

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: 10-002	2. STATE Kentucky
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		4. PROPOSED EFFECTIVE DATE 1/1/2010
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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: 1902(a)(10)(E), 1905S and 1905(p)(3)(A)	7. FEDERAL BUDGET IMPACT: a. FFY 2010 - budget increase b. FFY 2011 - budget increase
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 2.2-A Page 9b, 9b1, 9b2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Same

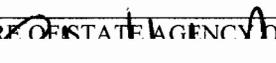
10. SUBJECT OF AMENDMENT  
This plan amendment increases income resources from two to three times the SSI resource limit, adjusted annually by the increase in the consumer price index.

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

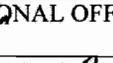
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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: December 28, 2009	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 03/30/10	18. DATE APPROVED: 06/25/10
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/10	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Opns

23. REMARKS:

Approved with following changes as authorized by State Agency on email dated 05/06/10:

Block # 6 1902(a)(10)(E), 1905S and 1905(p)(3)(A) **Changed to read:** 1902(a)(10)(E)(i)-(iv), 1905S and 1905(p)(3)(A), 1806D-14(a)(3)(D); Block #7 a FFY2010 – budge increase **Changed to read:** 7a FFY2010 – budget increase (amount unknown due to new legislation; Block 7b FFY 2011 – budget increase **Changed to read:** 7b FFY2011 – budget increase (amount unknown due to new legislation; Block #8 Attachment 2.2-A pages 9b,9b1 and 9b2 **Changed to read:** Attachment 2.2-A pages 9b, 9b1 and 9b2; Attachment 2.6-A pages 22, 22a and 23; Block #9 Same; **Changed to read:** Attachment 2.2-A pages 9b, 9b1 and 9b2 **Changed to read:** Attachment 2.2-A pages 9b, 9b1 and 9b2; Attachment 2.6-A pages 22, 22a and 23.