DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 10-002

2. STATE: Kentucky

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
1/1/2010

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN X AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
1902(a)(10)(E), 1905S and 1905(p)(3)(A)

7. FEDERAL BUDGET IMPACT:
a. FFY 2010 - budget increase
b. FFY 2011 - budget increase

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2-A
Page 9b, 9b1, 9b2

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:

Same

10. SUBJECT OF AMENDMENT
This plan amendment increases income resources from two to three times the SSI resource limit, adjusted annually by the increase in the consumer price index.

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
X OTHER, AS SPECIFIED: Review delegated to Commissioner, Department for Medicaid Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Elizabeth A. Johnson

14. TITLE: Commissioner, Department for Medicaid Services

15. DATE SUBMITTED: December 28, 2009

16. RETURN TO:

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 03/30/10

18. DATE APPROVED: 06/25/10

PLAN APPROVED – ONE COPY ATTACHED

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

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Jackie Glaze

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

23. REMARKS:

Approved with following changes as authorized by State Agency on email dated 05/06/10:

Block # 6 1902(a)(10)(E), 1905S and 1905(p)(3)(A) **Changed to read**: 1902(a)(10)(E)(i)-(iv), 1905S and 1905(p)(3)(A), 1806D-14(a)(3)(D); Block #7 a FFY2010 – budge increase **Changed to read**: 7a FFY2010 – budget increase (amount unknown due to new legislation; Block 7b FFY 2011 – budget increase **Changed to read**: 7b FFY2011 – budget increase (amount unknown due to new legislation; Block #8 Attachment 2.2-A pages 9b,9b1 and 9b2 **Changed to read**: Attachment 2.2-A pages 9b, 9b1 and 9b2; Attachment 2.6-A pages 22, 22a and 23; Block #9 Same; **Changed to read**: Attachment 2.2-A pages 9b, 9b1 and 9b2 Changed to read: Attachment 2.2-A pages 9b, 9b1 and 9b2; Attachment 2.6-A pages 22, 22a and 23.