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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION | | 1. TRANSMITTAL NUMBER: SPA #KS 13-09 | 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 (<i>Check One</i>): | | | |
| <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 (<i>Separate Transmittal for each amendment</i>) | | | |
| 6. FEDERAL STATUTE/REGULATION CITATION: 1928(c)(2) | | 7. FEDERAL BUDGET IMPACT: | |
| | | a. FFY 2013 \$3,164,713 | |
| | | b. FFY 2014 \$3,196,047 | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Preprint page 66(b) | | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Preprint page 66(b) | |
| 10. SUBJECT OF AMENDMENT: Pediatric Immunizations | | | |
| 11. GOVERNOR'S REVIEW (<i>Check One</i>): | | | |
| <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 | | <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Kari Bruffett is the Governor's Designee | |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:  | | 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: March 15, 2013 | | | |
| FOR REGIONAL OFFICE USE ONLY | | | |
| 17. DATE RECEIVED: March 15, 2013 | | 18. DATE APPROVED: April 25, 2013 | |
| PLAN APPROVED – ONE COPY ATTACHED | | | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2013 | | 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: | | | |