

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	<b>1. TRANSMITTAL NUMBER:</b> SPA #10-10	<b>2. STATE</b> Kansas
	<b>3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b> Medicaid	
<b>TO: REGIONAL ADMINISTRATOR</b> HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	<b>4. PROPOSED EFFECTIVE DATE</b> July 1, 2010	

**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)

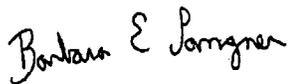
<b>6. FEDERAL STATUTE/REGULATION CITATION:</b>  42 CFR 447.201, 42 CFR 442.10	<b>7. FEDERAL BUDGET IMPACT:</b> a. FFY 2010      \$11,675,000.00 <sup>790,258</sup> b. FFY 2011      \$35,000,000.00 <sup>23,715,773</sup>
<b>8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:</b>  See Attached	<b>9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):</b>  See Attached

**10. SUBJECT OF AMENDMENT:**

Methods and standards for establishing nursing facility payment rates.

**11. GOVERNOR'S REVIEW (Check One):**

GOVERNOR'S OFFICE REPORTED NO COMMENT     
  OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Barbara Langner is the  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      Governor's Designee

<b>12. SIGNATURE OF STATE AGENCY OFFICIAL:</b>  	<b>16. RETURN TO:</b> Barbara E Langner Medicaid Director Kansas Health Policy Authority 900 SW Jackson, Room 900N Topeka, KS 66612-1220
<b>13. TYPED NAME:</b> Barbara E Langner	
<b>14. TITLE:</b> Medicaid Director, Kansas Health Policy Authority	
<b>15. DATE SUBMITTED:</b> July 29, 2010	

**FOR REGIONAL OFFICE USE ONLY**

<b>17. DATE RECEIVED:</b>	<b>18. DATE APPROVED:</b>  for CM      02-02-11
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PLAN APPROVED - ONE COPY ATTACHED

<b>19. EFFECTIVE DATE OF APPROVED MATERIAL:</b> JUL - 1 2010	<b>20. SIGNATURE OF REGIONAL OFFICIAL:</b> 
<b>21. TYPED NAME:</b> William Lasowski	<b>22. TITLE:</b> Deputy Director, CMCS

**23. REMARKS:**

Pen & ink change made to block # 7