

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

1. TRANSMITTAL NUMBER:
10-014

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
12/2/2010

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. 440.70

7. FEDERAL BUDGET IMPACT:
a. FFY 2011 - Budget Neutral
b. FFY 2012 - Budget Neutral

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att 3.1-A, Page 13
Att 3.1-B, Page 39
Att 4.19-B, page 20.14

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

10. SUBJECT OF AMENDMENT

This State Plan Amendment updates our Durable Medical Equipment provisions including removing diabetes supplies from DME section, increasing the Prior authorization amount to \$500 and other general clean up needed.

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

16. RETURN TO:

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

15. DATE SUBMITTED: December 3, 2010

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
12-03-10

18. DATE APPROVED: 05-15-13

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
12-02-10

20. SIGNATURE OF REGIONAL OFFICIAL:
Jackie Glaze
22. TITLE: Associate Regional Administrator
Division of Medicaid & Children Health Opns

21. TYPED NAME:
Jackie Glaze

23. REMARKS:

Approved with the following changes to item 8 and 9 as authorized by State Agency on email dated 05/10/13:

Block # 8 changed to read: Atch 3.1-A pages 7.5.3, 7.3.1(b), 7.3.1(b)(1), 13; Atch 3.1-B pages 25, 25(a), 31.2 and 39; Atch 4.19-B page 20.14.

Block # 9 changed to read: Atch 3.1-A pages 7.5.3, 7.3.1(b), 13; Atch 3.1-B pages 25, 31.2 and 39; Atch 4.19-B page 20.14.