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.

<table>
<thead>
<tr>
<th>Fee-For-Service Only</th>
<th>Estimated Federal Financial Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>FFY 2024</td>
<td>$ 2,020</td>
</tr>
<tr>
<td>FFY 2025</td>
<td>$ 2,811</td>
</tr>
</tbody>
</table>

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: Kansas
Transmittal Number: KS - 24 - 0003

<table>
<thead>
<tr>
<th>Cost Sharing Requirements</th>
<th>G1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1916</td>
<td></td>
</tr>
<tr>
<td>1916A</td>
<td></td>
</tr>
<tr>
<td>42 CFR 447.50 through 447.57 (excluding 447.55)</td>
<td></td>
</tr>
</tbody>
</table>

The state charges cost sharing (deductibles, co-insurance or co-payments) to individuals covered under Medicaid.  

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.