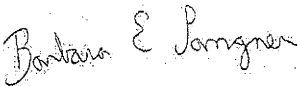



Revised 5/27/11

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  FOR: HJHEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: SPA # 11-02	2. STATE Kansas
		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, 2011	
5. TYPE OF PLAN MATERIAL (Check One):  <input checked="" type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 435.222, 1902(a)(1)(O)(A)(i)(III) and 1902(a)(1)(O)(A)(i)(VIII) of the Act		7. FEDERAL BUDGET IMPACT: a. FFY 2011                      \$ 12,484 b. FFY 2012                      \$ 13,968	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Supplement Sb to Attachment 2.6-A, Page 2 (New) Attachment 2.2-A, Page 14		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable):  Attachment 2.2-A, Page 14	
10. SUBJECT OF AMENDMENT: Indicating disregards of resources for additional groups of children as required for CHIPRA bonus payments.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED                      Andy Allison, Ph.D. is the <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL                      Governor's Designee			
12. SIGNATURE OF STATE AGENCY OFFICIAL:  		16. RETURN TO: Andy Allison, Ph.D. Kansas Health Policy Authority Landon State Office Building 900 SW Jackson, Room 900-N Topea, KS 66612-1220	
13. TYPED NAME: for Andy Allison, Ph.D.			
14. TITLE: Executive Director of the Kansas Health Policy Authority			
15. DATE SUBMITTED: March 15, 2011			

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: March 16, 2011	18. DATE APPROVED: June 2, 2011
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2011	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: James G. Scott	22. TITLE: Associate Regional Administrator for Medicaid and Children's Health Operations
23. REMARKS:	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: \_\_\_\_\_ Kansas \_\_\_\_\_

MORE LIBERAL METHODS OF TREATING RESOURCES  
UNDER THE SECTION 1902(r)(2) OF THE ACT

- Disregard all resources when determining the eligibility of reasonable classifications of children under 42 CFR 435.222; and Qualified Children under 1902(a)(10)(A)(i)(III).

State: Kansas

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Agency	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

XIX 1902(A)(10)  
(A)(ii)(VIII)  
of the Act

8. A child for whom there is in effect a State adoption assistance agreement (other than under title IV-E of the Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care, and who before execution of the agreement
- a. Was eligible for Medicaid under the State's approved Medicaid plan; or
  - b. Would have been eligible for Medicaid if the standards and methodologies of the title IV-E foster care program were applied rather than the AFDC standards and methodologies.

The State covers individuals under the age of

21  
 20  
 19  
 18

There is no income test or resource test for this eligibility group.