KENTUCKY

STATE PLAN UNDER TITLE XIX

OF THE SOCIAL SECURITY ACT

MEDICAL ASSISTANCE PROGRAM

TN # <u>90-05</u> SUPERSEDES TN # <u>UNKNOWN</u>

APPROVED: <u>APR 27, 1990</u> EFFECTIVE DATE: <u>4-1-90</u>

Revision: HCFA-PM-87-4 (BERC)

MARCH 1987 OMB No 0938

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT Medical Assistance Program

State/Territory: Kentucky

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TN No. 87-15 Supersedes TN No. <u>Unk</u>.

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Effective Date: <u>10-1-87</u> HCFA ID: 1002P/0010P Revision: HCFA-PM-87-4 (BERC) MARCH 1987 OMB No 0938-0193

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*1.1-B	Waivers under the Inter	rgovernmental Cooperation Act
1.2-A	Organization and Funct	tion of State Agency
1.2-B	Organization of Function	on of Medical Assistance Unit
1.2-C	Professional Medical and	nd Supporting Staff
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	*Supplement 3 -	Medical or Remedial Care Not Covered under Medicaid
	*Supplement 4 -	Section 1902(f) Methodologies for Treatment of Income that Differ from those of the SSI Program
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No. <u>Title of Attachments</u>

*Supplement 5 - Section 1902(f) Methodologies for Treatment of

Resources that Differ from those of the SSI

Program

*Supplement 5a - Methodologies for Treatment of Resources for

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the Federal Poverty Level

*Supplement 6 - Standards for Optional State Supplementary

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*Supplement 7 - Income Levels for 1902(f) States -

Categorically Needy Who Are Covered under Requirements More Restrictive than SSI

*Supplement 8 - Resource Standards for 1902(f) States- \setminus

Categorically Needy

*Supplement 8a- More Liberal Methods of Treating Income Under

Section 1902(r)(2) of the Act

*Supplement 8b - More Liberal Methods of Treating Resources

Under Section 1902(r)(2) of the Act

*Supplement 9 -

*Supplement 10 -

*Supplement 11 - Cost Effective Methods for COBRA Group

(States and Territories)

*2.6-A Eligibility Conditions and Requirements (<u>Territories Only</u>)

*Supplement 1 - Income Eligibility Levels – Categorically

Needy, Medically Needy, and Qualified Medicare

Beneficiaries

*Supplement 2 - Reasonable Limits on Amounts for Necessary

Medical or Remedial Care Not Covered under

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*Supplement 3 - Resource Levels for Optional Groups with

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*Supplement 4 - Consideration of Medicaid Qualifying Trusts – Undue Hardship

*Supplement 5 - Liberal Methods of Treating Income Under

Section 1902(r)(2) of the Act

*Supplement 6 - More Liberal Methods of Treating Resources

Under Section 1902(r)(2) of the Act

*Forms Provided

TN No. <u>92-1</u> Supersedes TN No. <u>87-15</u>

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*3.1-E	Standards for the Coverage o	of Organ Transplant Procedures	
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4.14-A	Single Utilization Review Me	ethods for Intermediate Care Facilities	
4.14-B	Multiple Utilization Review	Methods for Intermediate Care Facilities	
4.16-A	Cooperative Arrangements w Rehabilitation Agencies and	with State Health and State Vocational with Title V Grantees	
4.17-A	Determining that an Institution	onalized Individual Cannot Be Discharged and Returned	
*4.18-A	Charges Imposed on Categor	rically Needy	
*4.18-B	Medically Needy - Premium		
*4.18-C	Charges Imposed on Medical	lly Needy and other Optional Groups	
*4.18-D	Premiums Imposed on Low I	Income Pregnant Women and Infants	
*4.18-E	Premiums Imposed on Qualit	fied Disabled and Working Individuals	
4.19-A	Methods and Standards for E	Stablishing Payment Rates - Inpatient Hospital Care	
*Forms Provid	led		

Approval Date NOV 14 1994

Effective Date <u>1-1-92</u> HCFA ID: 7982E

TN No. 92-1 Supersedes TN No. 90-5

Revision: August 1991	HCFA-PM-9l-8 (MB)
No.	Title of Attachments
4.19-B	Methods and Standards for Establishing Payment Rates - Other Types of Care
	* Supplement 1 - Methods and Standards for Establishing Payment Rates for Title XVIII Deductible/Coinsurance
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4.22-A	Requirements for Third Party LiabilityIdentifying Liable Resources
*4.22-B	Requirements for Third Party LiabilityPayment of Claims
*4.22-C	Cost-Effective Methods for Employer-Based Group Health Plans
*4.32-A	Income and Eligibility Verification System Procedures: Requests to Other State Agencies
*4.33-A	Method for Issuance of Medicaid Eligibility Cards to Homeless Individuals
4.35-A	Criteria for the Application of Specified Remedies for Nursing Facilities
4.35-B	Alternative Remedies to Specified Remedies for Nursing Facilities
7.2-A	Methods of Administration — Civil Rights (Title VI)

*Forms Provided

TN No. 92-1 Supersedes TN No. None

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0MB No.: Page 4

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State Plan Administration Designation and Authority A
42 CFR 431.10
Designation and Authority
State Name: Kentucky
As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named below submits the following state plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.
Name of single state agency: Department for Medicaid Services
Type of Agency:
C Title IV-A Agency
C Health
C Human Resources
• Other
Type of Agency State Medicaid Agency
The above named agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)
The state statutory citation for the legal authority under which the single state agency administers the state plan is:
KRS 194A.030
The single state agency supervises the administration of the state plan by local political subdivisions.
C Yes No
The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.
An attachment is submitted.
The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.
The single state agency administers the entire state plan under title XIX (i.e., no other agency or organization administers any portion of it).
○ Yes
Waivers of the single state agency requirement have been granted under authority of the Intergovernmental Cooperation Act of 1968.

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	aivers are still in effect.
	s O No
nter	the following information for each waiver:
	Remo
D	Pate waiver granted (MM/DD/YY): 11/07/13
	The type of responsibility delegated is (check all that apply):
	Determining eligibility
	☐ Conducting fair hearings
-	Other
	Name of state agency to which responsibility is delegated:
	Division of Administrative Hearings
	Describe the organizational arrangement authorized, the nature and extent of responsibility for program administration delegated to the above named agency, and the resources and/or services of such agency to be util in administration of the plan:
	The Division of Administrative Hearings is housed within the Cabinet Secretary's Office and consists of two branches: the Health Services Administrative Hearings Branch and the Families & Children Administrative Hearings Branch. The HS AHB hearing officers conduct hearings in service appeal cases. These cases include both members and providers. The F&C AHB hearing officers conduct hearings primarily in eligibility appeal cases. Any party unsatisfied with the hearing officer determination my appeal to the Appeals Board. This boar appointed by the Secretary and presently consists of three attorneys along with support staff. Decisions of the appeals board are final and not reviewed by DMS.
	The methods for coordinating responsibilities among the agencies involved in administration of the plan under alternate organizational arrangement are as follows:
	The Division of Administrative Hearings provides impartial hearing officers for various Cabinet for Health and Family Services administrative hearings to resolve disputes concerning benefits, services and actions in a varie of programs administered by the Cabinet and governed by state and federal law.
	The Division of Administrative Hearings has two branches:
	Families and Children Administrative Hearings Branch Health Services Administrative Hearings Branch
	Families and Children Administrative Hearings Branch Conducts hearings for the Kentucky Transitional Assistance Program (K-TAP) including initial and ongoing eligibility for monthly payments, eligibility as an incapacitated individual, non-participation in the Kentucky Works Program (KWP) and concerning other services provided by the Department for Community Based Services.
	Conducts hearings for the Food Stamp Program including initial and ongoing eligibility for program benefits, participation in the employment and training program and recoupment of overpayment of benefits. Conducts hearings for individuals who allegedly have committed an intentional program violation.

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	Conducts hearings for Medicaid including initial and ongoing eligibility for medical benefits, eligibility as a permanent and totally disabled individual and monthly personal obligation for cost of nursing facility care.
*	Conducts hearings for the Division of Child Support including obligation amounts, tax intercept, payment arrearages and suspension of drivers licenses.
	Conducts hearings for the Division of Protection and Permanency including program issues about services for and treatment of families, children and vulnerable adults.
	Health Services Administrative Hearings Branch
	Process and schedule hearing requests in a timely manner and in accordance with applicable laws and regulations;
	Conduct pre-hearing conferences in a timely manner and in accordance with appropriate laws and regulations;
	Conduct hearings in accordance with KRS 13B requirements or in accordance with hearing procedures approved by the Attorney General and the legislature;
	Render decisions or reports in a timely manner in accordance with appropriate laws and regulations;
	Maintain hearing records in accordance with federal and state statutes;
	Issue subpoenas; Administrative Subpoena; CAPTA Administrative Subpoena Assist the CHFS secretary on appeals and hearings when requested.
	-DMS will ensure that DAH complies with all federal and state laws, regulations and policiesDMS does retains oversight of the State Plan and will establish a process to monitor the entire appeals process, including the quality and accuracy of the final decisions made by DAHDMS will ensure that every applicant and beneficiary is informed, in writing, of the fair hearing process and how to contact DAH and how to obtain information about fair hearings from that agency.
<u> </u>	
	ncy that administers or supervises the administration of the plan under Title X of the Act as of January 1, 1965, has been ly designated to administer or supervise the administration of that portion of this plan related to blind individuals.
The entity or enti	ities that have responsibility for determinations of eligibility for families, adults, and for individuals under 21 are:
_	dicaid agency
Single st Puerto R	tate agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Rico, or the Virgin Islands
An Exch	hange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
The entity that ha	as responsibility for determinations of eligibility for the aged, blind, and disabled are:
☐ The Med	dicaid agency
Single st	tate agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Rico, or the Virgin Islands
An Exch	hange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

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☐ The Federal agency administering the SSI program
Indicate which agency determines eligibility for any groups whose eligibility is not determined by the Federal agency:
☐ Medicaid agency
☐ Title IV-A agency
The entity or entities that have responsibility for conducting fair hearings with respect to denials of eligibility based on the applicable modified adjusted gross income standard are:
☐ Medicaid agency
An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act
The agency has established a review process whereby the agency reviews appeals decisions made by the Exchange or Exchange appeals entity or other state agency, but only with respect to conclusions of law, including interpretations of state or federal policies.
○ Yes
State Plan Administration Organization and Administration A2
42 CFR 431.10 42 CFR 431.11
Organization and Administration
Provide a description of the organization and functions of the Medicaid agency.
The organizational structure of the Department for Medicaid Services consists of a commissioner, deputy commissioner, medical director, pharmacy director, dental director and six (6) divisions. Each division director assumes specific responsibility in one of the following divisions: Division of Program Quality and Outcomes, Division of Community Alternatives, Division of Provider and Member Services, Division of Fiscal Management, Division of Policy and Operations and Division of Program Integrity.
Each director utilizes professional and clerical staff specializing in specific program areas.
The Division of Program Quality and Outcomes consists of the Disease and Case Management Branch and the Managed Care Oversight - Quality Branch. Each branch consists of Nurse Consultants, Medicaid Specialists and Program Coordinators.
The Division of Community Alternatives consists of the Mental Health/Intellectual and Developmental Disabilities Branch, Acquired Brain Injury Branch, Home and Community Based Services Branch and Community Transitions Branch. Each branch consists of Nurse Consultants, Medicaid Specialists and Program Coordinators.
The Division of Provider and Member Services consists of the Member Services Branch and the Provider Services Branch. Each branch consists of Medicaid Specialists.
The Division of Fiscal Management consists of the Administrative Services Branch, Financial Management Branch and Rate Setting Branch. This division consists of Healthcare Data Administrators, Actuary, Internal Policy Analysts and Medicaid Specialists.
The Division of Policy and Operations consists of the Eligibility Policy Branch, Benefit Policy Branch and the Managed Care

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Oversight - Contract Management Branch. This division consists of Medicaid Specialists, Internal Policy Analysts and Nurse Consultants.

The Division of Program Integrity consists of the Recovery Branch, Third Party Liability Branch and Provider Licensing and Certification Branch. The division consists of Medicaid Specialists.

The Department for Medicaid Services is directly concerned with administration of all aspects of the Program (excluding the eligibility determinations function). It is responsible for promoting and administering the provision of a continuum of high quality comprehensive services to indigent citizens of the Commonwealth of Kentucky so as to improve their healthcare. There is a further responsibility for the Department to promote efficiency in assuring the availability and accessibility of facilities and resources, particularly in rural and urban poverty areas where shortages of health resources prevail. To be effective in these respects, it is essential for the Department to have a unified philosophy, clearly defined goals, and sufficient authority to carry out its responsibilities. As the organizational unit administering the Medicaid program, the Department is responsible for developing, recommending, and implementing policies, standards, and procedures relating to benefit elements.

- A. Functions and responsibilities of the Department include, but are not limited to, the following:
- 1. Certifying the need of recipients for Medicaid;
- 2. Issuing authorizations for provision of Medicaid;
- 3. Certifying the provision of medical care in accordance with quality and quantity standards as established;
- 4. Developing bases and methods of payment for the medical services provided;
- 5. Certifying vendor billings for compliance with established base of payments;
- 6. Developing and implementing a managed care program for the delivery of physical and behavioral health services;
- 7. Developing and implementing a capitated non-emergency medical transportation delivery system, excluding ambulance stretcher services; and
- B. In the course of carrying out the above specifically designated functions the Department for Medicaid Services performs other functions, including but not limited to:
- 1. Developing, implementing, and disseminating policy and procedure material relevant to service benefits;
- 2. Preparing and managing the Program budget;
- 3. Conducting research analysis and evaluation, and preparing special reports on the findings thereof:
- 4. Conducting provider and recipient utilization review for use as a control technique in the enforcement of quality and quantity standards;
- 5. Establishing and maintaining a data base for the generation of statistics necessary for the operation and management of the program;
- 6. Maintaining a complete system of claims processing;
- 7. Determining recipient qualifications for specific service benefits;
- 8. Verifying recipient eligibility and certifying provider payments;
- 9. Providing oversight of the managed care program for the delivery of physical and behavioral health services;
- 10. Providing oversight of the capitated non-emergency medical transportation delivery system;
- 11. Assisting the Advisory Council, the Technical Advisory Committees, and other special committees as they carry out their assignments; and
- 12. Administering a quality improvement program to monitor and evaluate the health and health outcomes of members.

Upload an organizational chart of the Medicaid agency.

An attachment is submitted.

Provide a description of the structure of the state's executive branch which includes how the Medicaid agency fits in with other health, human service and public assistance agencies.

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The Cabinet for Health and Family Services is the primary agency in state government responsible for the development and operation of health and human service programs, including all federal programs in which the Commonwealth elects to participate. The Secretary of the Cabinet is the chief executive and administrative officer of the Cabinet for Health and Family Services and reports to the Office of the Governor.

The Secretary of the Cabinet for Health and Family Services has supervisory authority over the Department for Medicaid Services, which is the Single State Agency. The Commissioner for Medicaid Services directs the operation of all Divisions and functions within the Department, and has the authority to exercise administrative discretion in the administration or supervision of the Medicaid program, including the issuance of policies, rules, and regulations on program matters. The Cabinet Secretary is responsible for determining that the Commissioner's exercise of authority is in compliance with general state executive policy.

Entities that determine eligibility other than the Medicaid Agency (if entities are described under Designation and Authority)

Remove

Type of entity that deter	rmines eligibility
---------------------------	--------------------

•	Single state agency under Puerto Rico, or the Virgin	Title IV-A (in the	50 states or the	District of Columbia	or under Title	I or XVI (AABD)	in Guam
(Puerto Rico, or the Virgin	n Islands					

OAn Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

O The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

The Department for Medicaid Services has by interagency agreement provided that the Department for Community Based Services will be responsible for all eligibility determinations and certification functions for individuals eligible for Medicaid, except that pursuant to agreement with the Social Security Administration, that agency determines Medicaid eligibility for Supplemental Security Income recipients.

The Department for Community Based Services is the single State agency for financial assistance under Title IV-A. Within the Department for Community Based Services, the Director of the Division of Family Support is responsible for supervising and directing the eligibility-related activities of staff located in each of Kentucky's 120 counties. Staff assigned to each local county make the eligibility determinations, with the appropriate eligibility rolls maintained at the central office level.

Remove

Type of entity that determines eligibility:

O Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands

• An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

O The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

A Memorandum of Understanding has been signed between the Department for Medicaid Services and the Office of the Kentucky Health Benefit Exchange, within the Cabinet for Health and Family Services, to facilitate coordination and administration of programs and systems that support Medicaid/KCHIP. One aspect of the Exchange includes a "no wrong door approach" to allow one enrollment system for multiple programs. This Eligibility and Enrollment (E&E) system will allow individuals to enroll in Medicaid and KCHIP, if determined eligible. This E&E system is owned by the Exchange and replaces the mainframe system the Department for Medicaid Services is currently using for eligibility determinations for Medicaid and KCHIP.

Remove

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	Type of entity that determines eligibility:
	Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
	O An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
	The Federal agency administering the SSI program
	Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.
	Pursuant to a 1634 agreement, the Social Security Administration determines Medicaid eligibility for Supplemental Security Income recipients.
23.79. 00000000000	Add Add
Ent	ties that conduct fair hearings other than the Medicaid Agency (if are described under Designation and Authority) Remove
	Type of entity that conducts fair hearings:
	An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
	C An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act
	Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.
	Add
Sup	ervision of state plan administration by local political subdivisions (if described under Designation and Authority)
•	
Is th	ervision of state plan administration by local political subdivisions (if described under Designation and Authority)
Is the	ne supervision of the administration done through a state-wide agency which uses local political subdivisions?
Is the State 42 (42 (42 (revision of state plan administration by local political subdivisions (if described under Designation and Authority) re supervision of the administration done through a state-wide agency which uses local political subdivisions? Yes O No re Plan Administration
Is the State 42 (42 (42 (42 (42 (42 (42 (42 (42 (42	ervision of state plan administration by local political subdivisions (if described under Designation and Authority) ne supervision of the administration done through a state-wide agency which uses local political subdivisions? Yes O No A3 CFR 431.10 CFR 431.12
Is the State 42 (42 (42 (42 (42 (42 (42 (42 (42 (42	revision of state plan administration by local political subdivisions (if described under Designation and Authority) re supervision of the administration done through a state-wide agency which uses local political subdivisions? Yes O No Ite Plan Administration Surrances CFR 431.10 CFR 431.12 CFR 431.50
Is the Star Ass. 42 (42 (42 (42 (42 (42 (42 (42 (42 (42	rervision of state plan administration by local political subdivisions (if described under Designation and Authority) re supervision of the administration done through a state-wide agency which uses local political subdivisions? Yes O No Ate Plan Administration Surances CFR 431.10 CFR 431.12 CFR 431.50 Furances The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
Is the Cartest Ass. 42 (42 (42 (42 (42 (42 (42 (42 (42 (42	rervision of state plan administration by local political subdivisions (if described under Designation and Authority) re supervision of the administration done through a state-wide agency which uses local political subdivisions? Yes O No Ate Plan Administration Surances CFR 431.10 CFR 431.12 CFR 431.50 Furances The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
Is the Star Ass. 42 (42 (42 (42 (42 (42 (42 (42 (42 (42	revision of state plan administration by local political subdivisions (if described under Designation and Authority) re supervision of the administration done through a state-wide agency which uses local political subdivisions? Yes O No Ite Plan Administration Surances CFR 431.10 CFR 431.12 CFR 431.50 The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50. All requirements of 42 CFR 431.10 are met. There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with
Is the Control of the	revision of state plan administration by local political subdivisions (if described under Designation and Authority) re supervision of the administration done through a state-wide agency which uses local political subdivisions? Yes O No Interest Plan Administration Surrances CFR 431.10 CFR 431.12 CFR 431.50 The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50. All requirements of 42 CFR 431.10 are met. There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with meeting all the requirements of 42 CFR 431.12. The Medicaid agency does not delegate, to other than its own officials, the authority to supervise the plan or to develop or issue

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	There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been
V	delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).

Assurances for states that have delegated authority to conduct fair hearings:

- There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d).
- When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency.

Assurance for states that have delegated authority to determine eligibility and/or to conduct fair hearings:

The Medicaid agency does not delegate authority to make eligibility determinations or to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.

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Medicaid Eligibility

OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

Non-Financial Eligibility Citizenship and Non-Citizen Eligibility
1902(a)(46)(B) 8 U.S.C. 1611, 1612, 1613, and 1641 1903(v)(2),(3) and (4) 42 CFR 435.4 42 CFR 435.406 42 CFR 435.956
Citizenship and Non-Citizen Eligibility
The state provides Medicaid to citizens and nationals of the United States and certain non-citizens consistent with requirements of 42 CFR 435.406, including during a reasonable opportunity period pending verification of their citizenship, national status or satisfactory immigration status.
The state provides Medicaid eligibility to otherwise eligible individuals:
■ Who are citizens or nationals of the United States; and
Who are qualified non-citizens as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) (8 U.S.C. §1641), or whose eligibility is required by section 402(b) of PRWORA (8 U.S.C. §1612(b)) and is not prohibited by section 403 of PRWORA (8 U.S.C. §1613); and
Who have declared themselves to be citizens or nationals of the United States, or an individual having satisfactory immigration status, during a reasonable opportunity period pending verification of their citizenship, nationality or satisfactory immigration status consistent with requirements of 1903(x), 1137(d), 1902(ee) of the SSA and 42 CFR 435.406, and 956.
The reasonable opportunity period begins on and extends 90 days from the date the notice of reasonable opportunity is received by the individual.
The agency provides for an extension of the reasonable opportunity period if the individual is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency needs more time to complete the verification process.
C Yes ● No
The agency begins to furnish benefits to otherwise eligible individuals during the reasonable opportunity period on a date earlier than the date the notice is received by the individual.
The date benefits are furnished is:
The date of application containing the declaration of citizenship or immigration status.
The date the reasonable opportunity notice is sent.
Other date, as described:

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Medicaid Eligibility

The state provides Medicaid coverage to all Qualified Non-Citizens whose eligibility is not prohibited by section 403 of PRWORA (8 U.S.C. §1613).				
• Yes No				
The state elects the option to provide Medicaid coverage to otherwise eligible individuals under 21 and pregnant women, lawfully residing in the United States, as provided in section 1903(v)(4) of the Act.				
Pregnant women				
☑ Individuals under age 21:				
C Individuals under age 21				
C Individuals under age 20				
● Individuals under age 19				
An individual is considered to be lawfully residing in the United States if he or she is lawfully present and otherwise meets the eligibility requirements in the state plan.				
An individual is considered to be lawfully present in the United States if he or she:				
1. Is a qualified non-citizen as defined in 8 U.S.C. 1641(b) and (c);				
2. Is a non-citizen in a valid nonimmigrant status, as defined in 8 U.S.C. 1101(a)(15) or otherwise under the immigration laws defined in 8 U.S.C. 1101(a)(17));	as			
3. Is a non-citizen who has been paroled into the United States in accordance with 8 U.S.C. 1182(d)(5) for less than 1 year, except for an individual paroled for prosecution, for deferred inspection or pending removal proceedings;				
4. Is a non-citizen who belongs to one of the following classes:				
■ Granted temporary resident status in accordance with 8 U.S.C. 1160 or 1255a, respectively;				
Granted Temporary Protected Status (TPS) in accordance with 8 U.S.C. §1254a, and individuals with pending applications for TPS who have been granted employment authorization;				
■ Granted employment authorization under 8 CFR 274a.12(c);				
Family Unity beneficiaries in accordance with section 301 of Pub. L. 101-649, as amended;				
Under Deferred Enforced Departure (DED) in accordance with a decision made by the President;				
Granted Deferred Action status;				
Granted an administrative stay of removal under 8 CFR 241;				
Beneficiary of approved visa petition who has a pending application for adjustment of status;				
5. Is an individual with a pending application for asylum under 8 U.S.C. 1158, or for withholding of removal under 8 U.S.C.1231, or under the Convention Against Torture who -				
Has been granted employment authorization; or				
Is under the age of 14 and has had an application pending for at least 180 days;				

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Medicaid Eligibility

	6. Has been granted withholding of removal under the Convention Against Torture;				
	7. Is a child who has a pending application for Special Immigrant Juvenile status as described in 8 U.S.C. 1101(a)(27)(J);				
	8. Is lawfully present in American Samoa under the immigration laws of American Samoa; or				
	9. Is a victim of severe trafficking in persons, in accordance with the Victims of Trafficking and Violence Protection Act of 2000, Pub. L. 106-386, as amended (22 U.S.C. 7105(b));				
	10. Exception: An individual with deferred action under the Department of Homeland Security's deferred action for the childhood arrivals process, as described in the Secretary of Homeland Security's June 15, 2012 memorandum, shall not be considered to be lawfully present with respect to any of the above categories in paragraphs (1) through (9) of this definition.				
	☐ Other				
Ø	The state assures that it provides limited Medicaid services for treatment of an emergency medical condition, not related to an organ transplant procedure, as defined in 1903(v)(3) of the SSA and implemented at 42 CFR 440.255, to the following individuals who meet all Medicaid eligibility requirements, except documentation of citizenship or satisfactory immigration status and/or present an SSN:				
	Qualified non-citizens subject to the 5 year waiting period described in 8 U.S.C. 1613;				
	Non-qualified non-citizens, unless covered as a lawfully residing child or pregnant woman by the state under the option in accordance with 1903(v)(4) and implemented at 435.406(b).				

PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, 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.

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Health Coverage & Help Paying Costs

Application for More Than One Person

	Use this application to see what insurance choices you qualify for	Free or low-cost coverage from Medicaid or the Kentucky Children's Health Insurance Program (KCHIP) Payment Assistance that can help you pay for your health coverage Affordable health insurance plans that offer comprehensive coverage to help you stay well			
	Who is this application for?	Members of a household (spouses, partners, children, other) who: Live in Kentucky and plan to stay in Kentucky Are included on your tax return, even if they don't live with you Live with you, even if taxes are not filed			
	Apply faster online	Apply faster online at www.kynect.ky.gov.			
TO KNOW	What you may need to apply	 Your social security number (or document number if you are a legal immig Employer and income information (for example, paystubs, W-2 forms, or wand tax statements) 			
	Why do we ask for this information?	We ask about your Social Security Number (SSN), your income and other information to see if you qualify for and if you can get any help paying for your health coverage costs. If you need help getting an SSN, call 1-800-772-1213 or visit socialsecurity.gov. TTY users should call 1-800-325-0778.			
0		We'll keep all the information you give us private, as required by law.			
	What happens next?	Mail or fax your completed, signed application to:			
THINGS	What happens hext.	Office of the Kentucky Health Benefit Exchange 12 Mill Creek Park Frankfort, KY 40601			
'		Fax: 1-502-573-2005			
		 If you do not have all the information we ask for, submit your application anyway. We will contact you for the missing information if we cannot complete the determination based on the information you give us. If we can make a determination, we will send you detailed information about the steps you will need to follow to select a plan. You will need to go online, call us, or get assistance from an insurance agent or kynector to enroll in a plan. 			
	To get help	 Online: www.kynect.ky.gov By phone: Call Customer Service at 1-855- 4kynect (459-6328) In person: Find a list of places near where you live by visiting our website or calling us. Contact an insurance agent or kynector: Visit our website or call 1-855-4kynect (459-6328) for a list of insurance agents and kynectors near you. 			
		 Español: Llame a nuestro Servicio al Cliente gratis al 1-855- 4kynect (459-6328) TTY users call 1-855-326-4654 			

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Health Coverage & Help Paying Costs Application for More Than One Person

STEP 1

Tell Us about Yourself (the Responsible Party)

Complete this part of the application with information about the Responsible Party (even if the Responsible Party is not applying for coverage). If you are completing this application for someone else, you must use **Appendix B** to enter your contact information.

1. First name, Middle Initial, Last name & Si	uπix (as it appears	on your Social Security	card)		
2. Social Security Number (SSN)		SN if you want coverage don't want health coverage			
3. If you want coverage and SSN is not pr	ovided, select the	reason for not providing	g it.		
☐ Religious Objection ☐ Not e	eligible to receive	SSN due to alien status Applied for SSN			
$\hfill\Box$ Do not have an SSN and may only be	issued an SSN fo	r a valid non-work reas	on Refuse	to provide SSN	
 If you are applying for health coverage, c If you are not applying for health covera 		•	he next page.		
5. Date of Birth (mm/dd/yyyy)		Gender □ Male □ Female			
7. Do you live in Kentucky and plan to stay	in Kentucky? (Or	nly required if you want	coverage) □Yes	□ No	
8. Home Address - Check here if you do	not have a Home A	ddress. You will still ha	ave to enter a Maili	ng Address below.	
9. City	10.	State	11. Zip Code	12. County	
13. Mailing Address (Only required if different	ent from home add	ress)			
14. City	15.	State	16. Zip Code	17. County	
18. Primary Phone Number ☐ Home ☐	Work □ Cell	19. Secondary Phone	Number	ne 🗆 Work 🗆 Cell	
()		()			
20. ☐ Check here to allow kynect to send to alerts to your primary phone number	•	21. ☐ Check here to a alerts to your s	allow kynect to ser econdary phone n	_	
22. Preferred Spoken Language (if not Eng	lish)	23. Preferred Written	Language (if not E	nglish)	



If you need help with your application or to apply faster online, go to <u>www.kynect.ky.gov</u> or call **1-855-4kynect (459-6328)**. Para ayuda en Español, llame gratis al 1-855-4kynect (459-6328).

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24. Do you, the Responsible Part (You can apply for health ins	ty, plan to file a federal income t urance even if you don't file a fe	0 ,	
☐YES. If yes, answer ques	tions a–d. □NO. If no, s	kip to question d.	
a. What will be your filing s	☐ Single		ied Filing Separately d of Household
b. If married, what is your sc. Do you have any tax depif yes, list name(s) of de	pendents? □Yes □ No		
· ·	pendent on someone else's tax ne tax filer: he tax filer?		
Answer the following quest 25. Are you offered health covera ☐ Yes. If yes, you will need 26. Do you want help paying for If yes, which month(s)?	age from a job (including someo to complete and include Appen	ne else's job, like a spou dix A with this application	
27. Are you a U.S. citizen or national? 28. If you a U.S. Service of the property of the pr	u are not a U.S. citizen or nation es. Answer questions a-d belo Immigration Document Type: Document ID Number: Have you lived in the U.S. since Are you a veteran or active-dut	w. e 1996? 🗆 Yes 🗆	No
29. Are you of Hispanic, Latino o	r Spanish origin? (OPTIONAL)	□Yes □No	
30. Race - (OPTIONAL)		Children Communication Communi	
☐ Black or African ☐ Alas	erican Indian ☐ Filipino ka Native ☐ Japanese n Indian ☐ Korean	☐ Vietnamese ☐ Other Asian ☐ Native Hawaiian	☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander
	bout the deceased family memb		r his/her medical bills. Please give Gender □Male
The state of the s	tino or Spanish origin? (OPTION	IAL) □Yes □No	Female

STEP 2 Other Members of the Household

Next, you will need to give us information about the other members of your household (include all members of your household, even if they do not want health coverage). Include spouse, children, and others who live in Kentucky and plan to stay in Kentucky, are included on your tax return (even if they don't live with you), and live in your household, even if taxes are not filed. If you need to include more than four persons on this application, attach additional pages with their information.

Get started with the members of your tax household.



If you need help with your application or to apply faster online, go to www.kynect.ky.gov or call 1-855-4kynect (459-6328). Para ayuda en Español, llame gratis al 1-855-4kynect (459-6328).

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Person 2

. C				
1. First name, Middle ini	tial, Last name & Suff	IX (as it appears on S	iocial Security card)	2. Relationship to you
3. Social Security Numb	`		pful if not applying for heal	s coverage and has a SSN. Giving th coverage too since it can speed up
4. If PERSON 2 wants of				ı it.
☐Religious Objection☐Do not have an SSN	•		• • •	r SSN □ Newborn without SSN □ Refuse to provide SSN
5. If PERSON 2 is apply If PERSON 2 is not a	ing for health coverage			
6. Date of Birth (mm/dd/	уууу)		ender Male 🗆 Female	
8. Does PERSON 2 live Yes. If yes , do not e			LE PARTY? enter PERSON 2's addr	ess below.
9. Home Address		······································	Mailing Address (R equir e	ed if different from Home Address)
11. Does PERSON 2 pla (Individuals can appl			verage year 2014? e a federal income tax re	eturn.)
☐YES. If yes, answ	er questions a-d.	□NO. If no, sk	ip to question d.	
a. What will be PE	RSON 2'sfiling status'	? □ Married Filin □ Single	• .	ed Filing Separately of Household
c. Does PERSON	is the spouse's name 2 have any tax depen e(s) of dependent(s):	idents? □Yes	□ No	
d. Is PERSON 2 c If yes, please lis	laimed as a dependen st the name of the tax	nt on someone else's		□ No
			omeone else's job, like a lx A with this application	parent's or spouse's job)?
13. Does PERSON 2 wa		dical bills from the la	ast 3 months? □ □Yes	□ No
14. Is PERSON 2 a U.S citizen or national? ☐ Yes ☐ No	☐ Yes . Ans a. Immigra b. Docume c. Has PEI	wer questions a-d I tion Document Type ent ID Number: RSON 2 lived in the	:: U.S. since 1996? □ `	
16. Is PERSON 2 of His	panic, Latino or Spani	sh origin? (OPTION	AL) □Yes □No	
17. Race - (OPTIONAL)				
□ White□ Black or AfricanAmerican	☐ American Indian ☐ Alaska Native ☐ Asian Indian	☐ Filipino ☐ Japanese ☐ Korean	☐ Vietnamese ☐ Other Asian ☐ Native Hawaiian	 ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander
☐ Chinese	186			



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Person 3

1. First name, Middle init	ial, Last name & Suffix	(as it appears on So	ocial Security card)	2. Relationship to you
3. Social Security Number	us	e need PERSON 3's the SSN can be help e application process.	ful if not applying for hea	is coverage and has a SSN. Giving lith coverage too since it can speed up
4. If PERSON 3 wants c				g it.
☐Religious Objection ☐Do not have an SSN	_			or SSN □Newborn without SSN □Refuse to provide SSN
5. If PERSON 3 is applying If PERSON 3 is not applying the second	ng for health coverage oplying for health cove			
6. Date of Birth (mm/dd/y	ууу)	7. Ge □N	nder Male 🗆 Female	
8. Does PERSON 3 live				
☐Yes. If yes , do not e	nter an address below	ž į	nter PERSON 3's add	
9. Home Address		10. M	lailing Address (Requi	red if different from Home Address)
11. Does PERSON 3 pla (Individuals can apply	v for health insurance e		a federal income tax i	return.)
	RSON 3'sfiling status?	☐ Single	•	ed Filing Separately I of Household
c. Does PERSON	is the spouse's name? 3 have any tax depend (s) of dependent(s):	lents? □Yes □] No	
d. Is PERSON 3 cl If yes, please lis	aimed as a dependent at the name of the tax f	on someone else's iler:	tax return?	□ No
How is PERSON	N 3 related to the tax fil	er?	The state of the s	
12. Is PERSON 3 offere	d health coverage from	n a job (including sor nd include Appendix	meone else's job, like A with this application	a parent's or spouse's job)? n, □ No
13. Does PERSON 3 wa	0.400 20.500 0 0000000000000000000000000000	ical bills from the las	st 3 months? □Yes	□ No
14. Is PERSON 3 a U.S. citizen or national? ☐ Yes ☐ No	□ Yes . Answ a. Immigrati b. Documer c. Has PER	ver questions a-d be on Document Type: at ID Number: SON 3 lived in the U	J.S. since 1996?	nmigration status? Yes □ No he U.S. military? □Yes □No
16. Is PERSON 3 of His	panic, Latino or Spanis	h origin? (OPTIONA	L) □Yes □No	
17. Race - (OPTIONAL)				
□ White	☐ American Indian	☐ Filipino	□ Vietnamese	☐ Guamanian or Chamorro
☐ Black or AfricanAmerican☐ Chinese	☐ Alaska Native ☐ Asian Indian	☐ Japanese ☐ Korean	☐ Other Asian ☐ Native Hawaiian	☐ Samoan ☐ Other Pacific Islander



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Person 4

1. First name, Middle init	ial, Last name & Suffix	(as it appears on So	ocial Security card)	2. Relationship to you			
3. Social Security Number	us		ful if not applying for healt	s coverage and has a SSN. Giving the coverage too since it can speed up			
4. If PERSON 4 wants c				j it.			
☐Religious Objection ☐Do not have an SSN	•		• •	r SSN □Newborn without SSN □Refuse to provide SSN			
5. If PERSON 4 is applying If PERSON 4 is not ap							
6. Date of Birth (mm/dd/y	5. Date of Birth (mm/dd/yyyy) 7. Gender □ Male □ Female						
8. Does PERSON 4 live a				and halam			
☐Yes. If yes , do not e	nter an address below.		nter PERSON 4's addr				
9. Home Address		IO. N	alling Address (Require	ed if different from Home Address)			
11. Does PERSON 4 pla (Individuals can apply	for health insurance e		a federal income tax re	eturn.)			
•	•	•	•				
	son 4's filing status?	☐ Single	· -	ed Filing Separately of Household			
c. Does PERSON	is the spouse's name? 4 have any tax depend (s) of dependent(s):	ents? □Yes □] No				
d. is PERSON 4 cl If yes , please lis	aimed as a dependent	on someone else's ler:		□ No			
			meone else's job, like a	a parent's or spouse's job)? i. □ No			
13. Does PERSON 4 wa	nt help paying for med	BERNOON AND A STREET OF THE ST	7 (3886) 187 (1886) 187 (1886) 187 (1886) 188 (1886) 18	And the state of t			
14, Is PERSON 4 a U.S. citizen or national? ☐ Yes ☐ No	□ Yes. Answ a. Immigrati b. Documen c. Has PER	er questions a-d b on Document Type t ID Number: SON 4 lived in the l		nmigration status? Yes □ No ne U.S. military? □Yes □No			
16. Is PERSON 4 of His	oanic, Latino or Spanis	h origin? (OPTIONA	L) □Yes □No				
17. Race - (OPTIONAL)							
☐ White☐ Black or AfricanAmerican☐ Chinese	☐ American Indian ☐ Alaska Native ☐ Asian Indian	☐ Filipino ☐ Japanese ☐ Korean	☐ Vietnamese ☐ Other Asian ☐ Native Hawaiian	☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander			



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STEP 3

Additional Questions

If the answer to the following questions is yes for more than one person, use additional sheets of paper to give us the details.

1. Is anyone that is applying for health or released in the past three months?	overage on this application currently in prison or jail or has been
☐YES. If yes, answer questions a-d.	□NO. If no, go to question 2.
a. Who?	
그리다 보다는 이 경기에 있는데 그리고 모르는 이 상으로 하는데 얼마를 하는데 모든데 모든데 되었다. 스타를 하는데 그는 그리고 있다면 하는데 없다면 살아 있다.	ld/yyyy)
c. When did this person leave prison? (mm/d	
d. Is this person currently waiting for a decision	on on charges? UYes UNo
2. Has anyone on this application had a months or is currently pregnant?	pregnancy end (giving birth or losing a pregnancy) in the past three
□YES. If yes, answer questions a–d. a. Who?	□NO. If no, go to question 3.
-	egnancy? (mm/dd/yyyy) th this pregnancy?
d. Would this person like to be referred to WI	IC (a program that offers food to women, infants & children)? □Yes □No
3. Is anyone on this application America	ın Indian or Alaska Native?
	nail it with this application. □NO. If no, go to question 4.
4. Does anyone applying for health cover bathing, dressing, etc.) or live in a med	rage on this application need help with activities of daily living (like lical facility or nursing home?
☐YES. If yes, who?	INO. If no, go to question 5.
5. Is anyone that is applying for coverage	e on this application blind or permanently disabled ?
경험 이 기업으로 그는 그리고 한다면 살이 그림을 가는 것이 되었다. 그리고 있는 그리고 사람들이 살아가는 그리고 있다면 가지 않아야 한다면 없었다. 그리고	□NO. If no, go to question 6.
•	s applying for health coverage on this application currently have other
☐YES. If yes, answer questions a–h.	□NO. If no, go to question 7.
	f. Policy number
**	g. Coverage start date
·	h. Coverage end date
d. Name of insurance company e. Address of insurance company	
e. Address of insurance company	
7. Was anyone in your household receiving placement? YES. If yes, who?	Medicaid when he/she became too old to be eligible for foster care
In what state did he/she live?	How old was he/she?
□NO. If no, go to Step 4 on next page	



If you need help with your application or to apply faster online, go to www.kynect.ky.gov or call 1-855-4kynect (459-6328). Para ayuda en Español, llame gratis al 1-855-4kynect (459-6328).

Form KHBE-I10

Kentucky

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STEP 4 Income and Deductions

Use additional sheets of paper if you need to add more than two jobs.

Income from Job 1 1. Who earns this income?					2. Who is this person's employer?			
3. What is the gross amount \$	this person makes (be	fore taxes)?	4. How	often? □ W	eekly ery two weeks	☐ Twice a		
5. IF SELF-EMPLOYED	b. Gross Income	b. Gross Income				e. How of		
a. Type of work	c. Self-employment	Expenses						
d. NET income (Gross minus expenses)								
Income from Job 2 6. W	Vho earns this income?			7. Who is th	is person's emp	loyer?		
8. What is the gross amount \$	this person makes (bet	fore taxes)?	9. How	often? □ W	eekly very two weeks	☐ Twice a month☐ Monthly		
10. IF SELF-EMPLOYED	b. Gross Income					e. How of	ten?	
a. Type of work	c. Self-employment	Expenses						
	d. NET income (Gros	s minus expens	es)		-			
application may receive veteran's income, or Wo Type of Income			ave blan		nental Security How Ofter	<u>`</u>	SSI),	
☐ Social Security		\$		□Weekly	□Twice a mo	onth □M	lonthly	
□ Pensions		\$		□Weekiy	☐Twice a mo		lonthly	
☐ Interest or Dividend		\$		□Weekly	□Twice a mo	onth 🗆 M	lonthly	
☐ Disability Payments		. \$	of land, bearing the same of the same	□Weekly	☐Twice a mo	onth 🗆 M	lonthly	
☐ Unemployment	-	\$		□Weekly	☐Twice a mo	onth $\square N$	lonthly	
□ Other ———		\$		□Weekly	□Twice a mo	onth □Ń	lonthly	
12. Household Deduction can be deducted on ar insurance lower. If no	n income tax return. (
Type of Deduction	Who?	How m	uch?		How often	?		
☐ Alimony Paid		\$		□Weekly	☐Twice a mo	onth $\square N$	lonthly	
☐ Student Loan Interest	ano-kidangan kawana santangan kawana kaw	- \$		□Weekly	☐Twice a mo	onth $\square N$	lonthly	
☐ Educator Expenses		. \$		□Weekly	☐Twice a mo	onth $\square N$	lonthly	
☐ School Tuition & Fees		\$		□Weekly	□Twice a mo	onth $\square N$	onthly	
13. Yearly Household Inc (including any monthly o					ome for the co	verage ye	ar	



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STEP 5 Sign and Date this Application

- I am signing this application under penalty of perjury which means I have given true answers to all the questions on this form to the best of my knowledge and belief. I know that I may be subject to penalties under federal and/or state law if I provide false and/or untrue information.
- I know that I must tell kynect if anything changes from what I wrote on this application within 30 days of the change. I can visit kynect.ky.gov or call 1-855-4kynect (459-6328) to report any changes. I understand that a change in my information could affect the eligibility for member(s) of my household.
- If I think kynect has made a mistake, I can appeal its decision. To appeal means to tell someone at kynect that I think the action is wrong, and ask for a fair review of the action. I know that I can be represented in the process by someone other than myself. My eligibility and other important information will be explained to me.
- I know that under federal law, discrimination is not permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting www.hhs.gov/ocr/office/file.
- I understand that kynect will check my answers using information in databases from the Internal Revenue Service (IRS), Social Security, the Department of Homeland Security, and/or any other trusted source. If the information does not match, I may be asked to send proof.

does not match, i may be asked to sond proof.							
Renewal of coverage in future years: To make it easier to determine my eligibility for help paying for health coverage in future years, I agree to allow kynect to use income data, including information from tax returns and other trusted data sources. kynect will send me a notice, let me make any changes, and I can opt out at any time. Yes, renew my eligibility automatically for the next: (select one) Sequence of years (maximum allowed) 4 years 3 years 2 years 1 year							
Voter Registration: If I am not registered to vote or not registered where I currently live	e, I can choose to register to						
vote by checking yes below. If I check yes, I will receive a voter registration application below does not affect the outcome of this application.							
☐ Yes , I want to apply to register to vote. An application will be mailed to me. ☐ No , I don't want to register to vote.							
If anyone on this application is eligible for Medicaid or KCHIP:							
 I understand that if Medicaid pays for a medical expense, any other health insu 	ırance or legal settlement						
payments will go to Medicaid to reimburse it for the expense.							
 I understand that my application may be reviewed to make sure that eligibility value application is reviewed, I must cooperate with the review. 	was determined correctly. If my						
 Does any child on this application have a parent living outside of the home? 	☐ Yes ☐ No						
 If yes, I give the Cabinet for Health and Family Services (CHFS), Child Support medical support from the child's absent parent(s). If I think that cooperating wit harm me or my children, I can tell CHFS and I may not have to cooperate. 	t Office, the right to enforce h the Child Support Office will						
Signature	Date (mm/dd/yyyy)						



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Health Coverage & Help Paying Costs Application for One Person

	Use this application to see what insurance choices you qualify for	Free or low-cost insurance from Medicaid or the Kentucky Children's Health Insurance Program (KCHIP) Payment Assistance that can help you pay for your health coverage Affordable health insurance plans that offer comprehensive coverage to help you stay well					
	Who is this application for?	Single individuals who: Live in Kentucky and plan to stay in Kentucky Do not have any dependents and cannot be claimed as a dependent on someone else's tax return					
	Apply faster online	Apply faster online at www.kynect.ky.gov.					
	What you may need to apply	 Your social security number (or document number if you are a legal immigrant) Employer and income information (for example, paystubs, W-2 forms, or wage and tax statements) 					
HINGS TO KNOW	Why do we ask for this information?	We ask about your Social Security Number (SSN) , your income and other information to see if you qualify for and if you can get any help paying for your health coverage costs.					
		If you need help getting an SSN, call 1-800-772-1213 or visit socialsecurity.gov. TTY users should call 1-800-325-0778.					
S		We'll keep all the information you give us private, as required by law.					
DIHI	What happens next?	Mail or fax your completed, signed application to: Office of the Kentucky Health Benefit Exchange 12 Mill Creek Park Frankfort, KY 40601					
		Fax: 1-502-573-2005					
		 If you don't have all the information we ask for, submit your application anyway. We will contact you for the missing information if we cannot complete the determination based on the information you give us. If we can make a determination, we will send you detailed information about the steps you will need to follow to select a plan. You will need to go online, call us, or get assistance from an insurance agent or kynector to enroll in a plan. 					
	To get help	 Online: www.kynect.ky.gov By phone: Call Customer Service at 1-855- 4kynect (459-6328) In person: Find a list of places near where you live by visiting our website or calling us. En Español: Llame a nuestro Servicio al Cliente gratis al 1-855- 4kynect (459-6328) For TTY services call 1-855-326-4654 					

TN No: 13-0007-MM2

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Health Coverage & Help Paying Costs Application for One Person

STEP 1

Tell Us about Yourself

If someone else is helping you fill out this application, use **Appendix B** to give us that person's information.)

1. First Name, Middle initial, Last name, Suffix (as it appe	ears	on your Social Security c	ard)	HERBO A ROSSON, STATE OF THE ST			
check	lumber (SSN) We need your SSN if you want coverage and have a SSN. We use \$SNs to check income and other information to see if you are eligible for help with health coverage costs.						
3. If you want coverage and SSN is not provided, select ☐ Religious Objection ☐ Not eligible to rec		son for not providing it. SSN due to alien status		plied for SSN			
☐ Does not have an SSN and may only be issued an S				fuse to provide SSN			
5. Gender Male Female							
6. Do you live in Kentucky and plan to stay in Kentucky?		☐Yes ☐ No					
7. Home Address - Check here if you do not have a Hor	ne A	ddress. You will still have	e to enter a Ma	iling Address below.			
B. City 9.		State	10. Zip Code	11. County			
12. Mailing Address (Only required if different from home	add	ress)		The state of the s			
13. City	14.	State	15. Zip Code	16. County			
17. Primary Phone Number ☐ Home ☐ Work ☐ C	Cell	18. Secondary Phone N	umber 🗆 H	ome □ Work □ Cell			
19. ☐ Check here to allow kynect to send text message alerts to your primary phone number. 20. ☐ Check here to allow kynect to send text message alerts to your secondary phone number.							
21. Preferred Spoken Language (if not English) 22. Preferred Written Language (if not English)							
 23. Have you had a pregnancy end (giving birth or losing pregnant? —Yes. If yes, answer questions a—c. a. What is the due date or the last date of pregnancy? b. How many children are/were expected with this prec. c. Would you like to be referred to the program that of 	(mn gnar	□No n/dd/yyyy) ncy?					
24. Are you offered health coverage from a job (including ☐ Yes. If yes, you will need to complete and include	sor	neone else's job, like a p	arent's job)?] No			
25. Do you want help paying for medical bills from the last lf yes, which month(s)?							



If you need help with your application or to apply faster online, go to www.kynect.ky.gov or call 1-855-4kynect (459-6328). Para ayuda en Español, llame gratis al 1-855-4kynect (459-6328).

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26. Do you plan to file a federal income tax return for coverage year 2014? (You can apply for health insurance even if you don't file a federal income tax return.)							
□YES. If yes, answer questions a & b. □NO. If no, go to question b.							
•	·		•				
If No, stop usin	 a. Will you file as a single person with no dependents?						
If Yes, stop usin	I as a dependent on sor g this form. You will ne son does not want cove	eed to apply for co		o claiming you on their tax return			
27. Are you a U.S. citizen or national? ☐ Yes ☐ No	citizen or national? □ Yes. Answer questions a–d below. a. Immigration Document Type:						
29. Are you of Hispanic,	Latino or Spanish origin	n? (OPTIONAL)	□Yes □No				
30. Race (OPTIONAL)							
☐ White☐ Black or AfricanAmerican☐ Chinese	☐ American Indian☐ Alaska Native☐ Asian Indian	☐ Filipino ☐ Japanese ☐ Korean	☐ Vietnamese☐ Other Asian☐ Native Hawaiian	☐ Guamanian or Chamorro☐ Samoan☐ Other Pacific Islander			
•	31. Are you American Indian or Alaska Native? □ Yes. If yes , complete Appendix C and mail it with this application. □ No						
			n the past three months?				
☐ Yes. If yes, answer questions a–c. ☐ No a. When did you enter prison? (mm/dd/yyyy) b. When did you leave prison? (mm/dd/yyyy)							
c. Are you currently waiting for a decision on charges? □Yes □No							
33. Do you need help with activities of daily living (like bathing, dressing, etc.) or live in a medical facility or nursing home? □ Yes □ No							
34. Are you blind or permanently disabled? \Box Yes \Box No							
35. Were you receiving Medicaid when you became too old to be eligible for foster care placement? Yes No If yes, in what state were you living? How old were you?							
36. If you are filling out this application on behalf of a person who recently passed away, enter the deceased person's date of death:							



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STEP 2 Current Job and Income Information

Use additional sheets of paper if you need to add more than two jobs.

Income from Job 1 1. V	Vho earns this income?		2. Who is this person's emp	loyer?
\$	this person makes (before taxes)	? 4. How	often? ☐ Weekly ☐ Every two weeks	☐ Twice a month☐ Monthly
5. IF SELF-EMPLOYED	b. Gross Income			e. How often?
a. Type of work	c. Self-employment Expenses			
49-34-34-34-34-34-34-34-34-34-34-34-34-34-	d. NET income (Gross minus expe	nses)		
Income from Job 2 6. W	Who earns this income?	9 A 1111 A 1717 A 1	7. Who is this person's empl	oyer?
8. What is the gross amount \$	this person makes (before taxes)	9. How	often? Weekly Every two weeks	☐ Twice a month☐ Monthly
10. IF SELF-EMPLOYED	b. Gross Income			e. How often?
a. Type of work	c. Self-employment Expenses			
AL	d. NET income (Gross minus expe	nses)		
get it. Do not include in Worker's Compensation		ou may re emental S	Security Income (SSI), vete	id how often you eran's income, or
Type of Income	How Much?		How Often?	
☐ Social Security		□Weeki	y □Twice a month	□Monthly
☐ Pensions	\$	□WeekI	y □Twice a month	□Monthly
☐ Interest or Dividend	\$	□Weekl	y □Twice a month	□Monthly
☐ Disability Payments	\$	□Weekl	y □Twice a month	□Monthly
☐ Unemployment	\$	□Weekl	y □Twice a month	□Monthly
□ Other	\$	□Weekl	y □Twice a month	□Monthly
12. Household Deduction income tax return. Giv	ns: Give us information about the ring us this information could ma	ings that	you pay and that can be do	educted on an er.
Type of Deduction	How Much?		How Often?	
☐ Alimony Paid	\$	□Weekl	y □Twice a month	□Monthly
☐ Student Loan Interest	\$	□Weekl	y Twice a month	□Monthly
\square Educator Expenses	\$	□Weekl	y □Twice a month	□Monthly
☐ School Tuition and Fees	\$	□Weekl	y □Twice a month	□Monthly
13. Yearly Income : What changes, bonuses, seas	is your estimated yearly incomesonal income, etc.)?	e for the c	overage year (including ar	ny monthly



If you need help with your application or to apply faster online, go to www.kynect.ky.gov or call 1-855-4kynect (459-6328). Para ayuda en Español, llame gratis al 1-855-4kynect (459-6328).

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STEP 3 Other Healthcare Coverage

Do you have health coverage now, including dental a KCHIP?	and major medical coverage that is not Medicaid or	
☐ YES. If yes , complete the information below.	□ NO.	
	Policy Number ————————————————————————————————————	
Name of policy holder ————————————————————————————————————	Coverage start date	
Name of insurance company ————————————————————————————————————	Coverage end date ————————————————————————————————————	
Insurance Company's Address		
this form to the best of my knowledge and belief. I know provide false and/or untrue information. I know that I must tell kynect if anything changes from wh can visit kynect.ky.gov or call 1-855-4kynect (459-632). If I think kynect has made a mistake, I can appeal its dec the action is wrong, and ask for a fair review of the action someone other than myself. My eligibility and other imposed in the known that under federal law, discrimination is not permit sexual orientation, gender identity, or disability. I can fill www.hhs.gov/ocr/office/file. I understand that kynect will check my answers using information, Social Security, the Department of Homeland Security.	ch means I have given true answers to all the questions on that I may be subject to penalties under federal law if I may be subject to penalties under federal law if I mat I wrote on this application within 30 days of the change. I so report any changes. I wrote on this application within 30 days of the change. I sision. To appeal means to tell someone at kynect that I think in. I know that I can be represented in the process by ortant information will be explained to me. Itted on the basis of race, color, national origin, sex, age, e a complaint of discrimination by visiting	
	one) □ 2 years □ 1 year	
	gistered where I currently live, I can choose to register to vote r registration application in the mail. Checking yes or no below will be mailed to me. No, I don't want to register to vote.	
 If I am eligible for Medicaid: I understand that if Medicaid pays for a medical expense go to Medicaid to reimburse it for the expense. I understand that my application may be reviewed to mal application is reviewed, I must cooperate with the reviewed. 		
Signature	Date (mm/dd/yyyy)	



If you need help with your application or to apply faster online, go to www.kynect.ky.gov or call 1-855-4kynect (459-6328). Para ayuda en Español, llame gratis al 1-855-4kynect (459-6328).

Form KHBE-I11

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APPENDIX C

American Indian or Alaska Native (AI/AN)

Complete this appendix if you or a family member is American Indian or Alaska Native. Submit this with your application for health coverage.

Tell us about your American Indian or Alaska Native family member(s).

American Indians and Alaska Natives can get services from the Indian Health Services, tribal health programs, or urban Indian health programs. They also may not have to pay cost sharing and may get special monthly enrollment periods. Answer the following questions to make sure your family gets the most help possible.

NOTE: If you have more people to include, make a copy of this page and attach.

	AI/AN PERSON 1	AI/AN PERSON 2
1. Name (First name, MI, Last name)	First Mi	First MI
	Last	Last
2. Member of a federally recognized tribe?	☐ Yes If yes, tribe name and state	☐ Yes If yes, tribe name and state
	□ No	□ No
3. Has this person ever gotten a service from the Indian Health Service, a tribal health program, or urban Indian health program, or through a referral from one of these programs?	☐ Yes☐ No If no, is this person eligible to get services from the Indian Health Service, tribal health programs, or urban Indian health programs, or through a referral from one of these programs?	☐ Yes☐ No If no, is this person eligible to get services from the Indian Health Service, tribal health programs, or urban Indian health programs, or through a referral from one of these programs?
4. Certain money received may not be counted for Medicaid or the Kentucky Children's Health Insurance Program (KCHIP). List any income (amount and how often) reported on your application that includes money from these sources: • Per capita payments from a tribe that come from natural resources, usage rights, leases, or royalties • Payments from natural resources, farming, ranching, fishing, leases, or royalties from land designated as Indian trust land by the Department of the Interior (including reservations and former reservations) • Money from selling things that have cultural significance	S No How often?	Yes No How often?

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Form KHBE-C01

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Appendix C S94-1



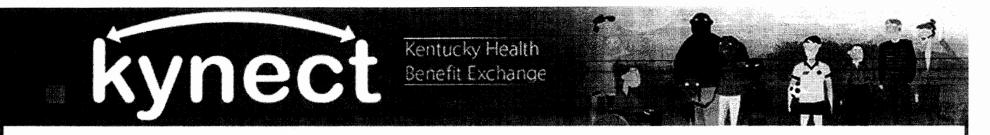
Submission Materials for Kentucky SPA approval

TN No: 13-0007-MM2

Kentucky

Approval Date: 09/05/14

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As a response to the letter that accompanied the Centers for Medicare & Medicaid Services (CMS) approval of state plan amendment (SPA) transmittal KY #13-0007-MM2 Kentucky will demonstrate how we plan to address the following five issues identified regarding our application for financial assistance on kynect. These changes will be made on our Self Service Portal, Worker Portal and our paper applications.

The five items identified by CMS are:

- Kentucky will include questions about business deductions from selfemployment income in its applications to allow for a calculation of taxable self-employment income, which is the net income remaining after self-employment business expenses are deducted.
- Kentucky will include questions about tribal income deductions allowed for American Indians and Alaska Natives (AI/ANs) in its applications.

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- 3. Kentucky will restructure its applications so that all applicants who are Al/ANs are asked whether they have received services from Indian Health Service organizations, tribal health providers, and urban Indian health providers (I/T/Us), rather than requesting this information from only members of federally recognized tribes.
- 4. Kentucky will no longer display questions about tobacco use for applicants potentially eligible for Medicaid or CHIP.
- 5. Kentucky will remove questions regarding absent parents who go beyond flagging whether there is an absent parent living outside the home and whether the applying parent agrees to corporate with medical child support enforcement post-eligibility.

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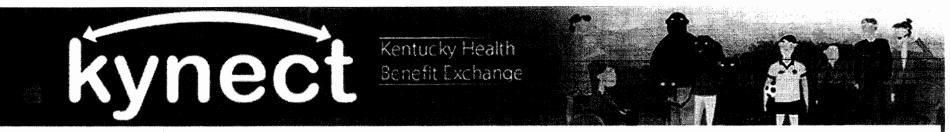
#1 – Business Deductions for Self-Employment

 kynect is modifying our application to clearly call out selfemployment expenses for the applicant. The Self Service Portal (SSP) and Worker Portal (WP) screens will be modified to allow the user to input their income, expenses and identify the frequency of their income/expenses. The net self-employment income will be calculated automatically based on the user's input for gross income, expenses and frequency period.

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Self Service Portal

Household Income - Self-Employment Income Household Income Builder Progress: Job Income Self-Employment Income Other Income Expenses How much net income (profits after expenses are paid) do these people currently make from self-employment? Total your self employment expenses and enter that amount in the "Self-Employment Expenses" by The total self employment net income will be automatically calculated. (It is acceptable for your net income to be a negative number.) Click the button Add income Source to add details about other self-employment you have. Member Self-Employment Income Minus Expenses "Type of Work Annual Income Minus Expenses "Type of Work - Self-Employment Income Source to Self-Employment Income Self-Empl	C 512 - A 750- A 1.5000000000000000000000000000000000000	old income		\$ 0.00
How much net income (profits after expenses are paid) do these people currently make from self-employment? Total your self employment expenses and enter that amount in the "Self-Employment Expenses" by the total self-employment net income will be automatically calculated. (It is acceptable for your net income to be a negative number.) Click the button Add income Source to add details about other self-employment you have. Member 10HN Type of Work Annual Income Minus Expenses * Type of Work Income Minus Expenses * Type of Work Self-Employment Expenses occur on this basis Self-Employment Expenses Self-Employment	lousehold Income - S	elf-Employment Income		*=Required fiel
How much net income (profits after expenses are paid) do these people currently make from self- employment? Total your self employment expenses and enter that amount in the "Self-Emptoyment Expenses" by The total self employment net income will be automatically calculated. (It is acceptable for your net income to be a negative number.) Click the button Add income Source to add details about other self-employment you have. Member JOHN Type of Work Annual Income Minus Expenses "Type of Work "Income and Expenses occur on this basis "Self-Employment Expenses "Type of Work "Type of	Household Income Buil	der Progress:		
How much net income (profits after expenses are paid) do these people currently make from self- employment? Total your self employment expenses and enter that amount in the "Self-Employment Expenses" by The total self employment net income will be automatically calculated. (It is acceptable for your net income to be a negative number.) Click the button Add income Source to add details about other self-employment you have. Member JOHN Type of Work Annual Income Minus Expenses * Type of Work Income and Expenses occur on this basis - Selection **Self-Employment Expenses**				
Total your self employment expenses and enter that amount in the "Self-Employment Expenses" by The total self employment net income will be automatically calculated. (It is acceptable for your net income to be a negative number.) Click the button Add income Source to add details about other self-employment you have. **Self-Employment Income** **Type of Work** **Type of Work** **Income and Expenses occur on this basis** **Self-Employment Selection** **Gross Income S **Self-Employment Selection** **Self-Employment	Job Income	Self-Employment income	Otherincome	医 灰彩电子生素
* Type of Work [* Income and Expenses occur on this basis —Select-[—] *Gross Income \$ * Self-Employment Expenses \$	employment? Total your self employment The total self employment income to be a negative Click the button Add incoment	nent expenses and enter that ent net income will be autom e number.) come Source to add details ai	t amount in the "Self-Er latically calculated. (It is bout other self-employ	mployment Expenses" box. s acceptable for your net ment you have. self-Employment Income
* Income and Expenses occur on this basis —Select-[] Gross Income \$ * Self-Employment Expenses \$		The state of the s		
* Income and Expenses occur on this basis —Select-[] *Gross Income \$ * Self-Employment Expenses \$		CONTRACTOR OF THE CONTRACTOR O		
Seri-Employment S				
* Seif-Errorian S		* Type of Work [
Experiment 5		See - Particular and Control of the Administration Control of the	sés occur on this bas	is —Select-[=]
Net Self-Employment income		* Income and Expens	sés occur on this bas	s —Select-
		* Income and Expens Gross Income \$ * Self-Employment	sés occur on this bas	s —Select-[=]
		* Income and Expens Gross Income \$ * Self-Employment Expenses \$		S Select [S]
Save & Exit Jeack Next		* Income and Expens Gross Income \$ * Self-Employment Expenses \$		Select-[=]

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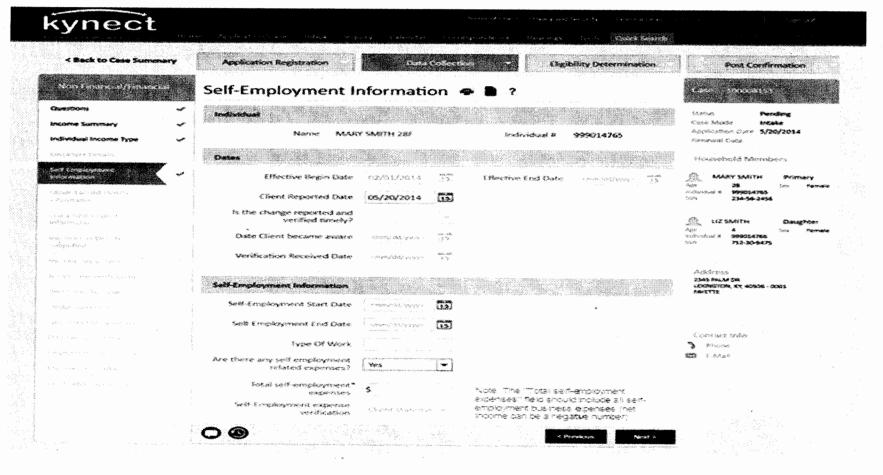
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Worker Portal



TN No: 13-0007-MM2

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Approval Date: 09/05/14

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Worker Portal – screen 2

kynect	re Application/Case Inbox	Inquiry Correspond	ence Tools Quick Search		
< Back to Case Summary	Application Registration	Data Co	ollection Wint Elig	ibility Determination	Post Confirmation
Non Financial/Financial	Income Pay De	tails-Simplifie	d 🕳 🖺 🕜		Case: 1001*8830
Questions 🛂	Individual Information				Status Pending
Income Summary Individual Income Type	Name	SOMENAME TESTINGAPP 33F	Individual #	100315837	Case Mode Intake Application Date 6/2/2014 Renewal Date
Erripi verme (imeriti	Income Type	Earned	Earned/Unearned Income Type	Self Employed	Household Members
Self Employment Information	Payer	job			SOMENAME T Primary
Other Barnes Pkonse Information	Dates				mdividual # 100515837 SSA
Governed Viconse Internation	Effective Begin Date	3/1/2014	Effective End Date		,
Income Pay Details Simplified	Pay Details	e Billian, Sa	Allucia de la companya de la company		
Second Pay Oversic	Total Gross Amount*	[s]	Pay Frequency*		Address
DESTINATION OF VERTICAL PROPERTY.					12 Mill Creek Park Frankfort, Ky, 40601 - 9230
Describer of the property of the second					Pranklin
De reaction in Protection					
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Nagrides, intrakation -					Contact Info Thone
tarbuter Insport visits (# 2000) vi					E-A4aH
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TN No: 13-0007-MM2

Kentucky

Approval Date: 09/05/14

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Paper Application Changes

Family Financial Assistance Application: (page 8)

Income from Job 1	. Who earns this income?	2. Who is this person	s employer?
3. What is the gross amou	unt this person makes (before taxes)? 4.	How often? Weekly Every two v	☐ Twice a month veeks ☐ Monthly
5. IF SELF-EMPLOYED a. Type of work	b. Gross Income c. Self-employment Expenses d. NET income (Gross minus expenses)		e. How often?
in ale Financial Ass			'
ingle Financial Ass	istance Application:	(page 4)	
STEP 2 Curr	istance Application: rent Job and Income I ditional sheets of paper if you need to	nformation	
STEP 2 Curr	ent Job and Income I	nformation	
STEP 2 Curr Use add	rent Job and Income I ditional sheets of paper if you need to Who earns this income?	nformation add more than two jobs 2. Who is this person' How often? Weekly	s employer?
Income from Job 1 1. V 3. What is the gross amount	rent Job and Income I ditional sheets of paper if you need to Who earns this income?	nformation add more than two jobs 2. Who is this person' How often? Weekly	s employer? ☐ Twice a month

TN No: 13-0007-MM2

Approval Date: 09/05/14

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Kentucky

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#2 - Tribal Income Deductions

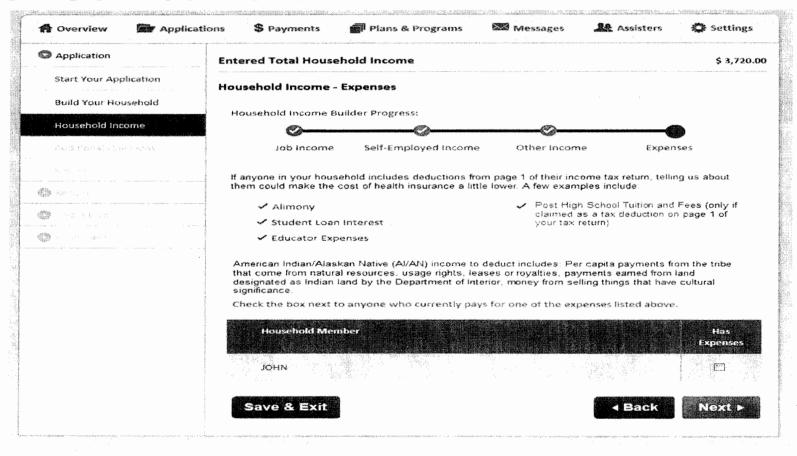
- kynect is modifying our application to allow American Indian/Alaskan Natives to have the opportunity to enter deductions from tribal income. These deductions will only be available if individuals in the application have identified themselves as American Indian/Alaskan Natives.
- For the paper applications we have adopted the style of the federal paper applications in that we will now have an appendix for American Indian/Alaskan Natives to complete. This appendix will include a section for these deductions.

