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State/Territory Name: Kansas

State Plan Amendment (SPA) #: 24-0003

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- 3) Approved SPA Pages

KS - Submission Package - KS2024MS00010 - (KS-24-0003) - Eligibility

Summary Reviewable Units Versions Analyst Notes **Approval Letter** Transaction Logs News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operation Group (MCOG)
7500 Security Boulevard
Baltimore, MD 21244-1850



Center for Medicaid & CHIP Services

March 15, 2024

Christine Osterlund
Medicaid Director
Kansas Department of Health and Environment, Division of Health Care Finance
900 SW Jackson, Suite 900 N
Topeka, KS
Topeka, KS 66612

Re: Approval of State Plan Amendment KS-24-0003

Dear Director Osterlund,

On February 26, 2024, the Centers for Medicare and Medicaid Services (CMS) received Kansas State Plan Amendment (SPA) KS-24-0003. This amendment seeks to streamline the process of integrating the state's compliance with continuous eligibility (CE) authority into the Medicaid and Chip Program (MACPro) Portal.

We approve Kansas State Plan Amendment (SPA) KS-24-0003 with an effective date(s) of January 01, 2024.

If you have any questions regarding this amendment, please contact Helenita Augustus at 410-786-8902 or via email at Helenita.Augustus@cms.hhs.gov.

Sincerely,
James G. Scott
Director
Center for Medicaid & CHIP Services

KS - Submission Package - KS2024MS0001O - (KS-24-0003) - Eligibility

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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | KS2024MS0001O | KS-24-0003

CMS-10434 OMB 0938-1188

Package Header

Package ID	KS2024MS0001O	SPA ID	KS-24-0003
Submission Type	Official	Initial Submission Date	2/26/2024
Approval Date	03/15/2024	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Kansas

Medicaid Agency Name: Kansas Department of Health and Environment, Division of Health Care Finance

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | KS2024MS0001O | KS-24-0003

Package Header

Package ID KS2024MS0001O	SPA ID KS-24-0003
Submission Type Official	Initial Submission Date 2/26/2024
Approval Date 03/15/2024	Effective Date N/A
Superseded SPA ID N/A	

SPA ID and Effective Date

SPA ID KS-24-0003

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Continuous Eligibility for Children	1/1/2024	New

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | KS2024MS0001O | KS-24-0003

Package Header

Package ID	KS2024MS0001O	SPA ID	KS-24-0003
Submission Type	Official	Initial Submission Date	2/26/2024
Approval Date	03/15/2024	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Federal legislation, Section 5112 of the Consolidated Appropriations Act, 2023 (CAA, 2023), amended Medicaid to require that states provide twelve months of continuous eligibility (CE) for children under the age of 19. Since 2006, children under age 19 have had twelve months of continuous eligibility in Kansas Medicaid. The current SPA attests the twelve-month CE in MACPro. The SPA also extends CE for hospitalized children in Medicaid who are still in the hospital on their 19th birthday. They will remain in Medicaid until the completion of their hospitalization. (March 7, 2024) Per the request by CMS, the attestation email sent to CMS by the state on 12/11/2023, with Att. 2.2a, has been attached to this page.

Federal Budget Impact and Statute/Regulation Citation



Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$0
Second	2025	\$0

Federal Statute / Regulation Citation

Section 5112 of the Consolidated Appropriations Act, 2023 (CAA, 2023)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
RE_ Continuous Eligibility (CE) -State of Kansas Attestation 12.23.2023	3/7/2024 11:39 AM EST	
Att 2.2a - Mandatory Coverage, Page 23a, 21	3/7/2024 11:39 AM EST	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | KS2024MS0001O | KS-24-0003

Package Header

Package ID	KS2024MS0001O	SPA ID	KS-24-0003
Submission Type	Official	Initial Submission Date	2/26/2024
Approval Date	03/15/2024	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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 C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 3/20/2024 12:43 PM EDT

KS - Submission Package - KS2024MS0001O - (KS-24-0003) - Eligibility

Summary Reviewable Units Versions Analyst Notes Approval Letter Transaction Logs News **Related Actions**

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Continuous Eligibility for Children

MEDICAID | Medicaid State Plan | Eligibility | KS2024MS0001O | KS-24-0003

CMS-10434 OMB 0938-1188

Package Header

Package ID	KS2024MS0001O	SPA ID	KS-24-0003
Submission Type	Official	Initial Submission Date	2/26/2024
Approval Date	03/15/2024	Effective Date	<u>1/1/2024</u>
Superseded SPA ID	New		
	User-Entered		

The state provides continuous eligibility for children in accordance with the following provisions:

A. Mandatory Continuous Eligibility for Hospitalized Children

The state provides Medicaid to a child eligible for and enrolled under the Infants and Children under Age 19 (42 CFR 435.118) eligibility group until the end of an inpatient stay for which inpatient services are covered, if the child:

1. Was receiving inpatient services covered by Medicaid on the date the child becomes ineligible under the eligibility group based on the child's age; and
2. Would remain eligible but for attaining such age.

B. Mandatory Continuous Eligibility for Children

The state provides continuous eligibility to all children under age 19 and that:

1. The continuous eligibility period begins on the effective date of the child's most recent determination or redetermination of eligibility, and ends the last day of the earlier of the following periods:

- a. The month that the child turns 19 years old;
- b. 12 months.

2. Continuous eligibility is provided to children eligible under all mandatory and optional eligibility groups (excluding Medically Needy) who would otherwise lose eligibility because of any change in circumstances, unless:

- a. The child dies;
- b. The child or the child's representative voluntarily requests a termination of the child's eligibility;
- c. The child ceases to be a resident of the state;
- d. The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse, or perjury attributed to the child or the child's representative; or
- e. The child attains the maximum age specified in B.

C. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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 C4-26-05, Baltimore, Maryland 21244-1850.

