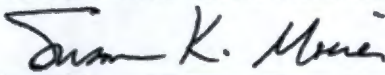


<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: SPA #KS 12-03	2. STATE Kansas
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE August 3, 2012	
5. TYPE OF PLAN MATERIAL (Check One):			
<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 (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT:	
		a. FFY 2012 \$ (29,259)	
		b. FFY 2013 \$ 413,127	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
Attachment 3.1-A, #12.a., Page 5 Attachment 3.1-A, #6d, Page 1 Attachment 4.19-B, #12.a., Page 1 Attachment 4.19-B, #6d, Page 1 (New Page)		Attachment 3.1-A, #12.a., Page 5 Attachment 3.1-A, #6d, Page 1 Attachment 4.19-B, #12.a., Page 1	
10. SUBJECT OF AMENDMENT: Prescribed Drugs			
11. GOVERNOR'S REVIEW (Check One):			
<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: Susan Mosier is the Governor's Designee	
12. SIGNATURE OF STATE AGENCY OFFICIAL:  		16. RETURN TO: Susan Mosier KDHE; Division of Health Care Finance Landon State Office Building 900 SW Jackson, Room 900-N Topeka, KS 66612-1220	
13. TYPED NAME: for Kari Bruffett			
14. TITLE: Director; KDHE; Division of Health Care Finance			
15. DATE SUBMITTED: July 24, 2012			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:  July 24, 2012		18. DATE APPROVED:  January 22, 2013	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:  August 3, 2012		20. SIGNATURE OF REGIONAL OFFICIAL:  /s/	
21. TYPED NAME:  James G. Scott		22. TITLE: Associate Regional Administrator for Medicaid and Children's Health Operations	
23. REMARKS:			