TN No: 13-0007-MM2 Kentucky

Approval Date: 09/05/14 \$94-9



Self Service Portal - Screen 1



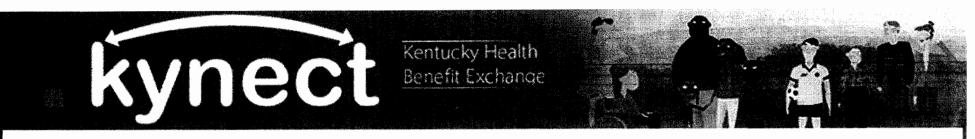
TN No: 13-0007-MM2

Kentucky

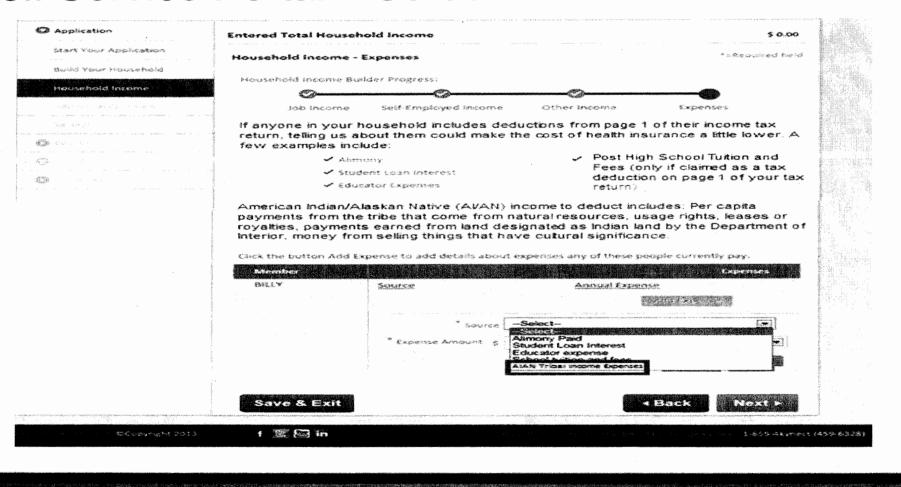
Approval Date: 09/05/14

S94-10

Date: 09/05/14 Effective Date: 01/01/14



Self Service Portal - Screen 2



TN No: 13-0007-MM2

Kentucky

Approval Date: 09/05/14

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Worker Portal



TN No: 13-0007-MM2

Kentucky

Approval Date: 09/05/14

S94-12



Paper Applications – Appendix C

- 4. Certain money received may not be counted for Medicaid or the Kentucky Children's Health Insurance Program (KCHIP). List any income (amount and how often) reported on your application that includes money from these sources:
 - Per capita payments from a tribe that come from natural resources, usage rights, leases, or royalties
 - Payments from natural resources, farming, ranching, fishing, leases, or royalties from land designated as Indian trust land by the Department of the Interior (including reservations and former reservations)
 - Money from selling things that have cultural significance

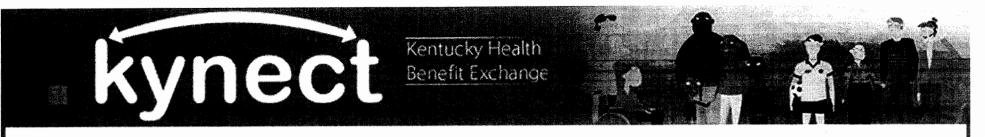
\$	\$
How often?	How often?

TN No: 13-0007-MM2

Kentucky

Approval Date: 09/05/14

S94-13



#3 – Indian Health Services, etc.

- kynect is modifying our application to ask all American Indians/Alaskan Natives if they have ever gotten a service from the Indian Health Service, a tribal health program, or urban Indian health program, or through a referral from one of these programs. If they answer no to that question then we will also ask if this person is eligible to get services from the Indian Health Service, tribal health programs, or urban Indian health programs, or through a referral from one of these programs?
- For the paper applications we have adopted the style of the federal paper applications in that we will now have an appendix for American Indian/Alaskan Natives to complete. This appendix will include a section regarding these services.

TN No: 13-0007-MM2

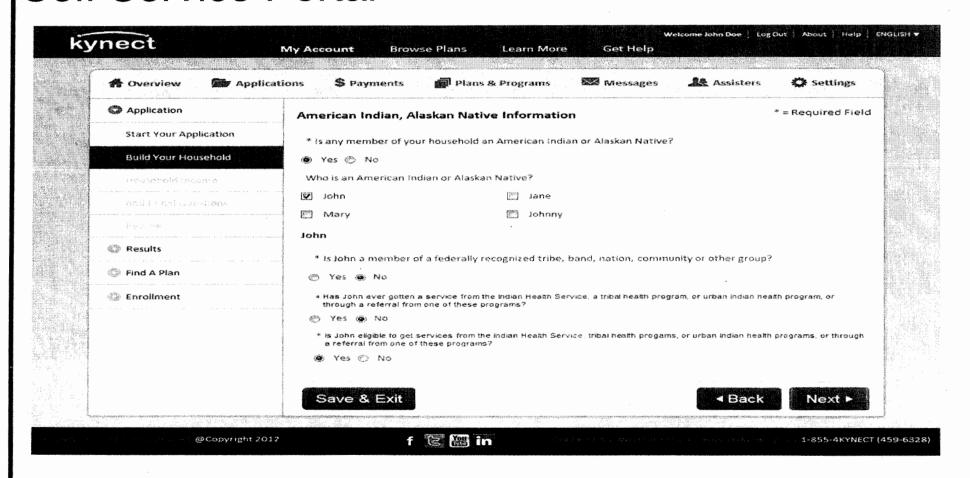
Approval Date: 09/05/14 Kentucky S94-14



Kentucky Health Benefit Exchange



Self Service Portal



TN No: 13-0007-MM2

Approval Date: 09/05/14

S94-15

Effective Date: 01/01/14

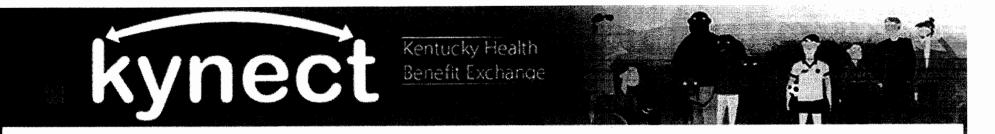
Kentucky



Worker Portal

NOTE – the second question regarding eligibility for Indian Health Services is only enabled if the first question regarding receipt of services is answered no.





Paper Applications - Appendix C

3.	Has this person ever gotten a service from the
	Indian Health Service, a tribal health program, or
	urban Indian health program, or through a
	referral from one of these programs?

	Yes
Ш	Yes

☐ No

If no, is this person eligible to get services from the Indian Health Service, tribal health programs, or urban Indian health programs, or through a referral from one of these programs?

☐ Yes ☐ No

☐ Yes

☐ No

If no, is this person eligible to get services from the Indian Health Service, tribal health programs, or urban Indian health programs, or through a referral from one of these programs?

☐ Yes

☐ No

TN No: 13-0007-MM2

Kentucky

Approval Date: 09/05/14

S94-17



#4 - Tobacco Question for Medicaid/CHIP Individuals

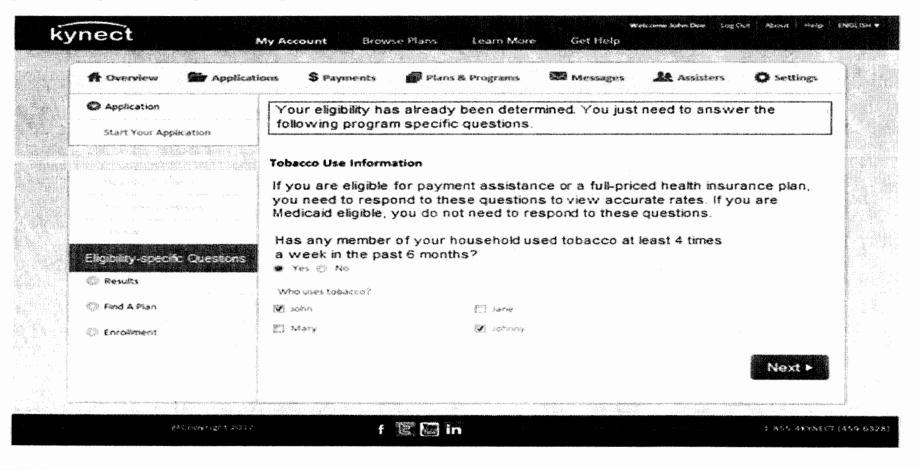
 As part of our application changes kynect will be developing a Post-Eligibility module. This will enable us to ask program specific questions once an individual's eligibility has been determined. The tobacco usage question will now be able to be asked of only individuals eligible to shop for Qualified Health Plans.

TN No: 13-0007-MM2 Kentucky

Approval Date: 09/05/14 \$94-18



Self Service Portal



TN No: 13-0007-MM2

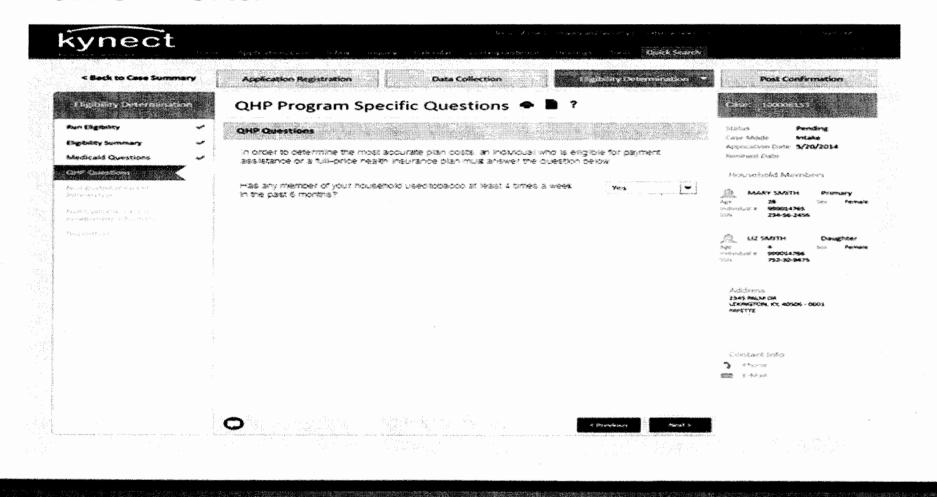
Kentucky

Approval Date: 09/05/14

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Worker Portal

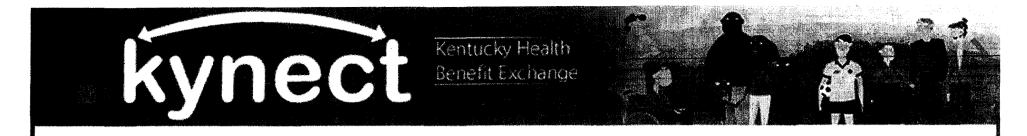


TN No: 13-0007-MM2

Kentucky

Approval Date: 09/05/14

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Paper Applications

• The tobacco usage question has been removed from both the family and single financial assistance application.

TN No: 13-0007-MM2

Kentucky

Approval Date: 09/05/14

S94-21



#5 - Medical Support Enforcement

- kynect will modify our application to only ask the appropriate individuals MSE questions in the Pre-Eligibility component if they agree to cooperate with medical support enforcement and if answered No, they may answer if they have good cause for not cooperating.
- Then in our Post-Eligibility module we will ask additional optional questions regarding the non-custodial parent. The individual's response to these Post-Eligibility questions does not affect their eligibility. If they have good cause for not cooperating they will not be asked these Post-Eligibility questions.

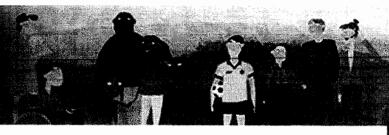
TN No: 13-0007-MM2 Kentucky

Approval Date: 09/05/14

\$94-22



Kentucky Health Benefit Exchange



Self Service Portal - Pre-Eligibility



TN No: 13-0007-MM2

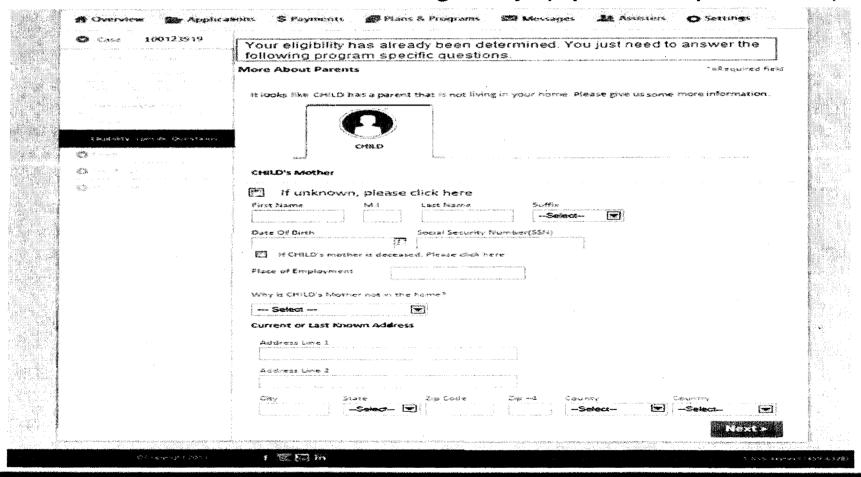
Kentucky

Approval Date: 09/05/14

S94-23



Self Service Portal – Post-Eligibility (optional questions)



TN No: 13-0007-MM2

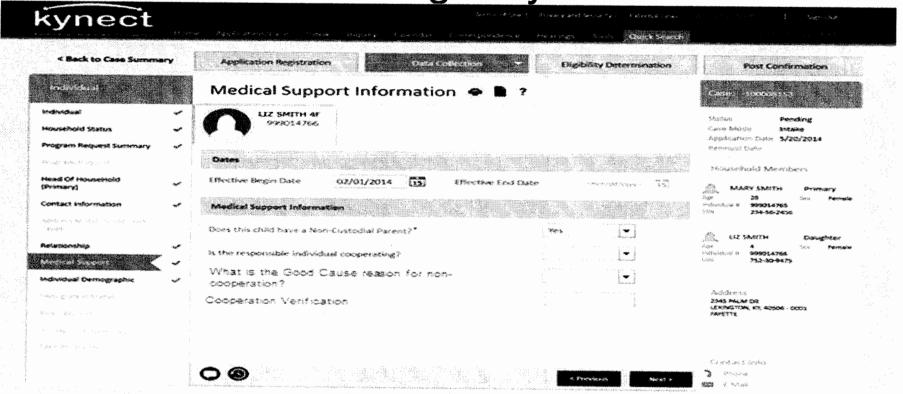
Kentucky

Approval Date: 09/05/14

S94-24



Worker Portal – Pre-Eligibility



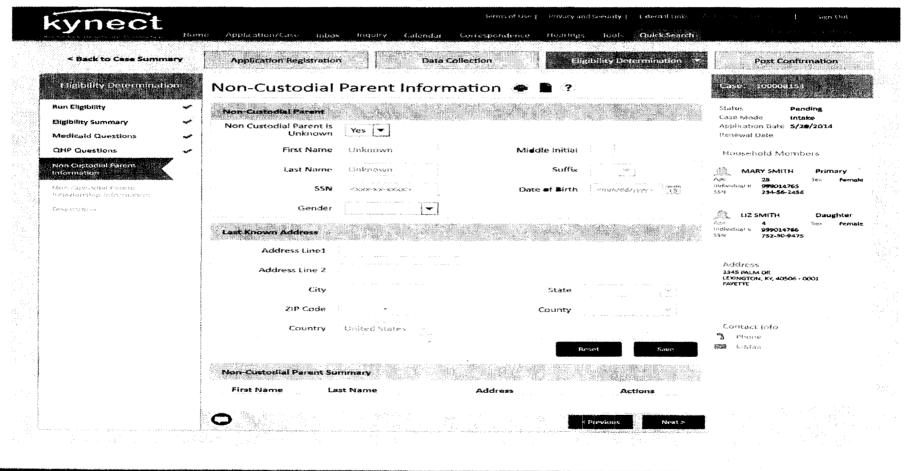
* Please note that Cooperation Verification will be Client Statement - there is nothing for them to verify.

TN No: 13-0007-MM2

Approval Date: 09/05/14 Kentucky S94-25



Worker Portal – Post-Eligibility (optional questions)



TN No: 13-0007-MM2

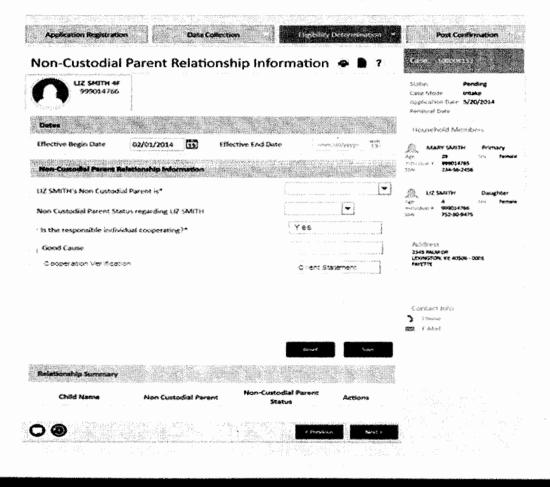
Kentucky

Approval Date: 09/05/14

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Worker Portal – Post-Eligibility (optional questions screen 2)



NOTE – the three questions about cooperation, good cause and cooperation verification are read only fields and are only repeated here to assist workers in remembering what was previously entered Pre-Eligibility.

TN No: 13-0007-MM2

Kentucky

Approval Date: 09/05/14

S94-27



Paper Applications

- Family Financial Assistance Application
 - These questions have not changed, they are in the signature portion of the paper application for families

If anyone on this application is eligible for Medicaid or KCHIP:

- I understand that if Medicaid pays for a medical expense, any other health insurance or legal settlement payments will go to Medicaid to reimburse it for the expense.
- I understand that my application may be reviewed to make sure that eligibility was determined correctly. If my application is reviewed, I must cooperate with the review.
- Does any child on this application have a parent living outside of the home? ☐ Yes ☐ No
- If yes, I give the Cabinet for Health and Family Services (CHFS), Child Support Office, the right to enforce
 medical support from the child's absent parent(s). If I think that cooperating with the Child Support Office will
 harm me or my children, I can tell CHFS and I may not have to cooperate.
- Single Financial Assistance Application
 - Since this application is for a single individual there are not cooperation with medical support enforcement questions. No modifications have been made to this application.

TN No: 13-0007-MM2 Kentucky

Approval Date: 09/05/14

S94-28



OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

AFDC Income Standards

100, 110

Enter the AFDC Standards below. All states must enter:

MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988 and AFDC Payment Standard in Effect As of July 16, 1996

Entry of other standards is optional.

MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988

Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- Statewide standard
- C Standard varies by region
- C Standard varies by living arrangement
- C Standard varies in some other way

Enter the statewide standard

	Household size	Standard (\$)	
+	1	147	X
+	2	179	X
+	3	207	X
+	4	259	X
+	5	303	X
+	6	342	X
+	7	381	X

Additional incremental amount

C Yes

No

Increment amount \$

The dollar amounts increase automatically each year

Yes

No

AFDC Payment Standard in Effect As of July 16, 1996

Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

TN No: 13-0008-MM1

Kentucky

Approval Date: 11/18/13

S14-1



The standard is as follows:

Medicaid Eligibility

	the statewide standa	X The All Local Contract	
	Household size	Standard (\$)	Additional incremental amount C Yes No
+	1	186 X	Increment amount \$
+	2	225	
+	3	262	
+	4	328	
+	5	383	
.	6	432	
+	7	482	
The d	dollar amounts incre	ase automatically ea	ach year
O Y	es © No	ase automatically ea	rd in Effect As of July 16, 1996
⊖ Y SI-equ	es	ayment Standa	
○ Y A-equ	es	ayment Standa	rd in Effect As of July 16, 1996
O Y PI-equ ncome he stand Sta	ivalent AFDC F Standard Entra lard is as follows: atewide standard	layment Standa y - Dollar Amou	rd in Effect As of July 16, 1996
C Y CI-equ ndome he stand Sta	ivalent AFDC P Standard Entry lard is as follows: atewide standard andard varies by reg	ayment Standa y - Dollar Amou	rd in Effect As of July 16, 1996
O Y II-equ ncome he stand O Sta C Sta	ivalent AFDC F Standard Entra lard is as follows: atewide standard	ayment Standa y - Dollar Amou tion ing arrangement	rd in Effect As of July 16, 1996

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	Household size	Standard (\$)	Additional incremental amount C Yes No
+	1	223	Increment amount \$
+	2	274	X
+	3	324	X
+	4	403	X
+	5	470	X
+	6	532	
+	7	595	X

The dollar amounts increase automatically each year

C Yes • No

neome Standard.	Entry - Dollar Amo	Junt - Automa	ne merease Opti	911	S13a
he standard is as follo	ws:				
Statewide standa	rd				
C Standard varies	y region				
C Standard varies	by living arrangement				
C Standard varies	n some other way				

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Kentucky

Approval Date: 11/18/13 S14-3



		Additional incremental amount
Household size	Standard (\$)	C Yes
1	401	Increment amount \$
+ 2	460	
4 3	526	
4	592	
5	658	
+ 6	724 X	
7	790	
ase in the Consumer	Price Index for u	rban consumers (CPI-U) since such date.
ase in the Consumer	Price Index for u	uly 16, 1996, increased by no more than the percent rban consumers (CPI-U) since such date. nt - Automatic Increase Option S13a
ase in the Consumer ncome Standard Entra ne standard is as follows:	Price Index for u	rban consumers (CPI-U) since such date.
ncome Standard Entresses standard is as follows: C Statewide standard	Price Index for u ry - Dollar Amour	rban consumers (CPI-U) since such date.
ase in the Consumer acome Standard Entrees standard is as follows: C Statewide standard C Standard varies by re	Price Index for u	rban consumers (CPI-U) since such date.
ncome Standard Entresses the standard is as follows: C Statewide standard	Price Index for u ry - Dollar Amour egion ving arrangement	rban consumers (CPI-U) since such date.
ncome Standard Entres standard is as follows: Statewide standard Standard varies by re Standard varies by live	Price Index for u ry - Dollar Amour egion ving arrangement	rban consumers (CPI-U) since such date.
ncome Standard Entres standard is as follows: Statewide standard Standard varies by re Standard varies by live	Price Index for ury - Dollar Amounts gion wing arrangement me other way	rban consumers (CPI-U) since such date. nt - Automatic Increase Option S13a
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he standard is as follows: C Statewide standard C Standard varies by re C Standard varies in so The dollar amounts ince C Yes No	Price Index for unity - Dollar Amount egion wing arrangement me other way	rban consumers (CPI-U) since such date. nt - Automatic Increase Option S13a ch year
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ase in the Consumer acome Standard Entrole standard is as follows: C Statewide standard C Standard varies by re C Standard varies by live C Standard varies in so The dollar amounts ince C Yes No Requivalent AFDC The percentage incrediate	Price Index for unry - Dollar Amount ry - Dollar Amount region wing arrangement rease automatically each rease automatically each rease automatically each rease in the Consum	ch year d in Effect As of July 16, 1996, increased by no more

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	Statewide standard
\circ	Standard varies by region
C	Standard varies by living arrangement
C	Standard varies in some other way
	he dollar amounts increase automatically each year Yes No
IF p	ayment standard = 1
nco	me Standard Entry - Dollar Amount - Automatic Increase Option S13a
The st	andard is as follows:
C	Statewide standard
C	Standard varies by region
C	Standard varies by living arrangement
-	Standard varies by living arrangement Standard varies in some other way
-	
C	Standard varies in some other way
C T	Standard varies in some other way the dollar amounts increase automatically each year
C -	Standard varies in some other way the dollar amounts increase automatically each year
T (Standard varies in some other way the dollar amounts increase automatically each year
TI (Standard varies in some other way the dollar amounts increase automatically each year Yes No
GI-G	Standard varies in some other way the dollar amounts increase automatically each year Yes No Quivalent TANF payment standard
GI4	Standard varies in some other way the dollar amounts increase automatically each year Yes No Pquivalent TANF payment standard me Standard Entry - Dollar Amount - Automatic Increase Option S13a
T (GI-e Inco	Standard varies in some other way the dollar amounts increase automatically each year Yes No Pquivalent TANF payment standard me Standard Entry - Dollar Amount - Automatic Increase Option S13a tandard is as follows:
T (GI4c Inco	Standard varies in some other way the dollar amounts increase automatically each year Yes No Equivalent TANF payment standard me Standard Entry - Dollar Amount - Automatic Increase Option S13a tandard is as follows: Statewide standard

PRA Disclosure Statement

TN No: 13-0008-MM1 Kentucky

Approval Date: 11/18/13 S14-5



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 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, 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.

TN No: 13-0008-MM1 Approval Date: 11/18/13 Effective Date: 01/01/14

S14-6



OMB Control Number 0938-1148

	OMB Expiration date: 10/31/20
Eligibility Groups - Mandatory Coverage Parents and Other Caretaker Relatives	Signature of the state of the s
42 CFR 435.110 1902(a)(10)(A)(i)(I) 1931(b) and (d)	
Parents and Other Caretaker Relatives - Parent below a standard established by the state.	ts and other caretaker relatives of dependent children with household income at or
✓ The state attests that it operates this eligibility	group in accordance with the following provisions:
Individuals qualifying under this eligibil	ity group must meet the following criteria:
Are parents or other caretaker relative (defined at 42 CFR 435.4) under ag	ves (defined at 42 CFR 435.4), including pregnant women, of dependent children e 18. Spouses of parents and other caretaker relatives are also included.
The state elects the following option	is:
	ndividuals who are parents or other caretakers of children who are 18 years old, me students in a secondary school or the equivalent level of vocational or
Options relating to the definition	n of caretaker relative (select any that apply):
The definition of caretaker a even after the partnership is	relative includes the domestic partner of the parent or other caretaker relative, terminated.
Definition of domestic partner:	
The definition of caretaker half-blood), adoption or ma	relative includes other relatives of the child based on blood (including those of rriage.
	If a parent is not included in the case, one (1) other caretaker relative may be included to the same extent he would have been eligible in the Aid to Families with Dependent Children program using the AFDC methodology in effect on July 16, 1996.
	A caretaker relative shall include:
	1. Grandfather;
	2. Grandmother;
	3. Brother;
	4. Sister;

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Kentucky

Approval Date: 11/18/13

S25-1



,	
	5. Uncle;
	6. Aunt;
Description of other relatives:	7. Nephew;
	8. Niece;
	9. First cousin;
	10. A relative of the half-blood;
	11. A preceding generation denoted by a prefix of:
	a. Grand;
	b. Great; or
	c. Great-great; or
	12. A stepfather, stepmother, stepbrother, or stepsister.
The definition of caretaker primary responsibility for the	relative includes any adult with whom the child is living and who assumes ne dependent child's care.
Options relating to the definition	n of dependent child (select the one that applies):
	the requirement that a dependent child must be deprived of parental support or physical or mental incapacity, or absence from the home or unemployment of at
C The child must be deprived unemployment of the paren	of parental support or care, but a less restrictive standard is used to measure t (select the one that applies):
Have household income at or below	v the standard established by the state.
MAGI-based income methodologies are Based Income Methodologies, complete	e used in calculating household income. Please refer as necessary to S10 MAGI- ed by the state.
■ Income standard used for this group	
Minimum income standard	
	d for this group is the state's AFDC payment standard in effect as of May 1, 1988, bunts by household size. The standard is described in S14 AFDC Income Standards.
The state certifies that it has su standard.	bmitted and received approval for its converted May 1, 1988 AFDC payment
	An attachment is submitted.
Maximum income standard	

TN No: 13-0008-MM1 Approval Date: 11/18/13 Effective Date: 01/01/14



Ø	The state certifies that it has submitted and received approval for its converted income standard(s) for parents and other caretaker relatives to MAGI-equivalent standards and the determination of the maximum income standard to be used for parents and other caretaker relatives under this eligibility group.
	An attachment is submitted.
The	e state's maximum income standard for this eligibility group is:
0	The state's effective income level for section 1931 families under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
•	The state's effective income level for section 1931 families under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
0	The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
0	The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
En	ter the amount of the maximum income standard:
C	A percentage of the federal poverty level:%
•	The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
0	The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
0	The state's TANF payment standard, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
O	Other dollar amount
■ Inc	come standard chosen:
Inc	licate the state's income standard used for this eligibility group:
0	The minimum income standard
•	The maximum income standard
O	The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14 AFDC Income Standards.
C	Another income standard in-between the minimum and maximum standards allowed
There	s no resource test for this eligibility group.
Presun	ptive Eligibility

TN No: 13-0008-MM1 Approval Date: 11/18/13 Effective Date: 01/01/14 Kentucky S25-3



The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

Yes

No

PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, 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.

Effective Date: 01/01/14 TN No: 13-0008-MM1 Approval Date: 11/18/13 S25-4



OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

Cligibility Groups - Mandatory Coverage Pregnant Women S20
42 CFR 435.116 1902(a)(10)(A)(i)(III) and (IV) 1902(a)(10)(A)(ii)(I), (IV) and (IX) 1931(b) and (d) 1920
Pregnant Women - Women who are pregnant or post-partum, with household income at or below a standard established by the state.
The state attests that it operates this eligibility group in accordance with the following provisions:
Individuals qualifying under this eligibility group must be pregnant or post-partum, as defined in 42 CFR 435.4.
Pregnant women in the last trimester of their pregnancy without dependent children are eligible for full benefits under this group in accordance with section 1931 of the Act, if they meet the income standard for state plan Parents and Other Caretaker Relatives at 42 CFR 435.110.
• Yes C No
MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.
■ Income standard used for this group
Minimum income standard (Once entered and approved by CMS, the minimum income standard cannot be changed.)
The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for pregnant women, or as of July 1, 1989, had authorizing legislation to do so.
• Yes C No
Enter the amount of the minimum income standard (no higher than 185% FPL): 185 % FPL
■ Maximum income standard
The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for pregnant women under this eligibility group.
An attachment is submitted.
The state's maximum income standard for this eligibility group is:
The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10) (A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of March 23, 2010, converted to a

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MAGI-equivalent percent of FPL.



The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty levelrelated pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10) (A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL. O 185% FPL The amount of the maximum income standard is: 195 % FPL Income standard chosen Indicate the state's income standard used for this eligibility group: The minimum income standard • The maximum income standard Another income standard in-between the minimum and maximum standards allowed. There is no resource test for this eligibility group. Benefits for individuals in this eligibility group consist of the following: (All pregnant women eligible under this group receive full Medicaid coverage under this state plan. C Pregnant women whose income exceeds the income limit specified below for full coverage of pregnant women receive only pregnancy-related services. ■ Presumptive Eligibility The state covers ambulatory prenatal care for individuals under this group when determined presumptively eligible by a qualified entity. • Yes O No The presumptive period begins on the date the determination is made. The end date of the presumptive period is the earlier of: The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date. There may be no more than one period of presumptive eligibility per pregnancy. A written application must be signed by the applicant or representative.

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0	Yes No
	The presumptive eligibility determination is based on the following factors:
	■ The woman must be pregnant
	■ Household income must not exceed the applicable income standard at 42 CFR 435.116.
	⊠ State residency
	Citizenship, status as a national, or satisfactory immigration status
	The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.
	List of Qualified Entities of the state of t
	A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements, and that meets at least one of the following requirements. Select one or more of the following types of entities used to determine presumptive eligibility for this eligibility group:
	Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
	Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act
	Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990
	Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants and Children (WIC) under section 17 of the Child Nutrition Act of 1966
	Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP)
	Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)
	☐ Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs
	☐ Is a state or Tribal child support enforcement agency under title IV-D of the Act
	Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act
	Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act
	Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.)
	Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization
	Other entity the agency determines is capable of making presumptive eligibility determinations:

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The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved. A copy of the training materials has been included.

An attachment is submitted.

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Eligibility Groups - Mandatory Coverage Infants and Children under Age 19
42 CFR 435.118 1902(a)(10)(A)(i)(III), (IV), (VI) and (VII) 1902(a)(10)(A)(ii)(IV) and (IX) 1931(b) and (d)
Infants and Children under Age 19 - Infants and children under age 19 with household income at or below standards established by the state based on age group.
The state attests that it operates this eligibility group in accordance with the following provisions:
Children qualifying under this eligibility group must meet the following criteria:
■ Are under age 19
Have household income at or below the standard established by the state.
MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.
Income standard used for infants under age one
Minimum income standard
The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for infants under age one, or as of July 1, 1989, had authorizing legislation to do so.
Yes C No
Enter the amount of the minimum income standard (no higher than 185% FPL): 185 % FPL
Maximum income standard
The state certifies that it has submitted and received approval for its converted income standard(s) for infants under age one to MAGI-equivalent standards and the determination of the maximum income standard to be used for infants under age one.
An attachment is submitted.
The state's maximum income standard for this age group is:
The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related
infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV)

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equivalent percent of FPL.

(institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-



The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL. The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL. The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL. O 185% FPL Enter the amount of the maximum income standard: 195 % FPL Income standard chosen The state's income standard used for infants under age one is: • The maximum income standard If not chosen as the maximum income standard, the state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10) (A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL. If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10) (A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL. If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL. If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL. Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.

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Income standard for children age one through age five, inclusive

Minimum income standard



The minimum income standard used for this age group is 133% FPL.

Maximum income standard

The state certifies that it has submitted and received approval for its converted income standard(s) for children [7] age one through five to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age one through five.

An attachment is submitted.

The state's maximum income standard for children age one through five is:

- The state's highest effective income level for coverage of children age one through five under sections 1931 (lowincome families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty levelrelated children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- The state's highest effective income level for coverage of children age one through five under sections 1931 (lowincome families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty levelrelated children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

Enter the amount of the maximum income standard: 142 % FPL

Income standard chosen

The state's income standard used for children age one through five is:

- The maximum income standard
 - If not chosen as the maximum income standard, the state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children),
- (1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii) (IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children),

1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii) (IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

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	0	If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
	0	If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
	0	Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.
Inc	ome	standard for children age six through age eighteen, inclusive
	Mi	nimum income standard
	Th	e minimum income standard used for this age group is 133% FPL.
	Ma	aximum income standard
	✓	The state certifies that it has submitted and received approval for its converted income standard(s) for children ag six through eighteen to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age six through age eighteen.
		An attachment is submitted.
	Th	e state's maximum income standard for children age six through eighteen is:
	0	The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
	•	The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
	C	The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
	C	The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
	C	133% FPL
	Eı	nter the amount of the maximum income standard: 142 % FPL
	In	come standard chosen

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The state's income standard used for children age six through eighteen is: The maximum income standard If not chosen as the maximum income standard, the state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), (1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A) (ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL. If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A) (ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL. If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGIequivalent percent of FPL. If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGIequivalent percent of FPL. Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010. There is no resource test for this eligibility group. Presumptive Eligibility The state covers children when determined presumptively eligible by a qualified entity. O Yes No

PRA Disclosure Statement

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Eligibile Groups - Mandatory Coverage Adult Group
1902(a)(10)(A)(i)(VIII) 42 CFR 435.119
The state covers the Adult Group as described at 42 CFR 435.119.
● Yes C No
Adult Group - Non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.
▼ The state attests that it operates this eligibility group in accordance with the following provisions:
Individuals qualifying under this eligibility group must meet the following criteria:
Have attained age 19 but not age 65.
■ Are not pregnant.
Are not entitled to or enrolled for Part A or B Medicare benefits.
Are not otherwise eligible for and enrolled for mandatory coverage under the state plan in accordance with 42 CFR 435, subpart B.
Note: In 209(b) states, individuals receiving SSI or deemed to be receiving SSI who do not qualify for mandatory Medicaid eligibility due to more restrictive requirements may qualify for this eligibility group if otherwise eligible.
■ Have household income at or below 133% FPL.
MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.
■ There is no resource test for this eligibility group.
Parents or other caretaker relatives living with a child under the age specified below are not covered unless the child is receiving benefits under Medicaid, CHIP or through the Exchange, or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.
● Under age 19, or
A higher age of children, if any, covered under 42 CFR 435.222 on March 23, 2010:
Presumptive Eligibility
The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.
C Yes

PRA Disclosure Statement

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Former Hoster Care Children
42 CFR 435.150 1902(a)(10)(A)(i)(IX)
Former Foster Care Children - Individuals under the age of 26, not otherwise mandatorily eligible, who were on Medicaid and in foster care when they turned age 18 or aged out of foster care.
The state attests that it operates this eligibility group under the following provisions:
Individuals qualifying under this eligibility group must meet the following criteria:
Are under age 26.
Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.
Were in foster care under the responsibility of the state or Tribe and were enrolled in Medicaid under the state's state plan or 1115 demonstration when they turned 18 or at the time of aging out of that state's or Tribe's foster care program.
The state elects to cover children who were in foster care and on Medicaid in <u>any</u> state at the time they turned 18 or aged out of the foster care system.
● Yes C No
The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.
○ Yes

PRA Disclosure Statement

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Eligibility Groups - Options for Coverage Individuals above 133% FPL

1902(a)(10)(A)(ii)(XX) 1902(hh)

42 CFR 435.218

Individuals above 133% FPL - The state elects to cover individuals under 65, not otherwise mandatorily or optionally eligible, with income above 133% FPL and at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.218.

C Yes • No

PRA Disclosure Statement

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Eligibility Groups - Options for Coverage Optional Coverage of Parents and Other Caretaker Relative

S51

42 CFR 435.220 1902(a)(10)(A)(ii)(I)

Optional Coverage of Parents and Other Caretaker Relatives - The state elects to cover individuals qualifying as parents or other caretaker relatives who are not mandatorily eligible and who have income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.220.

C Yes

No

PRA Disclosure Statement

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Eligibility Groups - Options for Coverage Reasonable Classification of Individuals under Age 21

852

42 CFR 435.222 1902(a)(10)(A)(ii)(I) 1902(a)(10)(A)(ii)(IV)

Reasonable Classification of Individuals under Age 21 - The state elects to cover one or more reasonable classifications of individuals under age 21 who are not mandatorily eligible and who have income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.222.

C Yes

No

PRA Disclosure Statement

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Eligibility Groups - Options for Coverage. Children with Non IV-E Adoption Assistance

42 CFR 435.227 1902(a)(10)(A)(ii)(VIII)

Children with Non IV-E Adoption Assistance - The state elects to cover children with special needs for whom there is a non IV-E adoption assistance agreement in effect with a state, who were eligible for Medicaid, or who had income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.227.

O Yes No

PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, 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.

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Eligibility Groups - Options for Coverage Optional Targeted Low Income Children

1902(a)(10)(A)(ii)(XIV) 42 CFR 435.229 and 435.4 1905(u)(2)(B)

Optional Targeted Low Income Children - The state elects to cover uninsured children who meet the definition of optional targeted low income children at 42 CFR 435.4, who have household income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.229.

C Yes No

PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, 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.

Effective Date: 01/01/14 Approval Date: 11/18/13 TN No: 13-0008-MM1 S54-1



OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

Eligibil**it**y Croups - Opin<mark>ons for Coverage</mark> els with Tuberculosis

1902(a)(10)(A)(ii)(XII)

1902(z)

Individuals with Tuberculosis - The state elects to cover individuals infected with tuberculosis who have income at or below a standard established by the state, limited to tuberculosis-related services.

No

PRA Disclosure Statement

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Approval Date: 11/18/13 Effective Date: 01/01/14 TN No: 13-0008-MM1 S55-1



OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

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7/31/2019

42 CFR 435.226 1902(a)(10)(A)(ii)(XVII)

Independent Foster Care Adolescents - The state elects to cover individuals under an age specified by the state, less than age 21, who were in state-sponsored foster care on their 18th birthday and who meet the income standard established by the state and in accordance with the provisions described at 42 CFR 435.226.

O Ves

No

PRA Disclosure Statement

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TN No: 13-0008-MM1

Kentucky

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S57-1



OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

Lligibility Groups. Options for Coverage Individuals Eligible for Family Planning Services

1902(a)(10)(A)(ii)(XXI) 42 CFR 435.214

Individuals Eligible for Family Planning Services - The state elects to cover individuals who are not pregnant, and have household income at or below a standard established by the state, whose coverage is limited to family planning and related services and in accordance with provisions described at 42 CFR 435.214.

C Yes

No No

PRA Disclosure Statement

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TN No: 13-0008-MM1 Kentucky

Approval Date: 11/18/13 S59-1

SUPERSEDING PA STATE PLAN MA	
TRANSMITTAL NUMBER:	STATE:
13-0008-MM1	Kentucky

Pages or sections of pages being superseded by S25, S28, S30, S51, S52, S53, S54, and S14 and related pages or sections of pages being deleted as obsolete

State Plan Section	Complete Pages Removed	Partial Pages Removed					
Attachment 2.2-A	Page 1 Page 3 Page 3a Page 4 Page 4a Page 12 Page 13 Page 14 Page 14a Page 14a Page 23 Page 23b	Page 2, A.2.b Page 2, A.2.c Page 2a, A.3 Page 5, A.10 Page 9c, B.1 remove "Caretaker relatives" and "Pregnant women" Page 20, B.14 Page 23c, #19, #21 Page 25, C.4					
Supplement 1 to Attachment 2.2-A	Page 1						
Attachment 2.6-A	Page 3b Page 11a Page 19 Page 19a Page 19b Page 21	Page 1, A.2.a(i) and (iii) Page 6 related to AFDC recipients, pregnant women, infants, and children Page 7, 1.a(1) and (2) Page 12, 5.e(2) Page 18, 5.e Page 25, 11.a(3)					
Supplement 1 to Attachment 2.6-A	Pages 1-4						
Supplement 2 to Attachment 2.6-A	Pages 1-5						

Supplement 8a to Attachment 2.6-A		Page 2: delete for categorically needy groups for families and children
Supplement 8b to Attachment 2.6-A		Pages 1 - 3: delete for categorically needy groups for families and children
Supplement 12 to Attachment 2.6-A	Pages 1-3	

OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

Presemptive Eligibility by Hospitals S21						
42 CFR 435.1110						
One or more qualified hospitals are determining presumptive eligibility under 42 CFR 435.1110, and the state is providing Medicaid coverage for individuals determined presumptively eligible under this provision.						
€ Yes C No						
☑ The state attests that presumptive eligibility by hospitals is administered in accordance with the following provisions:						
A qualified hospital is a hospital that:						
Participates as a provider under the Medicaid state plan or a Medicaid 1115 Demonstration, notifies the Medicaid agency of its election to make presumptive eligibility determinations and agrees to make presumptive eligibility determinations consistent with state policies and procedures.						
Has not been disqualified by the Medicaid agency for failure to make presumptive eligibility determinations in accordance with applicable state policies and procedures or for failure to meet any standards that may have been established by the Medicaid agency.						
Assists individuals in completing and submitting the full application and understanding any documentation requirements.						
C Yes € No						
The eligibility groups or populations for which hospitals determine eligibility presumptively are:						
Pregnant Women						
Infants and Children under Age 19						
Parents and Other Caretaker Relatives						
Adult Group, if covered by the state						
Individuals above 133% FPL under Age 65, if covered by the state						
Individuals Eligible for Family Planning Services, if covered by the state						
Former Foster Care Children						
Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state						
Other Family/Adult groups:						
☐ Eligibility groups for individuals age 65 and over						
Eligibility groups for individuals who are blind						
Eligibility groups for individuals with disabilities						
Other Medicaid state plan eligibility groups						
Demonstration populations covered under section 1115						
The state establishes standards for qualified hospitals making presumptive eligibility determinations.						

TN No: 13-0009-MM7

Kentucky

Approval Date: 11/22/13

S21-1



(165 (140						
The presumptive period begins on the date the determination is made.						
■ The end date of the presumptive period is the earlier of:						
The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or						
The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.						
Periods of presumptive eligibility are limited as follows:						
No more than one period within a calendar year.						
C No more than one period within two calendar years.						
No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.						
C Other reasonable limitation:						
The state requires that a written application be signed by the applicant, parent or representative, as appropriate.						
C Yes © No						
■ The presumptive eligibility determination is based on the following factors:						
The individual's categorical or non-financial eligibility for the group for which the individual's presumptive eligibility is being determined (e.g., based on age, pregnancy status, status as a parent/caretaker relative, disability, or other requirements specified in the Medicaid state plan or a Medicaid 1115 demonstration for that group)						
Household income must not exceed the applicable income standard for the group for which the individual's presumptive eligibility is being determined, if an income standard is applicable for this group.						
State residency ■ State residency ■ The s						
Citizenship, status as a national, or satisfactory immigration status						
The state assures that it has communicated the requirements for qualified hospitals, and has provided adequate training to the hospitals. A copy of the training materials has been included.						
An attachment is submitted.						

PRA Disclosure Statement

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TN No: 13-0009-MM7 Approval Date: 11/22/13 Effective Date: 01/01/14

Kentucky

S21-2



OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

OMB Expiration date: 10/31/201 MAGI-Based Income Methodologies S10
1902(e)(14) 42 CFR 435.603
12 CFR 455.005
The state will apply Modified Adjusted Gross Income (MAGI)-based methodologies as described below, and consistent with 42 CFR 435.603.
In the case of determining ongoing eligibility for beneficiaries determined eligible for Medicaid on or before December 31, 2013, MAGI-based income methodologies will not be applied until March 31, 2014, or the next regularly-scheduled renewal of eligibility, whichever is later, if application of such methods results in a determination of ineligibility prior to such date.
In determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.
In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:
C The pregnant woman is counted just as herself.
The pregnant woman is counted as herself, plus one.
• The pregnant woman is counted as herself, plus the number of children she is expected to deliver.
Financial eligibility is determined consistent with the following provisions:
When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.
When determining eligibility for current beneficiaries, financial eligibility is based on:
© Current monthly household income and family size
OProjected annual household income and family size for the remaining months of the current calendar year
In determining current monthly or projected annual household income, the state will use reasonable methods to:
☐ Include a prorated portion of a reasonably predictable increase in future income and/or family size.
Account for a reasonably predictable decrease in future income and/or family size.
Except as provided at 42 CFR 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.
In determining eligibility for Medicaid, an amount equivalent to 5 percentage points of the FPL for the applicable family size will be deducted from household income in accordance with 42 CFR 435.603(d).
Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.
CYes No

TN No: 13-0010-MM3 Approval Date: 10/25/13 Effective Date: 01/01/14 Kentucky S10-1



The age used for children with respect to 42 CFR 435.603(f)(3)(iv) is:

@ Age 19

O Age 19, or in the case of full-time students, age 21

PRA Disclosure Statement

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TN No: 13-0010-MM3

Kentucky

Approval Date: 10/25/13

S10-2

SUPERSEDING PAGES OF STATE PLAN MATERIAL				
TRANSMITTAL NUMBER:	STATE:			
KY-13-0010-MM3	Kentucky			
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):			
S10 - MAGI Income Methodology	Notwithstanding any other provisions of the Kentucky Medicaid State Plan, the financial eligibility methodologies described in State Plan Amendment KY-13-0010-MM3 will apply to all MAGI-based eligibility groups covered under Kentucky's Medicaid State Plan. The MAGI financial methodologies set forth in 42 CFR § 435.603 apply to everyone except those individuals described at 42 CFR § 435.603(j) for whom MAGI-based methods do not apply. This State Plan Amendment supersedes the current financial eligibility provisions of the Medicaid State Plan only with respect to the MAGI-based eligibility groups.			



OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

8333393333		nancial Eligibility tesidency				
42 (CFR 4	435.403				
Sta	te Re	sidency				
The state provides Medicaid to otherwise eligible residents of the state, including residents who are absent from the state u certain conditions.						
	Indi	viduals are considered to be residents of the state under the following conditions:				
		Non-institutionalized individuals age 21 and over, or under age 21, capable of indicating intent and who are emancipated or married, if the individual is living in the state and:				
		Intends to reside in the state, including without a fixed address, or				
		■ Entered the state with a job commitment or seeking employment, whether or not currently employed.				
		Individuals age 21 and over, not living in an institution, who are not capable of indicating intent, are residents of the state in which they live.				
		Non-institutionalized individuals under 21 not described above and non IV-E beneficiary children:				
		Residing in the state, with or without a fixed address, or				
		The state of residency of the parent or caretaker, in accordance with 42 CFR 435.403(h)(1), with whom the individual resides.				
		Individuals living in institutions, as defined in 42 CFR 435.1010, including foster care homes, who became incapable of indicating intent before age 21 and individuals under age 21 who are not emancipated or married:				
		Regardless of which state the individual resides, if the parent or guardian applying for Medicaid on the individual's behalf resides in the state, or				
V.		Regardless of which state the individual resides, if the parent or guardian resides in the state at the time of the individual's placement, or				
		If the individual applying for Medicaid on the individual's behalf resides in the state and the parental rights of the institutionalized individual's parent(s) were terminated and no guardian has been appointed and the individual is institutionalized in the state.				
		Individuals living in institutions who became incapable of indicating intent at or after age 21, if physically present in the state, unless another state made the placement.				
		Individuals who have been placed in an out-of-state institution, including foster care homes, by an agency of the state.				
		Any other institutionalized individual age 21 or over when living in the state with the intent to reside there, and not placed in the institution by another state.				
		IV-E eligible children living in the state, or				

TN No: 13-0011-MM5 Approval Date: 11/19/13 Effective Date: 01/01/14 Kentucky S88-1



Otherwise meet the requirements of 42 CFR 435.403.

TN No: 13-0011-MM5

Kentucky

Approval Date: 11/19/13

S88-2



Meet the criteria specified in an interstate agreement.									
• Yes C No									
The state h	The state has interstate agreements with the following selected states:								
⊠ Alaba	ma 🔀	Illinois	Montana						
	a 🛚	Indiana	Nebraska	South Carolina					
	na 🔀	Iowa	Nevada	South Dakota					
	sas 🖂	Kansas	New Hampshire	▼ Tennessee					
	rnia 🔲	Kentucky	New Jersey	▼ Texas					
	ado 🗵	Louisiana	New Mexico						
	ecticut 🖂	Maine	☐ New York	∨ Vermont					
□ Delaw	vare 🖂	Maryland	North Carolina	∇irginia					
☑ Distric	ct of Columbia 🛛	Massachusetts	North Dakota	Washington					
	a 🖂	Michigan	○ Ohio	West Virginia					
☐ George	ia 🖂	Minnesota	○ Oklahoma						
🔀 Hawa	ii 🗵	Mississippi		☐ Wyoming					
🔀 Idaho	\boxtimes	Missouri	Pennsylvania						
			edicaid to individuals pending als who (select all that apply):	resolution of their residency					
	V-E eligible		The second secon						
		rpose of attending school							
_	•	e purpose of attending school	ol						
	addresses in both states								
_	Other type of individual								
_		in the state only to attend so	chool						
Yes • No	•	in the state only to attend so	onoon.						
		but who may be temporari	ly absent from the state.						
Otherwise meet the criteria of resident, but who may be temporarily absent from the state. The state has a definition of temporary absence, including treatment of individuals who attend school in another state.									
	C Yes © No								

PRA Disclosure Statement

TN No: 13-0011-MM5 Kentucky Approval Date: 11/19/13 S88-3



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TN No: 13-0011-MM5

Kentucky

Approval Date: 11/19/13

S88-4



Att	achn	nent 3.1-L.		3 Control Number: 09 B Expiration date: 10	
Alt	erns	tive Benefit Plan Populations			ABP1
Iden	tify :	and define the population that will participate	in the Alternative Benefit Plan.		
Alte	rnati	ve Benefit Plan Population Name: KyH	ealth Choices-New Adult Group		
				ain individuals that n	neet any
Elig	bilit	y Groups Included in the Alternative Benefit	Plan Population:		
		Eli	gibility Group:	Enrollment is mandatory or voluntary?	
╢ -	+	Adult Group		Mandatory	X
Enre	ollme	ent is available for all individuals in these elig	gibility group(s). Yes		
Geo	grap	ohic Area			
The	Alte	rnative Benefit Plan population will include in	ndividuals from the entire state/territory.		
Any	othe	er information the state/territory wishes to pro	ovide about the population (optional)		
		Adult Group Mandatory Mandatory			
valid this reson the t	I OM infor arces ime e	B control number. The valid OMB control n mation collection is estimated to average 5 ho , gather the data needed, and complete and re	number for this information collection is 0938-1148. Tours per response, including the time to review instructiview the information collection. If you have commen form, please write to: CMS, 7500 Security Boulevard,	the time required to c tions, search existing ts concerning the acc	omplete data uracy of

V 20130724

TN No: 13-020 Kentucky

Approval Date: 12/20/13 Effective Date: 01/01/14

ABP-1



OMB Expiration date: 10/31/2014

Voluntary Benefit Package Selector Associates Ellebotic Group under Sestion 1937 (1974)

The state/territory has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements. Therefore the state/territory is deemed to have met the requirements for voluntary choice of benefit package for Individuals exempt from mandatory participation in a section 1937 Alternative Benefit Plan.

Explain how the state has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements.

Kentucky has reviewed the EHB's Anthem PPO and added or supplemented Medicaid benefits where necessary to at least offer the benefits for purposes of defining EHBs. The ABP that is subject to section 1937 requirements and the Medicaid State Plan are fully aligned.

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V.20130807

TN No: 13-020 Kentucky

Approval Date: 12/20/13

ABP2a



Attachment 3.1-L	OMB Control Number: 0938 OMB Expiration date: 10/31	
Selection of Benchmark Ben	TO THE TO THE WALL SET THE WAY WITH THE MEAN CONTROL OF A WAY OF THE WAY	BP3
	ding one existing benefit package for the population defined in Section 1.	
	ing a single new benefit package for the population defined in Section 1.	
Name of benefit package:		
, -	ction 1937 Coverage option the following type of Benchmark Benefit Package or Benchmark- this Alternative Benefit Plan (check one):	
Benchmark Benefit Package	е.	
C Benchmark-Equivalent Bene	efit Package.	
The state/territory will prov	ovide the following Benchmark Benefit Package (check one that applies):	
The Standard Blue Program (FEHBP)	te Cross/Blue Shield Preferred Provider Option offered through the Federal Employee Health Ber P).	nefit
C State employee co	overage that is offered and generally available to state employees (State Employee Coverage):	
A commercial HM HMO):	MO with the largest insured commercial, non-Medicaid enrollment in the state/territory (Commer	cial
	ved Coverage.	
The state/terri	ritory offers benefits based on the approved state plan.	
	ritory offers an array of benefits from the section 1937 coverage option and/or base benchmark plages, or the approved state plan, or from a combination of these benefit packages.	an
• The state	e/territory offers the benefits provided in the approved state plan.	
C Benefits	s include all those provided in the approved state plan plus additional benefits.	
C Benefits	s are the same as provided in the approved state plan but in a different amount, duration and/or sec	оре.
C The state	e/territory offers only a partial list of benefits provided in the approved state plan.	
C The state	e/territory offers a partial list of benefits provided in the approved state plan plus additional benefits	fits.
Please briefly ide	lentify the benefits, the source of benefits and any limitations:	
Please refer to the	he state's approved State Plan	
Selection of Base Benchmark Plan	in .	

TN No: 13-020 Kentucky

Approval Date: 12/20/13

ABP3-1



Attachment 3.1-L

state/territory must select a Base Benchmark Plan as the basis for providing Essential Health Benefits in its Benchmark or achmark-Equivalent Package.
Base Benchmark Plan is the same as the Section 1937 Coverage option. No
Indicate which Benchmark Plan described at 45 CFR 156.100(a) the state/territory will use as its Base Benchmark Plan:
• Largest plan by enrollment of the three largest small group insurance products in the state's small group market.
Any of the largest three state employee health benefit plans by enrollment.
Any of the largest three national FEHBP plan options open to Federal employees in all geographies by enrollment.
C Largest insured commercial non-Medicaid HMO.
Plan name: Anthem Blue Cross Blue Shield Small Group PPO
her Information Related to Selection of the Section 1937 Coverage Option and the Base Benchmark Plan (optional):
te State assures that all services in the base benchmark have been accounted for throughout the benefit chart found in ABP5. The State assures the accuracy of all information in ABP5 depicting amount, duration and scope parameters of services authorized in the rrently approved Medicaid state plan.

PRA Discle sure Statement

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TN No: 13-020 Kentucky Approval Date: 12/20/13

ABP3-2



Attachment 3.1- L	OMB Expiration date: 10/31/2014
Alternative Benefit Plan Cost-Sharing	ABP4
Any cost sharing described in Attachment 4.18-A	applies to the Alternative Benefit Plan.
Attachment 4.18-A may be revised to include cost shoot sharing must comply with Section 1916 of the Sectio	aring for ABP services that are not otherwise described in the state plan. Any such ocial Security Act.
The Alternative Benefit Plan for individuals with inc Attachment 4.18-A.	ome over 100% FPL includes cost-sharing other than that described in
Other Information Related to Cost Sharing Requiren	nents (optional):

PRA Disclosure Statement

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V.20130807

OMB Control Number: 0938-1148

TN No: 13-020 Kentucky

Approval Date: 12/20/13

ABP4



			MB Control Number: 0938-114
Attachment 3.1-L		0	MB Expiration date: 10/31/201
Benefits Description		en e	ABP5
The state/territory proposes a	"Benchmark-Equivalent" benefit package.	. No	
The state/territory is proposing	g "Secretary-Approved Coverage" as its so	ection 1937 coverage option. Yes	
Secretary-Approved Ber	nchmark Package: Benefit by Benefit C	Comparison Table	
Benefit Plan with the bene plan under Title XIX of the and include a chart compa	rovide a benefit by benefit comparison of the section 1937 Enter the Act. Submit a document indicating which aring each benefit in the proposed Secretar ackage, including any limitations on amountable.	Benchmark Benefit Packages or th ich of these benefit packages will ry-Approved benefit package with	e standard full Medicaid state be used to make the comparison the same or similar benefit in
	An attachment	t is submitted.	
Benefits Included in Alterna	itive Benefit Plan		
Enter the specific name of the	e base benchmark plan selected:		
Anthem PPO			
Enter the specific name of the "Secretary-Approved."	e section 1937 coverage option selected, if	f other than Secretary-Approved.	Otherwise, enter
Secretary-Approved			

TN No: 13-020 Kentucky Approval Date: 12/20/13

ABP5-1



Attachment 3.1-L

Essential Health Benefit 1: Ambulatory patient services		Collapse All
Benefit Provided:	Source:	
Physician Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
This represents Physician services.		
 Benefit Provided:	Source:	
Outpatient Hospital Services	: ::te Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the benchmark plan:		
Prior authorization is required for some services. See	State Plan for complete listing.	
 Benefit Provided:	Source:	
Clinic Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	
Scope Limit:		
None		

TN No: 13-020 Kentucky Approval Date: 12/20/13

ABP5-2



Attachment 3.1-L

benchmark plan:		Remove
Benefit Provided:	Source:	
Certified Pediatric or Family Nurse Practitioner	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	'
None	None	
Scope Limit:		
None		
Other information regarding this benefit, includin benchmark plan:	g the specific name of the source plan if it is not the base	
Full State Plan Service Title: Certified pediatric o	or family Nurse Practitioner services	
Benefit Provided:	Source:	-
Family Planning Services and Supplies for Individu	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	,
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		-
Limited to individuals of child-bearing age		
Other information regarding this benefit, including benchmark plan:	g the specific name of the source plan if it is not the base	
Full State Plan Service Title: Family Planning Se	ervices and Supplies for Individuals of Child-bearing Age	
Benefit Provided:	Source:	
Hospice Care	State Plan 1905(a)	
Authorization:	Provider Qualifications:	-
Prior Authorization	Medicaid State Plan]
Amount Limit:	Ouration Limit:	_
None	None	

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Attachment 3.1-L

5 5	dicaid hospice services Ig the specific name of the source plan if it is not the base	
benchmark plan:		
Benefit Provided:	Source:	
Private duty nursing	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
2000 hours / year	None	
Scope Limit:		
Services in an inpatient setting excluded		
Benefit Provided:	Source:	
Medical care & any other type of remedial:podiatry		
Medical care & any other type of remedial:podiatry	State Plan 1905(a)	
Medical care & any other type of remedial:podiatry Authorization:	State Plan 1905(a) Provider Qualifications:	
Medical care & any other type of remedial:podiatry Authorization: None	State Plan 1905(a) Provider Qualifications: Medicaid State Plan	
Medical care & any other type of remedial:podiatry Authorization: None Amount Limit:	State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	
Medical care & any other type of remedial:podiatry Authorization: None Amount Limit: None	State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None	
Medical care & any other type of remedial:podiatry Authorization: None Amount Limit: None Scope Limit: Limited to non-routine foot care; routine foot care	State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None	
Medical care & any other type of remedial:podiatry Authorization: None Amount Limit: None Scope Limit: Limited to non-routine foot care; routine foot care Other information regarding this benefit, including benchmark plan:	State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None	
Authorization: None Amount Limit: None Scope Limit: Limited to non-routine foot care; routine foot car Other information regarding this benefit, including benchmark plan: Full State Plan Service Title: Medical care and ar	State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None re excluded re excluded reg the specific name of the source plan if it is not the base reny other type of remedial care provided by licensed	

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Benefit Provided:	Source:	
Medical care & any other type of remedial: Other	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan]
Amount Limit:	Duration Limit:	_
None	None	
Scope Limit:		_
None		
Other information regarding this benefit, including benchmark plan:	g the specific name of the source plan if it is not the base	
Full State Plan Service Title: Medical care and any practitioners: Other practitioner's services	y other type of remedial care provided by licensed	
	une of remedial care	
KY State Plan Title: Medical care and any other ty	pe of femedial care	1 .

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Attachment 3.1-L

Essential Health Benefit 2: Emergency services		Collapse All
Benefit Provided:	Source:	
Outpatient Hospital: Emergency Department	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	<u> </u>
None	None	
Scope Limit:		<u></u>
None		
Other information regarding this benefit, includin benchmark plan:	ng the specific name of the source plan if it is not the base	7 .
Benefit Provided: Any other medical care: emergency transportation	Source: State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	_ L
None	Medicaid State Plan	7
Amount Limit:	Duration Limit:	J
None	None	
Scope Limit:		
None		
Other information-regarding this benefit, includir benchmark plan:	ng the specific name of the source plan if it is not the base	
·	care and any other type of remedial care recognized unde	r
Full State Plan Service Title: Any other medical the state law, specified by the Secretary This represents emergency transportation/ambula		

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Attachment 3.1-L

Essential Health Benefit 3: Hospitalization		Collapse All
Benefit Provided:	Source:	
Inpatient Hospital Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan]
Amount Limit:	Duration Limit:	_
None	None]
Scope Limit:		_
None		
Other information regarding this benefit, benchmark plan:	including the specific name of the source plan if it is not the base	
Authorization is done through prior, concluded hospital and service.	current, and retroactive authorization, depending on the type of	
Benefit Provided:	Source:	
Physician: Inpatient Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	,
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None]
Other information regarding this benefit, benchmark plan:	including the specific name of the source plan if it is not the base	_
ochemiark pian.		7
This represents Inpatient Physician Servi	ices	

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Attachment 3.1-L

Essential Health Benefit 4: Maternity and newbo	om care	Collapse All
Benefit Provided:	Source:	
Nurse-midwife Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, in benchmark plan:	cluding the specific name of the source plan if it is not the bas	se
Benefit Provided:	Source:	
Inpatient Hospital Services: Maternity	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, in benchmark plan:	cluding the specific name of the source plan if it is not the bas	se
hospital and service.	rent, and retroactive authorization, depending on the type of bital found in other EHBs are applicable here too	
Benefit Provided:	Source:	
Physician services: Maternity	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		

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Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

This benefit is a duplicate of "outpatient surgery physician/surgical" in the base benchmark.

