

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: 10-011	2. STATE Kentucky
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE 11/1/2010	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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 483.400-480	7. FEDERAL BUDGET IMPACT: a. FFY 2011 - \$3.5 million b. FFY 2012 - \$3.04 million
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Page 7.8.2 Attachment 3.1-B Page 33.1 Attachment 4.19B Page 20.45	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Same

10. SUBJECT OF AMENDMENT

This State Plan Amendment will establish new Specialty Intermediate Care Facility Clinics, as well as reimbursement for such clinics.

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:

*Neville J. Wise*

13. TYPED NAME: Neville Wise

14. TITLE: Acting Commissioner, Department for Medicaid Services

15. DATE SUBMITTED: October 18, 2010

16. RETURN TO:

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 10-20-10	18. DATE APPROVED: 01-17-13
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 11-01-10	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Jackie Glaze</i>
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns

23. REMARKS:

Approved with the following changes to item 8 and 9 as authorized by State Agency on email dated 08/22/12:

**Block # 8 changed to read:** Attachment 3.1-A pages 7.3.4 and 7.3.4(1); Attachment 3.1-B pages 26.1 and 26.2 and Attachment 4.19-B pages 22, 23, 24, 25 and 26.

**Block # 9 changed to read:** Attachment 3.1-A pages 7.3.4(New) and 7.3.4(1)(new); Attachment 3.1-B pages 26.1(New) and 26.2 (New) and Attachment 4.19-B pages 22, 23, 24, 25 and 26(New).