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	1. TRANSMITTAL NUMBER: SPA #KS 13-10	2. STATE Kansas
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One):	4. PROPOSED EFFECTIVE DATE January 1, 2013	
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: 1928(c)(2)		304,860) 304,860)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable):	EDED PLAN SECTION
Attachment 3.1-A, #12.a., Pages 1, 2 & 2a (New Page) Attachment 3.1-B, Pages 4a, 4b & 4c (New Pages) *	Attachment 3.1-A, #12.a., Pages 1 &	
10. SUBJECT OF AMENDMENT: Prescribed Drugs 11. GOVERNOR'S REVIEW ( <i>Check One</i> ): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	X OTHER, AS SPEC Kari Bruffett is the Governor's Design	;
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: Kari Bruffett KDHE; Division of Health Care Fi	
13. TYPED NAME:   for Kari Bruffett   14. TITLE:   Director, Division of Health Care Finance   15. DATE SUBMITTED:   March 25, 2013	Landon State Office Building 900 SW Jackson, Room 900-N Topeka, KS 66612-1220	
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: March 25, 2013	18. DATE APPROVED: June 19, 2013	
PLAN APPROVED – ON		
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2013	20. SIGNATURE OF REGIONAL OF	
21. TYPED NAME: James G. Scott	22. TITLE: Associate Regional Ad for Medicaid and Children's Hea	
<ul><li>23. REMARKS:</li><li>* Pen and Ink change per e-mail from state to CO dated 6.24.13.</li></ul>		