Add

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Attachment 3.1-L

Essential Health Benefit 5: Mental health and substan behavioral health treatment	ee are area an area melannik	Collapse All
Benefit Provided:	Source:	
Inpatient Hospital Services: IP Mental Health	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
IP Mental Health in an IMD is not available to i	ndividuals between the ages of 21 to 64.	
Other information regarding this benefit, includi benchmark plan:	ng the specific name of the source plan if it is not the b	ase
This represents Inpatient Mental Health services These facilities are not IMDs.	•	
Benefit Provided:	Source:	
Rehabilitative services: OP Mental Health	State Plan 1905(a)	Remove
Authorization:	· Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, includi	ng the specific name of the source plan if it is not the b	pase
Full State Plan Service Title: Other diagnostic, s than those provided elsewhere in this plan This represents Outpatient Mental Health service	creening, preventive, and rehabilitative services, i.e. ot es.	her
Benefit Provided:	Source:	
Inpatient Hospital Services: IP Substance Use	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	

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Attachment 3.1-L

None		Remove
Other information regarding this benefit, including the benchmark plan:	ne specific name of the source plan if it is not the base	
This represents IP Substance Use Disorder Services These facilities are not IMDs.		
Benefit Provided:	Source:	
Rehabilitative services: OP Substance Use	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		-
Other information regarding this benefit, including the benchmark plan:	he specific name of the source plan if it is not the base	
Full State Plan Service Title: Other diagnostic, screethan those provided elsewhere in this plan This represents OP Substance Use Disorder Services	ning, preventive, and rehabilitative services, i.e. other	
	-	Add

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Attachment 3.1-L

	Essential Health Benefit 6: Prescription drugs			
	Benefit Provided:			1
	Coverage is at least the greater of one drug in ea same number of prescription drugs in each cate	•		
	Prescription Drug Limits (Check all that apply.): Auth:rization:	Provider Qualifications:	
	Limit on days supply	Yes	State licensed	-
	Limit on number of prescriptions			
	☐ Limit on brand drugs			
	Other coverage limits			
	□ Preferred drug list			
	Coverage that exceeds the minimum requirement	nts or other:		
	The Commonwealth of Kentucky's ABP prescr Medicaid state plan for prescribed drugs.	iption drug benefit plan	is the same as under the approved	
-				
_				

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Attachment 3.1-L

Essential Health Benefit 7: Rehabilitative and habilitative s	services and devices	Collapse All
Benefit Provided:	Source:	
Physical therapy &related svcs: PT	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
20 visits per calendar year	None	
Scope Limit:		
None		
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	_
State Plan Service Title: Physical therapy and related	services	
20 visits per year for physical therapy; benefit limits a services.	are aggregated between habilitation and rehabilitation	
Benefit Provided:	Source:	
Home Health: Medical supplies, equipment, and appl	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Specific restrictions and exclusions are found in the	fee schedule	
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	:
Full State Plan Service Title: Home Health: Medical sthe home	supplies, equipment, and appliances suitable for use	in
KY State Plan Title: Home Health: Medical supplies		
Prior authorization is required for items of equipment specified items.	or repairs greater than \$500 and certain other	
Benefit Provided:	Source:	
Prosthetics	State Plan 1905(a)	
Authorization:	Provider Qualifications:	

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Attachment 3.1-L

Amount Limit:	Duration Limit:	
None	None	Remove
Scope Limit:		
None		
benchmark plan:	the specific name of the source plan if it is not the base	
Prior authorization is required for items of equipme specified items.	ent or repairs greater than \$500 and certain other	
Benefit Provided:	Source:	
Nursing Facility Services (21 and older)	State Plan 1905(a)	Remove
Authorization:	Trovider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Meets level of care		
benchmark plan:	the specific name of the source plan if it is not the base The base benchmark limits the number of days in a	
benchmark plan: This is a nursing facility for rehabilitative purposes	. The base benchmark limits the number of days in a	
benchmark plan: This is a nursing facility for rehabilitative purposes nursing facility to 90 day.		Remove
benchmark plan: This is a nursing facility for rehabilitative purposes nursing facility to 90 day. Benefit Provided:	Source:	Remove
benchmark plan: This is a nursing facility for rehabilitative purposes nursing facility to 90 day. Benefit Provided: Medical and other types of remedial care: chiropra	Source: State Plan 1905(a)	Remove
benchmark plan: This is a nursing facility for rehabilitative purposes nursing facility to 90 day. Benefit Provided: Medical and other types of remedial care: chiropra Authorization:	Source: State Plan 1905(a) Provider Qualifications:	Remove
benchmark plan: This is a nursing facility for rehabilitative purposes nursing facility to 90 day. Benefit Provided: Medical and other types of remedial care: chiropra Authorization: Prior Authorization	Source: State Plan 1905(a) Provider Qualifications:	Remove
benchmark plan: This is a nursing facility for rehabilitative purposes nursing facility to 90 day. Benefit Provided: Medical and other types of remedial care: chiropra Authorization: Prior Authorization Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
benchmark plan: This is a nursing facility for rehabilitative purposes nursing facility to 90 day. Benefit Provided: Medical and other types of remedial care: chiropra Authorization: Prior Authorization Amount Limit: 26 visits per calendar year	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
benchmark plan: This is a nursing facility for rehabilitative purposes nursing facility to 90 day. Benefit Provided: Medical and other types of remedial care: chiropra Authorization: Prior Authorization Amount Limit: 26 visits per calendar year Scope Limit: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
benchmark plan: This is a nursing facility for rehabilitative purposes nursing facility to 90 day. Benefit Provided: Medical and other types of remedial care: chiropra Authorization: Prior Authorization Amount Limit: 26 visits per calendar year Scope Limit: None Other information regarding this benefit, including	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
benchmark plan: This is a nursing facility for rehabilitative purposes nursing facility to 90 day. Benefit Provided: Medical and other types of remedial care: chiropra Authorization: Prior Authorization Amount Limit: 26 visits per calendar year Scope Limit: None Other information regarding this benefit, including benchmark plan:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove

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Attachment 3.1-L

Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	Remove
Amount Limit:	Duration Limit:	
20 visits per calendar year	None	
Scope Limit:		
None		
Other information regarding this benefit, including the benchmark plan:	he specific name of the source plan if it is not the base	
State Plan Service Title: Physical therapy and related	d services	
20 visits per year for occupational therapy; benefit li rehabilitation services.	imits are aggregated between habilitation and	
Benefit Provided:	Source:	
Physical therapy &related svcs: ST	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	•
20 visits per calendar year	None	
Scope Limit:		
None		
Other information regarding this benefit, including t benchmark plan:	he specific name of the source plan if it is not the base	•
State Plan Service Title: Physical therapy and relate	d services	
20 visits per year for speech therapy; benefit limits a services.	are aggregated between habilitation and rehabilitation	
Benefit Provided:	Source:	
Home health services: nursing, aide, and therapy	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
	Duration Limit:	
Amount Limit:	Duration Limit.	
Amount Limit: PT/OT/ST: 20 visits each per calendar year	None	
	7	

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Attachment 3.1-I.

benchmark plan:	Remove
This represents the home health visit, including PT/OT/SLT (if applicable) 20 visits each per calendar year for physical, occupational, and speech therapy; benefit rehabilitation services	
	Add

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Attachment 3 1-I

Benefit Provided:	Source:	
Other Laboratory and x-Ray Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	_
Other	Medicaid State Plan	
Amount Limit:	Jeration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, includi benchmark plan:	ng the specific name of the source plan if it is not the base	_
Some imaging services require a prior authorizat	tion. See State Plan for complete listing.	
		Add

Dq

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Attachment 3.1-L

Authorization: None Medicaid State Plan Duration Limit: None Scope Limit: Supplements existing benefits with any additions to comply with USPSTF, ACIP, IOM, and Bright Futures. Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Full State Plan Service Title: Other diagnostic, screening, preventive, and rehabilitative services, i.e. other than those provided elsewhere in this plan This benefit includes preventive services Benefit Provided: Source:	Benefit Provided:	Source:	
None Amount Limit: None Scope Limit: Supplements existing benefits with any additions to comply with USPSTF, ACIP, IOM, and Bright Futures. Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Full State Plan Service Title: Other diagnostic, screening, preventive, and rehabilitative services, i.e. other than those provided elsewhere in this plan This benefit includes preventive services Benefit Provided: Source: Physician services: allergy Authorization: Provider Qualifications: None Medicaid State Plan Amount Limit: Duration Limit: None Scope Limit: None	Preventive services	State Plan 1905(a)	Remove
Amount Limit: None None	Authorization:	Provider Qualifications:	
None None Scope Limit:	None	Medicaid State Plan	
Scope Limit: Supplements existing benefits with any additions to comply with USPSTF, ACIP, IOM, and Bright Futures. Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Full State Plan Service Title: Other diagnostic, screening, preventive, and rehabilitative services, i.e. other than those provided elsewhere in this plan This benefit includes preventive services Benefit Provided: Source: Physician services: allergy Authorization: None Medicaid State Plan Duration Limit: None Scope Limit: None	Amount Limit:	Duration Limit:	
Supplements existing benefits with any additions to comply with USPSTF, ACIP, IOM, and Bright Futures. Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Full State Plan Service Title: Other diagnostic, screening, preventive, and rehabilitative services, i.e. other than those provided elsewhere in this plan This benefit includes preventive services Benefit Provided: Source: Physician services: allergy State Plan 1905(a) Remov Authorization: Provider Qualifications: None Medicaid State Plan Duration Limit: None Scope Limit: None	None	None	
Futures. Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Full State Plan Service Title: Other diagnostic, screening, preventive, and rehabilitative services, i.e. other than those provided elsewhere in this plan This benefit includes preventive services Benefit Provided: Source: Physician services: allergy Authorization: Provider Qualifications: None Medicaid State Plan Amount Limit: None Scope Limit: None	Scope Limit:		
benchmark plan: Full State Plan Service Title: Other diagnostic, screening, preventive, and rehabilitative services, i.e. other than those provided elsewhere in this plan This benefit includes preventive services Benefit Provided: Physician services: allergy State Plan 1905(a) Authorization: Provider Qualifications: None Medicaid State Plan Amount Limit: Duration Limit: None Scope Limit: None	-	any additions to comply with USPSTF, ACIP, IOM, and Bright	
than those provided elsewhere in this plan This benefit includes preventive services Benefit Provided: Physician services: allergy Authorization: None Amount Limit: None Scope Limit: None			
Physician services: allergy State Plan 1905(a) Remov Authorization: None Medicaid State Plan Amount Limit: Duration Limit: None Scope Limit: None	benchmark plan: Full State Plan Service Title: Other di than those provided elsewhere in this	liagnostic, screening, preventive, and rehabilitative services, i.e. plan	
Authorization: None Medicaid State Plan Amount Limit: Duration Limit: None Scope Limit: None	benchmark plan: Full State Plan Service Title: Other dithan those provided elsewhere in this This benefit includes preventive servi	liagnostic, screening, preventive, and rehabilitative services, i.e. plan	
None Medicaid State Plan Amount Limit: Duration Limit: None None Scope Limit: None	benchmark plan: Full State Plan Service Title: Other dithan those provided elsewhere in this This benefit includes preventive servi Benefit Provided:	liagnostic, screening, preventive, and rehabilitative services, i.e. plan ices	. other
Amount Limit: None Scope Limit: None	benchmark plan: Full State Plan Service Title: Other dithan those provided elsewhere in this This benefit includes preventive servi Benefit Provided: Physician services: allergy	liagnostic, screening, preventive, and rehabilitative services, i.e. plan ices Source: State Plan 1905(a)	
None None Scope Limit: None	benchmark plan: Full State Plan Service Title: Other dithan those provided elsewhere in this This benefit includes preventive services: Benefit Provided: Physician services: allergy Authorization:	iagnostic, screening, preventive, and rehabilitative services, i.e. plan ices Source: State Plan 1905(a) Provider Qualifications:	. other
None	benchmark plan: Full State Plan Service Title: Other dithan those provided elsewhere in this This benefit includes preventive servi Benefit Provided: Physician services: allergy Authorization: None	iagnostic, screening, preventive, and rehabilitative services, i.e. plan ices Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	. other
	benchmark plan: Full State Plan Service Title: Other dithan those provided elsewhere in this This benefit includes preventive services: Benefit Provided: Physician services: allergy Authorization: None Amount Limit:	iagnostic, screening, preventive, and rehabilitative services, i.e. plan ices Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	. other
Other information regarding this benefit, including the specific name of the source plan if it is not the base	benchmark plan: Full State Plan Service Title: Other dithan those provided elsewhere in this This benefit includes preventive services: Benefit Provided: Physician services: allergy Authorization: None Amount Limit: None	iagnostic, screening, preventive, and rehabilitative services, i.e. plan ices Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	. other
	benchmark plan: Full State Plan Service Title: Other dithan those provided elsewhere in this This benefit includes preventive services: Benefit Provided: Physician services: allergy Authorization: None Amount Limit: None Scope Limit:	iagnostic, screening, preventive, and rehabilitative services, i.e. plan ices Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	. other
	benchmark plan: Full State Plan Service Title: Other dithan those provided elsewhere in this This benefit includes preventive services: Benefit Provided: Physician services: allergy Authorization: None Amount Limit: None Scope Limit: None	iagnostic, screening, preventive, and rehabilitative services, i.e. plan ices Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove

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Attachment 3.1-L

Essential Health Benefit 10: Pediatric services incl	luding oral and vision care	Collapse All
Benefit Provided:	Source:	
Medicaid State Plan EPSDT Benefits	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, inclubenchmark plan:	uding the specific name of the source plan if it is not the bas	e
State Plan Service Title: EPSDT Prior Auth required for orthondontia		
Benefit Provided: Medicaid State Plan EPSDT Benefits	Source:	
Medicard State Fiant EFSD1 Benefits	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Limited to children under 21 years of age		
Other information regarding this benefit, includence benchmark plan:	luding the specific name of the source plan if it is not the bas	e
Full State Plan Service Title: Inpatient psychi	iatric facility services for individuals under 21 years of age	
These services are not in an IMD		

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Attachment 3.1- L	
Other Covered Benefits from Base Benchmark	Coliapse All

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Attachment 3.1-L

Base Benchmark Benefits Not Covered due to Substitution	n or Duplication	Collapse All
Base Benchmark Benefit that was Substituted: Primary Care Visit	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un	•	
Duplication: This benefit was replaced with Physician Services.	n Services, under the EHB Ambulatory Patient	
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above un		Remove
Duplication: This benefit was replaced with Physician Services.		
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Outpatient facility fee Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above ur		Remove
Duplication: This benefit was replaced with Clinic Se EHB Ambulatory Patient Services.	ervices and Outpatient Hospital Services, under the	
Base Benchmark Benefit that was Substituted: Hospice	Source:Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un		
Duplication: This benefit was replaced with Hospice	care, under the EHB Ambulatory services	
Base Benchmark Benefit that was Substituted: Home health care services	Source: Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up		
Duplication: This benefit was replaced with Home H Services & Rehabilitative and habilitative services an	· · · · · · · · · · · · · · · · · · ·	
Base Benchmark Benefit that was Substituted: ER Services	Source: Base Benchmark	
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up		_
Duplication: This benefit was replaced with Outpatie	ent Hospital Services, as well as Outpatient Hospital:	

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outpatient hospital services in Medicaid.	Services. Emergency hospital services are covered as	Remove
Base Benchmark Benefit that was Substituted:	Source:	
Emergency Transportation / Ambulance	Base Benchmark	Remove
Explain the substitution or duplication, including inc section 1937 benchmark benefit(s) included above u	• • • • • • • • • • • • • • • • • • • •	-
Duplication: This benefit was replaced with Any oth recognized under state law, specified by the Secretar	, ,,	<u> </u>
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Inpatient Hospital Services	Dase Dettellmark	Remove
Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above up		-
Duplication: This benefit was replaced with Inpatier	nt Hospital Services, under the EHB Hospitalization.	
Base Benchmark Benefit that was Substituted:	Source:	
Inpatient physician and surgical services	Base Benefitiark	Remove
Explain the substitution or duplication, including in		
Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above to Duplication: This benefit was replaced with Physician	under Essential Health Benefits:	
section 1937 benchmark benefit(s) included above to	ander Essential Health Benefits: an Services, under the EHB Hospitalization. Source:	
section 1937 benchmark benefit(s) included above to Duplication: This benefit was replaced with Physici	under Essential Health Benefits: an Services, under the EHB Hospitalization.	Remove
section 1937 benchmark benefit(s) included above to Duplication: This benefit was replaced with Physici Base Benchmark Benefit that was Substituted:	ander Essential Health Benefits: an Services, under the EHB Hospitalization. Source: Base Benchmark dicating the substituted benefit(s) or the duplicate	Remove
section 1937 benchmark benefit(s) included above to Duplication: This benefit was replaced with Physici Base Benchmark Benefit that was Substituted: Skilled nursing facility Explain the substitution or duplication, including in	source: Base Benchmark dicating the substituted benefits: directly benefits benefits: Base Benchmark dicating the substituted benefit(s) or the duplicate under Essential Health Benefits: g Facility Services (21 and older) under the EHBs	Remove
Base Benchmark Benefit was replaced with Physici Base Benchmark Benefit that was Substituted: Skilled nursing facility Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above to Duplication: This benefit was replaced with Nursing	ander Essential Health Benefits: Ian Services, under the EHB Hospitalization. Source: Base Benchmark dicating the substituted benefit(s) or the duplicate under Essential Health Benefits: g Facility Services (21 and older) under the EHBs is. This benefit is limited to 90 days. Source:	Remove
section 1937 benchmark benefit(s) included above to Duplication: This benefit was replaced with Physici Base Benchmark Benefit that was Substituted: Skilled nursing facility Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above to Duplication: This benefit was replaced with Nursing Rehabilitative and Habilitative Services and Device	ander Essential Health Benefits: an Services, under the EHB Hospitalization. Source: Base Benchmark dicating the substituted benefit(s) or the duplicate under Essential Health Benefits: g Facility Services (21 and older) under the EHBs is. This benefit is limited to 90 days.	Remove
section 1937 benchmark benefit(s) included above to Duplication: This benefit was replaced with Physici Base Benchmark Benefit that was Substituted: Skilled nursing facility Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above to Duplication: This benefit was replaced with Nursing Rehabilitative and Habilitative Services and Device Base Benchmark Benefit that was Substituted:	ander Essential Health Benefits: an Services, under the EHB Hospitalization. Source: Base Benchmark dicating the substituted benefit(s) or the duplicate under Essential Health Benefits: g Facility Services (21 and older) under the EHBs is. This benefit is limited to 90 days. Source: Base Benchmark dicating the substituted benefit(s) or the duplicate	
section 1937 benchmark benefit(s) included above to Duplication: This benefit was replaced with Physici Base Benchmark Benefit that was Substituted: Skilled nursing facility Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above to Duplication: This benefit was replaced with Nursing Rehabilitative and Habilitative Services and Device Base Benchmark Benefit that was Substituted: Delivery and all inpatient services for maternity Explain the substitution or duplication, including in	Source: Base Benchmark dicating the substituted benefit(s) or the duplicate under Essential Health Benefits: g Facility Services (21 and older) under the EHBs is. This benefit is limited to 90 days. Source: Base Benchmark dicating the substituted benefit(s) or the duplicate under Essential Health Benefits:	
section 1937 benchmark benefit(s) included above to Duplication: This benefit was replaced with Physicial Base Benchmark Benefit that was Substituted: Skilled nursing facility Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above to Duplication: This benefit was replaced with Nursing Rehabilitative and Habilitative Services and Device Base Benchmark Benefit that was Substituted: Delivery and all inpatient services for maternity Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above to Duplication: This benefit was replaced with Inpatie	Source: Base Benchmark dicating the substituted benefit(s) or the duplicate under Essential Health Benefits: g Facility Services (21 and older) under the EHBs is. This benefit is limited to 90 days. Source: Base Benchmark dicating the substituted benefit(s) or the duplicate under Essential Health Benefits:	

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Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		Remove
Duplication: This benefit was replaced with Other dia services, under the EHB Mental Health and Substance		Italiave
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Mental/behavioral health inpatient services	Dase Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un		
Duplication: This benefit was replaced with Inpatient psychiatric facility services for individuals under 21 y Substance Use Disorder Services, including Behavior	ears of age, under the EHB Mental Health and	
Base Benchmark Benefit that was Substituted:	Source:	
Substance Abuse Disorder Outpatient Services	Base Benchmark	Remove
Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above un	•	
Duplication: This benefit was replaced with Other dia services & Rehabilitative services for pregnant wome Use Disorder Services, including Behavioral Health		
Base Benchmark Benefit that was Substituted:	Source:	
Substance Abuse Disorder Inpatient Services	Base Benchmark	Remove
Explain the substitution or duplication, including indesection 1937 benchmark benefit(s) included above ur		_
Duplication: This benefit was replaced with Inpatient Mental Health and Substance Use Disorder Services,	Hospital Services: IP Mental Health, under the EHB including Behavioral Health	
Base Benchmark Benefit that was Substituted:	Source:	
Generic Drugs	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur		
Duplication: This benefit was replaced with Prescript Eyeglasses under the EHB Prescription Drugs	tion drugs, Dentures, Prosthetic Devices, and	
Base Benchmark Benefit that was Substituted:	Source:	
Preferred Brand Drugs	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up		_
	ed drugs, Dentures, Prosthetic devices, and eyeglasses,	1

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Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Non-Preferred Brand Drugs		Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above us	• • • • • • • • • • • • • • • • • • • •	
Duplication: This benefit was replaced with Prescribe under the EHB Prescription Drugs	ed drugs, Dentures, Prosthetic devices, and eyeglasses,	
Base Benchmark Benefit that was Substituted:	Source:	
Specialty Drugs	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up	• • • • • • • • • • • • • • • • • • • •	
Duplication: This benefit was replaced with Prescrib- under the EHB Prescription Drugs	ed drugs, Dentures, Prosthetic devices, and eyeglasses,	
Base Benchmark Benefit that was Substituted:	Source:	
Outpatient Rehabilitation Services	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up	• • • • • • • • • • • • • • • • • • • •	
Duplication: This benefit was replaced with Physical Rehabilitative and Habilitative Services and Devices		
Base Benchmark Benefit that was Substituted:	Source:	
Habilitation Services	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up		
Duplication: This benefit was replaced with Physical Rehabilitative and Habilitative Services and Devices		
Base Benchmark Benefit that was Substituted:	Source:	
Chiropractic Care	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above u	•	
Duplication: This benefit was replaced with Medical Rehabilitative and Habilitative Services and Devices benchmark plan.	care and any other type of remedial care, under the . This benefit is limited to 12 visits per year in the base	
Base Benchmark Benefit that was Substituted:	Source:	
Durable Medical Equipment	Base Benchmark	
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un	- · · · · · · · · · · · · · · · · · · ·	
•	nder Essential Health Benefits: Planning Services and Supplies for Individuals of	

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equipment, and appliances suitable for use in the hor Rehabilitative and Habilitative Services and Devices		Remove
Base Benchmark Benefit that was Substituted: Hearing Aides	Source: Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up		
Duplication: This benefit was replaced with EPSDT appliances suitable for use in the home, under the EF Devices		
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Diagnostic Tests (x-rays and lab work)]	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up	•	
Duplication: This benefit was replaced with Other La Laboratory Services	aboratory and X-Ray Services, under the EHB	
Base Benchmark Benefit that was Substituted:	Source:	
Imaging (CT/PET/MRI)	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up		
Duplication: This benefit was replaced with Other Laboratory Services	aboratory and X-Ray Services, under the EHB	
Base Benchmark Benefit that was Substituted:	Source:	
Preventive care / screening / immunization	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up	-	
Duplication: This benefit was replaced with Other di services, under the EHB Preventive and wellness Ser		
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Routine Eye Exam for Children	base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up	•	
Duplication: This benefit was replaced with EPSDT, vision care	under the EHB Pediatric services, including oral and	
Base Benchmark Benefit that was Substituted:	Source:	
	□ Base Benchmark	J

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Explain the substitution or duplication, including indi		
Section 1937 benchmark benefit(s) included above un Duplication: This benefit was replaced with EPSDT de eyeglasses, under EHB Pediatric services, including of	Prescribed drugs, dentures, prosthetic devices, and	Remove
Base Benchmark Benefit that was Substituted:	Source:	
Dental check-up for children	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Duplication: This benefit was replaced with EPSDT, vision care	u ider the EHB Pediatric services, including oral and	
Base Benchmark Benefit that was Substituted:	Source:	
Allergy treatment	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un	•	
Duplication: This benefit was replaced with Physician services and chronic disease management	n Services, under the EHB Preventive and wellness	*
Base Benchmark Benefit that was Substituted:	Source:	
Injectable drugs and other drugs administered in a	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un	•	
(Full benchmark benefit: Injectable drugs and other setting) Duplication: This benefit was replaced with Physicia		
Base Benchmark Benefit that was Substituted:	Source:	
Medical supplies, equipment, and education for dia	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up		
(Full benchmark benefit: Medical supplies, equipmet Duplication: This benefit was replaced with Prescrip Physician Services under EHB Ambulatory Services maps to the Prescription Drugs, while the education Ambulatory.	tion drugs, under the EHB Prescription drugs and . The medical supplies and equipment for diabetes care	
Base Benchmark Benefit that was Substituted:	Source:	
Dental services for accidental injury and other re	Base Benchmark	
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up		
(Full benchmark benefit: Dental services for acciden	tal injury and other related medical services)	

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patient services	ent hospital services, under the EHB Ambulatory	Remove
		_ Kanove
Base Benchmark Benefit that was Substituted: Human organ and tissue transplant transplant servi	Source: Base Benchmark	Remove
Explain the substitution or duplication, including inc section 1937 benchmark benefit(s) included above u	•	
Duplication: This benefit was replaced with Inpatier EHB Hospitalization	nt hospital services and Physician Services, under the	
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Human organ and tissue transplant services - trans	J .	Remove
Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above to	• • • •	
Duplication: This benefit was replaced with Inpaties EHB Hospitalization	nt hospital services and Physician Services, under the	
Base Benchmark Benefit that was Substituted:	Source:	
	Base Benchmark	
Human organ and tissue transplant services - unrel Explain the substitution or duplication, including in	J	Remove
	dicating the substituted benefit(s) or the duplicate under Essential Health Benefits: ransplant services - unrelated donor search)	Remove
Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above (Full benchmark benefit: Human organ and tissue to	dicating the substituted benefit(s) or the duplicate under Essential Health Benefits: ransplant services - unrelated donor search)	Remove
Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above (Full benchmark benefit: Human organ and tissue to Duplication: This benefit was replaced with Inpation	dicating the substituted benefit(s) or the duplicate under Essential Health Benefits: ransplant services - unrelated donor search) ent Hospital Services	Remove
Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above (Full benchmark benefit: Human organ and tissue to Duplication: This benefit was replaced with Inpation	dicating the substituted benefit(s) or the duplicate under Essential Health Benefits: ransplant services - unrelated donor search) ent Hospital Services Source: Base Benchmark dicating the substituted benefit(s) or the duplicate	
Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above (Full benchmark benefit: Human organ and tissue to Duplication: This benefit was replaced with Inpation. Base Benchmark Benefit that was Substituted: Autism Services for children Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above	dicating the substituted benefit(s) or the duplicate under Essential Health Benefits: ransplant services - unrelated donor search) ent Hospital Services Source: Base Benchmark dicating the substituted benefit(s) or the duplicate	
Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above to [Full benchmark benefit: Human organ and tissue to Duplication: This benefit was replaced with Inpation Base Benchmark Benefit that was Substituted: Autism Services for children Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above Duplication: This benefit was replaced with EPSD1	dicating the substituted benefit(s) or the duplicate under Essential Health Benefits: ransplant services - unrelated donor search) ent Hospital Services Source: Base Benchmark dicating the substituted benefit(s) or the duplicate under Essential Health Benefits: T, under the EHB Pediatric services, including oral and	
Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above to (Full benchmark benefit: Human organ and tissue to Duplication: This benefit was replaced with Inpation. Base Benchmark Benefit that was Substituted: Autism Services for children Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above to Duplication: This benefit was replaced with EPSD vision care	dicating the substituted benefit(s) or the duplicate under Essential Health Benefits: ransplant services - unrelated donor search) ent Hospital Services Source: Base Benchmark dicating the substituted benefit(s) or the duplicate under Essential Health Benefits: T, under the EHB Pediatric services, including oral and	
Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above to (Full benchmark benefit: Human organ and tissue to Duplication: This benefit was replaced with Inpatient Base Benchmark Benefit that was Substituted: Autism Services for children Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above Duplication: This benefit was replaced with EPSD vision care Base Benchmark Benefit that was Substituted:	dicating the substituted benefit(s) or the duplicate under Essential Health Benefits: ransplant services - unrelated donor search) ent Hospital Services Source: Base Benchmark dicating the substituted benefit(s) or the duplicate under Essential Health Benefits: T, under the EHB Pediatric services, including oral and v urce: Base Benchmark	Remove
Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above to [Full benchmark benefit: Human organ and tissue to Duplication: This benefit was replaced with Inpation Base Benchmark Benefit that was Substituted: Autism Services for children Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above Duplication: This benefit was replaced with EPSDT vision care Base Benchmark Benefit that was Substituted: Radiation therapy Explain the substitution or duplication, including in	dicating the substituted benefit(s) or the duplicate under Essential Health Benefits: ransplant services - unrelated donor search) ent Hospital Services Source: Base Benchmark dicating the substituted benefit(s) or the duplicate under Essential Health Benefits: T, under the EHB Pediatric services, including oral and 'v urce: Base Benchmark dicating the substituted benefit(s) or the duplicate under Essential Health Benefits:	Remove
Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above to (Full benchmark benefit: Human organ and tissue to Duplication: This benefit was replaced with Inpatie. Base Benchmark Benefit that was Substituted: Autism Services for children Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above Duplication: This benefit was replaced with EPSDT vision care Base Benchmark Benefit that was Substituted: Radiation therapy Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above Duplication: This benefit was replaced with Outpat	dicating the substituted benefit(s) or the duplicate under Essential Health Benefits: ransplant services - unrelated donor search) ent Hospital Services Source: Base Benchmark dicating the substituted benefit(s) or the duplicate under Essential Health Benefits: T, under the EHB Pediatric services, including oral and 'v urce: Base Benchmark dicating the substituted benefit(s) or the duplicate under Essential Health Benefits:	Remove

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section 1937 benchmark benefit(s) included above Duplication: This benefit was replaced with Outpa patient services	trient hospital services, under the EHB Ambulatory	Remove
Base Benchmark Benefit that was Substituted:	Source:	
Infusion Therapy	Base Benchmark	Remove
Explain the substitution or duplication, including is section 1937 benchmark benefit(s) included above	indicating the substituted benefit(s) or the duplicate under Essential Health Benefits:	
Duplication: This benefit was replaced with Outpa patient services	atient hospital services, under the EHB Ambulatory	
Base Benchmark Benefit that was Substituted:	Source:	
Renal dialysis/hemodialysis	Base Benchmark	Remove
Explain the substitution or duplication, including section 1937 benchmark benefit(s) included above	indicating the substituted benefit(s) or the duplicate under Essential Health Benefits:	
Duplication: This benefit was replaced with Outpa patient services	atient hospital services, under the EHB Ambulatory	
Base Benchmark Benefit that was Substituted:	Source:	
Vision correction after surgery or accident	Base Benchmark	Remove
Explain the substitution or duplication, including section 1937 benchmark benefit(s) included above	indicating the substituted benefit(s) or the duplicate e under Essential Health Benefits:	
This benefit was replaced with Duplication: This EHB Ambulatory patient services	benefit was replaced with Physician Services, under the	
Base Benchmark Benefit that was Substituted:	Source:	
Other practitioner office visit	Base Benchmark	Remove
Explain the substitution or duplication, including section 1937 benchmark benefit(s) included above	indicating the substituted benefit(s) or the duplicate e under Essential Health Benefits:	
Duplication: This benefit was replaced with Certi the EHB Ambulatory services	fied pediatric or family Nurse Practitioner services, under	
Base Benchmark Benefit that was Substituted:	Source:	
Private duty nursing	· asc Bellellinark	Remove
Explain the substitution or duplication, including section 1937 benchmark benefit(s) included above	indicating the substituted benefit(s) or the duplicate we under Essential Health Benefits:	,
Duplication: This benefit was replaced with Priva	ate Duty Nursing, under the EHB Ambulatory Care.	
The base benchmark has a 2,000 hour limit.		

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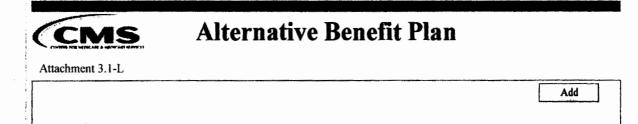
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Base Benchmark Benefit that was Substituted:	Source:	
Urgent Care Centers	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Duplication: This benefit was replaced by Clinic Serv	vices, under the EHB Ambulatory patient services	
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Outpatient surgery physician / surgical	Dase Descrimark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un	•	
Duplication: This benefit was replaced by Physician Sand Physician Services: Maternity under the Maternit	•	
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Podiatry services	Bac Bellemman	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Duplication: This benefit was replaced with Medical licensed practitioners: Podiatry, under the EHB Ambi		
Base Benchmark Benefit that was Substituted:	Gurce: 1 Base Benchmark	
Other practitioner's services	base benefitial R	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un	<u> </u>	
Duplication: This benefit was replaced with Medical licensed practitioners: Other practitioner's services, un		
Base Benchmark Benefit that was Substituted:	Source:	
Certified Nurse Midwife	Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un	•	
Duplication: This benefit was replaced with Nurse-mi Newborn Care	idwife Services, under the EHB Maternity and	
Base Benchmark Benefit that was Substituted:	Source:	
Prescription Drug Benefits	Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un		
Duplication: This benefit was replaced with Prescribe under the EHB Prescription Drugs under the EHB Prescription Drugs under the EHB Ambulatory services.	ed drugs, Dentures, Prosthetic devices, and eyeglasses, escription drugs and Family Planning Services and	

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		Collapse All
Base Benchmark Benefit not Included in the Alternative Benefit Plan:	Source: Base Benchmark	Remove
Non-emergency care when traveling outside the US]	Kemove
Explain why the state/territory chose not to include	this benefit:	
This is not permissible under federal Medicaid rules	i.	
Base Benchmark Benefit not Included in the Alternative Benefit Plan:	e Source: Base Benchmark	Remove
Prenatal and postnatal care		L
Explain why the state/territory chose not to include	this benefit:	
KY pays for newborns separately from their mother group	s, so this benefit is not applicable for the new adult	
Base Benchmark Benefit not Included in the Alternative	e Source:	
Benefit Plan:	Base Benchmark	Remove
	Base Benchmark	Remove
Benefit Plan:		Remove
Benefit Plan: Routine eye exam		Remove

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Other 1937 Covered Benefits that are not Essent	tial Health Benefits	Collapse All
Other 1937 Benefit Provided: Services in an ICF-IID	Source: Section 1937 Coverage Option Benchmark Bene Package	efit Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Medicaid individuals who meet ICF-IDD	patient status criteria	
Other:		
Other 1937 Benefit Provided:	Section 1937 Coverage Option Benchmark Benchmark	efit
Dental Services	Package Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
l cleaning and 1 x-ray per year	None	
Scope Limit:		
Dental services for adults 21 years of age	or older	
Other:		
No authorization required		
Other 1937 Benefit Provided:	Source:	-G.
Routine eye exam	Section 1937 Coverage Option Benchmark Ben Plackage	CIIL
Authorization:	Provider Qualifications:	
Other	Mudicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Scope Limit:		

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		Remove
Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	
Family planning services and supplies	Package	Remove
Authorization:	Provider Qualifications:	,
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Include counseling services, medical services an	nd supplies	
Other:		
In-vitro fertilization, artificial insemination, steri hysterectomies, and abortions shall not be consid	lization reversals, sperm banking and related services, lered family planning services	
Full State Plan Service Title: Family Planning S	ervices and Supplies for Individuals of Child-bearing Age	
No authorization required	4.7	
Other 1937 Benefit Provided:	Source:	
Case management services	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	•
None	None	
Scope Limit:		'
	specific groups of individuals. Please see State Plan for	
Other:		•
	pecific groups of individuals. Populations included: Commission for Handicapped Children (CHC) and persons	
	the custody of the State; children under the supervision of	
· Children birth to three participating in the Kent	tucky Early Intervention Program.	
	st time parents; and pregnant women age 20 or older who the Health Access Nurturing Development Services	
r	n for the 60 days after the pregnancy ends, who are	

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placement or institutional care.	serions mental illness; who are at risk of out-of-home s of co-occurring disorders, which interact to complicate	Remove
Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	
Face-to-face Tobacco Cessation for Pregnant Women	Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
4 face-to-face sessions per quit attempt	None	
Scope Limit:		
None		-
Other: Full amount limit: 4 face-to-face sessions per quit a	ttempt with a minimum of 2 quit attempts	
	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
Full amount limit: 4 face-to-face sessions per quit a No authorization required. Other 1937 Benefit Provided: Nursing Facility Services for Long Term Care	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Full amount limit: 4 face-to-face sessions per quit a No authorization required. Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
Full amount limit: 4 face-to-face sessions per quit a No authorization required. Other 1937 Benefit Provided: Nursing Facility Services for Long Term Care Authorization:	Source: Section 1937 Coverage Option Benchmark Benefit Package 14 ovider Qualifications:	Remove
Full amount limit: 4 face-to-face sessions per quit a No authorization required. Other 1937 Benefit Provided: Nursing Facility Services for Long Term Care Authorization: Prior Authorization	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan	Remove
Full amount limit: 4 face-to-face sessions per quit a No authorization required. Other 1937 Benefit Provided: Nursing Facility Services for Long Term Care Authorization: Prior Authorization Amount Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Full amount limit: 4 face-to-face sessions per quit a No authorization required. Other 1937 Benefit Provided: Nursing Facility Services for Long Term Care Authorization: Prior Authorization Amount Limit: None	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Full amount limit: 4 face-to-face sessions per quit a No authorization required. Other 1937 Benefit Provided: Nursing Facility Services for Long Term Care Authorization: Prior Authorization Amount Limit: None Scope Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Full amount limit: 4 face-to-face sessions per quit a No authorization required. Other 1937 Benefit Provided: Nursing Facility Services for Long Term Care Authorization: Prior Authorization Amount Limit: None Scope Limit: Meets level of care	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Full amount limit: 4 face-to-face sessions per quit a No authorization required. Other 1937 Benefit Provided: Nursing Facility Services for Long Term Care Authorization: Prior Authorization Amount Limit: None Scope Limit: Meets level of care	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None Source:	Remove
Full amount limit: 4 face-to-face sessions per quit a No authorization required. Other 1937 Benefit Provided: Nursing Facility Services for Long Term Care Authorization: Prior Authorization Amount Limit: None Scope Limit: Meets level of care Other:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
Full amount limit: 4 face-to-face sessions per quit a No authorization required. Other 1937 Benefit Provided: Nursing Facility Services for Long Term Care Authorization: Prior Authorization Amount Limit: None Scope Limit: Meets level of care Other:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None Source: Section 1937 Coverage Option Benchmark Benefit	Remove

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Amount Limit:	Duration Limit:	
None	None	Remove
Scope Limit:		
None		
Other:		
Full State Plan Service Title: Ambula presumptive eligibility period	story prenatal care for pregnant women furnished during a	
		i
No prior authorization is required.		

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Additional Covered Benefits (This category of benefits is not ap section 1902(a)(10)(A)(i)(VIII) of the Act.)	oplicable to the adult group under	Collapse All [

PRA Disclosure Statement

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ABP5-36



Attachment 3.1-L	OMB Control Number: 0938-1148 OMB Expiration date: 10/31/2014
Bose Sinches Control of the Control	ABP7
EPSDT Assurances	
	ng EPSDT. Otherwise, skip to the
The alternative benefit plan includes beneficiaries under 21 years of age.	
The state/territory assures that the notice to an individual includes a description of the method for (42 CFR 440.345).	or ensuring access to EPSDT services
The state/territory assures EPSDT services will be provided to individuals under 21 years of age territory plan under section 1902(a)(10)(A) of the Act.	who are covered under the state/
Indicate whether EPSDT services will be provided only through an Alternative Benefit Plan or vadditional benefits to ensure EPSDT services:	whether the state/territory will provide
C Through an Alternative Benefit Plan.	
• Through an Alternative Benefit Plan with additional benefits to ensure EPSDT services as d	lefined in 1905(r).
Indicate whether additional EPSDT benefits will be provided through fee-for-service or cor	ntracts with a provider:
 State/territory provides additional EPSDT benefits through fee-for-service. 	
 State/territory contracts with a provider for additional EPSDT services. 	
Please specify payment method (select one):	
Risk-based capitation	
C Administrative services contract	
Other	
Other Information regarding how ESPDT benefits will be provided to participants under 21 years o	f age (optional):
EPSDT benefits will be administered through the prior authorization process.	
EPSDT Assurances If the target population includes persons under 21, please complete the following assurances regarding EPSDT. Otherwise, skip to the Prescription Drug Coverage Assurances below. The alternative benefit plan includes beneficiaries under 21 years of age. The state/territory assures that the notice to an individual includes a description of the method for ensuring access to EPSDT services (42 CFR 440.345). The state/territory assures EPSDT services will be provided to individuals under 21 years of age who are covered under the state/territory plan under section 1902(a)(10)(A) of the Act. Indicate whether EPSDT services will be provided only through an Alternative Benefit Plan or whether the state/territory will provide additional benefits to ensure EPSDT services: (Through an Alternative Benefit Plan. Through an Alternative Benefit Plan with additional benefits will be provided, how access to additional benefits will be coordinated and how beneficiaries and providers will be informed of these processes in order to ensure individuals have access to the full EPSDT benefit. Indicate whether additional EPSDT benefits will be provided through fee-for-service or contracts with a provider: (State/territory provides additional EPSDT benefits through fee-for-service. (State/territory contracts with a provider for additional EPSDT services. Please specify payment method (select one): (Risk-based capitation (Administrative services contract (Other Other Information regarding how ESPDT benefits will be provided to participants under 21 years of age (optional): EPSDT benefits will be administered through the prior authorization process. MCOs have been informed that they should not deny services for children because a benefit is not covered, but may deny a service if it is not medically necessary. KY regularly monitors complaints and — uim denials to verify MCO compliance. KY provides educational materials to members about EPSDT benefits Prescription Drug Coverage Assurances	
Prescription Drug Coverage Assurances	
The state/territory assures that it meets the minimum requirements for prescription drug coverage implementing regulations at 42 CFR 440.347. Coverage is at least the greater of one drug in each category and class or the same number of prescription drugs in each category and class as the beautiful control of the same number of prescription drugs in each category and class as the beautiful control of the same number of prescription drugs in each category and class as the beautiful control of the same number of prescription drugs in each category and class as the beautiful control of the same number of prescription drugs in each category and class as the beautiful control of the same number of prescription drugs in each category and class as the beautiful control of the same number of prescription drugs in each category.	ch United States Pharmacopeia (USP)

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prescription drugs when not covered.
The state/territory assures that when it pays for outpatient prescription drugs covered under an Alternative Benefit Plan, it meets the requirements of section 1927 of the Act and implementing regulations at 42 CFR 440.345, except for those requirements that are directly contrary to amount, duration and scope of coverage permitted under section 1937 of the Act.
The state/territory assures that when conducting prior authorization of prescription drugs under an Alternative Benefit Plan, it complies with prior authorization program requirements in section 1927(d)(5) of the Act.
her Benefit Assurances
The state/territory assures that substituted benefits are actuarially equivalent to the benefits they replaced from the base benchmark plan, and that the state/territory has actuarial certification for substituted benefits available for CMS inspection if requested by CMS.
The state/territory assures that individuals will have access to services in Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) as defined in subparagraphs (B) and (C) of section 1905(a)(2) of the Social Security Act.
The state/territory assures that payment for RHC and FQHC services is made in accordance with the requirements of section 1902(bb) of the Social Security Act.
The state/territory assures that it will comply with the requirement of section 1937(b)(5) of the Act by providing, effective January 1, 2014, to all Alternative Benefit Plan participants at least Essential Health Benefits as described in section 1302(b) of the Patient Protection and Affordable Care Act.
The state/territory assures that it will comply with the mental health and substance use disorder parity requirements of section 1937(b)(6) of the Act by ensuring that the financial requirements and treatment limitations applicable to mental health or substance use disorder benefits comply with the requirements of section 2705(a) of the Public Health Service Act in the same manner as such requirements apply to a group health plan.
The state/territory assures that it will comply with section 1937(b)(7) of the Act by ensuring that benefits provided to Alternative Benefit Plan participants include, for any individual described in section 1905(a)(4)(C), medical assistance for family planning services and supplies in accordance with such section.
The state/territory assures transportation (emergency and non-emergency) for individuals enrolled in an Alternative Benefit Plan in accordance with 42 CFR 431.53.
The state/territory assures, in accordance with 45 CFR 156.115(a)(4) and 45 CFR 147.130, that it will provide as Essential Health Benefits a broad range of preventive services including: "A" and "B" services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

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ABP7-2



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ABP7-3



Attachment 3.1-L	OMB Control Number:	
Sersine Delivery across	OMB Expiration date:	ABP8
Provide detail on the type of delivery system(s) the state/territory will use for the Alternative Benefit benchmark-equivalent benefit package, including any variation by the participants' geographic area.	Plan's benchmark benefit	package or
Type of service delivery system(s) the state/territory will use for this Alternative Benefit Plan(s).		
Select one or more service delivery systems:		
⊠ Managed care.		
Prepaid Inpatient Health Plans (PIHP).		
Prepaid Ambulatory Health Plans (PAHP).		
Primary Care Case Management (PCCM).		
Fee-for-scrvice.		
Other service delivery system.		•
Managed Care Options		
Managed Care Assurance		
The state/territory certifies that it will comply with all applicable Medicaid laws and regulations, 1903(m), 1905(t), and 1932 of the Act and 42 CFR Part 438, in providing managed care services Plan. This includes the requirement for CMS approval of contracts and rates pursuant to 42 CFR	through this Alternative F	to sections Benefit
Managed Care Implementation		
Please describe the implementation plan for the Alternative Benefit Plan under managed care including provider outreach efforts.	ng member, stakeholder,	and
The following documents the steps that the Kentucky Department for Medicaid Services (DMS) is p implement managed care for the Alternative Benefit Plan (ABP), including member, stakeholder, an General - Actuarial Analysis – Perform cost analysis for the new benefits package. - Increased Administrative Tasks – Request additional staff for DMS.		
MCO Specific Plans New MCO Contract for Expansion Population — Contract with a new MCO. DMS intends to contrabetter serve the expanded population. The RFP for this new contractor was issued on 7/22/2013. The negotiated and signed on 9/13/2013. Additional MCO Onboarding — Inform new MCO of DMS operations. DMS will need to educate a credentialing and enrollment process. Complete Contract with MCOs for Expansion Population — Renegotiate with existing MCOs. DMS is also re MCOs. These contracts have been signed. DMS MCO Relations — Train DMS staff on MCO relations. DMS staff will need to be informed on each MCO. This task is complete. Benefits Package Communication — Inform all MCOs of new Benefit package. The new benefits pof the new benefits package were finalized on 9/27/2013. DMS then sent details of the benefits package.	e contract for this new ver providers on the new MCG -negotiating contracts with f the contractual requirem ackage will affect all MC	ndor was O's th existing nents for
*Innswered questions for the MCOs.	ort the implementation o	of new

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provider networks into all MCO systems. This began on 9/16/2013 and will be ongoing as new providers are contracted.

- MCO Member Outreach Coordinate approval of materials and plans. DMS expects MCOs to conduct their own member outreach.
 Materials will need to be approved by DMS before they can be disbursed at schools, faith-based organizations, community, and health fairs. DMS began approving materials for the new MCO starting 10/1/2013.
- MCO Call Center Update call center with Expansion-related changes. The call center staff and scripts have been updated based on changes related to Medicaid expansion.
- Monthly Meetings Schedule monthly and quarterly meetings with other state agencies.
- MCO Operations Verify functionality of day-to-day operations for all MCOs.

Member Communication

- Member Handbook Update and distribute member handbook. DMS is updating the member handbook with information regarding benefits coverage, cost sharing changes, and special policies and procedures by 12/15/2013. This will be posted on DMS' website.
- Member Print Materials Create and distribute print materials. DMS is coordinating with Kentucky Health Benefit Exchange (KHBE) to produce informational cards, brochures, and fact sheets regarding Medicaid Expansion. Completed 10/1/2013. Informational Cards will be two-sided and include Medicaid-only information. Brochures will include a section on Medicaid expansion, in addition to KHBE information. A Medicaid-only fact sheet has been created. In addition, Medicaid related information will be included on other facts sheets produced by KHBE as well. All fact sheets will be available on the KHBE website (http://healthbenefitexchange.ky.gov) and the kynect website (http://kynect.ky.gov).
- Member Media and Online Materials Coordinate media and online materials. DMS is coordinating with KHBE to include Medicaid information on television advertisements and marketing outreach efforts. These efforts were completed on 8/27/2013. In addition, DMS has added a page to its website to provide an overview of Medicaid Expansion, with links to additional information (http://chfs.ky.gov/dms/medicaid+expansion.htm). This was completed 9/18/2013. DMS also include information on its website regarding the new benefit plan.

Stakeholder Communication

• Stakeholder Meetings — Schedule meetings with stakeholders. DMS scheduled meetings starting 9/23/2013 with key external stakeholders to discuss the MCO implementation and Medicaid expansion. Advocates for various external groups, public health departments and other state employees will be invited to these meetings. DMS is also conducting outreach and awareness sessions for its own staff. DMS held an informational session on the ACA and Expansion for its employees on 9/19/2013. DMS has begun communications with other vendors who are affected by the new benefits plan and expansion. The DMS staff is working closely with HP (the MMIS contractor), OATS (Kentucky's Office of Administrative Technology and Services), Kentucky Health Benefit Exchange, and other state government agencies to proactively communicate and implement the coming changes.

Provider Communication

- Provider Services Training Update scripts and train provider services staff.
- o Provider services staff (the call center for providers within DMS) will need to be updated with new information regarding the expansion and the benefits package. This training will be completed by November 2013.
- Provider Training Sessions Coordinate and hold provider training sessions via HP (vendor).
- o DMS is offering provider training to communicate ACA and Medicaid Expansion changes to the providers. To do so, it has sent providers e-mail and written communication on 9/16/2013 to notify them of upcoming dates for provider training.
- o The materials for training, including the benefit plan changes, were completed.
- o Trainings are being offered in each of the 8 Medicaid Regions (4 sessions in each Medicaid Region) throughout the fall.

MCO: Managed Care Organization

The managed care delivery system is the same as an already approved managed care program.

No

[7] The Alternative Benefit Plan will be provided through a managed care organization (MCO) consistent with applicable managed care requirements (42 CFR Part 438, and sections 1903(m), 1932 and 1937 of the Social Security Act).

MCO Procurement or Selection Method

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Attaci	nment 3.1-L				
Indicat	te the method used to select MCOs:				
•	Competitive procurement method (RFP,	RFA).			
(Other procurement/selection method.				
D	Describe the method used by the state/terri	tory to procure or select the MCOs:			
Γ					
Other	MCO-Based Service Delivery System (Characteristics			
One o	r more of the Alternative Benefit Plan ben	efits or services will be provided apart from the managed car	e organi	ization.	Yes
	ist the benefits or services that will be pro- eeded.	vided apart from the MCO, and explain how they will be pro-	vided. A	dd as many	rows as
	Benefit/service	Description of how the benefit/service will be provided			
	Intermediate care facility for individuals with an intellectual disability	Service is provided through the Commonwealth's fee- for-service program	x		
	Hospice services provided to a recipin an institution	ient Service is provided through the Commonwealth's fee- for-service program	X		
	Nonemergency transportation service	Service is provided through PAHP waiver	X		
	+ School-based health services	Service is provided through the Commonwealth's fee- for-service program	x		
	Health access nurturing development services	Service is provided through the Commonwealth's fee- for-service program	X		
	Early intervention program service	Service is provided through the Commonwealth's fee- for-service program	X		
	Nursing facility service for an enrol	lee Service is provided through the Commonwealth's fee- for-service program	X		
мсо	service delivery is provided on less than	statewide basis. No			
мсо	Participation Exclusions				
Indiv	iduals are excluded from MCO participation	on in the Alternative Benefit Plan: No			
Gene	ral MCO Participation Requirements				
Indica	ate if participation in the managed care is r	nandatory or voluntary:			
(Mandatory participation.				
(Voluntary participation. Indicate the me	thod for effectuating enrollment:			
ı	Describe method of enrollment in MCOs:				
	Members will select a MCO and enroll the flexibility is in accordance with federal re	ough Kentucky's Health Benefit Exchange - kynect. Membergulation.	MCO s	election, ch	oice, an
	Choose MCO through kynect				

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_	If don'	choose, auto assigned		
		period to select new MCO		
		ssignment: under what circumstances; w	her	
Add		nformation: MCO (Optional)		
Pro	vide any	additional details regarding this service	delivery system (optional):	
PAI	IP: Pre	paid Ambulatory Health Plan		
The	manag	d care delivery system is the same as an	already approved managed care program.	No
		rnative Benefit Plan will be provided th uirements (42 CFR Part 438, and section	rough a prepaid ambulatory health plan (PAHP) consister 1937 of the Social Security Act).	nt with a pplicable managed
רו	PAHPs a	re paid on a risk basis.		
CI	PAHPs a	re paid on a non-risk basis.		
PA	HP Pro	urement or Selection Method		
Indi	cate the	method used to select PAHPs:		
	Con	petitive procurement method (RFP, RF	A) .	
	C Oth	er procurement/selection method.		
	Descr	be the method used by the state/territory	to procure or select the PAHPs:	
Ott	ier PAł	P-Based Service Delivery System Cha	racteristics	
		benefits or services that will be provide	d apart from the PAHP, and explain how they will be pro	ovided. Add as many rows a
		Benefit/service	Description of how the benefit/service will be provided	
	+			X
PA	HP serv	ice delivery is provided on less than a st	atcwide basis.	
PA	HP Pat	ticipation Exclusions		
inc	lividual	are excluded from PAHP participation i	n the Alternative Benefit Plan:	
Ge	neral P	AHP Participation Requirements		
Inc	licate if	participation in the managed care is man	datory or voluntary:	
	(Ma	ndatory participation.		
	C V₀	untary participation. Indicate the method	for effectuating enrollment:	
Ad	lditiona	Information: PAHP (Optional)		

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Attachment 3.1-L

Provide any additional details regarding this service delivery system (optional):

Non-Emergency Transportation Services - provides transportation to Medicaid Recipients who otherwise do not have a way to get to medical appointments.

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The state/territory provides the Alternative Benefit Plan through the payment of employer sponsored insurance for participants with such coverage, with additional benefits and services provided through a Benchmark or Benchmark-Equivalent Benefit Package.

Yes

Provide a description of employer sponsored insurance, including the population covered, the amount of premium assistance by population, employer sponsored insurance activities including required contribution, cost-effectiveness test requirements, and benefit information:

This program is called the Health Insurance Premium Payment (HIPP) is available to all Medicaid recipients. The program will pay the cost of the premium for any Medicaid recipient that is working and has access to employer sponsored insurance and still eligible for Medicaid provided said payments would be cost effective for Medicaid. All information is entered in our MMIS system to make determination of cost effectiveness. The system looks at their age, premium cost, and claims cost to determine cost effectiveness. The benefit information is not determinable for this SPA as it varies depending on the employer insurance and insurance company. However, any services not covered by the employer sponsored insurance Medicaid does provide wrap around coverage and would pay for additional services for the eligible Medicaid recipient.

The state/territory otherwise provides for payment of premiums.

No

Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:

The state assures that ESI coverage is established in sections 3.2 and 4.22(h) of the state's approved Medicaid state plan. The beneficiary will receive a benefit package that includes a wrap of benefits around the employer sponsored insurance plan that equals the benefit package to which the beneficiary is entitled. The beneficiary will not be responsible for payment of premiums or other cost sharing that exceeds nominal levels as established at 42 CFR part 447 subpart A.

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OMB Control Number: 0938-1148 Attachment 3.1-L OMB Expiration date: 10/31/2014 es of a mark Economy and Efficiency of Plans [] The state/territory assures that Alternative Benefit Plan coverage is provided in accordance with Federal upper payment limit requirements and other economy and efficiency principles that would otherwise be applicable to the services or delivery system through which the coverage and benefits are obtained. Economy and efficiency will be achieved using the same approach as used for Medicaid state plan services. Yes Compliance with the Law [7] The state/territory will continue to comply with all other provisions of the Social Security Act in the administration of the state/ territory plan under this title. [7] The state/territory assures that Alternative Benefit Plan benefits designs shall conform to the non-discrimination requirements at 42 CFR 430.2 and 42 CFR 440.347(e). [7] The state/territory assures that all providers of Alternative Bene ?? Plan benefits shall meet the provider qualification requirements of

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the Base Benchmark Plan and/or the Medicaid state plan.

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Alternative Benefit Plans - Payment Methodologies

The state/territory provides assurance that, for each benefit provided under an Alternative Benefit Plan that is not provided through managed care, it will use the payment methodology in its approved state plan or hereby submits state plan amendment Attachment 4.19a, 4.19b or 4.19d, as appropriate, describing the payment methodology for the benefit.

An attachment is submitted.

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ABP11-1



OMB Control Number: 0938-1148

Attachment 3.1-L	OMB Expiration date: 10/31/2014
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Identify and define the population that will participate in the Alternative Benefit Plan.

Alternative Benefit Plan Population Name:

KyHealth Choices - Current Medicaid Eligibles

Identify eligibility groups that are included in the Alternative Benefit Plan's population, and which may contain individuals that meet any targeting criteria used to further define the population.

Eligibility Groups Included in the Alternative Benefit Plan Population:

	Eligibility Group:	Enrollment is mandatory or voluntary?	
+	Parents and Other Caretaker Relatives	Voluntary	X
+	Transitional Medical Assistance	Voluntary	Χ
+	Pregnant Women	Voluntary	Χ
+	Deemed Newborns	Mandatory	X
+	Infants and Children under Age 19	Mandatory	X
+	Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care	Voluntary	X
+	SSI Beneficiaries	Voluntary	X
+	Individuals Receiving Mandatory State Supplements	Voluntary	X
+	Individuals Who Are Essential Spouses	Mandatory	X
+	Institutionalized Individuals Continuously Eligible Since 1973	Voluntary	X
+	Blind or Disabled Individuals Eligible in 1973	Voluntary	Χ
. .	Individuals Who Lost Eligibility for SSI/SSP Due to an Increase in OASDI Benefits in 1972	Voluntary	X
+	Individuals Eligible for SSI/SSP but for OASDI COLA increases since April, 1977	Voluntary	X
•	Disabled Widows and Widowers Ineligible for SSI due to Early Receipt of Social Security	Voluntary	X
#	Working Disabled under 1619(b)	Voluntary	X
+	Disabled Adult Children	Voluntary	X
4	Reasonable Classifications of Individuals under Age 21	Voluntary	X
4	Children with Non-IV-E Adoption Assistance	Voluntary	X

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ABP1



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	Eligibility Group:	Enrollment is mandatory or voluntary?	
+	Optional Targeted Low Income Children	Mandatory	Х
+	Aged, Blind or Disabled Individuals Eligible for but Not Receiving Cash	Voluntary	Х
+	Individuals Eligible for Cash except for Institutionalization	Voluntary	Х
+	Individuals Receiving Home and Community Based Services under Institutional Rules	Voluntary	Χ
+	Optional State Supplement - 1634 States and SSI Criteria States with 1616 Agreements	Voluntary	Х
#	Institutionalized Individuals Eligible under a Special Income Level	Voluntary	X.
+	Individuals Receiving Hospice Care	Voluntary	Х
4	Poverty Level Aged or Disabled	Voluntary	Х
+	Medically Needy Pregnant Women	Voluntary	Х
4	Medically Needy Children under Age 18	Voluntary	Х
+	Medically Needy Aged, Blind or Disabled	Voluntary	Х
+	Former Foster Care Children	Voluntary	Х
Geogra The Alte	phic Area emative Benefit Plan population will include individuals from the entire state/territory. Yes emative Benefit Plan population will include individuals from the entire state/territory. Yes ther information the state/territory wishes to provide about the population (optional) the State Plan and ABP not be aligned in the future, the State will counsel exempt individuals on the options.	otion to select the S	State

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Attachment 3.1-L	OMB Control Number: 0938-1148
Voluntary Enrollment Assurances for Eligibility Groups (1902(a)(10)(A)(i)(VIII) of the Act	OMB Expiration date: 10/31/2014 other than the Adult Group under section ABP2b
These assurances must be made by the state/territory if the ABP Population Adult eligibility group.	n includes any eligibility groups other than or in addition to the
When offering voluntary enrollment in an Alternative Benefit Plan (Bench	nmark or Benchmark-Equivalent), prior to enrollment:
The state/territory must inform the individual they are exempt and the voluntary enrollment.	state/territory must comply with all requirements related to
The state/territory assures it will effectively inform individuals who ve	oluntary enroll of the following:
a) Enrollment is voluntary;	
 b) The individual may disensel from the Alternative Benefit Plan at a territory plan coverage; 	any time and regain immediate access to full standard state/
c) What the process is for disenrolling.	
✓ The state/territory assures it will inform the individual of:	
a) The benefits available under the Alternative Benefit Plan; and	
 b) The costs of the different benefit packages and a comparison of ho Medicaid state/territory plan. 	w the Alternative Benefit Plan differs from the approved
How will the state/territory inform individuals about voluntary enrollment	? (Check all that apply.)
Letter	
☐ Email	
Other:	
Describe:	
All Medicaid beneficiaries, regardless of eligibility group, will Kentucky Medicaid beneficiaries receive the same benefit packadescription of that benefit package. This notification will advise (DMS) and/or their selected Managed Care Organization (MCC services. A toll free telephone number will be provided in the regular state plan, members will be able to do so.	age, whether in the ABP or State Plan, along with a brief e beneficiaries to contact the Department for Medicaid Services o) if they have questions about their benefit package or specific
Provide a copy of the letter, email text or other communication text. that w	vill be used to inform individuals about voluntary enrollment.
An attachment is	submitted.
When did/will the state/territory inform the individuals?	
Within 30 days of enrollment	

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Attachment 3.1-L

æ.

Please describe the state/territory's process for allowing voluntarily enrolled individuals to disenroll.
Upon notification to DMS or the MCO
☐ The state/territory assures it will document in the exempt individual's eligibility file that the individual:
a) Was informed in accordance with this section prior to enrollment;
b) Was given ample time to arrive at an informed choice; and
c) Voluntarily and affirmatively chose to enroll in the Alternative Benefit Plan.
Where will the information be documented? (Check all that apply.)
☐ In the eligibility system.
In the hard copy of the case record.
⊠ Other:
Describe:
The ABP is fully aligned with Kentucky's State Plan benefit package. Since the notification described above will be a universal notification to all Medicaid beneficiaries upon enrollment, documentation will be centralized.
What documentation will be maintained in the eligibility file? (Check all that apply.)
Copy of correspondence sent to the individual.
Signed documentation from the individual consenting to enrollment in the Alternative Benefit Plan.
⊠ Other:
Describe:
The universal notification along with a description of the procedure specifying how it is to be provided to all beneficiaries.
The state/territory assures that it will maintain data that tracks the total number of individuals who have voluntarily enrolled in an Alternative Benefit Plan and the total number who have disenrolled.
Other Information Related to Enrollment Assurance for Voluntary Participants (optional):
As indicated KY has aligned its ABP with its State Plan. In ABP1, KY stated "Should the State Plan and ABP not be aligned in the future, the State will counsel exempt individuals on the option to select the State Plan."

PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, 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.

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Attachment 3.1-L

V.20130807

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Attachment 3.1-L -	OMB Control Number: 0938-1148 OMB Expiration date: 10/31/2014
Enrollment Assurances - Mandatory Participants	ABP2e
These assurances must be made by the state/territory if enrollment is manda	tory for any of the target populations or sub-populations.
When mandatorily enrolling eligibility groups in an Alternative Benefit Planexempt individuals, prior to enrollment:	n (Benchmark or Benchmark-Equivalent Plan) that could have
The state/territory assures it will appropriately identify any individuals in enrollment in an Alternative Benefit Plan or individuals who meet the elephan coverage defined using section 1937 requirements or Alternative Benefit State plan, not subject to section 1937 requirements.	xemption criteria and are given a choice of Alternative Benefit
How will the state/territory identify these individuals? (Check all that apply	
Review of eligibility criteria (e.g., age, disorder/diagnosis/condition)
Describe:	
Kentucky's eligibility system identifies these individuals based on	eligibility criteria.
Self-identification	
Other	
The state/territory must inform the individual they are exempt or meet the all requirements related to voluntary enrollment or, for beneficiaries in the eligibility group, optional enrollment in Alternative Benefit Plan coverage Benefit Plan coverage defined as the state/territory's approved Medicaid	he "Individuals at or below 133% FPL Age 19 through 64" ge defined using section 1937 requirements or Alternative
The state/territory assures that for individuals who have become exempt territory must inform the individual they are now exempt and the state/t voluntary enrollment or, for beneficiaries in the "Individuals at or below enrollment in Alternative Benefit Plan coverage defined using section I defined as the state/territory's approved Medicaid state plan.	erritory must comply with all requirements related to 133% FPL Age 19 through 64" eligibility group, optional
How will the state/territory identify if an individual becomes exempt? (Che-	ck all that apply)
☐ Review of claims data	
Self-identification	
Review at the time of eligibility redetermination	
Provider identification	
☐ Change in eligibility group	
Other	
How frequently will the state/territory review the Alternative Benefit Plan plantage and according to the mandatory enrollment or meet the exemption criteria?	opulation to determine if individuals are exempt from

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redetermination.

	C Monthly	
	Annually	
	C Ad hoc basis	
	C Other	
√	The state/territory assures that it will promptly process all requests made by exempt individuals for disenrollment from Benefit Plan and has in place a process that ensures exempt individuals have access to all standard state/territory plan beneficiaries in the "Individuals at or below 133% FPL Age 19 through 64" eligibility group, optional enrollment in a Benefit Plan coverage defined using section 1937 requirements, or Alternative Benefit Plan coverage defined as the stapproved Medicaid state plan.	services or, for Alternative
D	Describe the process for processing requests made by exempt individuals to be disenrolled from the Alternative Benefit I	Plan:
Т	The ABP and State Plan benefits are exactly equivalent, therefore, exemption processes are not applicable.	
	Should the State Plan and ABP not be aligned in the future, the State will counsel exempt individuals on the option to sel Plan. The State will verify the request for exemption using the same process used for normal eligibility determination and	

Other Information Related to Enrollment Assurance for Mandatory Participants (optional):

All Medicaid beneficiaries, regardless of eligibility group, will be notified in writing within 30 days of enrollment that all Kentucky Medicaid beneficiaries receive the same benefit package, whether in the ABP or State Plan, along with a brief description of that benefit package. This notification will advise beneficiaries to contact the Department for Medicaid Services (DMS) and/or their selected Managed Care Organization (MCO) if they have questions about their benefit package or specific services. A toll free telephone number will be provided in the notification. If a member requests to be moved back into the regular state plan, members will be able to do so.

Should the State Plan and ABP not be aligned in the future, the State will counsel exempt individuals on the option to select the State Plan.

PRA Disclosure Statement

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Attachment 3.1-L	OMB Control Number: 0938-114 OMB Expiration date: 10/31/201
Selection of Benchmark Benefit Package or Benchmask-Equivalent Be	
Select one of the following:	
The state/territory is amending one existing benefit package for the population do	efined in Section 1.
• The state/territory is creating a single new benefit package for the population def	fined in Section 1.
Name of benefit package: KyHealth Choices	
ryricalli Choccs	
Selection of the Section 1937 Coverage Option	
The state/territory selects as its Section 1937 Coverage option the following type of Bence Equivalent Benefit Package under this Alternative Benefit Plan (check one):	chmark Benefit Package or Benchmark-
⊕ Benchmark Benefit Package.	
© Benchmark-Equivalent Benefit Package.	
The state/territory will provide the following Benchmark Benefit Package (check	k one that applies):
The Standard Blue Cross/Blue Shield Preferred Program (FEHBP).	through the Federal Employee Health Benefit
C State employee coverage that is offered and generally available to state	employees (State Employee Coverage):
A commercial HMO with the largest insured commercial, non-Medicaid HMO):	d enrollment in the state/territory (Commercial
 Secretary-Approved Coverage. 	
• The state/territory offers benefits based on the approved state plan.	
The state/territory offers an array of benefits from the section 1937 benefit packages, or the approved state plan, or from a combination	
 The state/territory offers the benefits provided in the approved 	state plan.
C Benefits include all those provided in the approved state plan p	olus additional benefits.
Benefits are the same as provided in the approved state plan bu	at in a different amount, duration and/or scope.
The state/territory offers only a partial list of benefits provided	in the approved state plan.
The state/territory offers a partial list of benefits provided in th	e approved state plan plus additional benefits.
Please briefly identify the benefits, the source of benefits and any limit	tations:
Please refer to the state's approved State Plan	

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The state/territory must select a Base Benchmark Plan as the basis for providing Essential Health Benefits in its Benchmark or

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Benchmark-Equivalent Packag	ge.
The Base Benchmark Plan is t	the same as the Section 1937 Coverage option. No
Indicate which Benchmar	k Plan described at 45 CFR 156.100(a) the state/territory will use as its Base Benchmark Plan:
 Largest plan by e 	enrollment of the three largest small group insurance products in the state's small group market.
C Any of the larges	st three state employee health benefit plans by enrollment.
Any of the larges	st three national FEHBP plan options open to Federal employees in all geographies by enrollment.
C Largest insured of	commercial non-Medicaid HMO.
Plan name: An	them Blue Cross Blue Shield Small Group PPO
Other Information Related to	Selection of the Section 1937 Coverage Option and the Base Benchmark Plan (optional):
	vices in the base benchmark have been accounted for throughout the benefit chart found in ABP5. By of all information in ABP5 depicting amount, duration and scope parameters of services authorized in the state plan.

PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, 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.

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A44 - 1 2 1 I	OND Control Number. 0736-1146
Attachment 3.1-L	OMB Expiration date: 10/31/2014
Alternative Benefit Plan Cost-Sharing	ABP4
Any cost sharing described in Attachment 4.18-A applies to the Alternative Benefit Plan.	
Attachment 4.18-A may be revised to include cost sharing for ABP services that are not otherwise decost sharing must comply with Section 1916 of the Social Security Act.	escribed in the state plan. Any such
The Alternative Benefit Plan for individuals with income over 100% FPL includes cost-sharing othe Attachment 4.18-A.	er than that described in No
Other Information Related to Cost Sharing Requirements (optional):	

PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, 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.

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OMB Control Number: 0038, 1148

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Attachment 3,1-L	OMB Control Number: 0938-1148
	OMB Expiration date: 10/31/2014
Benefits Description	ABP5
The state/territory proposes a "Benchmark-Equivalent" benefit package. No	
The state/territory is proposing "Secretary-Approved Coverage" as its section	n 1937 coverage option. Yes
Secretary-Approved Benchmark Package: Benefit by Benefit Comp	parison Table
The state/territory must provide a benefit by benefit comparison of the b Benefit Plan with the benefits provided by one of the section 1937 Bene plan under Title XIX of the Act. Submit a document indicating which o and include a chart comparing each benefit in the proposed Secretary-A the comparison benefit package, including any limitations on amount, dipackage.	hmark Benefit Packages or the standard full Medicaid state f these benefit packages will be used to make the comparison oproved benefit package with the same or similar benefit in
An attachment is s	abmitted.
Benefits Included in Alternative Benefit Plan	
Enter the specific name of the base benchmark plan selected:	
Anthem PPO	
Enter the specific name of the section 1937 coverage option selected, if othe "Secretary-Approved."	er than Secretary-Approved. Otherwise, enter
Secretary-Approved	

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Essential Health Benefit 1: Ambulatory pati	ient services	Collapse All
Benefit Provided:	Source:	
Physician Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this beneft benchmark plan:	it, including the specific name of the source plan if it is not the bas	e
This represents Physician services.		
Benefit Provided:	Source:	
Outpatient Hospital Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Doration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this beneft benchmark plan:	ît, including the specific name of the source plan if it is not the bas	e
Prior authorization is required for some	e services. See State Plan for complete listing	
Benefit Provided:	Source:	V-1/
Clinic Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	Ngne	
Scope Limit:		
None		

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benchmark plan:		Remove
Benefit Provided:	Source:	
Certified Pediatric or Family Nurse Practitioner	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, includin benchmark plan: Full State Plan Service Title: Certified pediatric of	or family Nurse Practitioner services	
Benefit Provided:	Source:	
Hospice Care	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Dually eligible (Medicare and Medicaid) recipie programs simultaneously in order to receive Medicare	nts must participate in the Medicare and Medicaid hospice dicaid hospice services	
Other information regarding this benefit, including benchmark plan:	ng the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
Private duty nursing	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
2000 hours / year	None	

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		Remove
Other information regarding this benefit, including t benchmark plan:	the specific name of the source plan if it is not the base	
enefit Provided:	Source:	
edical care & any other type of remedial:podiatry	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	L
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Limited to non-routine foot care; routine foot care	excluded	
Other information regarding this benefit, including the benchmark plan:	the specific name of the source plan if it is not the base	
Full State Plan Service Title: Medical care and any practitioners: Podiatry		
a subluxated structure as an isolated entity within th systemic disease of sufficient severity that unskilled specified methods of plethysmography. Orthopedic	reatments undertaken for the sole purpose of correcting the foot; routine footcare, except when the patient has a disperformance of such procedures would be hazardous; shoes and other supportive devices for the feet are not tailed explanations of these exclusions are included in	
Podiatry exclusions include: treatment of flatfoot; t a subluxated structure as an isolated entity within th systemic disease of sufficient severity that unskilled specified methods of plethysmography. Orthopedic covered under this program element. Additional det	reatments undertaken for the sole purpose of correcting the foot; routine footcare, except when the patient has a performance of such procedures would be hazardous; a shoes and other supportive devices for the feet are not	
Podiatry exclusions include: treatment of flatfoot; ta subluxated structure as an isolated entity within the systemic disease of sufficient severity that unskilled specified methods of plethysmography. Orthopedic covered under this program element. Additional dethe State Plan.	reatments undertaken for the sole purpose of correcting the foot; routine footcare, except when the patient has a disperformance of such procedures would be hazardous; shoes and other supportive devices for the feet are not tailed explanations of these exclusions are included in	
Podiatry exclusions include: treatment of flatfoot; t a subluxated structure as an isolated entity within th systemic disease of sufficient severity that unskilled specified methods of plethysmography. Orthopedic covered under this program element. Additional dethe State Plan. This represents podiatry services	reatments undertaken for the sole purpose of correcting the foot; routine footcare, except when the patient has a performance of such procedures would be hazardous; a shoes and other supportive devices for the feet are not tailed explanations of these exclusions are included in	
Podiatry exclusions include: treatment of flatfoot; t a subluxated structure as an isolated entity within th systemic disease of sufficient severity that unskilled specified methods of plethysmography. Orthopedic covered under this program element. Additional det the State Plan. This represents podiatry services enefit Provided:	reatments undertaken for the sole purpose of correcting the foot; routine footcare, except when the patient has a disperformance of such procedures would be hazardous; shoes and other supportive devices for the feet are not tailed explanations of these exclusions are included in	
Podiatry exclusions include: treatment of flatfoot; t a subluxated structure as an isolated entity within th systemic disease of sufficient severity that unskilled specified methods of plethysmography. Orthopedic covered under this program element. Additional dethe State Plan. This represents podiatry services enefit Provided:	reatments undertaken for the sole purpose of correcting the foot; routine footcare, except when the patient has a disperformance of such procedures would be hazardous; a shoes and other supportive devices for the feet are not tailed explanations of these exclusions are included in Source: Source: State Plan 1905(a)	
Podiatry exclusions include: treatment of flatfoot; t a subluxated structure as an isolated entity within th systemic disease of sufficient severity that unskilled specified methods of plethysmography. Orthopedic covered under this program element. Additional det the State Plan. This represents podiatry services enefit Provided: dedical care & any other type of remedial: Other Authorization:	reatments undertaken for the sole purpose of correcting be foot; routine footcare, except when the patient has a performance of such procedures would be hazardous; shoes and other supportive devices for the feet are not tailed explanations of these exclusions are included in Source: State Plan 1905(a) Provider Qualifications:	
Podiatry exclusions include: treatment of flatfoot; t a subluxated structure as an isolated entity within th systemic disease of sufficient severity that unskilled specified methods of plethysmography. Orthopedic covered under this program element. Additional det the State Plan. This represents podiatry services enefit Provided: Iedical care & any other type of remedial: Other Authorization: None	reatments undertaken for the sole purpose of correcting be foot; routine footcare, except when the patient has a performance of such procedures would be hazardous; shoes and other supportive devices for the feet are not tailed explanations of these exclusions are included in Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	

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Full State Plan Service Title: Medical care and any or practitioners: Other practitioner's services	ther type of remedial care provided by licensed	Remove
KY State Plan Title: Medical care and any other type	e of remedial care	
This represents services provided by other practition	ers listed in the State Plan	
Benefit Provided:	Source:	
Family Planning Services and Supplies for Individu	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Limited to individuals of child-bearing age		
Other information regarding this benefit, including the benchmark plan:	he specific name of the source plan if it is not the base	
Full State Plan Service Title: Family Planning Servi	ces and Supplies for Individuals of Child-bearing Age	

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Attachment 3.1-L

Essential Health Benefit 2: Emergency services		Collapse All
Benefit Provided:	Source:	
Outpatient Hospital: Emergency department	tase Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	,
None	None	
Scope Limit:		
None		
Benefit Provided:	Source:	
Any other medical care: emergency transportation	Source: State Plan 1905(a)	Remove
	Provider Qualifications:	
Authorization: None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	
	are and any other type of remedial care recognized unde	er
		Add

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Attachment 3.1-L

Essential Health Benefit 3: Hospitalization		Collapse All
Benefit Provided:	Source:	
Inpatient Hospital Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, in benchmark plan:	ncluding the specific name of the source plan if it is not the base	;
Authorization is done through prior, concubospital and service.	urrent, and retroactive authorization, depending on the type of	
Benefit Provided:	Source:	
Physician: Inpatient Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, i benchmark plan:	including the specific name of the source plan if it is not the base	e
This represents Inpatient Physician Service	ees	
		Add

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Attachment 3.1-L

E	ssential Health Benefit 4: Maternity and newborn care		Collapse All	
	Benefit Provided:	Source:		
	Other diagnostic, screening, preventive, and rehab	State Plan 1905(a)	Remove	
٠	Authorization:	Provider Qualifications:		
	None	Medicaid State Plan]	
	Amount Limit:	Duration Limit:	_	
	None	None]	
	Scope Limit:		_	
	None			
	Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:			
	Full State Plan Service Title: Other diagnostic, scree	ning, preventive, and rehabilitation services		
	This benefit incorporates prenatal and postnatal care			
	Benefit Provided:	Source:		
	Nurse-midwife Services	State Plan 1905(a)	Remove	
L	Authorization:	Provider Qualifications:		
	None	Medicaid State Plan		
	Amount Limit:	Duration Limit:	and	
	None	None		
	Scope Limit:		_	
	None			
	Other information regarding this benefit, including t benchmark plan:	he specific name of the source plan if it is not the base	7	
-	Benefit Provided:	Source:		
	Inpatient Hospital Services: Maternity	State Plan 1905(a)		
	Authorization:	Provider Qualifications:	***	
	Other	Medicaid State Plan		
	Amount Limit:	Duration Limit:		
	None	None		
	Scope Limit:			
	None			

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Benefit Provided:	Source:	
Inpatient Hospital Services: IP Mental Health	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	-
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	
Scope Limit:		_
IP Mental Health in an IMD is not available to in	ndividuals between the ages of 21 to 64.	
Other information regarding this benefit, including benchmark plan:	g the specific name of the source plan if it is not the base	
This represents Inpatient Mental Health services. These facilities are not IMDs.		
Benefit Provided:	Source:	44
Rehabilitative services: OP Mental Health	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	
Scope Limit:		_
None		
Other information regarding this benefit, includin benchmark plan:	g the specific name of the source plan if it is not the base	_
Full State Plan Service Title: Other diagnostic, so than those provided elsewhere in this plan This represents Outpatient Mental Health services	reening, preventive, and rehabilitative services, i.e. other	
Benefit Provided:	Source:	
Inpatient Hospital Services: IP Substance Use	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	

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benchmark plan:	ling the specific name of the source plan if it is not the base	
This represents IP Substance Use Disorder Serv These facilities are not IMDs	rices	
Benefit Provided:	Source:	
Rehabilitative services: P Substance Use	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:	·	
None		
Other information regarding this benefit, include benchmark plan:	ling the specific name of the source plan if it is not the base	
Full State Plan Service Title: Other diagnostic, than those provided elsewhere in this plan This represents OP Substance Use Disorder Ser	screening, preventive, and rehabilitative services, i.e. other	

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Benefit Provided: Coverage is at least the greater of one drug in each same number of prescription drugs in each categor	. ,	, 2,
Prescription Drug Limits (Check all that apply.):	Authorization:	Provider Qualifications:
Limit on days supply	Yes	State licensed
Limit on number of prescriptions		
☐ Limit on brand drugs		
Other coverage limits		
□ Preferred drug list		
Coverage that exceeds the minimum requirements	or other:	
The Commonwealth of Kentucky's ABP prescript Medicaid state plan for prescribed drugs.	ion drug benefit plan	is the same as under the approved

· c.

