

[Records](#) / [Submission Packages - View All](#)

# KY - Submission Package - KY2024MS0002O - (KY-25-0001) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Compare Doc Change Report](#) [Analyst Notes](#) [Review Assessment Report](#)  
[Approval Letter](#) [RAI](#) [Transaction Logs](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

## Package Information

Package ID	KY2024MS0002O	Submission Type	Official
Program Name	N/A	State	KY
SPA ID	KY-25-0001	Region	Atlanta, GA
Version Number	8	Package Status	Approved
Submitted By	Erin Bickers	Submission Date	1/24/2025
Package Disposition		Approval Date	7/3/2025 11:10 AM EDT
Priority Code	P2		
Lead Division	DMEP		

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Medicaid and CHIP Operations Group  
601 E. 12th Street  
Room 355  
Kansas City, MO 64106



## Center for Medicaid & CHIP Services

July 03, 2025

Lisa Lee  
Commissioner  
Kentucky Department for Medicaid Services  
275 East Main Street  
6 West A  
Frankfort, KY 40601

Re: Approval of State Plan Amendment KY-25-0001

Dear Commissioner Lee,

On January 24, 2025, the Centers for Medicare and Medicaid Services (CMS) received Kentucky State Plan Amendment (SPA) KY-25-0001, in which the state proposed to disregard post-application resource increases for non-MAGI groups.

We approve Kentucky State Plan Amendment (SPA) KY-25-0001 with an effective date(s) of July 01, 2025.

If you have any questions regarding this amendment, please contact Christine Davidson at christine.davidson@cms.hhs.gov.

Sincerely,  
Shantrina Roberts  
Acting Director, Division of Program  
Operations  
Center for Medicaid & CHIP Services

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	N/A
Superseded SPA ID			N/A

### State Information

State/Territory Name: Kentucky

Medicaid Agency Name: Kentucky Department for Medicaid Services

### Submission Component

State Plan Amendment

Medicaid

CHIP

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	N/A
Superseded SPA ID	N/A		

### SPA ID and Effective Date

SPA ID KY-25-0001

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Medically Needy Income Level	7/1/2025	KY-92-1
Handling of Excess Income (Spenddown)	7/1/2025	KY-03-016
Medically Needy Resource Level	7/1/2025	KY-92-1
Mandatory Eligibility Groups	7/1/2025	KY-23-0004
Qualified Medicare Beneficiaries	7/1/2025	KY-1-10, KY-9-005
Qualified Disabled and Working Individuals	7/1/2025	KY-10-002
Specified Low Income Medicare Beneficiaries	7/1/2025	KY-1-10, KY-9-005
Qualifying Individuals	7/1/2025	KY-1-10, KY-9-005
Optional Eligibility Groups	7/1/2025	KY-22-0005
Individuals Eligible for Cash Except for Institutionalization	7/1/2025	KY-92-1 KY-01-10 KY-03-13
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules	7/1/2025	KY-01-010 KY-92-2
Optional State Supplement Beneficiaries	7/1/2025	KY-84-9
Individuals in Institutions Eligible under a Special Income Level	7/1/2025	KY-92-1 KY-08-9 KY-03-13
Age and Disability-Related Poverty Level	7/1/2025	KY-92-1 KY-01-10 KY-03-13
Ticket to Work Basic	7/1/2025	KY-01-10 KY-08-4 KY-03-13
Medically Needy Pregnant Women	7/1/2025	KY-92-1 KY-01-10 KY-03-13
Medically Needy Children under Age 18	7/1/2025	KY-92-1 KY-01-10 KY-03-13
Protected Medically Needy Individuals Who Were Eligible in 1973	7/1/2025	NEW
Medically Needy Reasonable Classifications of Individuals under Age 21	7/1/2025	KY-92-1 KY-01-10 KY-03-13
Medically Needy Parents and Other Caretaker Relatives	7/1/2025	KY-92-1 KY-01-10 KY-03-13
Medically Needy Populations Based on Age, Blindness or Disability	7/1/2025	KY-92-1 KY-01-10 KY-03-13

Page Number of the Superseded Plan Section or Attachment (If Applicable):

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	N/A
Superseded SPA ID	N/A		

## Executive Summary

**Summary Description Including Goals and Objectives** At the time of renewal or redetermination, any increase in resources for beneficiaries in non-MAGI eligibility groups will be disregarded for beneficiaries in those eligibility groups that are subject to it.

## Federal Budget Impact and Statute/Regulation Citation

### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2025	\$0
Second	2026	\$0

### Federal Statute / Regulation Citation

1902(r)(2)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	N/A
Superseded SPA ID	N/A		

### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

**Describe** Commissioner to review

## Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	N/A
Superseded SPA ID			N/A

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

## Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	N/A
Superseded SPA ID	N/A		

**One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state**

Yes  
 No

# Medicaid State Plan Eligibility

## Income/Resource Standards

### Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS00020 | KY-25-0001

#### Package Header

Package ID	KY2024MS00020	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1		
User-Entered			

### A. Income Level Used

1. The state employs a single income level for the medically needy.
2. The income level varies based on differences between shelter costs in urban and rural areas.

Yes  
 No

3. The level used is:

Household size	Standard
3	\$338.00
4	\$521.00
5	\$611.00
6	\$692.00
7	\$775.00
8	\$858.00
9	\$941.00
10	\$1025.00
1	\$235.00
2	\$291.00

**The state uses an additional incremental amount for larger household sizes.**

Yes  
 No

**Incremental Amount:**

\$60.00

**The dollar amounts increase automatically each year**

Yes  
 No

## Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1		

User-Entered

### B. Basis for Income Level

#### 1. Minimum Income Level

The minimum income level for this eligibility group is the lower of the state's July 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

#### 2. Maximum Income Level

The maximum income level for this eligibility group is 133 1/3 percent of the higher of the state's 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

## Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1		
	User-Entered		

### C. Additional Information (optional)

# Medicaid State Plan Eligibility

## Income/Resource Standards

### Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS00020 | KY-25-0001

#### Package Header

Package ID	KY2024MS00020	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-03-016		
	User-Entered		

If countable income exceeds the income standard, the state must deduct from income medical expenses incurred by the individual or family or financially responsible relatives that are not subject to payment by a third party, in accordance with 42 CFR 435.831 and 42 CFR 435.121.

#### A. Budget Periods

Income in excess of the appropriate income standard is considered available for payment of medical or remedial care expenses in budget periods that do not exceed six months.

1. In determining income eligibility, countable income is reduced by the amount of incurred medical or remedial care expenses during the budget period specified below:

a. One budget period of:

- i. 6 months
- ii. 5 months
- iii. 4 months
- iv. 3 months
- v. 2 months
- vi. 1 month

b. More than one budget period, as described below:

2. The state includes part or all of the retroactive period in the budget period.

Yes

No

## Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-03-016		

User-Entered

### B. Types of Eligible Expenses

1. In determining incurred expenses to be deducted from income, the state includes:

- a. Medicare, Medicaid, and other health insurance premiums and enrollment fees.
- b. Cost sharing, including copayments, coinsurance, and deductibles, imposed by Medicare, Medicaid or other health insurance.
- c. Expenses for necessary medical and remedial services recognized by state law but not included in the state plan.
- d. Expenses for necessary medical and remedial services included in the state plan, including those that exceed limitations on the amount, duration, and scope of services.

2. The state also includes medical institutional expenses projected to the end of the budget period at the Medicaid reimbursement rate.

Yes

No

3. Incurred expenses subject to payment by a third party are not deducted unless the third party is a public program (other than Medicaid) of a state and the program is financed by the state.

## Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-03-016		

User-Entered

### C. Timeframe of Deduction of Expenses

In determining incurred expenses to be deducted from income, the state deducts:

1. For retroactive budget periods and a budget period that includes both retroactive and prospective budget, the state deducts:

- a. Eligible expenses incurred during the budget period, whether paid or unpaid.
- b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.
- c. Unpaid eligible expenses, which have not been deducted previously in establishing eligibility, and were incurred:
  - i. At any time prior to the budget period.
  - ii. Prior to the third month before the month of application, but no earlier than:
  - iii. No earlier than the third month before the month of application.

2. For prospective budget period(s), the state deducts:

- a. Eligible expenses incurred during the budget period, whether paid or unpaid.
- b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.
- c. Unpaid eligible expenses that are carried over from the prior budget period and have not been deducted previously in establishing eligibility.

## Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-03-016		

User-Entered

### D. Order of Deduction of Expenses

Incurred medical or remedial care expenses are deducted in the following order:

- 1. By the type of service, in the following order:
  - a. Premiums, deductibles, coinsurance and co-payments.
  - b. Expenses for necessary medical or remedial care services that are recognized under state law but not included in the State Plan.
  - c. Expenses for necessary medical or remedial care services that are included in the state Plan that exceed agency limitations on amount, duration, or scope of services.
  - d. Expenses for necessary medical or remedial care services that are included in the state Plan that are within the agency limitations on amount, duration, or scope of services.
- 2. In chronological order by the date of the service, or the date cost sharing payments are due.
- 3. In chronological order by the date the bill is submitted to the state by the individual.

## Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-03-016		

User-Entered

### E. Reasonable Limitations

The state sets reasonable limits on the amount to be deducted for expenses.

Yes  
 No

## Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

**Package ID** KY2024MS0002O

**SPA ID** KY-25-0001

**Submission Type** Official

**Initial Submission Date** 1/24/2025

**Approval Date** 07/03/2025

**Effective Date** 7/1/2025

**Superseded SPA ID** KY-03-016

User-Entered

## F. Spenddown Payments Made by Individuals

The state permits individuals to pay-in their spenddown liability.

Yes  
 No

## Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-03-016		
	User-Entered		

### G. Additional Information (optional)



# Medicaid State Plan Eligibility

## Income/Resource Standards

### Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS00020 | KY-25-0001

#### Package Header

Package ID	KY2024MS00020	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1	User-Entered	

### A. Medically Needy Resource Level Structure

1. The state employs a single resource level for the medically needy.
2. The resource level is equal to or higher than the lowest resource standard used under the most closely related cash assistance program.

## Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1		
	User-Entered		

### B. Resource Level Used

The level used is:

Household size	Standard
1	\$2000.00
2	\$4000.00

The state uses an additional incremental amount for larger household sizes.

Yes  
 No

**Incremental Amount:**

\$50.00

## Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1		
	User-Entered		

### C. Additional Information (optional)

# Medicaid State Plan Eligibility

## Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-23-0004	System-Derived	

## Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Infants and Children under Age 19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Transitional Medical Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
SSI Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Qualified Disabled and Working Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type 
Specified Low Income Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Qualifying Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

## Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-23-0004 System-Derived		

**B. The state elects the Adult Group, described at 42 CFR 435.119.**

Yes  No

### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package 	Source Type 
Adult Group			<input type="checkbox"/>		CONVERTED

**C. Additional Information (optional)**

### Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

Individuals with income equal to or less than 100% of the FPL, who are entitled to Medicare Part A, and who qualify for Medicare cost-sharing.

#### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-1-10, KY-9-005		

User-Entered

**The state covers the mandatory qualified Medicare beneficiaries group in accordance with the following provisions:**

#### A. Characteristics

##### **Individuals qualifying under this eligibility group must meet the following criteria:**

1. Are entitled to hospital insurance benefits under part A of title XVIII (Medicare Part A), including individuals who have purchased a premium to enroll in Part A.
2. Have income and resources at or below the standard for this group.

## Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-1-10, KY-9-005		

User-Entered

### B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

**2. Less restrictive methodologies are used in calculating countable income.**

Yes  
 No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

**Description of disregard:** Exclude all wages paid by the Census Bureau for temporary employment related to census activities.

A specified type of income is disregarded:

Name of income type:	Description:
Tobacco Settlement	Exclude all income paid to individuals from the tobacco settlement between states and tobacco manufacturers.

The following less restrictive methodologies are used:

Name of methodology:	Description:
COLA	When the annual Social Security and Railroad Retirement COLAs and Federal Poverty Level COLA adjustments cause ineligibility for Medicaid, disregard the most recent Social Security/Railroad Retirement COLA increase. The disregard is for eligibility groups subject to Sections 1902(a)(10)(E)(i) & 1905(p), 1902(a)(10)(E)(iv) and 1902(a)(10)(E)(iii). This disregard continues for three (3) consecutive months if the individual loses Medicaid coverage for any other reason.

**3. Less restrictive methodologies are used in calculating countable resources.**

Yes  
 No

The less restrictive resource methodologies are:

The following less restrictive methodologies are used:

Name of methodology:	Description:
Resource increases after application	Any increases in the total amount of resources determined available at an individual's most recent

Name of methodology:

Description:

Medicaid application will be disregarded.

## Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-1-10, KY-9-005 User-Entered		

### C. Income Standard Used

The amount of the income standard for this group is 100% FPL.

### D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

### E. Medical Assistance Provided

Medical assistance is limited to payment of co-insurance and deductibles for Medicare Parts A, B and C and payment for the premiums for Medicare Parts A and B.

Medical assistance begins the first day of the month following the month in which the individual is determined to qualify for this eligibility group.

## Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-1-10, KY-9-005		
	User-Entered		

### F. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Qualified Disabled and Working Individuals

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS00020 | KY-25-0001

Working individuals with a disability, with income equal to or less than 200% of the FPL, who are entitled to Medicare Part A under section 1818A, and who qualify for payment of Medicare Part A premiums.

#### Package Header

Package ID	KY2024MS00020	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-10-002 User-Entered		

The state covers the mandatory qualified disabled and working individuals group in accordance with the following provisions:

#### A. Characteristics

##### Individuals qualifying under this eligibility group must meet the following criteria:

1. Are entitled to purchase a premium to enroll for hospital insurance benefits under part A of title XVIII (Medicare Part A) pursuant to section 1818A (hospital insurance benefits for disabled individuals who have exhausted other entitlement).
2. Have income and resources at or below the standard for this group.
3. Are not otherwise eligible for medical assistance.

#### B. Financial Methodologies

SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

#### C. Income Standard Used

The amount of the income standard for this group is 200% FPL.

#### D. Resource Standard Used

The resource standard is two times the standard used in the SSI program.

#### E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part A premiums.

## Qualified Disabled and Working Individuals

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-10-002		
	User-Entered		

### F. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

Individuals with income above 100% and below 120% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

#### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-1-10, KY-9-005		

User-Entered

**The state covers the mandatory specified low income Medicare beneficiaries group in accordance with the following provisions:**

#### A. Characteristics

##### **Individuals qualifying under this eligibility group must meet the following criteria:**

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Have income below the income standard and resources at or below the resource standard for this group.

## Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-1-10, KY-9-005		

User-Entered

### B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

**2. Less restrictive methodologies are used in calculating countable income.**

Yes  
 No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

**Description of disregard:** Exclude all wages paid by the Census Bureau for temporary employment related to census activities.

A specified type of income is disregarded:

Name of income type:	Description:
Tobacco Settlement	Exclude all income paid to individuals from the tobacco settlement between states and tobacco manufacturers.

The following less restrictive methodologies are used:

Name of methodology:	Description:
COLA	When the annual Social Security and Railroad Retirement COLAs and Federal Poverty Level COLA adjustments cause ineligibility for Medicaid, disregard the most recent Social Security/Railroad Retirement COLA increase. The disregard is for eligibility groups subject to Sections 1902(a)(10)(E)(i) & 1905(p), 1902(a)(10)(E)(iv) and 1902(a)(10)(E)(iii). This disregard continues for three (3) consecutive months if the individual loses Medicaid coverage for any other reason.

**3. Less restrictive methodologies are used in calculating countable resources.**

Yes  
 No

The less restrictive resource methodologies are:

The following less restrictive methodologies are used:

Name of methodology:	Description:
Resource increases after application	Any increases in the total amount of resources determined available at an individual's most recent

Name of methodology:

Description:

Medicaid application will be disregarded.

## Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY -1-10, KY-9-005 User-Entered		

### C. Income Standard Used

Family income must be above 100% FPL and below 120% FPL.

### D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

### E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

## Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-1-10, KY-9-005		
	User-Entered		

### F. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS00020 | KY-25-0001

Individuals with income at or above 120% and below 135% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

### Package Header

Package ID	KY2024MS00020	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-1-10, KY-9-005		

User-Entered

**The state covers the mandatory qualifying individuals group in accordance with the following provisions:**

### A. Characteristics

#### Individuals qualifying under this eligibility group must meet all of the following criteria:

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Are not otherwise eligible for Medicaid under the state plan.
3. Have income below the income standard and resources at or below the resource standard for this group.

## Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-1-10, KY-9-005		

User-Entered

## B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

**2. Less restrictive methodologies are used in calculating countable income.**

Yes  
 No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

**Description of disregard:** Exclude all wages paid by the Census Bureau for temporary employment related to census activities.

A specified type of income is disregarded:

Name of income type:	Description:
Tobacco Settlement	Exclude all income paid to individuals from the tobacco settlement between states and tobacco manufacturers.

The following less restrictive methodologies are used:

Name of methodology:	Description:
COLA	When the annual Social Security and Railroad Retirement COLAs and Federal Poverty Level COLA adjustments cause ineligibility for Medicaid, disregard the most recent Social Security/Railroad Retirement COLA increase. The disregard is for eligibility groups subject to Sections 1902(a)(10)(E)(i) & 1905(p), 1902(a)(10)(E)(iv) and 1902(a)(10)(E)(iii). This disregard continues for three (3) consecutive months if the individual loses Medicaid coverage for any other reason.

**3. Less restrictive methodologies are used in calculating countable resources.**

Yes  
 No

The less restrictive resource methodologies are:

The following less restrictive methodologies are used:

Name of methodology:	Description:
Resource increases after application	Any increases in the total amount of resources determined available at an individual's most recent

Name of methodology:

Description:

Medicaid application will be disregarded.

## Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY -1-10, KY-9-005 User-Entered		

### C. Income Standard Used

Family income must be at or above 120% FPL and below 135% FPL.

### D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

### E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

## Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-1-10, KY-9-005		
	User-Entered		

### F. Additional Information (optional)

# Medicaid State Plan Eligibility

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS00020 | KY-25-0001

### Package Header

Package ID	KY2024MS00020	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-22-0005	System-Derived	

### A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes  No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Optional Targeted Low Income Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Individuals above 133% FPL under Age 65		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Individuals Eligible for but Not Receiving Cash Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
PACE Participants		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Receiving Hospice		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-22-0005		System-Derived

## B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes  No

The medically needy eligibility groups covered in the state plan are:

### 1. Mandatory Medically Needy:

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Medically Needy Pregnant Women		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Medically Needy Children under Age 18		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Protected Medically Needy Individuals Who Were Eligible in 1973		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED

### 2. Optional Medically Needy:

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Medically Needy Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Medically Needy Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Medically Needy Populations Based on Age, Blindness or Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-22-0005		
	System-Derived		

### C. Additional Information (optional)

#### Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

Individuals who would be eligible for federal cash assistance or an optional state supplement, except for institutionalization.

#### Package Header

**Package ID** KY2024MS0002O

**SPA ID** KY-25-0001

**Submission Type** Official

**Initial Submission Date** 1/24/2025

**Approval Date** 07/03/2025

**Effective Date** 7/1/2025

**Superseded SPA ID** KY-92-1 KY-01-10 KY-03-13

User-Entered

The state covers the optional Individuals Eligible for Cash Except for Institutionalization eligibility group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are in a medical institution.
2. Would meet the eligibility requirements for at least one of the following cash assistance programs, but for the lower income standards used to determine eligibility for institutionalized individuals:

- a. SSI
- b. Optional State Supplement
- c. AFDC

## Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1 KY-01-10 KY-03-13		
	User-Entered		

### B. Individuals Covered

#### 1. The state covers all individuals who meet the characteristics described in section A.

Yes  
 No

#### 2. The state covers the following populations:

- a. Individuals age 65 or older
- b. Individuals who have blindness
- c. Individuals who have a disability
- d. All children under a specified age limit:
  - i. Under age 21
  - ii. Under age 20
  - iii. Under age 19
  - iv. Under age 18
- e. Reasonable classifications of children
- f. Parents and other caretaker relatives
- g. Pregnant women
- h. Other population

## Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1 KY-01-10 KY-03-13		

User-Entered

### C. Financial Methodologies

1. In calculating household income and resources for individuals who are seeking eligibility on the basis of being age 65 or older or having blindness or disability, SSI methodologies are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. In calculating household income and resources for populations for which AFDC is the most closely related program, the following methodology(ies) are used:

- a. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

3. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

**Description of disregard:** Exclude all wages paid by the Census Bureau for temporary employment related to census activities.

A specified type of income is disregarded:

Name of income type:	Description:
Tobacco Settlement	Exclude all income paid to individuals from the tobacco settlement between states and tobacco manufacturers.

The following less restrictive methodologies are used:

Name of methodology:	Description:
Irregular Income	If income is received irregularly or in irregular amounts, average the prior 3 months' actual income, even if some of the months have zero income, to arrive at the monthly amount.

4. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

The following less restrictive methodologies are used:

Name of methodology:	Description:
Resource increases after application	Any increases in the total amount of resources determined available at an individual's most recent Medicaid application will be disregarded.

Name of methodology:	Description:
Value of Life Estate interest	Life estate interest in real estate property or other property, such as mineral rights or an oil lease is excluded.
Resource Eligibility	If resources are equal to or less than the limits when an application or reinvestigation is processed at any time during the month, the case is considered to be resource eligible for the full month.
Retirement	IRAs, Keogh Plan Funds, 401(k) retirement funds, and other deferred tax protected assets are considered as an unavailable resource until accessed by the owner. When accessed, the available amount is the amount actually withdrawn minus any penalty amounts resulting from the withdrawal.

## Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1 KY-01-10 KY-03-13		

User-Entered

### D. Income Standard Used

The income standard used is the standard of the most closely related cash assistance program.

### E. Resource Standard Used

The resource standard used is the standard of the most closely related cash assistance program.

## Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1 KY-01-10 KY-03-13		
	User-Entered		

### F. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS00020 | KY-25-0001

Individuals who would be eligible for Medicaid if they were in an institution and who receive home and community-based services.

#### Package Header

Package ID	KY2024MS00020	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-01-010 KY-92-2		

User-Entered

**The state operates the Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules eligibility group in accordance with the following provisions:**

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Would be eligible for Medicaid if in a medical institution.
2. But for the provision of home and community-based services under a waiver granted under section 1915(c), (d) or (e) of the Act:
  - a. For waivers granted under 1915(c), the individuals would otherwise require the level of care furnished in a hospital, a nursing facility or an intermediate care facility for individuals with intellectual disabilities.
  - b. For waivers granted under 1915(d) or (e), the individuals would otherwise require the level of care furnished in a hospital or nursing facility.
3. Will receive the waivered services.

## Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-01-010 KY-92-2		

User-Entered

### B. Income and Resource Methodologies

1. The income and resource methodologies used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.

**2. Less restrictive methodologies are used in calculating countable income.**

Yes  
 No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

**Description of disregard:** Exclude all wages paid by the Census Bureau for temporary employment related to census activities.

A specified type of income is disregarded:

Name of income type:	Description:
Tobacco Settlement	Exclude all income paid to individuals from the tobacco settlement between states and tobacco manufacturers.

The following less restrictive methodologies are used:

Name of methodology:	Description:
Irregular Income	If income is received irregularly or in irregular amounts, average the prior 3 months' actual income, even if some of the months have zero income, to arrive at the monthly amount.

**3. Less restrictive methodologies are used in calculating countable resources.**

Yes  
 No

## Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-01-010 KY-92-2 User-Entered		

### C. Income and Resource Standards

The income and resource standards used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.

## Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-01-010 KY-92-2		
	User-Entered		

### D. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

Individuals who receive an optional state supplementary payment.

#### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-84-9		

User-Entered

The state covers the Optional State Supplement Beneficiaries eligibility group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Receive an optional state supplement that meets the conditions described in sections C and D.
2. Except for income, would be eligible for SSI.
3. Do not have gross income exceeding 300% of the SSI Federal Benefit Rate (FBR).

## Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-84-9		
	User-Entered		

### B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

Yes  
 No

## Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-84-9		

User-Entered

### C. Optional State Supplement Program

1. The optional state supplement program is administered:

- a. Solely by the federal government. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments.
- b. By a combination of federal and state administration. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments for some classifications of individuals, while state supplementary payments for other classifications of individuals are administered by the state.
- c. Solely by the state.

2. Payments under the optional state supplement program are:

- a. Based on need and paid in cash on a regular basis;
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for supplement; and
- c. Available to all individuals in each population selected in section B.

## Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-84-9		

User-Entered

### D. Income Standard of Optional State Supplement Program

1. The income standard for the optional state supplement:

a. Varies by political subdivision.

Yes

No

b. Varies by payment classification.

Yes

No

The payment classifications used are:

- i. All individuals age 65 or older, regardless of living arrangement.
- ii. All individuals who have blindness, regardless of living arrangement.
- iii. All individuals who have a disability, regardless of living arrangement.
- iv. Independent living.

#### Income Standard

Individu	Cou
al	ple
\$14	\$14
\$14	87.0
87.0	0
0	

v. Living in household of another.

vi. Independent living and receiving non-medical care outside the home.

#### Income Standard

Individu	Cou
al	ple
\$11	\$11
\$11	39.0
39.0	0
0	

vii. Living in household of another and receiving non-medical care outside the home.

viii. Living in a domiciliary facility or other group living arrangement.

#### Income Standard

Individu	Cou
al	ple
\$15	\$15
\$15	83.0
83.0	0
0	

ix. Other payment classification.

**Name of Classification**Community Integration  
Supplementation**Description:**

Community Integration Supplementation (CIS) allows individuals at risk of entering a PCH, or other institution, an alternative living arrangement. To be eligible for State Supplementation in the CIS category individuals must meet ALL criteria listed in 1, 2, and 3 below.

1. The individual must maintain a permanent residence within the community. If renting their residence, they must have tenancy rights, which means they cannot be evicted without due course, and requires a proper lease agreement.

a. The following are examples of acceptable types of living arrangements for CIS:  
 (1)House or apartment rented by the individual with a lease agreement; (2)Residence owned by the individual;  
 (3)Living with family or friends with a proper lease agreement; or  
 (4)Living in a camper or mobile home.

2. Individuals must provide a written statement from a mental health professional at the initial eligibility determination, whether by application or case change, and at recertification verifying they have a serious mental illness.

3. Individuals must have the need for care and support above and beyond room and board.

**Individual**

\$1029.00

**Couple**

\$1565.00

## Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-84-9		
	User-Entered		

### E. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

Individuals who are in medical institutions for at least 30 consecutive days who are eligible under a special income level.

#### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1 KY-08-9 KY-03-13		
	User-Entered		

The state covers Individuals in Institutions Eligible under a Special Income Level in accordance with the following provisions:

#### A. Characteristics

**Individuals qualifying under this eligibility group must meet the following criteria:**

1. Have been in a medical institution for at least 30 consecutive days.
2. Have income at or below a standard described in section D.

## Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1 KY-08-9 KY-03-13		
	User-Entered		

### B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

Yes  
 No

## Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1 KY-08-9 KY-03-13		

User-Entered

### C. Financial Methodologies

1. In calculating household income, the methodologies of the most closely related cash assistance program are used, except that disregards are not applied.
2. In calculating household resources, the methodologies of the most closely related cash assistance program are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
3. Less restrictive methodologies are used in calculating countable resources.

Yes  
 No

The less restrictive resource methodologies are:

A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

The following less restrictive methodologies are used:

Name of methodology:	Description:
Resource increases after application	Any increases in the total amount of resources determined available at an individual's most recent Medicaid application will be disregarded.
Value of Life Estate interest	Life estate interest in real estate property or other property, such as mineral rights or an oil lease is excluded.
Resource Eligibility	If resources are equal to or less than the limits when an application or reinvestigation is processed at any time during the month, the case is considered to be resource eligible for the full month.
Retirement	IRAs, Keogh Plan Funds, 401(k) retirement funds, and other deferred tax protected assets are considered as an unavailable resource until accessed by the owner. When accessed, the available amount is the amount actually withdrawn minus any penalty amounts resulting from the withdrawal.

## Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1 KY-08-9 KY-03-13		
	User-Entered		

### D. Income Standard Used

**The income standard for this group is:**

- 1. 300% of the SSI Federal Benefit Rate (FBR) for an individual
- 2. Other lower income level

## Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1 KY-08-9 KY-03-13		
	User-Entered		

### E.Resource Standard Used

The resource standard for this group is the one used for the most closely-related cash assistance program.

## Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1 KY-08-9 KY-03-13		
	User-Entered		

### F.Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

Individuals who are age 65 or older or who have a disability, with income no higher than 100% FPL.

#### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1 KY-01-10 KY-03-13		

User-Entered

The state covers the optional Age and Disability-Related Poverty Level eligibility group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Meet at least one of the following condition(s):
  - a. Are age 65 or older; or
  - b. Have a disability.
2. Have income and resources at or below the standard for this group.

## Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1 KY-01-10 KY-03-13		
	User-Entered		

### B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

Yes  
 No

## Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS00020 | KY-25-0001

### Package Header

Package ID	KY2024MS00020	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1 KY-01-10 KY-03-13		

User-Entered

### C. Financial Methodologies

- SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- Less restrictive methodologies are used in calculating countable income.

Yes  
 No

a. The state uses the same less restrictive income methodologies for all individuals covered.

Yes  
 No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

**Description of disregard:** Exclude all wages paid by the Census Bureau for temporary employment related to census activities.

A specified type of income is disregarded:

Name of income type:	Description:
Tobacco Settlement	Exclude all income paid to individuals from the tobacco settlement between states and tobacco manufacturers.

The following less restrictive methodologies are used:

Name of methodology:	Description:
Irregular Income	If income is received irregularly or in irregular amounts, average the prior 3 months' actual income, even if some of the months have zero income, to arrive at the monthly amount.

- Less restrictive methodologies are used in calculating countable resources.

Yes

No

a. The state uses the same less restrictive resource methodologies for all individuals covered.

 Yes No

The less restrictive resource methodologies are:

 The following less restrictive methodologies are used:

Name of methodology:	Description:
Resource increases after application	Any increases in the total amount of resources determined available at an individual's most recent Medicaid application will be disregarded.
Value of Life Estate interest	Life estate interest in real estate property or other property, such as mineral rights or an oil lease is excluded.
Resource Eligibility	If resources are equal to or less than the limits when an application or reinvestigation is processed at any time during the month, the case is considered to be resource eligible for the full month.
Retirement	IRAs, Keogh Plan Funds, 401(k) retirement funds, and other deferred tax protected assets are considered as an unavailable resource until accessed by the owner. When accessed, the available amount is the amount actually withdrawn minus any penalty amounts resulting from the withdrawal.

## Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1 KY-01-10 KY-03-13		

User-Entered

### D. Income Standard Used

The income standard for this eligibility group is:

- 1. 100% FPL
- 2. A lower percent of the FPL:

## Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1 KY-01-10 KY-03-13		

User-Entered

### E. Resource Standard Used

The resource standard used is:

- 1. The resource limit for the SSI program; or
- 2. The resource limit used in the state's medically needy program, if higher.

## Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1 KY-01-10 KY-03-13		
	User-Entered		

### F. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

Individuals between ages 16 and 64 with a disability, who have earned income.

#### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-01-10 KY-08-4 KY-03-13		
	User-Entered		

The state covers the optional Ticket to Work basic eligibility group in accordance with the following provisions:

## Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-01-10 KY-08-4 KY-03-13		

User-Entered

### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are at least age 16 but less than 65 years of age.
2. Have earned income.
3. But for earned income, meet the SSI definition of disability.
4. Have income and resources that do not exceed the standards established by the state.

## Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-01-10 KY-08-4 KY-03-13		

User-Entered

## B. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

**2. Less restrictive methodologies are used in calculating countable income.**

Yes  
 No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

**Description of disregard:** Exclude all wages paid by the Census Bureau for temporary employment related to census activities.

A specified type of income is disregarded:

Name of income type:	Description:
Tobacco Settlement	Exclude all income paid to individuals from the tobacco settlement between states and tobacco manufacturers.

The following less restrictive methodologies are used:

Name of methodology:	Description:
Irregular Income	If income is received irregularly or in irregular amounts, average the prior 3 months' actual income, even if some of the months have zero income, to arrive at the monthly amount.

**3. Less restrictive methodologies are used in calculating countable resources.**

Yes  
 No

The less restrictive resource methodologies are:

The following less restrictive methodologies are used:

Name of methodology:	Description:
Resource increases after application	Any increases in the total amount of resources determined available at an individual's most recent Medicaid application will be disregarded.
Value of Life Estate interest	Life estate interest in real estate property or other property, such as mineral rights or an oil lease is excluded.
Resource Eligibility	If resources are equal to or less than the limits when an application

Name of methodology:	Description:
	or reinvestigation is processed at any time during the month, the case is considered to be resource eligible for the full month.
Retirement	IRAs, Keogh Plan Funds, 401(k) retirement funds, and other deferred tax protected assets are considered as an unavailable resource until accessed by the owner. When accessed, the available amount is the amount actually withdrawn minus any penalty amounts resulting from the withdrawal.

## Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-01-10 KY-08-4 KY-03-13		
	User-Entered		

### C. Income Standard Used

The income standard for this group is:

- 1. No income standard
- 2. A percentage of the federal poverty level:
- 3. A percentage of the SSI Federal Benefit Rate:
- 4. A dollar amount
- 5. Other

**FPL** 250.00%

## Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-01-10 KY-08-4 KY-03-13		
	User-Entered		

### D. Resource Standard Used

The resource standard for this group is:

- 1. No resource standard
- 2. SSI resource standard
- 4. A dollar amount higher than the SSI resource standard

**Single Individual** \$5000.00

**Couple** \$10000.00

## Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-01-10 KY-08-4 KY-03-13		
	User-Entered		

### E. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

## Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

<b>Package ID</b>	KY2024MS0002O	<b>SPA ID</b>	KY-25-0001
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	1/24/2025
<b>Approval Date</b>	07/03/2025	<b>Effective Date</b>	7/1/2025
<b>Superseded SPA ID</b>	KY-01-10 KY-08-4 KY-03-13		
	User-Entered		

### F. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Medically Needy

### Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

Woman who are pregnant or post-partum who would qualify under the state's Pregnant Women eligibility group, except for income.

#### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1 KY-01-10 KY-03-13		
	User-Entered		

The state covers the Medically Needy Pregnant Women eligibility group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are pregnant or post-partum, as defined in 42 CFR 435.4.
2. Would qualify under the Pregnant Women eligibility group, except for income.
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

## Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1 KY-01-10 KY-03-13		

User-Entered

### B. Financial Methodologies

1. The financial methodology used is:

a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

Yes

No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

**Description of disregard:** Exclude all wages paid by the Census Bureau for temporary employment related to census activities.

A specified type of income is disregarded:

Name of income type:	Description:
Tobacco Settlement	Exclude all income paid to individuals from the tobacco settlement between states and tobacco manufacturers.

The following less restrictive methodologies are used:

Name of methodology:	Description:
Irregular Income	If income is received irregularly or in irregular amounts, average the prior 3 months' actual income, even if some of the months have zero income, to arrive at the monthly amount.

3. Less restrictive methodologies are used in calculating countable resources.

Yes

No

The less restrictive resource methodologies are:

The following less restrictive methodologies are used:

Name of methodology:	Description:
Resource increases after application	Any increases in the total amount of resources determined available at an individual's most recent Medicaid application will be disregarded.
Value of Life Estate interest	Life estate interest in real estate property or other property, such as

Name of methodology:	Description:
	mineral rights or an oil lease is excluded.
Resource Eligibility	If resources are equal to or less than the limits when an application or reinvestigation is processed at any time during the month, the case is considered to be resource eligible for the full month.
Retirement	IRAs, Keogh Plan Funds, 401(k) retirement funds, and other deferred tax protected assets are considered as an unavailable resource until accessed by the owner. When accessed, the available amount is the amount actually withdrawn minus any penalty amounts resulting from the withdrawal.

## Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1 KY-01-10 KY-03-13		

User-Entered

### C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

### D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

### E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

## Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1 KY-01-10 KY-03-13		
	User-Entered		

### F. Additional Information (optional)

## Medicaid State Plan Eligibility

### Eligibility Groups - Medically Needy

#### Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

Children under age 18 who would qualify under the state's categorically needy eligibility groups, except for income.

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1 KY-01-10 KY-03-13		
	User-Entered		

The state covers the Medically Needy Children under Age 18 eligibility group in accordance with the following provisions:

### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 18.
2. Would qualify as categorically needy, except for income.
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

## Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1 KY-01-10 KY-03-13		

User-Entered

### B. Financial Methodologies

1. The financial methodology used is:

a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

Yes

No

The less restrictive income methodologies are:

 Census Bureau wages are disregarded.

**Description of disregard:** Exclude all wages paid by the Census Bureau for temporary employment related to census activities.

 A specified type of income is disregarded:

Name of income type:	Description:
Tobacco Settlement	Exclude all income paid to individuals from the tobacco settlement between states and tobacco manufacturers.

 The following less restrictive methodologies are used:

Name of methodology:	Description:
Irregular Income	If income is received irregularly or in irregular amounts, average the prior 3 months' actual income, even if some of the months have zero income, to arrive at the monthly amount.

3. Less restrictive methodologies are used in calculating countable resources.

Yes

No

The less restrictive resource methodologies are:

 The following less restrictive methodologies are used:

Name of methodology:	Description:
Resource increases after application	Any increases in the total amount of resources determined available at an individual's most recent Medicaid application will be disregarded.
Value of Life Estate interest	Life estate interest in real estate property or other property, such as mineral rights or an oil lease is excluded.

Name of methodology:	Description:
Resource Eligibility	If resources are equal to or less than the limits when an application or reinvestigation is processed at any time during the month, the case is considered to be resource eligible for the full month.
Retirement	IRAs, Keogh Plan Funds, 401(k) retirement funds, and other deferred tax protected assets are considered as an unavailable resource until accessed by the owner. When accessed, the available amount is the amount actually withdrawn minus any penalty amounts resulting from the withdrawal.

## Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1 KY-01-10 KY-03-13		

User-Entered

### C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

### D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

### E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

## Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1 KY-01-10 KY-03-13		
	User-Entered		

### F. Additional Information (optional)

## Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1 KY-01-10 KY-03-13		

User-Entered

## Medicaid State Plan Eligibility

### Eligibility Groups - Medically Needy

#### Protected Medically Needy Individuals Who Were Eligible in 1973

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

Individuals who were eligible as medically needy in 1973 based on blindness or disability, and who have been continuously eligible since that time.

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	NEW		

User-Entered

The state operates the Protected Medically Needy Individuals Who Were Eligible in 1973 eligibility group in accordance with the following provisions:

### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Were eligible as medically needy in December 1973 on the basis of the blindness or disability criteria of the AB, APTD, or AABD plan.
2. For each consecutive month after December 1973, continue to meet:
  - a. Those blindness or disability criteria; and
  - b. The eligibility requirements for the medically needy under the December 1973 plan.
3. Meet all current requirements as medically needy, except for the blindness or disability criteria.

## Protected Medically Needy Individuals Who Were Eligible in 1973

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	NEW		
	User-Entered		

### B. Additional Information (optional)

## Protected Medically Needy Individuals Who Were Eligible in 1973

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	NEW User-Entered		

## Medicaid State Plan Eligibility

### Eligibility Groups - Medically Needy

#### Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

One or more reasonable classifications of individuals under age 21 who do not qualify as categorically needy.

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1 KY-01-10 KY-03-13 User-Entered		

The state covers the optional Medically Needy Reasonable Classifications of Individuals under Age 21 eligibility group in accordance with the following provisions:

### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 21, or a lower age, as specified in section C.
2. Would not qualify under the Medically Needy Children under Age 18 eligibility group (42 CFR 435.301)
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

## Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1 KY-01-10 KY-03-13		

User-Entered

### B. Individuals Covered

The state covers the following populations:

- 1. All children under a specified age limit:
- 2. Reasonable classifications of children

Name of classification	Age Range
Individuals placed in foster care homes by public agencies	Under age 21
Individuals placed in private institutions by public agencies	Under age 21
Individuals in adoptions subsidized in full or part by a public agency	Under age 21

## Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1 KY-01-10 KY-03-13		

User-Entered

### C. Financial Methodologies

#### 1. The state uses the same financial methodology for all individuals covered.

Yes  
 No

#### 2. The financial methodology used is:

a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.  
 b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

#### 3. Less restrictive methodologies are used in calculating countable income.

Yes  
 No

The less restrictive income methodologies are:

 Census Bureau wages are disregarded.

**Description of disregard:** Exclude all wages paid by the Census Bureau for temporary employment related to census activities.

 A specified type of income is disregarded:

Name of income type:	Description:
Tobacco Settlement	Exclude all income paid to individuals from the tobacco settlement between states and tobacco manufacturers.

 The following less restrictive methodologies are used:

Name of methodology:	Description:
Irregular Income	If income is received irregularly or in irregular amounts, average the prior 3 months' actual income, even if some of the months have zero income, to arrive at the monthly amount.

#### 4. Less restrictive methodologies are used in calculating countable resources.

Yes  
 No

The less restrictive resource methodologies are:

 The following less restrictive methodologies are used:

Name of methodology:	Description:
Resource increases after application	Any increases in the total amount of resources determined available at an individual's most recent Medicaid application will be disregarded.
Value of Life Estate interest	Life estate interest in real estate property or other property, such as mineral rights or an oil lease is excluded.
Resource Eligibility	If resources are equal to or less than the limits when an application or reinvestigation is processed at any time during the month, the case is considered to be resource eligible for the full month.
Retirement	IRAs, Keogh Plan Funds, 401(k) retirement funds, and other deferred tax protected assets are considered as an unavailable resource until accessed by the owner. When accessed, the available amount is the amount actually withdrawn minus any penalty amounts resulting from the withdrawal.

## Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1 KY-01-10 KY-03-13		

User-Entered

### D. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

### E. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

### F. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

## Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1 KY-01-10 KY-03-13		
	User-Entered		

### G. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Medically Needy

### Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

Parents and other caretaker relatives of dependent children who do not qualify as categorically needy.

#### Package Header

**Package ID** KY2024MS0002O

**SPA ID** KY-25-0001

**Submission Type** Official

**Initial Submission Date** 1/24/2025

**Approval Date** 07/03/2025

**Effective Date** 7/1/2025

**Superseded SPA ID** KY-92-1 KY-01-10-KY-03-13

User-Entered

The state covers the optional Medically Needy Parents and Other Caretaker Relatives eligibility group in accordance with the following provisions:

#### A. Characteristics

**Individuals qualifying under this eligibility group must meet the following criteria:**

1. Meet the definition of parent or caretaker relative, as described in the mandatory Parents and Other Caretaker Relatives eligibility group.
2. Are not otherwise eligible for categorically needy coverage under the state plan.
3. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

## Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS00020 | KY-25-0001

### Package Header

Package ID	KY2024MS00020	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1 KY-01-10-KY-03-13		

User-Entered

## B. Financial Methodologies

### 1. The financial methodology used is:

a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

### 2. Less restrictive methodologies are used in calculating countable income.

Yes

No

The less restrictive income methodologies are:

 Census Bureau wages are disregarded.

**Description of disregard:** Exclude all wages paid by the Census Bureau for temporary employment related to census activities.

 A specified type of income is disregarded:

Name of income type:	Description:
Tobacco Settlement	Exclude all income paid to individuals from the tobacco settlement between states and tobacco manufacturers.

 The following less restrictive methodologies are used:

Name of methodology:	Description:
Irregular Income	If income is received irregularly or in irregular amounts, average the prior 3 months' actual income, even if some of the months have zero income, to arrive at the monthly amount.

### 3. Less restrictive methodologies are used in calculating countable resources.

Yes

No

The less restrictive resource methodologies are:

 The following less restrictive methodologies are used:

Name of methodology:	Description:
Resource increases after application	Any increases in the total amount of resources determined available at an individual's most recent Medicaid application will be disregarded.
Value of Life Estate interest	Life estate interest in real estate property or other property, such as mineral rights or an oil lease is excluded.

Name of methodology:	Description:
Resource Eligibility	If resources are equal to or less than the limits when an application or reinvestigation is processed at any time during the month, the case is considered to be resource eligible for the full month.
Retirement	IRAs, Keogh Plan Funds, 401(k) retirement funds, and other deferred tax protected assets are considered as an unavailable resource until accessed by the owner. When accessed, the available amount is the amount actually withdrawn minus any penalty amounts resulting from the withdrawal.

## Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1 KY-01-10-KY-03-13		

User-Entered

### C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

### D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

### E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

## Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1 KY-01-10-KY-03-13		
	User-Entered		

### F. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Medically Needy

### Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

Individuals who are age 65 or older or who have blindness or a disability who do not qualify as categorically needy.

#### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1 KY-01-10 KY-03-13		
	User-Entered		

The state covers the optional Medically Needy Populations Based on Age, Blindness or Disability eligibility group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Meet at least one of the following:
  - a. Are age 65 or older;
  - b. Have blindness; or
  - c. Have a disability.
2. Are not otherwise eligible for categorically needy coverage under the state plan.
3. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

## Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1 KY-01-10 KY-03-13		

User-Entered

### B. Individuals Covered

The state covers the following populations:

- 1. Individuals age 65 or older
- 2. Individuals with blindness
- 3. Individuals who have a disability

## Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1 KY-01-10 KY-03-13		

User-Entered

### C. Financial Methodologies

1. The state uses the same financial methodology for all individuals covered.

Yes

No

2. The financial methodology used is:

- a. SSI methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. Less restrictive methodologies are used in calculating countable income.

Yes  No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

**Description of disregard:** Exclude all wages paid by the Census Bureau for temporary employment related to census activities.

A specified type of income is disregarded:

Name of income type:	Description:
Tobacco Settlement	Exclude all income paid to individuals from the tobacco settlement between states and tobacco manufacturers.

The following less restrictive methodologies are used:

Name of methodology:	Description:
Irregular Income	If income is received irregularly or in irregular amounts, average the prior 3 months' actual income, even if some of the months have zero income, to arrive at the monthly amount.

c. Less restrictive methodologies are used in calculating countable resources.

Yes  No

The less restrictive resource methodologies are:

The following less restrictive methodologies are used:

Name of methodology:	Description:
Resource increases after application	Any increases in the total amount of resources determined available at an individual's most recent Medicaid application will be disregarded.
Value of Life Estate interest	Life estate interest in real estate property or other property, such as mineral rights or an oil lease is excluded.
Resource Eligibility	If resources are equal to or less than the limits when an application or reinvestigation is processed at any time during the month, the case is considered to be resource eligible for the full month.
Retirement	IRAs, Keogh Plan Funds, 401(k) retirement funds, and other deferred tax protected assets are considered as an unavailable resource until accessed by the owner. When accessed, the available amount is the amount actually withdrawn minus any penalty amounts resulting from the withdrawal.

## Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1 KY-01-10 KY-03-13		

User-Entered

### D. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

## Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1 KY-01-10 KY-03-13		
	User-Entered		

### E. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

## Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1 KY-01-10 KY-03-13		

User-Entered

### F. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

## Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | KY2024MS0002O | KY-25-0001

### Package Header

Package ID	KY2024MS0002O	SPA ID	KY-25-0001
Submission Type	Official	Initial Submission Date	1/24/2025
Approval Date	07/03/2025	Effective Date	7/1/2025
Superseded SPA ID	KY-92-1 KY-01-10 KY-03-13		
	User-Entered		

### G. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

*This view was generated on 7/3/2025 11:24 AM EDT*