

Table of Contents

State/Territory Name: Kansas

State Plan Amendment (SPA) #: 25-0024

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) 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

January 20, 2026

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-25-0024

Dear Director Osterlund:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0024. This amendment proposes to remove the end date for coverage of medication-assisted treatment (MAT) in accordance with the Consolidated Appropriations Act (CAA) of 2024.

We conducted our review of your submittal according to statutory requirements in Section 1905(a)(29) of the Social Security Act. This letter informs you that Kansas' Medicaid SPA TN 25-0024 was approved on January 16, 2026, with an effective date of October 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.

Sincerely,

Nicole McKnight
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 4

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

October 1, 20255. FEDERAL STATUTE/REGULATION CITATION
1905(a)(29)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2026\$ 0b. FFY 2027\$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

~~Supplement to Attachment 3.1-A New prpnt~~~~Supplement to Attachment 3.1-B New prpnt~~Att 4.19b - Supplement 2, Page 1Attachment 3.1-A, Page 11a (NEW)Attachment 3.1-B, Page 10a (NEW)Attachments 3.1-A&B, Supplement MAT, Pages 1-48. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)~~Supplement to Attachment 3.1-A (Replaced)~~~~Supplement to Attachment 3.1-B (Replaced)~~Attachment 4.19b - Supplement 2, Page 1 (TN: 21-0007)Attachments 3.1-A&B, Supplement MAT, Pages 1-2 (TN: 21-0007)Attachments 3.1-A&B, Supplement MAT, Pages 3-4 (TN: 23-0029)Attachment 3.1-A, Supplement (MAT), Pages 5-7 (DELETED)Attachment 3.1-B, Supplement, Pages 5-7 (DELETED)

9. SUBJECT OF AMENDMENT

Per the statutory requirements in the Consolidated Appropriations Act, 2024 (CAA,2024), the state amends the 1905(a)(29) Medication-Assisted Treatment benefit of the Kansas Medicaid State Plan to not sunset on September 30, 2025.

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 Osterlund13. TITLE
Medicaid Director14. DATE SUBMITTED
October 22, 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

October 22, 2025

17. DATE APPROVED

January 16, 2026**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Nicole McKnight

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

Blocks 7 & 8: State approved pen and ink changes on 01/16/2026.

State Plan under Title XIX of the Social Security Act
State/Territory: [Select State or Territory]

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Citation: 3.1-A Amount, Duration, and Scope of Services

[Please check the box below to indicate if this benefit is provided for the categorically needy (3.1-A) or medically needy only (3.1-B)]

☒ 1905(a)(29) MAT as described and limited in Supplement MAT to Attachment 3.1-A.

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)(29) 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 #68). 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-25-0024
Supersedes TN: NEW

Approval Date: 1/16/2026
Effective Date: 10/1/2025

State Plan under Title XIX of the Social Security Act
State/Territory: [Select State or Territory]

Section 1905(a)(29) Medication Assisted Treatment (MAT)

General Assurances

[Select all three checkboxes below.]

☒ MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020.

☒ The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

☒ The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.

Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT: **[Please describe in the text fields as indicated below.]**

Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

Click or tap here to enter text.

- Individual/Group Therapy refers to the therapeutic interaction between a patient or patients and a counselor intended to improve, eliminate, or manage one or more of a patient's opioid use disorder.
- Peer Support Services are designed to promote skills to cope with and manage opioid use disorder symptoms while facilitating the use of natural resources and the enhancement of community living skills.

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State Plan under Title XIX of the Social Security Act
State/Territory: [Select State or Territory]

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Please include each practitioner and provider entity that furnishes each service and component service.

Click or tap here to enter text.

- i. Individual/Group Therapy (The listed providers may provide individual therapy, group therapy, or both. They do not provide peer support services.)
 - Licensed Social Workers
 - Licensed Professional Counselors
 - Licensed Addiction Counselors
 - Licensed Marriage and Family Therapists
 - Licensed Psychologists
 - Physicians, Nurse Practitioners and Physician Assistants
 - Clinical Nurse Specialists, Certified Registered Nurse Anesthetists, and Certified Nurse Midwives are included in the provider types approved for MAT services, per the 2018 SUPPORT Act requirements.
- ii. Peer Support Services (The listed providers provide peer support services. They do not provide individual therapy nor group therapy.)
 - Peer Specialists
 - Peer Mentors
 - Parent Peer Specialists

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State Plan under Title XIX of the Social Security Act
State/Territory: [Select State or Territory]

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

Click or tap here to enter text.

