

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
07-008

2. STATE
Kentucky

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2007

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 C.F.R. 440.100, 447.200-205, 42 U.S.C. 1396a-d

7. FEDERAL BUDGET IMPACT:
a. FFY 2008 save \$5,500,000
b. FFY 2009 save \$5,500,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19-B pages 20.6 and 20.7

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

10. SUBJECT OF AMENDMENT:

This plan amendment increases the upper payment limit per dental procedure for recipient's under age twenty-one (21). The upper limit increase will apply to all dental procedure codes, except dental procedure codes D2951, D0150, D0140, D0330, D1520, D1525.

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: Review delegated
to Commissioner, Department for Medicaid
Services

12. SIGNATURE OF STATE AGENCY OFFICIAL: 

16. RETURN TO:

13. TYPED NAME: Shawn M. Crouch


Department for Medicaid Services
275 East Main Street 6W-A
Frankfort, Kentucky 40621

14. TITLE: Commissioner, Department for Medicaid Services

15. DATE SUBMITTED: December 7, 2007

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
12/14/07

18. DATE APPROVED:
01/07/11

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
10/01/07

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Jackie Glaze

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health Ops

23. REMARKS:

Approved with following changes as authorized by State Agency on email dated 12/13/10:

Block # 7a Changed to read: 7a FFY 2010 cost \$5,500,000 and 7b FFY 2011 cost \$5,500,000.