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State/Territory Name: Kentucky

State Plan Amendment (SPA) #: 19-0008

This file contains the following documents in the order listed:

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

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Atlanta Regional Operations Group

December 18, 2019

Stephanie Bates
Acting Commissioner, Department for Medicaid Services
Commonwealth of Kentucky
Cabinet for Health and Family Services
275 East Main Street, 6 West A
Frankfort, KY 4062

Re: Kentucky State Plan Amendment 19-0008

Dear Ms. Bates:

We have reviewed the proposed Kentucky state plan amendment, KY 19-0008, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 17, 2019. This amendment designates Stephanie M. Bates, Acting Commissioner of the KY Department for Medicaid Services, as the Governor's designee for review and approval of state plan amendments.

Based on the information provided, the Medicaid State Plan Amendment KY 19-0008 was approved on December 18, 2019. The effective date of this amendment is December 11, 2019. We are enclosing 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 Melanie Benning at (404) 562-7414 or Melanie.Benning@cms.hhs.gov.

Sincerely,

/s/

Davida R. Kimble
Acting Deputy Director
Division of Medicaid Field Operations South

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 19-008

2. STATE: KENTUCKY

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE: 12/11/19

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 430.12(B)

7. FEDERAL BUDGET IMPACT
a. FFY 2020 $ 0
b. FFY 2021 $ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 89

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: Same

10. SUBJECT OF AMENDMENT

State Governor's Review appointing Stephanie M. Bates, Acting Commissioner

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

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☐ OTHER, AS SPECIFIED

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME
Stephanie M. Bates

14. TITLE
Acting Commissioner

15. DATE SUBMITTED
12/17/19

16. RETURN TO

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
12/17/19

18. DATE APPROVED
12/18/19

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
12/11/19

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME
Davida R. Kimble

22. TITLE
Acting Deputy Director, Division of Medicaid Field Operations South

23. REMARKS

Approved with the following changes to block #5 as authorized by state agency on email dated 12/18/19.

In block # 5 check the amendment block

State: Kentucky

Citation	7.4 State Governor's Review
42 CFR 430.12(b)	The Medicaid Agency will provide opportunity for the Office of Governor to review State plan amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Centers for Medicare and Medicaid Services with such documents.

X Not Applicable. The Governor-
X Does not wish to review any plan material.
__ Wishes to review only the plan materials specified in the enclosed document.

I hereby certify that I am authorized to submit this plan on behalf of

Department for Medicaid Services
(Designated Single State Agency)

Date: December 11, 2019

_____
Stephanie M. Bates, Acting Commissioner
Department for Medicaid Services