

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



August 4, 2009

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 #09-004

Dear Ms. Johnson:

We have reviewed the proposed amendment to the Kentucky Medicaid State Plan that was submitted under transmittal number 09-004. This amendment simplifies the eligibility enrollment process for individuals applying for Medicaid by allowing face-to-face interviews, mail-in applications, or downloading application from the website (for mailing purposes only). This amendment also adds a thirty day grace period for an enrollee to return the eligibility recertification form.

Based on the information provided, we are pleased to inform you that Medicaid State Plan Amendment 09-004 was approved on July 31, 2009. The effective date for this amendment is April 1, 2009. 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.

Sincerely,

Mary Kaye Justis, RN, MBA
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
09-004

2. STATE
Kentucky

3. PROGRAM IDENTIFICATION: TITLE XXI OF THE
SOCIAL SECURITY ACT (SCHIP)

4. PROPOSED EFFECTIVE DATE
April 1, 2009

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 1902(a)(5) of the Act; 42 U.S.C 1396a(a)(5)

7. FEDERAL BUDGET IMPACT:
a. FFY 2009 - \$16,775,717
b. FFY 2010 - \$64,607,973

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Att. 1.2-D page 1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

10. SUBJECT OF AMENDMENT:

This plan simplifies the enrollment process for the member by allowing them to apply face-to-face or through a mail-in application or download the application from a website (for mailing purposes only). The time to return re-certification forms has been extended to 30 days.

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: Elizabeth A. Johnson

14. TITLE: Commissioner, Department for Medicaid Services

15. DATE SUBMITTED: May 19, 2009

16. RETURN TO:

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

05/20/09

18. DATE APPROVED:

07/31/09

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

04/01/09

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Mary Kaye Justis, RN, MBA

22. TITLE: Acting Associate Regional Administrator
Division of Medicaid & Children's Health Opns

23. REMARKS:

Approved with following changes as authorized by State Agency on email dated 08-04-09:

Block # 7a; FFY 2009 -\$16,775,717 changed to read 7a; FFY 2009 \$5,670,753
Block # 7b; FFY 2010-\$64,607,973 changed to read 7b; FFY 2010 \$73,351,697

ELIGIBILITY DETERMINATIONS

The Department for Medicaid Services has by interagency agreement provided that the Department for Community Based Services will be responsible for all eligibility determinations and certification functions for individuals eligible for Medicaid, except that pursuant to agreement with the Social Security Administration, that agency determines Medicaid eligibility for Supplemental Security Income recipients.

The Department for Community Based Services is the single State agency for financial assistance under Title IV-A. Within the Department for Community Based Services, the Director of the Division of Family Support is responsible for supervising and directing the eligibility-related activities of staff located in each of Kentucky's 120 counties. Staff assigned to each local county make the eligibility determinations, with the appropriate eligibility rolls maintained at the central office level.

The interagency agreement shall include the following:

1. All of the Department for Community Based Services offices in each of the 120 counties will accept applications face-to-face or by mail-in application as approved by the Department for Medicaid Services;
2. If a recertification form is returned within 30 days after the date of discontinuance and contains documentation necessary to process the re-determination, the case will be re-determined based on the information received and the family will not need to complete a new application for benefits.