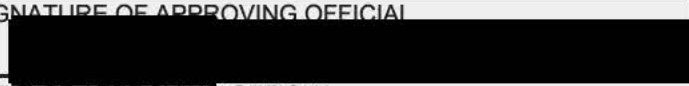
FOR CMS USE ONLY

16. DATE RECEIVED
August 3, 2022

17. DATE APPROVED
October 3, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

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

22. REMARKS

KANSAS MEDICAID STATE PLAN

Attachment 3.1-A
#10
Page 1

Dental Services Limitations (continued)

- x) hospital call may be reported when providing treatment in hospital or ambulatory surgical center, in addition to reporting appropriate code numbers for actual services performed;
- y) prior authorization on selected medical procedures; and
- z) prior authorization on selected dental procedures associated with medically necessary extractions.
 - aa) interim caries-arresting medicament applications.
 - bb) amalgam restorations (including polishing).
 - cc) resin based composite restorations – direct.
 - dd) crowns.
 - ee) periodontal treatment with maintenance.

KANSAS MEDICAID STATE PLAN

Attachment 4.19-B
#10

Dental Services **Methods and Standards for Establishing Payment Rates**

Dental services are reimbursed on the basis of reasonable fees as related to Medicaid customary charges except no fee is reimbursed in excess of a range maximum. The range of charges provides the base for computation of range maximums.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of dental services. The agency's fee schedule rate was set as of July 1, 2022 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.