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State/Territory Name: Kentucky

State Plan Amendment (SPA) #: 20-0001

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

Atlanta Regional Operations Group

January 21, 2020

Lisa Lee
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 20-0001

Dear Ms. Lee:

We have reviewed the proposed Kentucky state plan amendment, KY 20-0001, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on January 17, 2020. This amendment designates Lisa Lee, 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 20-0001 was approved on January 21, 2019. The effective date of this amendment is January 15, 2020. 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: 20-001

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: 11/15/2020

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: Same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 Lisa Lee, 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: /s/

13. TYPED NAME: Lisa Lee

14. TITLE: Commissioner

15. DATE SUBMITTED: 1/15/2020

16. RETURN TO

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 01/17/20

18. DATE APPROVED: 01/21/20

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/15/20

20. SIGNATURE OF REGIONAL OFFICIAL: /s/

21. TYPED NAME: Davida R. Kimble

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

23. REMARKS

Approved with following changes to block # 4 and 5 as authorized by state agency on email dated 01/21/20

Block 4 changed to read: 01/15/2020 and to check the amendment box in block # 5

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: January 15, 2020

_____
Lisa Lee, Commissioner
Department for Medicaid Services