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**State/Territory Name: Kansas**

**State Plan Amendment (SPA) #: 25-0008**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Companion Letter
- 3) CMS Form 179
- 4) Approved SPA Pages

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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June 26, 2025

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

Re: Kansas State Plan Amendment (SPA) – KS-25-0008

Dear Director Osterlund:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0008. This amendment proposes to assure coverage for clinic services outside of the "four walls" of Indian Health Service (IHS)/ Tribal clinics.

We conducted our review of your submittal according to statutory requirements in §1905(a)(9) of the Social Security Act and implementing regulations at 42 C.F.R. 440.90. This letter informs you that Kansas' Medicaid SPA TN 25-0008 was approved on June 26, 2025, with an effective date of January 1, 2025.

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

If you have any questions, please contact Ashli Clark at (410) 786-5602 or via email at [Ashli.Clark@cms.hhs.gov](mailto:Ashli.Clark@cms.hhs.gov).

Sincerely,

Shantrina Roberts, Acting Director  
Division of Program Operations

Enclosures

cc: Bobbie Graf-Hendrixson, Division of Health Care Finance  
William Stelzner, Division of Health Care Finance

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

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June 26, 2025

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

Re: Kansas State Plan Amendment (SPA) – KS-25-0008 Companion Letter

Dear Director Osterlund:

This letter is sent as a companion to Centers for Medicare & Medicaid Services (CMS) approval of Kansas state plan amendment Transmittal Number (TN) 25-0008, which revises the clinic services coverage section of the state plan.

Section 1902(a)(4) of the Social Security Act (the Act) requires that the state use methods of administration found by the Secretary to be “necessary for the proper and efficient administration of the plan.” Implementing regulation at 42 CFR § 430.10 provides that, “the State plan is a comprehensive written statement submitted by the agency describing the nature and scope of its Medicaid program and giving assurance that it will be administered in conformity with the specific requirements of title XIX, the regulations in this Chapter IV, and other applicable official issuances of the Department. The State plan contains all information necessary for CMS to determine whether the plan can be approved to serve as a basis for Federal financial participation (FFP) in the State program.”

In addition, section 1905(a)(9) of the Act and 42 CFR 440.90 requires that clinic services be furnished within the “four walls” of the clinic with limited exceptions. On November 27, 2024, CMS published the Medicare Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System final rule which amended 42 CFR 440.90 to authorize a mandatory exception to the Medicaid clinic services benefit “four walls” requirement for Indian Health Services (IHS) and Tribal clinics, and optional exceptions for behavioral health clinics and clinics located in rural areas. There is also a longstanding exception to the “four walls” requirement identified in 42 CFR 440.90 for individuals who do not reside in a permanent dwelling or do not have a fixed home or mailing address.

The clinic services SPA template was approved by the Office of Management and Budget via processes authorized by the Paperwork Reduction Act, so states must use the SPA template when submitting changes to their clinic services benefit state plan pages. States were to submit a SPA

by March 31, 2025, to implement the mandatory exception for Indian Health Services and Tribal clinics. States can submit a SPA to implement the optional exceptions for behavioral health clinics and rural clinics at their discretion. During our review of KS SPA 25-0008, we identified the following concerns on Supplement A to Attachment 3.1-A, #9 pages 1 through 6 that will need to be addressed.

We are sending this companion letter to address the following concern.

Section 1905(a)(9) of the Act and 42 CFR 440.90 requires clinic services to be furnished within the four walls of the clinic with the exception for IHS and Tribal clinics, behavioral health clinics, clinics located in rural areas and for individual without a fixed home address. Kansas state plan indicates that Local Health Departments are furnishing services covered under the clinic benefit including, (1) home health skilled nursing services, (2) home visits to newborns, (3) initial, annual and interim family planning visit; and (4) nutrition visits for pregnant women who meet nutrition risk criteria. Again, the clinic benefit requires services to be furnished within the four walls of the clinic, with the above-mentioned exceptions. It appears that several of the services furnished by the Local Health Departments do not meet the “four walls” requirement for clinic services. Therefore, the state must remove all services from the clinic benefit that do not meet the “four walls” requirement.

The state has 90 days from the date of this letter to address the issues described above. During this time period, the state must either submit a state plan amendment removing the services or a corrective action plan describing in detail how the state will resolve the issues in a timely manner. Failure to respond may result in the initiation of a formal compliance process. During the 90-day compliance period, CMS will be available to provide technical assistance if needed.

CMS welcomes the opportunity to work with you and your staff to resolve these issues. Please contact Ashli Clark at (410) 786-5602 or via email at [Ashli.Clark@cms.hhs.gov](mailto:Ashli.Clark@cms.hhs.gov) if you have any questions.