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Essential Health Benefit 7: Rehabilitative and habilitative	services and devices	Collapse All	
Benefit Provided:	Source:		
Physical therapy &related svcs: PT	State Plan 1905(a)	Remove	
Authorization:	Provider Qualifications:		
Prior Authorization	Medicaid State Plan		
Amount Limit:	Duration Limit:		
20 visits per calendar year	None		
Scope Limit:			
None			
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base		
State Plan Service Title: Physical therapy and related	services		
20 visits per year for physical therapy; benefit limits services.	are aggregated between habilitation and rehabilitation		
Benefit Provided:	Source:		
Home Health: Medical supplies, equipment, and appl	State Plan 1905(a)	Remove	
Authorization:	Provider Qualifications:		
Prior Authorization	Medicaid State Plan		
Amount Limit:	Duration Limit:		
None	None		
Scope Limit:		_	
Specific restrictions and exclusions are found in the	fee schedule		
Other information regarding this benefit, including the benchmark plan:	Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Full State Plan Service Title: Home Health: Medical supplies, equipment, and appliances suitable for use in the home			
KY State Plan Title: Home Health: Medical supplies suitable for use in the home			
Prior authorization is required for items of equipmen specified items.	t or repairs greater than \$500 and certain other		
Benefit Provided:	Source:		
Prosthetics	State Plan 1905(a)		
Authorization:	Provider Qualifications:		
Prior Authorization	Medicaid State Plan		

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	Luration Limit:	
None	None	Remove
Scope Limit:		
None		
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	
Prior authorization is required for items of equipme specified items.	ent or repairs greater than \$500 and certain other	
Benefit Provided:	Source:	
Nursing Facility Services (21 and older)	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
benchmark plan:	the specific name of the source plan if it is not the base	
Other information regarding this benefit, including benchmark plan: This is a nursing facility for rehabilitative purposes nursing facility to 90 day.	s. The base benchmark limits the number of days in a	
Other information regarding this benefit, including benchmark plan: This is a nursing facility for rehabilitative purposes nursing facility to 90 day. Benefit Provided:	s. The base benchmark limits the number of days in a	Pamova
Other information regarding this benefit, including benchmark plan: This is a nursing facility for rehabilitative purposes nursing facility to 90 day. Benefit Provided: Medical and other types of remedial care: chiropra	Source: State Plan 1905(a)	Remove
Other information regarding this benefit, including benchmark plan: This is a nursing facility for rehabilitative purposes nursing facility to 90 day. Benefit Provided: Medical and other types of remedial care: chiropra Authorization:	Source: State Plan 1905(a) Provider Qualifications:	Remove
Other information regarding this benefit, including benchmark plan: This is a nursing facility for rehabilitative purposes nursing facility to 90 day. Benefit Provided: Medical and other types of remedial care: chiropra Authorization: Prior Authorization	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
Other information regarding this benefit, including benchmark plan: This is a nursing facility for rehabilitative purposes nursing facility to 90 day. Benefit Provided: Medical and other types of remedial care: chiropra Authorization: Prior Authorization Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Other information regarding this benefit, including benchmark plan: This is a nursing facility for rehabilitative purposes nursing facility to 90 day. Benefit Provided: Medical and other types of remedial care: chiropra Authorization: Prior Authorization Amount Limit: 26 visits per calendar year	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
Other information regarding this benefit, including benchmark plan: This is a nursing facility for rehabilitative purposes nursing facility to 90 day. Benefit Provided: Medical and other types of remedial care: chiropra Authorization: Prior Authorization Amount Limit: 26 visits per calendar year Scope Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Other information regarding this benefit, including benchmark plan: This is a nursing facility for rehabilitative purposes nursing facility to 90 day. Benefit Provided: Medical and other types of remedial care: chiropra Authorization: Prior Authorization Amount Limit: 26 visits per calendar year Scope Limit: None Other information regarding this benefit, including benchmark plan:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Other information regarding this benefit, including benchmark plan: This is a nursing facility for rehabilitative purposes nursing facility to 90 day. Benefit Provided: Medical and other types of remedial care: chiropra Authorization: Prior Authorization Amount Limit: 26 visits per calendar year Scope Limit: None Other information regarding this benefit, including	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
Other information regarding this benefit, including benchmark plan: This is a nursing facility for rehabilitative purposes nursing facility to 90 day. Benefit Provided: Medical and other types of remedial care: chiropra Authorization: Prior Authorization Amount Limit: 26 visits per calendar year Scope Limit: None Other information regarding this benefit, including benchmark plan:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove

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Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	Remove
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, in benchmark plan:	ncluding the specific name of the source plan if it is not the base	_
Full State Plant Service Title: Nursing Faci	ility Services (for individuals age 65 or older in an IMD)	
Benefit Provided:	Source:	
Physical therapy &related svcs: OT	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
20 visits per calendar year	None	
Scope Limit:		_
None		
Other information regarding this benefit, in benchmark plan:	ncluding the specific name of the source plan if it is not the base	
State Plan Service Title: Physical therapy a	and related services	
20 visits per year for occupational therapy; rehabilitation services.	benefit limits are aggregated between habilitation and	
Benefit Provided:	Source:	_
Physical therapy &related svcs: ST	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
20 visits per calendar year	None	
Scope Limit:		
None		
Other information regarding this benefit, in benchmark plan:	ncluding the specific name of the source plan if it is not the base	_
State Plan Service Title: Physical therapy a	and related services	

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Benefit Provided:	Source:	
Home health services; nursing, aide, and therapy	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Puration Limit:	
PT/OT/ST: 20 visits each per calendar year	None	
Scope Limit:		
None		
Other information regarding this benefit, including benchmark plan:	g the specific name of the source plan if it is not the base	
This represents the home health visit, including P' 20 visits each per calendar year for physical, occu services	T/OT/SLT (if applicable) pational, and speech therapy; benefit home health	

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Essential Health Benefit 8: Laboratory services		Collapse All
Benefit Provided:	Source:	
Other Laboratory and x-Ray Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
Some imaging services require a prior authorization.	See State Plan for complete listing.	
		Add
		to the second se

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■ E	Essential Health Benefit 9: Preventive and wellness service	es and chronic disease management	Collapse All
by the	state/territory must provide, at a minimum, a broad range be United States Preventive Services Task Force; Advisory ines; preventive care and screening for infants, children and additional preventive services for women recommended b	y Committee for Immunization Practices (ACIP) record adults recommended by HRSA's Bright Futures pr	nmended
	Benefit Provided:	Source:	
	Preventive Services	State Plan 1905(a)	Remove
	Authorization:	Provider Qualifications:	
	None	Medicaid State Plan	
	Amount Limit:	Duration Limit:	
	None	None	
	Scope Limit:		
	Supplements existing benefits with any additions to Futures.	comply with USPSTF, ACIP, IOM, and Bright	
	Other information regarding this benefit, including the benchmark plan:	ne specific name of the source plan if it is not the base	
	Full State Plan Service Title: Other diagnostic, screer than those provided elsewhere in this plan This benefit includes preventive services	ning, preventive, and rehabilitative services, i.e. other	
	Benefit Provided:	Source:	
	Physician services: allergy	State Plan 1905(a)	Remove
	Authorization:	Provider Qualifications:	
	None	Medicaid State Plan	
	Amount Limit:	Duration Limit:	
	None	None	
	Scope Limit:		_
	None		
	Other information regarding this benefit, including the benchmark plan:	ne specific name of the source plan if it is not the base	
			Add
			_

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Essential Health Benefit 10: Pediatric services in	ncluding oral and vision care	Collapse All
Benefit Provided:	Source:	
Medicaid State Plan EPSDT Benefits	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, in benchmark plan:	icluding the specific name of the source plan if it is not the base	;
State Plan Service Title: EPSDT Prior Auth required for orthondontia		
Benefit Provided: Medicaid State Plan EPSDT Benefits	Şqurce:	
Medicald State Fian EFSD1 Benefits	State Plan 1905(a)	Remove
Authorization:	crovider Qualifications:	_
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		***************************************
Limited to children under 21 years of age		
Other information regarding this benefit, in benchmark plan:	cluding the specific name of the source plan if it is not the base	;
Full State Plan Service Title: Inpatient psyc	chiatric facility services for individuals under 21 years of age	
These services are not in an IMD		

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Other Covered Benefits from Base Benchmark	Collapse All

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	Collapse All
Base Benchmark Benefit that was Substituted: Source: Base Benchmark	
Primary Care Visit	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	
Duplication: This benefit was replaced with Physician Services, under the EHB Ambulatory Patient Services.	
Base Benchmark Benefit that was Substituted: Source: Base Benchmark	
Specialist Visit	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	
Duplication: This benefit was replaced with Physician Services, under the EHB Ambulatory Patient Services.	
Base Benchmark Benefit that was Substituted: Source:	
Outpatient facility fee Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	
Duplication: This benefit was replaced with Clinic Services and Outpatient Hospital Services, under the EHB Ambulatory Patient Services.	
Base Benchmark Benefit that was Substituted: Source: Base Benchmark	
Hospice	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	
Duplication: This benefit was replaced with Hospice care, under the EHB Ambulatory services	
Base Benchmark Benefit that was Substituted: Source:	
Home health care services	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	
Duplication: This benefit was replaced with Home Health Services, under the EHBs Ambulatory Patient Services & Rehabilitative and habilitative services and devices	
Base Benchmark Benefit that was Substituted: Source:	
ER Services Base Benchmark	
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	
Duplication: This benefit was replaced with Outpatient Hospital Services, as well as Outpatient Hospital:	

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	ervices. Emergency hospital services are covered as	
outpatient hospital services in Medicaid.		Remove
Base Benchmark Benefit that was Substituted:	Source:	
Emergency Transportation / Ambulance	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Duplication: This benefit was replaced with Any other recognized under state law, specified by the Secretary	* **	
Base Benchmark Benefit that was Substituted:	Source:	
Inpatient Hospital Services	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Duplication: This benefit was replaced with Inpatient	Hospital Services, under the EHB Hospitalization.	
Base Benchmark Benefit that was Substituted:	Source:	
Inpatient physician and surgical services	Base Benchmark	Remove
Explain the substitution or duplication, including indesection 1937 benchmark benefit(s) included above un Duplication: This benefit was replaced with Physicia	nder Essential Health Benefits:	
2 - p		
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Base Benchmark Benefit that was Substituted: Skilled nursing facility		Remove
	Base Benchmark icating the substituted benefit(s) or the duplicate	Remove
Skilled nursing facility Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur Duplication: This benefit was replaced with Nursing	Base Benchmark icating the substituted benefit(s) or the duplicate	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur Duplication: This benefit was replaced with Nursing IMD) & Nursing Facility Services (21 and older), ur	Base Benchmark icating the substituted benefit(s) or the duplicate or the defender Essential Health Benefits: Facility Services (for individuals age 65 or older in an order the EHBs Rehabilitative and Habilitative Services Source:	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur Duplication: This benefit was replaced with Nursing IMD) & Nursing Facility Services (21 and older), ur and Devices	Base Benchmark icating the substituted benefit(s) or the duplicate of the Essential Health Benefits: Facility Services (for individuals age 65 or older in an order the EHBs Rehabilitative and Habilitative Services	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur Duplication: This benefit was replaced with Nursing IMD) & Nursing Facility Services (21 and older), ur and Devices Base Benchmark Benefit that was Substituted:	Base Benchmark icating the substituted benefit(s) or the duplicate nder Essential Health Benefits: Facility Services (for individuals age 65 or older in an nder the EHBs Rehabilitative and Habilitative Services Source: Base Benchmark icating the substituted benefit(s) or the duplicate	
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur Duplication: This benefit was replaced with Nursing IMD) & Nursing Facility Services (21 and older), ur and Devices Base Benchmark Benefit that was Substituted: Prenatal and postnatal care Explain the substitution or duplication, including ind	Base Benchmark icating the substituted benefit(s) or the duplicate nder Essential Health Benefits: Facility Services (for individuals age 65 or older in an nder the EHBs Rehabilitative and Habilitative Services Source: Base Benchmark icating the substituted benefit(s) or the duplicate nder Essential Health Benefits: agnostic, screening, preventive, and rehabilitation	
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up Duplication: This benefit was replaced with Nursing IMD) & Nursing Facility Services (21 and older), up and Devices Base Benchmark Benefit that was Substituted: Prenatal and postnatal care Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up Duplication: This benefit was replaced with Other discovered to the substitution of the substitution	Base Benchmark icating the substituted benefit(s) or the duplicate nder Essential Health Benefits: Facility Services (for individuals age 65 or older in an nder the EHBs Rehabilitative and Habilitative Services Source: Base Benchmark icating the substituted benefit(s) or the duplicate nder Essential Health Benefits: agnostic, screening, preventive, and rehabilitation	

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Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate	
section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: This benefit was replaced with Inpatient hospital services: Maternity, under the EHB	Remove
Maternity and Newborn Care.	
Base Benchmark Benefit that was Substituted: Source:	
Mental/behavioral health outpatient services Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	
Duplication: This benefit was replaced with Other diagnostic, screening, preventive, and rehabilitation services & EPSDT, under the EHB Mental Health and Substance Use Disorder Services, including Behavioral Health	
Base Benchmark Benefit that was Substituted: Source:	
Mental/behavioral health inpatient services Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	
Duplication: This benefit was replaced with Inpatient Hospital Services: IP Substance Use, and Inpatient psychiatric facility services for individuals under 21 years of age, under the EHB Mental Health and Substance Use Disorder Services, including Behavioral Health, and the EPSDT EHB, respectively	•
Base Benchmark Benefit that was Substituted: Source:	
Substance Abuse Disorder Outpatient Services Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	
Duplication: This benefit was replaced with Other diagnostic, screening, preventive, and rehabilitation services & Extended services to pregnant women, under the EHB Mental Health and Substance Use Disorder Services, including Behavioral Health	
Base Benchmark Benefit that was Substituted: Source:	
Substance Abuse Disorder Inpatient Services Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	
Duplication: This benefit was replaced with Inpatient Hospital Services, under the EHB Mental Health and Substance Use Disorder Services, including Behavioral Health	
Base Benchmark Benefit that was Substituted: Source:	
Generic Drugs Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	
Duplication: This benefit was replaced with Prescription drugs, Dentures, Prosthetic Devices, and Eyeglasses under the EHB Prescription Drugs	

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Base Benchmark Benefit that was Substituted:	Source:	
Preferred Brand Drugs	Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un		
Duplication: This benefit was replaced with Prescribe under the EHB Prescription Drugs	ed drugs, Dentures, Prosthetic devices, and eyeglasses,	
Base Benchmark Benefit that was Substituted:	Source:	
Non-Preferred Brand Drugs	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Duplication: This benefit was replaced with Prescribe under the EHB Prescription Drugs	ed drugs, Dentures, Prosthetic devices, and eyeglasses,	
Base Benchmark Benefit that was Substituted:	Source:	
Specialty Drugs	Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un		
Duplication: This benefit was replaced with Prescribe under the EHB Prescription Drugs	ed drugs, Dentures, Prosthetic devices, and eyeglasses,	
Base Benchmark Benefit that was Substituted:	Source:	
Outpatient Rehabilitation Services	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Duplication: This benefit was replaced with Physical Rehabilitative and Habilitative Services and Devices	Therapy and related Services, under the EHB	
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Habilitation Services		Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Duplication: This benefit was replaced with Physical Rehabilitative and Habilitative Services and Devices	Therapy and related Services, under the EHB	
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Chiropractic Care	Dase Delicilliaix	
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un	•	
Duplication: This benefit was replaced with Medical Rehabilitative and Habilitative Services and Devices.	care and any other type of remedial care, under the This benefit is limited to 12 visits per year in the base	

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benchmark plan.	
	Remove
Base Benchmark Benefit that was Substituted: Source:	
Durable Medical Equipment Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	
Duplication: This benefit was replaced with Family Planning Services and Supplies for Individuals of Child-bearing Age under the EHB for Ambulatory Services, and Home Health: Medical supplies, equipment, and appliances suitable for use in the home, as well as Prosthetics, under the EHB Rehabilitative and Habilitative Services and Devices.	
Base Benchmark Benefit that was Substituted: Source:	
Hearing Aides Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	
Duplication: This benefit was replaced with EPSDT & Home Health: Medical supplies, equipment, and appliances suitable for use in the home, under the EHB Rehabilitative and Habilitative Services and Devices	
Base Benchmark Benefit that was Substituted: Source:	
Diagnostic Tests (x-rays and lab work) Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	
Duplication: This benefit was replaced with Other Laboratory and X-Ray Services, under the EHB Laboratory Services	
Base Benchmark Benefit that was Substituted: Source:	
Imaging (CT/PET/MRI) Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	
Duplication: This benefit was replaced with Other Laboratory and X-Ray Services, under the EHB Laboratory Services	
Base Benchmark Benefit that was Substituted: Source:	
Preventive care / screening / immunization Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	
Duplication: This benefit was replaced with Other diagnostic, screening, preventive, and rehabilitation services, under the EHB Preventive and wellness Services and Chronic Disease Management	

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Base Benchmark Benefit that was Substituted:	Source:	
Routine Eye Exam for Children	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up		
Duplication: This benefit was replaced with EPSDT, vision care	under the EHB Pediatric services, including oral and	
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Eye glasses for children		Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up	•	
Duplication: This benefit was replaced with EPSDT eyeglasses, under EHB Pediatric services, including	& Prescribed drugs, dentures, prosthetic devices, and oral and vision care	
Base Benchmark Benefit that was Substituted:	Source:	
Dental check-up for children	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up		
Duplication: This benefit was replaced with EPSDT, vision care	under the EHB Pediatric services, including oral and	
Base Benchmark Benefit that was Substituted:	Source:	
Allergy treatment	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up		
Duplication: This benefit was replaced with Physicia services and chronic disease management		
Base Benchmark Benefit that was Substituted:	Source:	
Injectable drugs and other drugs administered in a	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up		
(Full benchmark benefit: Injectable drugs and other setting) Duplication: This benefit was replaced with Physicia		
		1
Base Benchmark Benefit that was Substituted: Medical supplies, equipment, and education for dia	Source: Base Benchmark	
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up		

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Physician Services under EHB Ambulatory Services. The medical supplies and equipment for diabetes care maps to the Prescription Drugs, while the education for diabetics maps to Physician Services under Ambulatory.	Remove
Base Benchmark Benefit that was Substituted: Dental services for accidental injury and other re Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	Remove
(Full benchmark benefit: Dental services for accidental injury and other related medical services) Duplication: This benefit was replaced with Outpatient hospital services, under the EHB Ambulatory patient services	
Base Benchmark Benefit that was Substituted: Human organ and tissue transplant transplant servi Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: This benefit was replaced with Inpatient hospital services and Physician Services, under the EHB Hospitalization	
Base Benchmark Benefit that was Substituted: Human organ and tissue transplant services - trans Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate	Remove
section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: This benefit was replaced with Inpatient hospital services and Physician Services, under the EHB Hospitalization	
Base Benchmark Benefit that was Substituted: Human organ and tissue transplant services - unrel Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: (Full benchmark benefit: Human organ and tissue transplant services - unrelated donor search) Duplication: This benefit was replaced with Inpatient Hospital Services	
Base Benchmark Benefit that was Substituted: Autism Services for children Source: Base Benchmark For laid the selection of the selection o	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: This benefit was replaced with EPSDT, under the EHB Pediatric services, including oral and vision care	
Base Benchmark Benefit that was Substituted: Radiation therapy Source: Base Benchmark	

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	der Eccential Health Benefite:	
section 1937 benchmark benefit(s) included above ur Duplication: This benefit was replaced with Outpatie patient services		Remove
Base Benchmark Benefit that was Substituted:	Source:	
Chemotherapy	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur		
Duplication: This benefit was replaced with Outpatie patient services	nt hospital services, under the EHB Ambulatory	
Base Benchmark Benefit that was Substituted:	Source:	
Infusion Therapy	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur		
Duplication: This benefit was replaced with Outpatie patient services	nt hospital services, under the EHB Ambulatory	
Base Benchmark Benefit that was Substituted:	Source:	
Renal dialysis/hemodialysis	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur		
Dunlication: This banefit was replaced with Output		
patient services	nt hospital services, under the EHB Ambulatory	
1 .	Source:	
patient services		Remove
patient services Base Benchmark Benefit that was Substituted:	Source: Base Benchmark icating the substituted benefit(s) or the duplicate	Remove
patient services Base Benchmark Benefit that was Substituted: Vision correction after surgery or accident Explain the substitution or duplication, including ind	Source: Base Benchmark icating the substituted benefit(s) or the duplicate der Essential Health Benefits:	Remove
Patient services Base Benchmark Benefit that was Substituted: Vision correction after surgery or accident Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above us. This benefit was replaced with Duplication: This benefit	Source: Base Benchmark icating the substituted benefit(s) or the duplicate or the duplicate of the second of the substituted benefits: efit was replaced with Physician Services, under the Source:	Remove
patient services Base Benchmark Benefit that was Substituted: Vision correction after surgery or accident Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above us This benefit was replaced with Duplication: This ben EHB Ambulatory patient services	Source: Base Benchmark icating the substituted benefit(s) or the duplicate or the duplicate or the duplicate of the substituted benefits: efit was replaced with Physician Services, under the	Remove
patient services Base Benchmark Benefit that was Substituted: Vision correction after surgery or accident Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above us This benefit was replaced with Duplication: This ben EHB Ambulatory patient services Base Benchmark Benefit that was Substituted:	Source: Base Benchmark icating the substituted benefit(s) or the duplicate oder Essential Health Benefits: efit was replaced with Physician Services, under the Source: Base Benchmark icating the substituted benefit(s) or the duplicate	
patient services Base Benchmark Benefit that was Substituted: Vision correction after surgery or accident Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above us This benefit was replaced with Duplication: This benefit Barbulatory patient services Base Benchmark Benefit that was Substituted: Other practitioner office visit Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above us	Source: Base Benchmark icating the substituted benefit(s) or the duplicate oder Essential Health Benefits: efit was replaced with Physician Services, under the Source: Base Benchmark icating the substituted benefit(s) or the duplicate	
Duplication: This benefit (s) including ind section 1937 benchmark Substituted: Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above use This benefit was replaced with Duplication: This benefit Base Benchmark Benefit that was Substituted: Other practitioner office visit Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above use Duplication: This benefit was replaced with Certified	Source: Base Benchmark icating the substituted benefit(s) or the duplicate or der Essential Health Benefits: efit was replaced with Physician Services, under the Source: Base Benchmark icating the substituted benefit(s) or the duplicate or der Essential Health Benefits:	

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section 1937 benchmark benefit(s) included above up Duplication: This benefit was replaced with Private I		Remove
The base benchmark has a 2,000 hour limit.		
Base Benchmark Benefit that was Substituted:	Source:	
Urgent Care Centers	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up		
Duplication: This benefit was replaced by Clinic Ser	vices, under the EHB Ambulatory patient services	
Base Benchmark Benefit that was Substituted:	Source:	
Outpatient surgery physician / surgical	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up		
Duplication: This benefit was replaced by Physician and Physician Services: Maternity under the Materni	Services, under the EHB Ambulatory patient services ty and newborn care EHB.	
Base Benchmark Benefit that was Substituted:	Source:	
Podiatry services	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up		
Duplication: This benefit was replaced with Medical licensed practitioners: Podiatry, under the EHB Amb	care and any other type of remedial care provided by bulatory Patient Services	
Base Benchmark Benefit that was Substituted:	Source:	
Other practitioner's services	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above u		
Duplication: This benefit was replaced with Medical licensed practitioners: Other practitioner's services, u	care and any other type of remedial care provided by under the EHB Ambulatory Patient Services	
Base Benchmark Benefit that was Substituted:	Source:	
Certified Nurse Midwife	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above u		
Duplication: This benefit was replaced with Nurse-m Newborn Care	nidwife Services, under the EHB Maternity and	

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Attachment 3.1-L

Base Benchmark Benefit that was Substituted: Prescription Drug Benefits	Source: Base Benchmark	Remove
Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abo	g indicating the substituted benefit(s) or the duplicate ve under Essential Health Benefits:	[
, .	scribed drugs, Dentures, Prosthetic devices, and eyeglasses, IB Prescription drugs and Family Planning Services and	
		Add

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Attachment 3.1-L

Other Base Benchmark Benefits Not Covered		Collapse All
Base Benchmark Benefit not Included in the Alternative Benefit Plan:	Source: Base Benchmark	Remove
Non-emergency care when traveling outside the US		1011010
Explain why the state/territory chose not to include the	nis benefit:	
This is not permissible under federal Medicaid rules.		and the second s
Base Benchmark Benefit not Included in the Alternative Benefit Plan:	Source: Base Benchmark	Remove
Routine eye exam		
Explain why the state/territory chose not to include the	nis benefit:	
This benefit is not a an EHB for adults.		
		Add

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Attachment 3.1-L

Other 1937 Covered Benefits that are not Essential Health	Benefits	Collapse All
Other 1937 Benefit Provided:	Source:	
Services in an ICF-IID	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Medicaid individuals who meet ICF-IDD patient sta	tus criteria	
Other:		
]
Other 1937 Benefit Provided:	Source:	
Dental Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
I cleaning and I x-ray per year	None	
Scope Limit:		
Dental services for adults 21 years of age or older		
Other:		
No authorization required]
L		
Other 1937 Benefit Provided:	Source:	
Routine eye exam	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	7
Amount Limit:	Duration Limit:	
None	None]
Scope Limit:		
None		
Other:		_
No authorization required		

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Attachment 3.1-L

		Remove
Other 1937 Benefit Provided: Case management services	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
	cific groups of individuals. Please see State Plan for	
Other:		
Some case management services are limited to spec	ific groups of individuals. Populations included:	
the state; and adults in need of protective services. Children birth to three participating in the Kentucl Pregnant women who are under age 20 and first ti are first time parents and screen as high risk for the (HANDS) program. Pregnant women, including post partum women for receiving substance use services. Individuals with a moderate or severe substance use mental health disorders; with need for assistance in multi-agency involvement. Individuals with a severe emotional disability or a placement or institutional care. Individuals with at least two of the following type treatment: (1) mental health, (2) substance use, and	me parents; and pregnant women age 20 or older who Health Access Nurturing Development Services or the 60 days after the pregnancy ends, who are se disorder diagnosis, or co-occurring substance use and accessing community or recovery supports or with serious mental illness; who are at risk of out-of-home s of co-occurring disorders, which interact to complicate (3) chronic or complex physical health conditions.	
Other 1937 Benefit Provided:	Source: Section 1927 Coverage Option Banchmark Banefit	
Face-to-face Tobacco Cessation for Pregnant Women	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
4 face-to-face sessions per quit attempt	None	
Scope Limit:	•	
None		

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Full amount limit: 4 face-to-face sessions per quit a	ttempt with a minimum of 2 quit attempts	Remove
No authorization required		
Other 1937 Benefit Provided:	Source:	
Nursing Facility Services for Long Term Care	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Meets level of care		
Other:		
Other 1937 Benefit Provided:	Source:	*
	Section 1937 Coverage Option Benchmark Benefit	Pemove
Ambulatory prenatal care for pregnant women furni	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Ambulatory prenatal care for pregnant women furni Authorization:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remove
Ambulatory prenatal care for pregnant women furni	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Ambulatory prenatal care for pregnant women furni Authorization: Other	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan	Remove
Ambulatory prenatal care for pregnant women furni Authorization: Other Amount Limit:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Ambulatory prenatal care for pregnant women furni Authorization: Other Amount Limit: None	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Ambulatory prenatal care for pregnant women furni Authorization: Other Amount Limit: None Scope Limit:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Ambulatory prenatal care for pregnant women furni Authorization: Other Amount Limit: None Scope Limit: None	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
Ambulatory prenatal care for pregnant women furni Authorization: Other Amount Limit: None Scope Limit: None Other: Full State Plan Service Title: Ambulatory prenatal of	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove

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Attachment 3 1-L

Attachment 5.1-L	
Additional Covered Benefits (This category of benefits is not applicable to the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act.)	Collapse All

PRA Disclosure Statement

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ABP5-35



Attachment 3.1-L		OMB Control Number: 0938-114 OMB Expiration date: 10/31/201
Benefits Assurat	nces	ABP7
EPSDT Assurances		
- , .	on includes persons under 21, please complete the following overage Assurances below.	assurances regarding EPSDT. Otherwise, skip to the
The alternative benef	fit plan includes beneficiaries under 21 years of age.	⁄es
The state/territor (42 CFR 440.34	ry assures that the notice to an individual includes a descripti 5).	on of the method for ensuring access to EPSDT services
	ry assures EPSDT services will be provided to individuals ur der section 1902(a)(10)(A) of the Act.	nder 21 years of age who are covered under the state/
	r EPSDT services will be provided only through an Alternati îts to ensure EPSDT services:	ve Benefit Plan or whether the state/territory will provide
← Through an	Alternative Benefit Plan.	
Through an	Alternative Benefit Plan with additional benefits to ensure E	PSDT services as defined in 1905(r).
coordinated	440.345, please describe how the additional benefits will be and how beneficiaries and providers will be informed of the SDT benefit.	
Indicate wh	ether additional EPSDT benefits will be provided through fe	e-for-service or contracts with a provider:
← Sta	ate/territory provides additional EPSDT benefits through fee-	for-service.
€ Sta	ate/territory contracts with a provider for additional EPSDT s	services.
Please	specify payment method (select one):	
•	Risk-based capitation	
	Administrative services contract	
	Other	
Other Information i	regarding how ESPDT benefits will be provided to participan	its under 21 years of age (optional):
EPSDT benefits wi	Il be administered through the prior authorization process.	
	nformed that they should not deny services for children becausessary. KY regularly monitors complaints and claim denials	
KY provides educa	tional materials to members about EPSDT benefits	
Prescription Drug	Coverage Assurances	
implementing re	ory assures that it meets the minimum requirements for prescregulations at 42 CFR 440.347. Coverage is at least the greater ass or the same number of prescription drugs in each category	er of one drug in each United States Pharmacopeia (USP)

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Attachment 3.1-L

لنا	The state/territory assures that procedures are in place to allow a beneficiary to request and gain access to clinically appropriate prescription drugs when not covered.
V	The state/territory assures that when it pays for outpatient prescription drugs covered under an Alternative Benefit Plan, it meets the requirements of section 1927 of the Act and implementing regulations at 42 CFR 440.345, except for those requirements that are directly contrary to amount, duration and scope of coverage permitted under section 1937 of the Act.
√	The state/territory assures that when conducting prior authorization of prescription drugs under an Alternative Benefit Plan, it complies with prior authorization program requirements in section 1927(d)(5) of the Act.
Otl	ner Benefit Assurances
√	The state/territory assures that substituted benefits are actuarially equivalent to the benefits they replaced from the base benchmark plan, and that the state/territory has actuarial certification for substituted benefits available for CMS inspection if requested by CMS.
√	The state/territory assures that individuals will have access to services in Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) as defined in subparagraphs (B) and (C) of section 1905(a)(2) of the Social Security Act.
√	The state/territory assures that payment for RHC and FQHC services is made in accordance with the requirements of section 1902(bb) of the Social Security Act.
√	The state/territory assures that it will comply with the requirement of section 1937(b)(5) of the Act by providing, effective January 1, 2014, to all Alternative Benefit Plan participants at least Essential Health Benefits as described in section 1302(b) of the Patient Protection and Affordable Care Act.
V	The state/territory assures that it will comply with the mental health and substance use disorder parity requirements of section 1937(b)(6) of the Act by ensuring that the financial requirements and treatment limitations applicable to mental health or substance use disorder benefits comply with the requirements of section 2705(a) of the Public Health Service Act in the same manner as such requirements apply to a group health plan.
V	The state/territory assures that it will comply with section 1937(b)(7) of the Act by ensuring that benefits provided to Alternative Benefit Plan participants include, for any individual described in section 1905(a)(4)(C), medical assistance for family planning services and supplies in accordance with such section.
V	The state/territory assures transportation (emergency and non-emergency) for individuals enrolled in an Alternative Benefit Plan in accordance with 42 CFR 431.53.
✓	The state/territory assures, in accordance with 45 CFR 156.115(a)(4) and 45 CFR 147.130, that it will provide as Essential Health Benefits a broad range of preventive services including: "A" and "B" services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

PRA Disclosure Statement

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ABP7-2



Attachment 3.1-L

V.20130807

TN No: 13-021 Kentucky

Approval Date: 12/20/13 ABP7-3



Attachment 3.1-L OMB Expiration date: 10/31/2014 Service Delivery Systems ABP8 Provide detail on the type of delivery system(s) the state/territory will use for the Alternative Benefit Plan's benchmark benefit package or benchmark-equivalent benefit package, including any variation by the participants' geographic area. Type of service delivery system(s) the state/territory will use for this Alternative Benefit Plan(s). Select one or more service delivery systems: Managed care. Managed Care Organizations (MCO). Prepaid Inpatient Health Plans (PIHP). Prepaid Ambulatory Health Plans (PAHP). Primary Care Case Management (PCCM). Fee-for-service. Other service delivery system. Managed Care Options Managed Care Assurance [7] The state/territory certifies that it will comply with all applicable Medicaid laws and regulations, including but not limited to sections 1903(m), 1905(t), and 1932 of the Act and 42 CFR Part 438, in providing managed care services through this Alternative Benefit Plan. This includes the requirement for CMS approval of contracts and rates pursuant to 42 CFR 438.6. Managed Care Implementation Please describe the implementation plan for the Alternative Benefit Plan under managed care including member, stakeholder, and provider outreach efforts. As authorized in the existing 1915(b) waiver KY-07. MCO: Managed Care Organization Yes The managed care delivery system is the same as an already approved managed care program. The managed care program is operating under (select one): C Section 1915(a) voluntary managed care program. © Section 1915(b) managed care waiver. C Section 1932(a) mandatory managed care state plan amendment. C Section 1115 demonstration. C Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment. Identify the date the managed care program was approved by CMS: Dec 28, 2012

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Effective Date: 01/01/14

OMB Control Number: 0938-1148



Attachment 3.1-L

Describe program below:
KY-07 allows for mandatory enrollment for Medicaid beneficiaries into managed care. Beneficiaries have the choice of two to four managed care organizations depending on the region of state in which they reside.
Additional Information: MCO (Optional)
Provide any additional details regarding this service delivery system (optional):
PAHP: Prepaid Ambulatory Health Plan
The managed care delivery system is the same as an already approved managed care program.
The managed care program is operating under (select one):
C Section 1915(a) voluntary managed care program.
Section 1915(b) managed care waiver.
C Section 1115 demonstration.
C Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.
Identify the date the managed care program was approved by CMS: Sep 25, 2013
Describe program below:
Non-Emergency Transportation Services: KY-06 provides transportation under a capitated arrangement with regional transportation brokers for eligible Medicaid members requiring transportation to and from approved non-emergency medical services.
Additional Information: PAHP (Optional)
Provide any additional details regarding this service delivery system (optional):

PRA Disclosure Statement

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Attachment 3.1-L

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Employer Sponsored Insurance and Payment of Premiums

ABP9

The state/territory provides the Alternative Benefit Plan through the payment of employer sponsored insurance for participants with such coverage, with additional benefits and services provided through a Benchmark or Benchmark-Equivalent Benefit Package.

Yes

Provide a description of employer sponsored insurance, including the population covered, the amount of premium assistance by population, employer sponsored insurance activities including required contribution, cost-effectiveness test requirements, and benefit information:

This program is called the Health Insurance Premium Payment (HIPP) is available to all Medicaid recipients. The program will pay the cost of the premium for any Medicaid recipient that is working and has access to employer sponsored insurance and still eligible for Medicaid provided said payments would be cost effective for Medicaid. All information is entered in our MMIS system to make determination of cost effectiveness. The system looks at their age, premium cost, and claims cost to determine cost effectiveness. The benefit information is not determinable for this SPA as it varies depending on the employer insurance and insurance company. However, any services not covered by the employer sponsored insurance Medicaid does provide wrap around coverage and would pay for additional services for the eligible Medicaid recipient.

The state/territory otherwise provides for payment of premiums.

No

Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:

The state assures that ESI coverage is established in sections 3.2 and 4.22(h) of the state's approved Medicaid state plan. The beneficiary will receive a benefit package that includes a wrap of benefits around the employer sponsored insurance plan that equals the benefit package to which the beneficiary is entitled. The beneficiary will not be responsible for payment of premiums or other cost sharing that exceeds nominal levels as established at 42 CFR part 447 subpart A.

PRA Disclosure Statement

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ABP9-1

Kentucky



Attachment 3.1-L

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

General Assurances

ABP10

Economy and Efficiency of Plans

The state/territory assures that Alternative Benefit Plan coverage is provided in accordance with Federal upper payment limit requirements and other economy and efficiency principles that would otherwise be applicable to the services or delivery system through which the coverage and benefits are obtained.

Economy and efficiency will be achieved using the same approach as used for Medicaid state plan services.

Yes

Compliance with the Law

- The state/territory will continue to comply with all other provisions of the Social Security Act in the administration of the state/territory plan under this title.
- The state/territory assures that Alternative Benefit Plan benefits designs shall conform to the non-discrimination requirements at 42 CFR 430.2 and 42 CFR 440.347(e).
- The state/territory assures that all providers of Alternative Benefit Plan benefits shall meet the provider qualification requirements of the Base Benchmark Plan and/or the Medicaid state plan.

PRA Disclosure Statement

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V.20130807

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TN No: 13-021 Kentucky

Approval Date: 12/20/13

ABP10-1



Attachment 3.1-L.	OMB Expiration date: 10/31/2014
Payment Methodology	ABP11
Alternative Benefit Plans - Payment Methodologies	
	row led under an Alternative Benefit Plan that is not provided through proved state plan or hereby submits state plan amendment Attachment t methodology for the benefit.
An attach	ment is submitted.

PRA Disclosure Statement

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V.20130807

OMB Control Number: 0038 1148

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TN No: 13-021 Kentucky Approval Date: 12/20/13 ABP11-1

State Plan Under Title XIX of the Social Security Act

State:	KENTUCKY	

METHODOLOGY FOR IDENTIFICATION OF APPLICABLE FMAP RATES

The State will determine the appropriate FMAP rate for expenditures for individuals enrolled in the adult group described in 42 CFR 435.119 and receiving benefits in accordance with 42 CFR Part 440 Subpart C. The adult group FMAP methodology consists of two parts: an individual-based determination related to enrolled individuals, and as applicable, appropriate population-based adjustments.

Part 1 – Adult Group Individual Income-Based Determinations

For individuals eligible in the adult group, the state will make an individual income-based determination for purposes of the adult group FMAP methodology by comparing individual income to the relevant converted income eligibility standards in effect on December 1, 2009, and included in the MAGI Conversion Plan (Part 2) approved by CMS on 02/25/2014 . In general, and subject to any adjustments described in this SPA, under the adult group FMAP methodology, the expenditures of individuals with incomes below the relevant converted income standards for the applicable subgroup are considered as those for which the newly eligible FMAP is not available. The relevant MAGI-converted standards for each population group in the new adult group are described in Table 1.

Table 1: Adult Group Eligibility Standards and FMAP Methodology Features

evant Population Group Income Standard ach population group, indicate the lower of: e reference in the MAGI Conversion Plan (Part to the relevant income standard and the propriate cross-reference, or 3% FPL. population group was not covered as of 12/1/09, "Not covered". B ment A, Column C, Line 1 of Part 2 of the CMS and MAGI Conversion Plan, including any subsequent approved modifications to the MAGI Conversion Plan	the population a		Special Circumstances the appropriate column to each population and ding attachments.	group. Provide
oropriate cross-reference, or 3% FPL. opulation group was not covered as of 12/1/09, "Not covered". B ment A, Column C, Line 1 of Part 2 of the CMS red MAGI Conversion Plan, including any subsequent	the population a additional inform	adjustment will appl mation in correspon	y to each population g ding attachments.	group. Provide
ment A, Column C, Line 1 of Part 2 of the CMS red MAGI Conversion Plan, including any subsequent				
red MAGI Conversion Plan, including any subsequent	No	N/A	No	
			INO	No
ment A, Column C, Line 2 of Part 2 of the CMS yed MAGI Conversion Plan, including any subsequent approved modifications to the MAGI Conversion Plan	No	N/A	No	No
ment A, Column C, Line 3 of Part 2 of the CMS red MAGI Conversion Plan, including any subsequent approved modifications to the MAGI Conversion Plan	No	N/A	No	No
Covered	N/A	N/A	N/A	N/A
Covered	N/A	N/A	N/A	N/A
1	ment A, Column C, Line 3 of Part 2 of the CMS red MAGI Conversion Plan including any subsequent approved modifications to the MAGI Conversion Plan Covered	ment A, Column C, Line 3 of Part 2 of the CMS red MAGI Conversion Plan No Covered N/A	ment A, Column C, Line 3 of Part 2 of the CMS red MAGI Conversion Plan Mo No N/A Covered N/A N/A N/A N/A	ment A, Column C, Line 3 of Part 2 of the CMS red MAGI Conversion Plan Mo No No No No No No No No No

Part 2 – Population-based Adjustments to the Newly Eligible Population Based on Resource Test, Enrollment Cap or Special Circumstances

Op	Optional Resource Criteria Proxy Adjustment (42 CFR 433.206(d))	
1.	The state:	
	☐ Applies a resource proxy adjustment to a population group(s) that was subject to a resource test that was applicable on December 1, 2009.	
	■ Does <u>NOT</u> apply a resource proxy adjustment (Skip items 2 through 3 and go to Section B).	
	Table 1 indicates the group or groups for which the state applies a resource proxy adjustment to the expenditures applicable for individuals eligible and enrolled under 42 CFR 435.119. A resource proxy adjustment is only permitted for a population group(s) that was subject to a resource test that was applicable on December 1, 2009.	
	The effective date(s) for application of the resource proxy adjustment is specified and described in Attachment B.	
2.	Data source used for resource proxy adjustments:	
	The state:	
	☐ Applies existing state data from periods before January 1, 2014.	
	☐ Applies data obtained through a post-eligibility statistically valid sample of individuals.	
	Data used in resource proxy adjustments is described in Attachment B.	
3.	Resource Proxy Methodology: Attachment B describes the sampling approach or other methodology used for calculating the adjustment.	
Eni	rollment Cap Adjustment (42 CFR 433.206(e))	
1.	☐ An enrollment cap adjustment is applied by the state (complete items 2 through 4).	
	An enrollment cap adjustment is not applied by the state (skip items 2 through 4 and go to Section C).	

В.

A.

	December 1, 2009 that are applicable to populations that the state covers in the eligibility group described at 42 CFR 435.119 and received full benefits, benchmark benefits, or benchmark equivalent benefits as determined by CMS. The enrollment cap or caps are as specified in the applicable section 1115 demonstration special terms and conditions as confirmed by CMS, or in alternative authorized cap or caps as confirmed by CMS. Attach CMS correspondence confirming the applicable enrollment cap(s).
3.	The state applies a combined enrollment cap adjustment for purposes of claiming FMAP in the adult group:
	☐ Yes. The combined enrollment cap adjustment is described in Attachment C
	■ No.
4.	Enrollment Cap Methodology: Attachment C describes the methodology for calculating the enrollment cap adjustment, including the use of combined enrollment caps, if applicable.
•	ecial Circumstances (42 CFR 433.206(g)) and Other Adjustments to the Adult Group FMAP ethodology
1.	The state:
	☐ Applies a special circumstances adjustment(s).
	■ Does <u>not</u> apply a special circumstances adjustment.
2.	The state:
	☐ Applies additional adjustment(s) to the adult group FMAP methodology (complete item 3).
	■ Does <u>not</u> apply any additional adjustment(s) to the adult group FMAP methodology (skip item 3 and go to Part 3).
3.	Attachment D describes the special circumstances and other proxy adjustment(s) that are applied, including the population groups to which the adjustments apply and the methodology for calculating the adjustments.

2. Attachment C describes any enrollment caps authorized in section 1115 demonstrations as of

C.

Part 3 – One-Time Transitions of Previously Covered Populations into the New Adult Group

	A.	Tra	nsitioning Previous Section 1115 and State Plan Populations to the New Adult Group
			Individuals previously eligible for Medicaid coverage through a section 1115 demonstration program or a mandatory or optional state plan eligibility category will be transitioned to the new adult group described in 42 CFR 435.119 in accordance with a CMS-approved transition plan and/or a section 1902(e)(14)(A) waiver. For purposes of claiming federal funding at the appropriate FMAP for the populations transitioned to new adult group, the adult group FMAP methodology is applied pursuant to and as described in Attachment E, and where applicable, is subject to any special circumstances or other adjustments described in Attachment D.
			The state does not have any relevant populations requiring such transitions.
			Part 4 - Applicability of Special FMAP Rates
A.	Exp	pans	ion State Designation
		The	e state:
			Does <u>NOT</u> meet the definition of expansion state in 42 CFR 433.204(b). (Skip section B and go to Part 5)
			Meets the definition of expansion state as defined in 42 CFR 433.204(b), determined in accordance with the CMS letter confirming expansion state status, dated
В.	Qu	alifi	cation for Temporary 2.2 Percentage Point Increase in FMAP.
		The	e state:
			Does <u>NOT</u> qualify for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7).
			Qualifies for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7), determined in accordance with the CMS letter confirming eligibility for the temporary FMAP increase, dated The state will not claim any federal funding for individuals determined eligible under 42 CFR 435.119 at the FMAP rate described in 42 CFR 433.10(c)(6).
			5

Part 5 - State Attestations

The State attests to the following:

- A. The application of the adult group FMAP methodology will not affect the timing or approval of any individual's eligibility for Medicaid.
- B. The application of the adult group FMAP methodology will not be biased in such a manner as to inappropriately establish the numbers of, or medical assistance expenditures for, individuals determined to be newly or not newly eligible.

ATTACHMENTS

Not all of the attachments indicated below will apply to all states; some attachments may describe methodologies for multiple population groups within the new adult group. Indicate those of the following attachments which are included with this SPA:

Attachment A – Conversion Plan Standards Referenced in Table 1
Attachment B – Resource Criteria Proxy Methodology
Attachment C – Enrollment Cap Methodology
Attachment D – Special Circumstances Adjustment and Other Adjustments to the Adult Group FMAF Methodology
Attachment E – Transition Methodologies

PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 4 hours per response, 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.

Most Recent Updated Summary Information for Part 2 of Modified Adjusted Gross Income (MAGI) Conversion Plan* KENTUCKY

02/25/2014

	Population Group	Net standard as of 12/1/09	Converted standard for FMAP claiming	Same as converted eligibilty standard? (yes, no, or n/a)	Source of information in Column C (New SIPP conversion or Part 1 of approved state MAGI conversion plan)	Data source for Conversion (SIPP or state data)
	A	B	C	D	E	F
Conve	ersions for FMAP Claiming Purposes					
1	Parents/Caretaker Relatives Dollar standards by family size 1 2 3 4 5 6 7 8 add-on	\$217 \$267 \$308 \$383 \$450 \$508 \$567 \$627 \$60	\$235 \$291 \$338 \$419 \$492 \$556 \$621 \$687 \$66	no	Part 1 of approved state MAGI conversion plan	SIPP
2	Noninstitutionalized Disabled Persons SSI FBR%	100%	103%	n/a	new SIPP conversion	SIPP
3	Institutionalized Disabled Persons SSI FBR%	300%	300%	n/a	ABD conversion template	n/a
4	Children Age 19-20	n/a	n/a	n/a	n/a	n/a
5	Childless Adults FPL %	n/a	n/a	n/a	n/a	n/a

n/a: Not applicable.

The number in this summary thart will be updated automatically in the case of modifications in the CMS approved MAGI Conversion Plan

TN-13-027 Approval Date: 03/13/2014 Effective Date: 01/01/2014

Revision:

HCFA-PM-91-4 AUGUST 1991 (BPD)

0MB No. 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

State/Territory: <u>Kentucky</u>	
Citation	As a condition for receipt of Federal funds under title XIX of the Social Security Act, the
42 CFR	·
430.10	Department for Medicaid Services
	(Single State Agency)
	Submits the following State plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this State plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

TN No. 92-1 Supersedes TN No. 86-1

Approval Date NOV 14 1994

Effective Date <u>1-1-92</u> HCFA ID: 7982E Revision: HCFA-AT-80-38 (BPP)

May 22, 1980

State Kentucky

Section 1 SINGLESTATE AGENCY ORGANIZATION

Citation

42 CFR 431.10 AT-79-29 1.1 Designation and Authority

(a) The <u>Department for Medicaid Services</u> is the single State agency designated to Administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to the Medicaid agency named in this paragraph.)

ATTACHMENT 1.1-A is a certification signed by the State Attorney General identifying the single State agency and citing the legal authority under which it administers or supervises administration of the program.

TN No. 86-1 Supersedes TN No. 78-14

Approval Date 6-23-86

Effective Date 3-1-86

Revision:	HCFA-AT-80-38 May 22, 1980	(BPP)		
		State:	Kentucky	
Citation				
Sec. 1902(a) of the Act			the X se	ne State agency that administered or supervised e administration of the plan approved under title of the Act as of January 1, 1965, has been parately designated to administer or supervise the iministration of that part of this plan which relate blind individuals. Yes. The State agency so designated is
			po	his agency has a separate plan covering that ortion of the State plan under title XIX for which is responsible.
			X	Not applicable. The entire plan under title XIX is administered or supervised by the State agency named in paragraph 1.1(a).
TN No. 78-14 Supersedes TN No.	_	Approva	al Date <u>6-25-79</u>	Effective Date <u>8-31-78</u>

Revision:	HCFA-AT-80-38 May 22, 1980	(BPP)			
		State	Kentucky	У	
Citation					
Intergovernme Cooperation A of 1968			1.1(c)	which	ers of the single State agency requirement are currently operative have been granted authority of the Cooperation Act
					Yes. <u>ATTACHMENT 1.1-B</u> describes these waivers and the approved alternative organizational arrangements.
					Not applicable. Waivers are no longer in effect.
				X	Not applicable. No waivers have ever been granted.
TN No. <u>77-2</u> Supersedes TN No	_	Approv	val Date <u>2-28</u>	- <u>77</u>	Effective Date 1-1-77

			(3)	
Revision:	HCFA-AT-80-38 May 22, 1980	(BPP)		
		State	Kentucky	
Citation				
42 CFR 431.10 AT-79-29	0		1.1(d) □	The agency named in paragraph 1.1(a) has responsibility for all determinations of eligibility for Medicaid under this plan.
			\boxtimes	Determinations of eligibility for Medicaid under this plan are made by the agency(ies) specified in ATTACHMENT 2.2-A. There is a written agreement between the agency named in paragraph 1.1(a) and other agency(ies) making such determinations for specific groups covered under this plan. The agreement defines the relationships and respective responsibilities of the agencies.

Approval Date 2-28-77

Effective Date <u>1-1-77</u>

TN No. <u>77-2</u> Supersedes TN No. ____

Revision:	HCFA-AT-80-38	(BPP)

May 22, 1980

State Kentucky

Citation

42 CFR 431.10 AT-79-29 1.1(e) All other provisions of this plan are administered by the Medicaid agency except for those functions for which final authority has been granted to a Professional Standards Review Organization under title XI of the Act.

(f) All other requirements of 42 CFR 431.10 are met.

TN No. <u>77-2</u>	
Supersedes	
TN No	

Approval Date 2-28-77

Effective Date <u>1-1-77</u>

Revision: HCFA

HCFA-AT-80-38 (BPP) May 22, 1980

State ____Kentucky____

Citation

42 CFR 431.11 AT-79-29

1.2 Organization for Administration

- (a) <u>ATTACHMENT 1.2-A</u> contains a description of the organization and functions of the Medicaid agency and an organization chart of the agency.
- (b) Within the State agency, the <u>Department for Medicaid Services</u> has been designated as the medical assistance unit. <u>ATTACHMENT 1.2-B</u> contains a description of the organization and functions of the medical assistance unit and an organization chart of the unit.
- (c) <u>ATTACHMENT 1.2-C</u> contains a description of the kinds and numbers of professional medical personnel and supporting staff used in the administration of the plan and their responsibilities.
- d) Eligibility determinations are made by State or 1oca1 staff of an agency other than the agency named in paragraph 1.1(a).
 <u>ATTACHMENT 1.2-D</u> contains a description of the staff designated to make such determinations and the functions they will perform.
 - ☐ Not applicable. Only staff of the agency named in paragraph 1.1(a) make such determinations.

TN No. 86-1 Supersedes TN No. 74-8

Approval Date: <u>6-23-86</u> Effective Date: <u>3-1-86</u>

Revision:	HCFA-AT-80-38 May 22, 1980	(BPP)			
		State:I	Kentucky	<i>I</i>	
Citation			1.3	Statev	vide Operation
42 CFR 431.50(b) AT-79-29				The paccord	lan is in operation on a Statewide basis in lance with all requirements of 42 CFR).
				\boxtimes	The plan is State administered.
					The plan is administered by the political subdivisions of the State and is mandatory on them.

Approval Date: 9-12-74

Effective Date: <u>4-1-74</u>

TN No. 74-8 Supersedes TN No. (9)

Revision: HCFA-AT-80-38 (BPP)

May 22, 1980

State: Kentucky

Citation

42 CFR 431.12(b) AT-78-90

42 CFR 438.104 1.4 State Medical Care Advisory Committee
There is an advisory committee to the Medicaid
agency director on health and medical care Services
established in accordance with and Meeting all the
requirements of 42 CFR 431.12.

The State enrolls recipients in MCO, PIHP, PAHP, and/or PCCM programs. The State assures that it complies with 42 CFR 438.104(c) to consult with the Medical Care Advisory Committee in the review of marketing materials.

TN # <u>03-10</u> Supersedes TN # <u>74-8</u>

Approval Date: NOV 18, 2003 Effective Date: 8/13/03

Revision:

HCFA-PM-94-3

(MB)

APRIL 1994

State/Territory: Kentucky

Citation

1.5 Pediatric Immunization Program

1928 of the Act

- The State has implemented a program for the distribution of pediatric vaccines to program-registered providers for the immunization of federally vaccine-eligible children in accordance with section 1928 as indicated below.
 - a. The State program will provide each vaccine-eligible child with medically appropriate vaccines according to the schedule developed by the Advisory committee on Immunization Practices and without charge for the vaccines.
 - b. The State will outreach and encourage a variety of providers to participate in the program and to administer vaccines in multiple settings, e.g., private health care providers, providers that receive funds under Title V of the Indian Health Care Improvement Act, health programs or facilities operated by Indian tribes, and maintain a list of program-registered providers.
 - c. With respect to any population of vaccine- eligible children a substantial portion of whose parents have limited ability to speak the English language, the State will identify program-registered providers who are able to communicate with this vaccine-eligible population in the language and cultural context which is most appropriate.
 - d. The State will instruct program-registered providers to determine eligibility in accordance with section 1928(b) and (h) of the Social Security Act.
 - e. The State will assure that no program-registered provider will charge more for the administration of the vaccine than the regional maximum established by the Secretary. The State will inform program-registered providers of the maximum fee for the administration of vaccines.
 - f. The State will assure that no vaccine eligible child is denied vaccines because of an inability to pay an administration fee.
 - g. Except as authorized under section 1915(b) of the Social Security Act or as permitted by the Secretary to prevent fraud or abuse, the State will not impose any additional qualifications or conditions, in addition to those indicated above, in order for a provider to qualify as a program-registered provider.

TN No. 94-18 Supersedes TN No. None

Approval Date: 2-1-95 Effective Date: 10-1-94

Revision:	HCFA-PM-94-3 APRIL 1994	(MB)		
		State/Territory:	Ken	tucky
Citation				
1928 of the Ac	t		2.	The State has not modified or repealed any Immunization Law in effect as of May 1, 1993 to reduce the amount of health insurance coverage of pediatric vaccines.
			3.	The State Medicaid Agency has coordinated with the State Public Health Agency in the completion of this preprint page.
			4.	The State agency with overall responsibility for the implementation and enforcement of the provisions of section 1928 is:

☐ State Medicaid Agency

TN No. 94-18 Supersedes TN No. None

Approval Date: 2-1-95

Effective Date $\underline{10-1-94}$

Revision: HCFA-PM-91-4 (BPD)

AUGUST 1991

OMB No.: 0938-

State: Kentucky

SECTION 2 – COVERAGE AND ELIGIBILITY

<u>Citation</u> 2.1 <u>Application, Determination of Eligibility and Determination Determination of Eligibility and Determination Determination of Eligibility and Determination Determi</u>

Furnishing Medicaid

42 CFR
43 (a) The Medicaid agency meets all requirements of 42 CFR435Applications, Subpart J

(a) The Medicaid agency meets all requirements of 42 CFR435Applications, determining eligibility, and furnishing Medicaid.

TN No. 92-1 Supersedes TN No. 75-8

Approval Date NOV-14-1994

Effective Date <u>1-1-92</u> HCFA ID: 7982E

KENTUCKY MEDICAID STATE PLAN

State Plan Definition of HMO

(11)

Revision: HCFA-PM- (MB)

State Territory: Kentucky

Citation

42 CFR 435.914 1902(a)(34) of the Act 2.1(b) (1)

Except as provided in items 2.l(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in Attachment 2.6-A.

1902(e)(8) and 1905(a) of the Act (2) For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after The end of the month which the individual is first Determined to be a qualified Medicare beneficiary. Attachment 2.6-A specifies the requirements for Determination of eligibility for this group.

1902(a)(47) and

⊠ (3) Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. Attachment 2.6-A specifies the requirements for Determination of

eligibility for this group.

TN No. <u>03-10</u> Supersedes TN No. <u>01-21</u>

Approval Date 11-18-03

Effective Date 8-13-03

Revision: HCFA-PM-91-8

October1991

(MB) 0MB No.

State/Territory: Kentucky

Citation

1902(a)(55) of the Act

2.1(d) The Medicaid agency has procedures to take of

the Act applications, assist applicants, and perform initial processing of applications from those low income pregnant women, infants, and children under age 19, described in \$1902(a)(10)(A)(i)(IV), (a)(10)(A)(i)(V1), (a) (10) (A)(ii)(IX) at locations other than those used by the title IV-A program including FQHCs and disproportionate share hospitals. Such application forms do not include the ADFC form except as permitted by

HCFA instructions.

TN No. 92-1 Supersedes TN No. 91-28

Approval Date NOV-14-1994

Effective Date <u>1-1-92</u> HCFA ID: 7985E

Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)			0MB No.: 0938-
		State:	Kentucky		
Citation			2.2	Covera	age and Conditions of Eligibility
42 CFR 435.10					aid is available to the groups specified in CHMENT 2.2-A.
					Mandatory categorically needy and other required special groups only.
					Mandatory categorically needy, other required special groups, and the medically needy, but no other optional groups.
					Mandatory categorically needy, other required special groups, and specified optional groups.
				X	Mandatory categorically needy, other required special groups, specified optional groups, and the medically needy.
					The conditions of eligibility that must be met are specified in <u>ATTACHMENT 2.6-A.</u>
					All applicable requirements of 42 CFR Part 435 and sections 1902(a)(l0)(A)(i)(IV), (V), and (VI), 1902(a)(l0)(A)(ii)(XI), 1902(a)(l0)(E), 1902(l) and (m), 1905(p), (q) and (s), 1920, and 1925 of the Act are met.

TN No. 92-1 Supersedes TN No. 87-15

Approval Date NOV-14-1994

Effective Date <u>1-1-92</u> HCFA ID: 7982E Revision:

HCFA-PM-87-4 MARCH 1987

(BERC)

OMB No.: 0938-0193

State: Kentucky

Citation

2.3. Residence

435.10 and 435.403, and 1902(b) of the Act, P.L. 99-272 (Section 9529) and P.L. 99-509 (Section 9405)

Medicaid is furnished to eligible individuals who are residents of the State under 42 CFR 435.403, regardless of whether or not the individuals maintain the residence permanently or maintain it at

a fixed address.

TN No. <u>87-15</u> Supersedes TN No. <u>86-7</u>

Approval Date 1-22-88

Effective Date 10-1-87 HCFA ID: 1006P/0010P

Revision: HCFA-PM-87-4 (BERC)

MARCH 1987

State: Kentucky

<u>Citation</u> 2.4 <u>Blindness</u>

42 CFR 435.530(b) 42 CPR 435.531 AT-78-90 AT-79-29 All of the requirements of 42 CFR 435.530 and 42 CFR 435.531 are met. The more restrictive definition of blindness in terms of ophthalmic measurement used in this plan is specified in

OMB No.: 0938-0193

ATTACHMENT 2.2-A.

TN No. 87-15 Supersedes TN No. 76-2

Approval Date JAN-22-2988

Effective Date <u>10-1-87</u> HCFA ID: 1006P/0010P Revision: HCFA-PM-91-4 (BPD) OMB No.: 0938-AUGUST 1991

State: Kentucky

Citation 2.5 Disability

42 CFR
43.540 and
435.121,
435.540 are met. The State uses the same definition
435.540(b)
435.541 are met. The State uses the same definition
6435.540 of disability used under the SSI program unless a
6435.541 more restrictive definition of disability is specified

in Item A.13.b. of ATTACHMENT 2.2-A of this

Effective Date 1-1-92

HCFA ID: 7982E

plan.

TN No. <u>92-1</u>

Supersedes Approval Date $\underline{\text{NOV-}14-1994}$ TN No. $\underline{87-15}$

Revision: HCFA-PM-92-1 (MB)

FEBRUARY 1992

State: Kentucky

Citation(s)

42 CFR
435.10 and
Subparts G & H
1902(a)(10) (A) Ci)
(III), (IV), (V)1
(VI), and (VII),
1902(a)(10)(A)(ii)
(IX), 19C2(a)(10)
(A)(ii)(X), 1902
(a)(10)(C),
1902(f), 1902(1)
and (rn),
19OS(p) and (s),
1902(r)(2),
and 1920

2.6 Financial Eligibility

(a) The financial eligibility conditions for Medicaidonly eligibility groups and for persons deemed to be cash assistance recipients are described in <u>ATTACHMENT 2.6-A.</u>

TN No. 92-5 Supersedes TN No. 92-1

Approval Date: NOV-14-1994 Effective Date: 4-1-92

(BERC)

Revision: HCFA-PM-86-20

SEPTEMBER 1986

State/Territory: Kentucky

Citation

2.7 Medicaid Furnished Out of State

431.52 and 1902(b) of the Act, P.L. 99-272 (Section 9529) Medicaid is furnished under the conditions specified in 42 CFR 431.52 to an eligible individual who is a resident of the State while the individual is in another State, to the same extent that Medicaid is

furnished to residents in the. State.

TN No. 86-7 Supersedes TN No. 82-21

Approval Date NOV-12-1987

 $\begin{array}{cc} & Effective\ Date\ \underline{10\text{-}1\text{-}86}\\ HCFA\ ID: & 0053C/0061E \end{array}$

			(19)					
	Revision:	HCFA-PM-91-4 AUGUST 1991	ļ	(BPD)			OMB No.: 0938-	
			State	e/Territo	ory:	<u>Kentucky</u>		
		SECTION 3 - SERVICES: GENERAL PROVISIONS						
	Citation		3.1	Amour	nt Durati	on, and Scope of Services		
	42 CFR, Part 440, Subpart B1902(a), 1902(e) 1905(a), 1905(p), 1915, 1920, and		(a)	Medicaid is provided in accordance with the requirements of 42 CFR Part 440, Subpart B and sections 1902(a), 1902(e), 1905(a), 1905(p), 1915, 1920, and 1925 of the Act.				
	1925 of the Ac			(1)	Catego	rically needy.		
						s for the categorically needy are c CHMENT 3.1-A. These services inc		
	1902(a)(10)(A) 1905(a) of the A				(i)	Each item or service listed in sect (5) and (21) of the Act is provided Part 440, or, for EPSDT services, CFR Part 441, Subpart B.	d as defined in 42 CFR	
					(ii)	Nurse-midwife services listed in se	ction 1905(a)(17) of the	

 $\begin{tabular}{lll} \hline & Not & applicable. & Nurse-midwives & are & not \\ & & authorized to practice in this State. \\ \hline \end{tabular}$

Effective Date: 1-1-92

with, a physician or other health care provider.

Act, as defined in 42 CFR 440.165 are provided to the extent that nurse-midwives are authorized to practice under State law or regulation. Nurse-midwives are permitted to enter into independent provider agreements with the Medicaid agency without regard to whether the nurse-midwife is under the supervision of, or associated

TN No. 92-1 Supersedes TN No. 90-37

Approval Date NOV 14-1994

HCFA ID: 7982E

Revision:	HCFA-PM-91-4	(BPD)	0MB No.: 0938-
	AUGUST 1991		

State/Territory: Kentucky

3.l(a)(1) Amount. Duration. and Scope of Services: Categorically Needy (Continued)

Citation

1902(e)(5) of the Act

Pregnancy-related, including family planning services, and postpartum services for a 60-day period (beginning on the day pregnancy ends) and any remaining days in the month in which the 60th day falls are provided to women who, while pregnant, were eligible for, applied for, and received medical assistance on the day the pregnancy ends.

X (iv) Services for medical conditions complicate the pregnancy (other pregnancy-related or postpartum provided to pregnant women.

1902(a) (10), clause (VII) of the matter following (F) of the Act

Services related to pregnancy (including prenatal, delivery, postpartum, and family planning services) and to other conditions that may complicate pregnancy are the same services provided to poverty level pregnant women eligible under the provision of sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the

TN No. <u>92-1</u> Supersedes TN No. 90-37

Approval Date: NOV 14-94 Effective Date 1-1-92 HCFA ID: 7982E

Revision: HCFA-PM-92-7 (MB) OCTOBER 1992 State/Territory: Kentucky Citation 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy (Continued) 1902(a)(10)(D) Home health services are provided to individuals entitled to nursing facility services as indicated in item 3.1(b) of this plan. 1902(e)(7) of Inpatient services that are being furnished to infants and (vii) children described in section 1902(l)(l)(B) through (D), or the Act section 1905(n)(2) of the Act on the date the infant or child attains the maximum age for coverage under the approved State plan will continue until the end of the stay for which the inpatient services are furnished. 1902(e)(9) of the Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1(h) of this Act plan. 1902(a)(52) Services are provided to families eligible under section (ix) and 1925 of the 1925 of the Act as indicated in item 3.5 of this plan. Act 1905(a)(23) Home and Community Care for Functionally Disabled (x) Elderly Individuals, as defined, described and limited in and 1929

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy, specifies all limitations on the amount, duration and scope of those services, and lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

to Supplement 2 to Attachment 3.1-A.

Supplement 2 to Attachment 3.1-A and Appendices A-G

TN No. 93-9 Supersedes TN No. 92-1

Approval Date <u>June 4-93</u>

Effective Date <u>4-1-93</u>

State of KENTUCKY

Citation 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy (Continued)

1905(a)(26) and 1934

Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy. (Note: Other programs to be offered to Categorically Needy beneficiaries would specify all limitations on the amount, duration and scope of those services. As PACE provides services to the frail elderly population without such limitation, this is not applicable for this program. In addition, other programs to be offered to Categorically Needy beneficiaries would also list the additional coverage -that is in excess of established service limits- for pregnancy-related services for conditions that may complicate the pregnancy. As PACE is for the frail elderly population, this also is not applicable for this program.)

TN No <u>21-004</u> Supersedes TN No. 98-08

Approval Date: October 25, 2021 Effective Date: July 1, 2021

State of **KENTUCKY**

Citation3.1(a)(2) Amount, Duration, and Scope of Services: Medically Needy (Continued) 1905(a)(26) and 1934

Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1-A.

ATTACHMENT 3.1-B identifies services provided to each covered group of the medically needy. (Note: Other programs to be offered to Medically Needy beneficiaries would specify all limitations on the amount, duration and scope of those services. As PACE provides services to the frail elderly population without such limitation, this is not applicable for this program. In addition, other programs to be offered to Medically Needy beneficiaries would also list the additional coverage -that is in excess of established service limits- for pregnancy-related services for conditions that may complicate the pregnancy. As PACE is for the frail elderly population, this also is not applicable for this program.)

TN No 21-004

Effective Date: July 1, 2021

Approval Date: October 25, 2021

KENTUCKY MEDICAID STATE PLAN

State Plan Definition of HMO

(11)

Revision: HCFA-PM- (MB)

State Territory: Kentucky

Citation

42 CFR 435.914 1902(a)(34) of the Act 2.1(b) (1)

Except as provided in items 2.l(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in Attachment 2.6-A.

1902(e)(8) and 1905(a) of the Act (2) For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after The end of the month which the individual is first Determined to be a qualified Medicare beneficiary. Attachment 2.6-A specifies the requirements for Determination of eligibility for this group.

1902(a)(47) and

⊠ (3) Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. Attachment 2.6-A specifies the requirements for Determination of

eligibility for this group.

TN No. <u>03-10</u> Supersedes TN No. <u>01-21</u>

Approval Date 11-18-03

Effective Date 8-13-03

Revision: HCFA-PM-91-8

October1991

(MB) 0MB No.

