

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: SPA #KS 13-02	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 January 1, 2013	
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: 1905(o) of the Act		7. FEDERAL BUDGET IMPACT: a. FFY 2013 \$(340,223,295) b. FFY 2014 \$(453,631,060)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-F, Pages 1-18		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-F, Pages 1-18 (deleted)	
10. SUBJECT OF AMENDMENT: Managed Care			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Kari Bruffett is the <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Governor's Designee			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Sam K. Muni</i>		16. RETURN TO: Kari Bruffett 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, Division of Health Care Finance			
15. DATE SUBMITTED: January 15, 2013			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: <i>January 15, 2013</i>		18. DATE APPROVED: <i>January 31, 2013</i>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <i>January 1, 2013</i>		20. SIGNATURE: [Redacted]	
21. TYPED NAME: <i>James G. Scott</i>		22. TITLE: <i>Associate Regional Administrator for Medicaid & Children's Health Operations</i>	
23. REMARKS:			

STATE PLAN UNDER, TITLE XIX OF THE SOCIAL SECURITY ACT

State: **Kansas**

(Reserved for future use)

TN # MS #KS 13-02
Supersedes TN # MS #09-09

Effective Date January 1, 2013
Approval Date JAN 31 2013

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TN # MS #13-02
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