N912 S912 FACILITY NOTICE - APPROVAL ACH 2 MONTHS

We have approved KanCare medical assistance for the following resident

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

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

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

It changes to \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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.