State/Territory: Kentucky

Citation

1902(a)(55) of the Act

2.1(d) The Medicaid agency has procedures to take of

the Act applications, assist applicants, and perform initial processing of applications from those low income pregnant women, infants, and children under age 19, described in \$1902(a)(10)(A)(i)(IV), (a)(10)(A)(i)(V1), (a) (10) (A)(ii)(IX) at locations other than those used by the title IV-A program including FQHCs and disproportionate share hospitals. Such application forms do not include the ADFC form except as permitted by

HCFA instructions.

TN No. 92-1 Supersedes TN No. 91-28

Approval Date NOV-14-1994

Effective Date <u>1-1-92</u> HCFA ID: 7985E

Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)			0MB No.: 0938-
		State:	Kentucky		
Citation			2.2	Covera	age and Conditions of Eligibility
42 CFR 435.10				Medicaid is available to the groups specified i <u>ATTACHMENT 2.2-A</u> .	
					Mandatory categorically needy and other required special groups only.
					Mandatory categorically needy, other required special groups, and the medically needy, but no other optional groups.
					Mandatory categorically needy, other required special groups, and specified optional groups.
				X	Mandatory categorically needy, other required special groups, specified optional groups, and the medically needy.
					The conditions of eligibility that must be met are specified in <u>ATTACHMENT 2.6-A.</u>
					All applicable requirements of 42 CFR Part 435 and sections 1902(a)(l0)(A)(i)(IV), (V), and (VI), 1902(a)(l0)(A)(ii)(XI), 1902(a)(l0)(E), 1902(l) and (m), 1905(p), (q) and (s), 1920, and 1925 of the Act are met.

TN No. 92-1 Supersedes TN No. 87-15

Approval Date NOV-14-1994

Effective Date <u>1-1-92</u> HCFA ID: 7982E Revision:

HCFA-PM-87-4 MARCH 1987

(BERC)

OMB No.: 0938-0193

State: Kentucky

Citation

2.3. Residence

435.10 and 435.403, and 1902(b) of the Act, P.L. 99-272 (Section 9529) and P.L. 99-509 (Section 9405)

Medicaid is furnished to eligible individuals who are residents of the State under 42 CFR 435.403, regardless of whether or not the individuals maintain the residence permanently or maintain it at

a fixed address.

TN No. <u>87-15</u> Supersedes TN No. <u>86-7</u>

Approval Date 1-22-88

Effective Date 10-1-87 HCFA ID: 1006P/0010P

Revision: HCFA-PM-87-4 (BERC)

MARCH 1987

State: Kentucky

<u>Citation</u> 2.4 <u>Blindness</u>

42 CFR 435.530(b) 42 CPR 435.531 AT-78-90 AT-79-29 All of the requirements of 42 CFR 435.530 and 42 CFR 435.531 are met. The more restrictive definition of blindness in terms of ophthalmic measurement used in this plan is specified in

OMB No.: 0938-0193

ATTACHMENT 2.2-A.

TN No. 87-15 Supersedes TN No. 76-2

Approval Date JAN-22-2988

Effective Date <u>10-1-87</u> HCFA ID: 1006P/0010P Revision: HCFA-PM-91-4 (BPD) OMB No.: 0938-AUGUST 1991

State: Kentucky

Citation 2.5 Disability

42 CFR
43.540 and
435.121,
435.540 are met. The State uses the same definition
435.540(b)
435.541 are met. The State uses the same definition
6435.540 of disability used under the SSI program unless a
6435.541 more restrictive definition of disability is specified

in Item A.13.b. of ATTACHMENT 2.2-A of this

Effective Date 1-1-92

HCFA ID: 7982E

plan.

TN No. <u>92-1</u>

Supersedes Approval Date $\underline{\text{NOV-}14-1994}$ TN No. $\underline{87-15}$

Revision: HCFA-PM-92-1 (MB)

FEBRUARY 1992

State: Kentucky

Citation(s)

42 CFR
435.10 and
Subparts G & H
1902(a)(10) (A) Ci)
(III), (IV), (V)1
(VI), and (VII),
1902(a)(10)(A)(ii)
(IX), 19C2(a)(10)
(A)(ii)(X), 1902
(a)(10)(C),
1902(f), 1902(1)
and (rn),
19OS(p) and (s),
1902(r)(2),
and 1920

2.6 Financial Eligibility

(a) The financial eligibility conditions for Medicaidonly eligibility groups and for persons deemed to be cash assistance recipients are described in <u>ATTACHMENT 2.6-A.</u>

TN No. 92-5 Supersedes TN No. 92-1

Approval Date: NOV-14-1994 Effective Date: 4-1-92

(BERC)

Revision: HCFA-PM-86-20

SEPTEMBER 1986

State/Territory: Kentucky

Citation

2.7 Medicaid Furnished Out of State

431.52 and 1902(b) of the Act, P.L. 99-272 (Section 9529) Medicaid is furnished under the conditions specified in 42 CFR 431.52 to an eligible individual who is a resident of the State while the individual is another State, to the same extent that Medicaid is

furnished to residents in the. State.

TN No. 86-7 Supersedes TN No. 82-21

Approval Date $\underline{NOV-12-1987}$

 $\begin{array}{cc} & Effective\ Date\ \underline{10\text{-}1\text{-}86}\\ HCFA\ ID: & 0053C/0061E \end{array}$

					(19))							
Revision:	HCFA-PM-91-4 AUGUST 1991	1	(BPD)								OMB I	No.: 09	938-
		State	e/Territo	ory:			Kentuc	ky					
		SECT	TION 3 -	SERVI	/ICES: 0	GENE	RAL P	ROVIS	IONS				
Citation		3.1	Amou	nt Durat	ation, an	d Sco	pe of Se	ervices					
42 CFR, Part 4 B1902(a), 190 1905(a), 1905 1915, 1920, a	(a)	Medicaid is provided in accordance with the requirements of 42 CFR Part 440, Subpart B and sections 1902(a), 1902(e), 1905(a), 1905(p), 1915, 1920, and 1925 of the Act.											
1915, 1920, at 1925 of the A			(1)	Catego	gorically	needy	<u>y</u> .						
					ces for ACHMI							low an	d in
1902(a)(10)(A 1905(a) of the	*			(i)	(5) a Part	nd (21 440, c	l) of the	e Act is	provid	led as	1905(a) defined ion 190	in 42 (CFR

(ii)

extent that nurse-midwives are authorized to practice under State law or regulation. Nurse-midwives are permitted to enter into independent provider agreements with the Medicaid agency without regard to whether the nurse-midwife is under the supervision of, or associated with, a physician or other health care provider.

 $\begin{tabular}{lll} \hline & Not & applicable. & Nurse-midwives & are & not \\ & & authorized to practice in this State. \\ \hline \end{tabular}$

Effective Date: 1-1-92

Nurse-midwife services listed in section 1905(a)(17) of the Act, as defined in 42 CFR 440.165 are provided to the

TN No. 92-1 Supersedes TN No. 90-37

Approval Date NOV 14-1994

HCFA ID: 7982E

Revision:	HCFA-PM-91-4	(BPD)	0MB No.: 0938-
	AUGUST 1991		

State/Territory: Kentucky

3.l(a)(1) Amount. Duration. and Scope of Services: Categorically Needy (Continued)

Citation

1902(e)(5) of the Act

Pregnancy-related, including family planning services, and postpartum services for a 60-day period (beginning on the day pregnancy ends) and any remaining days in the month in which the 60th day falls are provided to women who, while pregnant, were eligible for, applied for, and received medical assistance on the day the pregnancy ends.

X (iv) Services for medical conditions complicate the pregnancy (other pregnancy-related or postpartum provided to pregnant women.

1902(a) (10), clause (VII) of the matter following (F) of the Act

Services related to pregnancy (including prenatal, delivery, postpartum, and family planning services) and to other conditions that may complicate pregnancy are the same services provided to poverty level pregnant women eligible under the provision of sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the

TN No. <u>92-1</u> Supersedes TN No. 90-37

Approval Date: NOV 14-94 Effective Date 1-1-92 HCFA ID: 7982E

Revision: HCFA-PM-92-7 (MB) OCTOBER 1992 State/Territory: Kentucky Citation 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy (Continued) 1902(a)(10)(D) Home health services are provided to individuals entitled to nursing facility services as indicated in item 3.1(b) of this plan. 1902(e)(7) of Inpatient services that are being furnished to infants and (vii) children described in section 1902(l)(l)(B) through (D), or the Act section 1905(n)(2) of the Act on the date the infant or child attains the maximum age for coverage under the approved State plan will continue until the end of the stay for which the inpatient services are furnished. 1902(e)(9) of the Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1(h) of this Act plan. 1902(a)(52) Services are provided to families eligible under section (ix) and 1925 of the 1925 of the Act as indicated in item 3.5 of this plan. Act 1905(a)(23) Home and Community Care for Functionally Disabled (x) Elderly Individuals, as defined, described and limited in and 1929

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy, specifies all limitations on the amount, duration and scope of those services, and lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

to Supplement 2 to Attachment 3.1-A.

Supplement 2 to Attachment 3.1-A and Appendices A-G

TN No. 93-9 Supersedes TN No. 92-1

Approval Date <u>June 4-93</u>

Effective Date <u>4-1-93</u>

State: Kentucky	
Citation	3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy (Continued)
1905(a)(26) and 1934	Program of All-Inclusive Care of the Elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies services provided to each covered group of the categorically needy; specifies all limitations on the amount, duration and scope of those services, and lists the additional coverage (that is in excess of established service limits) for pregnancy-related services for conditions that may complicate the pregnancy.

TN No. <u>98-08</u> Supersedes TN No. <u>None</u>

Approval Date 11-12-98

Effective Date <u>1-1-99</u>

Revision:	HCFA-PM-91-4 AUGUST 1991		(BPD)	0MB No.: 0938-
			State/Territo	ry: Kentucky
Citation		3.1	Amount, Dur	ration, and Scope of Services (continued)
42 CFR Part 4 Subpart B	40,		(a)(2) Medic	cally needy.
зиоран в			\boxtimes	This State plan covers the medically needy. The services described below and in <u>ATTACHMENT 3.1-B</u> are provided.
				Services for the medically needy include:
1902(a)(l0)(C)(iv) of the Act 42 CFR 440.220		(i)	If services in an institution for mental diseases (42 CFR 440.140 and 440.160) or an intermediate care facility for the mentally retarded (or both) are provided to any medically needy group, then ach medically needy group is provided either the services listed in section 105(a)(1) through (5) and (17) of the Act, or seven of the services listed in section 1905(a)(1) through (20). The services are provided as defined in 42 CFR Part 440, Subpart A and in sections 1902, 1905, and 1915 of the Act.	
				□ Not applicable with respect to nurse-midwife services under section 1902(a)(17) Nurse-midwives are not authorized to practice in this State.
1902(e)(5) of the Act			(ii)	Prenatal care and delivery services for pregnant women.

TN No. 92-1 Supersedes TN No. 87-15

Approval Date NOV 14-1994

Effective Date $\underline{1-1-92}$

HCFA ID:

7982E

Revision: HCFA-PM--91-4 (BPD) 0MB No.: 0938-AUGUST 1991 State/Territory: _____Kentucky___ Amount, Duration, and Scope of Services: Citation 3i(a)(2) Medically Needy (Continued) Pregnancy-related, including family planning services, and postpartum services for a 60-day period (beginning on the day the pregnancy ends) and any remaining days in the month in which the 60th day falls are provided to women who, while pregnant, were eligible for, applied for, and received medical assistance on the day the pregnancy ends. X (iv) Services for any other medical condition that may complicate the pregnancy (other than pregnancy-related and postpartum services) are provided to pregnant women. Ambulatory services, as defined in ATTACHMENT 3.1-B, for recipients under age 18 and recipients entitled to institutional services. Not applicable with respect to recipients entitled to institutional services; the plan does not cover those services for the medically needy. (vi) Home health services to recipients entitled to nursing facility services as indicated in item 3.1(b) of this plan. 42 CFR 440.140, X (vii) Services in an institution for mental diseases for individuals 440.150, 440.160 over age 65.. Subpart B, 442.441, X Services in an intermediate care facility for the mentally (viii) Subpart C retarded. 1902(a) (20)(C) and (21) of the Act X (ix) Inpatient psychiatric services for individuals under age 21 1902(a)(10)(D)

TN No. 92-1 Supersedes TN No. 87-15

Approval Date NOV -14-1994

Effective Date 1-1-92

HCFA ID:

7982E

Revision:	HCFA-PM-92-7 October 1992	(MB)		
		State/	Territory	<u>Kentucky</u>
Citation		3.l(a)(2)4		nt, Duration, and Scope of Services: Medically Needy inued)
1902(e)(9) of the Act			(x)	Respiratory care services are provided ventilator dependent individuals as indicated in item 3.1(h) of this plan.
1905(a) (23) and 1929			(xi)	Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A and Appendices A-G to Supplement 2 to Attachment 3.1-A.
				<u>IT 3.1-B</u> identifies the services provided to each covered medically needy; specifies all limitations on the amount

ATTACHMENT 3.1-B identifies the services provided to each covered group of the medically needy; specifies all limitations on the amount, duration, and scope of those items; and specifies the ambulatory services provided under this plan and any limitations on them. It also lists the additional coverage (that is in excess of established service limits) for pregnancy—related services and services for conditions that may complicate the pregnancy.

TN No. 93-9 Supersedes TN No. 92-1

Approval Date <u>JUN-4-1993</u>

Effective Date 4-1-93

State:Kentucky

Citation

3.1(a)(2) Amount, Duration, and Scope of Services: Medically Needy (Continued)

1905(a)(26) and 1934

Program of All-Inclusive Care of the Elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1-A.

ATTACHMENT 3.1-B identifies services provided to each covered group of the medically needy; specifies all limitations on the amount, duration and scope of those services, and lists the additional coverage (that is in excess of established service limits) for pregnancy-related services for conditions that may complicate the pregnancy.

TN No. <u>98-08</u> Supersedes TN No. <u>None</u>

Approval Date 11-12-98

Effective Date 1-1-99

Revision: HCFA-PM-97-3 (CMSO)

December 1997

(21)

State: ____Kentucky____

Citation 3.1 Amount, Duration, and Scope of Services (continued) (a)(3)Other Required Special Groups: Qualified Medicare Beneficiaries Medicare cost sharing for qualified Medicare beneficiaries 1902(a)(10)(E)(i). described in section 1905(p) of the Act is provided only as and clause (VIII) of the matter indicated in item 3.1 of this plan. following (F), and 19O5(p)(3) of the Act (a)(4)(i)Other Required Special Groups: Qualified Disabled and Working Individuals 1902(a)(10)(E)(ii) Medicare Part A premiums for qualified disabled and working and 1905(s) of the individuals described in section 1902(a)(10)(E)(ii) of the Act are provided as indicated in item 3.1 of this plan. Act (ii) Other Required Special Groups: Specified Low-Income Medicare Beneficiaries 1902(a)(10)(E)(iii) Medicare Part B premiums for specified low-income income Medicare beneficiaries described in section 1902(a)(10)(E)(iii) and 1905(p)(3) (A)(ii) of the Act of the Act are provided as indicated in item 3.2 of this plan. (iii) $\underline{Other\ Required\ Special\ Groups:\ Qualifying\ Individuals-1}$ 1902(a)(10)(E)(iv)(I) Medicare Part B premiums for qualifying individuals described

TN No. <u>98-02</u> Supersedes TN No. <u>92-01</u>

1905(p)(3)(A)(ii) and 1933 of the Act

Approval Date 6-3-98

Effective Date 1-1-98

in Section 1902(a)(10)(E)(iv)(I) and subject to Section 1933 of

the Act are provided as indicated in item 3.2 of this plan.

Revision: HCFA-PM-97-3 CMSO)

December 1997

(21a)

State: ____Kentucky____

(iv) Other Required Special Groups: Qualifying Individuals - 2

1902(a)(10)(E)(iv) (II), 1905(p)(3)(A)(iv) (II), 19O5(p)(3) of the Act

1925 of the Act

1905(a)(9) of the

1902(a)(47)and

1920 of the Act

Act

The portion of the amount of increase to the Medicare Part B premium attributable to the Home Health provisions for qualifying individuals described in Section 1902(A)(10)(E)(iv)(II) and subject to Section 1933 of the Act are provided as indicated in item 3.2 of this plan.

(a)(5) Other Required Special Groups: Families Receiving Extended Medicaid Benefits

Extended Medicaid benefits for families described in section 1925 of the Act are provided as indicated in item 3.5 of this plan.

(a)(6) <u>Homeless Individuals</u>

Clinic services furnished to eligible individuals who do not reside in a permanent dwelling or do not have a fixed home or mailing address are provided without restrictions regarding the site at which the services are furnished.

(a)(7) <u>Presumptively Eligible Pregnant Women</u>

Ambulatory prenatal care for pregnant women is provided during a presumptive eligibility period if the care is furnished by a provider that is eligible for payment under the State plan.

(a)(8) <u>EPSDT Services</u>

The Medicaid agency meets the requirements of sections 1902(a)(43), 1905(a)(4)(B), and 1905(r) of the Act with respect to early and periodic screening, diagnostic, and treatment (EPSDT) services.

42 CFR 441.55, 50 CFR 43654, 1902(a)(43), 1905(a)(4)(B), and 1905(r) of the Act

TN No. <u>98-02</u> Supersedes TN No. <u>92-01</u>

Approval Date 6-3-98

Effective Date <u>1-1-98</u>

Revision:

HCFA-PM-97-3

December 1997

(CMSO)

(21b)

State: Kentucky

P.L. 102-585 Section 402

(a)(9) Qualified Alien

Is residing in the United States and

- a. Is a citizen.
- b. Is a qualified alien, as identified in section 431(b) of P.L. 104-193, whose coverage is mandatory under sections 402 and 403 of P.L. 104-193, including those who entered the U. S. prior to August 22, 1996, and those who entered on or after August 22, 1996.
 - Is a qualified alien, as defined in section 431(b) of P.L. 104-193, whose coverage is optional under section 402 and 403 of P.L. 104-193, including those who entered the U. S. Prior to August 22, 1996 and those who entered on or after August 22, 1996.
- c. Is an alien who is not a qualified alien as defined in section 431(b) of P.L. 104-193, or who is a qualified alien but is not eligible under the provision of (b) above. (Coverage is restricted to certain emergency services).

(a)(10) <u>Limited Coverage for Certain Aliens</u>

1902(a) and 1903(v) of the Act and Section 401(b)(I)(A) of P.L. 104-193

Is an alien who is not a qualified alien or who is a qualified alien, as defined in section 431(b) of P.L. 104- 193, but is not eligible for Medicaid based on alien status, and who would otherwise qualify for Medicaid is provided Medicaid only for the treatment of an emergency medical condition (including emergency labor and delivery) as defined in section 1903(v)(3) of the Act.

TN No. <u>98-02</u> Supersedes TN No. <u>92-01</u>

Approval Date: 6-3-98

Effective Date <u>1-1-98</u>

Comparability
Revised

Revision:	HCFA-PM-91-	(BPD)	0MB No.: 0938-1991
State:	Kentucky		
Citation		3.1(a)(9)	Amount, Duration, and Scope of Services: EPSDT Services (continued)
42 CFR 441	1.60		☐ The Medicaid agency has in effect agreements with continuin care providers. Described below are the methods employed t assure the providers' compliance with their agreements. * *
42 CFR 440 and 440 .25		(a)(10)	Comparability of Services
1902(a) and (a)(10), 190 (v), 19 1925(b)(4),	02(a)(52), 015(G),		Except for those items or services for which sections 1902(a) 1902(a)(10), 1903(v), 1915, 1925, and 1932 of the Act, 42 CFI 440.250, and section 245A of the
of the Act		\boxtimes	 Immigration and Nationality Act, permit exceptions: (i) Services made available to the categorically needy are equal i amount, duration, and scope for each categorically need person. (ii) The amount, duration, and scope of services made available to the categorically needy are equal to or greater than those mad available to the medically needy. (iii) Services made available to the medically needy are equal i amount, duration, and scope for each person in a medicall needy coverage group. (iv) Additional coverage for pregnancy-related service and service for conditions that may complicate the pregnancy are equal for categorically and medically needy.
** Describe	e here.		The continuing care provider submits monthly encounter data reflectin the number of examinations completed, the number of examination where a referable condition was identified, and the number of follow-u treatment encounters. Medicaid staff make periodic on-site reviews t monitor the provider's record of case management.
TN No. <u>03-</u> Supersedes TN No. <u>92-</u>		Appro	val Date NOV-18-2003 Effective Date 8-13-03

Revision:	HCFA - Region V November 1990	I							
State: Ke	entucky								
<u>Citation</u>		3.1(b)	Home hea		ces are provided in accordance with the requirements				
42 CFR Part 440 Subpart B 42 CFR 441.15 AT-78-90 AT-80-34 Section 1905 (a)(4)(Of Act (Sec. 4211(f) of P.L. 100-203).	1		(1)		health services are provided to all categorically needy uals 21 years of age or over.				
			(2)	Home health services are provided to all categorically Individuals under 21 years of age.					
	211(f)			X	Yes				
	03).				Not applicable. The State plan does t provide for nursing facility for such individuals				
			(3)	Home health services are provided to the medically needy:					
					Yes to all				
				X	Yes, to individuals age 21 or over; nursing facility services are provided.				
				X	Yes to individuals under age 21; nursing facility services are provided				
					No; nursing facility services are not provided.				
					Not applicable; the medically needy are not included under this plan				

TN No. 90-37 Supersedes TN No. 79-19

Approval Date NOV-14-1994

Effective Date 10-1-90

Revision: HCFA-PM-91-4

AUGUST 1991

(BPD) 0MB No.: 0938-

State/Territory: Kentucky

<u>Citation</u> 3.1 <u>Amount, Duration, and Scope of Services (continued)</u>

42 CFR 431.53 (c) <u>Assurance of Transportation</u>

Provision is made for assuring necessary transportation of recipients to and from providers. Methods used to assure such transportation are described in <u>ATTACHMENT 3.1-D.</u>

TN No. 92-1 Supersedes TN No. 76-21

Approval Date NOV 14 1994

Effective Date 1-1-92

HCFA-AT-80-38 Revision:

May 22, 1980

State: Kentucky

Citation 3.1(d) Methods and Standards to Assure Quality of Services

42 FR 440.260 AT- 78-90 The standards established and the methods used to assure high quality care are described in $\underline{ATTACHMENT\ 3.1-C}.$

(BPP)

TN No. <u>92-1</u> Supersedes TN No. <u>76-21</u>

Approval Date 11-14-94

Effective Date 1-1-92

Revision: HCFA-AT-80-38

May 22, 1980

(BPP)

State: Kentucky

Citation 3.1(e) <u>Family Planning Services</u>

42 CFR 441.20 AT-78-90

The requirements of 42 CFR 441.20 are met regarding freedom from coercion or pressure of mind and conscience, and freedom of choice of method to be used for family planning.

TN No. <u>76-21</u> Supersedes
TN No. ____

Approval Date 1-27-77

Effective Date 11-23-76

Revision:	HCFA-PM-87-5 APRIL 1987		(BERC)	OMB No.: 0938-0193		
	State/Territory:	Kentu	ıcky			
Citation	3.1 (f)	(1)	Optometric Services			
42 CFR 441.30 AT- 7 8-90	,	are no opton "phys	ot now but were previously netrist is legally authorized	ther than those provided under SS435.531 and 436.531) eviously provided under the plan. Services of the type an thorized to perform are specifically included in the term under this plan and are reimbursed whether furnished by a rist.		
		X	Yes.			
				cribed in the first sentence apply but the term oes not specifically include services of the type authorized to perform.		
			Not applicable. The cond	litions in the first sentence do not apply.		
1903(i)(l)		(2)	Organ Transplant Proces	<u>lures</u>		
of the Act P.L. 99-272 (Section 9507)		Orgai	n transplant procedures are	provided.		
			No.			
			on the facilities that r procedures is consisten individuals eligible for t	individuals are treated alike and any restriction nay, or practitioners who may, provide those t with the accessibility of high quality care to the procedures under this plan. Standards f or the transplant procedures are described at		

TN No. <u>11-003</u> Supersedes TN No. <u>87-16</u>

Approval Date: <u>5-12-11</u> Effective Date: <u>January 1, 2011</u>

Revision:	HCFA-PM-87-4 MARCH 1987	(BERC	()			0MB No.: 0938—0193				
State/Territory:	Kentucky									
Citation		3.1 (g)	<u>Partici</u>	pation by Indian Heal	th Service Facilitie	<u>es</u>				
42 CFR 431.11 AT-78-90	0(b)			Indian Health Service facilities are accepted as providers, in accordance with 42 CFR 431.110(b), on the same basis as other qualified providers.						
1902(e)(9) of the Act, P.L. 99-509 (Section 9408)		(h) Respira	tory care	Respiratory Care Services for Ventilator-Dependent Individuals ory care services, as defined in section 1902(e)(9)(C) of the Act, provided under the plan to individuals who						
(Section 9408)			(1)	Are medically deper six hours per day;	ndent on a ventilat	or for life support at least				
			(2)	•	one or more hospit	during a single stay or a als, SNFs or ICFs for the				
				□ days (the ma	aximum number o	finpatient				
				□ days allowe	d under the State p	olan);				
			(3)		basis in a hospita	vould require respiratory ll, SNF, or ICF for which				
			(4)	Have adequate social and	al support services	s to be cared for at home;				
			(5)	Wish to be cared for	at home.					
				Yes. The reare met.	quirements of sect	ion 1902(e)(9) of the Act				
				*⊠ Not applica plan.	ble. These service	es are not included in the				
* Pen and ink n	nark agreed to by H	ugh Walker I	1-20-88							
TN No. <u>87-15</u> Supersedes TN No. <u>78-4</u>		Approv	val Date	JAN-22-88	HCFA ID:	Effective Date <u>10-1-87</u> 1008P/011P				

Revision:	HCFA-PM-87-4 MARCH 1987		(BERC)						01	MB No.: 0938—0193
State/Territory	: Kentucky									
Citation		3.2	<u>Co</u>	ordir	nation of	Medica	aid with	Medicare	and Othe	r Insurance
			(a))	Premiu	<u>ms</u>				
			(1))	Medica	re Part	A and P	Part B		
1902(a)(10)(E) 1905(p) of the					(i)	The Me (if apple the C	edicaid licable) (MB	and Part I	ys Medic 3 premiu fined i	are Part A premiums ms for individuals in Item A.25 of lowing method:
						$\boxtimes \square$	Group A	premium	payment	arrangement for Part
						X	Buy-I	n agreemen	t for	
								Part A	X	Part B
							Other	arrangemei	nts descri	bed below.

TN No. 92-1 Supersedes TN No. 89-4

Approval Date 11-14-94

Effective Date <u>1-1-92</u> HCFA ID: 7982E Revision: HCFA-PM-97-3 (CMSO)
December 1997

State: Kentucky

Citation

(ii)

1902(a)(10)(E)(ii)
and 1905(s) of the
Act

1902(a) (10) (E)(iii) and 1905(p)(3)(A)(ii) of the Act

1902(a)(10)(E)(iv)(I) 1905(p)(3)(A)(ii), and 1933 of the Act

1902(a) (10) (E) (iv) (II), 1905(p) (3)(A) (ii), and 1933 of the Act (29a)

(ii) Qualified Disabled and Working Individual (QDWI)

The Medicaid agency pays Medicare Part A premiums under a group premium payment arrangement, subject to any contribution required as described in <u>ATTACHMENT 4.18-E</u>, for individuals in the QDWI group defined in item A.26 of <u>ATTACHMENT 2.2-A</u> of this plan.

(iii) <u>Specified Low-Income Medicare beneficiary</u> (SLMB)

The Medicaid agency pays Medicare Part B premiums under the State buy in process for individuals in the SLMB group defined in item A.27 of <u>ATTACHMENT 2.2-A</u> of this plan.

(iv) Qualifying Individual - 1 (QI-1)

The Medicaid Agency pays Medicare Part B premiums under the State buy in process for individuals described in Section 1902(a) (10) (E)(iv)(I) and subject to Section 1933 of the Act.

(v) Qualifying Individual -2 (QI-2)

The Medicaid agency pays the portion of the amount of the increase to the Medicare Part B premium attributable to the Home Health Provision to the individuals described in Section 1902(a)(10)(E)(iv)(II) and subject to Section 1933 of the Act.

TN No. 98-02 Supersedes TN No. 92-01

Approval Date 6-3-98

Effective Date 1-1-98

Re	171 C	110	n·	
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HCFA-PM-97-3 (CMSO) December 1997

(29b)

State: ____Kentucky____

(vi) Other Medicaid Recipients

1843(b) and 1905(a) of the Act and 42 CFR 431.625

The Medicaid agency pays Medicare Part B premiums to make Medicare Part B coverage available to the following individuals:

- Individuals within categories listed at 42 CFR 407.42 (b)(6), including categorically needy individuals who are receiving SSI or SSP cash assistance; individuals who are treated for Medicaid eligibility purposes as though they were receiving SSI or SSP; Qualified Medicare Beneficiaries; and individuals under Attachment 2.2-A, item A. 21., who would be SSI/SSP eligible except for the increase in OASDI benefits under Pub. L. 92-336.
- □ All individuals who are: (a) receiving benefits under titles I, IV-A, X, XIV or XVI (ABD or SSI): (b) receiving State supplements under title XIV; or (c) within a group listed at 42 CFR 431.625(d)(2).
- ☐ Individuals receiving title II or Railroad Retirement benefits.
- $\hfill \square$ Medically needy individuals (FFP is not available for this group).

(2) Other Health Insurance

1902(a)(30) and 1905(a) of the Act The Medicaid agency pays insurance premiums for medical or any other type of remedial care to maintain a third party resource for Medicaid covered services provided to eligible individuals (except individuals 65 years of age or older and disabled individuals, entitled to Medicare Part A but not enrolled in Medicare Part B).

TN No.: 10-006
Supersedes Approval Date: 12-20-10 Effective Date: July 1, 2010

TN No.: <u>06-003</u>

				(29c)	
Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)			0MB No.: 0938-
State/Territory:	Kentucky				
Citation		(b)	Deduc	tibles /C	oinsurance
			(1)	Medica	are Part A and B
Section 1902(n) of the Act)			establi Medica deduct	ment 4.19-B describes the methods and standards for shing payment rates for services covered under are, and/or the methodology for payment of Medicare ible and coinsurance amounts, to the extent available h of the following groups.
Sections 1902 (a)(10)(E) and 1905(p) of the A	Act			(i)	Qualified Medicare Beneficiaries (QMBS) The Medicaid agency pays deductibles and coinsurance for QMBs (subject to any nominal Medicaid copayment) for all services available under Medicare.
42 CFR 431.62 1902(a)(10)(E) of the Act 1905(a)				(ii)	Other Medicaid Recipients The Medicaid agency pays Medicare deductibles and coinsurance (subject to any nominal Medicaid copayment) for services furnished to individuals who are described in section 3.2(a)(l)(iii) above, as follows:

For the entire range of services available under Medicare.

Only for the amount, duration, and scope of services otherwise available under this plan.

(iii) Dual Eligible--OMB plus Other Medicaid Recipients

> The Medicaid agency pays deductibles and coinsurance for services furnished to individuals eligible both as QMB. and categorically or medically needy (subject to any nominal Medicaid copayment) for all services available under Medicare.

TN No. <u>92-1</u>

X

Supersedes TN No. None Approval Date 11-14-94

Effective Date 1-1-92 HCFA ID: 7982E

Revision:	HCFA-PM-91-8 October 1991	(MB)		OMB No.:
State/Territory	: <u>Kentucky</u>			
Citation	<u>C</u>	ondition or	Requirement	
1906 of the Act		(c)	Premiums, Deductibles, Coinsurance and Other C Obligations	Cost Sharing
			The Medicaid agency pays all premiums, deductibles, and other cost sharing obligations for items and servunder the State plan (subject to any nominal Medicaid coeligible individuals in employer-based cost-effective plans.	vices covered payment) for
			When coverage for eligible family members is not point ineligible family members enroll, the Medicaid a premiums for enrollment of other family members effective. In addition, the eligible individual is entitle covered by the State plan which are not included in the plan. Guidelines for determining cost effectiveness are section 4.22(h).	agency pays when cost- d to services group health
1902(a) (10) (Fof the Act	F)	(d)	☐ The Medicaid agency pays premiums for described in item 19 of Attachment 2.2-A.	r individuals

TN No. 92-22 Supersedes TN No. None

Approval Date 2-11-93

Effective Date <u>2-1-93</u> HCFA ID: 7983E

			(30)				
Revision:	HCFA-AT-80- May 22, 1980	38	(BPP)				
State:	Kentucky						
Citation		3	Medicaid for Individuals Age 65 or Over in Institutions for Mental Diseases Medicaid is provided for individuals 65 years of age or older who are patients in institutions for mental diseases.				
42 CFR 441.1 42 C1 431.62 and (d)							
AT-79-29			Yes. The requirements of 42 CFR Part 441, Su1art C, and 42 CFR 431.620(c) and (d) are met.				
			□ Not applicable. Medicaid is not provided to aged individuals in such institutions under this plan.				

Approval Date 1-27-77

Effective Date $\underline{11-23-76}$

TN No. <u>76-21</u> Supersedes TN No. ___ (31)

Revision:	HCFA-Nr-80-38	(BPP)
110 (1010111	1101111110000	(211)

May 22, 1980

State: Kentucky

<u>Citation</u> 3.4 <u>Special Requirements Applicable to Sterilization Procedures</u>

42 CFR 441.252 All requirements of 42 CFR Part 441, Subpart F are met. AT-78-99

TN # 79-3 Supersedes TN #:

Approval Date: <u>4/4/79</u> Effective Date: <u>2/6/79</u>

Revision:

HCFA-PM-91-6

AUGUST 1991

(BPD)

(DI D

State: Kentucky

Citation

3.5 <u>Families Receiving Extended Medicaid Benefits</u>

1902(a) (52) and 1925 of the Act.

(a) Services provided to families during the first 6—month period of extended Medicaid benefits under Section 1925 of the Act are equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in <u>ATTACHMENT 3.1-A</u> (or may be greater if provided through a caretaker relative employer's health Insurance plan).

- (b) services provided to families during the second 6-month period of extended Medicaid benefits under section 1925 of the Act are-
 - Equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in ATTACHMENT 3.1-A (or may be greater if provided through a caretaker relative employer's health insurance plan).
 - ☐ Equal in amount, duration, and scope to services provided to categorically needy AFDC recipients, (or may be greater if provided through a caretaker relative employer's health insurance plan) minus any one or more of the following acute services:
 - □ Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
 - $\hfill \square$ Medical or remedial care provided by licensed practitioners.
 - ☐ Home health services.

TN No. 92-1 Supersedes TN No. 90-22

Approval Date NOV 14, 1994

Effective Date: <u>1-1-92</u> HCFA ID: 7982E

0MB No.: 0938-

Revision	HCFA-PM-91-4 AUGUST 1991	(BPD)	0MB No.: 0938-
State:	Kentucky		
Citation	3	5.5 <u>Famili</u>	es Receiving Extended Medicaid Benefits (Continued)
			Private duty nursing services.
			Physical therapy and related services.
			Other diagnostic, screening, preventive, and rehabilitation services.
			Inpatient hospital services and nursing facility services for individuals 65 years of age or over in an institution for mental diseases.
			Intermediate care facility services for the mentally retarded.
			Inpatient psychiatric services for individuals under age 21.
			Hospice services.
			Respiratory care services.
			Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.

TN No. 92-1 Supersedes TN No. 87-15

Approval Date NOV 14, 1994

Effective Date <u>1-1-92</u> HCFA ID: 7982E

Revision:	HCFA-PM-91-4 AUGUST 1991	ļ	(BPD)				0MB No.: 0938-
State: Ke	entucky						
Citation		3.5	<u>Families Receiving Extended Medicaid Benefits</u> (Continued)			(Continued)	
			(c)		The agency pays the family's premiums, endeductibles, coinsurance, and similar costs for offered by the caretaker's employer as payme assistance		similar costs for health plans
						1 st 6 months □	2nd 6 months
						ency requires caretakers s a condition of eligibility	to enroll in employers' health
						1 st 6 months □	2nd 6 months
			(d)		during		ovides assistance to families eriod of extended Medicaid lternative methods:
						Enrollment in the fam health plan.	ily option of an employer's
						Enrollment in the fami health plan.	ly option of a State employee
						Enrollment in the State	health plan for the uninsured.
						organization (M0) with	ligible health maintenance a prepaid enrollment of less ledicaid recipients (except Medicaid).
TN No. 92-1 Supersedes TN No. 90-34	_		Approval Date NOV 14, 1994		., 1994	Effective Date <u>1-1-92</u> HCYA ID: 7982E	

Revision:	HCFA-PM-91-4 AUGUST 1991		(BPD)			0MB No.: 0938-	
State:	Kentucky						
Citation 3.5			Families Receiving Extended Medicaid Benefits (Continued)				
			<u>Supplement 2 to ATTACHMENT 3.1-A</u> specifies and describes alternative health care plan(s) offered, including requirements for assurthat recipients have access to services of adequate quality.				
			(2)	The age	ency		
					(i)	Pays all premiums and enrollment fees imposed on the family for such plan(s).	
					(ii)	Pays all deductibles and coinsurance the family for such plan(s).	

TN No. 92-1 Supersedes TN No 90-34

Approval Date NOV 14, 1994

Effective Date <u>1-1-92</u> HCFA ID: 7982E Revision: HCFA-PM-87-4

MARCH 1987

(BERC) OMB No.: 0938-0193

State/Territory: Kentucky

SECTION 4 – GENERAL PROGRAM ADMINISTRATION

<u>Citation</u> 4.1 <u>Methods of Administration</u>

42 CFR 431.15 The Medicaid agency employs methods of administration found by the AT-79-29 Secretary of Health and Human Services to be necessary for the proper and

efficient operation of the plan.

TN No. <u>87-15</u>

Supersedes - Approval Date: <u>JAN 22, 1988</u> Effective Date <u>10-1-87</u> TN No. <u>74-7</u>

HCPA ID: 1010P/0012P

(33)

HCFA-AT-80-38 (BPP) Revision:

May 22, 1980

Kentucky State: ___

4.2 Hearings for Applicants and Recipients Citation

42 CFR 431.202 AT-79-29 AT-80-34 The Medicaid agency has a system of hearings that meets all the requirements of 42 CFR Part 431, Subpart E.

TN # 74-7 Supersedes TN #

Approval Date 9/12/74

Effective Date: 4/1/74

Revision: HCFA-AT-87-9

AUGUST1987

(BERC) OMB No.: 0938-0193

State/Territory: Kentucky

Citation 4.3 Safeguarding Information on Applicants and Recipients

42 CFR 431.301 AT-79-29

Under State statute which imposes legal sanctions, safeguards are provided that restrict the use or disclosure of information concerning applicants and recipients to purposes directly connected with the administration of the plan.

52 FR 5967 All other requirements of 42 CFR Part 431, Subpart F are met.

TN No. <u>87-15</u> Supersedes TN N o. <u>74-7</u>

Approval Date: JAN 22, 1988 Effective Date: 10-1-87

		(55)	
Revision: HCFA-AT-97-9 AUGUST 1987		(BERC)	OMB No.: 0938—0193
State/Territory	: Kentucky		
Citation	4.4	Medicaid Quality Control	

42 CFR 431.800(c) 50 FR 21839 1903(u)(1)(D) of the Act, P.L. 99-509 (Section 9407) (a) A system of quality control is implemented in accordance with 42 CFR Part 431, Subpart P.

(b) The State operates a claims processing assessment system that meets the requirements of 431.800(e), (g), (h), (j) and (k).

☐ Yes

No applicable. The State has an approved Medicaid Management Information System (MMIS)

TN No. <u>89-26</u> Supersedes TN No. <u>87-15</u>

Approval Date: <u>AUG 08, 1989</u> Effective Date: <u>7/1/89</u>

HCFA ID: 1010P/0012P

Revision: HCFA-PM-88-10 (BERC)

SEPTEMBER 1988

0MB No.: 0938-0193

State/Territory: Kentucky

Citation 4.5 Medicaid Agency Fraud Detection and Investigation Program

42 CFR 455.12 AT- 78—90 48 FR 3742 52 FR 48817

The Medicaid agency has established and will maintain methods, criteria, and procedures that meet all requirements of 42 CFR 455.13 through 455.21

and 455.23 for prevention and control of program fraud and abuse.

TN No. <u>88-24</u> Supersedes TN No. <u>83-7</u>

Approval Date DEC 12, 1988

Effective Date 10-1-88

HCFA ID: 1010P/0012P

SECTION 4 – GENERAL PROGRAM ADMINISTRATION

4.5.1 Medicaid Recovery Audit Contractor Program

Citation

Section 1902(a)(42)(B)(i) Of the Social Security Act The State has established a program under which it will contract with one or more recovery audit contractors (RACs) for the purpose of identifying underpayments and overpayments of Medicaid claims under the State Plan and under any waiver of the State Plan.

The State is seeking an exception to establishing such program for the following reasons:

On 8/16/19, the Commonwealth of Kentucky was informed by our current RAC, Optum that they will not be interested in contracting with the Commonwealth after the contract ends in 3/31/20. Optum has been our sole respondent to our last two (2) RFP postings RFP 758 1700000001 (current contractual agreement effective 4/4/17)) and RFP 758 1000000342 (prior contractual agreement effective 10/4/10).

After consulting with CMS and observing the trends in other states (and our experience with lack of responses in the bidding process), the Commonwealth does not believe it is practical to put out a proposal at this time. The Commonwealth also believes that by utilizing alternative resources that provider recovery will be more successful than our current Recovery Audit Contractor who has struggled with the implementation of the MCO recovery since 4/4/17. We believe our alternative resources will align with federal guidelines and program initiatives to detect and protect the State Medicaid Program from fraud and abuse by providers and recipients as applicable.

Our Alternative Resources are as follows:

The Commonwealth intends to continue the utilization of the Joint Operating Agreement with the CMS Unified Program Integrity Contractor (UPIC), AdvanceMed, to include audits of the providers that the Kentucky RAC previously conducted. We are also going to expand our Managed Care Organizations (MCO) audits with AdvanceMed to include data driven analytics (algorithms) to identify overpayments (and underpayments as applicable). The Commonwealth is also researching the possibility of contracting with a state university to identify possible overpayment (and underpayment if applicable) on both MCO encounters (and the actual claims if necessary) and Fee for Service (FFS) claims.

TN No. 19-006

Supersedes TN No.: 10-012 Approved Date: <u>10/31/19</u> Effective Date: <u>April 1, 2020</u>

SECTION 4 – GENERAL PROGRAM ADMINISTRATION

4.5.1 Medicaid Recovery Audit Contractor Program (EXCEPTIONS) Citation Exception The State/Medicaid Agency has contract of the types(s) listed in Section 1902(a)(42)(B)(ii)(I) of the Act \Box Section 1902(a)(42)(B)(ii)(I) of the Act. All contracts meet the requirements of the statute. RACs are consistent with the statute. Place a check mark to provide assurance of the following: The State will make payments to the RAC(S) only from amounts recovered. The State will make payments to the RAC(s) on a contingent basis for collecting overpayments. The following payment methodology shall be used to determine State Section 1902(a)(42)(B)(ii)(II)(aa) of the Act payments to Medicaid RACs for identification and recovery of overpayments (e.g., the percentage of the contingency fee): The State attests that the contingency fee rate paid to the Medicaid RAC will not exceed the highest rate paid to Medicare RACs, as published in the Federal Register. The State attests that the contingency fee rate paid to the Medicaid RAC will exceed the highest rate paid to Medicare RACs, as published in the Federal Register. The State will only submit for FFP up to the amount equivalent to that published rate The contingency fee rate paid to the Medicaid RAC that will exceed the highest rate paid to Medicare RACs, as published in the Federal Register. The State will submit a justification for that rate and will submit for FFP for the full amount of the contingency fee. Section 1902 (a)(42)(B)(ii)(II)bb) of the Act The following payment methodology shall be used to determine State payments to Medicaid RACs for the identification of underpayments (e.g., amount of flat fee, the percentage of the contingency fee): Section 1902 (a)(42)(B)(ii(III) of the Act The State has an adequate appeal process in place for entities to appeal any adverse determination made by the Medicaid RAC(s).

TN No. 19-006

Supersedes Approved Date: 10/31/19 Effective Date: April 1, 2020

TN No.: 10-012

SECTION 4 – GENERAL PROGRAM ADMINISTRATION

4.5.1 <u>Medicaid Recovery Audit Contractor Pro</u>	gram (Exemptions)
Section 1902 (a)(42)(B)(ii)(IV)(aa) of the Act		The State assures that the amounts expended by the State to carry out the program will be amounts expended as necessary for the proper and efficient administration of the State Plan or a waiver of the Plan.
Section 1902 (a)(42)(B)(ii)(IV)(bb) of the Act		The State assures that the recovered amounts will be subject to a State's quarterly expenditure estimates and funding of the State's share.
Section 1902 (a)(42)(B)(ii)(IV)(cc) of the Act		Efforts of the Medicaid RAC(s) will be coordinated with other contractors or entities performing audits of entities receiving payments under the State Plan or waiver in the State, and/or State and Federal law enforcement entities and the CMS Medicaid Integrity Program

Approval Date: <u>10/31/19</u> Effective Date: <u>April 1, 2020</u>

SECTION 4 – GENERAL PROGRAM ADMINISTRATION

4.5.1 Medicaid Recovery Audit Contractor Program (EXCEPTIONS) (continued)

42 CFR 455.508(b)

2. Exception from 455.508(b) requiring 1.0 FTE Medical Director

The Medicaid RAC Final rule at 42 CFR §455.508(b) provides that "the [RAC] must hire a minimum of 1.0 [full time equivalent] FTE Contractor Medical Director (CMD) who is a Doctor of Medicine or Doctor of Osteopathy in good standing with the relevant State licensing authorities, where applicable to review Medicaid claims."

Kentucky's RAC vendor, OptumInsight, has been operating since 2010. The RAC vendor is making Medicaid overpayment and underpayment determinations based on coding criteria and State policy, using claims data and medical records where appropriate. At this time, OptumInsight is not making medical necessity determinations or using medical judgment that would require its RAC to hire a CMD. As a result, the RAC utilizes certified coders and program subject matter experts to make its determinations.

This SPA will be in effect for two years after its approval date. At that time,

- Kentucky must evaluate the performance of its RAC program without a CMD; and
- Determine whether it will submit a new request for an exception to the requirement that the RAC hire a minimum of 1.0 FTE CMD.

TN No. <u>12-003</u> Supersedes TN No. <u>None</u>

Approval Date: <u>05-24-12</u> Effective Date: <u>January 1, 2012</u>

SECTION 4 – GENERAL PROGRAM ADMINISTRATION

4.5.1 Medicaid Recovery Audit Contractor Program (EXCEPTIONS) (continued)

- Exception from 455.508(b) requiring 1.0 FTE Medical **Director (continued)**
 - For limited items that may require a Medical Director, the Commonwealth can utilize the Department for Medicaid services Medical Director. Additionally, the Commonwealth may utilize the contractor's Medical Director on an as needed basis but who is not dedicated solely to the Commonwealth. This as needed approach is the most efficient and economical use of time.

TN No. <u>12-003</u> Approved Date: <u>05-24-12</u> Effective Date: January 1 2012

Supersedes TN No.: None (37)

Revision: HCFA-AT-8

HCFA-AT-80-38 May 22, 1980 (BPP)

State/Territory: Kentucky

Citation

4.6 Reports

42 CFR 431.16 AT-79-29 The Medicaid agency will submit all reports in the form and with the content required by the Secretary, and will comply with any provisions that the Secretary finds necessary to verify and assure the correctness of the reports. All requirements of 42 CFR 431.16 are met.

TN # <u>78-1</u> Supersedes TN #

Approval Date: 2/23/78

Effective Date <u>10/1/77</u>

Revision: HCF

HCFA-AT-80-38 May 22, 1980 (BPP)

State: Kentucky

Citation

4.7 <u>Maintenance of Records</u>

42 CFR 431.17 AT-79-29 The Medicaid agency maintains or supervises the maintenance of records necessary for the proper and efficient operation of the plan, including records regarding applications, determination of eligibility, the provision of medical assistance, and administrative costs, and statistical, fiscal and other records necessary for reporting and accountability, and retains these records in accordance with Federal requirements. All requirements of 42 CFR 431.17 are met.

TN # <u>78-1</u> Supersedes TN # ____

Approval Date: 2/23/78 Effective Date: 10/1/77

Revision: HCFA-AT-80-38

May 22, 1980

(BPP)

State: Kentucky

Citation

4.8 Availability of Agency Program Manuals

42 CFR 431.18(b) AT-79-29 Program manuals and other policy issuances that affect the public, issuances that affect the public, including the Medicaid agency's rules and regulations governing eligibility, need and amount of assistance, recipient rights and responsibilities, and services offered by the agency are maintained in the State office and in each local and district office for examination, upon request, by individuals for review, study, or reproduction. All requirements of 42 CFR 431.18 are met.

Effective Date: 2/18/74

TN # <u>74-5</u> Supersedes TN # ____

Approval Date 9/12/74

Revision: HCFA-AT-80- 38

May 22, 1980

(BPP)

State: Kentucky

Citation

4.9 Reporting Provider Payments to Internal Revenue Service

42 CFR 433.37 AT-78-90 There are procedures implemented in accordance with 42 CFR 433.37 for identification of providers of services by social security number or by employer identification number and for reporting the information required by the Internal Revenue Code (26 U.S.C. 6041) with respect to payment for services under the plan.

TN 74-5 Supersedes TN #

Approval Date: 9/12/74 Effective Date: 2/18/74

Freedom of Choice Revised

New: HCFA-PM-99-3 JUNE 1999 State: Kentucky

Citation

4.10 Free Choice of Providers

42 CFR 431.51 AT 78-90 46 FR 48524 48 FR 23212 1902(a)(23) P.L. 100-93 (section 8(f)) P.L. 100-203 (Section 41 13)

- (a) Except as provided in paragraph (b), the Medicaid agency assures that an individual eligible under the plan may obtain Medicaid services from any institution, agency, pharmacy person, or organization that is qualified to perform the services, including of the Act an organization that provides these services or arranges for their availability on a prepayment basis.
- (b) Paragraph (a) does not apply to services furnished to an individual
 - (1) Under an exception allowed under 42 CFR 431.54, subject to the limitations in paragraph (c), or
 - (2) Under a waiver approved under 42 CFR 431 .55, subject to the limitations in paragraph (c), or
 - (3) By an individual or entity excluded from participation in accordance with section 1902(p) of the Act,

Section I 902(a)(23)) of the Social Security Act P.L. 105-33 (4) By individuals or entities who have been convicted of a felony under Federal or State law and for which the State determines that the offense is inconsistent with the best interests of the individual eligible to obtain Medicaid services, or

Section 1932(a)(I) Section 1905(t)

- (5) Under an exception allowed under 42 CFR 438.50 or 42 CFR 440.168, subject to the limitations in paragraph (c).
- (c) Enrollment of an individual eligible for medical assistance in a primary care case management system described in section 1905(t), 19 15(a), 1915(b)(1), or 1932(a); or managed care organization, prepaid inpatient health plan, a prepaid ambulatory health plan, or a similar entity shall not restrict the choice of the qualified person from whom the individual may receive emergency services or services under section 1905 (a)(4)(c).

TN #: <u>03-10</u> Supersedes TN #: <u>92-2</u>

Approval Date: NOV 18, 2003

Effective Date 8/13/03

HCFA-AT-80-38 May 22, 1980 (BPP)

State: Kentucky

Citation

4.11 Relations with Standard-Setting and Survey Agencies

42 CFR 431.610 AT-78-90 AT-80-34

- (a) The State agency utilized by the Secretary to determine qualifications of institutions and suliers of services to participate in Medicare is responsible for establishing and maintaining health standards for private or public institutions (exclusive of Christian Science sanatoria) that provide services to Medicaid recipients. This agency is the Department for Human Resources.
- (b) The State authority(ies) responsible for establishing and maintaining standards, other than those relating to health, for public or private institutions that provide services to Medicaid recipients is (are): the Department for Human Resources
- (c) <u>ATTACHMENT 4.11-A</u> describes the standards specified in paragraphs (a) and (b) above, that are kept on file and made available to the Health Care Financing Administration on request.

ΓN # 74-5			

Supersedes TN # Approval Date: 9/12/74 Effective Date: 2/18/74

(43)

Revision: HCFA-M-80-38

May 22, 1980

(BPP)

State Kentucky

Citation 4.11(d)

42 CFR 431.610 AT-78-90 AT-89-34

The <u>Department for Human Resources</u> (agency) which is the State agency responsible for 1 icensing health institutions determines if institutions and agencies meet the requirements for participation in the Medicaid program. The requirements in 42 CFR 431.610(e), (f) and (g) are met.

TN 74-5 Supersedes TN #____

Approval Date: 9/12/74

Effective Date: 4/18/74

Revision: HCFA-A May 22,		(BPP)		
State: <u>Kentucky</u>				
<u>Citation</u>	4.12	Consultation to	o Medical Facilities	
42 CFR 431.105(b) AT-78-90	(State	ltative services are provided by agencies to hospitals, nursing fact and laboratories in accordance w	cilities, home health agencies,
	(medic	r services are provided to other al care to individuals receiving ted in 42 CFR 431.105(b).	types of facilities providing services under the programs
			Yes, as listed below:	
		\boxtimes	Not applicable. Similar service types of medical facilities.	es are not provided to other
TN # <u>74-1</u> Supersedes TN #		Appro	val Date: <u>9/12/74</u>	Effective Date: 10/1/73

Revision:	HCFA-PM-91-4 August 1991		(BPD)		0MB No.: 0938-
State/Territory	: Kentucky				
Citation		4.13	Require	ed Provi	ider Agreement
					o agreements between the Medicaid agency and each provider rices under the plan:
42 CFR 431.10	07		(a)		providers, the requirements of 42 CFR 431.107 and 42 CFR 42, Subparts A and B (if applicable) are met.
42 CFR Part 48	33		(b)	-	oviders of NF services, the requirements of 1919 of the Act 42 art 483, Subpart B, and section 1919 of the Act are also met.
42 CFR Part 48	33		(c)		oviders of ICFIMR services, the requirements Subpart C of pation in 42 CFR Part 483, Subpart D are also met.
1920 of the Ac	t		(d)	prenata	ch provider that is eligible under the plan to furnish ambulatory al care to pregnant women during a presumptive eligibility all the requirements of section 1920 (b)(2) and (c) are met.
				\boxtimes	Yes.
					Not applicable. Ambulatory prenatal care is not provided to pregnant women during a presumptive eligibility period.

TN No. <u>01-21</u> Supersedes TN No. <u>92-01</u>

Approval Date: DEC 12, 2001

Effective Date 11/1/01

45(a)

October 1991

State/Territory: Kentucky

Citation

4.13

1902 (a)(58) 1902(w) (e) For each provider receiving funds under the plan, all the requirements for advance directives of section 1902(w) are met:

> (1) Hospitals, nursing facilities, providers of home health care or personal care services, hospice programs, managed care organizations, prepaid inpatient health plans, prepaid ambulatory health plans (unless the PAHP excludes providers in 42 CFR 489.102), and health insuring organizations are required to do the following:

Advance Directives

- (a) Maintain written policies and procedures with respect to all adult individuals receiving medical care by or through the provider or organization about their rights under State law to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives.
- Provide written information to all adult individuals on their policies concerning implementation of such rights;
- (c) Document in the individual's medical records whether or not the individual has executed an advance directive;
- (d) Not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive;
- (e) Ensure compliance with requirements of State Law (whether

Effective Date: 8/13/03

TN # <u>03-10</u> Supersedes TN # <u>91-31</u>

Approval Date NOV 13, 2003

Advance Directives

Revision:	HCFA-PM-91-9 October 1991	(MB)	Advand 0MB N
State/Territo	ory: <u>Kentucky</u>	_	
Citation	4.	13	

- statutory or recognized by the courts) concerning advance directives; and
- (f) Provide (individually or with others) for education for staff and the community on issues concerning advance directives.
- (2) Providers will furnish the written information described in paragraph (I)(a) to all adult individuals at the time specified below:
 - (a) Hospitals at the time an individual is admitted as an inpatient.
 - (b) Nursing facilities when the individual is admitted as a resident.
 - (c) Providers of home health care or personal care services before the individual comes under the care of the provider;
 - (d) Hospice program at the time of initial receipt of hospice care by the individual from the program; and
 - (e) Managed care organizations, health insuring organizations, prepaid inpatient health plans, and prepaid ambulatory health plans (as applicable) at the time of enrollment of the individual with the organization.
- (3) Attachment 4.34A describes law of the State (whether statutory or as Recognized by the courts of the State) concerning advance directives.
 - ☐ Not applicable. No State law Or court decision exist regarding advance directives.

TN # <u>03-10</u> Supersedes TN # <u>91-31</u>

Approval Date: NOV 18, 2003 Effective Date: 8/13/03

HCFA-PM-91-10 DECEMBER 1991 (MB)

EQRO

State: ____Kentucky____

Citation

4.14 <u>Utilization/Quality Control</u>

42 CFR 431.60 42 CFR 456.2 50 FR 15312 1902(a)(30)(C) and 1902(d) of the Act, P.L. 99-509 (Section 9431)

(a) A Statewide program of surveillance and utilization control has been implemented that safeguards against unnecessary or inappropriate use of Medicaid services available under this plan and against excess payments, and that assesses the quality of services. The requirements of 42 CFR Part 456 are met:

☐ Directly

- By undertaking medical and utilization review requirements through a contract with a Utilization and Quality Control Peer Review Organization (PRO) designated under 42 CFR Part 462. The contract with the PRO-
 - (1) Meets the requirements of 434.6(a):
 - Includes a monitoring and evaluation plan to ensure satisfactory performance;
 - (3) Identifies the services and providers subject to PRO review,
 - (4) Ensures that PRO review activities are not inconsistent with the PRO review of Medicare services; and
 - (5) Includes a description of the extent to which PRO determinations are considered conclusive for payment purposes.

EQRO

1932(c)(2) and 1902(d) of the ACT, P.L. 99-509 (section 9431) A qualified External Quality Review Organization performs an annual External Quality Review that meets the requirements of 42 CFR 438 Subpart E of each managed care organization, prepaid inpatient health plan. and health insuring organizations under contract, except where exempted by the regulation

TN# <u>03-10</u> Supersedes TN # <u>92-2</u>

Approval Date: NOV 18 2003 Effective Date: 8/13/03

Revision:	MAY 1985	(BERC)		
State/Territory:	Kentucky			
				OMB NO: 0938-0193
Citation	4.14			
42 CFR 456.2 50 FR 15312				Medicaid agency meets the requirements of 42 CFR Part 456, rt C, for control of the utilization of inpatient hospital services.
			☒	Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the q.ncy to perform those reviews.
				Utilization review is performed in accordance with 42 CYR Part 456, Subpart K that specifies the conditions of a waiver of the. Requirements of Subpart C for:
				\Box All hospitals (other than mental hospitals).
				\Box Those specified in the waiver.
			X	No waivers have been granted.

TN No. 85-2 Supersedes TN No. 77-7

Approval Date: <u>10/23/86</u> Effective Date: <u>7-1-85</u> HCFA ID: 0048P/0002P

STATE:	Kentucky
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Citation

4.14

42 CFR 456.2 50 FR 15312

- (c) The Medicaid agency meets the requirements 42 CFR Part 456, Subpart D, for control of utilization of inpatient services in mental hospitals. *
 - Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews. *
 - ☐ Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart D for:
 - ☐ All mental hospitals.
 - \square Those specified in the waiver.
 - ☐ No waivers have been granted.
 - ☐ Not applicable. Inpatient services in mental hospitals are not provided under this plan.
- * For all mental hospitals and psychiatric residential treatment facilities, the required reviews are performed by a professional review agency.

TN# <u>92-23</u> Supersedes TN# <u>85-2</u>

Approved Date: JAN 07, 1993

Effective Date <u>10/1/1992</u>

STATE: Kentucky	_		
Citation	4.14		
42 CFR 456.2 50 FR 15312	(d)		Medicaid agency meets the requirements of 42 CPR Part 456, art E, for the control of utilization of nursing facility services
		X	Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.
			Utilization review is performed in accordance with 42 CFR Part 456, Subpart H that specifies the conditions of a waiver of the requirements of Subpart E for:
			☐ All skilled nursing facilities.
			\Box Those specified in the waiver.
		X	No waivers have been granted.

TN # <u>92-23</u> Supersedes TN # <u>85-2</u>

Approved <u>JAN 07, 1993</u>

Eff. Date: <u>10-1-92</u>

STATE: Kentucky				
<u>Citation</u>	4.14			
42 CFR 456.2 50 FR 15312	X	(e)	Subpai	dedicaid agency meets the requirements of 42 CFR Part 456, at F, for control of the utilization of intermediate care facility as. Utilization review in facilities is provided through:
				Facility-based review.
				Direct review by personnel of the medical assistance unit of the State agency. *
				Personnel under contract to the medical assistance unit of the State agency.
			X	Utilization and Quality Control Peer Review Organizations.
				Another method as described in <u>ATTACHMENT 4.14-A</u>
				Two or more of the above methods. <u>ATTACHMENT 4.14-B</u> describes the circumstances under which each method is used.
				oplicable. Intermediate care facility services are not provided his plan.

TN #: <u>92-23</u> Supersedes TN # <u>85-2</u>

Approved JAN 07 1993

Eff Date <u>10-1-92</u>

Revision:	HCFA-PM-91-l0 December 1991	(MB)	<u> 2</u> g.to
State/Territory	<u>Kentucky</u>		
42 CFR 43 8.3	56(e)	For each contract, the State must follow an open, competitive process that is in accordance with State law and regulations with 45 CFR part 74 as it applies to State procurement of Medic	and consistent
42CFR438.354 42 CFR 438.35		The State must ensure that an External Quality Review Organ subcontractors performing the External Quality Review or Ex Review- related activities meets the competence and requirements.	ternal Quality
		☐ Not applicable.	

TN # <u>03-10</u> Supersedes TN # <u>92-2</u>

Approval Date: Nov 18 2003

Effective Date $\underline{8/13/03}$

Revision:	HCFA-PM-92-2 MARCH 1992	(HSQB)
State/Territory	: Kentucky	
<u>Citation</u>	4.15	Inspection of Care in Intermediate Care Facilities for the Mentally Retarded, Facilities Providing Inpatient Psychiatric Services for Individuals Under 21, and Mental Hospitals
42 CFR Part 456 Subpart		The State has contracted with a Peer Review Organization (PRO) to perform inspection of care for:
I, and 1902(a) (31) and 1903(g)		☑ ICFs/MR;
of the Act		\square Inpatient psychiatric facilities for recipients under age 21*; and
		☐ Mental Hospitals. *
CFR Part 456 Subpart		All applicable requirements of 42 CFR Part 456, Subpart I, are met with respect to periodic inspections of care and services.
A and 1902(a) (30) of the Act	□ Not applicable with respect to intermediate care facilities for the mentally retarded services; such services are not provided under this plan.	
		□ Not applicable with respect to services for individuals age 65 or over in institutions for mental disease; such services are not provided under this plan.
		□ Not applicable with respect to inpatient psychiatric services for individuals under age 21; such services are not provided under this plan.
	*	For all mental hospitals and all inpatient psychiatric facilities serving recipients age twenty-one (21) years and younger, the required reviews are performed by a professional review agency.

TN No. 92-23 Supersedes TN No. 76-3 '

Approval Date: <u>JAN 07 1993</u> Effective Date <u>10-1-92</u>

HCFA ID:

HCFA-AT-80-38 Revision:

May 22, 1980

(BPP)

State: Kentucky

Citation 4.16 Relations with State Health and Vocational Rehabilitation Agencies and Title

V Grantees

42 CFR 431.615(c) The Medicaid agency has cooperative arrangements with State health and AT-78-90

vocational rehabilitation agencies and with Title V grantees, that meet the requirements of 42 CFR 431.615 and 42 CFR 431.620.

 $\underline{\text{Attachment 4.16 A}}$ describes the cooperative arrangements with the health and vocational rehabilitation agencies. 42 CFR 431.620

TN # 89-15 Supersedes TN # 74-1

Approval Date: MAR 06 1990

Effective Date 1-1-89

HCFA-PM-95-3 May 1995

(MB)

Revised

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory:	Kentucky				
Citation	4.1	17	Liens a	and Adju	stments or Recoveries
42 CFR 433.36(c) 1902(a)(18) and			(a)	Liens	
1917(a) and (b) of the Act					The State imposes liens against an individual's real property on account of medical assistance paid or to be paid.
	The State complies with the requirements of section 1917(a) of the Act and regulations at 42 CFR 433. 36(c)-(g) with respect to any lien imposed against the property of any individual prior to his or her death on account of medical assistance paid or to be paid on his or her behalf.				
					The State imposes liens on real property on account of benefits incorrectly paid.
					The State imposes TEFRA liens 1917(a)(1)(B) on real property of an individual who is an inpatient of a nursing facility, ICF/MR, or other medical institution, where the individual is required to contribute toward the cost of institutional care all but a minimal amount of income required for personal needs.
					The procedures by the State for determining that an institutionalized individual cannot reasonably be expected to be discharged are specified in Attachment 4.17-A. (NOTE: If the State indicates in its State plan that it is imposing TEFRA liens, then the State is required to determine whether an institutionalized individual is permanently institutionalized and afford those individuals notice, hearing procedures, and due process requirements.)
					The State imposes liens on both real and personal property of an individual after the individual's death.

TN No. <u>03-014</u> Supersedes TN No. <u>93-21</u>

Approval Date: Nov 19 2003

Effective Date 9/01/03

HCFA-PM-95-3 May 1995 (MB)

Revised

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory:	Kentucky	

(b) Adjustments or Recoveries

The State complies with the requirements of section 191 7(b) of the Act and regulations at 42 CFR 433.36 (h)(i).

Adjustments or recoveries for Medicaid claims correctly paid are as follows:

- (1) For permanently institutionalized individuals, adjustments or recoveries are made from the individual's estate or upon sale of the property subject to a lien imposed because of medical assistance paid on behalf of the individual for services provided in a nursing facility, ICF/MR, or other medical institution.
 - Adjustments or recoveries are made for all other medical assistance made on behalf of the individual.
- (2)
 The State determines "permanent institutional status" of individuals under the age of 55 other than those with respect to whom it imposes liens on real property under §1917(a)(1)(B) (even if it does not impose those liens).
- (3) For any individual who received medical assistance at age 55 or older, adjustments or recoveries of payments are made from the individual's estate for nursing facility services, home and community- based services, and related hospital, and prescription drug services.
 - In addition to adjustment or recovery of payments for services listed above, payments are adjusted or recovered for other services under the State plan as listed below:

Recover for physician services related to the above mandatory services, for individuals age 55 and over. Aside from these limited mandatory services and related physician services, there is no other recovery, including Medicare Cost Sharing as identified in Section 4.17(b)(3) (Continued).

TN No. <u>10-013</u> Supersedes TN No: <u>03-014</u>

Approval Date: <u>02-08-11</u> Effective Date: <u>October 1, 2010</u>

Revision: HCFA-PM-95-3 (MB)

May 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: _	Kentucky	

4.17 (b) Adjustments or Recoveries

(3) (Continued)

Limitations on Estate Recovery - Medicare Cost Sharing:

- (i) Medical assistance for Medicare cost sharing is protected from estate recovery for the following categories of dual eligibles: QMB, SLMB, QI, QDWI, QMB+, SLMB+. This protection extends to medical assistance for four Medicare cost sharing benefits: (Part A and B premiums, deductibles, coinsurance, co-payments) with dates of service on or after January 1,2010. The date of service for deductibles, coinsurance, and co-payments is the date the request for payment is received by the State Medicaid Agency. The date of service for premiums is the date the State Medicaid Agency paid the premium.
- (ii) In addition to being a qualified dual eligible the individual must also be age 55 or over. The above protection from estate recovery for Medicare cost sharing benefits (premiums, deductibles, coinsurance, co-payments) applies to approved mandatory (i.e., nursing facility, home and community-based services, and related prescription drugs and hospital services) as well as optional Medicaid services identified in the State plan, which are applicable to the categories of duals referenced above.

TN No.: 10-013

Supersedes
TN No.: None

Approval Date: <u>02-08-11</u> Effective Date: <u>October 1, 2010</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kentucky			
1917(b)1(C)	(4)	\boxtimes	If an individual covered under a long-term care insurance policy received benefits for which assets or resources were disregarded as provided for in Attachment 2.6-A, Supplemen 8c (State Long-Term Care Insurance Partnership), the State does not seek adjustment or recovery from the individual's estate for the amount of assets or resources disregarded.

TN No. <u>08-009</u> Supersedes TN No. <u>03-014</u>

Approval Date 10/17/08

Effective Date $\underline{7/14/2008}$

HCFA-PM-95-3

May 1995

(MB) Revised

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ____ Kentucky

Adjustments or Recoveries: Limitations

The State complies with the requirements of section 1917(b)(2) or the Act and regulations at 42 CFR 433.36(h)- (i).

- Adjustment or recovery of medical assistance correctly paid will be made only after the death of the individual's spouse, and only when the individual has no surviving child who is either under age 21, blind, or disabled.
- With respect to liens on the home of any individual who the (2) State determines is permanently institutionalized and who must as a condition of receiving services in the institution apply their income to their cost of care, the State will not seek adjustment or recovery of medical assistance correctly paid on behalf of the individual until such time as none of the following individuals are residing in the individual's home:
 - A sibling of the individual (who was residing in the individual's home for at least one year immediately before the date that the individual was institutionalized), or
 - (b) A child of the individual (who was residing in the individual's home for at least two years immediately before the date that the individual was institutionalized) who establishes to the satisfaction of the State that the care the individual provided permitted the individual to reside at home rather than become institutionalized.
- (3) No money payments under another program are reduced as a means of adjusting or recovering Medicaid claims incorrectly paid.

TN No. <u>03-014</u> Supersedes TN No. None

Approval Date: NOV 19 2003 Effective Date: 9/01/03

HCFA-PM-95-3 May 1995 (MB)

Revised

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kentucky

(d) ATTACHMENT 4.17-A

- (1) Specifies the procedures for determining that an institutionalized individual cannot be reasonably expected to be discharged from the medical institution and return home. The description of the procedure meets the requirements of 42 CFR 433.36(d).
- (2) Specifies the criteria by which a son or daughter can establish that he or she has been providing care, as specified under 42 CFR 433.36(f).
- (3) Defines the following terms:
 - estate (at a minimum, estate as defined under State probate law). Except for the grandfathered States listed in section 4.17(b)(3), if the State provides a disregard for assets or resources for any individual who received or is entitled to receive benefits under a long term care insurance policy, the definition of estate must include all real, personal property, and assets of an individual (including any property or assets in which the individual had any legal title or interest at the time of death to the extent of the interest and also including the assets conveyed through devices such as joint tenancy, life estate, living trust, or other arrangement),
 - individual's home,
 - •
 - equity interest in the home,
 - residing in the home for at least 1 or 2 years,
 - on a continual basis,
 - •
 - discharge from the medical institution and return home, and
 - •
 - lawfully residing.

