

State of Kansas
Kansas Department of Health and Environment
Division of Health Care Finance
Public Notice

The Kansas Department of Health and Environment, Division of Health Care Finance (KDHE-DHCF) is amending the Kansas Medicaid State Plan. Kansas Medicaid fee-for-service beneficiaries will no longer be charged copays.

The proposed effective date for the State Plan Amendment (SPA) is January 1, 2024.

Fee-For-Service Only	Estimated Federal Financial Participation
FFY 2024	\$ 2,020
FFY 2025	\$ 2,811

To request a copy of the proposed SPA, to submit a comment, or to review comments, please contact William C. Stelzner by email at william.stelzner@ks.gov , or by mail:

William C. Stelzner
Kansas Department of Health and Environment
Division of Health Care Finance
900 SW Jackson, Room 900N
Topeka, KS 66612.

The last day for public comment is January 15, 2024.

Draft copies of the proposed SPA may also be found at a Local Health Department (LHD).

Christine Osterlund
Medicaid Director
Deputy Secretary of Agency Integration and Medicaid
Division of Health Care Finance
Kansas Department of Health and Environment



Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 0938-1148

Transmittal Number: KS - 24 - 0003

Cost Sharing Requirements	G1
1916 1916A 42 CFR 447.50 through 447.57 (excluding 447.55)	
The state charges cost sharing (deductibles, co-insurance or co-payments) to individuals covered under Medicaid.	<input type="text" value="No"/>

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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