DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED

HEALTH CARE FINANCING ADM INISTRATION		OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRAN SMITTAL N UMBER:	2. STATE
STATE PLAN MATERIAL	SPA #11-03	Kansas
EOD. HEAT THE CADE BIN ANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADM INISTRATION		
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TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	July 1, 201 1	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):		
,		
O NEW STATE PLAN O AMENDMENT TO BE	CONSIDERED AS NEW PLAN	X AM ENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN		
	*	amenameni)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
	a. FFY 201 I \$	0
	b. FFY 2012 \$	0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	
Preprint pages 1, 2, 7 & 89	OR ATTACHMENT (If Applicable).	•
Attachment 1.1-A	Preprint pages I, 2, 7 & 89	
Attachment 1.2-A, Pages 1 & 2	Attachment 1 .1-A	
Attachment 1.2-B, Pages 1 & 1a (New)	Attachment 1.2-A, Pages 1 & 2	
Attachment 1.2-C, Page 1	Attachment 1.2-B, Page I	
Attachment 1.2-D	Attachment 1.2-C, Pages I & 2	
	Attachment 1.2-C, 1 ages 1 & 2	
10. SUBJECT OF AMENDMENT:	Attachment 1.2-D	
Kansas Department of Health and Environment, Division of Health Ca	ora Financa Daorganization	
Kansas Department of Hearth and Environment, Division of Hearth Ca	are rinance Reorganization	
11. GOVERNOR'S REVIEW (Check One):		
OGOVERNOR'S OFFICE REPORTED NO COMMENT	X . OTHER, AS SP	ECIFIED:
OCOMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Andy Allison, Ph	D. is the Governor's
ONO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	Designee	
	8	
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
	Andy Allison, PhD.	
Barbara E Jangner	Kansas Health Policy Authority	
He Jane C Jongree		
J	Landon State Office Building	
13. TYPED NAME:	900 SW Jackson, Room 900-N	
	Topeka, KS 66612-1 220	
for Andy Allison		
14. TITLE:		
Executive Director of the Kansas Health Policy Authority		
15. DATE SUBMITTED:		
May 11, 2011		
FOR REGIONAL O	FFICE USE ONLY	
17 DATE RECEIVED:	18 DATE APPROVED:	Mary -
May 11, 2011 PLAN APPROVED - ON	Tune 28 201	1 marketing to the second
PLAN APPROVED ON	NE COPY ATTACHED	4 (1997)
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20 SIGNATURE OF REGIONAL O	EDICIAL
JULY A DOLL	20. SIGNATURE OF REGIONAL O	THICIAL
21. TYPED NAME: Leticia Barrara	22. TITLE: Acting Associate for Medicaid and Children	Dais and Administration
21. TITED NAME.	22. TITLE: HOTHING HSSACIATE	REGIONAL HUMINISME
22 DEMARKS	for Medicaid and Children	5 Health Operation
23. REMARKS:		100 miles
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FORM HCFA-179 (07-92)		

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