TN No. <u>03-014</u> -Supersedes TN No. <u>None</u>

Approval Date: NOV 19 2003

Effective Date 9/01/03

HCFA-PM-95-3 May 1995 (MB)

Revised

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory:	Kentucky	

- (4) Describes the standards and procedures for waiving estate recovery when it would cause undue hardship.
- (5) Defines when adjustment or recovery is not cost-effective. Defines cost-effective and includes methodology or thresholds used to determine cost- effectiveness.
- (6) Describes collection procedures. Includes advance notice requirements, specifies the method for applying for a waiver, hearing and appeals procedures, and the time frames involved.

TN No. <u>03-014</u> Supersedes TN No. <u>None</u>

Approval Date NOV 19 2003

Effective Date 9/01/03

Cost Sharin

Revision:	HCFA-AT-91- AUGUST 199		(BPD)						OMB No.: 0938-
State/Territory:	Kentucky	<u>y</u>							
Citation		4.18	Recipie	ent Cost	Sharing	and Sim	ilar Cha	arges	
42 CFR 447.5 through 447.58			(a)	coinsu	rance ra	tes, and	d copay		applies, deductibles, exceed the maximum
1916(a) and (b) of the Act			(b)	respect Medica	to indi	viduals o	covered	as categorically	and (6) below, with needy or as qualified 1905(p)(l) of the Act)
				(1) (2)	under t No dec	he plan. luctible,	coinsur		ar charge is imposed t, or similar charge is g:
					(i)	Service	es to ind	ividuals under ag	ge 18, or under
							Age 19	9	
							Age 20)	
							Age2l		
						X	age 18	3 or older, but u	of individuals who are nder age 21, to whom below, if applicable.
							•	and 21 who ar	ween the ages of 18 e in state custody and care or residential e exempted from
					(ii)	or any		nedical condition	lated to the pregnancy a that may complicate

TN # <u>03-10</u> Supersedes TN # <u>02-05</u>

Approval Date: NOV 18 2003 Effective Date: 8/13/03

Cost Sharing

Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)		0MB No.: 0938-
State/Territory:	Kentucky			
Citation		4.18(b)(2)	(Continued)	
42 CFR 447.51 through 447.58			(iii)	All services furnished to pregnant women. ☐ Not applicable. Charges apply for services to
				pregnant women unrelated to the pregnancy.
			(iv)	Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution to spend for medical care costs all but a minimal amount of his or her income required for personal needs.
			(v)	Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).
			(vi)	Family planning services and supplies furnished to individuals of childbearing age.
			(vii)	Services furnished by a managed care organization, health insuring organization, prepaid inpatient health plan, or prepaid ambulatory health plan in which the individual is enrolled, unless they meet the requirements of 42 CFR 447.60.
42 CFR 438.10 42 CFR 447.60				Managed care enrollees are charged deductibles, coinsurance rates, and copayments in an amount equal to the State Plan service cost-sharing.
				☐ Managed care enrollees are not charged deductibles, coinsurance rates, and copayments.
1916 of the Act P.L. 99-272, (Section 9505).			(viii)	Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.
TN # <u>03-10</u> Supersedes TN # <u>02-05</u>			Approval Date	NOV 18 2003 Effective Date <u>8/13/03</u>

Revision:	HCFA-PM-91-4 August 1991	!	(BPD)				Page 56
State:	Kentucky						
Citation		4.18	Recipi	ent Cost	Sharing	and Sim	nilar Charges (Continued)
42 CFR 447	7.51		(b)	(3)	447.58 similar	nomin charges	er under 42 CFR 431.55(g) applies, through al deductible, coinsurance, copayment, or are imposed for services that are not excluded ges under item (b)(2) above.
						Not ap	plicable. No such charges are imposed.
					(i)	For any	y service, no more than one type of charge is
					(ii)	Charges apply to services furnished to the fo age groups:	
							l8orolder l9orolder 20 or older 21 or older
							Charges apply to services furnished to the following reasonable categories of individuals listed below who are 18 years of age or older but under age 21.

TN No. <u>02-05</u> Supersedes TN No. <u>92-01</u>

Approval Date: NOV 01 2002 Effective Date: 8/01/02

Revision: HCFA-PM-91-4 (BPD) Page 56a

August 1991

State: ____Kentucky__

Citation 4.18 Recipient Cost Sharing and Similar Charges (Continued)

42 CFR 447.51 through 447.58 (b) (3) (iii) For the categorically needy and qualified Medicare

- beneficiaries, ATTACHMENT 4.18-A specifies the: Service(s) for which a charge(s) is applied; (A)
- (B) Nature of the charge imposed one each service;
- (C) Amount(s) of and basis for determining the charge(s);
- (D) Method used to collect the charge(s);
- (E) Basis for determining whether an individual is unable to pay the charge and the means by which such an individual is identified to providers;
- (F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
- (G) Cumulative maximum that applies to all deductible, coinsurance or copayment charges imposed on a specified time period.
 - X Not applicable. There is no maximum.

TN No. <u>02-05</u>

Supersedes

Approval Date: Nov 03 2002 Effective Date: 8/01/02 TÑ No. <u>92-01</u>

State: Kentucky					Ç
Citation	4.18	Recipi	ent Cost	Sharing	and Similar Charges (Continued)
1916(c) of the Act		(b)	(4)		A monthly premium is imposed on pregnant women and infants who are covered under section 1 902(a)(1 0)(A)(ii)(IX) of the Act and whose income equals or exceeds 150 percent of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(c) of the Act are met. ATTACHMENT 4.18-D specifies the method the State uses for determining what constitutes unique hardship for waiving payment of premiums by recipients.
1 902(a)(52) and 1925(b) of the Act			(5)	X	For families receiving extended benefits during a second 6-month period under section 1925 of the Act, a monthly premium is imposed in accordance with sections 1925(b)(4) and (5) of the Act. ATTACHMENT 4.18-F specifies the method the State uses for determining the premium.
1916(d) of the Act			(6)		A monthly premium, set on a sliding scale, imposed on qualified disabled and working individuals who are covered under section 1 902(a)(1 0)(E)(ii) of the Act and whose income exceeds 150 percent (but does not exceed 200 percent) of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(d) of the Act are met. ATTACHMENT 4.18-E specifies the method and standards the State uses for determining the premium.

TN No<u>. 03-018</u> Supersedes TN No. <u>02-05</u>

Approval Date: <u>DEC 30 2003</u> Effective Date: <u>11/01/03</u>

Revision:	HCFA-PM-91-4 August 1991	ļ	(BPD))				Page 56c
State: K	entucky							
<u>Citation</u>		4.18	Recip	ient Cost	t Sharing	g and Sir	nilar Ch	arges (Continued)
42 CFR 447.5 through 447.5			(c)	X	Indivi	duals are	e covered	d as medically needy under the plan.
					(1)	impos amour subject 447.52 effect	ed. AT nt of an et to the notes 2(b) and on recip	t fee, premium or similar charge it TACHMENT 4.18-B specifies the deliability period for such charge maximum allowable charges in 42 CFF defines the State's policy regarding the ients of non-payment of the enrollment or similar charge.
447.51 through through 447.58					(2)			, coinsurance, copayment, or simila sed under the plan for the following:
						(i)	Servic under	es to individuals under age 18, o
								Age 19 Age 20 Age 21
							X	Reasonable categories of individual who are age 18, but under age 21, to whom charges apply are listed below, if applicable:
								 Recipients between the age of 18 and 21 who are in state custody and are in foster care or residential treatment are exempted from copayments.

TN No. <u>02-05</u> Supersedes TN No. <u>92-01</u>

Approval Date: NOV 01 2002 Effective Date: 8/01/02

Revision:	HCFA-PM-91 - August 1991	.4	(BPD)			Page 56d
State:K	entucky					
Citation		4.18	Recipient Cost	Sharing	and Sin	nilar Charges (Continued)
42 CFR 447.51 through 447.58			(C)	(2)		
C					(ii)	Services to pregnant women related to pregnancy or any other medical condition that may complicate the pregnancy.
					(iii)	All services furnished to pregnant women.
						☐ Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.
					(iv)	Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his income required for personal needs.
					(v)	Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).
					(vi)	Family planning services and supplies furnished to individuals of childbearing age.
1916 of the Ac P.L. 99-272 (Section 9505)					(vii)	Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.

TN No. <u>02-05</u> Supersedes TN No<u>. 92-01</u>

Approval Date: NOV 01 2002 Effective Date: 8/01/02

Revision:		HCFA-PM-91 -4 August 1991		(BPD)					Page 56e
State:	<u>Ke</u>	ntucky							
<u>Citation</u>		4.	18	Recipient C	ost Sharin	ng and	Sim	ilar Ch	arges (Continued)
42 CFR 447 through 447				(c)	(3)	noi sin	mina nilar	l ded charge	ver under 42 CFR 431.55(g) applies, uctible, coinsurance, copayment, or as are imposed for services that are not a such charges under item (c)(2) above.
								Not ap	oplicable. No such charges are imposed.
						(i)			ny service, no more than one type of e is imposed.
						(ii)	ı	_	es apply to services furnished to the ving age groups:
								X	18orolder
									19orolder
									20 or older
									21 or older
									Reasonable categories of individuals who are 18 years of age, but under 21, to whom charges apply are listed below, if applicable:

TN No. <u>02-05</u> Supersedes TN No. <u>92-01</u>

Approval Date: NOV 01 2002 Effective Date: 8/01/02

Revision:

HCFA-PM-91-4

(BPD) August 1991

Page 56f

State: ____Kentucky__

Citation

4.18 Recipient Cost Sharing and Similar Charges (Continued)

42 CFR 447.51 through 447.58

(3) (c)

- (iii) For the medically needy, and other optional groups, ATTACHMENT 4.18-C specifies the:
 - (A) Service(s) for which charge(s) is applied;
 - (B) Nature of the charge imposed on each service;
 - Amount(s) of and basis for (C) determining the charge(s);
 - (D) Method used to collect the charge(s);
 - (E) Basis for determining whether an individual is unable to pay the charge(s) and the means by which such an individual is identified to providers;
 - (F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
 - Cumulative maximum that applies to (G) all deductible, coinsurance, or copayment charges imposed on a family during a specified time period.
 - X Not applicable. There is no maximum.

TN No. <u>02-05</u> Supersedes TN No. <u>92-01</u>

Approval Date: NOV 01 2002

Effective Date: 8/01/02

Revision:	HCFA-PM-91-4
	AUGUST 1991

(BPD)

0MB No.: 0938-

State/Territory	v:	Kentucky

Citation

4.19 Payment for Services

42 CFR 447.252 1902(a) (13) and 1923 of the Act (a) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, and sections 1902(a)(13) and 1923 of the Act with respect to payment for inpatient hospital services.

<u>ATTACHMENT 4.19-A</u> describes the methods and standards used to determine rates for payment for inpatient hospital services.

- ☐ Inappropriate level of care days are covered and are paid under the State plan at lower rates than other inpatient hospital services, reflecting the level of care actually received, in a manner consistent with section 1861(v)(1)(G) of the Act.

TN No. 92-1 Supersedes TN No. 87-15

Approval Date: NOV 14 1994 Effective Date: 1-1-92

Revision HCFA-PM-91-4

AUGUST 1991

OMB No.: 0938-

State/Territory: Kentucky

Citation

4.19

(BPD)

42 CFR 447.201 42 CFR 447.302 52 FR 28648 1902(a) (13) (E) 1903(a)(l) and (n), 1920, and 1926 of the Act

- (b) In addition to the services specified in paragraphs 4.19(a), (d), (k), (l), and (m), the Medicaid agency meets the following requirements:
 - (1) Section 1902(a)(13)(E) of the Act regarding payment for services furnished by Federally qualified health centers (FQHCs) under section 1905(a)(2)(C) of the Act The agency meets the requirements of section 6303 of the State Medicaid Manual (HCFA-Pub. 45-6) regarding payment for FQHC services. <u>ATTACHMENT 4.19-B</u> describes the method of payment and how the agency determines the reasonable costs of the services (for example, cost-reports, cost or budget reviews, or sample surveys).
 - (2) Sections 1902(a)(13)(E) and 1926 of the Act, and 42 CFR Part 447, Subpart D, with respect to payment for all other types of ambulatory services provided by rural health clinics under the plan.

<u>ATTACHMENT 4.19-B</u> describes the methods and standards used for the payment of each of these services except for inpatient hospital, nursing facility services and - intermediate care facilities for the mentally retarded services that are described in other attachments.

TN No. 92-1 Supersedes TN No. 90-11

Effective Date: NOV 14 1994 Approval Date 1-1-92

Revision:	May 22 1980	(BP	er)
			State Kentucky
Citation	4.19		
42 CFR 447.40 AT-78-90)	(c)	Payment is made to reserve a bed during a recipient's temporary absence from an inpatient facility.
			\boxtimes Yes. The State's policy is described in <u>ATTACHMENT</u> 4.19-C.
			□ No.

TN # <u>77-6</u> Supersedes TN #____

Approva1 Date <u>11/23/77</u>

Effective Date 1/1/78

Revision:	HCFA - November 1990	Region VI		
State/Territory:	Kentucky			
Citation		4.19		
42 CFR 447.25 47 FR 47964 48 FR 56046 • 42 CFR 447.2 47 FR 31518 52 FR 28141 Section 1902(a (13)(A) of Act (Section 4211 ((2)(A) of P.L. 100—203).	280	(d)	(2)	The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, with respect to payments for nursing facilit services and intermediate care facility services for the mentally retarded. ATTACHMENT 4.19-D describes the methods and standard used to determine rates for payment f or nursing facilit services and intermediate care facility services for the mentally retarded. The Medicaid agency provides payment for routine nursing facility services furnished by a Swing-bed hospital. At the average rate per patient day paid to NFs for routine services furnished during the previous calendar year. At a rate established by the Stat., which meets the requirements of 42 CFR Part 447, Subpart C, a applicable. Not applicable. The agency does not provide payment for NF services to a swing- bed hospital.

TN No. 90-37 Supersedes TN No. <u>87-15</u>

Approval Date: NOV 14 1994 Effective Date: 10/1/90

Revision:	HCFA-AT-80-38	(BPP)

May 22, 1980

State: Kentucky

<u>Citation</u> 4.19

42 CFR 447.45(c) P-79-50 (e) The Medicaid agency meets all requirements of 42 CFR 447.45 for timely payment of claims.

 $\underline{ATTACHMENT~4.19\text{-}E}$ specifies, for each type of service, the definition of a claim for purposes of meeting these requirements.

TN # <u>79-13</u>
Supersedes Approval Date: <u>1/10/80</u>
TN # _____

pproval Date: 1/10/80 Effective Date: 8/23/79

Revision: HCFA-PM-87-4

MARCH 1987

(BERC) OMB No.: 09838-0193

State/Territory: Kentucky

4.19 (f) The Medicaid agency limits participation to providers who meet the requirements of 42 CFR 447.15.

42 CFR 447.15 AT-78-90 AT-90-34 48 FR 5730

Citation

No provider participating under this plan may deny services to any individual eligible under the plan on account of the individual's inability to pay a cost sharing amount imposed by the plan in accordance with 42 CFR 431.55(g) and 447.53. This service guarantee does not apply to an individual who is able to pay, nor does an individual's inability to pay eliminate his or her liability for the

cost sharing change.

TN No. <u>87-15</u> Supersedes TN No. 83-11

Approval Date JAN 22 1989

Effective Date: 10-1-87

HCFA ID: 1010P/0012P

-				
Rev	710	110	n·	
1101	10	210	11.	

HCFA-AT-80-38 MARCH 1987

(BPP)

State/Territory: Kentucky

Citation

4.19

42 CFR 447.201 42 CFR 447.202 AT-78-90

The Medicaid agency assures appropriate audit of records when payment is based on costs of services or in a fee plus cost of materials. (g)

TN # <u>79-9</u> Supersedes TN #

Approval Date: 9/17/79

Effective Date: 8/6/79

Revision:	HCFA-AT-80-60	(BPP)
Revision:	HCFA-AT-80-60	(BPP)

August 12, 1980

State: Kentucky

Citation 4.19

42 CFR 447 .201 42 CFR 447.203 AT-78-90

The Medicaid agency meets the requirements of 42 CFR 447.203 for documentation and availability of payment rates. (h)

TN # 79-9 Supersedes TN #:

Approva1 Date: 9/17/79 Effective Date: 8/6/79

Revision:	HCFA-AT-80-38	(BPP)

May 22, 1980

State: Kentucky

<u>Citation</u> 4.19

42 CFR 447.201 42 CFR 447.204 AT-78-90 (i) The Medicaid agency's payments are sufficient to enlist enough providers that services under the plan are available to recipients at least to the extent that those services are available to the general population.

TN # 79-9 Supersedes TN #

Approval Date: 9/17/79

Effective Date: 8/6/79

Revision:

HCFA-PM-91-4 AUGUST 1991 (BPD)

0MB No.: 0938-

State: Kentucky

Citation

4.19

42 CFR 447.201 and 447.205 (j) The Medicaid agency meets the requirements of 42 CFR 447.205 for public notice of any changes in Statewide method or standards for setting payment rates.

1903(v) of the Act

(k) The Medicaid agency meets the requirements of section 1903(v) of the Act with respect to payment for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. Payment is made only for care and services that are necessary for the treatment of an emergency medical condition, as defined in section 1903(v) of the Act.

TN No. 92-1 Supersedes TN No. 87-15

Approval Date NOV 14 1994

Effective Date: 1-1-92

HCFA ID: 7982E

Revision:

HCFA-PM- 92-7

October 1992

(MB)

State/Territory: Kentucky

Citation

4.19

1903(i) (14) of the Act

(l) The Medicaid agency meets the requirements of Section 1903(i)(14) of the Act with respect to payment for physician services furnished to children under 21 and pregnant women. Payment for physician services furnished by a physician to a child or a pregnant woman is made only to physicians who meet one of the requirements listed under this section of the Act.

TN No. <u>93-9</u> Supersedes TN No. None

Approval Date: JUN 4 1993 Effective Date: <u>4-1-93</u>

Revision:	HCFA-PM-94-8 OCTOBER 1994	(MB)			
State/Territory:	<u>Kentucky</u>	_			
Citation	4.1	9 (m)			nbursement for Administration of Vaccines under the inization Program
1928 (c) (2) (C)(ii) of the Act			(i)	qualifi the	vider may impose a charge for the administration of a ed pediatric vaccine as stated in 1928(c)(2)(C)(ii) of Act. Within this overall provision, Medicaid irrsement to providers will be administered as follows.
			(ii)	The St	ate:
					sets a payment rate at the level of the regional maximum established by the DHHS Secretary.
					is a Universal Purchase State and sets a payment rate at the level of the regional maximum established in accordance with State law.
				X	sets a payment rate below the level of the regional maximum established by the DHS Secretary.*
					is a Universal Purchase State and sets a payment rate below the level of the regional maximum established by the Universal Purchase State. *
					The State pays the following rate for the administration of a vaccine:
					\$3.30 per administration fee (with a limit of 3 administration fees per recipient, per date of service).
		*At th	e reques	t of Anit	a Moore, 1/20/95, this change was made
1926 of the Ac	t		(iii)		aid beneficiary access to immunizations is assured h the following methodology:
				Medicaten (10 combin	tate's administration fee was established by using are's administration fee of \$3.28 rounded to the nearest 0) cents. The state believes the use of Medicare's fee in nation with Kentucky's KenPAC Program will assure the access to immunization.
TN No. 94-18					
Supersedes TN No. None			Appro	val Date	: <u>2/1/95</u> Effective Date: <u>10/1/94</u>

Revision:	HCFA-AT-80-3 May 22, 1980	8	(BPP)				
State: Ke	entucky						
Citation		4.20	Direct	Payments to Ce	ertain Rec	cipients for Physicians' or	r Dentists' Services
42 GFR 447.25 AT-78-9 0	5(b)		Direct accorda	payments are ance with, the r	made to equireme	o certain recipients as ents of 42 CFR 447.25.	specified by, and in
				Yes, for		physicians' services	
						dentists' services	
				ATTACHME payments are	NT 4.20 made.	- A specifies the conditi	ons under which such
			X	Not applicable	e. No dire	ect payments are made to	recipients.
TN # <u>78-2</u> Supersedes TN #	_			Approval Date	e: <u>3/16/78</u>	3	Effective Date: 9/16/77

Revision:	HCFA-AT-81-34	(BPP)	10-81
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State Kentucky

<u>Citation</u> 4.21 <u>Prohibition Against Reassignment of Provider Claims</u>

42 CFR 447.10(c) AT-78-90 46 FR 42699

Payment for Medicaid services furnished by any provider under this plan is made only in accordance with the requirements of 42 CFR 447.10.

TN # <u>81-31</u> Supersedes TN # <u>78-10</u>

Approval Date $\underline{12-4-81}$

Effective Date 7-1-81

State/Territory: Kentucky

<u>Citation</u> 4.22 <u>Third Party Liability</u>

42 CFR 433.137

- (a) The Medicaid agency meets all requirements of:
 - (1) 42 CFR 433.138 and 433.139.
 - (2) 42 CFR 433.145 through 433.148.
 - (3) 42 CFR 433.15]. through 433.154.
 - (4) Sections 1902(a) (25) (H) and (I) of the Act.

1902(a)(25)(H) and (I) of the Act

42 CFR 433.138(g)(1)(ii)

42 CFR 433.138(g)(3)(i)

and (iii)

42 CFR 433.138(f)

(b) ATTACHMENT 4.22-A-

- (1) Specifies the frequency with which the data exchanges required in §433.138(d)(1), (d)(3) and (d)(4) and the diagnosis and trauma code edits required in S433.138(e) are conducted;
- (2) Describes the methods the agency uses for and (2)(ii) meeting the follow up requirements contained in §433.138(g)(1)(i) and (g) (2) (i);
- (3) Describes the methods the agency uses for following up on information obtained through the State motor vehicle accident report file data exchange required under §433.138(d)(4)(ii) and specifies the time frames for incorporation into the eligibility
 - case file and into its third party data base and third party recovery unit of all information obtained through the follow up that identifies legally liable third party resources; and

42 CFR 433.138(g)(4)(i) through (iii)

(4) Describes the methods the agency uses for following up on paid claims identified under S433.138(e) (methods include a procedure for periodically identifying those trauma codes that yield the highest third party collections and giving priority to following up on those codes) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the follow up that identifies legally liable third party resources.

TN No. <u>22-0003</u> Supersedes TN No. <u>96-50</u>

Approval Date 6/21/22

Effective Date 5/1/22

Revision: KY SPA 22-0003	3			
State/Territory: Kentucky		-		
Citation	X	(c)	und	rs are required to bill liable third parties when services covered er the plan are furnished to an individual on whose behalf child port enforcement is being carried Out by the State IV-D agency.
		(d)	AT	ΓΑCHMENT 4.22-B specifies the following:
42 CFR 433.139(b)(3)(ii)(C)			(1)	The method used in determining a provider's compliance with the third party billing requirements at §433.139(b)(3)(ii) (C).
42 CFR 433.139(f)(2)			(2)	The threshold amount or other guideline used in determining whether to seek recovery of reimbursement from a liable third party, or the process by which the agency determines that seeking recovery of reimbursement would not be cost effective.
42 CFR 433.139(f)(3)			(3)	The dollar amount or time period the State uses to accumulate billings from a particular liable third party in making the decision to seek recovery of reimbursement.
42 CFR 447.20		(e)		Medicaid agency ensures that the provider furnishing a service for chathird party is liable follows the restrictions specified in 42 CFR 20.

TN No. <u>22-0003</u> Supersedes TN No. <u>96-5</u>

Approval Date: <u>6/21/22</u> Effective Date: <u>5/1/22</u>

Revision:	HCFA-PM-94-1 FEBRUARY 199	ı4	(MB)	
State/Territory:	Kentucky			
Citation		4.22	continued	
42 CFR 433.1	51(a)		(f) The Medicaid agency has written cooperative agreement of rights to and collection of third party benefits to the State as a condition of eligibility for medical assist following: (Check as appropriate.)	efits assigned
			State title IV-D agency. The requirements 433.152(b) are met.	of 42 CFR
			Other appropriate State agency(s)-	
			Other appropriate agency(s) of another State	
			Courts and law enforcement officials.	
1902(a) (60) c	of the Act		(g) The Medicaid agency assures that the State has in effective relating to medical child support under section 1908 of the	
1906 of the Ac	et		(h) The Medicaid agency specifies the guidelines used in det cost effectiveness of an employer-based group health plan one of the following.	
			The Secretary's method as provided in the Sta Manual, Section 3910.	te Medicaid
			The State provides methods for determining cost on <u>ATTACHMENT 4.22-C.</u>	effectiveness

71

Revision: HCFA-AT-84-2

01-84

(HERC)

State/Territory: Kentucky

<u>Citation</u> 4.23 <u>Use of Contracts</u>

42 CFR 434.4 48 FR 54013 The Medicaid agency has contracts of the type(s) listed in 42 CFR Part 434. All contracts meet the requirements of 42 CFR Part 434.

□ Not applicable. The State has no such contracts.

42 CFR Part 438

The Medicaid agency has contracts of the type(s) listed in 42 CFR Part 438. All contracts meet the requirements of 42 CFR Part 438. Risk contracts are procured through an open, competitive procurement process that is consistent with 45 CFR Part 74. The risk contract is with (check all that apply):

 $\hfill \Box$ Managed Care Organization that meets the definition of 1903(m) of the Act and 42 CFR 438.2

 $\hfill \square$ a Prepaid Inpatient Health Plan that meets the definition of 42 CFR 438.2

 $\hfill\Box$ a Prepaid Ambulatory Health Plan that meets the definition of 42 CFR 438.2.

Not applicable.

TN # <u>03-10</u> Supersedes TN # <u>84-5</u>

Approval Date: NOV 18 2003 Effective Date: 8/13/03

Revision:	HCFA-AT-80-38 May 22, 1980	(BPP)
State Ke	ntucky	
Citation	4.24	Standards for Payments for Skilled Nursing and Intermediate Care Facility Services.
42 CFR 442.10 and 442.100 AT-78-90)	With respect to skilled nursing and. Intermediate care facilities, all applicable requirements of 42 CFR Part 442, Subparts B and C are met.
AT-79-18 AT-80-25 AT-80-34 52 FR 32544		□ Not applicable to intermediate care facilities; such services are not provided under this plan.

TN # <u>89-26</u> Supersedes TN # <u>80-3</u>

Approval Date: <u>AUG 08 1989</u> Effective Date: <u>7/1/89</u>

Revision:	HCFA-AT-80-38

May 22, 1980

(BPP)

State Kentucky

Citation 4.25 Program for Licensing Administrators of Nursing Homes

42 CFR 431.702 AT-78-90

The State has a program that, except with respect to Christian Science sanatoria, meets the requirements of 42 CFR Part 431, Subpart N, for the licensing of nursing home administrators.

TN # <u>74-2</u> Supersedes TN # __

Approval Date: 9/12/74 Effective Date: 10/1/73

Revision: HCFA-PM-(MB) State/Territory: Kentucky Citation 4.26 <u>Drug utilization Review Program</u> 1927(g) The Medicaid agency meets the requirements of Section 1927(g) of A. 1. 42 CFR 456.700 the Act for a drug use review (DUR) progr3m for outpatient drug 1927(g) (1) (A) 2. The DUR program assures that prescriptions for outpatient drugs are: Appropriate Medically necessary Are not likely to result in adverse medical results 1927(g) (1) (a) The DUR program is designed to educate physicians and pharmacists to 42 CFR 456.705(b) and identify and reduce the frequency of patterns of fraud, abuse, gross overuse, 4 56.709(b) or inappropriate or medically unnecessary care among physicians, pharmacists, and patients or associated with specific drugs as well as: Potential and actual adverse drug react ions Therapeutic appropriateness Overutilization and underutilization Appropriate use of generic products Therapeutic duplication Drug disease contraindications Drug-drug interactions Incorrect drug dosage or duration of drug treatment Drug-allergy interactions Clinical abuse/misuse The DUR program shall assess data use against predetermined standards 1927 (g) (1) (B) C. 42 CFR 456.703 whose source materials for their development are consistent with peer-(d)and(f) reviewed medical literature which has been critically reviewed by unbiased independent experts and the following compendia: American Hospital Formulary Service Drug Information United States Pharmacopeia-Drug Information

TN No.: <u>93-11</u> Supersedes TN No. <u>93-1</u>

Approval Date JUN 1 1993

American Medical Association Drug Evaluations

Effective Date: 4-1-93

Revision:	HCFA-PM-	(MB)		/4a
Citation			State	Territory: <u>Kentucky</u>
1927(g) (1) (D 42 CFR 456.70		D.	are in	s not required for drugs dispensed to residents of nursing facilities that compliance with drug regimen review procedures Bet forth in 42 CFR. The state has never-the-less chosen to include nursing home drugs in:
				Prospective DUR
			X	Retrospective DUR.
1927(g) (2) (A 42 CFR 456.70		E.	1.	The DUR program includes prospective review of drug therapy at the point of sale or point of distribution before each prescription is filled or delivered to the Medicaid recipient.
1927(g)(2) (A) 42 CFR 456.70 (1)-(7))			2.	Prospective DUR includes screening each prescription filled or delivered to an individual receiving benefits for potential drug therapy problems due to: Therapeutic duplication Drug-disease contraindications Drug-drug interactions Drug-interactions with non-prescription or over-the-counter drugs Incorrect drug dosage or duration of drug treatment Drug allergy interactions Clinical abuse/misuse
1927(g) (2)(A) 42 CFR 456.70 and (d)	` '		3.	Prospective DUR includes counseling for Medicaid recipients based on standards established by State law and maintenance of patient profiles.
1927(g) (2) (B 42 CFR 456.70		F.	1.	The DUR program includes retrospective DUR through its mechanized drug claims processing and information retrieval system or otherwise which undertakes ongoing periodic examination of claims data and other records to identify: Patterns of fraud and abuse Gross overuse Inappropriate or medically unnecessary care among physicians, pharmacists, Medicaid recipients, or associated with specific drugs or groups of drugs.

TN No. <u>93-11</u> Supersedes TN No. <u>93-1</u>

Approval Date JUN 1 1993

Effective Date 4-1-93

Revision:	HCFA-PM	(MB)		74b
State/Territory	:Kentuck	У		
<u>Citation</u>				
927(g) (2) (C) 42 CFR 456.7()9(b)	F.	2.	The DUR program assesses data on drug use against explicit predetermined standards including but not limited to monitoring for: Therapeutic appropriateness Overutilization and underutilization Appropriate use of generic products Therapeutic duplication Drug-disease contraindications Drug-drug interactions Incorrect drug dosage/duration of drug treatment Clinical abuse/misuse
1927(g) (2) (D 42 CFR 456.71			3.	The DUR program through its State DUR Board, using data provided by the Board, provides for active and ongoing educational outreach programs to educate practitioners on common drug therapy problems to improve prescribing and dispensing practices.
1927(g) (3) (A 42 CFR 456.7)		G.	1.	The DUR program has established a State DUR Board either: ☐ Directly, or ☐ Under contract with a private organization
1927(g) (3) (B 42 CFR 456.7 (A) AND (B)			2.	The DUR Board membership includes health professionals (one—third licensed actively practicing pharmacists and one-third but no more than 51 percent licensed and actively practicing physicians) with knowledge and experience in one or more of the following:
				 Clinically appropriate prescribing of covered outpatient drugs. Clinically appropriate dispensing and monitoring of covered outpatient drugs. Drug use review, evaluation and intervention. Medical quality assurance
927(g)(3) (C) 42 CFR 456.7	16(d)		3.	 Retrospective DUR, Application of Standards as defined in section 1927(g)(2)(C), and Ongoing interventions for physicians and pharmacists targeted toward therapy problems or individuals identified in the course of retrospective DUR.
TN No. 93-11 Supersedes TN No. 93-1				Approval Date <u>JUN 1 1993</u> Effective Date <u>4-1-93</u>

Revision:	HCFA-PM-	(MB)	OMB No.
State/Territory	: Kentucky	<u>y</u>	
Citation			
1927(g) (3) (C 42 CFR 456.71 (a)-(d)		G.	 The interventions include in appropriate instances: Information dissemination Written, oral, and electronic reminders Face-to-Face discussions Intensified monitoring/review of prescribers/dispensers
1927(g) (3) (D 42 CFR 456.71 (A) and (B)		H.	The State assures that it will prepare and submit an annual report to the Secretary, which incorporates a report from the State DLJR Board, and that the State will adhere to the plane, steps, procedures as described in the report.
1927(h) (1) 42 CFR 456.72	22	I.	1. The State establishes, as its principal means of processing claims for covered outpatient drugs under this title, a point-of-sale electronic claims management System to perform on-line:
			 real time eligibility verification claims data capture adjudication of claims assistance to pharmacists, etc. applying for and receiving payment.
1927(g) (2) (A 42 CFR 456.70			2. Prospective DUR is performed using an electronic point of sale drug claims processing system.
1927(j) (2) 42 CFR 456.70	03(c)	J.	Hospitals which dispense covered outpatient drugs are exempted from the drug utilization review requirements of this section when facilities use drug formulary systems and bill the Medicaid program no more than the hospital's purchasing cost for such covered outpatient drugs.

* U.S. G.P.O.: 1993—342—239:80043

TN No. <u>93-11</u> Supersedes TN No. <u>93-1</u>

Approval Date <u>JUN 1 1993</u>

Effective Date <u>4-1-93</u>

Revision: HCFA-PM- (MB) OMB No.

State/Territory: ____Kentucky____

Citation

1927(g)(3)(D)
42 CFR 456.703
1902(a)(85) and Section
1004 of the Substance
Use-Disorder
Prevention that
Promotes Opioid
Recovery and
Treatment for Patients
and Communities Act
(SUPPORT Act)

- K. The Commonwealth of Kentucky has implemented Section 1004 of the Substance Use-Disorder Prevention that Promote Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act as follows:
 - 1. Claims Review Requirements
 - Safety Edits and Retrospective Claim Reviews On Opioid Prescriptions to Address:
 - Duplicate fills
 - Therapeutic duplication (TD) denials cannot be overridden at the POS between two (2) opioids (including buprenorphine-containing products for MAT)
 - Early refills (Percent to refill limits)
 - Quantity limits
 - Days' supply limits
 - Maximum daily morphine milligram equivalents
 (MME) on opioids prescriptions to limit the daily morphine milligram equivalent Concurrent Utilization Alerts
 - Opioid and Benzodiazepine Concurrent Fill Reviews
 - The Commonwealth monitors concomitant use of opioids and benzodiazepines
 - Appropriate counseling and education is required by prescribers
 - The state confirms retrospective review on this requirement
 - Opioids and Antipsychotic Concurrent Fill Reviews
 - The Commonwealth monitors concurrent opioid and antipsychotic utilization use via ongoing retrospective reports.

* U.S. G.P.O.: 1993—342—239:80043

TN No. <u>19-007</u> Supersedes TN No. <u>New</u>

Approval Date <u>02/18/20</u>

Effective Date October 1, 2019

Revision:	HCFA-PM-	(MB)	OMB No.

State/Territory: Kentucky

- 2. Program to Monitor Antipsychotic Medications in Children
 - The Commonwealth has in place a program to monitor antipsychotic medication use in all children, including foster children, with the following mechanisms:
 - Quantity limits
 - o Diagnosis code requirements on prescriptions
 - Therapeutic duplication hard edits at point of sale
 - Retrospective monitoring
 - The states confirms compliance of monitoring for all children, including foster children.
- 3. Fraud and Abuse Identification Requirements
 - The Commonwealth will identify and respond to potential fraud and abuse through the following mechanisms. These mechanisms are not all inclusive:
 - Kentucky's All Scheduled Prescription
 Electronic Reporting (KASPER) System ad hoc checks
 - Referrals made by the Medicaid and Welfare Fraud and Abuse hotline
 - o Pharmacy claim audits
 - Drug Utilization reviews
 - The Commonwealth program has established a process that identifies and responds to potential fraud and abuse by enrolled individuals, health care providers and pharmacies.

* U.S. G.P.O.: 1993—342—239:80043

TN No. <u>19-007</u> Supersedes TN No. <u>New</u>

HCFA-AT-80-38 Revision:

May 22, 1980

(BPP)

State Kentucky

Citation

4.27 <u>Disclosure of Survey Information and Provider or Contractor Evaluation</u>

42 CFR 431.115(c) AT-78-90 AT-79-74

The Medicaid agency has established procedures for disclosing pertinent findings obtained from surveys and provider and contractor evaluations that meet all the requirements in 42 FR 431.115.

TN # <u>79-23</u> Supersedes TN # __

Approval Date: 1/3/80

Effective Date: $\underline{10/15/79}$

Revision:

HCFA-PM-93-1

January 1993

(BPD)

State/Territory: Kentucky

Citation

4.28 Appeals Process

42 CFR 431.152; AT-79-18 52 FR 22444; Secs. 1902(a)(28)(D)(i) and 1919(e) (7) of the Act; P.L.

100-203 (Sec. 4211(c)).

(a) The Medicaid agency has established appeals procedures for NFs as 8pecified in 42 CFR 431.153 and 431.154.

(b) The State provides an appeals system that meets the requirements of 42 CFR 431 Subpart E, 42 CFR 483.12, and 42 CFR 483 Subpart E for residents who wish to appeal a notice of intent to transfer or discharge from a NF and for individuals adversely affected by the preadmission and annual resident review requirements of 42 CFR 483 Subpart C.

TN No. <u>94-1</u> Supersedes TN No. <u>90-5</u>

Approval Date APR 12 1994

Effective Date <u>1-1-94</u>

Conflict of Interest

Effective Date: 8/13/03

New: HCFA-PM-99-3 JUNE 1999

State: Kentucky

Citation

4.29 Conflict of Interest Provisions

1902(a)(4)(C) of the Social Security Act P.L. 105-33 The Medicaid agency meets the requirements of Section 1902(a)(4)(C) of the Act concerning the Prohibition against acts, with respect to any activity Under the plan, that is prohibited by section 207 or 208 of title 18, United States

1902(a)(4)(D) of the Social Security Act P.L. 105-33 1932(d)(3) 42 CFR 438.58 The Medicaid agency meets the requirements of 1902(a)(4)(D) of the Act concerning the safeguards against conflicts of interest that are at least as stringent as the safeguards that apply under section 27 of the Office of Federal Procurement Policy Act (41 U.S.C. 423).

TN # <u>03-10</u> Supersedes TN #<u>80-4</u>

Approval Date NOV 18 2003

Revision	OCTOBER 1987	(BERC) OMB No.: 0938-019.
State/Territory:	<u>Kentucky</u>	
Citation	4.30	Exclusion of Providers and Suspension of Practitioners and Other Individuals
42 CFR 1002.2 AT-79-54 48 FR 3742 51 FR 34772	03	 (a) All requirements of 42 CFR Part 1002, Subpart B are met. □ The agency, under the authority of Slate law, imposes broader sanctions.

TN No. 89-26 Supersedes TN Ho. 87-15

Approval Date: <u>AUG 08 1989</u> Effective Date: <u>7/1/89</u>

HCFA ID: I0I0P/0012P

(BERC)

4.30

Excluded Entities/Prohibited Affiliations OMB No.: 0938-0193

OCTOBER 1987

HCFA-AT-87-14 OCTOBER 1987

State/Territory: ____Kentucky___

Citation

Revision:

(b) The Medicaid agency meets the requirements of-

1902(p) of the Act

42 CFR 438.808

- (1) Section 1902(p) of the Act by excluding from participation-
 - (A) At the State's discretion, any individual or entity for any reason for which the Secretary could exclude the individual or entity from participation in a program under title XVIII in accordance with sections 1128, I 128A, or 1866(b)(2).
 - (B) An MCO (as defined in section 1903(m) of the Act), or an entity furnishing services under a waiver approved under section 1915(b)(1) of the Act, that -
 - (i) Could be excluded under section 11 28(b)(8) relating to owners and managing employees who have been convicted of certain crimes or received other sanctions, or
 - (ii) Has, directly or indirectly, a substantial contractual relationship (as defined by the Secretary) with an individual or entity that is described in section 1 128(b)(8)(B) of the Act.

1932(d)(1) 42 CFR 438.610 (2) An MCO, PIHP, PAHP, or PCCM may not have prohibited affiliations with individuals (as defined in 42 CFR 438.610(b)) suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations issued under Executive Order No.12549 or under guidelines implementing Executive Order No. 12549. If the State finds that an MCO, PCCM, PIPH, or PAHP is not in compliance the State will comply with the requirements of 42 CFR 438.610(c)

TN # <u>03-10</u> Supersedes TN # <u>89-26</u>

Approval Date: NOV 18 2003

Effective Date 8/13/03

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Revi	sion:	
11011	oion.	

HCFA-AT-87-14 OCTOBER 1987 (BERC)

OMB No.: 0938-0193

State/Territory: Kentucky

Citation

1902(a)(39) of the Act P.L. 100-93 (see. 8(f))

- (2) Section 1902(a)(39) of the Act by-
 - (A) excluding an individual or entity from participation for the period specified by the Secretary, when required by the Secretary to do so in accordance with sections 1128 or 1128A of the Act; and
 - (B) Providing that no payment will be made with respect to any item or service furnished by an individual or entity during this period.
- (c) The Medicaid agency meets the requirements of-

1902(a)(41) of the Act. P.L. 96-272, (sec. 308(c))

(1) Section 1902(a)(41) of the Act with respect to prompt notification to HCFA whenever a provider is terminated, suspended, sanctioned, or otherwise excluded from' participt1ng under this State plan; and

1902(a)(49) of the Act P.L. 100-93 (see. 5(a)(4)) (2) Section 1902(a)(49) of the Act with respect to providing information and access to information regarding sanctions taken against health care practitioners and providers by State licensing authorities in accordance with section 1921 of the Act

TN No. 89-26 Supersedes TN No. None

Approval Date: <u>AUG 08 1989</u> Effective Date: <u>7/1/89</u>

HCFA ID: I010P/0012P

Revision:

HCFA-PM-87-14 October 1987

(BERC)

OMB No.: 0938-0193

State/Territory: Kentucky

Citation

455.103 44 FR 41644 1902(a)(38) of the Act P.L. 100-93 (sec. 8(f))

4.31 Disclosure of Information by Providers and Fiscal Agents

The Medicaid agency has established procedures for the disclosure of information by providers and fiscal agents as specified in 42 CFR 455.104 through 455.106 and sections 1128(b)(9) and 1902(a)(38) of the Act

435.940 Through 435.960 52 FR 5967 54 FR 8738

4.32 Income and Eligibility Verification Systems

> The Medicaid agency has established a system for income and eligibility verification in accordance with the requirements of 42 CFR 435.940 through 435.960

Attachment 4.32-A describes, in accordance with 42 CFR 435.948(a)(6), the information that will be requested in order to verify eligibility or the correct payment amount and the agencies and the State(s) from which that information will be requested.

42 CFR 435.940 through 435.960 (Section 1903(r) of the Act.

The State has an eligibility determination system that provides for data matching through the Public Assistance Reporting Information System (PARIS), or any successor system, including matching with medical assistance programs operated by other States. The information that is requested will be exchanged with States and other entities legally entitled to verify Title XIX applicants and individuals eligible for covered Title XIX services consistent with applicable PARIS agreements.

TN No. KY-10-010 Supersedes TN No. 90-5

Approval Date: <u>12-17-2010</u>

Effective Date 10-01-10

Revision:

HCFA-PM-87-14 0CT0BR 1987 (BRC)

OMB No.: 0938-0193

State/Territory: Kentucky

Citation

4.33 Medicaid Eliibility Cards for Homeless Individuals

1902 (a) (48) of the Act, P.L.. 99-570 (Section 11005) P.L 100-93 (sec. 5(a)(3))

- (a) The Medicaid agency has a method for making cards evidencing eligibility for medical assistance available to an individual eligible under the State's approved plan who does not reside in a permanent dwelling or does not have a fixed home or mailing address.
- (b) <u>ATTACHMENT 4.33-A</u> specifies the method for issuance of Medicaid eligibility cards to homeless individuals.

TN No. <u>89-26</u> Supersedes TN No. <u>87-15</u>

Approval Date: <u>AUG 08 1989</u> Effective Date <u>7/1/89</u>

HCFA ID: 1010P/0012P

Revision:	HCFA-PM-88-10 SEPTEMBER 1988	(BERC	()	0MB No.: 0938-0193	
State/Territory:	<u>Kentucky</u>				
Citation	4.34	System	atic Alier	Nerification for Entitlements	
1137 of the Act		The State Medicaid agency has established procedures for the verificat alien status through the Immigration & Naturalization Service designated system, Systematic Alien Verification for Entitlements (S			
P.L. 99-603 (sec. 121)		effective October 1, 1988.		r 1, 1988.	
			period o	te Medicaid agency has elected to participate in the option of October 1, to September 30, 1988 to verify alien status the INS designated system (SAVE).	
				te Medicaid agency has received the following type(s) of rom participation in SAVE.	
				Total waiver	
				Alternative system	
				Partial implementation	

TN No. 88-24 Supersedes TN No. None

Approval Date: <u>DEC 12 1988</u> Effective Date: <u>10-1-88</u>

HCFA ID: 1010P/0012P

Revision:	HCFA-PH-90- 2 JANUARY 1990		(BPD)				0MB No.: 0938—0193
State/Territory:	<u>Kentucky</u>						
Citation		4.35	Remed Meet R	ies for S equirem	Skilled lents of l	Nursing and Intermediate Participation	Care Facilities that Do Not
1919(h) (1) and (2) of the Act, P.L. 100-203 (Sec. 4213(a))			(a)	1919(h nursing require criteria)(2)(A) g and int ments o for	termediate care facilities th	ncerning remedies for skilled hat do not meet one or more MENT 4.35-A describes the
						pplicable to intermediate c furnished under this plan.	are facilities; these services
			(b)	The age	ency use	es the following remedy(ies	s):
				(1)	Denial	of payment for new admis	sions.
				(2)	Civil n	noney penalty.	
				(3)	Appoir	ntment of temporary manag	gement.
				(4)	In eme		he facility and/or transfer of
1919(h)(2) (B)(of the Act	(ii)	\boxtimes	(c)	Federal ATTA	l reme CHMEN	dies (except for term	e remedies to the specified ination of participation). the alternative remedies and
1919(h)(2)(F) of the Act		\boxtimes	(d)	skilled	nursing		ncentive programs to reward ities that furnish the highest
				X	(1)	Public recognition.	
					(2)	Incentive payments.	
TN No. 89-36 Supersedes TN No. None				Approv	al Date	: <u>APR 19 1990</u>	Effective Date: 10-1-89

HCFA ID: I010P/0012P

Revision:	HCFA-PM-95-4 JUNE 1995		(HSQI	3)	
State/Territory:	Kentucky				
Citation		4.35	Enforc	ement o	f Compliance for Nursing Facilities
42 CFR §488. 402(f)			(a)	Notifi	cation of Enforcement Remedies
§400. 402(1)					taking an enforcement action against a non-State operated NF, ate provides notification in accordance with 42 CFR 488.402(f).
				(i)	The notice (except for civil money penalties and State monitoring) specifies the: (1) nature of noncompliance, (2) which remedy is imposed, (3) effective date of the remedy, and (4) right to appeal the determination leading to the remedy.
42 CFR §488.434				(ii)	The notice for civil money penalties is in writing and contains the information specified in 42 CFR 488.434.
42 CFR §488.402(f)(2)				(iii)	Except for civil money penalties and State monitoring, notice is given at least 2 calendar days before the effective date of the enforcement remedy for immediate jeopardy situations and at least 15 calendar days before the effective date of the enforcement remedy when immediate jeopardy does not exist.
42 CFR §488.456(c)(d)				(iv)	Notification of termination is given to the facility and to the public at least 2 calendar days before the remedy's effective date if the noncompliance constitutes immediate jeopardy and at least 15 calendar days before the remedy's effective date if the noncompliance does not constitute immediate jeopardy. The State must terminate the provider agreement of an NF in accordance with procedures in parts 431 and 442.
			(b)	Factor	s to be Considered in Selecting Remedies
42 CFR §488.488.404(I	b)(1)			(i)	In determining the seriousness of deficiencies, the State considers the factors specified in 42 CFR 488.404(b)(1) & (2).
					☐ The State considers additional factors. Attachment 4.35-A describes the State's other factors.

TN No. 95-13 Supersedes TN No. None

Approval Date: <u>1-16-96</u> Effective Date: <u>7/1/95</u>

Revision:	HCFA-PM-95- JUNE 1995	4	(HSQI	B)
State/Territo	ory: Kentucky			
Citation				
		(c)	Applic	cation of Remedies
42 CFR §488.410			(i)	If there is immediate jeopardy to re8ideflt health or safety, the State terminates the NF's provider agreement within 23 calendar days from the date of the last survey or immediately imposes temporary management to remove the threat within 23 days.
42 CFR §488.417(b) § 1919(h)(2 Of the Act			(ii)	The State imposes the denial of payment (or its approved alternative) with respect to any individual admitted to an NF that has not come into substantial compliance within 3 months after the last day of the survey.
42 CFR §488.414 §1919(h)(2) Of the Act.	(D)		(iii)	The State imposes the denial of payment for new admissions remedy as specified in §488.417 (or its approved alternative) and a State monitor as specified at §488.422, when a facility has been found to have provided substandard quality of care on the last three consecutive standard surveys.
42 CFR §488.408 1919(h)(2)(a) of the Act	A)		(iv)	The State follows the criteria specified at 42 CFR S488.408(c)(2), §488.408(dH2), and §488.408(e)(2), when it imposes remedies in place of or in addition to termination.
42 CFR §488.412(a)			(v)	When immediate jeopardy does not exist, the State terminates an NF's provider agreement no later than 6 months from the finding of noncompliance, if the conditions of 42 CFR 488.412(a) are not met.
		(d)	Availa	able Remedies
42 CFR §488.406(b) §1919(h)(2) of the Act.			(i)	The State has established the remedies defined in 42 CFR 488.406(b).

TN No. 95-13 Supersedes TN No. None

Approval Date: <u>1-16-96</u>

Effective Date: 7/1/95

Revision:	HCFA-PM-95-4 JUNE 1995					
State/Territory	: <u>Kentucky</u>					
<u>Citation</u>						
42 CFR \$488.406(b) \$1919(h) (2) (I of the Act.	B) (ii)	(ii)		The S	tate has	s alternative remedies. established alternative remedies that the State in place of a remedy specified in 42 CFR
						Temporary Management Denial of Payment for New Admissions Civil Money Penalties Transfer of Residents; Transfer of Residents with Closure of Facility State Monitoring. 4.35-B through 4.35-G describe the alternative
42 CFR §488.303(b) 1910(h) (2) (F) of the Act.	(e) '	× ×	(1) Pu	Incentive blic Rece	Progra	 I

TN No. 95-13 Supersedes TN No. None

Approval Date: <u>1-16-96</u> Effective Date: <u>7/1/95</u>

79d

Revision:

HCFA-PM-91-4 AUGUST 1991

(BPD)

OMB No.: 0938-

State/Territory: Kentucky

Citation

4.36 Required Coordination Between the Medicaid and WIC Programs

1902(a)(11)(C) and 1902(a)(53) of the Act

The Medicaid agency provides for the coordination between the Medicaid program and the Special Supplemental Food Program for Women, Infants, and Children (WIC) and provides timely notice and referral to WIC in accordance with section 1902(a) (53) of the Act.

TN No. <u>92-1</u> Supersedes TN No. None

Approval Date: NOV 14 1994 Effective Date: 1-1-92

HCFA ID: 7982E

Revision:	HCFA-PH-91-10 DECEMBER 1991	(BPD)

X

State/Territory: Kentucky

Citation

4.38 Nurse Aide Training and Competency Evaluation for Nursing Facilities

42 CFR 483.75; 42 CFR 483 Subpart D; Secs. 1902(a)(2),: 1919(e)c1) and(2), and 1919(f)(2), P.L. 100—203 (Sec. 4211(a)(3)); P.L. 101—239 (Sees. 6901(b)(3) and (4)); P.L. 101—508 (Sec. 4801(a)).

- (a) The State assures that the requirements of 42 CFR 483.150(a), which relate to individuals deemed to meet the nurse aide training and competency evaluation requirements, are met.
- (b) The State waives the competency evaluation requirements for individuals who meet the requirements of 42 CFR 483.150 (b) (1)
- (c) The State deems individuals who meet the requirements of 42 CFR 483.150(b) (2) to have met the nurse aide training and competency evaluation requirements.
- (d) The State specifies any nurse aide training arid competency evaluation programs it approves as meeting the requirements of 42-CFR 483.152 and competency evaluation programs it approves as meeting the requirements of 42 CFR 483.154.
- (e) The State offers a nurse aide training and competency evaluation program that meets the requirements of 42 CFR 483.152.
- (f) The State offers a nurse aide competency evaluation program that meets the requirements of 42 CFR 483.154.

TN No. 92-2 Supersedes TN No. None

Approval Date: <u>2-26-92</u> Effective Date: <u>2-1-92</u>

Revision:

HCFA-PM-91-10 DECEMBER 1991 (BPD)

State/Territory: _____Kentucky___

Citation

42 CFR 483.75; 42 CFR 483 Subpart D; Secs. 1902 (a) (28.): 1919(e) (1) and (2) and 1919(f)(2), P.L. 100-203 (Sec. 4211(a)(.3)); P.L. 101-239 (Secs. 6901(b)(3) and (4)); P.L. 101-508 (Sec. 4801(a)).

- (g) If the State does not choose to offer a nurse aide training and competency evaluation program or nurse aide competency evaluation or program, the .State reviews all nurse aide training and competency evaluation programs and competency evaluation programs upon request.
- (h) The State survey agency determines, during the course of all surveys, whether the requirements of 483.75(e) are met.
- Before approving a nurse aide training and competency (i) evaluation program, the State determines whether the requirements of 42 CFR 483.152 are met.
- (j) Before approving a nurse aide competency evaluation program, the State determines whether the requirements of 42 CFR 483.154 are met.
- (k) For program reviews other than the initial review, the State visits the entity providing the program.
- (l) The State does not approve a nurse aide training and competency evaluation program or competency evaluation program offered by or in certain facilities as described in 42 CFR 483.151(b)(2) and (3).

TN No. 92-2 Supersedes TN No. None

Approval Date: 2-26-92 Effective Date: 2-1-92 Revision:

HCFA-PM-91-10 DECEMBER 1991 (BPD)

State/Territory: ____Kentucky__

Citation

42 CFR 483.75; 42 CFR 483 Subpart D; Secs 1902(a)(28), 1919(e)(1) and(2), and 1919(f)(2), P.L. 100-203 (Sec. 4211(a)(3)); P.L. 101-239 (Secs. 6901(b) (3) and (4)); P.L. 101-508 (Sec. 4801(a)).

- (m) The State, within 90 days of receiving a request for approval of a nurse aide training and competency evaluation program or competency evaluation program, either advises the requestor whether or not the program has been approved or requests additional information from the requestor.
- The State does not grant approval of a nurse aide training and n) competency evaluation program for a period longer than 2 years.
- The State reviews programs when notified of substantive (o) changes (e.g., extensive curriculum modification).
- (p) The State withdraws approval from nurse aide training and competency evaluation programs and competency evaluation programs when the program is described in 42 CFR 483.151(b)(2) or (3).
- X The State withdraws approval of nurse aide training and (q) competency evaluation programs that cease to meet the requirements of 42 CFR 483.152 and competency evaluation programs that cease to meet the requirements of 42 CFR 483.154.
 - The State withdraws approval of nurse aide training and (r) competency evaluation programs and competency evaluation programs that do not permit unannounced visits by the State.

TN No. 92-2 Supersedes TN No. None

Approval Date 2-26-92

Effective Date 2-1-92

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HCFA-PM-91-10 DECEMBER 1991 (BPD)

State/Territory: _____Kentucky___

Citation

42 CFR 483.75: 42 CFR. 43 Subpart,..D; Sécs. 1902(a)'(28'), 1919(e)(1) and (2),'. and 1919(f)(2), P.L. 100-203 (Sec. 4211(a)(3)); P.L. 101-239 (Secs. 6901(b) (3) and (4)); P.L. 101-508 (Sec. 4801(a)).

- When the State withdraws approval from a nurse aide training (s) and, competency evaluation program or competency evaluation program, the State notifies the program in-writing, indicating the reasons for withdrawal of approval.
- The State permits students who have started a training and (t) competency evaluation program from which approval is withdrawn to finish the program.
- The State provides for the reimbursement of costs incurred in (u) completing a nurse aide training and competency evaluation program or competency evaluation program for nurse aides who become employed by or who obtain an offer of employment from a facility within 12 months of completing such program.
- The State provides advance notice that a record of successful (v) completion of competency evaluation will be included in the State's nurse aide registry.
- Competency evaluation programs are administered by the State or by a State-approved entity which is neither a skilled nursing facility participating in Medicare nor a nursing facility participating in Medicaid.
- The State permits proctoring of the competency evaluation in accordance with 42 CFR 483.154(d).
 - The State has a standard for successful completion of (y) competency evaluation programs.

TN No. 92-2 Supersedes TN No. None

Approval Date 2-26-92

Effective Date 2-1-92

(BPD) HCFA-PM-91-10 Revision DECEMBER 1991 State/Territory: Kentucky Citation 42 CFR. 483.75, 42 (z) The State includes a- record of .successful completion of a CFR 483 Subpart D; competency evaluation within 30 days of the date an Sec 1902 (a)(28) individual is found competent 1919(e) (1) and (2), and 1919(f)(2), X The State imposes a maximum upon the number of times an (aa) P.L. 100-203 (Sec. individual may take a competency evaluation program (any 4211(a)(3)); P.L. maximum imposed is not less than 3). 101-239 (Secs. 6901(b) (3) and (bb) The State maintains a nurse aide registry that meets the (4)); P.L. 101-508 requirements in 42 CFR 483.156. (Sec. 4801(a)). X (cc) The State includes home health aides on the registry. (dd) The State contracts the operation of the registry to a non State entity. ATTACHNENT 4.38 contains the State's description of (ee) registry information to be disclosed in addition to that required in 42 CFR 483.156(c)(l)(iii) and (iv). ATTACHMENT 4.38—A contains the State's description of (ff) information included on the registry in addition to the

TN No. <u>92-2</u> Supersedes TN No. <u>None</u>

Approval Date: <u>2-26-92</u> Effective Date: <u>2-1-92</u>

information required by 42 CFR 483.156(c).

Revision:

HCFA-PM-93-1 January 1993

(BPD)

(a)

State/Territory: Kentucky

Citation

4.39 Preadmission Screening and Annual Resident Review in Nursing Facilities

Secs. 1902(a) (28) (D) (1) and 1919(e) (7) of the Act: P.L. 100-203

(Sec. 4211(c)); P.L. 101-508

(Sec., 4801(b)).

requirements of 42 (CFR) 431.621(c). (b)

The Medicaid agency has in effect a written agreement with the State

mental health and mental retardation authorities that meet the

- The State operates a preadmission and annual resident review program that meets the requirements of 42 CFR 483.100—138.
- The State does not claim as "medical assistance under the State Plan" (c) the cost of services to individuals who should receive preadmission screening or annual resident review until such individuals are screened or reviewed.
- (d) With the exception of NF services furnished to certain NF residents defined in 42 CFR 483.118(c)(1), the State does not claim as "medical assistance under the State plan" the cost of NF services to individuals who are found not to require NF services.
- \mathbf{x}^* ATTACHMENT 4.39 specifies the state's definition of specialized (e) services.
- * P&I HCFA 7-12-94

TN No. 94-1 Supersedes TN No. None

Approval Date: APR 12 1994

Effective Date 1-1-94

Revision: HCFA-PM-93-1

January 1993

(BPD)

State/Territory: Kentucky

<u>Citation</u> 4.39 (<u>Continued</u>)

- (f) Except for residents identified in 42 CFR 483.118(c)(l), the State mental health or mental retardation authority makes categorical determinations that individuals with certain mental conditions or levels of severity of mental illness would normally require specialized services of such an intensity that a specialized services program could not be delivered by the State in most1 if not all, NFs and that a more appropriate placement should be utilized.
- (g) The State describes any categorical determinations it applies in $\underline{\text{ATTACHMENT 4.39-A}}.$

TN No. <u>94-1</u> Supersedes TN No. <u>None</u>

Approval Date: <u>APR 12 1994</u> Effective Date: <u>1-1-94</u>

Rev is ion:

HCFA-PM-92-3

APRIL 1992

(HSQB)

State/Territory: _____Kentucky_

Citation

4.40 Survey & Certification Process

Sections 1919(g)(1) Thru (2) and 1919(g)(4) Thru (5) of The Act. P.L. 100-200 (Sec. (a) The State assures that the requirements of 1919(g)(1)(A) through (C) and section 1919(g)(2)(A) through (E)(iii) of the Act which relate to the survey and certification of non-State owned facilities based on the requirements of section 1919(b), (c) and (d) of the Act, are met.

1919(g)(1) (B) of the Act

4212(a))

(b) The State conducts periodic education programs for staff and residents (and their representatives). <u>Attachment 4.40-A</u> describes the survey and certification educational program.

1919(g)(1) (C) of the Act

(c) The State provides for a process for the receipt and timely review and investigation of allegations of neglect and abuse and misappropriation of resident property by a nurse aide of a resident in a nursing facility or by another individual used by the facility. Attachment 4.40-B describes the States process.

1919(g)(1) (c) of the Act (d) The State agency responsible for surveys and certification of nursing facilities or an agency delegated by the State survey agency conducts the process for the receipt and timely review and investigation of allegations of neglect and abuse and misappropriation of resident property. If not the State survey agency, what agency?

1919(g)(1) (c) of the Act (e) The State assures that a nurse aide, found to have neglected or abused a resident or misappropriated resident property in a facility, is notified of the finding. The name and finding is placed on the nurse aide registry.

1919(g)(1) (c) of the Act (f) The State notifies the appropriate licensure authority of any licensed individual found to have neglected or abused a resident or misappropriated resident property in a facility.

TN No. <u>93-6</u> Supersedes TN No. <u>None</u>

Approval Date: 8/12/97 Effective Date: 1-1-93

HCFA ID:

79v Revision: HCFA-PM-92-3 (HSQB) **APRIL 1992** State/Territory: _____Kentucky___ Citation 1919(g) (2) The State has procedures, as provided for at section 1919(g)(2)(A)(i), (g) (A)(i) of the Act

1919(g)(2)

1919(g) (2)

(A)(iii)(I)

of the Act 1919(g)(2)

(A)(iii)(II)

of the Act

1919(g) (2)

1919(g) (2)

(C) of the

Act

(B) of Act

(A)(ii) of

the Act

for the scheduling and conduct of standard surveys to assure that the State has taken all reasonable steps to avoid giving notice through the scheduling procedures and the conduct of the surveys themselves. Attachment 4.40-C describes the State's procedures.

OMB No:

The State assures that each facility shall have a standard survey which (h) includes (for a case-mix stratified sample of residents) a survey of the quality of care furnished, as measured by indicators of medical, nursing and rehabilitative care, dietary and nutritional services, activities and social participation, and sanitation, infection control, and the physical environment, written plans of care and audit of resident's assessment and a review of compliance with resident's rights not later than 15 months after the date of the previous standard survey.

The State assures that the Statewide average interval between (i) standard surveys of nursing facilities does not exceed 12 months.

The State may conduct a special standard or special abbreviated (j) standard survey within 2 months of any change of ownership, administration, management, or director of nursing of the nursing facility to determine whether the change has resulted in any decline in the quality of care furnished in the facility.

The State conducts extended surveys immediately the or, if not (k) practicable, not later that 2 weeks following a completed standard survey in a nursing facility which is found to have provided substandard care or in any other facility at the Secretary's or State's discretion.

(1) The State conducts standard and extended surveys based upon a protocol, i.e., survey forms, methods, procedures and guidelines developed by HCFA, using individuals in the survey team who meet minimum qualifications established by the Secretary.

TN No. :93-06

Supersedes Approval Date 8/12/97 Effective Date 1-1-93 TN No. None

HCFA ID:

Revision:	HCFA-PM-92-3 APRIL 1992	(HSQl	B)	OMB No:
State/Territory	: Kentucky	-		
Citation				
1919(g) (2) (D) of the Act		(m)	The State provides for programs to measure and in the application of survey results among sur <u>4.40-D</u> describes the State's programs.	
1919(g) (2) (E)(i) of the Act		(n)	The State uses a multidisciplinary team of profregistered professional nurse.	essionals including a
1919(g) (2) (E)(ii) of the Act		(0)	The State assures that members of a survey to have not served within the previous two years' staff or consultant to the nursing facility or has n financial interest in the facility being surveyed.	as a member of the
1919(g) (2) (E)(iii) of the Act		(p)	The State assures that no indivjiual shall serve survey team unless the individual has succe training and test program in survey and cerapproved by the Secretary.	essfully completed a
1919(g) (4) of the Act		(q)	The State maintains procedures and adequate complaints of violations of requirements by ronsite monitoring. <u>Attachment 4.40-E</u> describes procedures.	nursing facilities and
1919(g) (5) (A) of the Act		(r)	The State makes available to the public in surveys and certification of nursing facilities in deficiencies, plans of correction, copies of cost ownership and the information disclosed under Act.	cluding statements of reports, statements of
1919(g)(5) (B) of the Act		(s)	The State notifies the State long-term care ombifinding of non-compliance with any of the requi (b), (c), and (d) or of any adverse actions tak facility.	rements of subsection
1919(g) (5) (C) of the Act		(t)	If the State finds substandard quality of care is notifies the attending physician of each resident such finding is made and the nursing facility as board.	with respect to which
1919(g)(5) (D) of the Act		(u)	The State provides the State Medicaid fraud and to all information concerning survey and certific	
TN No. <u>93-06</u> Supersedes TN No. <u>None</u>		Appro	oval Date: <u>8/12/97</u>	Effective Date 1-1-93

HCFA ID:

Revision:	HCFA-PM-92- 2 MARCH 1992	(HSQE	3)	79x
State/Territory:	Kentucky			
<u>Citation</u>	4.41	Reside	ent Asse	ssment for Nursing Facilities
Sections 1919(b) (3) and 1919 (e)(5) of the Act		(a)	condu	tate specifies the in8trument to be used by nursing facilities for cting a comprehensive, accurate, standardized, reproducible ment of each resident's functional capacity as required in $0(3)(A)$ of the Act.
1919 (e) (5) (A) of the		(b)	The St	ate is using:
Act				the resident assessment instrument designated by the Health Care Financing Administration (see Transmittal 1241 of the State Operations Manual) [S1919(e)(5)(A)J; or
1919(e) (5) (B) of the Act			X	a resident assessment instrument that the Secretary has approved as being consistent with the minimum data set of core elements, common definitions, and utilization guidelines as specified by the Secretary (see Section 4470 of the <u>State Medicaid Manual</u> for the Secretary's approval criteria) [S1919(e)(5)(B)J.

Supersedes

TN No. None

TN No. <u>93-06</u> Approval Date: 8/12/97

HCFA ID: _____

Effective Date 1-1-93

Page 79y STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State/Territory: _____Kentucky____

Citation

4.42 Employee Education About False Claims Recoveries

1902(a)(68) of the Act, P.L. 109-171 (section 6032) (a) The Medicaid agency meets the requirements regarding establishment of policies and procedures for the education of employees of entities covered by section 1902(a)(68) of the Social Security Act (the Act) regarding false claims recoveries and methodologies for oversight of entities' compliance with these requirements.

(1) Definitions

(A) An "entity" includes a governmental agency, organization, unit, corporation, partnership, or other business arrangement (including any Medicaid managed care organization, irrespective of the form of business structure or arrangement by which it exists), whether for-profit or not-for-profit, which receives or makes payments, under a State Plan approved under title XIX or under any waiver of such plan, totaling at least \$5,000,000 annually.

If an entity furnishes items or services at more than a single location or under more than one contractual or other payment arrangement, the provisions of section 1902(a)(68) apply if the aggregate payments to that entity meet the \$5,000,000 annual threshold. This applies whether the entity submits claims for payments using one or more provider identification or tax identification numbers.

A governmental component providing Medicaid health care items or services for which Medicaid payments are made would qualify as an "entity" (e.g., a state mental health facility or school district providing school-based health services). A government agency which merely administers the Medicaid program, in whole or part (e.g., managing the claims processing system or determining beneficiary eligibility), is not, for these purposes, considered to be an entity.

An entity will have met the \$5,000,000 annual threshold as of January 1, 2007, if it received or made payments in that amount in Federal fiscal year 2006. Future determinations regarding an entity's responsibility stemming from the requirements of section 1902(a)(68) will be made by January 1 of each subsequent year, based upon the amount of payments an entity either received or made under the State Plan during the preceding Federal fiscal year.

(B) An "employee" includes any officer or employee of the entity.

TN No.: <u>07-002</u> Supersedes TN No.: <u>New</u>

Approval Date: <u>06/19/07</u> Effective Date: <u>01/01/07</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kentucky

- A "contractor" or "agent" includes any contractor, subcontractor, agent, or other person which or who, on behalf of the entity, furnishes, or otherwise authorizes the furnishing of , Medicaid health care items or services, performs billing or coding functions, or is involved in the monitoring of health care provided by the entity.
- (2) The entity must establish and disseminate written policies which must also be adopted by its contractors or agents. Written policies may be on paper or in electronic form, but must be readily available to all employees, contractors, or agents. The entity need not create an employee handbook if none already exists.
- An entity shall establish written policies for all employees (including (3) management), and of any contractor or agent of the entity, that include detailed information about the False Claims Act and the other provisions named in section 1902(a)(68)(A). The entity shall include in those written policies detailed information about the entity's policies and procedures for detecting and preventing waste, fraud, and abuse. The entity shall also include in any employee handbook a specific discussion of the laws described in the written policies, the rights of employees to be protected as whistleblowers and a specific discussion of the entity's policies and procedures for detecting and preventing fraud, waste, and abuse.
- (4) The requirements of this law should be incorporated into each State's provider enrollment agreements.
- (5) The State will implement this State Plan amendment on January 1,
- ATTACHMENT 4.42-A describes, in accordance with section1902(a)(68) of the Act, the methodology of compliance oversight and the frequency with which the State will re-assess compliance on an ongoing basis.

TN No.: 07-002 Approval Date: <u>06/19/07</u> Effective Date: 01/01/07

Supersedes TN No.: New

79aa

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory	/: Kentucky	7

Citation

4.43 <u>Cooperation with Medicaid Integrity Program Efforts.</u>

1902(a)(69) of the Act, P.L. 109-171 (section 6034) The Medicaid agency assures it complies with such requirements determined by the Secretary to be necessary for carrying out the Medicaid Integrity Program established under section 1936 of the Act.

