

November 21, 2008

Ms. Elizabeth A. Johnson
Commissioner
Cabinet for Health and Family Services
Department of Medicaid Services
275 East Main Street, 6W-A
Frankfort, Kentucky 40621-0001

Attention: Kevin Skeeters

RE: Kentucky Title XIX State Plan Amendment, Transmittal #04-003

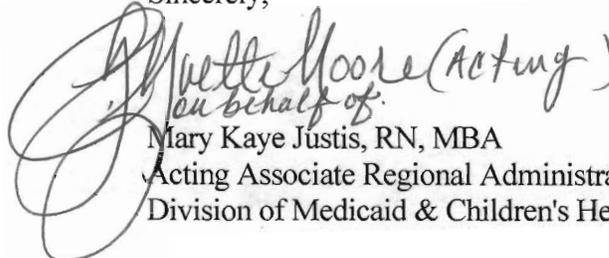
Dear Ms. Johnson:

We have reviewed the proposed amendment to the Kentucky Medicaid State Plan that was submitted under transmittal number 04-003. This amendment ensures that the Kentucky Department for Medicaid Services will reimburse providers for screening services in accordance with their usual payment procedures outlined in their State Plan.

Based on the information provided, we are pleased to inform you that Medicaid State Plan Amendment 04-003 was approved on November 19, 2008. The effective date for this amendment is March 18, 2004. We are also enclosing the approved HCFA-179 and plan page.

If you have any questions or need any further assistance, please contact Maria Donatto at 404-562-3697 or Yvette Moore at (404) 562-7327.

Sincerely,



Yvette Moore (Acting)
on behalf of

Mary Kaye Justis, RN, MBA
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
04-003

2. STATE
Kentucky

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

4. PROPOSED EFFECTIVE DATE
03/18/04

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Section 1905A of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2004 \$0
b. FFY 2005 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B
Pages 20.10, 20.10(a) – 20.10(c)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
Attachment 4.19-B
Pages 20.10, 20.10(a), and 20.10(b)
Pages 20.36, 20.37, and 20.37(a)

10. SUBJECT OF AMENDMENT:
Early and Periodic Screening Diagnosis and Treatment reimbursement procedures

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED: Review delegated
to Commissioner, Department for Medicaid
Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Russ Fendley by J Fly

13. TYPED NAME: Russ Fendley

14. TITLE: Commissioner, Department for Medicaid Services

15. DATE SUBMITTED: 3/26/04

16. RETURN TO:

Department for Medicaid Services
275 East Main Street 6W-A
Frankfort, Kentucky 40621

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 03/29/04

18. DATE APPROVED: 11/19/08

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
03/18/04

20. SIGNATURE OF REGIONAL OFFICIAL:
Mary Kaye Justis
21. TYPED NAME: Mary Kaye Justis, RN, MBA

21. TYPED NAME:
Mary Kaye Justis, RN, MBA

22. TITLE: Acting Associate Regional administrator
Division of Medicaid & Children's Health Opns

23. REMARKS:

Approved with following changes as authorized by State Agency on email dated 11/21/08:

Block #8 Attachment 4.19-B pages 20.10, 20.10(a) – 20.10(c) should read Block # 8 Attachment 4.19-B page 20.10
Block # 9 Attachment 4.19-B Pages 20.10, 20.1(a), and 20.10 (b) pages 20.36, 20.37, and 20.37 (a) should read the same.

VI. Screening Services

- A. The state agency shall reimburse providers for screening services in accordance with their usual payment procedures outlined in this state plan.
- B. The state agency shall reimburse screening clinics or agencies with the lesser of the payment procedure for physician's services described in Attachment 4.19-B, page 20.3, or the usual and customary charge of the provider for the service.