

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth St., Suite 4T20
Atlanta, Georgia 30303-8909



October 26, 2010

Mr. Neville Wise, Acting Commissioner
Cabinet for Health and Family Services
Department for Medicaid Services
275 E. Main Street, 6W-A
Frankfort, KY 40621

Re: Kentucky Title XIX State Plan Amendment, Transmittal #10-009

Dear Mr. Wise:

We have reviewed Kentucky State Plan Amendment (SPA) 10-009, which was submitted to the Atlanta Regional Office on October 18, 2010. This amendment updates the Kentucky State Plan with the name of the Acting Medicaid Director.

Based on the information provided, we are pleased to inform you that Kentucky SPA 10-009 was approved on October 25, 2010. The effective date is October 1, 2010. The signed CMS-179 and the approved plan pages are enclosed. If you have any questions regarding this amendment, please contact Laura Killebrew at (404) 562-0151.

Sincerely,

/s/

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

Enclosures