

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 12-002	2. STATE Kentucky
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE 01/01/12	
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)

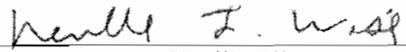
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a)(77), 1902(a)(39), 1902(kk); P.L. 111-148 And P.L. 111-152 42 CFR 455	7. FEDERAL BUDGET IMPACT: a. FFY 2011 - \$66,700 b. FFY 2012 - \$100,000
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 4, Page 80.1 Section 4, Page 80.2 Section 4, Page 80.3	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): New pages
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10. SUBJECT OF AMENDMENT
The purpose of this State Plan Amendment is to provide assurances that the State is in compliance with the screening and enrollment of providers pursuant 42 CFR 445.

11. GOVERNOR'S REVIEW (Check One):

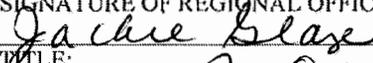
GOVERNOR'S OFFICE REPORTED NO COMMENT X OTHER, AS SPECIFIED: Review delegated
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED to Commissioner, Department for Medicaid
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Services

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: Neville Wise	
14. TITLE: Acting Commissioner, Department for Medicaid Services	
15. DATE SUBMITTED: January 19, 2012	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 01-20-12	18. DATE APPROVED: 03/14/12
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 01-01/12	20. SIGNATURE OF REGIONAL OFFICIAL: 
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21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Reg. Administrator
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23. REMARKS:	Division of Medicaid & Children's Health Operations
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