

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

1. TRANSMITTAL NUMBER:  
SPA #09-08

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  
September 4, 2009

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~~ 2009 \$ 0  
 b. FFY ~~2011~~ 2010 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-A, Page 30

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Attachment 4.19-A, Page 30

10. SUBJECT OF AMENDMENT:

Disproportionate Share Hospital (DSH)

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. Pangora for Andy Allison*

13. TYPED NAME:

for Andy Allison, PhD.

14. TITLE:

Acting Executive Director of the Kansas Health Policy Authority

15. DATE SUBMITTED:

September 2, 2009

16. RETURN TO:

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

**FDA REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED:

*11-5-09*

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

*SEP - 4 - 2009*

20. SIGNATURE OF REGIONAL OFFICIAL:

*William Lasowski*

21. TYPE NAME:

*William Lasowski*

22. TITLE:

*Deputy Director, CMSO*

23. REMARKS:

*Per a ic change made to block # 7*