

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
SPA #10-02

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
January 1, 2010

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2010 \$(495,053) 330,435
b. FFY 2011 \$(999,066) -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-D, Part II, Subpart O, Exhibit 0-1, Page 1a (New)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

10. SUBJECT OF AMENDMENT:
ICFs/MR Payment Reduction

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 SPECIFIED:
Andy Allison, PhD. is the
Governor's Designee

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Barbara E. Longren

16. RETURN TO:

Andy Allison, PhD.
Kansas Health Policy Authority
Landon State Office Building
900 SW Jackson, Room 900-N
Topeka, KS 66612-1220

13. TYPED NAME:

for Andy Allison, PhD.

14. TITLE:

Executive Director of the Kansas Health Policy Authority

15. DATE SUBMITTED:

March 5, 2010

FOR REGIONAL OFFICE USE ONLY

7. DATE RECEIVED:

March 8, 2010

18. DATE APPROVED:

NOV 17 2010

PLAN APPROVED - ONE COPY ATTACHED

9. EFFECTIVE DATE OF APPROVED MATERIAL:

JAN - 1 2010

20. SIGNATURE OF REGIONAL OFFICIAL:

Cindy Mann

11. TYPED NAME:

CINDY MANN

22. TITLE:

DIRECTOR, CMCS

13. REMARKS:

Pen & ink change made to block #7