**N911 Facility Notice Approval ACH One Month**

**We have approved KanCare medical assistance for the following resident**

**of your facility:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Long term care payment begins \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**The patient liability is \_\_\_\_\_\_\_\_\_\_\_\_\_\_ beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**It will remain this amount until we notify you of a change.**

**KanCare ends \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. We will notify the resident or responsible**

**person when it is time to reapply.**