Sincerely,

Shantrina Roberts, Acting Director  
Division of Program Operations



<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <u>2</u> <u>5</u> — <u>0</u> <u>0</u> <u>0</u> <u>8</u>	2. STATE <u>KS</u>
		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <u>January 1, 2025</u>	
5. FEDERAL STATUTE/REGULATION CITATION <u>1905(a)(9)</u>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2025</u> \$ <u>0</u> b. FFY <u>2026</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 3.1-A, #9, Pages 1 - 6</u>		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Replacement Pages, Attachment 3.1-A # 9 Page1 and Page 2 (removal)</u>	
9. SUBJECT OF AMENDMENT <u>As published in the Federal Register Vol. 89, No. 229 / Wednesday, November 27, 2024, CMS is finalizing exceptions to the Medicaid clinic services four walls requirement for IHS and Tribal clinics that are not Tribal FQHCs. The CMS template also includes all Attachment 3.1-A, #9 limitations currently listed in the Kansas Medicaid State Plan.</u>			
10. GOVERNOR'S REVIEW (Check One) <input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="radio"/> OTHER, AS SPECIFIED: <u>Christine Osterlund is the Governor's Designee</u>			
11. SIGNATURE OF STATE AGENCY OFFICIAL  12. TYPED NAME <u>Christine Osterlund</u> 13. TITLE <u>Medicaid Director</u> 14. DATE SUBMITTED <u>March 31, 2025</u>		15. RETURN TO <u>Christine Osterlund</u> <u>Medicaid Director</u> <u>Deputy Secretary of Agency Integration and Medicaid</u> <u>KDHE, Division of Health Care Finance</u> <u>Landon State Office Building</u> <u>900 SW Jackson, Room 900-N</u> <u>Topeka, KS 66612-1220</u>	
<b>FOR CMS USE ONLY</b>			
16. DATE RECEIVED <u>March 31, 2025</u>		17. DATE APPROVED <u>June 26, 2025</u>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
18. EFFECTIVE DATE OF APPROVED MATERIAL <u>January 1, 2025</u>		19. SIGNATURE OF AP  	
20. TYPED NAME OF APPROVING OFFICIAL <u>Shantrina Roberts</u>		21. TITLE OF APPROVING OFFICIAL <u>Acting Director, Division of Program Operations</u>	
22. REMARKS <u>Boxes 7, 8, and 9 on the form were revised based on email received from CMS on June 5, 2025 - WCS, Kansas KDHE</u>			

**State Plan under Title XIX of the Social Security Act  
State/Territory: Kansas**

**Section 1905(a)(9) Clinic Services**

The state provides coverage for this benefit as defined at section §1905(a)(9) of the Social Security Act (the Act) and 42 C.F.R. 440.90 and as described as follows:

**General Assurances**

**[Select all three checkboxes below.]**

- ☒ The state assures services are furnished by a facility that is not part of a hospital in accordance with 42 C.F.R. 440.90.
- ☒ The state assures that services are furnished by facilities that are organized and operated to provide medical care to outpatients in accordance with 42 C.F.R. 440.90.
- ☒ The state assures that services are furnished under the direction of a physician or dentist in accordance with 42 C.F.R. 440.90(a).

**Types of Clinic Services and Limitations in Amount, Duration, or Scope**

**[Select if applicable, describe below, and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

- ☐ Limitations apply to all services within the benefit category.  
Click or tap here to enter text.

Types of Clinics and Services:

**[Select all that apply and describe below as applicable]**

- ☐ Behavioral Health Clinics **[Describe the types of behavioral health clinics below and select below if applicable.]:**

Click or tap here to enter text.

- ☐ Limitations apply only to this clinic type within the benefit category. **[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: KS 25-0008  
Supersedes TN: #MS #02-11

Approval Date: 6/26/2025  
Effective Date : 1/1/2025



**State Plan under Title XIX of the Social Security Act  
State/Territory: Kansas**

**Section 1905(a)(9) Clinic Services**

☒ IHS and Tribal Clinics **[Select below if applicable.]**:

☒ Limitations apply only to this clinic type within the benefit category. **[describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria].**

☐ Renal Dialysis Clinics **[Select below if applicable.]**:

☐ Limitations apply only to this clinic type within the benefit category. **[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

Click or tap here to enter text.

☒ Other Clinics **[Describe the types of clinics, if any limitations apply, and select below if applicable.]**:

Ambulatory Surgical Centers, Local Health Departments, Maternity Centers

☒ Limitations apply only to this clinic type within the benefit category. **[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

Click or tap here to enter text.

**Ambulatory Surgical Centers:**

1. Ambulatory surgical center services are limited to procedures approved by the Division of Medical Programs. Only medically necessary surgical procedures are covered with the exception that elective sterilization procedures are covered.
2. Refer to limitations described in Attachment 3.1-A, #5 (Physician Services) and #10 (Dental Services).

