

## **Table of Contents**

**State/Territory Name: KANSAS**

**State Plan Amendment (SPA) #: KS-25-0012**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
230 South Dearborn  
Chicago, Illinois 60604



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**Financial Management Group**

July 30, 2025

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

RE: KS-25-0012

Dear Medicaid Director Osterlund,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Kansas State Plan Amendment (SPA) to Attachment 4.19-B KS-25-0012, which was submitted to CMS on May 28, 2025. This plan amendment adds the reimbursement rate for Women, Infants and Children (WIC) supplement.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of May 1, 2025. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Ysabel Gavino via email at [Maria.Gavino@cms.hhs.gov](mailto:Maria.Gavino@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 1 2

2. STATE

KS3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL  
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR

CENTERS FOR MEDICAID &amp; CHIP SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

May 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

1905(a)(7)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025\$ 0b. FFY 2026\$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B#12.c.1., Page 1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT

Kansas Medicaid is the primary payor for exempt enteral formula for normal daily nutrition for members, age 0 through age 4, with an Inherited Error of Metabolism (IEM), specified gastrointestinal disorders or specified malabsorption disorders. The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is the secondary payor.

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

May 28, 2025

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

May 28, 2025

17. DATE APPROVED

July 30, 2025

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

May 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillon

21. TITLE OF APPROVING OFFICIAL

Director, FMG Division of Reimbursement Review

22. REMARKS

## KANSAS MEDICAID STATE PLAN

Attachment 4.19B

#12.c.1.

Page 1

### Methods and Standards for Establishing Payment Rates

#### **Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)**

##### Normal Daily Enteral Nutrition for Age 0 Through Age 4

Kansas Medicaid is the primary payor for exempt enteral formula for normal daily nutrition for members, age 0 through age 4, with an Inherited Error of Metabolism (IEM), specified gastrointestinal disorders or specified malabsorption disorders. The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is the secondary payor.

Reimbursement will be invoiced at provider cost plus 35%. A valid invoice is required when billing for these products.