

## **Table of Contents**

**State/Territory Name: Kansas (KS)**

**State Plan Amendment (SPA) #: KS-24-0031**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

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



**Managed Care Group**

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December 17, 2024

Christine Osterlund  
Medicaid Director  
Kansas Department of Health and Environment  
900 SW Jackson, Suite 900 N  
Topeka, Kansas 66612-1220

Re: Kansas State Plan Amendment (SPA) 24-0031

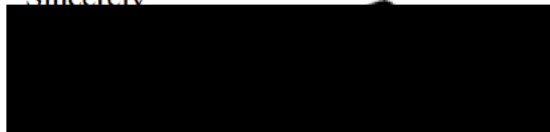
Dear Director Osterlund:

The Centers for Medicare & Medicaid Services (CMS) completed review of Kansas' 1932(a) State Plan Amendment (SPA) Transmittal Number 24-0031 submitted on November 22, 2024. The purpose of this SPA is to remove health homes language from Attachment 3.1F, due to the termination of the Health Homes Asthma and the Health Homes SMI programs.

We conducted our review of this amendment according to statutory requirements of Title XIX of the Social Security Act and implementing Federal regulations. This letter is to inform you that Kansas Medicaid SPA Transmittal Number 24-0031 is approved effective January 1, 2025.

If you have any questions regarding this amendment, please contact Jemirah Holland at (667) 229-4015 or via email at [Jemirah.Holland@cms.hhs.gov](mailto:Jemirah.Holland@cms.hhs.gov).

Sincerely,



Bill Brooks  
Director  
Division of Managed Care Operations

cc: Bobbie L. Graff-Hendrixson, KDHE  
Cynthia Garraway, CMS

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER 2 4 — 0 0 3 1 2. STATE KS

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT  XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**January 1, 2025**

5. FEDERAL STATUTE/REGULATION CITATION  
**42 CFR 440**

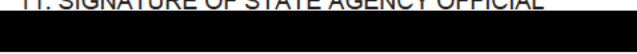
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2025 \$ 0  
b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**Attachment 3.1-f, Page 17**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
**Attachment 3.1-f, Page 17**

9. SUBJECT OF AMENDMENT  
**Health Homes language removal from Attachment 3.1-F, Page 17.**

10. GOVERNOR'S REVIEW (Check One)  
 GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  
 OTHER, AS SPECIFIED:  
 Christine Osterlund is the Governor's Designee

11. SIGNATURE OF STATE AGENCY OFFICIAL  
  
 12. TYPED NAME  
 Christine Osterlund  
 13. TITLE  
 Medicaid Director  
 14. DATE SUBMITTED  
 November 22, 2024

15. RETURN TO  
 Christine Osterlund  
 Medicaid Director  
 Deputy Secretary of Agency Integration and Medicaid  
 KDHE, Division of Health Care Finance  
 Landon State Office Building  
 900 SW Jackson, Room 900-N  
 Topeka, KS 66612-1220

**FOR CMS USE ONLY**

16. DATE RECEIVED **November 22, 2024** 17. DATE APPROVED **December 17, 2024**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
**January 1, 2025**

19. SIGNATURE  


20. TYPED NAME OF APPROVING OFFICIAL  
**Bill Brooks**

21. TITLE OF APPROVING OFFICIAL  
**Director, Division of Managed Care Operations**

22. REMARKS

State: KS

Citation	Condition or Requirement		
Dental Services	<i>3.1A and B</i>	2, 4, 5 2a	5b and 10, 12b
Optometry Services	<i>3.1A and B</i>	3, 5 3	6b, 12d
Durable Medical Equipment Prosthetics	<i>3.1A and B</i>	3, 5 5	7c, 12c
Hospice	<i>3.1A and B</i>	7 6	18
Inpatient Psychiatric Hospital Services for individuals under age 22	<i>3.1A and B</i>	7 6	16
Services for individuals age 65 and older in Institutions for mental diseases	<i>3.1A and B</i>	6 5	14a, 14b, 14c
Intermediate Care Facility Services (other than such services in an institution for mental disease)	<i>3.1A and B</i>	7 6	15a, 15b
Case Management	<i>3.1A and B</i>	8 7b	19a

1932(a)(5)(D)(b)(4)  
42 CFR 438.228

J.  The state assures that each MCO has established an internal grievance and appeal system for enrollees.

1932(a)(5)(D)(b)(5)  
42 CFR 438.62  
42 CFR 438.68  
42 CFR 438.206  
42 CFR 438.207  
42 CFR 438.208

K. Services, including capacity, network adequacy, coordination, and continuity.

The state assures that all applicable requirements of 42 CFR 438.62, regarding continued service to enrollees, will be met.

The state assures that all applicable requirements of 42 CFR 438.68, regarding network adequacy standards, will be met.

The state assures that all applicable requirements of 42 CFR 438.206, regarding availability of services, will be met.

The state assures that all applicable requirements of 42 CFR 438.207, regarding assurances of adequate capacity and services, will be met.