

MAC Binder Section 2 – Letters to CMS

Table of Contents with Document Summary

Located online at <http://chfs.ky.gov/dms/mac.htm>

1 – CMS-State plan Ltr to JG from SM re State Plan Amendment 16-001_dt020816:

Information sent for review and approval that Stephen P. Miller as Commissioner is authorized to submit state plan amendments for DMS.



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

Matthew G. Bevin
Governor

275 E Main St, 6W-A
Frankfort, KY 40621
Phone: (502) 564-4321
Fax: (502) 564-0509
www.chfs.ky.gov

Vickie Yates Brown Glisson
Secretary

Stephen P. Miller
Commissioner

February 8, 2016

Jackie Glaze
Associate Regional Director
Centers for Medicare and Medicaid Services
61 Forsyth Street, SW, Suite 4T20
Atlanta, Georgia 30303-8909

RE: State Plan Amendment 16-002
State Governor's Review

Dear Ms. Glaze:

Enclosed for your review and approval is Kentucky Title XIX State Plan Amendment No. 16-002. This amendment shows that I, as Commissioner, Department for Medicaid Services, have been authorized to submit state plan amendments for the Department for Medicaid Services, the designated single state agency. A copy of the letter from Secretary Vickie Yates Brown Glisson providing this authority is enclosed.

All correspondence relating to the Medicaid Program should be sent to my office.

Please let me know if you have any questions relating to this matter.

Sincerely,

A handwritten signature in cursive script that reads "Stephen P. Miller".

Stephen P. Miller
Commissioner

SPM/sjh

Enclosure



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Commissioner

February 8, 2016

Stephen P. Miller, Commissioner
Department for Medicaid Services
275 East Main Street, 6W-A
Frankfort, Kentucky 40621

Dear Mr. Miller:

Please be advised that in your capacity as Commissioner, you will serve as the Governor's designee under 42 CFR 430.12(b) for review and approval of the Title XIX State Plan and State Plan Amendments. This appointment shall take effect on February 8, 2016.

I appreciate your acceptance of these duties.

Sincerely,


Vickie Yates Brown Glisson
Secretary

VYBG/sh

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

1. TRANSMITTAL NUMBER:
16-002

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
February 8, 2016

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:
42 CFR 430.12(b)

7. FEDERAL BUDGET IMPACT:
a. FFY 2016 \$0
b. FFY 2017 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 89

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Same

10. SUBJECT OF AMENDMENT:

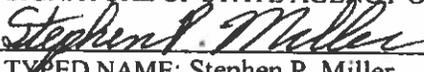
State Governor's Review appoint Stephen P. Miller, Commissioner

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:



13. TYPED NAME: Stephen P. Miller

14. TITLE: Commissioner, Department for Medicaid Services

15. DATE SUBMITTED: 2/8/16

16. RETURN TO:

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:

State: KentuckyCitation 7.4 State Governor's Review

42 CFR 430.12(b)

The Medicaid Agency will provide opportunity for the Office of Governor to review State plan amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Centers for Medicare and Medicaid Services with such documents.

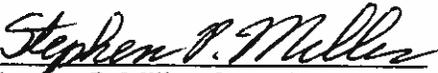
- Not Applicable. The Governor-
 Does not wish to review any plan material.
 Wishes to review only the plan materials specified in the enclosed document.

I hereby certify that I am authorized to submit this plan on behalf of

Department for Medicaid Services

(Designated Single State Agency)

Date: February 8, 2016


 Stephen P. Miller, Commissioner
 Department for Medicaid Services

TN#: 16-002

Supersedes

TN#: 16-001

Approval Date: _____

Effective Date: February 8, 2016