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State/Territory Name: Kansas

State Plan Amendment (SPA) #: 23-0022

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

August 7, 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) 23-0022

Dear Ms. Fertig:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0022. This amendment proposes to establish coverage of dentures and partials for adults who meet medical necessity criteria.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 440 and 447. This letter is to inform you that Kansas Medicaid SPA 23-0022 was approved on August 2, 2023, with an effective date of July 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 black rectangular redaction box covers the signature of James G. Scott. A blue circular mark is visible below the redaction.

Digitally signed by James G.
Scott -S
Date: 2023.08.07 15:25:39
-05'00'

James G. Scott, 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 — 0022

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, 2023

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440 and 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

Att. 3.1-A, #~~10~~, Page ~~4~~ ^{12b}
Att. 4.19-B, #~~10~~ ^{12b}
Att. 3.1-B, Page 4, ~~42.b.~~, Dentures

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

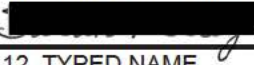
Att. 3.1-A, #~~10~~, Page ~~4~~ ^{12b}
Att. 4.19-B, #~~10~~ ^{12b}
Att. 3.1-B, Page 4, ~~42.b.~~, Dentures

9. SUBJECT OF AMENDMENT
Dentures and partials will be covered for Medicaid adults who meet medically necessary criteria.
Correction to Attachment 3.1-B, Page 4, 12.b., Dentures (to match coverage in Attachment 3.1-A, Page 5, 12.b., Dentures)

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
June 21, 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
June 21, 2023

17. DATE APPROVED
August 2, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL

Digitally signed by James G. Scott -S
Date: 2023.08.07 15:26:12 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

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

22. REMARKS

Boxes 7 & 8 : State Authorized pen and ink change on 6/28/2023 and 8/2/23.

KANSAS MEDICAID STATE PLAN

Attachment 3.1-A
#12.b.

Dentures Limitations

Denture and Partial Prosthetics, adjustment, reline and repair services will be covered for beneficiaries that meet medically necessary criteria for partial or full mouth dentures and related services.

KS-23-0022

Approval Date 8/2/2023

Effective Date 7/1/2023

Supersedes TN# MS-87-09

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

8. Private duty nursing services
 Provided: No limitations With limitations*
 Not provided.
9. Clinic services.
 Provided: No limitations With limitations*
10. Dental services.
 Provided: No limitations With limitations*
11. Physical Therapy and related services.
 a. Physical Therapy.
 Provided: No limitations With limitations*
 b. Occupational Therapy
 Provided: No limitations With limitations*
 c. Services for individuals with speech, hearing and language disorders (provided by or under the supervision of a speech pathology or audiologist).
 Provided: No limitations With limitations*
12. Prescribed drugs, dentures and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.
 a. Prescribed drugs.
 Provided: No limitations With limitations*
 b. Dentures.
 Provided: No limitations With limitations*
 Not provided.

*Description provided on Attachment 3.1-A.

KANSAS MEDICAID STATE PLAN

Attachment 4.19-B
#12.b.

Methods and Standards for Establishing Payment Rates

Dentures

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 July 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.