

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



May 25, 2012

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 #12-003

Dear Mr. Wise:

We have reviewed Kentucky State Plan Amendment (SPA) 12-003, which was submitted to the Atlanta Regional Office on April 29, 2012. This State Plan Amendment (SPA) was submitted to request an exemption to the Recovery Audit Contractor requirement 455.508(b) requiring 1.0 FTE Medical Director.

Based on the information provided, the Medicaid State Plan Amendment KY 12-003 was approved on May 24, 2012. The effective date of this SPA is January 1, 2012. The signed HCFA-179 and the approved plan pages are enclosed.

If you have any questions regarding this amendment, please contact Maria Drake at (404) 562-3697.

Sincerely,

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

Enclosures