

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**

---

December 17, 2013

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

Re: Kentucky Title XIX State Plan Amendment, KY 13-019

Dear Mr. Kissner:

We have reviewed Kentucky State Plan Amendment (SPA) KY 13-019, which was submitted to the Atlanta Regional Office on October 1, 2013. This amendment removes the currently dormant Kentucky Ken Pac PCCM program from the State Plan.

Based on the information provided, we are approving Kentucky SPA 13-019 as of December 17, 2013. The effective date is January 1, 2014. The signed CMS-179 and the approved plan pages are enclosed.

Should you have any questions regarding this matter, please contact Ed Smith of my staff at (502) 223-5927, [edward.smith3@cms.hhs.gov](mailto:edward.smith3@cms.hhs.gov).

Sincerely,

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

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: 13-019	2. STATE Kentucky
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE January 1, 2014	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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)

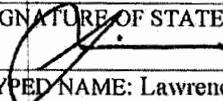
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY 2014      \$0.00 b. FFY 2015      \$0.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Page 66 Att. 3.1-F, Page 1 - 15	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same

10. SUBJECT OF AMENDMENT:

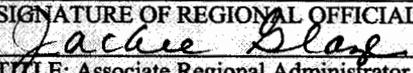
The purpose of this State Plan Amendment is to remove the KenPAC program from the State Plan as it was replaced with the implementation of Managed Care

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED: Review delegated to Commissioner, Department for Medicaid Services  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Department for Medicaid Services 275 East Main Street 6W-A Frankfort, Kentucky 40621
13. TYPED NAME: Lawrence Kissner	
14. TITLE: Commissioner, Department for Medicaid Services	
15. DATE SUBMITTED: 10/1/13	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 10/02/13	18. DATE APPROVED: 12-17-13
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/14	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns

23. REMARKS:

Page Intentionally Left Blank

Page Intentionally Left Blank