

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 13-003	2. STATE Kentucky
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE Effective January 1 2013
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: 42 CFR 447.405, 447.410, 447.415	7. FEDERAL BUDGET IMPACT: a. FFY 2013 \$50.55 Million b. FFY 2014 \$67.4 Million
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Page 20.5(2) – Page 20.5(7)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, Page 20.5(2) – Page 20.5(7)

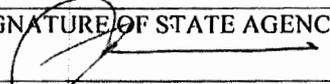
10. SUBJECT OF AMENDMENT:
The purpose of this State Plan Amendment is to bring Kentucky in compliance with ACA for the increase Primary Care Service Payments.

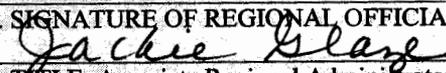
11. GOVERNOR'S REVIEW (Check One):

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:  3/14/13	16. RETURN TO: Department for Medicaid Services 275 East Main Street 6W-A Frankfort, Kentucky 40621
13. TYPED NAME: Lawrence Kissner	
14. TITLE: Commissioner, Department for Medicaid Services	
15. DATE SUBMITTED: 3/15/13	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 03/18/13	18. DATE APPROVED: 06/07/13
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/13	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns
23. REMARKS: Approved with the following changes to items 7a, 7b, 8 and 9 as authorized by State Agency on emails dated 04/23/13 and 06/07/13: Block # 7 changed to read: 7a FFY 13 \$13.5 M., FFY 14 \$18 M Block # 8 Changed to read: Atch 4.19-B, pages 20.5(2), 20.5(3), 20.5(4), 20.5(5) and 20.5(6). Block # 9 changed to read: Atch 4.19-B, pages 20.5(2) new, 20.5(3) new, 20.5(4) new, 20.5(5) new and 20.5(6) new.	