

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

1. TRANSMITTAL NUMBER:  
09-006

2. STATE  
Kentucky

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

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

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

4. PROPOSED EFFECTIVE DATE  
May 7, 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:  
42 CFR 440.30, 493, 42 USC 1395I(h)(1)(A), 1396a(a)(9),  
1396b(i)(7),1396d

7. FEDERAL BUDGET IMPACT:  
a. FFY 2009 - Budget Neutral  
b. FFY 2010 - Budget Neutral

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
  
Att. 3.1-A pages 7.1.1(b)-7.1.1(b)(1);  
Att. 3.1-B pages 13.4, 13.5 ;  
Att. 4.19-B pages 20.13-E

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

10. SUBJECT OF AMENDMENT:

This plan amendment adds more detail for coverage and reimbursement for independent laboratories. This is to ensure our state plan is in-line with our state regulations.

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

X 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: June 30, 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:  
06/30/09

18. DATE APPROVED:  
09/18/09

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
05/07/09

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 07-16-009:

Block # 8 Attachment 3.1-A pages 7.1.1(b)-7.1.1(b)(1); Attachment 3.1-B pages 13.4, 13-5 and Attachment 4.19-B page 20.13-E **changed to read:** Attachment 3.1-A, pages 7.1.1 (b)(1), 7.1.1(b)(2) and Attachment 3.1-B pages 13.4, 13.5 and Attachment 4.19-B page 20.13-E

NOTE: Attachment 3.1-A page 7.1.1(b) number three has moved to the top of page 7.1.1(b)(1)