

## **Table of Contents**

**State/Territory Name: Kentucky**

**State Plan Amendment (SPA) #: 13-024**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Atlanta Regional Office  
61 Forsyth Street, Suite 4T20  
Atlanta, Georgia 30303



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

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December 4, 2013

Lawrence Kissner, Commissioner  
Department for Medicaid Services  
275 East Main Street, 6WA  
Frankfort, KY 40621-0001

Dear Mr. Kissner:

We have reviewed the proposed Kentucky State Plan Amendment 13-024, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on November 19, 2013. SPA 13-024 removes Kentucky's three current benchmark plans, which will be replaced by a new Alternative Benefit Plan that conforms with the Affordable Care Act.

Based on the information provided, the Medicaid State Plan Amendment KY-13-024 was approved on December 4, 2013. The effective date of this amendment is January 1, 2014. Enclosed are the approved HCFA-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Alice Hogan at (404) 562-7432 or [Alice.Hogan@cms.hhs.gov](mailto:Alice.Hogan@cms.hhs.gov).

Sincerely,

/s/

Jackie Glaze  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: 13-024	2. STATE Kentucky
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE January 1, 2014	
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: 1937a and 1937b	7. FEDERAL BUDGET IMPACT: a. FFY 2014      \$0 b. FFY 2015      \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 3.1-C (all pages)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same

10. SUBJECT OF AMENDMENT:  
The purpose of this State Plan Amendment is to take down our current alternative benefit plan that is to be replaced with SPA 13-020 and 13-021

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:  /s/	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: 10/1/13	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 11-19-13	18. DATE APPROVED: 12-04-13
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/14	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

Attachment 3.1-C  
Page 9.1

STANDARDS AND METHODS OF ASSURING HIGH QUALITY CARE

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TN No. 13-024  
Supersedes  
TN. No. 74-1

Approval Date: 12-04-13

Effective Date: 01/01/2014

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