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State/Territory Name: KS

State Plan Amendment (SPA) #: 25-0023

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 SERVICE Center
for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

December 1, 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-25-0023

Dear Director Osterlund:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0023. This amendment proposes to update the coverage for clinic services of the “four walls” of Indian Health Service (HIS)/Tribal clinics to implement the exception for rural counties.

We conducted our review of your submittal according to the statutory requirements in Section 1905(a)(9) of the Social Security Act and implemented regulations at 42 C.F.R. §440.90. This letter informs you that Kansas’ Medicaid SPA TN 25-0023 was approved on December 1, 2025, effective August 28, 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.

Sincerely,

Wendy E. Hill Petras, Acting Director
Division of Program Operations

Enclosures

cc: William Stelzner, Division of Health Care Finance
Amanda Corneliusen, Division of Health Care Finance

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 2 3

2. STATE

KS3. 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

August 28, 2025

5. FEDERAL STATUTE/REGULATION CITATION

1905(a)(9)

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 3.1-A, #9, CMS Preprint~~

Attachment 3.1-A, #9, Pages 1-5

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)~~Attachment 3.1-A, #9, CMS Preprint~~

Attachment 3.1-A, #9, Pages 1-5 (TN 25-0008)

Attachment 3.1-A, #9, Page 6 (DELETED)

9. SUBJECT OF AMENDMENT

Formal CMS approval of Attachment 3.1-A, #9, CMS Preprint, Companion Letter for approved SPA, KS-25-0008.

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 Designee12. TYPED NAME
Christine Osterlund13. TITLE
Medicaid Director14. DATE SUBMITTED
September 30, 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 ONLY16. DATE RECEIVED
September 30, 2025

17. DATE APPROVED

December 1, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

August 28, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Wendy E. Hill Petras

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

State authorized pen and ink change on 12/01/2025

**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 25-0023

Supersedes TN: KS 25-0008

Approval Date: 12/01/2025

Effective : 8/28/2025

**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:

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.

Maternity Centers:

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

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

Section 1905(a)(9) Clinic Services

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 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.]**:

HRSA

The State of Kansas uses the HRSA definition of rural which notes the following areas as rural:

- Non-metropolitan counties
- Outlying metropolitan counties with no population from an urban area of 50,000 or more people
- Census tracts with RUCA codes 4-10 in metropolitan counties
- Census tracts of at least 400 square miles in area with population density of 35 or fewer people per square mile with RUCA codes 2-3 in metropolitan counties
- Census tracts with RRS 5 and RUCA codes 2-3 that are at least 20 square miles in area in metropolitan counties

Based on 2020 Census data, FORHP considers 20.3% of the population (62.8 million people) and 87.4% of the land area of the country to be rural.

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

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

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Section 1905(a)(9) Clinic Services

- 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.

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