

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth Street, SW, Suite 4T20
Atlanta, Georgia 30303-8909



June 25, 2010

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

Dear Ms. Johnson:

We have reviewed the proposed amendment to the Kentucky Medicaid State Plan that was submitted under transmittal number 10-001 and received in the Regional Office on March 30, 2010.

This State Plan Amendment allows the Commonwealth of Kentucky to procure a vendor to provide an Asset Verification System for Medicaid eligibility determinations as required by Public Law 110-252.

Based on the information provided, we are pleased to inform you that Medicaid State Plan Amendment 10-001 was approved on June 25, 2010. The effective date of this amendment is September 30, 2010. We are also enclosing the approved HCFA-179 and the plan pages.

If you have any questions or need further assistance, please contact Sally Brown at (404) 562-7352 or Maria Donatto at (404) 562-3697.

Sincerely,

/s/

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

Enclosures