

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 09-007	2. STATE Kentucky
	3. PROGRAM IDENTIFICATION: TITLE XXI OF THE SOCIAL SECURITY ACT (SCHIP)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE July 1, 2009	
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: Section 1902(a)(5) of the Act; 42 U.S.C 1396a(a)(5)	7. FEDERAL BUDGET IMPACT: a. FFY 2009 - budget neutral b. FFY 2010 - budget neutral
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 1.2-D page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same

10. SUBJECT OF AMENDMENT:
This plan clarifies the approved state plan amendment 09-004. This plan amendment ensures the 30-day redetermination period applies to only mail-in recertification applications from members under nineteen (19) years of age.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: Review delegated to Commissioner, Department for Medicaid Services

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:
13. TYPED NAME: Elizabeth A. Johnson	Department for Medicaid Services 275 East Main Street 6W-A Frankfort, Kentucky 40621
14. TITLE: Commissioner, Department for Medicaid Services	
15. DATE SUBMITTED: August 24, 2009	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 08/25/09	18. DATE APPROVED: 10/02/09
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/09	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: Mary Kaye Justis, RN, MBA	22. TITLE: Acting Associate Regional Administrator Division of Medicaid & Children's Health Ops

23. REMARKS: