

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



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November 9, 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 #09-009

Dear Ms. Johnson:

We have reviewed the proposed amendment to the Kentucky Medicaid State Plan that was submitted under transmittal number 09-009. This amendment changes the reassessment for compliance with Section 1902(a)(68) of the Social Security Act from annually to at least every three years. This section ensures compliance with the "Employee Education about False Claims Recovery".

Based on the information provided, we are pleased to inform you that Medicaid State Plan Amendment 09-009 was approved on November 4, 2009. The effective date for this amendment is October 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,

/s/

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

Enclosures