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State/Territory Name: Kansas

State Plan Amendment (SPA) #: 26-0001

This file contains the following documents in the order listed:

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

September 1, 2026

Christine Osterlund
Medicaid Director
Deputy Secretary of Agency Integration and Medicaid
Kansas Department of Health and Environment
Division of Health Care Finance
Landon State Office Building
900 SW Jackson, Room 900-N
Topeka, KS 66612-1220

Re: Kansas State Plan Amendment (SPA) – 26-0001

Dear Director Osterlund:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) KS-26-0001. This amendment proposes to allow EMS providers to receive reimbursement for treatment rendered in response to an emergency call to a member's home or other location, when transportation to the hospital emergency room (ER) is not provided.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations Section 1905(a)(6), 42 CFR 447. This letter informs you that Kansas's Medicaid SPA TN KS-26-0001 was approved on September 1, 2026, with an effective date of July 1, 2026.

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 Tyson Christensen at (816) 426-6440 or via email at Tyson.Christensen@cms.hhs.gov.

Sincerely,

Megan K. Buck
Director, Division of Program Operations

Enclosures

cc: William C. Stelzner

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 26 — 0001

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
July 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION
Section 1905(a)(6), 42 CFR 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 $ 1,734
b. FFY 2027 $ 6,935

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-A #6.d., Page 4 NEW
Attachment 4.19-B #6.d.

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Attachment 4.19-B #6.d.

9. SUBJECT OF AMENDMENT

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

12. TYPED NAME
Christine Osterlund

13. TITLE
Medicaid Director

14. DATE SUBMITTED
June 9, 2026

15. RETURN TO

FOR CMS USE ONLY

16. DATE RECEIVED
June 9, 2026

17. DATE APPROVED
September 1 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2026

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Megan K. Buck

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

Instructions on Back

Other Practitioners' Service Limitations

6. Emergency Medical Service (EMS) Providers, Emergency Triage, Treat, and Transport (ET3):

   A. Emergency Medical Technicians
   Licensed Emergency Medical Technicians (EMT) may provide services within their scope of practice as defined under state law.

   B. Advanced Emergency Medical Technicians
   Licensed Advanced Emergency Medical Technicians (AEMT) may provide services within their scope of practice as defined under state law.

   C. Paramedics
   Licensed Paramedics may provide services within their scope of practice as defined under state law.

KANSAS MEDICAID STATE PLAN

Attachment 4.19-B
#6.d.

Other Practitioner's Services
Methods and Standards for Establishing Payment Rates

Reimbursement for services is based upon a Medicaid fee schedule established by the State of Kansas.

Effective January 1, 2022, additional varicose vein treatment modalities reimbursement rates have been added to the plan.

Effective January 1, 2023, reimbursement rates for LMHP visits in nursing facilities have been added to the state plan.

Effective July 1, 2023, reimbursement rates for Community Health Workers have been added to the state plan.

Effective August 1, 2023, reimbursement rates for Pharmacists as Providers have been added to the state plan.

Effective July 1, 2024, reimbursement rates for Sleep Study Services have been added to the state plan.

Effective July 1, 2026, reimbursement rates for Emergency Medical Service (EMS) Providers have been added to the state plan.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers for the above services. The agency's fee schedule rate was set as of July 1, 2026 and is effective for services 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.