**Local Health Departments:**

1. Home health skilled nursing services.
  - a. Home health skilled nursing services are covered only if located in a

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**State Plan under Title XIX of the Social Security Act  
State/Territory: Kansas**

**Section 1905(a)(9) Clinic Services**

county not served by a home health agency meeting Medicare requirements. With the following exception:

- i. Home visit to the newborn. This home visit is limited to one per consumer within 28 days after the birth date of the infant and must be performed by a registered nurse.
  - b. Home health skilled nursing services require a plan of treatment developed by a physician, and certification by a physician that home health services are needed.
  - c. Home health skilled nursing services must be provided by a registered nurse.
  - d. Medical supplies include but are not limited to dressing materials, disposable syringes, colostomy supplies and catheter supplies.
2. Family planning services.
    - a. Initial family planning visits are limited to one per recipient
    - b. Annual family planning visits are limited to one per 12 months.
    - c. Interim family planning visits are limited to three per 12 months.
  3. The medical components of prenatal care are covered by designated local health departments.
  4. Health promotion and risk reduction for pregnant recipients are limited to the following components:
    - a. Risk assessment by a nurse.
    - b. Confirmation of participation in or referral to prenatal care.
    - c. Report to medical provider of recipient's participation in the program.
    - d. Report to recipient on identified risks and suggested remedial measures.
    - e. Referral to appropriate support services.
    - f. Follow-up contact each trimester following initial contact.
    - g. Counseling and teaching in at least three face-to-face contacts.
    - h. Nutrition visits for pregnant women who meet nutrition risk criteria.
  5. Laboratory services and immunizations are limited to a state agency-approved listing.
  6. Screening, diagnosis and treatment of sexually-transmitted diseases are

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**State Plan under Title XIX of the Social Security Act  
State/Territory: Kansas**

**Section 1905(a)(9) Clinic Services**

covered, with the exception of testing for Acquired Immune Deficiency Syndrome which is free of charge.

7. Nursing assessments must be performed by registered nurses.
8. Dental services as described in 3.1-A, #10 - #11 and 3.1 -A, #4.b., pages 4 & 5.
9. See Attachment 3.1-A, #4.b.7 for Clinic services limitations for children under 21 years of age.

**Maternity Centers:**

1. Maternity center services are limited to those provided by state-licensed centers.
2. Services are limited to normal labor and delivery.

**Four Walls Exceptions**

The state assures that the following services may be furnished outside of the clinic **[Select the first and second checkbox; Do not select the second checkbox if the state does not enroll IHS or Tribal facilities as providers of clinic services.]**:

☒ Services furnished outside the clinic, by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address in accordance with 42 C.F.R. 440.90(b).

☒ Services furnished outside a clinic that is a facility of the Indian Health Service, whether operated by the Indian Health Service (IHS) or by a Tribe or Tribal organization (as authorized by the Indian Self-Determination and Education Assistance Act (ISDEAA), Pub. L. 93-638), by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(c).

The state elects to cover the following services outside of the clinic **[Select all that apply.]**:

☐ Services furnished outside of a clinic that is primarily organized for the care and treatment of outpatients with behavioral health disorders, including mental health and

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**State Plan under Title XIX of the Social Security Act**  
**State/Territory: Kansas**

**Section 1905(a)(9) Clinic Services**

substance use disorders, by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(d) **[Describe the types of behavioral health clinics such exception applies to below.]**:

☐ Services furnished outside of a clinic that is located in a rural area and is not a rural health clinic (as referenced in section §1905(a)(2)(B) of the Act and 42 C.F.R. 440.20(b) of this subpart) by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(e) **[Select one of the checkboxes below and describe the definition of a rural area that applies to this exception.]**:

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**Section 1905(a)(9) Clinic Services**

**Four Walls Exceptions (continued)**

☐ A definition adopted and used by a federal governmental agency for programmatic purposes **[Describe below.]**:

Click or tap here to enter text.

☐ A definition adopted by a state governmental agency with a role in setting state rural health policy **[Describe below.]**:

Click or tap here to enter text.

The state attests that **[Select the checkbox if the state elects to cover services outside of a clinic that is located in a rural area.]**:

☐ The selected definition of a rural area best captures the population of rural individuals that meets more of the four criteria that mirror the needs and barriers to access experienced by individuals who are unhoused:

- The population experiences high rates of behavioral health diagnoses or difficulty accessing behavioral health services;
- The population experiences issues accessing services due to lack of transportation;
- The population experiences a historical mistrust of the health care system; and
- The population experiences high rates of poor health outcomes and mortality.

**Additional Benefit Description (Optional)**

At its option the state may provide additional descriptive information about the benefit, beyond what is included in the federal statutory and regulatory definitions and descriptions. **[Describe below.]**:

Click or tap here to enter text.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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