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State/Territory Name: Kansas

State Plan Amendment (SPA) #: KS-14-0010

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) SPA Summary Form
- 3) Approved SPA Pages

The complete title XXI state plan for Kansas consists of the most recent state plan posted on Medicaid.gov under CHIP and State Plan Amendments. The link is provided below. The following approved templates are in addition to, or replace sections of the state's posted current state plan. The attached approval letter(s) explain how these templates fit into that state plan.

Link to state title XXI state plans and amendments: <http://medicaid.gov/chip/state-program-information/chip-state-program-information.html>

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop: S2-26-12
Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

JUL 23 2014

Susan Mosier, MD
State Medicaid Director
Kansas Department of Health and Environment
Division of Health Care Finance
Landon State Office Building
900 SW Jackson Street, Suite 900-N
Topeka, KS 66612-1220

Dear Dr. Mosier:

I am pleased to inform you that the Centers for Medicare & Medicaid Services has approved your Children's Health Insurance Program (CHIP) state plan amendment (SPA) number KS-14-0010, submitted on March 27, 2014, with additional information provided on June 24, 2014. This SPA relates to the Modified Adjusted Gross Income (MAGI) Eligibility and has an effective date of January 1, 2014.

The SPA number KS-14-0010 converts the state's existing income eligibility standards to MAGI-equivalent standards, by age group, for children covered in its title XXI-funded Medicaid program. A copy of the approved state plan page (CS3) is attached, and should be incorporated into the state's approved CHIP state plan. This page supersedes the current Medicaid expansion Section (4.0) of the current CHIP state plan.

Your title XXI project officer is Mr. Martin Burian. He is available to answer questions concerning this amendment. Mr. Burian's contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850
Telephone: (410) 786-3246
Facsimile: (410) 786-5882
E-mail: Martin.Burian@cms.hhs.gov

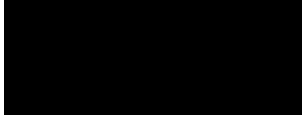
Official communications regarding program matters should be sent simultaneously to Mr. Burian and to Mr. James G. Scott, Associate Regional Administrator in our Kansas City Regional Office. Mr. Scott's address is:

Centers for Medicare & Medicaid Services
Division of Medicaid and Children's Health Operations

Richard Bolling Federal Building
601 East 12th St, Room 355
Kansas City, MO 64103-2808

Congratulations on the approval. If you have additional questions, please contact Ms. Kelly Whitener, Director, Division of State Coverage Programs, at (410) 786-0719. We look forward to continuing to work with you and your staff toward the approval of your remaining MAGI Eligibility SPAs.

Sincerely,



Eliot Fishman
Director

Enclosure

cc:

James G. Scott, Associate Regional Administrator, CMS Region VII

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application rev p01

Children's Health Insurance Program Eligibility

KS.0844.R00.00 - Jan 01, 2014

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Children's Health Insurance Program Eligibility: Summary Page

State/Territory name: Kansas

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

Type of SPA:

- MAGI Eligibility & Methods
- XXI Medicaid Expansion
- Establish 2101(f) Group
- Eligibility Processing
- Non-Financial Eligibility

Proposed Effective Date

(mm/dd/yyyy)

Federal Statute/Regulation Citation

Federal Budget Impact
 This SPA has a budget impact.

Total budget impact:

State Funds:

\$

Federal Funds:

\$

Subject of Amendment

Please provide a brief summary of SPA changes.

Character Count: 52 out of 2000

Signature of State Agency Official

Submitted By:

Bobbie Graff-Hendrixson

Last Revision Date:

May 30, 2014

Submit Date:

Mar 27, 2014

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CHIP Eligibility

OMB Control Number: 0938-1148
 Expiration date: 10/31/2014

Eligibility for Medicaid Expansion Program					CS3
42 CFR 457.320(a)(2) and (3)					
Income eligibility for children under the Medicaid Expansion is determined in accordance with the following income standards: There should be no overlaps or gaps for the ages entered. Age and Household Income Ranges					
	From Age	To Age	Above (% FPL)	Up to & including (% FPL)	
+	6	19	113	133	X

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 0938-1148. The time required to complete this information collection is estimated to average 50 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 C4-26-05, Baltimore, Maryland 21244-1850.