

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



October 5, 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 #09-007

Dear Ms. Johnson:

We have reviewed the proposed amendment to the Kentucky Medicaid State Plan that was submitted under transmittal number 09-007. This amendment ensures the thirty-day redetermination period applies to only mail-in recertification applications from members under nineteen (19) years of age.

Based on the information provided, we are pleased to inform you that Medicaid State Plan Amendment 09-007 was approved on October 2, 2009. The effective date for this amendment is July 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 or Darlene Noonan at 404-562-2707.

Sincerely,

/s/

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

Enclosures