- i. Individual/Group Therapy
 - Physicians and Physician Assistants must meet the requirements established by licensure with the Kansas State Board of Healing Arts.
 - Nurse Practitioners, Clinical Nurse Specialists, Certified Nurse Midwives, and Certified Registered Nurse Anesthetists must meet the requirements established for licensure with the Kansas State Board of Nursing.
 - Licensed Social Workers, Licensed Professional Counselors, Licensed Addiction Counselors, Licensed Marriage and Family Therapists, and Licensed Psychologists must meet the requirements established for licensure with the Kansas Behavioral Sciences Regulatory Board.
- ii. Peer Support Services
 - Peer Support Specialists, Peer Mentors, and Parent Peer Specialists must be at least 18 years old and at least 3 years older than a client under 18 years of age. Have a high school diploma or equivalent. Certification in the State of Kansas to provide peer support service, which includes criminal, abuse/neglect registry and professional background checks, and completion of a standardized basic training program. Self-identify to have had life experience with a diagnosed mental health or addiction disorder and be in sustained recovery for a minimum of one year. Parent Peer Specialists must have lived experience in the behavioral health area in which they work.

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State Plan under Title XIX of the Social Security Act
State/Territory: [Select State or Territory]

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Utilization Controls**[Select all applicable checkboxes below.]**

- ☒ The state has drug utilization controls in place. (Check each of the following that apply)
- ☒ Generic first policy
 - ☒ Preferred drug lists
 - ☒ Clinical criteria
 - ☒ Quantity limits
- ☐ The state does not have drug utilization controls in place.

Limitations**[Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.]**

Click or tap here to enter text.

Drugs/biologicals:

- For MAT drugs dispensed by a pharmacy,
 - Quantity limits as determined by the state.
 - Rebate eligible NDC first policy.
 - Max milligram per day for some MAT drugs.
- For MAT drugs administered by a practitioner, the allowed frequency of administration is based upon the FDA approved dosing intervals and Medicare billing guidelines.

Counseling and behavioral therapies:

- Determined by medical necessity.

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State/Territory: [Select State or Territory]

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Citation: 3.1-B Amount, Duration, and Scope of Services

[Please check the box below to indicate if this benefit is provided for the categorically needy (3.1-A) or medically needy only (3.1-B)]

☒ 1905(a)(29) MAT as described and limited in Supplement MAT to Attachment 3.1-B.

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TN:KS-25-0024
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State Plan under Title XIX of the Social Security Act
State/Territory: [Select State or Territory]

Section 1905(a)(29) Medication Assisted Treatment (MAT)

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1905(a)(29) Medication-Assisted Treatment (MAT)

Effective October 1, 2020, Medication-Assisted Treatment (MAT) services for the treatment of opioid use disorder (OUD) are added to the state plan.

Unbundled MAT drugs/biologics approved for OUD treatment, that are dispensed by a pharmacy, are reimbursed using the NADAC Lesser of Methodology, outlined in Attachment 4.19-B, #12. a., Pages 1, 1.1, and 1.2 of the State Plan. The professional dispensing fee is the same as for all Covered Outpatient Drugs (CODs).

Unbundled MAT drugs/biologics approved for OUD treatment that are administered by a practitioner are reimbursed at 100% of the current Medicare Part B drug rate. If there is not a Medicare Part B drug rate, the reimbursement rate will be the Wholesale Acquisition Cost (WAC). This rate aligns with the current drug reimbursement rate for Physician Administered Drugs (PADs), found in Attachment 4.19-B, #12. a., Pages 1, 1.1, and 1.2 of the State Plan.

For MAT drugs/biologics approved for OUD treatment that are administered by a practitioner, and are part of a bundled payment, the drug portion of the bundled rate is reimbursed at 100% of the current Medicare Part B rate. If there is not a Medicare Part B drug rate, the reimbursement rate will be the Wholesale Acquisition Cost (WAC).

MAT services for OUD treatment are reimbursed at 65% of current Medicare rates.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of MAT services. The agency's fee schedule rate for MAT services was set as of October 1, 2020 and is effective for this service provided on or after that date. The agency's established fee schedule rates are published on the agency's website at <https://portal.kmap-state-ks.us/PublicPage/ProviderPricing/Disclaimer?searchBy=ScheduleList>

This link will take the user to a page titled "Reference Copyright Notice." Scroll to the bottom of the page and click on the word "Accept" to access the fee schedule. The next page that appears is titled "KMAP Fee Schedules."

To access a fee schedule:

- a. Select the program from the drop-down list -TXIX;
- b. Choose the type of rates – Medicaid;
- c. After choosing the rate type, the user will see a list of the current and historical versions of the corresponding schedule
- d. Click the schedule TXIX.