DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: SPA #09-02	2. STATE Kansas
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE April 1, 2009	
5. TYPE OF PLAN MATERIAL (Check One):  NEW STATE PLAN  AMENDMENT TO BE		
□ NEW STATE PLAN □ AMENDMENT TO BE CONSIDERED AS NEW PLAN X AMENDMENT  COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION:		amendment)
42 CFR 440.70(a)(1)		,010,209 ,035,464
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A, Page 30	9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable) Attachment 4.19-A, Page 30	EDED PLAN SECTION
10. SUBJECT OF AMENDMENT: Disproportionate Share Hospital		
11. 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	X OTHER, AS SPEC Marcia J Nielsen, Governor's Desig	PhD, MPH is the
12. SIGNATURE OF STATE AGENCY OFFICIAL:  13. TYPED NAME:	16. RETURN TO:  Marcia J Nielsen, PhD, MPH Kansas Health Policy Authority Landon State Office Building 900 SW Jackson, Room 900-N Topeka, KS 66612-1220	
for Marcia J Nielsen, PhD, MPH 14. TITLE:		
Executive Director of the Kansas Health Policy Authority		
15. DATE SUBMITTED: March 13, 2009		
AR + 120	MELEUSE ONLY  ME APPROVED  S-20-04  E COPY ATTACHED  SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPE NAME: WILLIAM LASOUSKI T	The Party Director	CMSo
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