

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



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January 14, 2011

Mr. Nevelle Wise, Acting Commissioner  
Cabinet for Health and Family Services  
Department for Medicaid Services  
275 East Main Street, 6W-A  
Frankfort, Kentucky 40620-0001

RE: Kentucky Title XIX State Plan Amendment, Transmittal 07-008

Dear Mr. Wise:

We have reviewed the proposed amendment to the Kentucky Medicaid State Plan that was submitted under transmittal number 07-008 and received in the Regional Office on September 29, 2009. This amendment's stated purpose is to amend the payment methodology for the Reimbursement Plan of Kentucky's County Health Departments.

Based on the information provided, we are now ready to approve Medicaid State Plan Amendment 07-008. The effective date of this amendment is October 1, 2007. We are enclosing the approved form HCFA-179 and approved plan pages.

Should you have questions or need any further assistance, please contact Donald Graves at (919)-828-2999 or Laura Killebrew at (404) 562-0151.

Sincerely,

/s/

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

Enclosures