TN No: <u>08-005</u> Supersedes TN No: <u>None</u>

Approval Date: <u>06/11/08</u> Effective Date <u>07/01/08</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State/ Territory: Kentucky

SECTION 4 — GENERAL PROGRAM ADMINISTRATION

<u>Citation</u>	4.46	Provi	der Screening and Enrollment
Section 1902(a)(77) 1902(a)(39) 1902(kk); P.L. 111-148 And P.L. 111-152		The St	tate Medicaid agency gives the following assurances:
		PROV	VIDER SCREENING
42 CFR 455 Subpart E		X	Assures that the State Medicaid agency complies with the process for screening providers under section 1902(a)(39), 1902(a)(77) and 1902(kk) of the Act.
		ENRC	DLLMENT AND SCREENING OF PROVIDERS
42 CFR 445.410		X	Assures enrolled providers will be screened in accordance with 42 CFR 455.400 et seq.
		X	Assures that the State Medicaid Agency requires all ordering or referring physicians or other professionals to be enrolled under the State Plan or under a waiver of the Plan as a participating provider.
		VERI	FICATION OF PROVIDER LICENSES
42 CFR 455.412		\boxtimes	Assures that the State Medicaid agency has a method for verifying providers licensed by a State and that such providers licenses have not expired or have no current limitations.
		REVA	ALIDATION OF ENROLLMENT
42 CFR 455.414		\boxtimes	Assures that providers will be revalidated regardless of provider type at least every 5 years.
		TERM	MINATION OR DENIAL OF ENROLLMENT
42 CFR 455.416		X	Assures that the State Medicaid agency will comply with section 1902 (a)(39) of the Act and with the requirements outlined in 42 CFR 455.416 for all terminations or denials of provider enrollment.
		REAC	CTIVATION OF PROVIDER ENROLLMENT
42 CFR 455.420		X	Assures that any reactivation of a provider will include re-screening and payment of application fees as required by 42 CFR 455.460.
TN No. 12-001 Supersedes TN No. None		Appro	oval Date: 3/14/2012 Effective Date: 01/01/2012

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State/ Territory: Kentucky

SECTION 4 — GENERAL PROGRAM ADMINISTRATION

Citation	4.46	Provider Screening and Enrollment
		APPEAL RIGHTS
42 CFR 455.422		Assures that all terminated providers and providers denied enrollment as a result of the requirements of 42 CFR 455.416 will have appeal rights available under procedures established by State law or regulation.
		SITE VISITS
42 CFR 455.432		Assures that pre-enrollment and post-enrollment site visits of providers who are in "moderate" or "high" risk categories will occur.
		CRIMINAL BACKGROUND CHECKS
42 CFR 455.434		Assures that providers, as a condition of enrollment, will be required to consent to criminal background checks including fingerprints, if required to do so under State law, or by the level of screening based on risk of fraud, waste or abuse for that category of provider.
		FEDERAL DATABASE CHECKS
42 CFR 455.436		Assures that the State Medicaid agency will perform Federal database checks on all providers or any person with an ownership or controlling interest or who is an agent or managing employee of the provider.
		NATIONAL PROVIDER IDENTIFIER
42 CFR 455.440		Assures that the State Medicaid agency requires the National Provider Identifier of any ordering or referring physician or other professional to be specified on any claim for payment that is based on an order or referral of the physician or other professional.
		SCREENING LEVELS FOR MEDICAID PROVIDERS
42 CFR 455.450		Assures that the State Medicaid agency complies with 1902(a)(77) and 1902(kk) of the Act and with the requirements outlined in 42 CFR 455.450 for screening levels based upon the categorical risk level determined for a provider.
TN No.: 12-001 Supersedes		Approval Date <u>3/14/2012</u> Effective Date; <u>1/1/2012</u>

Supersedes TN 'No.: <u>None</u>

Page 80.3

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State/ Territory: Kentucky

SECTION 4 — GENERAL PROGRAM ADMINISTRATION

<u>Citation</u> 4.46 <u>Provider Screening and Enrollment</u>

APPLICATION FEE

42 CFR 455.460

Assures that the State Medicaid agency complies with the requirements for collection of the application fee set forth in section 1866(j)(2)(C) of the Act and 42 CFR 455.460.

TEMPORARY MORATORIUM ON ENROLLMENT OF NEW PROVIDERS OR SUPPLIERS

42 CFR 455.470

Assures that the State Medicaid agency complies with any temporary moratorium on the enrollment of new providers or provider types imposed by the Secretary under section 1866(j)(7) and 1902(kk)(4) of the Act, subject to any determination by the State and written notice to the Secretary that such a temporary moratorium would not adversely impact beneficiaries' access to medical assistance.

TN No.: 12-001 Supersedes TN 'No.: None

Approval Date 3/14/2012

Effective Date; $\underline{1/1/2012}$

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/	Territory	·-	Kentucky
State	Territory	V:	Kentucky

SECTION 4 — GENERAL PROGRAM ADMINISTRATION

Section 1902(a)(80) of P.L. 111-148 (Section

Citation

6505)

4.44 Medicaid Prohibition on Payments to Institutions or Entities Located Outside of the United States

The State shall not provide any payments for items or services provided under the State plan or under a waiver to any financial institution or entity located outside of the United States.

TN No.: 11-001 Supersedes TN 'No.: None

Approval Date 1-31-11

Effective Date; January 1, 2011

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State/ Territory: Kentucky

SECTION 4 — GENERAL PROGRAM ADMINISTRATION

<u>Citation</u>	4.46	Provid	der Screening and Enrollment	
Section 1902(a)(77) 1902(a)(39) 1902(kk); P.L. 111-148 And P.L. 111-152		The State Medicaid agency gives the following assurances:		
		PROV	IDER SCREENING	
42 CFR 455 Subpart E			Assures that the State Medicaid agency complies with the process for screening providers under section 1902(a)(39), 1902(a)(77) and 1902(kk) of the Act.	
		ENROLLMENT AND SCREENING OF PROVIDERS		
42 CFR 445.410		X	Assures enrolled providers will be screened in accordance with 42 CFR 455.400 et seq.	
		☒	Assures that the State Medicaid Agency requires all ordering or referring physicians or other professionals to be enrolled under the State Plan or under a waiver of the Plan as a participating provider.	
		VERI	FICATION OF PROVIDER LICENSES	
42 CFR 455.412		\boxtimes	Assures that the State Medicaid agency has a method for verifying providers licensed by a State and that such providers licenses have not expired or have no current limitations.	
		REVA	ALIDATION OF ENROLLMENT	
42 CFR 455.414		X	Assures that providers will be revalidated regardless of provider type at least every 5 years.	
		TERM	MINATION OR DENIAL OF ENROLLMENT	
42 CFR 455.416		X	Assures that the State Medicaid agency will comply with section 1902 (a)(39) of the Act and with the requirements outlined in 42 CFR 455.416 for all terminations or denials of provider enrollment.	
		REAC	CTIVATION OF PROVIDER ENROLLMENT	
42 CFR 455.420		X	Assures that any reactivation of a provider will include re-screening and payment of application fees as required by 42 CFR 455.460.	
TN No. 12-002 Supersedes TN No. None		Appro	eval Date: 3/14/2012 Effective Date: 01/01/2012	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State/ Territory: Kentucky

SECTION 4 — GENERAL PROGRAM ADMINISTRATION

Citation	4.46	Provider Screening and Enrollment
		APPEAL RIGHTS
42 CFR 455.422		Assures that all terminated providers and providers denied enrollment as a result of the requirements of 42 CFR 455.416 will have appeal rights available under procedures established by State law or regulation.
		SITE VISITS
42 CFR 455.432		Assures that pre-enrollment and post-enrollment site visits of providers who are in "moderate" or "high" risk categories will occur.
		CRIMINAL BACKGROUND CHECKS
42 CFR 455.434		Assures that providers, as a condition of enrollment, will be required to consent to criminal background checks including fingerprints, if required to do so under State law, or by the level of screening based on risk of fraud, waste or abuse for that category of provider.
		FEDERAL DATABASE CHECKS
42 CFR 455.436		Assures that the State Medicaid agency will perform Federal database checks on all providers or any person with an ownership or controlling interest or who is an agent or managing employee of the provider.
		NATIONAL PROVIDER IDENTIFIER
42 CFR 455.440		Assures that the State Medicaid agency requires the National Provider Identifier of any ordering or referring physician or other professional to be specified on any claim for payment that is based on an order or referral of the physician or other professional.
		SCREENING LEVELS FOR MEDICAID PROVIDERS
42 CFR 455.450		Assures that the State Medicaid agency complies with 1902(a)(77) and 1902(kk) of the Act and with the requirements outlined in 42 CFR 455.450 for screening levels based upon the categorical risk level determined for a provider.
TN No.: <u>12-002</u>		
Supersedes TN 'No : None		Approval Date <u>3/14/2012</u> Effective Date; <u>1/1/2012</u>

Supersedes
TN 'No.: None

Page 80.3

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State/ Territory: Kentucky

SECTION 4 — GENERAL PROGRAM ADMINISTRATION

<u>Citation</u> 4.46 <u>Provider Screening and Enrollment</u>

APPLICATION FEE

42 CFR 455.460

Assures that the State Medicaid agency complies with the requirements for collection of the application fee set forth in section 1866(j)(2)(C) of the Act and 42 CFR 455.460.

TEMPORARY MORATORIUM ON ENROLLMENT OF NEW PROVIDERS OR SUPPLIERS

42 CFR 455.470

Assures that the State Medicaid agency complies with any temporary moratorium on the enrollment of new providers or provider types imposed by the Secretary under section 1866(j)(7) and 1902(kk)(4) of the Act, subject to any determination by the State and written notice to the Secretary that such a temporary moratorium would not adversely impact beneficiaries' access to medical assistance.

TN No.: <u>12-002</u> Supersedes TN 'No.: <u>None</u>

Approval Date 3/14/2012 Effective Date; 1/1/2012

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Rev	714	216	n	•
1101		21/	ш	

HCFA-AT-80-38 May 22, 1980 (BPP)

State: ____Kentucky____

SECTION 5 PERSONNEL ADMINISTRATION

Citation

5.1 Standards of Personnel Administration

42 CFR 432.10 (a) AT-78-90 AT-79-23 AT-80-34 (a) The Medicaid agency has established and will maintain methods of personnel administration in conformity with standards prescribed by the U.S. Civil Service Commission in accordance with Section 208 of the Intergovernmental Personnel Act of 1970 and the regulations on Administration of the Standards for a Merit System of Personnel Administration, 5 CFR Part 900, Subpart F. All requirements of 42 CFR 432.10 are met.

☐ The plan is locally administered and Statesupervised. The requirements of 42 CFR 432.10 with respect to local agency administration are met.

(b) Affirmative Action Plan

The Medicaid agency has in effect an affirmative action plan for equal employment opportunity that includes specific action steps and tirnetable and meets all other requirements of 5 CFR Part 900, Subpart F.

TN # <u>77-11</u> Supersedes TN #

Approva1 Date: <u>10/25/77</u> Effective Date: <u>9/30/77</u>

May 22, 1980

(BPP)

State Kentucky

Citation

5.1 <u>Training Program; Subprofessional and Volunteer Programs</u>

42 CFR Part 432, Subpart B AT-78-90 The Medicaid agency meets the requirements of 42 CFR Part 432, Subpart B, with respect to a training program for agency personnel and the training and use of suprofessional staff and volunteers.

TN # 78-3 Supersedes TN # ____

Approva1 Date: 4/20/78

Effective Date: 2/27/78

Revision:

HCFA-AT-80-38

May 22, 1980

(BFP)

State Kentucky

SECTION 6 – FINANCIAL ADMINISTRATION

Citation

6.1 Fiscal Policies and Accountability

42 CFR 433.32 AT-79-29 The Medicaid agency and, where applicable, local agencies administering the plan, maintains an accounting system and supporting fiscal records adequate to assure that claims for Federal funds are in accord with applicable Federal requirements. The requirements of 42 CFR 433.32 are met.

Effective Date: 6/30/76

TN # <u>76-9</u> Supersedes TN # _____

Approva1 Date: <u>7/8/76</u>

Revision: HCFA-AT-81 (BPP)

State: Kentucky

6.2 Cost Allocation Citation

42 CFR 433.34 47 FR 17490

There is an approved cost allocation plan on file with the Department in accordance with the requirements contained in 45 CFR Part 95, Subpart E.

TN # <u>82-24</u> Supersedes TN # <u>76-9</u>

Approval Date: <u>10/28/87</u>

Effective Date 10-1-82

Revision:	HCFA-AT-80-38			
	3.4 22 1000			

May 22, 1980

(BPP)

State:	Kentucky	

Citation

6.3 State Financial Participation

42 FR 433.33 AT-79-29 AT-80-34

- (a) State funds are used in both assistance and administration.
 - State funds are used to pay all of the non-Federal share o total expenditures under the plan
 - □ There is local participation. State funds are used to pay not less than 40 percent of the non-Federal share of the total expenditures under the plan. There is a method of apportioning Federal and State funds among the political subdivisions of the State on an equalization or other basis which assures that lack of adequate funds from local sources will rot result in lowering the amount, duration, scope or quality of care and services or level of administration under the plan in any part of the State.
- (b) State and Federal funds are apportioned among the political subdivisions of the State on a basis consistent with equitable treatment of individuals in similar circumstances throughout the State.

TN # <u>76-9</u> Supersedes TN # _____

Approval Date: <u>7/9/76</u> Effective Date: <u>6/30/76</u>

Revision: HCFA-PM--91-4

AUGUST 1991

(BPD) 0MB No. 0938-

State/Territory: Kentucky

SECTION 7 - GENERAL PROVISIONS

7.1 Citation Plan Amendments

The plan will be amended whenever necessary to reflect new or revised Federal statutes or regulations or material change in State law, 42 CFR 430.12(c)

organization, policy or State agency operation.

TN No. <u>92-1</u> Supersedes TN No. <u>90-5</u>

Approval Date NOV 14 1994

HCFA ID: 7982E

Effective Date: 1-1-92

Revision: HCFA-PM-91-4

AUGUST 1991

(BPD) OMB No. 0938-

State/Territory: Kentucky

<u>Citation</u> 7.2 <u>Nondiscrimination</u>

45 CFR Parts 80 and 84 In accordance with title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et. seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 70b), and the regulations at 45 CFR Parts 80 and 84, the Medicaid agency assures that no individual shall be subject to discrimination under this plan on the grounds of race, color, national origin, or handicap.

The Medicaid agency has methods of administration to assure that each program or activity for which it receives Federal financial assistance will be operated in accordance with title VI regulations. These methods for title VI are described in <u>ATTACHMENT 7.2-A</u>.

TN No. 92-1 Supersedes TN No. 79-4

Approval Date: NOV 14 1994 Effective Date: 1-1-92

HCFA ID: 7982E

State: Kentucky

Citation 7.4 State Governor's Review

42 CFR 430.12(b)

The Medicaid Agency will provide opportunity for the Office of Governor to review State plan amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Centers for Medicare and Medicaid Services with such documents.

- $\frac{X}{X}$ Not Applicable. The Governor-
- Does not wish to review any plan material.
- Wishes to review only the plan materials specified in the enclosed document.

I hereby certify that I am authorized to submit this plan on behalf of

Department for Medicaid Services

(Designated Single State Agency)

Date: February 8, 2016

Stephen P. Miller, Commissioner Department for Medicaid Services

TN#: 16-002 Supersedes TN#: <u>16-001</u>

Approval Date: 02-12-16 Effective Date: February 8, 2016

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

Attachment 1.1-A Page 1.1

State of	fKentucky
ATTOI	RNEY GENERAL'S CERTIFICATION
I certify	y that:
	The Department for Medicaid Services is the single State agency responsible for:
X	administering the plan.
	The legal authority under which the agency administers the plan on a Statewide basis is
	KRS 194.030 and Executive Order 85-967 issued pursuant to KRS 12.028(statutory citation)
	supervising the administration of the plan by local political subdivisions.
	The legal authority under which the agency supervises the administration of the plan on a Statewide basis is contained in
	(statutory citation)
	The agency's legal authority to make rules and regulations that are binding on the political subdivisions administering the plan is
	(statutory citation)
N	March 27, 1986 DATE
	David Armstrong Signature (See original document for signature)
	Attorney General Title
TN# <u>86</u> Superso TN# <u>78</u>	edes Approved: <u>6-23-86</u> Eff. Date: <u>3-1-86</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Attachment 1.2-A Page 1

Effective Date: 7/09/04

State: Kentucky

ORGANIZATION AND FUNCTION OF THE STATE AGENCY

The Cabinet for Health and Family Services is the primary agency in state government responsible for the development and operation of health programs, including all federal programs in which the Commonwealth elects to participate. The Secretary of the Cabinet is the chief executive and administrative officer of the Cabinet for Health and Family Services.

The Secretary of the Cabinet for Health and Family Services has supervisory authority over the Department for Medicaid Services, which is the Single State Agency. The Commissioner for Medicaid Services directs the operation of all Divisions and functions within the Department, and has the authority to exercise administrative discretion in the administration or supervision of the Medicaid program, including the issuance of policies, rules, and regulations on program matters. The Cabinet Secretary is responsible for determining that the Commissioner's exercise of authority is in compliance with general state executive policy.

The Department for Community Based Services, within the Cabinet for Health and Family Services, makes eligibility determinations as shown in Attachment 1.2-D.

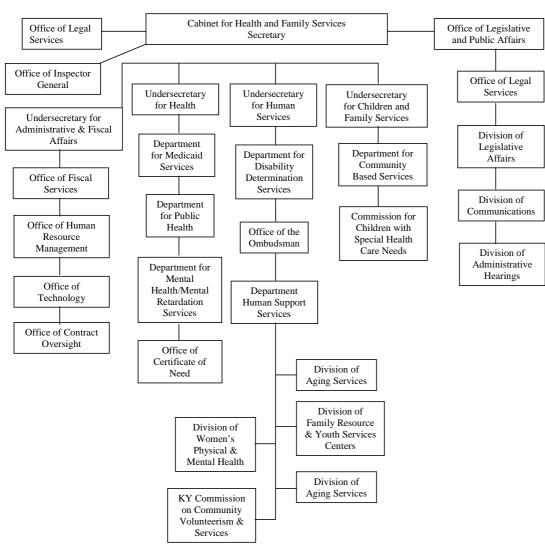
The following chart illustrates the organizational structure and functional relationships of the Cabinet for Health and Family Services.

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Approval Date: NOV 01 2004

Supersedes TN No.: 96-9

Cabinet for Health and Family Services



TN No.: 04-004
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Attachment 1.2-B Page 1

State: Kentucky

ORGANIZATION AND FUNCTION OF THE STATE AGENCY

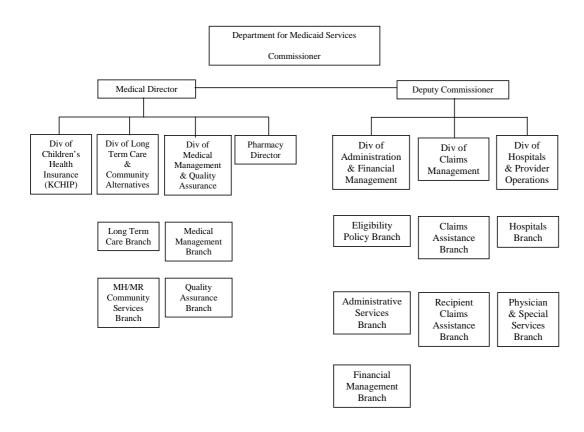
The Department for Medicaid Services is the Single State Agency in the Commonwealth to administer Title XIX of the federal Social Security Act. The Commissioner for Medicaid Services exercises authority over the Department under the direction of the Secretary of the Cabinet for Health and Family Services and performs those functions delegated by the Secretary.

The Secretary of the Cabinet has delegated to the Department for Medicaid Services, line organizational responsibilities as the medical assistance unit within the government of the Commonwealth of Kentucky. Accordingly, it is the organizational unit responsible for administration of Medicaid programs and payments for vendor services provided to eligible recipients in the program under the direct supervision of the Secretary of the Cabinet for Health and Family Services

The following chart illustrates the organizational structure and functional relationships of the Department for Medicaid Services.

TN No.: <u>04-004</u>

Supersedes Approval Date: $\underline{NOV\ 01\ 2004}$ Effective Date: $\underline{7/09/04}$ TN No.: $\underline{01-20}$



TN No.: $\underline{04\text{-}004}$ Supersedes Approval Date: $\underline{\text{NOV 01 2004}}$ Effective Date: $\underline{7/09/04}$ TN No.: $\underline{01\text{-}20}$

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ORGANIZATIONAL DESCRIPTION

The organizational structure of the Department for Medicaid Services consists of a commissioner, deputy commissioner, medical director, pharmacy director, and six (6) divisions. Each division director assumes specific responsibility in one of the following divisions: Children's Health Insurance (KCHIP), Long Term Care and Community Alternatives, Medical Management and Quality Assurance, Administration and Financial Management, Claims Management, and Hospitals and Provider Relations.

Each director utilizes professional and clerical staff specializing in specific program areas.

FUNCTIONS OF THE UNIT

The Department for Medicaid Services is directly concerned with administration of all aspects of the Program (excluding the eligibility determinations function) and with attaining its objectives. It is responsible for promoting and administering the provision of a continuum of high quality comprehensive services to indigent citizens of the Commonwealth of Kentucky so as to improve their health care. There is a further responsibility for the Department to promote efficiency in assuring the availability and accessibility of facilities and resources, particularly in rural and urban poverty areas where shortages of health resources prevail. To be effective in these respects, it is essential for the Department to have a unified philosophy, clearly defined goals, and sufficient authority to carry out its responsibilities. As the organizational unit administering the Medicaid program, the Department is responsible for developing, recommending, and implementing policies, standards, and procedures relating to benefit elements.

- A. Functions and responsibilities of the Department include, but are not limited to, the following:
 - 1. Certifying the need of recipients for Medicaid;
 - 2. Issuing authorizations for provision of Medicaid;
 - 3. Certifying the provision of medical care in accordance with quality and quantity standards as established;
 - 4. Developing bases and methods of payment for the medical services provided;
 - 5. Certifying vendor billings for compliance with established base of payments;

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- 6. Developing and implementing a managed care program for the delivery of physical and behavioral health services through Health Care Partnerships and KenPAC;
- Redirecting the emphasis of services through managed care toward primary care and prevention while improving accessibility, availability and quality of care for individuals served by Medicaid;
- 8. Developing and implementing a capitated non-emergency medical transportation delivery system, excluding ambulance stretcher services; and
- 9. All other activities agreed upon jointly by the Advisory Council for Medical Assistance, the Cabinet for Health and Family Services, and the Department for Medicaid Services.
- B. In the course of carrying out the above specifically designated functions and in providing staff assistance to the Advisory Council for Medical Assistance, the Department for Medicaid Services performs other functions, including but not limited to:
 - 1. Developing, implementing, and disseminating policy and procedure material relevant to service benefits;
 - 2. Preparing and managing the Program budget;
 - 3. Conducting research analysis and evaluation, and preparing special reports on the findings thereof:
 - Conducting provider and recipient utilization review for use as a control technique in the enforcement of quality and quantity standards;
 - 5. Establishing and maintaining a data base for the generation of statistics necessary for the operation and management of the program;
 - 6. Maintaining a complete system of claims processing;
 - 7. Determining recipient qualifications for specific service benefits;
 - 8. Verifying recipient eligibility and certifying provider payments;
 - Providing oversight of the managed care program for the delivery of physical and behavioral health services:
 - 10. Providing oversight of the capitated non-emergency medical transportation delivery system;
 - 11. Assisting the Advisory Council, the Technical Advisory Committees, and other special committees as they carry out their assignments; and
 - Administering a quality improvement program to monitor and evaluate the health and health outcomes of members.

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III. MISSION STATEMENTS FOR DIVISIONS AND SUBORDINATE UNITS

A. OFFICE OF THE COMMISSIONER

The Office of the Commissioner, Department for Medicaid Services, subject to the supervision and approval of the Secretary of the Cabinet for Health and Family Services, carries the responsibility for overall administration and direction of the Kentucky Medicaid Program. This office provides the principal liaison between the Office of the Secretary and Divisions within the Department. It is also responsible for directing the coordination of program activities with those of related programs of other state and federal agencies. The Office of the Commissioner is directly responsible for overseeing the Advisory Council for Medical Assistance.

B. DIVISION OF CHILDREN'S HEALTH INSURANCE (KCHIP)

This division is responsible for the program development and reimbursement and oversight functions of the Title XXI Kentucky Children's Health Insurance Program (KCHIP). This division monitors participating providers for compliance with state and federal regulations and their achievement of service access and quality targets and goals, and provides necessary program technical assistance and training to participating providers. In conjunction with the Division of Claims Management, this division ensures that automated provider payment and reporting systems are appropriately updated and revised so as to enforce and support program policies.

C. DIVISION OF LONG TERM CARE AND COMMUNITY ALTERNATIVES

This division is responsible for program development and reimbursement functions of the long term care programs for the Commonwealth of Kentucky. Administration and monitoring of the contract with the Peer Review Organization (PRO) is the responsibility of this division. Coordination of programmatic functions will be conducted through two (2) branches. This division is also responsible for providing program specific technical assistance and expert testimony to and on behalf of the Cabinet and other state agencies (e.g., hearings, legislative testimony, court actions, new program development, remaining abreast of state of the art of the various assigned service areas of responsibility (e.g., Federal

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regulatory changes, marketplace dynamics, service and reimbursement innovations) and recommended program policy, negotiating and monitor assigned provider and department agent contracts, managing the internal operations and administrative functions of the division, and serving as liaison to assigned TACs, committees, councils and citizen's groups.

- 1. Long Term Care Branch: This branch is responsible for continuing departmental compliance with all applicable federal, state, and local laws and regulations related to long term care facilities. These responsibilities include: continued research and data compilation regarding long term care facilities; amendments to current regulations; amendments to the state plan; reimbursement function of long term care facilities; monitoring of long term care facilities to ensure compliance with program requirements as well as recipient safety and welfare; and any other support necessary for the continuing operation of long term care facilities. Nursing, ventilator, brain injury, and swing beds are the facilities included in the operations of the Long Term Care Branch, as are Home Health services and Hospice.
- 2. MH/MR Community Services Branch: This branch is responsible for continuing departmental compliance with all applicable federal, state, and local laws and regulations related to long term care programs. These responsibilities include: research and compilation of data related to existing and potential long term care programs; development, amendment, and renewal of waiver programs; drafting and submitting state plan amendments and administrative regulations; drafting and issuing long term care program manuals; reimbursement functions of long term care programs; monitoring of long term care providers to ensure compliance with program requirements as well as recipient safety and welfare; and any other support necessary for the implementation and operation of long term care programs. Programs operated under this branch include: Home and Community Based Waiver, Model II Waiver, Adult Day Care, Community Mental Health Centers, SCL Waivers and contract oversight, Targeted Case Management for Adults, Targeted Case Management for Children, Impact Plus, ICF-MR, and Acquired Brain Injury Waiver.
- D. DIVISION OF MEDICAL MANAGEMENT AND QUALITY ASSURANCE

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This division will identify recipients who need medical management of their illnesses and assist providers in improving clinical outcomes, improving quality standards and providing the best care in an cost effective manner. There are two branches in this division.

- Medical Management Branch: This branch will focus on activities for managing the health care needs of the Medicaid population by implementing disease management, case management and effective utilization management.
- Quality Assurance Branch: This branch will focus on quality of care and quality outcomes, improving care and service for Medicaid recipients

E. DIVISION OF ADMINISTRATION AND FINANCIAL MANAGEMENT

This division is the Department's financial analysis and budget office, and has responsibility for formulation and monitoring of the Medicaid budget, preparation and distribution of statistical data and activities.

- Administrative Services Branch: This branch is responsible for the state plan and regulation system. This branch coordinates and maintains the Title XIX State Plan, provides administrative regulation coordination, legislation coordination, monitors the development of the intranet and the resource library, and processes all open records requests. This branch also reviews appropriate media to identify federal or state policy changes and program actions and refers issues to appropriate program divisions,
- 2. <u>Eligibility Policy Branch</u>: This branch is primarily responsible for eligibility policy monitoring systems. This branch coordinates and maintains policy analysis, program research, program development regarding eligibility, establishes Medicaid third party liability policy as related to eligibility processes, provides technical assistance to the department and external agencies pertaining to eligibility criteria and systems, and ensures that internet resources related to eligibility are updated as needed.
- Financial Management Branch: This branch oversees the Department's administrative and benefit budgets, as well as all financial transactions of the Department. Contract development

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and negotiations are coordinated through this branch. All Federal budget and statistical reports are prepared and submitted by this branch. In conjunction with the Division of Claims Management, this branch ensures that the Department's automated systems are appropriately updated to provide accurate and timely finance- related information. This branch is primarily responsible for audit coordination, rate coordination/IGT coordination, and expenditure analysis and forecasting. With appropriate program staff input, this branch performs long and short term revenue and expenditure forecasting for the Department, performs financial impact analysis for newly proposed programs, proposed legislation, service or eligibility revisions for expansion, and conducts or sponsors actuarial studies of Medicaid of MCE service and demographic experience. In addition, they evaluate Managed Care Entities rate proposals in light of actuarial information, and maintain expertise necessary to provide technical assistance to program staff in support of their rate modeling and development responsibilities.

F. DIVISION OF CLAIMS MANAGEMENT

This division has the oversight responsibility for the contract with MMIS/Fiscal Agent. Division staff are responsible for provision of technical assistance to the Commissioner and Deputy Commissioner. This division is also responsible for policy development regarding eligibility, for resolving all recipient eligibility concerns, Utilization Review, and program integrity issues. This Division provides technical assistance to the Department in all areas of Information System development and management.

- <u>Recipient Claims Assistance Branch</u>: This branch maintains a general Medicaid information help desk to field inquiries from the public and provides assistance to Medicaid recipients.
- 2. <u>Claims Assistance Branch</u>: This branch develops and coordinates the procurement, maintenance and monitoring of the MMIS contract. In addition, this Branch serves as the Department liaison and monitors the performance of all external "feeder" Information Systems (KAMES, SDX, PAS, etc.), prepares and verifies the accuracy and completeness of all routine and special management information reports, and serves as the Department liaison to

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external information management agencies. They also assist program staff in the interpretation of data.

G. DIVISION OF HOSPITALS AND PROVIDER OPERATIONS

This division has direct responsibility for all hospital, physician, and specialty services. Providers include physicians, dentists, nurse practitioners, podiatrists, nurse anesthetists, chiropractors, and optometrists. Specialty services include vision services, hearing services, independent labs, durable medical equipment suppliers, and emergency transportation providers. The Director of this division has direct responsibility for the Physician Services, Dental Care, Podiatric Care, Nursing Services, Optometric Care, Primary Care, and Hospital Care Technical Advisory Committees.

- Hospitals Branch: This branch is primarily responsible for services in Inpatient Hospitals, Outpatient Hospitals, Renal Dialysis Centers, Ambulatory Surgical Centers, Rehab Hospitals/Facilities, Psychiatric Hospitals1 Psychiatric Residential Treatment Facilities (PRTF), Comprehensive Outpatient Rehab Facilities, Critical Access Hospitals, DSH policy, and transplants.
- 2. Physician and Specialty Services Branch: This branch includes the following programs: dentists, vision services, hearing services, podiatrists, chiropractors, family planning, durable medical equipment (DME), emergency transportation and ambulance service, independent lab, other lab, X-ray, optometrists, services to physicians, Primary Care Centers, Rural Health Centers, nurse practitioners, midwife services, nurse anesthetists, and preventative care (LHD). This branch is also responsible for policy/regulation development and analysis, rate setting and analysis, and provider enrollment.

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PROFESSIONAL MEDICAL, DIRECT SUPPORT STAFF AND PERSONNEL ENGAGED DIRECTLY IN THE OPERATION OF MECHANIZED CLAIMS PROCESSING AND INFORMATION RETRIEVAL SYSTEMS

Following is a description of the kinds and numbers of personnel engaged directly in the operation of mechanized claims processing and information retrieval systems, professional medical personnel and their supporting staff, used in the administration of the Program and their responsibilities.

Medical Director - (1) Office of the Commissioner

Physician responsible for medical oversight of the Division of Children's Health Insurance, Division of Long Term Care and Community Alternatives and the Division of Medical Management and Quality Assurance.

<u>Pharmacy Director</u> - (1) Office of the Commissioner

Acts as support staff to the Drug Management Review Advisory Board. Interfaces with fiscal agent on prior authorization (drugs) issues. Manages pharmacy program.

Nurse Consultant/Inspector — (1) Division of Hospitals & Provider Operations

Provides administration and monitoring for psychiatric hospitals. Conducts random sampling reviews of admissions and continued stays for psychiatric hospitals, PRTF's and acute care hospitals. Provides clinical technical assistance regarding valid codes and claims.

Nurse Consultant/Inspector — (1) Division of Hospitals & Provider Operations

Provides administration and monitoring of physician, physician assistant, chiropractic, and podiatry services. Reviews claim issues and recommends systems audits and edits for resolution. Researches claims and medical records as appropriate to resolve questionable practice or coverage issues. Reviews and updates reimbursement system codes. Provides technical assistance to providers based on Medicaid guidelines.

Nurse Consultant/Inspector — (1) Division of Hospitals & Provider Operations

Provides administration and monitoring of durable medical equipment (DME). Provides technical assistance for providers, including research and resolution for claims issues. Provides prior authorization entry and other changes as needed for

Nurse Consultant/Inspector — (3) Division of Hospitals & Provider Operations

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Provides administration and monitoring of physician and specialty services. Provides technical assistance for providers, including research and resolution for claims issues. Performs other technical assistance functions as required.

Nurse Consultant/Inspector - (1) Division of Long Term Care & Community Alternatives

Responsible for Community Mental Health Center and Abuse services and the Supports for Community Living Program.

Nurse Consultant/Inspector - (1) Division of Long Term Care & Community Alternatives

Responsible for the Acquired Brain Injury Waiver Program and the Supports for Community Living Waiver Program.

<u>Nurse Consultant/Inspector</u> - (1) Division of Long Term Care & Community Alternatives Responsible for Targeted Case Management Programs and the ICF/MR Program.

Nurse Consultant/Inspector - (3) Division of Long Term Care & Community Alternatives

Responsible for nurse aide training and review, free standing nursing facilities, Home Health, Hospice, appeals, MDS validation, and training for MDS. Works with the PRO and related associations.

Nurse Consultant/Inspector - (4) Division of Long Term Care & Community Alternatives

Responsible for monitoring, clinical, and appeals for Home & Community Based Waiver, Adult Day Care, and Model Waiver II.

Director- (1) Division of Medical Management & Quality Assurance

A medical professional responsible for directing the policies and activities related to medical management and quality

Assistant Director - (1) Division of Medical Management & Quality Assurance

Assists in managing the health care needs of the Medicaid population for the division and the department. Maintains a general knowledge of changing directions within health care and keeps the Director apprised of new legislation affecting the division. Serves as a backup to the Director.

Nurse Administrator - (2) Division of Medical Management & Quality Assurance

Manages Division programs, services, and personnel. Develops Division policies and procedures. Assists with strategic planning and develops operating budgets. Supervises in-house and field Nurse Consultant/inspectors and other support staff.

Nurse Consultant/Inspector- (1) Division of Medical Management & Quality Assurance

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Responsible for oversight and quality performance of Passport Healthcare. Reviews quality reports and monitors contractual requirements of Passport and review outcomes and benchmarks. Reviews quality initiative for Medicaid feefor-service and compares quality indicators and benchmarks of both Passport and fee-for-service.

<u>Nurse Consultant/Inspector</u> - (1) Division of Medical Management & Quality Assurance Requests, reviews and analyzes reports for the Medicaid fee-for-service programs. Identifies members or providers who are over utilizing resources and refers them to appropriate staff (care coordination, disease management, and educational needs if appropriate).

<u>Nurse Consultant/Inspector</u> - (1) Division of Medical Management & Quality Assurance Performs oversight and quality performance of National Health Services (NHS), the Department's peer review organization. Responsible for reviewing quality issues and monitoring contractual requirements of NHS, as well as review outcomes and benchmarks.

<u>Nurse Consultant/Inspector</u> - (1) Division of Medical Management & Quality Assurance Performs oversight of Medicaid fee-for-service programs. Reviews quality standards, outcomes and benchmarks as it relates to Medicaid programs. Reviews policies and procedures and makes recommendations accordingly.

<u>Nurse Consultant/Inspector</u> - (1) Divison of Medical Management & Quality Assurance Acts as transplant coordinator and disease management coordinator in this division. Responsible for research regarding management of specific diseases and activity coordination in accordance with that research.

Nurse Consultant/Inspector - (1) Division of Medical Management & Quality Assurance Nurse coordinator of the EPSDT program. Researches and develops EPADT policies and procedures. Researches CMS mandates regarding children's programs. Performs overview compliance and reports of an ASO entity. Oversees and reports on appropriate treatment, national standards and quality reviews.

<u>Nurse Consultant/Inspector</u> - (1) Division of Medical Management & Quality Assurance Reviews all medical management documentation, utilization reports, quality reports and makes recommendations to the medical director regarding all aspects of care coordination, disease management, lock-in and quality initiatives of the division.

Nurse Consultant/Inspector - (1) Division of Medical Management & Quality Assurance

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Performs case management and care coordination for adult and pediatric catastrophic cases and for those Medicaid recipients referred to the Medicaid Lock-in Program.

Nurse Consultant/Inspector - (11) Division of Medical Management & Quality Assurance

Responsible for regional care coordination program and technical consultative services. Participates in the development, revision, evaluation, and interpretation of agency policies, procedures and guidelines.

<u>Graduate Accountant IV</u> - (1) Division of Administration and Financial Management Establishes escrow accounts on MMIS. Maintains a daily check log for the Department. Places stop payments on reimbursement checks and reissues returned checks as appropriate. Reviews account receivable reports.

Assistant Director - (1) Division of Claims Management

Assists in monitoring the fiscal agent contract in order to assure compliance with contract requirements. Assists in direction of system and design change and discrepancy request forms and other correspondence between information systems and fiscal agent, department divisions, and others. Assists in developing solutions for MMIS problems and in helping in the design of enhancements for the division and the department. Assists in the coordination of changes mandated by CMS as they relate to the information system of the division and as required by the department. Maintains a general knowledge of changing directions within health care and keeps the Director apprised of new legislation affecting the division. Serves as a backup to the Director.

Administrative Branch Manager - (1) Division of Claims Management

Manages the employees and activities of an information technology branch. Responsible for the development, installation and operation of Medicaid-related data processing computer systems. Manages the data processing training activities and programs for the department.

Administrative Secretary I - (1) Division of Claims Management

Provides administrative support for functions of an information technology branch.

Resource Management Analyst II - (3) Division of Claims Management

Monitors and makes recommendations concerning contracts or operations, problems and issues in the systems or web/Internet environment. Under general direction, analyzes user requests for the development or modification of technology requests, researches and makes recommendations for solutions. Reviews specifications and testing for all phases of systems development.

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Provides technical assistance to staff implementing new systems or modifications to existing systems. Communicates programmatic needs and facilitates problem resolution between agency and contract staff. Identifies and evaluates

Resource Management Analyst Ill - (3) Division of Claims Management

problems or issues in the systems or web/Internet environment.

Coordinates user input and monitors the work of systems analysts or programmer analysts in the development, implementation and modification of computer systems. Reviews state and federal legislative and regulatory changes and technology alternatives and develops plans, procedures and recommendations accordingly. Approves specifications and testing for all phases of systems development. Monitors and makes recommendations concerning operations, problems or issues in the systems or web/Internet environment. Serves as technical resource to Department management during evaluation of technology initiatives, conducting or preparing presentations for the Department and Cabinet leadership as required. Contributes to the creation of and conducts reviews of RFIs, RFAs, and RFPs.

Systems Consultant IT - (1) Division of Claims Management

Coordinates user input and monitors the work of systems analysts or programmer analysts in the development, implementation and modification of computer systems. Approves specifications and testing for all phases of systems development. Contributes to the creation of and conducts reviews of RFIs, RFAs, and RFPs. Facilitates MMIS training for DMS staff and other stakeholders.

Systems Consultant IT - (1) Division of Claims Management

Coordinates problem resolution and future planning between DMS systems and program staff. Contacts Unisys (the Medicaid fiscal agent) program staff, analysts and administrative staff daily regarding system issues or contractual duties daily. Coordinates all activities related to EFT implementation. Assists ad hoc reporting staff so queries can accurately completed. Assists contractors with criteria needed to correctly compile data on recipients, services, and providers.

Medicaid Specialist I -(1) Division of Claims Management

Research and recommend solutions to billing issues. Track and monitor claims sent for reprocessing. Monitor claims from out-of-state nursing facilities. Act as technical consultant for proposed payment systems updates and enhancements.

Medicaid Specialist II - (1) Division of Claims Management

Researches and recommends solutions to billing issues, Tracks and monitors claims sent for reprocessing. Assists providers in resolving billing issues. Develops systems change requests to improve hospital claim processing.

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Conducts retrospective claim reviews. Assists with pricing hospital transplant claims. Accepts ad hoc system requests and distributes the completed reports.

Medicaid Specialist Ill - (1) Division of Claims Management

Provides technical assistance to providers regarding the billing process, prior authorization process, procedure codes, pricing, and claims denial. Responsible for claims overrides and approvals. Educates providers regarding EPSDT special services and regular Medicaid services. Determines which providers may enroll as EPSDT providers and explains the enrollment process. Interacts with NHS regarding coverage, pricing, coding, and prior authorization issues.

TN No. <u>04-004</u> Supersedes TN No. <u>01-20</u>

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ELIGIBILITY DETERMINATIONS

The Department for Medicaid Services has by interagency agreement provided that the Department for Community Based Services will be responsible for all eligibility determinations and certification functions for individuals eligible for Medicaid, except that pursuant to agreement with the Social Security Administration, that agency determines Medicaid eligibility for Supplemental Security Income recipients.

The Department for Community Based Services is the single State agency for financial assistance under Title IV-A. Within the Department for Community Based Services, the Director of the Division of Family Support is responsible for supervising and directing the eligibility-related activities of staff located in each of Kentucky's 120 counties. Staff assigned to each local county make the eligibility determinations, with the appropriate eligibility rolls maintained at the central office level.

The interagency agreement shall include the following:

- 1. All of the Department for Community Based Services office in each of the 120 counties will accept applications face-to-face or by mail-in application as approved by the Department for Medicaid Services:
- If a recertification form is returned within 30 days after the date of discontinuance and contains documentation
 necessary to process the re-determination, the case will be re-determined based on the information received and
 the family will not need to complete a new application for benefits.

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Supersedes Approval Date: 07/31/09 Effective Date: 7/09/04
TN No.: 04-004

Revision:

HCFA-PM-91-4 (BPD) 1991

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	GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION				
Agency*	Citation(s)	Group	s Covere	d	
The follow	ving groups are cover	ed unde	r this pla	ın.	
		A.	Manda	tory Cov	verage - Categorically Needy and Other Required Special Groups
42 CFR 43	35.110		1.	Recipie	ents of AFDC
IV-A The approved State AFDC plan includes:		proved State AFDC plan includes:			
				X	Families with an unemployed parent for the mandatory 6-month period and an optional extension of $\underline{6}$. months.
					Pregnant women with no other eligible children.
				X	AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.
					andards for AFDC payments are listed in Supplement 1 of CHMENT 2.6-A.
42 CFR 43	35.115		2.	Deeme	d Recipients of AFDC
IV-A				a.	Individuals denied a title IV-A cash payment solely because the amount would be less than \$10.

TN No. <u>92-1</u> Supersedes TN N o. <u>91-4</u>

Approval Date: NOV 14 1994 Effective Date: 1-1-92

Agency that determines eligibility for coverage.

Revision:

HCFA-PM-91-4

1991

(BPD)

A-PM-91-4 (B)

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Agency* Citation(s)

Groups Covered

A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups</u> (Continued)

2. Deemed Recipients of AFDC.

1902 (a) (10) (A) (i) (I)

of the Act

IV-A

the Act

(a) (22) (A)

IV-A
406(h) and
1902 (a) (10) (A

1902 (a) (10) (A) (i)(I) of the Act IV-A

1902(a) of the Act IV-E b. Effective October 1, 1990, participants in a work supplementation program under title IV-A and any child or relative of such individual (or other individual living in the same household as such individuals) who would be eligible for AFDC if there were no work supplementation program, in accordance with section 482(e) (6) of the Act.

 Individuals whose AFDC payments are reduced to zero by reason of recovery of overpayment of AFDC funds.

d. An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family becomes ineligible for AFDC as a result of collection or increased collection of support and meets the requirements of section 406(h) of the Act.

e. Individuals deemed to be receiving AFDC who meet the requirements of section 473(b) (1) or (2) for whom an adoption assistance agreement is in effect or foster care maintenance payments are being made under title tV—E of the Act.

TN No. 92-1 Supersedes TN No. 90-34 Approval Date: NOV 14 1994

HCFA ID: 7983E

Effective Date: 1-1-92

 ^{*} Agency that determines eligibility for coverage.

Revision: State:	HCFA-PM-91-4 <u>Kentucky</u>	(BPD)	ATTACHNENT 2.2-A Page 2a OMB NO.: 0938-
Agency*	Citation(s)		Groups Covered
	A.		atory Coverage - Categorically Needy and Other Required Special Groups inued)
407(b), 1902 (a) (10) (A) (i) and 1905(m) (1) of the Act		3.	Qualified Family Members (Medicaid Only) See Item A.10, pg 4b. <i>P&I HCFA 11-14-94</i>
1902 (a) (52) and 1925 of the Act IV-A		4.	Families terminated from AFDC solely because of earnings, hours of employment, or loss of earned income disregards entitled up to twelve months of extended benefits in accordance with section 1925 of the Act. (This provision expires on September 30, 1998.)

TN No. 92-1 Supersedes TN No. 87-15

Approval Date: NOV 14 1994 Effective Date: 1-1-922

^{*} Agency that determines eligibility for coverage.

Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.2-A Page 3 OMB NO.: 0938-

State:	Kentucky

Agency* Citation(s) Groups Covered

IV-A

A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups</u> (Continued)

42 CFR 435.113

- Individuals who are ineligible for AFDC solely because of eligibility requirements that are specifically prohibited under Medicaid. Included are:
 - a. Families denied AFDC solely because of income and resources deemed to be available from--
 - Stepparents who are not legally liable for support of stepchildren under a State law of general applicability;
 - (2) Grandparents;
 - (3) Legal guardians; and
 - (4) Individual alien sponsors (who are not spouses of the individual or the individual's parent);
 - Families denied AFDC solely because of the involuntary inclusion of siblings who have income and resources of their own in the filing unit.
 - Families denied AFDC because the family transferred a resource without receiving adequate compensation.

* Agency that determines eligibility for coverage.

TN No. 92-1 Supersedes TN No. 86-7 Approval Date NOV 14 1994

Effective Date 1-1 -92

Revision:	HCFA-PM-91-4 1991	(BPD)		ATTACHMENT 2.2-A Page 3a OMB NO.: 0938-				
State:	Kentucky							
Agency*	Citation(s)			Groups Covered				
	A.	Manda (Contir	•	verage - Categorically Needy and Other Required Special Group				
42 CFR 435.114 IV-A		6.	in OAS to OAS	Individuals who would be eligible for AFDC except for IV-A the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972.				
				Includes persons who would have been eligible for ca assistance but had not applied in August 1972 (this group wincluded in this State's August 1972 plan).				
			X	Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution o intermediate care facility (this group was included in this State' August 1972 plan).				
				Not applicable with respect to intermediate care facilities; State did or does not cover this service.				
1902(a) (1		7.	Qualified Pregnant Women and Children.					
(A) (i) (III and 1905(the Act			a.	A pregnant woman whose pregnancy has been medically verified who				
IV-A				(1) Would be eligible for an AFDC cash payment if the child had been born and was living with her;				
* A	gency that determines eligibil	lity for co	overage.					

Approval Date: NOV 14 1994

Effective Date: 1-1-92

HCFA ID: 7983E

TN No. 92-1 Supersedes TN No. None

HCFA-PM-92-1 FEBRUARY 1992 Revision: (MB)

REVISED

ATTACHMENT 2.2-A

Page 4

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: Kentucky

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)	Groups Covered							
		ndatory Coontinued)	verage -	Categorically Needy and Other Required Special Groups				
			(2)	Is a member of a family that would be eligible for aid to families with dependent children of unemployed parents if the State had an AFDC-unemployed parents program;				
			(3)	or Would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.				
1902 (a) (10) (A) (i)(III) and 1905(n) of the Act IV-A		b.	who w	en born after September 30, 1983 who are under age 19 and ould be eligible for an AFDC cash payment on the basis of come and resource requirements of the State's approved plan.				
IV-A				Children born after				
				(specify optional earlier date)				
				who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFOC plan.				
* Agency that determines	eligibility fo	or coverage.						
TN NO. <u>92-5</u> Supersedes TN No. <u>92-1</u>	Ap	proval Date	: <u>NOV 1</u>	4 1994 Effective Date: 4-1-92				

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY' ACT

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)(10)(A) (I)(IV) and 1902(I)(1)(A) and (B) of the Act (8. Pregnant women and infants under 1 year of age with family incomes up to 133 percent of the Federal poverty level who are described in section 1902(a)(10)(A)(I)(IV) and 1902 1)(1)(A) and (B) of the Act. The income level for this group J specified in Supplement 1 to ATTACHMENT 2.6-

The State uses a percentage greater than 133 but not more than 185 percent of the Federal poverty level, as established in its State plan, State legislation, or State appropriations as of December 19, 1989.

1902(a)(10)(A) (I)(VI) 1902(1)(I)(C) of the Act

1902(a)(10)(A)(I)

(VII) and 1902(1)

(1)(D) of the Act

9. Children:

- a. who have attained 1 year of age but have not attained 6 years of age, with family incomes at or below 133 percent of the Federal poverty levels.
- born after September 30, 1983, who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels.

September 30, 1979_______(Specify optional earlier date)

who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels.

Income levels for these groups are specified in Supplement 1 to ATTACHMENT I6A

TN No. 98-06 Supersedes TN No. 92-05

Approval Date: 9/8/98 Effective Date: 4/1/98

Revision:

HCFA-PM-92-1 FEBRUARY 1992 (MB)

ATTACHNENT 2.2-A Page 5

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	Kentucky	
Maie.	Kenincky	

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s) Groups Covered

A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups</u> (Continued)

1902(a)(lO) (A)(i)(v) and 1905(m) of the Act 10. Individuals other than qualified pregnant women and children under item A.7. above who are members of a family that would be receiving AFOC under section 407 of the Act if the State had not exercised the option under section 407(b)(2)(B)(i) of the Act to limit the number of months for which a family may receive AFDC.

IV-A 1902(e)(5)

of the Act

11. a. A woman who, while pregnant, was eligible for, applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum

IV-A

medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60th day falls.

1902(e)(6) of the Act

b. A pregnant woman who would otherwise lose eligibility because of an increase in income (of the family in which she is a member) during the pregnancy or the postpartum period which extends through the end of the month in which the 60-day period

(beginning on the last day of pregnancy) ends.

TN No. 92-5 Supersedes TN No. 92-1

Approval Date: NOV 14 1994 Effective Date: 4-1-92

Revision:

HCFA-PM-92-1 FEBRUARY 1992 (MB)

ATTACHMENT 2.2-A Page 6

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ____Kentucky____

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups</u> (Continued)

1902(e) (4) of the Act

IV-A

42 CFR 435.120

SSI

- 12. A child born to a woman who is eligible for and receiving Medicaid as categorically needy on the date of the child's birth. The child is deemed eligible for one year from birth as long as the mother remains eligible or would remain eligible if still pregnant and the child remains in the same household as the mother.
- 13. Aged, Blind and Disabled Individuals Receiving Cash Assistance

This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act.

- ⊠ Aged
- ⊠ Blind

TN No. 92-5 Supersedes TNN0. 92-1

Approval Date: NOV 14 1994

Effective Date 4-1-92

Revision:	HCFA-PM-91-4 1991	ļ	(BPD)				•	ATTACHMENT 2.2-A Page 6a OMB NO.: 0938-			
State:	Kentucky										
		COVI	COVERAGE AND CONDITIONS OF ELIGIBILITY								
Citation(s)						C	Groups Covered				
		A.	Manda (Conti	•	overage	- Catego	orically Needy and Oth	ner Required Special Groups			
435.121			13.		b.	Media person the A under met the for M qualif require Media long	and than the SSI reas who qualify for beneat or who meet the a section 1619(b) (1) of the State's more of the Medicaid in the montied for SSI under section and eligibility for the as they continue to reason the section to the section that they continue to reason the section to the section that they continue to reason the section that they continue the section that they continue they can be set they can be set they continue they can be set	restrictive requirements for quirements. (This includes fits under section 1619(a) of requirements for SSI status the 1619(b) (1) Act and who Act restrictive requirements the before the month they ection 1619(a) or met the 1619(b) (1) of the Act se individuals continues as neet the 1619(a) eligibility is of section 1619(b) of the			
							Aged Blind Disabled				
						The i		orical eligibility criteria are			
* Age	ency that determines					d in <u>AT</u>	TACHMENT 2.6-A).				
TN No. 92-3 Supersedes	<u>1</u>		Appro	val Dat	e <u>NOV 1</u>	4 1994		Effective Date: 1-1-92			
TN No. <u>87-</u>	<u>15</u>							HCFA ID: 7983E			

Revision: HCFA-PM-91-4

1991

(BPD)

Page 6b OMB NO.: 0938-

ATTACHMENT 2.2-A

State: Kentucky

SSI

1902 (a)

(10) (A) (i) (II)

and 1905

(q) of the Act

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

- 14. Qualified severely impaired blind and disabled individuals who--
 - a. For the month preceding the first month of eligibility under the requirements of section 1905(q) (2) of the Act, received SSI, a State supplemental payment under section 1616 of the Act or under section 212 of P.L. 93-66 or benefits under section 1619(a) of the Act and were eligible for Medicaid; or
 - For the month of June 1987, were considered to be receiving SSI under section 1619(b) of the Act and were eligible for Medicaid. These individuals must--
 - (1) Continue to meet the criteria for blindness or have the disabling physical or mental impairment under which the individual was found to be disbled;
 - (2) Except for earnings, continue to meet all nondisabilityrelated requirements for eligibility for SSI benefits;
 - (3) Have unearned income in amounts that would not cause them to be ineligible for a payment under section 1611(b) of the Act;

Approval Date: NOV 14 1994 Effective Date -1-1-92

TN No. <u>92-1</u> Supersedes No. <u>87-15</u>

^{*}Agency that determines eligibility for coverage.

Revision:	HCFA-PM-91-4 1991	(BPD)	ATTACHMENT 2.2-A Page 6c OMB NO.: 0938-				
State:I	Kentucky						
	CO	VERAGE AND CO	NDITIONS OF ELIGIBILITY				
Citation(s)			Groups Covered				
	A.	Mandatory Cove (Continued)	erage - Categorically Needy and Other Required Special Groups				
			(4) Be seriously inhibited by the lack of Medicaid coverage in their ability to continue to work or obtain employment; and				
			(5) Have earnings that are not sufficient to provide for himself or herself a reasonable equivalent of the Medicaid, SSI (including any Federally administered SSP), or public funded attendant care services that would be available if he or she did have such earnings.				
			□ Not applicable with respect to individuals receiving only SSP because the State either does not make SSP payments or does not provide Medicaid to SSP-only recipients.				
*Agency that	*Agency that determines eligibility for coverage.						

TN No. 92-1 Supersedes TN NO. 87-15

Approval Date: NOV 14 1994 Effective Date: 1-1-92

NO. <u>87-15</u> HCFA ID: 7983E

Revision: State: K	HCFA-PM-91-4 1991 entucky	(BPD)	ATTACHMENT 2.2-A Page 6d OMB NO.: 0938-							
State <u>K</u>	cittucky									
	COVERAGE AND CONDITIONS OF ELIGIBILITY									
Citation(s)			Groups Covered							
	A	<u>Manda</u> (Conti	tory Coverage - Categorically Needy and Other Required Special Groups nued)							
1619(b) (3) of the Act			The State applies more restrictive eligibility requirements for Medicaid than under SSI and under 42 CFR 435.121. Individuals who qualify for benefits under section 1619(a) of the Act or individuals described above who meet the eligibility requirements for SSI benefits under section 1619(b) (1) of the Act and who met the States more restrictive requirements in the month before the month they qualified for SSI under section 1619(a) or met the requirements of section 1619(b) (1) of the Act are covered. Eligibility for these individuals continues as long as they continue to qualify for benefits under section 1619(a) of the Act or meet the SSI requirements under section 1619(b) (1) of the Act.							
*Agency that	determines eligibilit	y for coverag	2 .							

N No. <u>92-1</u> Approval Date <u>NOV 14 1994</u> Effective Date: <u>1-1-92</u>

TN No. 92-1 Supersedes TN No.:. None

Revision:	HCFA-PM-91- 1991	4 ((BPD)			ATTACHMENT 2.2-A Page 6e OMB NO.: 0938-
State:	Kentucky					
		COVE	RAGE	AND C	ONDITIONS OF ELIGIBILITY	
Citation(s)					Groups Covered	
			Mandat (Contin		verage - Categorically Needy and Oth	er Required Special Groups
1634(c) of the Act			15.	eligibility requirements for lividuals who		
SSI				b.	Lose SSI eligibility because they be child's benefits under section 202(d) these benefits based on their disabilithese individuals continues for as lor for SSI, absent their OASDI eligibility.	of the Act or an increase in ity. Medicaid eligibility for ig as they would be eligible
		I		c.	The State applies more restrictive of those under SSI, and part or all of benefit that caused SSI/SSP ineligibil are deducted when determining the afor categorically needy eligibility.	the amount of the OASDI ity and subsequent increases
		I		d.	The State applies more restrictive rec SSI, and none of the OASDI benefit the amount of countable income eligibility.	is deducted in determining
42 CFR 435	5.122		16.		in States that apply more restrictive aid than under SSI, individuals who	
IV-A				optiona	al State supplements (if the agency 30), because of requirements that do r	provides Medicaid under
*Agency th	at determines eligibi	lity for co	overage	·.		

Approval Date: NOV 14 1994

Effective Date 1-1-92

HCFA ID: 7983E

TN No. <u>92-1</u> Supersedes TN No. <u>None</u>

State: Kentucky	-4	Page 6e.1 OMB NO.: 0938-
	COV	ERAGE AND CONDITIONS OF ELIGIBILITY
Citation(s)		Groups Covered
	A.	<u>Mandatory Coverage - Categorically Needy and Other Required Special Group</u> (Continued)
42 CFR 435.130 IV-A		17. Individuals receiving mandatory State supplements.

TN No. 92-1 Supersedes TN No. None

Approval Date NOV 14 1994

Effective Date <u>1-1-92</u>

^{*}Agency that determines eligibility for coverage.

Revision:	HCFA-PM-91-4	4	(BPD)								ATTACHMENT 2.2-A Page 6f OMB NO.: 0938-
State:	_Kentucky										
		COVI	ERAGE A	ND C	ONDIT	IONS C)F ELIG	BILI	TY		
Agency*	Citation(s)					C	Groups C	Covered	d		
		A.	Mandator (Continue	-	⁄erage -	Catego	orically	Needy	and	Othe	r Required Special Groups
									igible for Medicaid as an		
SSI			e re D C D	ssentia ecipier Decemb DAA, Decemb	al to the nt with ber 197 AB, Al	ne well whom 3 eligib PTD, c 73 requ	l—being the esse bility rec or AAB irements	g of a ntial s quirem D and	a rec spous nents d the	cipient e is li of the spou	spouse, to live with and be of cash assistance. The ving continues to meet the e State's approved plan for use continues to meet the or her needs included in
			Σ	₹			1973, I the foll				ge of the essential spouse
					X	Aged	X	Blir	nd	X	Disabled
							e. In De edicaid.	ecembe	er 19	73, th	e essential spouse was not

 * Agency that determines eligibility for coverage.

TN No. 92-1 Supersedes TN No. None

Approval Date: NOV 14 1994 Effective Date: 1-1-92

Revision:	HCFA-PM-91-4	(BPD)	ATTACHMENT 2.2-A
	1991	,	Page 6g
			OB NO.: 0938-
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COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency* Citation(s)	Groups Covered				
		Manda (Conti	ntory Coverage - Categorically Needy and Other Required Special Groups nued)		
42 CFR 435.132 IV-A		19. Institutionalized individuals who were eligible for Medicaid in December 1973 as inpatients of title XIX medical institutions or residents of title XIX intermediate care facilities, if, for each consecutive month after December 1973, they			
			a. Continue to meet the December 1973 Medicaid State plan eligibility requirements; and		
			b. Remain institutionalized; and		
			c. Continue to need institutional care.		
42 CFR 435.133 I		20.	Blind and disabled individuals who		
V-A			a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria; and		
			b. Were eligible for Medicaid in December 1973 as blind or disabled; and		
			c. For each consecutive month after- December 1973 continue to meet December 1973 eligibility criteria.		

^{*} Agency that determines eligibility for coverage.

TN No. 92-1: Supersedes TN No. None

Approval Date: NOV 14 1994 Effective Date: 1-1-92

Revision:	HCFA-PM-91-4 1991	ļ	(BPTD))		ATTACHNENT 2.2-A Page 7 OMB NO.: 0938-
State:	Kentucky					
		COVE	ERAGE .	AND C	ONDITIONS OF ELIGIBILITY	
Agency*	Citation(s)				Groups Covered	
		A.	Mandat (Contin		verage - Categorically Needy and Other	er Required Special Groups
42 CFR 435	5.134		21.		uals who would be SSI/SSP eligible	
IV-A						nd who were receiving cash assistance in
					Includes persons who would have assistance but had not applied in Au included in this State's August 1972 p	igust 1972 (this group was
				X	Includes persons who would have assistance in August 1972 if not in nursing facility (this group was included 1972 plan).	a medical institution or a
					Not applicable with respect to nursing does not cover this service.	g facilities; the State did or
* Age	ency that determines	eligibili	ity for co	verage.		

TN No. <u>92-1</u> Supersedes TN No. <u>87-15</u>

Approval Date: NOV 14 1994 Effective Date 1-1-92

State: Kentucky COVERAGE AND CONDITIONS OF ELIGIBILITY	
Agency* Citation(s) Groups Covered	
A. <u>Mandatory Coverage - Categorically Needy and Other Required Specia</u> (Continued)	l Groups
42 CFR 435.135 22. Individuals who	
IV-A a. Are receiving OASDI and were receiving SSI/SSP but ineligible for SSI/SSP after April 1977; and	t became
b. Would still be eligible for SSI or SSP if cost-of—living in OASDI paid under section 215(i) of the Act received last month for which the individual was eligible for and SSI/SSP and OASDI, concurrently, were deducted from it	after the received
Not applicable with respect to individuals received SSP because the State either does not mat payments or does not provide Medicaid to Strecipients.	ike such
□ Not applicable because the State applies more religibility requirements than those under SSI.	estrictive
The State applies more restrictive eligibility requirements than those under SSI and the amount of increased SSI/SSP ineligibility and subsequent increased when determining the amount of confidence of income for categorically needy eligibility.	ease that eases are
* Agency that determines eligibility for coverage.	

Approval Date: NOV 14 1994

Effective Date: 1-1-92

HCFA ID: 7983E

No. <u>92-1</u> Supersedes TN No. <u>87-15</u>

Revision:	HCFA-PM-91-4 1991	(BPD)				ATTACHMENT 2.2-A Page 9 OMB NO.: 0938-
State:K	Centucky					OMB IVO 0750
	(COVERAGE	AND C	ONDITIONS OF ELIGIB	ILITY	
Agency*	Citation(s)			Groups Cove	ered	
	A	. <u>Manda</u> (Contir	_	verage - Categorically Ne	edy and Other	Required Special Groups
1634 of the Act IV-A		23.	except elimina 21 and or SSF	ed widows and widowers for the increase in the ation of the reduction factor who are deemed, for purp beneficiaries for individu section 1634(b) of the Act.	ir OASDI be or required by coses of title X als who would	nefits as a result of the section 134 of Pub. L. 98- IX, to be SSI beneficiaries
					does not mak	duals receiving only SSF te these payments or does pients.
				under SSI and consider equalling the SSI Federa individuals who would	ers these ind l benefit rate, d be eligible	bility standards than those ividuals to have income or the SSP benefit rate for e for SSP only, wher dicaid categorically needy
* Agend	cy that determines eli	igibility for co	overage			

TN No. 92-1 Supersedes TN No. 91-2

Approval Date: NOV 14 1994 Effective Date: 1-1-92

HCFA-PM-91-10 ATTACHMENT 2.2-A Revision: (MB) DECEMBER 1991 Page 9a State/Territory: _ _Kentucky COVERAGE AND CONDITIONS OF ELIGIBILITY Agency* Citation(s) Groups Covered A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued) 1634(d)(2) of the 24. Disabled widows, disabled widowers, and disabled surviving divorced Act spouses who had been married to the insured individual for a period of at least ten years before the divorce became effective, who have attained the IV-A age of 50, who are receiving title II payments, and who because of the receipt of title II income lost eligibility for SSI or SSP which they received in the month prior to the month in which they began to receive title II payments, who would be eligible for SSI or SSP if the amount of the title II benefit were not counted as income, and who are not entitled to Medicare Part A. The State applies more restrictive eligibility requirements for its blind or disabled than those of the SSI program. X In determining eligibility as categorically needy, the State disregards the amount of the title II benefits identified in 1634(d)(l)(A) in determining the income of the individual, but does not disregard any more of this income than would reduce the individual's income to the SSI income standard. In determining eligibility as categorically needy, the State disregards only part of the amount of the benefits identified in S1634(d)(l)(A) in determining the income of the individual, which amount would not reduce the individual's income below the SSI income standard. The amount of these benefits to disregarded is specified in Supplement 4 to Attachment 2.6—A. In determining eligibility as categorically needy, the State chooses not to deduct any of the benefit identified in S 1634(d)(1)(A) in determining the income of the individual. Agency that determines eligibility for coverage. TN No.92-2

Approval Date 2-26-92

Effective Date: 2-1-92

Supersedes

TN No. 92-1

Revision:	1991	(BPD)	Page 9a.1 OMB NO.: 0938-
State:	Kentucky		
		COVERAGE	AND CONDITIONS OF ELIGIBILITY
Agency*	Citation(s)		Groups Covered
OBRA 90, S 5103, Sec. 1634 (d) (2) the Act IV-A		24a.	Disabled widows and widowers and disabled surviving divorced spouses who would be eligible for SSI except for entitlement to an OASDI benefit resulting from a change in the definition of disability, effective 1/1/91, and who are deemed, for the purposes of title XIX, to be SSI recipients under 1634 of the Act.

TN No. 92-1 Supersedes TN No. None

Approval Date: NOV 14 1994 Effective Date: 1-1-92

Agency that determines eligibility for coverage.

Revision:

HCFA-PM-93-2 MARCH 1993

(MB)

ATTACHMENT 2.2-A Page 9b

State:	Kentucky
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COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency* Citation(s) Groups Covered A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued) 1902(a) (10)(E) (i) 25. Qualified Medicare beneficiaries 1905(s) and 1905(p)(3)(A)(i) Who are entitled to hospital insurance benefits under Medicare Part of the Act A (but not pursuant to an enrollment under Section 1818A of the b. Whose income does not exceed 100 percent of the Federal poverty level; and Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index. Whose resources do not exceed twice the maximum standard (Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan.) 1902(a)(10)(E)(ii) 26. Qualified disabled and working individuals 1905(s) and Who are entitled to hospital insurance benefits under Medicare 1905(p)(3)(A)(i) Part A under section 1818A of the Act. of the Act b. Who income does not exceed 200 percent of the Federal poverty level; and Whose resources do not exceed twice the maximum standard c. under SSI. d. Who are not otherwise eligible for medical assistance under Title XIX of the Act. (Medical assistance for this group is limited to Medicare Part A premiums under section 1B1BA of the Act.) Agency that determines eligibility for coverage. TN No. 10-002 Supersedes Approval Date: 06-25-10 Effective Date: 01-01-1093

TN No. 93-05

HCFA-PM-93-2 (MB) Attachment 2.2-A Revision: March 1993 Page 9b1 _Kentucky_ State: _ COVERAGE AND CONDITIONS OF ELIGIBILITY Agency* Citation(s) Groups Covered A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued) 1902(a)(10)(E)(iii) 27. Specified low-income Medicare beneficiariesand 1905(p)(#)(A)(ii) Who are entitled to hospital insurance benefits under Medicare of the Act Part A (but not pursuant to an enrollment under Section 1818A of the Act); Whose income is greater than 100 percent but less than 120 percent of the federal poverty level; and Whose resources do not exceed three times the SSI resource limit, c. adjusted annually by the increase in the consumer price index. (Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act). 1902(a)(10)(E)(iv) 28. Qualifying Individuals and 1905(p)(3)(A)(ii) and 1860D-14(a)(3)(D) Who are entitled to hospital insurance benefits under Medicare of the Act Part A(but not pursuant to an enrollment under section 1818A of Whose income is at least 120 percent but less than 135 percent of b. the Federal poverty level; Whose resources do not exceed three times the SSI resource limit, c. adjusted annually by the increase in the consumer price index.

* Agency that determines eligibility for coverage.

TN No. <u>10-002</u> Supersedes TN No. <u>93-05</u> Approval Date: <u>06-25-10</u> Effective Date: <u>01-01-10</u>

Revision:	HCFA-PM-95-2	(MB)	ATTACHMENT 2.2-A
	APRIL 1995		Page 9b2

State: Kentucky

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency*	Citation(s)	Groups Covered				
		A.		atory Co	overage - Categorically Needy and Other Required Special Groups	
1634(e) of the	Act		29.	a.	Each person to whom SSI benefits by reason of disability are not payable <i>for</i> any month solely by reason of clause (i) or (v) of Section 1611(e)(3)(A) shall be treated, for purposes of title XIX, as receiving SSI benefits for the month.	
				b.	The State applies more restrictive eligibility standards than those under SSI.	
					Individuals whose eligibility for SSI benefits are based solely on disability who are not payable for any months solely by reason of clause (i) or (v) of Section 1611(e)(3)(A), and who continue to meet the more restrictive requirements for Medicaid eligibility under the State plan, are eligible for Medicaid as categorically needy.	

* Agency that determines eligibility for coverage.

