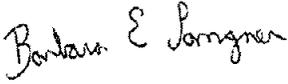


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: SPA #09-09	2. STATE Kansas
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2009	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <input 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 (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT: a. FFY 2009 \$(223,200) b. FFY 2010 \$(446,400)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-F, Pages 1, 2, 4, 5, 6, 7, 8, 10, 11, 12, 13, 14 & 17		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-F, Pages 1, 2, 4, 5, 6, 7, 8, 10, 11, 12, 13, 14 & 17	
10. SUBJECT OF AMENDMENT: Enhanced Care Management (ECM)			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> 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: 		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: Acting Executive Director of the Kansas Health Policy Authority			
15. DATE SUBMITTED: September 2, 2009			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: <i>September 3, 2009</i>		18. DATE APPROVED: <i>October 28, 2009</i>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <i>July 1, 2009</i>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <i>James G. Scott</i>		22. TITLE: <i>Associate Regional Administrator for Medicaid & Children's Health Operations</i>	
23. REMARKS:			