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State/Territory Name: Kansas

State Plan Amendment (SPA) #: KS-25-0013

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850



Children and Adults Health Programs Group

September 3, 2025

Christine Osterlund
Medicaid Director
Kansas Department of Health and Environment
Division of Health Care Finance
900 SW Jackson St., Suite 900-N
Topeka, KS 66612-1220

Dear Director Osterlund:

Your Title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) KS-25-0013, submitted on June 13, 2025, has been approved. The effective date for this SPA is June 1, 2025.

Through SPA KS-25-0013, Kansas removes the State's premium lock out period, in accordance with 42 CFR 457.570(c). Attached is a copy of the approved CS21 state plan page that should be incorporated into section 8.7 of the approved CHIP State Plan. Corresponding technical edits to reflect the removal of the premium lock out period in the paper CHIP State Plan will be included in pending CHIP SPA KS-25-0014.

Your Project Officer is Carrie Grubert. She is available to answer your questions concerning this amendment and other CHIP-related matters and can be reached at Carrie.Grubert@cms.hhs.gov.

If you have additional questions, please contact Mary Beth Hance, Acting Director, Division of State Coverage Programs, at (410) 786-4299. We look forward to continuing to work with you and your staff.

Sincerely,
/Signed by Alice Weiss/

Alice Weiss
Acting Director
on Behalf of Sarah deLone, Director



CHIP Eligibility

State Name:

OMB Control Number: 09381148

Transmittal Number: KS - 25 - 0013

Separate Child Health Insurance Program

CS21

Non-Financial Eligibility - Non-Payment of Premiums

42 CFR 457.570

Non-Payment of Premiums

Does the state impose premiums or enrollment fees?

Can non-payment of premiums or enrollment fees result in loss of CHIP eligibility?

Does the state have a premium lock out period?

The state assures that it provides enrollees with an opportunity for an impartial review to address disenrollment from the program in accordance with section 457.1130(a)(3).

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.

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