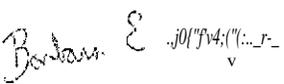
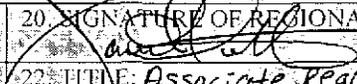


<p><b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b></p>		<p>1. TRANSMITTAL NUMBER: SPA #11-06</p>	<p>2. STATE Kansas</p>
<p>FOR: HEALTH CARE FINANCING ADMINISTRATION</p>		<p>3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</p>	
<p>TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>		<p>4. PROPOSED EFFECTIVE DATE June 1, 2011</p>	
<p>5. TYPE OF PLAN MATERIAL (Check One):</p> <p><input type="radio"/> NEW STATE PLAN                      <input type="radio"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN                      <input checked="" type="radio"/> AMENDMENT</p> <p>COV1PLETE BLOCKS 6 THRU 10 IF THIS IS AN ALIEN DIVER (See Jarale Ii-onsn1ttal_for ('Och a1ne11dn1e11i))</p>			
<p>6. FEDERAL STATUTE/REGULATION CITATION: Section 6505 of the Affordable Care Act</p>		<p>7. FEDERAL BUDGET IMPACT:</p> <p>a. FFY 2011                      \$ 0</p> <p>b. FFY 2012                      \$ 0</p>	
<p>8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Preprint 4.44</p>		<p>9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable):</p>	
<p>10. SUBJECT OF AMENDMENT: Prohibition on Payments to Institutions or Entities Located Outside of the United States</p>			
<p>11. GOVERNOR'S REVIEW (Check One):</p> <p><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, Ph.D. is the <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL                      Governor's Designee</p>			
<p>12. SIGNATURE OF STATE AGENCY OFFICIAL:</p> 		<p>16. RETURN TO: Andy Allison, Ph.D. Kansas Health Policy Authority Landon State Office Building 900 S/V Jackson, Room 1900-i Topeka, KS 66612-1220</p>	
<p>13. TYPED NAME: for Andy Allison, PH.D.</p>			
<p>14. TITLE: Executive Director of the Kansas Health Policy Authority</p>			
<p>15. DATE SUBMITTED: April 22, 2011</p>			
<p><b>FOR REGIONAL OFFICE USE ONLY</b></p>			
<p>17. DATE RECEIVED: April 22, 2011</p>		<p>18. DATE APPROVED: May 2, 2011</p>	
<p>PLAN APPROVED - ONE COPY ATTACHED</p>			
<p>19. EFFECTIVE DATE OF APPROVED MATERIAL: June 1, 2011</p>		<p>20. SIGNATURE OF REGIONAL OFFICIAL: </p>	
<p>21. TYPED NAME: James G. Scott</p>		<p>22. TITLE: Associate Regional Administrator for Medicaid and Children's Health Operations</p>	
<p>23. REMARKS:</p>			

STATE PLAN UNDER TITLE XIX OF THE: SOCIAL SECURITY ACT

State/Territory: Kansas

**PROPOSED SECTION 4 - GENERAL PROGRAM ADMINISTRATION**

4.44 Medicaid Prohibition on Payments to Institutions or Entities [located Outside of the United States

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Citation

Section 1902(a)(80) of the Social Security Act, P.L. 111-148 (Section 6505)

X The State shall not provide any payments for items or services provided under the State Plan or under a waiver to any financial institution or entity located outside of the United States.

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TN No.: #11-06

Supersedes

TN No.: New

Approval Date:  **06/01/2011**

Effective Date: 06/01/11