

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: KS SPA #11-09	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 September 16, 2011	
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 2011 \$ 0 b. FFY 2012 \$ 0 (92,682)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, #12.a., Page 2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, #12.a., Page 2	
10. SUBJECT OF AMENDMENT: Prescribed Drugs			
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 Andy Allison, PhD. is the <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Governor's Designee			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Barbara E Longner</i>		16. RETURN TO: Andy Allison, PhD. KDHE, Division of Health Care Finance Landon State Office Building 900 SW Jackson, Room 900-N Topeka, KS 66612-1220	
13. TYPED NAME: for Andy Allison, PhD.			
14. TITLE: Director of the Division of Health Care Finance			
15. DATE SUBMITTED: September 9, 2011			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: <i>September 12, 2011</i>		18. DATE APPROVED: <i>March 5, 2012</i>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <i>September 16, 2011</i>		20. SIGNATURE OF REGIONAL OFFICIAL: <i>James G. Scott</i>	
21. TYPED NAME: <i>James G. Scott</i>		22. TITLE: <i>Associate Regional Administrator for Medicaid and Children's Health Operations</i>	
23. REMARKS: <i>Pen and ink charge per letter from State dtd 12.19.11</i>			