

June 12, 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 #08-005

Dear Ms. Johnson:

We have reviewed the proposed amendment to the Kentucky Medicaid State Plan that was submitted under transmittal number 08-005. This amendment complies with the requirements of Section 1936 and 1902(a)(69) of the Social Security Act (the Act) (Section 6034 of the Deficit Reduction Act of 2005 (DRA)). Section 1902(a)(69) of the Act requires that the State must comply with all requirements determined by the Secretary to be necessary for carrying out the Medicaid Integrity Program established under Section 1936.

Based on the information provided, we are pleased to inform you that Medicaid State Plan Amendment 08-005 was approved on June 11, 2008. The effective date for this amendment is July 01, 2008. 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,



Teresa DeCaro, RN, M.S.
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 08-0015 08-005	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 July 1, 2008	

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN
 AMENDMENT TO BE CONSIDERED AS NEW PLAN
 AMENDMENT

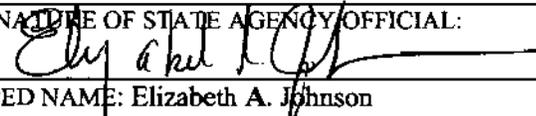
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: Section 1396 of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY 2007 - budget neutral b. FFY 2008 - budget neutral
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 79aa	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same

10. SUBJECT OF AMENDMENT:
 This plan amendment assures it complies with such requirements determined by the Secretary to be necessary for carrying out the Medicaid Integrity Program established under section 1936 of the (section 6034) Act.

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: Elizabeth A. Johnson	
14. TITLE: Commissioner, Department for Medicaid Services	
15. DATE SUBMITTED: May 15, 2008	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 05/15/08	18. DATE APPROVED: 06/11/08
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/07	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Teresa DeCaro	22. TITLE: Associate Regional Administrator, Division of Medicaid & Children's Health Opns

23. REMARKS:

Approved with the following changes in block #1 should read 08-005 and block #7 should read: a. FFY 2008 - budget neutral and b. FFY 2009 budget neutral.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kentucky

Citation
1902(a)(69) of
the Act.
P.L. 109-171
(section 6034)

4.43 Cooperation with Medicaid Integrity Program Efforts.
The Medicaid agency assures it complies with such requirements
determined by the Secretary to be necessary for carrying out the
Medicaid Integrity Program established under section 1936 of the
Act.

TN No: 08-005
Supersedes
TN No: None

Approval: 06/11/08

Effective Date: 07/01/08