

Revised 6-27-11

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: SPA #11-03	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 July 1, 2011	
5. TYPE OF PLAN MATERIAL (Check One): <input type="radio"/> NEW STATE PLAN <input type="radio"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="radio"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (See separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT: a. FFY 2011 \$ 0 b. FFY 2012 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Preprint pages 1, 2, 7 & 89 Attachment 1.1-A Attachment 1.2-A, Pages 1 & 2 Attachment 1.2-B, Pages 1 & 1a (New) Attachment 1.2-C, Page 1 Attachment 1.2-D		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Preprint pages 1, 2, 7 & 89 Attachment 1.1-A Attachment 1.2-A, Pages 1 & 2 Attachment 1.2-B, Page 1 Attachment 1.2-C, Pages 1 & 2 Attachment 1.2-D	
10. SUBJECT OF AMENDMENT: Kansas Department of Health and Environment, Division of Health Care Finance Reorganization			
11. GOVERNOR'S REVIEW (Check One): <input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="radio"/> OTHER, AS SPECIFIED: <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Andy Allison, PhD. is the Governor's <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Designee			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Barbara E. Langner</i>		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			
14. TITLE: Executive Director of the Kansas Health Policy Authority			
15. DATE SUBMITTED: May 11, 2011			

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: <i>May 11, 2011</i>	18. DATE APPROVED: <i>June 28, 2011</i>
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <i>July 1, 2011</i>	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Leticia Barraza</i>
21. TYPED NAME: <i>Leticia Barraza</i>	22. TITLE: <i>Acting Associate Regional Administrator for Medicaid and Children's Health Operations</i>
23. REMARKS:	

KANSAS MEDICAID STATE PLAN