

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 13-004	2. STATE Kentucky
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE Effective July 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: Section 2301 of the Affordable Care Act	7. FEDERAL BUDGET IMPACT: a. FFY 2013 \$0.00 b. FFY 2014 \$Indeterminable (see cover letter)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Page 17 Attachment 3.1-A, Page 17.1 and 17.2 Attachment 3.1-B, Page 10 Attachment 3.1-B, Page 43 and 43.1 Attachment 4.19-B, Page 20.5(2)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): New New Attachment 3.1-B, Page 10 New New

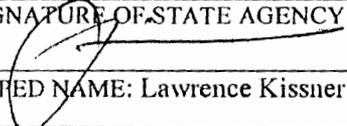
10. SUBJECT OF AMENDMENT:
The purpose of this State Plan Amendment is to establish benefits and reimbursement for Free-standing birthing centers in accordance with ACA

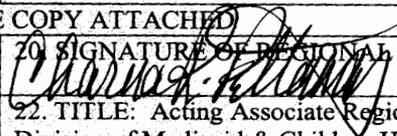
11. GOVERNOR'S REVIEW (*Check One*):

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: Lawrence Kissner	
14. TITLE: Commissioner, Department for Medicaid Services	
15. DATE SUBMITTED: 6/24/13	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 07/02/13	18. DATE APPROVED: 08/26/13
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/13	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Charna R. Pettaway	22. TITLE: Acting Associate Regional Administrator Division of Medicaid & Children Health Opns

23. REMARKS:
Approved with the following changes to items 8 and 9 as authorized by State Agency on emails dated 08/21/13:

Block #7b Changed to read: FFY2014 \$0
Block # 8 Changed to read: Atch 3.1-A, page 17; Atch 3.1-B page 10
Block # 9 changed to read: Atch 3.1-A, page 17(new); Atch 3.1-B page 10