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State/Territory Name: KS

State Plan Amendment (SPA) #: 14-01

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 7500 Security Boulevard, Mail Stop S2-14-26 Baltimore, Maryland 21244-1850



Disabled & Elderly Health Programs Group

April 15, 2014

Kari Bruffett
Director, Division of Health Care Finance
Kansas Division of Health and Environment
Landon State Office Building
900 SW Jackson,
Room 900-N
Topeka, KS, 66612-1220

Dear Ms. Bruffett,

We have reviewed Kansas' State Plan Amendment (SPA) 14-001 received in the Kansas' regional office on March 19, 2014. This amendment proposed a removal of the optional coverage of benzodiazepines, barbiturates and smoking cessation medications from the excludable drug category. This change would make these drug categories covered for Kansas' Medicaid beneficiaries.

We are pleased to inform you that the amendment is approved with an effective date of January 1, 2014. A copy of the CMS-179 form, as well as the page(s) approved for incorporation into the Kansas state plan, will be forwarded by the Kansas' regional office. If you have any questions regarding this amendment, please contact Emeka Egwim at (410) 786-1092.

Sincerely,

/s/

Kim Howell Acting Director Division of Pharmacy

cc: James Scott, ARA, Kansas Regional Office
Narinder Singh, Kansas Regional Office
Susan Mosier, Medicaid Director, Kansas
Bobbie Graff-Hendrixson, Senior Manager Contracts & Fiscal Agents Operations Kansas

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: SPA #KS 14-01	2. STATE Kansas
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TIT SOCIAL SECURITY ACT (MEDIC.	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2014	
5. TYPE OF PLAN MATERIAL (Check One):		
	CONSIDERED AS NEW PLAN	X AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		amendment)
6. FEDERAL STATUTE/REGULATION CITATION: 1928(c)(2)		12,171.02 12,171.02
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable)	
Attachment 3.1-A, #12.a., Pages 7 & 8 Attachment 3.1-B, Pages 4b & 4c	Attachment 3.1-A, #12.a., Pages 7 & 8 Attachment 3.1-B, Pages 4b & 4c	
10. SUBJECT OF AMENDMENT: Prescribed Drugs		
11. 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	X OTHER, AS SPEC Kari Bruffett is the Governor's Desig	2
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: Kari Bruffett KDHE; Division of Health Care F	inance
13. TYPED NAME:	Landon State Office Building 900 SW Jackson, Room 900-N	
for Kari Bruffett 14. TITLE:	Topeka, KS 66612-1220	
Director, Division of Health Care Finance	-	
15. DATE SUBMITTED:		
March 17, 2014		
FOR REGIONAL OF	10 DATE ADDROVED	
17. DATE RECEIVED: March 19, 2014	18. DATE APPROVED: April 15, 2	2014
PLAN APPROVED – ON		
19. EFFECTIVE DATE OF APPROVED MATERIAL: Janrary 1, 2014	20. SIGNATURE OF REGIONAL OF	
21. TYPED NAME: James G. Scott	22. TITLE: Associate Regional Action Medicaid and Children's Hea	
23. REMARKS:		

Attachment 3.1.A #12.a, Page 7

State Agency		Kansas		
MEDICAID PROGRAM: REQUIREMENTS RELATING TO COVERED OUTPATIENT DRUGS FOR THE CATEGORICALLY NEEDY 12.a. Prescribed Drugs: Description of Service Limitation				
Citation(s)		Provision(s)		
	X	(e) prescription vitamins and mineral products, except prenatal vitamins and fluoride: Potassium, Replacement, Calcium Replacement, Magnesium Salts Replacement, Iron Replacement, Mineral Replacement (Misc.), Vitamin A Preparations, Vitamin B Preparations, Vitamin C Preparations, Vitamin D Preparations, Geriatric Vitamin Preparations, Pediatric Vitamin Preparations, Vitamin K Preparations, Vitamin B12 Preparations, Folic Acid Preparations, Vitamin B6 Preparations, Vitamin B1 Preparations, and Multivitamin Preparations.		
	\boxtimes	(f) nonprescription drugs: Analgesics; Antiemetic/Antivergo Agents; Antihistamines; Antipyretics; Ear Wax Removers; Insulins; Fat Absorption Decreasing Agents; Miotics/Other Intraocular Pressure Reducers; NSAIDs/Cox Inhibitors; Topical Antibiotics; Topical Antifungals; Topical Anti-inflammatory Steriodals; Topical Antiparasitics; Urinary pH Modifiers; Vaginal Antifungals; Antidiarrheals; Laxatives; Compound Medication Vehicles; Topical Protectants; Hyperglycemics; Eye Antihistamines; and Urinary Tract Analgesics.		
		(g) covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee (see specific drug categories below)		

Medicaid-only individuals.

Attachment 3.1.A #12.a, Page 8

State Agency	<u>Kansas</u>			
MEDICAID PROGRAM: REQUIREMENTS RELATING TO COVERED OUTPATIENT DRUGS FOR THE CATEGORICALLY NEEDY				
	These drugs and drug categories are covered for dual individuals to the same extent and with the same restrictions and limitations as they are covered for			

Attachment 3.1-B Page 4b

State Agency		Kansas		
MEDICAID PROGRAM: REQUIREMENTS RELATING TO COVERED OUTPATIENT DRUGS FOR THE MEDICALLY NEEDY 12.a. Prescribed Drugs: Description of Service Limitation				
Citation(s)		Provision(s)		
	X	(e) prescription vitamins and mineral products, except prenatal vitamins and fluoride: Potassium, Replacement, Calcium Replacement, Magnesium Salts Replacement, Iron Replacement, Mineral Replacement (Misc.), Vitamin A Preparations, Vitamin B Preparations, Vitamin C Preparations, Vitamin D Preparations, Geriatric Vitamin Preparations, Pediatric Vitamin Preparations, Vitamin K Preparations, Vitamin B12 Preparations, Folic Acid Preparations, Vitamin B6 Preparations, Vitamin B1 Preparations, and Multivitamin Preparations.		
	⊠□	(f) nonprescription drugs: Analgesics; Antiemetic/Antivergo Agents; Antihistamines; Antipyretics; Ear Wax Removers; Insulins; Fat Absorption Decreasing Agents; Miotics/Other Intraocular Pressure Reducers; NSAIDs/Cox Inhibitors; Topical Antibiotics; Topical Antifungals; Topical Anti-inflammatory Steriodals; Topical Antiparasitics; Urinary pH Modifiers; Vaginal Antifungals; Antidiarrheals; Laxatives; Compound Medication Vehicles; Topical Protectants; Hyperglycemics; Eye Antihistamines; and Urinary Tract Analgesics.		
		(g) covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee (see specific drug categories below)		

Attachment 3.1-B Page 4c

State Agency	Kansas	
MEDICAID PROGRAM: REQU NEEDY	IREMENTS RELATING TO COVERED OUTPATIENT DRUGS FOR THE MEDICALL	Y
	These drugs and drug categories are covered for dual individuals to the san extent and with the same restrictions and limitations as they are covered for Medicaid-only individuals.	