

**CENTERS FOR MEDICARE & MEDICAID SERVICES
WAIVER AUTHORITY**

NUMBER: 11-W-00283/7
TITLE: KanCare
AWARDEE: Kansas Department of Health and Environment

All requirements of the Medicaid program expressed in law, regulation, and policy statement, not expressly waived in this list, shall apply to the demonstration project beginning the date of the approval letter through December 31, 2017, unless otherwise specified. In addition, these waivers may only be implemented consistent with the approved Special Terms and Conditions (STCs).

Under the authority of section 1115(a)(1) of the Social Security Act (the Act), the following waivers of the state plan requirements contained in section 1902 of the Act are granted in order to enable Kansas to implement the KanCare Medicaid section 1115 demonstration for state plan populations and individuals eligible under the concurrent section 1915(c) waivers.

1. Amount, Duration, and Scope of Services Section 1902(a)(10)(B)

To the extent necessary to enable Kansas to vary the amount, duration, and scope of services offered to individuals, regardless of eligibility category, by providing additional services to individuals who are enrollees in certain managed care arrangements.

2. Freedom of Choice Section 1902(a)(23)(A)

To the extent necessary to enable Kansas to restrict freedom of choice of provider through the use of mandatory enrollment in managed care plans for the receipt of covered services. No waiver of freedom of choice is authorized for family planning providers.

**CENTERS FOR MEDICARE & MEDICAID SERVICES
EXPENDITURE AUTHORITY**

NUMBER: 11-W-00283/7

TITLE: KanCare

AWARDEE: Kansas Department of Health and Environment

Under the authority of section 1115(a)(2) of the Social Security Act (the Act), expenditures for services furnished or uncompensated safety net care costs incurred by providers during the period of this demonstration made by Kansas for the items identified below, which are not otherwise included as expenditures under section 1903 of the Act shall be regarded as expenditures under the state's title XIX plan.

The following expenditure authorities may only be implemented consistent with the approved Special Terms and Conditions (STCs) and shall enable Kansas to implement KanCare Medicaid section 1115 demonstration.

I. SERVICE-RELATED EXPENDITURES

1. Expenditures for Additional Services for Individuals with Behavioral Health or Substance Use Disorder Needs. Expenditures for the following services furnished to individuals eligible under the approved state plan and concurrent 1915(c) waivers, pursuant to the limitations and qualifications provided in STC 22 to address behavioral health and substance use disorder needs:

- a. Physician Consultation (Case Conferences);
- b. Personal Care Services; and
- c. Rehabilitation Services.

II. SAFETY NET CARE POOL EXPENDITURES (SNCP): Expenditures for the following categories of expenditures, subject to overall SNCP limits and category-specific limits set forth in the STCs.

2. Uncompensated Care Pool (UC Pool): Pursuant to STC 68, expenditures for payments to hospitals to defray hospital costs of uncompensated care furnished to Medicaid-eligible or uninsured individuals that meets the definition of "medical assistance" under section 1905(a) of the Act, to the extent that such costs exceed the amounts received by the hospital pursuant to 1923 of the Act.

- 3. Delivery System Reform Incentive Payment (DSRIP) Program:** Expenditures from pool funds for the Delivery System Reform Incentive Payment (DSRIP) Program, pursuant to STC 69, for incentive payments to hospitals for the development and implementation of approved programs that support hospital efforts to enhance access to health care and improve the quality of care. DSRIP incentive payments are not direct reimbursement for service delivery, and may not duplicate other federal funding.