DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL **FOR: HEALTH CARE FINANCING ADMINISTRATION**	1. TRANSMITTAL NUMBER: SPA #KS 13-04	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)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN X 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 $ 0 b. FFY 2014 $ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Page 7 Attachment 3.1-B, Page 6 Attachment 3.1-A, #18 Attachment 4.19-B, #18 Supplement 1 to Attachment 4.19-B, Pages 2 ~~& 3~~ *	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: Attachment 3.1-A, Page 7 Attachment 3.1-B, Page 6 Attachment 3.1-A, #18 Attachment 4.19-B, #18 Supplement 1 to Attachment 4.19-B, Pages 2 ~~& 3~~ *

10. SUBJECT OF AMENDMENT:
Hospice

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

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

12. SIGNATURE OF STATE AGENCY OFFICIAL: Susan K. Mosier	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 14, 2013	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: January 14, 2013	18. DATE APPROVED: July 19, 2013
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2013	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: Leticia Barraza	22. TITLE: Acting Associate Regional Administrator for Medicaid and Children's Health Operations

23. REMARKS:

* Pen and Ink changes per e-mail from State dated 6.26.13.