

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Atlanta Regional Office  
61 Forsyth Street, Suite 4T20  
Atlanta, Georgia 30303



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

August 26, 2014

KY-14-004

Mr. Lawrence Kissner, Commissioner  
Department for Medicaid Services  
275 East Main Street, 6WA  
Frankfort, KY 40621-0001



COPIES TO  
RODNEY  
SHAMI  
TAMMY  
NEVILL  
LISA

Dear Mr. Kissner:

The Centers for Medicare & Medicaid Services approves the Implementation Advance Planning Document (IAPD) update #13, dated July 21, 2014, in accordance with 45 CFR Part 95, Subpart F, Section 610 and the State Medicaid Manual (SMM) Part 11. The new funds approved for the Kentucky Medicaid Management Information System are specifically related to continuing issuance of the Kentucky Health Card contract, and modifications necessary to support implementation of the Affordable Care Act section 1104 and Medicaid expansion. This approval is for new funds totaling \$7,481,590 (\$5,909,136 total federal financial participation (FFP) \$1,991,662 at 90 percent; \$3,849,474 at 75 percent; and \$68,000 at 50 percent) as shown in the table below.

	MMIS CMS Share	State Share (10%)	MMIS CMS Share (75% FFP)	State Share (25%)	MMIS CMS Share (50% FFP)	State Share (50%)	TOTAL FFP	STATE SHARE TOTAL	APD TOTAL (TOTAL COMPUTABLE)
	2A&B		4A&B		3A,B&C				
FFY 2014	\$1,969,712	\$524,151					\$1,969,712	\$524,151	\$2,493,863
FFY 2015	\$3,939,424	\$1,048,303					\$3,939,424	\$1,048,303	\$4,987,727
<b>Total FFY 2014 - 2015</b>	<b>\$5,909,136</b>	<b>\$1,572,454</b>					<b>\$5,909,136</b>	<b>\$1,572,454</b>	<b>\$7,481,590</b>

The State is reminded that the amounts listed above cannot be reallocated between federal fiscal years, even within the period of this letter's approval, without submission and approval of an IAPD-U. The State is also reminded that a copy of the executed contract or amendment with Hewlett Packard for the Kentucky Health Card must be filed with the Regional Office. Please be advised that onsite reviews will be conducted to determine whether or not the objectives for which FFP was approved are being accomplished, and whether or not the automatic data processing equipment or services are being efficiently and effectively utilized in support of approved programs or projects as provided for at 45 CFR Part 95, Subpart F, Section 621 and the SMM. Allowable costs are determined by 45 CFR Part 95, Subpart F, Section 631 and the SMM, Part 11. Only actual costs incurred are reimbursable. The State must provide adequate support for all costs claimed in addition to providing detailed records and proper audit trails.

If you have any questions regarding this notice, please contact L. David Hinson at (404) 562-7411 or via email at [Lawrence.hinson@cms.hhs.gov](mailto:Lawrence.hinson@cms.hhs.gov).

Sincerely,

Jackie Glaze  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations