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**State/Territory Name: Kansas**

**State Plan Amendment (SPA) #: 24-0002**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Page

**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

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April 4, 2024

Christine Osterlund, Acting State Medicaid Director  
Kansas Department of Health and Environment  
Division of Health Care Finance  
Landon State Office Building  
900 SW Jackson, Room 900-N  
Topeka, KS 66612-1220

Re: Kansas State Plan Amendment (SPA) 24-0002

Dear Christine Osterlund:

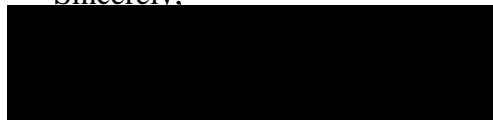
The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0002. This amendment proposes to abolish copayments for Medicaid fee-for-service beneficiaries within the state.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that Kansas Medicaid SPA 24-0002 was approved on April 4, 2024, with an effective date of January 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA page to be incorporated into the Kansas State Plan.

If you have any questions, please contact Helenita Augustus at 410-786-8902 or via email at [Helenita.Augustus@cms.hhs.gov](mailto:Helenita.Augustus@cms.hhs.gov).

Sincerely,



James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Bobbie Graff-Hendrixson  
Bill Stelzner

# Medicaid Premiums and Cost Sharing: Summary Page (CMS 179)

State/Territory name: **Kansas**

Transmittal Number:

Enter the Transmittal Number (TN), including dashes, in the format SS-YY-NNNN or SS-YY-NNNN-xxxx (with xxxx being optional to specific SPA types), where SS = 2-character state abbreviation, YY = last 2 digits of submission year, NNNN = 4-digit number with leading zeros, and xxxx = OPTIONAL, 1- to 4-character alpha/numeric suffix.

KS-24-0002

Proposed Effective Date

01/01/2024 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Sections of 1916 and 1916A of the Social Security Act and 42 CFR 447.50 through 447.57 (excluding 447.55)

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2024	\$ 2020.00
Second Year	2025	\$ 2811.00

Subject of Amendment

Removal of Co-pays

Governor's Office Review

- Governor's office reported no comment  
 Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal  
 Other, as specified

Describe:

Signature of State Agency Official

Submitted By: **Bobbie Graff-Hendrixson**  
Last Revision Date: **Feb 22, 2024**  
Submit Date: **Jan 16, 2024**



# Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 09381148

Transmittal Number: KS - 24 - 0002

Cost Sharing Requirements	G1
1916 1916A 42 CFR 447.50 through 447.57 (excluding 447.55)	
The state charges cost sharing (deductibles, co-insurance or co-payments) to individuals covered under Medicaid.	<input type="text" value="No"/>

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 09381148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C42605, Baltimore, Maryland 212441850.

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