

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: 11-007	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 07/01/2011	
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: Section 1902(a)(30)(A)	7. FEDERAL BUDGET IMPACT: a. FFY 2011 - \$276,318 b. FFY 2012 - \$828,954
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Att. 3.1-A – Page 7 Att. 3.1-A – Page 7.8.5 Att. 3.1-B – Page 6 Att. 3.1-B – Page 34	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  SAME
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10. SUBJECT OF AMENDMENT  
The purpose of this SPA is to amend KY Medicaid's Hospice Program to allow children under the age of 21 to continue to receive curative treatment while receiving Hospice services.

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, INCLUDING TITLE	
14. TITLE: Acting Commissioner, Department for Medicaid Services	
15. DATE SUBMITTED: July 27, 2011	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 08/22/11	18. DATE APPROVED: 10/13/11
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**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/11	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns

23. REMARKS: