Table of Contents

State/Territory Name: KENTUCKY

State Plan Amendment (SPA) #: KY-26-0007

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS 179 Form/Summary Form
3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604

Financial Management Group

November 17, 2026

Lisa Lee
Commissioner
275 E. Main St.
Frankfort, KY 40601

RE: TN 26-0007

Dear Commissioner Lee,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Kentucky State Plan Amendment (SPA) to Attachment 4.19-B KY-26-0007, which was submitted to CMS on August 31, 2026. This plan amendment updates the Audiology Services reimbursement.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of August 1, 2026. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Ysabel Gavino via email at Maria.Gavino@cms.hhs.gov.

Sincerely,

Todd McMillion

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 26 — 0007

2. STATE: KY

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT: (●) XIX ( ) XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE: 8/1/26

5. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.110

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 $ 0
b. FFY 2027 $ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 4.19-B Pgs. 20.9(b)-20.9(c)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: 4.19-B Pgs. 20.9(b)-20.9(c)

9. SUBJECT OF AMENDMENT

This proposed amendment would simplify the SPA by removing outdated reimbursement language and fixed dollar amounts, and replacing them with a link to the Department's fee schedule; making the SPA consistent with the language in Ky State Reg 907 KAR 1:039.

10. GOVERNOR'S REVIEW *(Check One)*

( ) GOVERNOR'S OFFICE REPORTED NO COMMENT
( ) COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
( ) NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
(●) OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL: Lisa D. Lee

12. TYPED NAME: Lisa D. Lee

13. TITLE: Commissioner

14. DATE SUBMITTED: 8/31/26

15. RETURN TO
Lisa Lee
275 E. Main St. 6 W-A
Frankfort, KY 40601

FOR CMS USE ONLY

16. DATE RECEIVED: August 31, 2026

17. DATE APPROVED: November 17, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL: August 1, 2026

19. SIGNATURE OF APPROVING OFFICIAL: Todd McMillion

20. TYPED NAME OF APPROVING OFFICIAL: Todd McMillion

21. TITLE OF APPROVING OFFICIAL: Director, Division of Reimbursement Review

22. REMARKS

V. Hearing Services

A. The State Agency shall reimburse a participating audiologist at the provider's usual and customary charges up to the fixed upper limit per procedure established by the Kentucky Medicaid Audiology Fee Schedule. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Hearing Services. The Agency's fee schedule rate was set as of August 1, 2026, and effective for services provided on or after that date. All rates are published on the Department's website: https://www.chfs.ky.gov/agencies/dms/Pages/feesrates.aspx

Audiologists shall be entitled to the same dispensing fee for hearing aids as shown in Section B.

The state agency will reimburse for adult hearing aids and hearing tests at the same rate and requirements applied for children beginning January 1, 2023.

B. Hearing Aid

The department shall reimburse a participating specialist in hearing instruments or participating audiologist for a hearing instrument at the lesser of the:

(a) Provider's usual and customary charge for the hearing instrument; or
(b) Reimbursement established on the Kentucky Medicaid Audiology Fee Schedule referenced in Section A.

A hearing examination of a recipient by a physician and a recommendation for a hearing instrument for the recipient by an audiologist shall:

(a) Be required for the department to cover a hearing instrument; and
(b) Occur prior to the fitting of a hearing instrument.

Reimbursement for Ear Molds

The department shall reimburse a participating audiologist or participating specialist in hearing instruments for an ear mold at the lesser of the:

(a) Provider's usual and customary charge for the ear mold; or
(b) Reimbursement established on the Kentucky Medicaid Audiology Fee Schedule in Section A for the ear mold.

Reimbursement for Hearing Instrument Batteries.

1. The department shall reimburse a participating audiologist or participating specialist in hearing instruments for a hearing instrument battery at the lesser of the:
   (a) Provider's usual and customary charge for the hearing instrument battery; or
   (b) Reimbursement established on the Kentucky Medicaid Audiology Fee Schedule for the hearing instrument battery, which is referenced in Section A, page 20.9(b) of Att. 4.19-B.
   (c) The department's reimbursement for hearing instrument batteries shall be consistent with manufacturer's recommendations and at regular intervals as necessary to ensure optimal functioning of the hearing instrument.

C. Replacement Cord Reimbursement.

The department shall reimburse for a replacement cord according to the Kentucky Medicaid Audiology Fee Schedule, referenced in Section A, page 20.9(b) of Att. 4.19-B.

D. Hearing Instrument Repair Reimbursement.

1. The department shall reimburse a participating audiologist or participating specialist in hearing instruments for hearing instrument repair at the lesser of:
   (a) Provider's usual or customary charge for hearing instrument repair; or
   (b) Reimbursement established on the Kentucky Medicaid Audiology Fee Schedule, referenced in Section A, page 20.9(b) of Att. 4.19-B.