

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No. 0938-

State/Territory: Kentucky

SECTION 7 - GENERAL PROVISIONS

Citation

7.1 Plan Amendments

42 CFR 430.12(c)

The plan will be amended whenever necessary to reflect new or revised Federal statutes or regulations or material change in State law, organization, policy or State agency operation.

TN No. 92-1  
Supersedes                      Approval Date NOV 14 1994 Effective Date 1-1-92  
TN No. 90-5

HCFA ID: 7982E

Revision: HCFA-PM-91-6 (BPD)  
AUGUST 1991

OMB No. 0938-

State/Territory: Kentucky

Citation            7.2    Nondiscrimination

45 CFR Parts  
80 and 84

In accordance with title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et. seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 70b), and the regulations at 45 CFR Parts 80 and 84, the Medicaid agency assures that no individual shall be subject to discrimination under this plan on the grounds of race, color, national origin, or handicap.

The Medicaid agency has methods of administration to assure that each program or activity for which it receives Federal financial assistance will be operated in accordance with title VI regulations. These methods for title VI are described in ATTACHMENT 7.2-A.

TN No. 92-1

Supersedes

TN No. 79-4

Approval Date

NOV 14 1994

Effective Date

1-1-92

HCFA ID: 7982E

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-

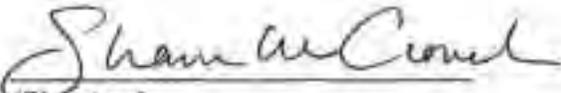
- Does not wish to review any plan material.  
 Wishes to review only the plan materials specified in the enclosed document.

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

Department for Medicaid Services

(Designated Single State Agency)

Date: September 1, 2007

  
 (Signature)

Shawn M. Crouch, Commissioner  
Department for Medicaid Services  
 (Title)

TN#: 07-006  
 Supersedes  
 TN#: 06-011

Approval Date: \_\_\_\_\_

Effective Date: 9/1/2007