N911 S911 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.