

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Center for Medicaid, CHIP, and Survey & Certification

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

NOV 17 2010

RE: KS 10-002:

Dear Dr. Allison:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 10-002. Effective for dates of service from January 1, 2010 through June 30, 2010, this amendment reduces intermediate care facility for the mentally retarded payment rates by 10%.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. This letter informs you that Medicaid State plan amendment 10-002 is approved effective January 1, 2010. We are enclosing the HCFA-179 and the amended plan pages.

If you have any questions, please call Tim Weidler at (816) 426-6429.

Sincerely,


Cindy Mann
Director, CMCS

Enclosures