

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



August 4, 2009

Ms. Elizabeth A. Johnson
Commissioner
Cabinet for Health and Family Services
Department of Medicaid Services
275 East Main Street, 6W-A
Frankfort, Kentucky 40621-0001

Attention: Kevin Skeeters

RE: Kentucky Title XIX State Plan Amendment, Transmittal #09-004

Dear Ms. Johnson:

We have reviewed the proposed amendment to the Kentucky Medicaid State Plan that was submitted under transmittal number 09-004. This amendment simplifies the eligibility enrollment process for individuals applying for Medicaid by allowing face-to-face interviews, mail-in applications, or downloading application from the website (for mailing purposes only). This amendment also adds a thirty day grace period for an enrollee to return the eligibility recertification form.

Based on the information provided, we are pleased to inform you that Medicaid State Plan Amendment 09-004 was approved on July 31, 2009. The effective date for this amendment is April 1, 2009. We are also enclosing the approved HCFA-179 and plan page.

If you have any questions or need any further assistance, please contact Maria Donatto at 404-562-3697.

Sincerely,

/s/

Mary Kaye Justis, RN, MBA
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures