

State of Kansas  
Kansas Department of Health and Environment  
Division of Health Care Finance  
Public Notice

The Kansas Department of Health and Environment, Division of Health Care Finance (KDHE-DHCF) is amending the Kansas Medicaid State Plan. Stand-alone vaccine counseling for EPSDT will be added to the state plan. Stand-alone vaccine counseling for EPSDT is only covered when the vaccine counseling and the administration of the vaccine occur on two separate dates of service. The SPA also adds Immunization Preventive Services benefit section and revises Attachment 3.1-B, Section 13, to align it with Attachment 3.1-A, Section 13.

The proposed effective date for the State Plan Amendment (SPA) is April 1, 2023.

Fee-For-Service Only	Estimated Federal Financial Participation
FFY 2023	\$ 0
FFY 2024	\$ 0

To request a copy of the proposed SPA, to submit a comment, or to review comments, please contact William C. Stelzner by email at [william.stelzner@ks.gov](mailto:william.stelzner@ks.gov) , or by mail:

William C. Stelzner  
Kansas Department of Health and Environment  
Division of Health Care Finance  
900 SW Jackson, Room 900N  
Topeka, KS 66612.

The last day for public comment is April 24, 2023.

Sarah Fertig, State Medicaid Director  
Division of Health Care Finance  
Kansas Department of Health and Environment

# KANSAS MEDICAID STATE PLAN

Attachment 3.1-A  
#13.c.1  
Page 1

## PREVENTIVE SERVICES LIMITATIONS

### Immunization Services Vaccines, Administration, and Counseling

#### **Vaccines:**

1. All vaccines are covered as defined by the Advisory Committee on Immunization Practices, ACIP. (See Attachment 3.1-A, #9., Page 2, Item 5.)

#### **Administration:**

1. The administration of the vaccine is covered. (See Attachment 3.1-A, #6.d., Page 1, Item 3.)

#### **Counseling:**

1. EPSDT vaccine counseling is content of service if the counseling and vaccine occur on the same date of service.
2. EPSDT stand-alone vaccine counseling may be billed separately from the vaccine if the counseling for the vaccine and the administration of the vaccine occur on different dates of service.

## KANSAS MEDICAID STATE PLAN

Attachment 4.19-B  
#13.c.1  
Page 1

### PREVENTIVE SERVICES LIMITATIONS

#### Immunization Services Vaccines, Administration, and Counseling

**Vaccines:**

1. Adult vaccines are listed on the KMAP fee schedule.
2. Childhood vaccines are covered by the VFC Program.

**Administration:**

1. The administration fees for vaccines:
  - a. Adults – \$14.15 (See Attachment 4.19-B, #6.d., Page 1);
  - b. Children – \$20.26 (See Section 4 - General Program Administration, Pediatric Immunization).

**Counseling:**

1. EPSDT vaccine counseling is content of service if the counseling and vaccine occur on the same date of service.
2. EPSDT stand-alone vaccine counseling may be billed separately from the vaccine if the counseling for the vaccine and the administration of the vaccine occur on different dates of service.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers for the above immunization services. The agency's fee schedule rate was set as of April 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.

KS 23-0017 Approval Date: \_\_\_\_\_ Effective Date: 04/01/2023 Supersedes: New

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

c. Prosthetic devices.

☒ Provided: ☐ No limitations ☒ With limitations\*

d. Eyeglasses.

☒ Provided: ☐ No limitations ☒ With limitations\*

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in the plan.

a. Diagnostic services.

☐ Provided: ☐ No limitations ☐ With limitations\*☒ Not provided.

b. Screening services.

☒ Provided: ☐ No limitations ☒ With limitations\*☐ Not provided.

c. Preventive services.

☒ Provided: ☐ No limitations ☒ With limitations\*☐ Not provided.

d. Rehabilitative services

☒ Provided: ☐ No limitations ☒ With limitations\*

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

☒ Provided: ☐ No limitations ☒ With limitations\*

b. Skilled nursing facility services.

☒ Provided: ☐ No limitations ☒ With limitations\*

\*Description provided on Attachment 3.1-A.

KS 23-0017 Approval Date \_\_\_\_\_ Effective Date 04/01/2023 Supersedes TN No. 05-07