TN No. <u>10-002</u> Supersedes TN No. <u>95-2</u>

Approved Date: <u>06-25-10</u> Effective Date: <u>01-01-10</u>

Revisio	n: HCFA-PM-91- 1991	-	(BPD)		ATTACHMENT 2.2-A Page 9c OMB No.: 0938-
State: _	Kentucky				
		COV	ERAGE	AND CONDITIONS OF ELIGIBILITY	
Agency	* Citation(s)			Groups Covered	
		B.	Option	al Groups Other Than the Medically Needy	
42 CFR 435. 21 1902 (a	0	X	1.	Individuals described below who meet requirements of AFDC, SSI, or an optional S in 42 CFR 435.230, but who do not receive ca	tate supplement as specified
1905(a)				☐ The plan covers all individuals as des	cribed above.
the Act				The plan covers only the followindividuals:	ving group or groups of
				 □ Aged □ Blind □ Disabled ⊠ Caretaker relatives ⊠ Pregnant women ☑ Individuals under the age of 	
				□ 18 □ 19 ** □ 20 □ 21	
42CFR 423.21 IV-A		X	2.	Individuals who would be eligible for AFD supplement as specified in 42 CFR 435.230, institution.	
**				individuals age 18 but who have not reached full-time student, and are reasonably expected	
*	Agency that determine	s eligibi	lity for co	overage.	
TN No.			Approv	val Date: <u>NOV 14 1994</u>	Effective Date: 1-1-92
TN No.					HCFA ID: 7983E

Guaranteed Eligibility Revised Attachment 2.2-A Page 10

Revision: HC DECEMBER 1991 HCFA-PM-91-10 (BPD)

		COVE	State: RAGE AND C		tucky IONS OF ELIGIBILITY		
Agency*	Citation(s)				Groups Covered		
		В. <u>с</u>	Optional Group	ps Other	Than the Medically Needy		
42CFR435.212 & [] 3 1902(e)(2) of the Act, P.L. 99-272 (section 9517), P.L 101-508 (section 4732)		ineligil XIII o (MCO have b period PCCM	The State deems as eligible those individuals who became otherwis ineligible for Medicaid while enrolled in an HMO qualified under Tit XIII of the Public Health Service Act, or a managed care organizatic (MCO), or a primary care case management (PCCM) program, but whave been enrolled in the entity for less than the minimum enrollme period listed below. Coverage under this section is limited to MCO of PCCM services and family planning services described in section 1905(a)(4)(C) of the Act.				
			\boxtimes	The St	ate elects not to guarantee eligibility.		
					tate elects to guarantee eligibility. The minimum enrollmen is months (not to exceed six).		
				The St	ate measures the minimum enrollment period from:		
					The date beginning the period of enrollment in the MCC or PCCM, without any intervening disenrollment regardless of Medicaid eligibility.		
					The date beginning the period of enrollment in the MCC or PCCM as a Medicaid patient (including periods when payment is made under this section). without an intervening disenrollment.		
					The date beginning the last period of enrollment in the MCO or PCCM as a Medicaid patient (not including periods when payment is made under this section without any intervening disenrollment or periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section).		
* Agend	cy that determin	es eligibility	y for coverage.				

TN # <u>03-10</u> Supersedes TN # <u>92-2</u>

Approval Date: NOV 18 2003 Effective Date: 8/13/03 Automatic Reenrollment/Disenrollment Revised

HCFA-PM-91-1-4 DECEMBER 1991 (BPD)

Attachment 2.2-A Page 10a

State:	Kentucky

Revision:

	COVERAGE AND CONDITIONS OF ELIGIBILITY					
Agency*	Citation(s)		Groups Covered			
		В.	Optional Groups Other Than the Medically Needy			
1932(a)(4) of the Act			The Medicaid Agency may elect to restrict the disenrollment of Medicaid enrollees of MCOs, PIHPs, PAHPs, and PCCMs in accordance with the regulations at 42 CFR 438.56. This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible.			
			$\hfill \Box$ Disenrollment rights are restricted for a period of months (not to exceed 12 months).			
			During the first three months of each enrollment period the recipient may disenroll without cause. The State will provide notification, at least once per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment.			
			\square No restrictions upon disenrollment rights.			
1903(m)(2)(H) 1902(a)(52) of the Act			In the case of individuals who have become ineligible for Medicaid for the brief period described in section $1903(m)(2)(H)$ and who were enrolled with an MCO, PIHP, PAHP, or PCCM when they became ineligible, the Medicaid agency may elect to reenroll those individuals in the same entity if that entity still has a contract.			
			The agency elects to reenroll the above individuals who are eligible in a month but in the succeeding two months become eligible, into the same entity in which they were enrolled at the time eligibility was lost.			
			$\hfill\Box$ The agency elects not to reenroll above individuals into the same entity in which they were previously enrolled.			
* Agenc	y that determines	eligibil	ity for coverage.			
TN # 03-10 Supersedes			Approval Date: NOV 18 2003 Effective Date: 8/13/03			

TN # <u>92-2</u>

Revision:	HCFA-PM-91-10	(MB)	Attachment 2.2-
	DECEMBER 1991		Page 11

State/Territory:	Kentucky

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency* Citation	(s)	Groups Covered
	В.	Optional Groups Other Than the Medically Needy
42 CFR 435.217	区	4. A group or groups of individuals who would be- eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community—based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community—based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.

* Agency that determines eligibility for coverage.

TN No. 92-2 Supersedes TN No. 92-1

Approval Date 2-26-92

Effective Date 2-1-92

Revision:

HCFA-PM-91-4 1991

(BPD)

ATTACHMENT 2.2-A Page 11a OMB NO.: 0938-

Effective Date: <u>1-1-92</u>

State:	Kentucky
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			State: _	Kentucky		
COVERAGE AND CONDITIONS OF ELIGIBILITY						
Agency* Cit	tation(s)			Groups Covered		
	В.	Option	nal Grouj	ps Other Than the Medically Needy		
1902(a) (10) (A) (ii) (VII) of the Act	X	5.	5. Individuals who would be eligible for Medicaid under the plan if they were in a medical institution, who are terminally ill, and who receive hospice care in accordance with a voluntary election described in section 1905(o) of the Act.			
IV-A			X	The State covers all individuals as described above.		
				The State covers only the following group or groups of individuals:		
				□ Aged □ Disabled - □ Individuals under the age of □ 21 □ 20 □ 19 □ 18 □ Caretaker relatives □ Pregnant women		
* Agency tl	hat determines elig	ibility for c	overage.			
S						

TN No. 92-1 Supersedes TN No. None

Approval Date: NOV 14 1994

Revision:	HCFA-PM-91-4 1991	ı	(BPD)				ATTACHMENT 2.2-A Page 12 OMB NO.: 0938-		
State: Ke	entucky								
		COV	ERAGE	AND C	ONDITI	ONS OF ELIGIBILITY			
Agency*	Citation(s)					Groups Covered			
		B.	Option	al Grou	ps Other	Than the Medically Needy			
42 CFR 435.22	9			care co	Individuals who would be eligible for AFDC if their work-related child care costs were paid from earnings rather than by a State agency as service expenditure. The State's AFDC plan deducts work-related child care costs from income to determine the amount of AFDC.				
					The Sta	ate covers all individuals as o	described above.		
1902 (a) (10) ((ii) and 1905(a of the Act					The S individ	2	owing group or groups o		
42 CFR 435.22 1902 (a) (10) (A)(ii) and 1905(a)(i) of the Act IV-A	22	\boxtimes	7.	a.	(i) of the		ted in section 1902(a) (10) (A e and resource requirements of ander the age of:		
						18 but who have not reache easonably expected to gradua	d age 19, are in an accredited ate by their 19th birthday.		

TN No. <u>92-1</u> Supersedes , TN No. <u>89-19</u>

Approval Date NOV14 1994

Effective Date <u>1-1-92</u> HCFA ID: 7984E

^{*} Agency that determines eligibility for coverage.

Revision:	HCFA-PM-91-4 1991	(BPD))			ATTACHMENT 2.2-A Page 13 OMB NO.: 0938-	
State: K	Kentucky						
COVERAGE AND CONDITIONS OF ELIGIBILITY							
Agency*	Citation(s)		Groups Covered				
	В.	Option	nal Grou	ps Other	r Than t	he Medically Needy	
42 CFR 435.2	222		b.	 Reasonable classifications of individuals described in (a) abo as follows: 			
				(1)		duals for whom public agencies are assuming full tial financial responsibility and who are:	
					(a)	In foster homes (and are under the age of).	
					(b)	In private institutions (and are under the age of	
					(c)	In addition to the group under b.(1) (a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of	
				(2)		duals in adoptions subsidized in full or part by a cagency (who are under the age of	
				(3)		duals in NFs (who are under the age of). rvices are provided under this plan.	
				(4)		ddition to the group under (b) (3), individuals in MR (who are under the age of	

Approval Date NOV 14 1994

Effective Date 1-1-92

HCFA ID: 7984E

Agency that determines eligibility for coverage.

TN No. 92-1 Supersedes TN No. 87-10

Revision:	HCFA-PM-91- 1991	4 (BPD)		ATTACHMENT 2.2-A Page 13a OMB NO.: 0938-
State:	Kentucky			
		COVERAGE A	AND CONDI	TIONS OF ELIGIBILITY
Agency*	Citation(s)			Groups Covered
		B. Optiona	l Groups Oth	er Than the Medically Needy (Continued)
			□ (5)	Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of Inpatient psychiatric services for individuals under age 21 are provided under this plan.
			□ (6)	Other defined groups (and ages), as specified in Supplement 1 of <u>ATTACHMENT 2.2-A.</u>
* Age	ency that determines	s eligibility for co	verage.	
TN No. 92- Supersedes		Approva	al Date <u>NOV</u>	14 1994 Effective Date <u>1-1-92</u>
TN No.: <u>No</u>	<u>ne</u>			**************************************

Revisio	n: HCFA-PM-91 1991	-4	(BPD)		ATTACHMENT 2.2-A Page 14 OMB NO.: 0938-
State: _	Kentucky				
		COV	/ERAGE	AND CONDITIONS OF ELIGIBI	LITY
Agency	* Citation(s)			Groups Cover	red
		B.	Option	al Groups Other Than the Medically	Needy (Continued)
1902(a) (A) (ii) of the A	(VIII)	X	8.	(other than under title IV-E of the adoption agency, cannot be placed	et a State adoption assistance agreement et Act), who, as determined by the State or adoption without medical assistance s for medical or rehabilitative care, and ment——
IV-L				a. Was eligible for Medicaio plan; or	d under the State's approved Medicaid
					le for Medicaid if the standards and IV-E foster care program were applied dards and methodologies.
				The State covers individua	als under the age of
				□ 21 □ 20 ⊠ 19** □ 18	
**					ot reached age 19, are in an accredited bly expected to graduate by their 19th
*	Agency that determine	s eligibi	ility for co	overage.	
TN No.	edes		Approv	al Date <u>NOV 14 1994</u>	Effective Date 1-1-92
TN No	89-19				

Revision:	HCFA-PM-91- 1991	-4	(BPD)		ATTACHMENT 2.2-A Page 14a OMB No.: 0938-	
State:	Kentucky					
		COV	ERAGE ANI	O CONDITIONS OF ELIGIBILITY		
Agency*	Citation(s)			Groups Covered		
		B.	Optional Gr	oups Other Than the Medically Needy ((Continued)	
42 CFR 435.2	223		 Individuals described below who would be eligible for AFDC if coverage under the State's AFDC plan were as broad as allowed under title IV-A: 			
1902 (a) (10) (A) (ii) and 1905(a) of the Act				Individuals under the age of □ 21 □ 20 □ 19 □ 18 Caretaker relatives Pregnant women		
* Agen	cy that determine	s eligibil	ity for covera	nge.		

TN No. 92-1 Supersedes TN No. None

Approval Date: NOV 14 1994 Effective Date: 1-1-92

Revision:	HCFA-PM-91- 1991	4	(BPD)				ATTACHMENT 2.2-A Page 15 OMB NO.: 0938-
State:	Kentucky						01.1 D 1.01.0700
		COVE	RAGE A	AND C	ONDIT	TIONS OF ELIGIBILITY	
Agency*	Citation(s)					Groups Covered	
		B.	Optiona	ıl Grou <u>ı</u>	os Othe	r Than the Medically Need (Cor	ntinued)
42 CFR 43:	5.230	\boxtimes			using S f the A	SSI criteria with agreements unct.	der IV-A sections 1616 and
				supple: State	mentary supple	ng groups of individuals we payment (but no SSI payment) mentary payment program to be supplement is	under an approved optiona
				a.	Based	on need and paid in cash on a r	egular basis.
				b.	incom	to the difference between se and the income standard used pplement.	
				c.	Availa	able to all individuals in the Stat	e.
				d.		to one or more of the classific, who would be eligible for SSI te	
					(1)	All aged individuals.	
					(2)	All blind individuals.	
					(3)	All disabled individuals.	
* Ag	ency that determines	eligibili	ty for co	verage.			

Approval Date NOV 14 1994

Effective Date <u>1-1-92</u>

HCFA ID: 7984E

TN No. 92-1 Supersedes TN No. 86-7

Revision:	HCFA-PM-91-4 1991	(BPD)		ATTACHMENT 2.2-A Page 16 OMB NO.: 0938-
State:	Kentucky			
Agency*	Citation(s)			Groups Covered
	В.	Optional Grou	ıps Othe	er Than the Medically Needy (Continued)
		\boxtimes	(4)	Aged individuals in domiciliary facilities or other grouliving arrangements as defined under SSI.
42 CFR 43	5.230	\boxtimes	(5)	Blind individuals in domiciliary facilities or other grouliving arrangements as defined under SSI.
		\boxtimes	(6)	Disabled individuals in domiciliary facilities or oth group living arrangements as defined under SSI.
			(7)	Individuals receiving a Federally administered option State supplement that meets the conditions specified in 4 CFR 435.230.
		X	(8)	Individuals receiving a State administered optional State supplement that meets the conditions specified in 4 CFR 435.230.
			(9)	Individuals in additional classifications approved by the Secretary as follows:
* Ag	ency that determines eligib	vility for coverage	e.	
TN No. 92-	-	Appro	oval Dat	e <u>NOV 14 1994</u> Effective Date <u>1 1-92</u>
TN No. <u>86</u>	<u>- /</u>			**************************************

Effective Date <u>1 1-92</u> HCFA ID: 7984E

Revision:	HCFA-PM-91-4 1991	(BPD)		ATTACHMENT 2.2-A Page 16a OMB NO.: 0938-
State:	Kentucky			
Agency*	Citation(s)		Groups Covered	
	В.	Optional Groups	Other Than the Medically Needy	(Continued)
			The supplement varies subdivisions according to	in income standard by political cost-of-living differences.
			☐ Yes. ⊠ No.	
			The standards for optionare listed in Supplement	al State supplementary payments 6 of <u>ATTACHMENT 2.6-A.</u>
* Age	ncy that determines eligi	bility for coverage.		
TN No. 92-1 Supersedes TN No. Non		Approval	Date <u>NOV 14 1994</u>	Effective Date <u>1-1-92</u>

Revision:	HCFA-PM-91- 1991	4 (BPI	D)				ATTACHMENT 2.2-A Page 17 OMB NO.: 0938-
State:	Kentucky						
Agency*	Citation(s)				G	roups Covered	
		B. <u>Opti</u>	onal Grou	ıps Other	Than th	e Medically Needy (Cor	ntinued)
42 CFR 435. 435.121		□ 11.	Section Section	on 1902(f on 1616 or) States 1634 o	and SSI criteria States f the Act.	without agreements under
1902(a)(10) (A) (ii) (XI) of the Act			paym	ent unde	r an a		eive a State supplementary e supplementary payment he supplement is
			a.	Based o	on need	and paid in cash on a re	gular basis.
			b.		and th	e income standard used	he individual's countable to determine eligibility for
			c.	Availal a State			ssification and available on
			d.	Paid to below:	one o	r more of the classifica	ations of individuals listed
					(1)	All aged individuals.	
					(2)	All blind individuals.	
					(3)	All disabled individua	ls.
* Age	ncy that determines	eligibility for	· coverage	e.			
	·						
TN No. 92-1 Supersedes TN No. 87-1			Appro	oval Date	<u>NOV 1</u>	4 199 <u>4</u>	Effective Date <u>1-1-92</u>

Revision:	HCFA-PM-91-4 1991	(BPD)			ATTACHMENT 2.2-A Page 18 OMB NO.: 0938-
State:	Kentucky				
Agency*	Citation(s)			G	croups Covered
	В.	Optional Grou	ıps Other	Than tl	ne Medically Needy (Continued)
				(4)	Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
				(5)	Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
				(6)	Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
				(7)	Individuals receiving federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
				(8)	Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
				(9)	Individuals in additional classifications approved by the Secretary as follows:
* Ago	ency that determines eligibi	lity for coverage	.		
TN No. 92- Supersedes TN No. 91-		Appro	oval Date	NOV 1	4 1994 Effective Date <u>1-1-92</u>

Revision: State:	HCFA-PM-91-4 1991 Kentucky	(BPD)	ATTACHMENT 2.2-A Page 18a OMB NO.: 0938-
Agency*	Citation(s)		Groups Covered
	В.	Optional Groups Other	Than the Medically Needy (Continued)
			The supplement varies in income standard by political subdivisions according to cost-of-living differences.
			□ Yes
			□ No
			The standards for optional State supplementar payments are listed in Supplement 6 of ATTACHMENT 2.6-A.
* Age	ency that determines elig	ibility for coverage.	
TN No. 92- Supersedes TN No. No		Approval Date	NOV 14 1994 Effective Date <u>1-1-92</u>
· · · · · · · · · · · · · · · · · · ·			

Effective Date <u>1-1-92</u> HCFA ID: 7984E

Revision:	HCFA-PM-91 1991	-4	(BPD)		Attachment 2.2-A Page 19 OMB NO.: 0938-
State:	Kentucky				
Agency*	Citation(s)				Groups Covered
		В.	Option	al Grou	ups Other Than the Medically Needy (Continued)
42 CFR 435 1902 (a) (10 (A) (ii) (V) of the Act		X	12.	who a	duals who are in institutions for at least 30 consecutive days and are eligible under a special income level. Eligibility begins on the day of the 30-day period. These individuals meet the income and specified in Supplement 1, page 9a. to <u>ATTACHMENT 2.6-A.</u>
				X	The State covers all individuals as described above.
IV—A					The State covers only the following group or groups of individuals:
1902 (a) (10 (ii) and 1905 of the Act					□ Aged □ Disabled □ Individuals under the age of □ 21 □ 20 □ 19 □ 18 □ Caretaker relatives □ Pregnant women
* Age	ncy that determine	es eligibil	lity for co	overage	>.
TN No. 92-1 Supersedes TN. No. 90-2				Appro	oval Date NOV 14 1994 Effective Date: 1-1-92

HCFA-PM-91-4 (BPD) ATTACHMENT 2.2-A Revision: 1991 Page 20 OMB NO.: 0938-State: _ <u>Kentucky</u> Groups Covered Agency* Citation(s) В. Optional Groups Other Than the Medically Needy (Continued) 1902(e) (3) 13. Certain disabled children age 18 or under who are living at home, who of the Act would be eligible for Medicaid under the plan if they were in a medical institution, and for whom the State has made a determination as required under section 1902(e) (3) (B) of the Act.. Supplement 3 to ATTACHMENT 2.2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home. 1902(a) (10) X 14. The following individuals who are not mandatory categorically needy (A) (ii) (IX) whose income does not exceed the income level (established at an amount and 1902(1) above the mandatory level and not more than 185 percent of the Federal of the Act poverty income level) specified in Supplement 1 to ATTACHMENT 2.6- $\underline{\mathbf{A}}$ -for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6-A: IV-A Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and

TN No. 92-1 Supersedes TN No. 90-22

Approval Date NOV 14 1994

Infants under one year of age.

Effective Date <u>1-1-92</u>

^{*} Agency that determines eligibility for coverage.

Revision: HCFA-PM-91-4 (BPD)
ATTACHMENT 2.2-A
Page 21
OMB NO.: 0938State: Kentucky

Groups Covered

TN No. 92-1 Supersedes TN No. 90-22

Agency*

Citation(s)

Approval Date NOV 14 1994

Effective Date <u>1-1-92</u>

Revision:	HCFA-PM-91-4 1991		(BPD)		Revised Attachment 2.2-A Page 22 OMB No.: 0938-
State:K	entucky				0.11 <u>2</u> 110.11 0500
Agency*	Citation(s)			Groups Covered	
		В.	Option	al Groups Other Than the Medically Needy	(Continued)
1902(a) (ii) (X)			16.	Individuals(for 209b states only)	
and 1902(m) (1) and (3) of the Act				a. Who are 65 years of age or older under section 1614(a)(3) of the individuals are covered under this 6	Act. Both aged and disabled
				b. Whose income does not exceed the an amount up to 100 percent of the specified in Supplement 1 to Attack same size; and	Federal income poverty level)
				c. Whose resources do not exceed t under SSI; or under the State's specified in <u>Attachment 2.6-A</u> . Sup	medically needy program as
* Agenc	ey that determines of	eligibili	ty for co	verage.	
TN No. 92-1 Supersedes			Approx	al Date: NOV 14 1994	Effective Date: 1-1-92
TN No. None			Approv	ai Daic. 110 1 14 1774	Effective Date. <u>1-1-92</u>

Revision: HCFA-PM-92-1 February 1992 State: Kentucky Attachment 2.2-A Page 23

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency*	Citation(s)		Groups Covered
		B.	Optional Groups Other Than the Medically Needy (Continued)
1902(a)(47) and 1920 of the Act		X	17. Pregnant women who are determined by a "qualified provider" (as defined in Section 1920 (b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under Attachment 2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with Section 1920 of the Act.

* Agency that determines eligibility for coverage.

TN No. <u>01-21</u> Supersedes TN No. <u>92-05</u>

Approval Date: DEC 12 2001

Effective Date: 11/1/01

Revision: State/Territory:	HCFA-PM-91-8 October 1991 Kentucky	(MB)	ATTACHMENT 2.2-A Page 23a OMB NO.:
Agency*	Citation(s)		Groups Covered
	В.	Option	al Groups Other Than the Medically Needy (Continued)
1906 of the Act		18.	Individuals required to enroll in cost-effective employer-based grou health plans remain eligible for a minimum enrollment period of $\underline{2}$ months.
1902(a)(10)(F) and 1902(u)(1) of the Act		19.	Individuals entitled to elect COBRA continuation coverage and whos income as determined under Section 1612 of the Act for purposes of th SSI program, is no more than 100 percent of the Federal poverty level whose resources are no more than twice the SSI resource limit for a Individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid expenditures for a equivalent set of services. See Supplement 11 to Attachment 2.6-A.

* Agency that determines eligibility for coverage.

TN No. 92-22 Supersedes TN No. None

Approval Date: <u>2-11-93</u> Effective Date: <u>2-1-93</u>

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

1902 (a) (10) (A)

- 19. Optional Targeted Low Income Children who:
 - a. are not eligible for Medicaid under any other optional or mandatory eligibility group or eligible as medically needy (without spenddown liability);
 - b. would not be eligible for Medicaid under the policies in the State's Medicaid plan as in effect on April 15, 1997 (other than because of the age expansion provided for in §1902(1) (2) (D));
 - are not covered under a group health plan or other group health insurance (as such terms are defined in \$2791 of the Public Health Service Act coverage) other than under a health insurance program in operation before July 1, 1997 offered by a State which receives no Federal funds for the program;
 - d. have family income at or below:

200 percent of the Federal poverty level for the size family involved, as revised annually in the Federal Register; or

A percentage of the Federal poverty level, which is in excess of the "Medicaid applicable income level" (as defined in §2110(b) (4) of the Act) but by no more than 50 percentage points.

All children described above who are under age 19 with family income at or below 150 percent of the Federal poverty level.

TN No. 99-4 Supersedes TN No. 98-06

Approval Date NOV 10 1999

Effective Date 7/1/99

Department for Medicaid Ser State: Kentucky	vices		Attachment 2.2-A Page 23c
Agency* Citation(s)			Groups Covered
			The following reasonable classifications of children described above who are under age (18, 19) with family income at or below the percent of the Federal poverty level specified for the classification:
1920(E) (12) of the Act		20.	A child under age (not to exceed age (19) who has been determined eligible is deemed to be eligible for a total of months (not to exceed 12 months) regardless of changes in circumstances other than attainment of the maximum age state above.
		21.	Children under age 19 who are determined by a 'qualified entity' (as defined in §1920A(b) (3) (A)) based on preliminary information, to meet the highest applicable income criteria specified in this plan.
			The presumptive period begins on the day that the determination is made. If an application for Medicaid is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that the State agency makes a determination of eligibility based on that application. If an application is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.

TN No. <u>00-02</u> Supersedes TN. No. <u>99-4</u>

Approval Date: APR 25 2000 Effective Date: 1-1-00

State:	_Kentucky			
Agency*	Citation(s)			Groups Covered
		B.	Option	onal Groups Other Than the Medically Needy (Continued
1902(a)(1C (ii)(X VIII)		X	22.	Women who:
				a. have been screened for breast or cervical cancer under Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under Title XV of the Public Health Service Act in accordance with the requirements of section 1504 of that Act and need treatment for breast or cervical cancer, including a pre cancerous condition of the breast or cervix;
				b. are not otherwise covered under creditable coverage, as defined in section 2701(c) of the Public Health Service Act:
				c. are not eligible for Medicaid under any mandatory categorically needy eligibility group; and
				d. have not attained age 65.
1920(B) of	the Act		23.	Women who are determined by a "qualified entity" (as defined in 1920(B)(b)) based on preliminary information, to be a woman described in 1902(aa) of the Act related to certain breast and cervical cancer patients.
				The presumptive period begins on the day that the determination is made. The period ends on the date that the State makes a determination with respect to the woman's eligibility for Medicaid, or if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on that last day.
TN No. <u>02-</u> Supersedes TN No. <u>No</u>				Approval Date 11/13/02 Effective Date 10/01/02

ATTACHMENT 2.2 A PAGE 23e OMB NO.:

State/Territory:	Kentucky
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		Groups Covered
B.	<u>Option</u>	nal Groups Other Than the Medically Needy (Continued)
	24.	BBA Work Incentives Eligibility Group - Individuals with a disability whose net family income is below 250 percent of the Federal poverty level for a family of the size involved and who, except for earned income, meet all criteria for receiving benefits under the SSI program. See page 12c of Attachment 2.6 A.
X	25.	TWWIIA Basic Coverage Group – Individuals with a disability at least 16 but less than 65 years of age whose income and resources do not exceed a standard established by the State. See page 12d of Attachment 2.6 A.
	26.	TWWIIA Medical Improvement Group - Employed individuals at least 16 but less than 65 years of age with a medically improved disability whose income and resources do not exceed a standard established by the State. See page 12h of Attachment 2.6A. NOTE: If the State elects cover this group, it MUST also cover the eligibility group described in No. 25 above.
		□ 24. 区 25.

TN No: <u>08-004</u> Supersedes TN No: <u>None</u>

Approval Date: <u>05/13/08</u> Effective Date: <u>01/01/2008</u>

Revision:

HCFA-PM-91-4

1991

(BPD)

Revised Attachment 2.2-A Page 24 OMB No.: 0938-

Effective Date: 1-1-92

StateKentucky	
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Agency* Citation(s)

C. Optional Coverage of the Medically Needy

42 CFR 435.301

This plan includes the medically needy.

IV-A

No.

Yes. This plan covers:

1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.

1902(e) of the Act

IV-A

1902(a) (10) (C) (ii) (I) of the Act

IV-A

- Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services un de the plan for a 60-day period, beginning with the date the pregnancy ends, arid any remaining days in the month in which the 60th day falls.
- 3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902 (a)(10)(A)(i) of the Act.

TN No. <u>92-1</u> Supersedes TN No. <u>None</u>

Approval Date: NOV 1 4 1994

Revision:	sion: HCFA-PM-91-4 1991		(BPD)	ATTACHNENT 2.2-A Page 25 OMB NO.: 0938-					
State:	Kentucky								
Agency*	Citation(s)	Groups Covered							
		C.	Option	al Cover	age of t	he Med	ically N	eedy (Co	ontinued)
1902(e) (4) of the Act			4.	Newborn children born on or after October 1, 1984 to a woman who is eligible IV-A as medically needy and is receiving Medicaid on the date of the child's birth. The child is deemed to have applied and been found eligible for Medicaid on the date of birth and remains eligible for one year so long as the woman remains eligible or would remain eligible if she were pregnant and the child is a member of the woman's household.					
42 CFR 435.308 ⊠		X	5.	a. Financially eligible individuals who are not described in section C.3 above and who are under the age of					
IV-A						secono		ool or i	who are full-time students in a n the equivalent level of vocational
				b.	of financially eligible individuals r 18 as specified below: -				
						(1)	Individuals for whom public agencies are assuming full or partial financial responsibility and who are:		
								(a)	In foster homes (and are under the age of
								(b)	In private institutions (and are under the age of
** Includes individuals under age 18 and individuals age 18 but who have not reached age 19, are in an accredite program of secondary education as a full-time student, and are reasonably expected to graduate by their 19 birthday.									
TN No. 92-1 Supersedes			Approval Date: NOV 14 1994					Effective Date: 1-1-92	
TN NO. None									

Revision: State:	HCFA-PM-91-4 1991 	(BPD)			ATTACHMENT 2.2-A Page 25a OMB NO.: 0938-
Agency*	Citation(s)		Gı	oups Covered	
	C.	Optional Coverage	e of the Medi	cally Needy (Continue	ed)
				(1) plac insti	ddition to the group under b. (a) and (b), individuals ed in foster homes or private tutions by private, nonprofit icies (and are under the age)
			(2)		ons subsidized in full or part (who are under the age of
			(3)		(who are under the age of es are provided under this
			(4)		oup under (b)(3), individuals e under the age of)
		С	(5)	(who are under the	iatric facilities or programs e age of). Inpatient for individuals under age 21
			(6)	Other defined group Supplement 1 of <u>AT</u>	s (and ages), as specified in TACHMENT 2.2-A.
TN No. 92 Supersedes TN No. No.	3	Approval Date: N	OV 14 1994		Effective Date: <u>1-1-92</u>

HCFA-PM-91-4

(BPD)

1991

State: Kentucky

ATTACHMENT 2.2-A Page 26 OMB NO.: 0938-

Agency* Citation(s)				Group	os Cover	ed
IV-A	C.	Optional Coverage of	f the Me	dically N	Needy(Co	ontinued)
42 CFR 435.310			X	6.	Caretak	er relatives.
42 CFR 435.320 and 435.330 IV-A			X	7.	Aged in	dividuals.
42 CFR 435.322 and 435.330 IV-A			X	8.	Blind ir	ndividuals.
42 CFR 435.324 and 435.330 IV-A			X	9.	Disable	d individuals.
42 CFR 435.326				10.	not enr individu	uals who would be ineligible if they were rolled in an HMO. Categorically needy uals are covered under 42 CFR 435.212 e same rules apply to medically needy uals.
435.340 IV-A				11.	Blind a	nd disabled individuals who:
					a.	Meet all current requirements for Medicaid eligibility except the blindness or disability criteria;
					b.	Were eligible as medically needy- in December 1973 as blind or disabled; and
					c.	For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria.

TN No. 92-1 Supersedes TN No. None

Approval Date: NOV 14 1994

Effective Date: 1-1-92

Revision: HCFA-PM-91-8 (BPD) ATTACHMENT 2.2-A Page 26a October 1991 OMB NO.: 0938-State: ___ Kentucky_ Groups Covered Agency* Citation(s) Optional Coverage of the Medically Needy (Continued) C.

Individuals required to enroll in cost effective employer-based group health plans remain eligible for a minimum enrollment period of ____ months. 1906 of the Act 12.

Effective Date: 2-1-93

TN No. <u>92-22</u> Supersedes TN No. None

Approval Date: <u>2-11-93</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	Kentucky
State.	IXCIIIUCKY

REQUIREMENTS RELATING TO DETERMINING ELIGIBILITY FOR MEDICARE PRESCRIPTION DRUG LOW-INCOME SUBSIDIES

Agency* Citation(s)		Groups Covered		
	C.	Optional Coverage of the Medically Needy(Continued)		
1935(a) and 1902(a)(66)		The agency provides for making Medicare prescription drug Low Income Subsidy determinations under Section 1935(a) of the Social Security Act.		
42 CFR 423.774 and 423.904		 The agency makes determinations of eligibility for premium and cost- sharing subsidies under and in accordance with section 1860D-14 of the Social Security Act; 		
		2. The agency provides for informing the Secretary of such determinations in cases in which such eligibility is established or redetermined;		
		3. The agency provides for screening of individuals for Medicare cost- sharing described in Section 1905(p)(3) of the Act and offering enrollment to eligible individuals under the State plan or under a waiver of the State plan.		

TN No.: <u>05-008</u> Supersedes TN No. <u>N/A</u>

Approval Date: $\underline{10/31/05}$ Effective Date: $\underline{07/01/05}$

Revision: HCFA-PM-91-4 1991 (BPD)

SUPPLEMENT 1 TO ATTACHMENT 2.2-A Page 1

OMB NO.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

REASONABLE CLASSIFICATIONS OF INDIVIDUALS UNDER THE AGE OF 21, 20, 19, AND 18

TN No. 92-1 Supersedes TN No. None

Approval Date: NOV 14 1994 Effective Date: 1-1-92

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 3 TO ATTACHMENT 2.2-A Page 1

OMB NO.: 0938-

STATE PLN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kentucky

Method for Determining Cost Effectiveness of Caring for Certain Disabled Children At Home

TN No. <u>92-1</u> Supersedes TN No. <u>None</u>

Approval Date NOV 14 1994

Effective Date 1-1-92

HCFA-PM-92-1 FEBRUARY 1992

(MB)

ATTACHMENT 2.6-A Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)					Condition or Requirement
	A.	Gener	al Cond	itions of	Eligibility
		Each	individu	al covere	ed under the plan:
42 CFR Part 435, Subpart G		1.		-	eligible (using the methods and standards described in Parts s Attachment) to receive services.
42 CFR Part 435		2.	Meets	s the app	licable non-financial eligibility conditions.
Subpart F			a.	For th	e categorically needy:
				(i)	Except as specified under items A.2.a.(ii) and (iii) below, for AFDC—related individuals, meets the non—financial eligibility conditions of the AFDC program.
				(ii)	For SSI-related individuals, meets the non-financial criteria of the SSI program or more restrictive SSI-related categorically needy criteria.
1902(1) of the Act				(iii)	For financially eligible pregnant women,infant8 or children covered under sections 1902(a) (10) (A) (i) (IV), 1902(a)(10) (A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act, meets the non-financial criteria of section 1902(1) of the Act.
1902(m) of the Act				(iv)	For financially eligible aged and disabled individuals covered under section 1902(a) (10) (A) (ii) (X) of the Act, meets the non-financial criteria of section 1902(m) of the Act.

TN No. 92-5 Supersedes TN No. 92-1

Approval Date NOV 14 1994

Effective Date 4-1-92

Page 2 Kentucky State: ___ For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435. 1905(p) of the Act For financially eligible qualified Medicare beneficiaries covered c. under section 1902(a)(10)(E)(i) of the Act, meets the non financial criteria of section 1905(p) of the Act. For financially eligible qualified disabled and working 1905(s) of the Act d. individuals covered under section 1902(a)(10)(E)(ii) of the Act, meets the non-financial criteria of section 1905(s). P.L. 102-585 3. Is residing in the United States and--Section 402 Is a citizen. Is a qualified alien, as identified in section 431(b) of P.L. 104b. 193, whose coverage is mandatory under sections 402 and 403 of P.L. 104-193, including those who entered the U. S. prior to August 22, 1996, and those who entered on or after August 22, 1996. X Is a qualified alien, as defined in section 431(b) of P.L. 104-193, whose coverage is optional under section 402 and 403 of P.L. 104-1 93, including those who entered the U. S. Prior to August 22,1996 and those who entered on or after August 22, 1996. Is an alien who is not a qualified alien as defined in section c. 431(b) of P.L. 104-193, or who is a qualified alien but is not eligible under the provision of (b) above. (Coverage is restricted to certain emergency services). d. Limited Coverage for Certain Aliens 1902(a) and 1903(v) of the Act and Section 401(b)(I)(A) of P.L.

104-193

Is an alien who is not a qualified alien or who is a - qualified alien, as defined in section 431(b) of P.L. 104-193, but is not eligible for Medicaid based on alien status, and who would otherwise qualify for Medicaid is provided Medicaid only for the treatment of an emergency medical condition (including emergency labor and delivery) as defined in section 1903(v)(3) of the Act.

TN No. <u>98-02</u> Supersedes TN No. <u>92-01</u>

Approval Date: 6/3/98 Effective Date: 1/1/98

State: Kentucky				
42 CFR 435.403 1902(b) of the Act	4.			regardless of whether or not the individual manently or maintains it at a fixed address.
		X	State has intersta States:	te residency agreement with the following
			Iowa West Virginia California Georgia Tennessee Alabama Arkansas Florida Kansas Mississippi	New Jersey New Mexico North Dakota South Dakota Maryland Ohio Pennsylvania Wisconsin Indiana (for individual cases) Idaho
			State has open agre	eement(s).
			Not applicable; no	residency requirement

TN No. <u>98-02</u> Supersedes TN No. <u>97-08</u>

Approval Date: <u>6/3/98</u> Effective Date: <u>1/1/98</u>

Revision: KY SPA 22-0003

June 2022

State: Kentucky

ATTACHMENT 2.6-A Page 3a OMB No.: 0938-

Citation(s)	Condition or Requirement
435.1008	5. a. Is not an inmate of a public institution. Public institutions do not include medical institutions, nursing facilities, intermediate care/mentally retarded facilities, or publicly operated community residences that serve no more than 16 residents, or certain child care institutions.
42 CFR 435.1008 1905(a) of the Act	b. Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program.
	Not applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are not provided under the plan.
42 CFR 433.145 1912 of the Act	6. Is required, as a condition of eligibility, to assign rights to medical support and to payments for medical care from any third party, to cooperate in obtaining such support and payments, and to cooperate in identifying and providing information to assist in pursuing any liable third party. The assignment of rights obtained from an applicant or recipient is effective only for services that are reimbursed by Medicaid. The requirements of 42 CFR 433.146 through 433.148 are met.
	Assignment of rights is automatic because of State law.
42 CFR 435.910	7. Is required as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number), except for aliens seeking medical assistance for the treatment of an emergency medical condition under Section 1903(v) (2) of the Social Security Act and newborn children who are eligible under Section 1902 (e) 4.

TN No. – <u>22-0003</u> Supersedes TN No. <u>92-1</u>

Approval Date: <u>6/21/22</u> Effective Date: <u>5/1/22</u>

HCFA-PM-91-4 August 1991

(BPD)

ATTACHMENT 2.6-A Page 3b OMB No: 0938-

State: Kentucky

Citation(s)		Condition or Requirement
1902(c) (2)	8.	Is not required to apply for AFDC benefits under title IV-A as a condition of applying for, or receiving, Medicaid if the individual is a pregnant woman, infant, or child that the State elects to cover under sections 1902(a) (10) (A) (i) (IV) and 1902(a) (10) (A) (ii) (IX) of the Act.
1902(e) (10) (A) and (B) of the Act	9.	Is not required, as an individual child or pregnant woman, to meet requirements under section 402(a) (43) of the Act to be in certain living arrangements. (Prior to terminating AFDC individuals who do not meet such requirements under a State's AFDC plan, the agency determines if they are otherwise eligible under the State's Medicaid plan.)

TN No. 92-1 Supersedes TN No. None

Approval Date: NOV 14 1994 Effective Date: 1-1-92

HCFA-PM-91-8 October 1991 (MB)

ATTACHMENT 2.6-A

Page 3c

State/Territory:	Kentucky
state/refrittory.	KCHTUCK y

OMB No.: 0938-

Citation(s)

Condition or Requirement

1906 of the Act

10. Is required to apply for enrollment in an employer- based cost-effective group health plan, if such plan is available to the individual. Enrollment is a condition of eligibility except for the individual who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does not affect a child's eligibility).

TN No. 92-22 Supersedes TN No. None

Approval Date: <u>2-11-93</u> Effective Date <u>2-1-93</u>

Revision: HCFA-PM-97-2 December 1997

State: _ Kentucky

Citation(s)

ATTACHMENT 2.6-A Page 4 QMB No.:0938-0673

Condition or Requirement

B. Posteligibility Treatment of Institutionalized Individuals' Incomes

The following items are not considered in the posteligiblity process:

1902(o) of SSI and SSP benefits paid under § 1611(e)(1)(E) and (G) of the the Act

Act to individuals who receive care in a hospital, nursing home, SNF, or ICF.

Bondi v b. Austrian Reparation Payments (pension (reparation) payments made under § 500 - 506 of the Austrian General Social Insurance Sullivan (SSI) Act). Applies only if State follows SSI program rules with respect

to the payments.

1902(r)(l)of German Reparations Payments (reparation payments made by the c. the Act

Federal Republic of Germany).

105/206 of d. Japanese and Aleutian Restitution Payments. P. L. 100-383

Netherlands Reparation Payments based on Nazi, but not 1. (a) of e. P. L. 103-286 Japanese, persecution (during World War II).

> Payments from the Agent Orange Settlement Fund or any other f. fund established pursuant to the settlement in the In re Agent

> Orange product liability litigation, M.D.L. no. 381 (E.D.N.Y.)

6(h)(2) of Radiation Exposure Compensation. g. P. L. 101-426

> VA pensions limited to \$90 per month under 38 U.S.C. 5503. h.

TN No. 98-03 Supersedes

10405 of

12005 of

P. L. 103-66

P. L. 101-239

Approval Date 4/20/98 TN No. 92-01

Effective Date 1/1/98

Revision: HCFA-PM-97-2 December 1997

State: Kentucky

Attachment 2.6-A Page 4a QMB No. 0938-0673

Citation(s)

Condition or Requirement

1924 of the Act 435.725 435.733 435.832 The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:

Personal Needs Allowance (PNA) of not less than \$30 for Individuals and \$60 for Couples for all institutionalized persons.

Aged, blind, disabled:
 Individuals \$40.00 plus mandatory nondiscretionary deductions
 Couples \$80.00 plus mandatory nondiscretionary deductions

For the following persons with greater need: Supplement 12a to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and where appropriate, identifies the organizational unit which determines that a criterion is met.

b. AFDC Related:

Children <u>\$40.00</u> plus mandatory nondiscretionary deductions Adults \$40.00 plus mandatory nondiscretionary deductions

For the following persons with greater need: Supplement 12a to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and where appropriate, identifies the organizational unit which determines that a criterion is met.

 Individual under age 21 covered in the plan as specified in Item B.7 of Attachment 2.2-A. \$40.00 plus mandatory nondiscretionary deductions.

TN No. <u>01-10</u> Supersedes TN No. <u>98-03</u>

Approval Date AUG 24 2001

Effective Date 6/1/01

Attachment 2.6-A Page 4b

State: Kentucky	
Citation(s)	Condition or Requirement

For the following persons with greater need:

Supplement 12a to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and where appropriate; identifies the organizational unit which determines that a criterion is met.

1924 of the Act

- 3. In addition to the amounts under item 2., the following monthly amounts are deducted from the remaining income of an institutionalized individual with a community spouse:
 - a. The monthly income allowance for the community spouse, calculated using the formula in §1 924(d)(2), is the amount by which the maintenance needs standard exceeds the community spouse's income. The maintenance needs standard cannot exceed the maximum prescribed in §1924(d)(3)(C). The maintenance needs standard consists of a poverty level component plus an excess shelter allowance.
 - The poverty level component is calculated using the applicable percentage (set out §1924(d)(3)(B) of the Act) of the official poverty level.
 - ☐ The poverty level component is calculated using a percentage greater than the applicable percentage, equal to _____%, of the official poverty level (still subject to maximum maintenance needs standard).
 - $\begin{tabular}{lll} \hline & The maintenance needs standard for all community spouses is set at the maximum permitted by $1924(d)(3)(C). \end{tabular}$

Except that, when applicable, the State will set the community spouse's monthly income allowance at the amount by which exceptional maintenance needs, established at a fair hearing, exceed the community spouse's income, or at the amount of any court ordered support.

TN No. 03-07

Supersedes TN No. 98-03 Approval Date: 9/15/03 Effective Date: 6/01/03

Attachment 2.6-A State: Kentucky_ Page 4c Citation(s) Condition or Requirement In determining any excess shelter allowance, utility expenses are calculated using: the standard utility allowance under §5(e) of the Food Stamp Act of 1977; or \times the actual unreimbursable amount of the community spouse's utility expenses less any portion of such amount included in condominium or cooperative charges. The monthly income allowance for other dependent family members living with the community spouse is: X one-third of the amount by which the poverty level component (calculated under §1924(d)(3)(A)(i) of the Act, using the applicable percentage specified in §1924(d)(3)(B)) exceeds the dependent family member's monthly income. a greater amounted calculated as follows: The standards described above are used for individuals receiving home and community based waiver services in lieu of services provided in a medical and remedial care institution. The following definition is used in lieu of the definition provided by the Secretary to determine the dependency of family members under §1924(d)(1): The Definition of Dependency: For the purpose of deducting allowances under Section 1924, a dependent means a child, parent, or sibling who lives with the community spouse and is claimed as a dependent by either spouse under the Internal Revenue Services Code. Amounts for health care expenses described below that are c. incurred by and for the institutionalized individual and are not subject to payments by a third party:

Approval Date 9/15/03

Effective Date 6/01/03

TN No. <u>03-07</u> Supersedes

TN No. 98-03

Revision: HCFA-PM-97-2 December 1997

State: _

Kentucky

ATTACHMENT 2.6-A Page 4d QMB No.:0938-0673

Condition or Requirement

Citation(s)

Medicaid, Medicare and other health insurance

- (i) premiums, deductibles, or coinsurance charges, or copayments.
- Necessary medical or remedial care recognized under (ii) State law but not covered under the State plan. (Reasonable limits on amounts are described in Supplement 3 to <u>ATTACHMENT 2.6-A</u>)

TN No. <u>98-03</u> Supersedes TN No. <u>92-01</u>

Approval Date: 4/20/98 Effective Date: 1/1/98 Revision: HCFA-PM-97-2 December 1997 State: Kentucky ATTACHMENT 2.6-A Page 5 QMB No.:0938-0673

Citation(s)		Condition or Requirement			
435.725 435.733 435.832	4.	In addition to any amounts deductible under the items above, the following monthly amounts are deducted from the remaining monthly income of an institutionalized individual or an institutionalized couple:			
		a. An amount for the maintenance needs of each member of a family living in the institutionalized individual's home with no community spouse living in the home. The amount must be based on a reasonable assessment of need but must not exceed the higher of the:			
		AFDC level; orMedically needy level:			
		(Check one)			
		 □ AFDC levels in Supplement I □ Medically needy level in Supplement I □ Other: \$ 			
		b. Amounts for health care expenses described below that have not been deducted under 3.c. above (i.e., for an institutionalized individual with a community spouse), are incurred by and for the institutionalized individual or institutionalized couple, and are not subject to the payment by a third party:			
		 (i) Medicaid,, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments. (ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amount are described in Supplement 3 to <u>ATTACHMENT 2.6-A.</u>) 			
435.725 435.733 435.832	5.	At the option of the State, as specified below, the following is deducted from any remaining monthly income of an institutionalized individual or an institutionalized couple:			
		A monthly amount for the maintenance of the home of the individual or couple for not longer than 6 months if a physician has certified that the individual, or one member of the institutionalized couple, is likely to return to the home within that period:			
		No.Yes (the applicable amount is shown on page 5a.)			
TN No. <u>98-03</u> Supersedes TN No. <u>92-01</u>	Approv	ral Date <u>4/20/98</u> Effective Date <u>1/1/98</u>			

Revision:	HCFA-PM-97-2	ATTACHMENT 2.6-A
	December 1997	Page 5a
State:	Kentucky	QMB No.:0938-0673

Citation(s)	Condition or Requirement		
	Amount for maintenance of home is \$:		
	Amount for maintenance of home is the actual maintenance costs not to exceed \$		
	Amount for maintenance of home is deductible when countable income is determined under §1924(d)(1) of the Act only if the individuals home and the community spouse's home are different.		
	Amount for maintenance of home is not deductible when countable income is determined under § 1924(d)(1) of the Act.		

TN No. 98-03 Supersedes TN No. 92-01

Approval Date 4/20/98

Effective Date 1/1/98

Revision: HCFA-PM-92-l (MB) ATTACHMENT 2.6-A FEBRUARY 1992 Page 6

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ____Kentucky____

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)		Condition or Requirement
42 CFR 435.711 435.721, 435.831	C.	Financial Eligibility
		For individuals who are AFDC or SSI recipients, the income and resource levels and methods for determining countable income and resources of the AFDC and SSI program apply, unless the plan provides for more restrictive levels and methods than SSI for SSI recipients under section 1902(f) of the Act, or more liberal methods under section 1902(r) (2) of the Act, as specified below.

For individuals who are not AFDC or SSI recipients in a non-section 1902(f) State and those who are deemed to be cash assistance recipients, the financial eligibility requirements specified in this section C apply.

Supplement 1 to ATTACHMENT 2.6-A specifies the income levels for mandatory and optional categorically needy groups of individuals, including individuals with incomes related to the Federal income poverty level--pregnant women and infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i) (VI), 1902(a) (10) (A) (i) (VII), end 1902(a)(10)(A)(ii)(1X) of the Act and aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act--and for mandatory groups of qualified Medicare beneficiaries covered under section 1902(a) (10) (E)(i) of the Act.

TN No. 92-5 Supersedes TN No. 92-1

Approval Date NOV 14 1994

Effective Date 4-1-92

 Revision:
 HCFA-PM-91-4 (BPD)
 ATTACHMENT 2.6-A

 August 1991
 Page 6a

 State:
 Kentucky
 0MB No.: 0938

Citation(s) Condition or Requirement

X Supplement 2 to ATTACHMENT 2.6-A specifies the resource levels for mandatory and optional categorically needy poverty level related groups, and for medically needy groups. Supplement 7 to ATTACHMENT 2.6-A specifies the income levels for categorically needy aged, blind and disabled persons who are covered under requirements more restrictive than Supplement 4 to ATTACHMENT 2.6-A specifies the methods for determining income eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act. Supplement 5 to ATTACHMENT 2.6-A specifies the methods for determining resource eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act. X Supplement 8a to ATTACHMENT 2.6-A specifies the methods for determining income eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902(r) (2) of the Act. $|\mathbf{x}|$ Supplement 8b to ATTACHMENT 2.6-A specifies the methods for determining resource eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902(r) (2) of the Act. X Supplement 8c to ATTACHMENT 2.6-A specifies the methods for determining resource eligibility used by State that are more liberal than the method of the cash assistance permitted under sections1902(r)(2) and 1917(b)(1)(C) of the Act. X Supplement 9b to ATTACHMENT 2.6-A specifies the criteria used for transfer of assets under section 1917(c) of the Act, which affects the eligibility of institutionalized individuals on or after February 8, 2006. X Supplement 10 to ATTACHMENT 2.6-A specifies the criteria used to exclude the assets transferred into a Medicaid trust because of undue hardship for categorically needy individuals, as permitted under section 1902(d)(4) of the Act. Supplement 11 to ATTACHMENT 2.6-A specifies cost effectiveness methodology for COBRA continuation beneficiaries. X Supplement 12 to ATTACHMENT 2.6-A specifies the variations from the basic personal needs allowance under section 1902(a)(50) of the Act. It also specifies the AFDC covered groups and the income and resource eligibility criteria for low-income families under section 1931 of the Act. $|\mathbf{x}|$ Supplement 13 to ATTACHMENT 2.6-A specifies the treatment of available income and resources for certain institutionalized spouses with a community spouse under section 1924 of the Act.

TN No. <u>08-009</u> Supersedes TN No. <u>92-1</u>

Approval Date <u>10/17/2008</u>

Effective Date <u>7/14/2008</u>

Revision: State:l	HCFA-PM-91- August 1991 Kentucky	4 (BPD)	ATTACHMENT 2.6-A Page 6b 0MB No.: 0938-
Citation	n(s)	Condition or Rea	quirement
			6-A specifies the income and resources mining eligibility of Tuberculosis-infected under section 1902(z)(1) of the Act.
	X	<u>Supplement 15 to ATTACHMENT 2.6-A</u> assistance for individuals with substantial he	specifies disqualification for long term care ome equity.

TN No. <u>08-009</u> Supersedes TN No. <u>None</u>

Approval Date <u>10/17/2008</u>

Effective Date 7/14/2008

HCFA-PM-92-1 FEBRUARY 1992

(MB)

ATTACHMENT 2.6-A Page 7

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	Kentucky

ELIGIBILITY CONDITIONS AND REQUIREXIENTS			
Citation(s)			Condition or Requirement
1902(r) (2) of the Act	1.	a. AFDO	C-related individuals (except for poverty level related thank women, infants, and children). In determining countable income for AFDC-related individuals, the following methods are used: (a) The methods under the State's approved AFDC plan only; or (b) The methods under the State's approved AFDC plan and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6—A. In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of
1902(e)(6) the Act		(3)	parents as available to children living with parents until the children become 21. Agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.

TN No. 92-5 Supersedes TN No. 92-1

Approval Date NOV 14 1994

Effective Date <u>4-1-92</u>

Revision: HCFA-PM-92-1 (MB) ATTACHMENT 2.6-A FEBRUARY 1992 Page 7a

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY AC

State:	Kentucky	

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)		Condition or Requirement
42 CFR 435.721 435.832, and 1902(m) (1) (B) (m) (4) and 1902(r) (2) of the Act	b.	Aged individuals. In determining countable income for aged individuals, including aged individuals with incomes up to the Federal poverty level described in section 1902(m)('.) of the Act, the following methods are used:
or the Acc		 □ The methods of the SSI program only. □ The methods of the SSI program and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.

TN No. 92-5 Supersedes TN No. None

Approval Date NOV 14 1994

Effective Date <u>4-1-92</u>

HCFA-PM-91-4 August 1991 (BPD)

ATTACHMENT 2.6-A

Page 8 OMB No.: 0938-

State:	Kentucky

Citation(s) Condition or Requirement For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in Supplement 4 to ATTACHMENT 2.6-A and any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A. For institutional couples, the methods specified under section 1611(e) (5) of the Act. For optional State supplement recipients under §435.230, income methods more liberal than SSI, as specified in Supplement 4 to ATTACHMENT 2.6-A. For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements-- (SSA administered OSS) SSI methods only. SSI methods and/or any more liberal methods than SSI described in Supplement 8a to ATTACHMENT 2.6-A. Methods more restrictive and/or more liera1 than SSI. More restrictive methods are described in Supplement 4 to ATTACHMENT 2.6-A and more liberal methods are described in Supplement 8a to ATTACHMENT 2.6-A. In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses.

TN No. 92-1 Supersedes TN No. 89-6

Approval Date: NOV 14 1994 Effective Date 1-1-92

HCFA-PM--91-4 August 1991 (BPD)

ATTACHMENT 2.6-A Page 9 OMB No.: 0938-

State: ____Kentucky____

Citation(s) Condition or Requirement 42 CFR 435.721 and Blind individuals. In determining countable income for blind 435.831 individuals, the following methods are used: 1902(m) (1) (B), (m)(4), and The methods of the SSI program only. 1902(r) (2) of X SSI methods and/or any more liberal methods described the Act in Supplement 8a to ATTACHMENT 2A. For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in Supplement 4 to ATTACHMENT 2.6-A, and any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A. For institutional couples, the methods specified under section 1611(e) (5) of the Act. For optional State supplement recipients under §435.230, income methods more liberal than SSI, as specified in Supplement 4 to ATTACHMENT 2.6-A. For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements--SSI methods only. -SSI methods and/or any more liberal methods than SSI described in Supplement 8a to ATTACHMENT 2.6-A. Methods more restrictive and! or more liberal than SSI. More restrictive methods are described in Supplement 4 to ATTACHMENT 2.6-A and more liberal methods are described in Supplement 8a to Attachment 2.6-A.

TN No. 92-1 Supersedes TN No. 90-22

Approval Date: NOV 14 1994 Effective Date: 1-1-92

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HCFA-PM-91-4 August 1991 (BPD)

ATTACHMENT 2.6-A

Page 10 OMB No.: 0938-

State:	Kentucky	

Citation(s) Condition or Requirement

In determining relative responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.

42 CFR 435.721, and 435.831 1902(m) (1) (B), (m)(4), and 1902(r) (2) of the Act d. <u>Disabled individuals</u>. In-determining countable income of disabled individuals, including individuals with incomes up to the Federal poverty level described in section 1902(m) of the Act the following methods are used:

 \square The methods of the SSI program.

SSI methods and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.

☐ For institutional couples: the methods specified under section 1611(e) (5) of the Act.

☐ For optional State supplement recipients under §435.230: income methods more liberal than SSI, as specified in Supplement 4 to ATTACHMENT 2.6-A.

□ For individuals other than optional State supplement recipients (except aged and disabled individuals described in section 1903(m)(1) of the Act): more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in Supplement 4 to ATTACHMENT 2.6-A and any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.

TN No. 92-1 Supersedes TN No. 87-15

Approval Date: NOV 14 1994 Effective Date: 1-1-92

Revision: State:	HCFA-PM-91-4 August 1991 Kentucky	(BPD)	ATTACHMENT 2.6-A Page 11 OMB No.: 0938-
Cita	ation(s)		Condition or Requirement
			For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements
			☐ SSI methods only.
			SSI methods and/or any more liberal methods than SSI described in Supplement 8a to ATTACHMENT 2.6-A.
			☐ Methods more restrictive and/or more liberal than SSI, except for aged and disabled individuals described in section 1902(m) (1) of the Act. More restrictive methods are described in Supplement 4 to ATTACHMENT 2.6-A and more liberal methods are specified in Supplement 8a to-ATTACHMENT 2.6-A.
			In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.

TN No. 92-1 Supersedes TN NO. 87-15

Approval Date NOV 14 1994

Effective Date 1-1-92

HCFA-PM-92-1 (MB) FEBRUARY 1992 ATTACHMENT 2.6-A Page 11.a

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	Kentucky
State.	Nemuckv

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement			
1902(1)(3)(E) and 1902(r) (2) of the Act	e.	pregna	ant wor	pregnant women, infants, and children. For nen and infants or children covered under the sections 1902(a)(l0)(A)(i)(IV), (VI), and (VII), and ()(ii)(IX) of the Act
	(1) The following methods are used in determining countable income:			
				The methods of the State's approved AFDC plan.
		$oxed{\boxtimes}$ The methods of the approved title IV-E plan.		
		**		The methods of the approved AFDC State plan and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.
				The methods of the approved title IV-E plan and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.

TN No. 92-5 Supersedes TN No. 92-1

Approval Date: NOV 14 1994 Effective Date: 4-1-92

HDFA-PM-92 (MB) FEBRUARY 1992

ATTACHMENT 2.6-A Page 12

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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Kennicky	
	Kentucky

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)			Condition or Requirement
		(2)	In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.
1902(e)(6) of the Act		(3)	The agency continues to treat women eligible under the provisions of sections 1902(a) (10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.
1905(p) (1), 1902 (m) (4), and 1902(r) (2) of the Act	f.	income	ded Medicare beneficiaries. In determining countable of or qualified Medicare beneficiaries covered under a 1902(a)(10)(E)(i) of the Act, the following methods are
			The methods of the SSI program only.
		X	SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .
			For institutional couples, the methods specified under section 1611(e)(5) of the Act.

TN No. 92-5 Supersedes TN No. 92-1

Approval Date: NOV 14 1994 Effective Date: 4-1-92

HCFA-PM-93-2 MARCH 1993 (MB)

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ATTACHNENT 2.6-A Page l2a

State: Kentucky

Citation(s)

Condition or Requirement

If an individual receives a title II benefit, any amounts attributable to the most recent increase in the monthly insurance benefit as a result of a title IX COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the date of publication.

1905(s) of the Act

(1) Qualified disabled and working individuals.

In determining countable income for qualified disabled and working individuals covered under 1902(a)(10)(E)(ii) of the Act, the methods of the SSI program are used.

1905(p) of the Act

(2) Specified low—income Medicare beneficiaries.

In determining countable income for specified low-income Medicare beneficiaries covered under 1902(a)(l0)(E)(iii) of the Act, the same method as in f. is used.

TN No. <u>93-5</u> Supersedes TN No. <u>92-5</u> U.S. G.P.Q.:1993-342-239:80032

Approval Date: APR 29 1993 Effective Date: 1-1-93

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HCFA-PM-91-4 August 1991 (BPD)

ATTACHMENT 2.6-A Page 12b OMB No.: 0938-

State:	Kentucky	
state.	Kentucky	

Citation(s) Condition or Requirement 1902(u) h. COBRA Continuation Beneficiaries of the Act In determining countable income for COBRA continuation beneficiaries, the following disregards are applied: The disregards of the SSI program; The agency uses methodologies tor treatment of income more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6—A. NOTE: For COBRA continuation beneficiaries specified at 1902(u) (4),, costs incurred from medical care or for any other type of remedial care shall not be taken into account in determining income, except as provided in section

1612(b) (4) (B) (ii).

TN No. 92-1 Supersedes TN No. None

Approval Date: NOV 14 1994 Effective Date: 1-1-92

ATTACHMENT 2.6 A Page 12c OMB No.:

	State/Territ	oryKentucky
Citation(s)		Condition or Requirement
1902(a)(10)(A)(ii) (XIII) of the Act	(i)	Working Individuals With Disabilities BBA In determining countable income and resources for workin individuals with disabilities under BBA, the followin methodologies are applied:
		☐ The methodologies of the SSI program.
		☐ The agency uses methodologies for treatment of incom and resources more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4(income) and Supplement 5 (resources) that Attachment 2.6-A.
		☐ The agency uses more liberal income and/or resource than the SSI program. More liberal methodologies are described in Supplement 8a to attachment 2.6-A. More liberal resource methodologies are described in Supplement 8b to Attachment 2.6-A.

TN No: <u>08-004</u> Supersedes TN No: <u>None</u>

Approval Date: <u>05/13/08</u> Effective Date: <u>01/01/2008</u>

State/Territory:Kentucky			
Citation(s)		Condition or Requirement	
1902(a)(10)(A) (ii)(XV) of the Act	(ii)	Working Individuals with Disabilities - Basic Coverage Group TWWIIA	
		In determining financial eligibility for working individuals with disabilities under this provision, The following standards and methodologies are applied:	
		☐ The agency does not apply any income or resourc standard.	
		NOTE: If the above option is chosen, no further eligibility-related options should be elected.	
		The agency applies the following income and/or resourc standard(s):	
		The resource limit is \$5,000 for individual and \$10,000 for a couple. Unearned income combined with earned income after deductions shall not exceed 250% FPL.	

TN No: <u>08-004</u> Supersedes TN No: <u>None</u>

Approval Date: <u>05/13/08</u> Effective Date: <u>01/01/2008</u>

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ATTACHMENT 2.6 A Page 12e OMB No.:

	State/Territory:	Kentucky
Citation(s)		Condition or Requirement
1902(a)(10)(A) (ii)(XV) of the Act (cont.)	In d	ome Methodologies letermining whether an individual meets the income standard cribed above, the agency uses the following methodologies.
	X	The income methodologies of the SSI program.
		The agency uses methodologies for treatment of income that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment $2.6 - A$.
		The agency uses more liberal income methodologies that the SSI program. More liberal income methodologies are described in Supplement 8a to Attachment 2.6-A.

TN No: <u>08-004</u> Supersedes TN No: <u>None</u>

Approval Date: $\underline{05/13/08}$ Effective Date: $\underline{01/01/2008}$

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TN No: <u>08-004</u> Supersedes TN No: <u>None</u> ATTACHMENT 2.6 A Page 12f OMB No.:

Effective Date: <u>01/01/2008</u>

	State/Territory:	Kentucky
Citation(s)		Condition or Requirement
1902(a)(10)(A) (ii)(XV) of the Act (cont.)		Resource Methodologies In determining whether the individual meets the resource standard described above, the agency uses the following methodologies. Unless one of the following items is checked, the agency, under the authority of 1902(r)(2) of the Act, disregards all funds held in retirement funds and accounts, including private retirement accounts such as IRAs and other individual accounts, and employer-sponsored retirement plans such as 401(k) plans, Keogh plans, and employer pension plans. Any disregard involving retirement accounts is separately described in Supplement 8b to Attachment 2.6-A. The agency disregards funds held in employer-sponsored retirement plans, but not private retirement plans. The agency disregards funds in retirement accounts in a manner other than those described above. The agency's disregards are specified in Supplement 8b to Attachment 2.6-A.

Approval Date: <u>05/13/08</u>

ATTACHMENT 2.6 A Page 12g OMB No.:

	State/Territory:	Kentuck	<u>y</u>
Citation(s)			Condition or Requirement
1902(a)(10)(A) (ii)(XV) of the Act (cont.)			The agency does not disregard funds in retirement accounts.
			The agency uses resource methodologies in addition to any indicated above that are more liberal than those used by the SSI program. More liberal resource methodologies are described in Supplement 8b to Attachment 2.6-A.
		X	The agency uses the resource methodologies of the SSI Program.
			The agency uses methodologies for treatment of resources that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 5 to Attachment 2.6-A.

TN No: <u>08-004</u> Supersedes TN No: <u>None</u>

Approval Date: <u>05/13/08</u> Effective Date: <u>01/01/2008</u>

St	rate/Territory:K	kentucky	
Citation(s)			Condition or Requirement
1902(a)(10)(A) (ii)(XVI) of the Act	(ii)		g Individuals with Disabilities - Employed Medically ed Individuals – TWWIIA
		improv	ermining financial eligibility for employed medically ed individuals under this provision, the following ds and methodologies are applied:
			The agency does not apply any income or resource standard.
		NOTE:	If the above option is chosen, no further eligibility-related options should be elected.
			The agency applies the following income and/or resource standard(s):

TN No: <u>08-004</u> Supersedes TN No: <u>None</u>

Approval Date: <u>05/13/08</u> Effective Date: <u>01/01/2008</u>

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ATTACHMENT 2.6 A Page 12i OMB No.:

	State/Territory: Kentucky
Citation(s)	Condition or Requirement
1902(a)(10)(A) (ii)(XVI) of the Act (cont.)	Income Methodologies
	In determining whether an individual meets the income standard described above, the agency uses the following methodologies.
	\Box The income methodologies of the SSI program.
	☐ The agency uses methodologies for treatment of income that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4to Attachment 2.6-A.
	☐ The agency uses more liberal income methodologies than the SSI program. More liberal income methodologies are described in Supplement 8a to Attachment 2.6-A.

TN No: <u>08-004</u> Supersedes TN No: <u>None</u>

Approval Date: 05/13/08 Effective Date: 01/01/2008

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ATTACHMENT 2.6 A Page 12j OMB No.:

	State/Territory:	Kentucky	
Citation(s)		Condition or Req	quirement
1902(a)(10)(A) ii)(XV) of the Act (cont.)		Resource Methodologies	
n)(AV) of the rect (cont.)			he individual meets the resource standard ncy uses the following methodologies.
		the authority of 1902(r)(c) retirement funds and accounts such as IRA employer-sponsored retire plans, and employer per	ring items are checked, the agency, under 2) of the Act, disregards all funds held in accounts, including private retirement is and other individual accounts, and rement plans such as 401(k) plans, Keoghension plans. Any disregard involving eparately described in Supplement 8b to
			egards funds held in employer-sponsored, but not private retirement plans.
		manner other tha	regards funds in retirement accounts in a an those described above. The agency's pecified in Supplement 8b to Attachment
ГN No: <u>08-004</u>			
Supersedes ΓN No: <u>None</u>	Approval D	Date: 05/13/08	Effective Date: <u>01/01/2008</u>

ATTACHMENT 2.6 A Page 12k OMB No.:

	State/Territory:	Kentuck	<u>.y</u>
Citation(s)			Condition or Requirement
1902(a)(10)(A) (ii)(XVI) of the Act (cont.)			The agency does not disregard funds_in retirement accounts.
			The agency uses resource methodologies in addition to any indicated above that are more liberal than those used by the SSI program. More liberal resource methodologies are described in Supplement 8b to Attachment 2.6-A.
			The agency uses the resource methodologies of the SSI Program.
			The agency uses methodologies for treatment of resources that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 5 to Attachment 2.6-A.

TN No: <u>08-004</u> Supersedes TN No: <u>None</u>

Approval Date: <u>05/13/08</u> Effective Date: <u>01/01/2008</u>

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ATTACHMENT 2.6 A Page 12l OMB No.:

State/Territory: _	<u>Kentucky</u>
Citation(s)	Condition or Requirement
1902(a)(10)(A) (ii)(XVI) and 1905(v)(2) of the Act.	<u>Definition of Employed – Employed Medically Improved</u> <u>Individuals – TWWIIA</u>
or the rec.	☐ The agency uses the statutory definition of "employed", i.e., earning at least the minimum wage, and working at least 40 hours per month.
	☐ The agency uses an alternative definition of "employed" that provides for substantial and reasonable threshold criteria for hours of work, wages, or other measures. The agency's threshold criteria is described below:

TN No: <u>08-004</u> Supersedes TN No: <u>None</u>

Approval Date: <u>05/13/08</u> Effective Date: <u>01/01/2008</u>

Revision:	ATTACHMENT 2.6 A
	Page 12m

OMB No.:

State/Territory:Kentucky
Condition or Requirement
Payment of Premiums or Other Cost Sharing Charges For individuals eligible under the BBA eligibility group described in No. 24 on page 23e of Attachment 2.2 A:
☐ The agency requires payment of premiums or other cos sharing charges on a sliding scale based on income. The premiums or other cost-sharing charges, and how they are applied are described below:

TN No: <u>08-004</u> Supersedes TN No: <u>None</u>

Approval Date: 05/13/08 Effective Date: 01/01/2008

ATTACHMENT 2.6 A Page 12n OMB No.:

Citation(s)

Condition or Requirement

1902(a)(10)(A)(ii) (XIII), (XV), (XVI), and 1916(g) of the Act (cont.) For individuals eligible under the Basic Coverage Group described in No. 25 on page 23e of Attachment 2.2-A, and the Medical Improvement Group described in No. 26 on page 23e of Attachment 2.2-A:

NOTE: Regardless of the option selected below, the agency MUST require that individuals whose annual adjusted gross income, as defined under IRS statute, exceeds \$75,000 pay 100 percent of premiums.

∑ The agency requires individuals to pay premiums or other cost sharing charges on a sliding scale based on income. For individuals with net annual income below 250 percent of the Federal poverty level for a family of the size involved, the amount of premiums cannot exceed 7.5 percent of the individual's income.

The premiums or other cost-sharing charges, and how they are applied are described on page 12o.

TN No: <u>08-004</u> Supersedes TN No: <u>None</u>

Approval Date: <u>05/13/08</u> Effective Date: <u>01/01/2008</u>

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ATTACHMENT 2.6 A Page 120 OMB No.:

Citation(s)

Condition or Requirement

Sections 1902(a)(10)(A) (ii)(XV), (XVI), and 1916(g) of the Act (cont.)

Premiums and Other Cost Sharing Charges

For the Basic Coverage Group, the agency's premium and other cost sharing charges, and how they are applied, are described below.

Medicaid Works individuals with income from 101-250% of the FPL will be required to pay a premium in accordance with the following:

Federal Poverty Level	Monthly Premium per
	Medicaid
	Works Individual
101-150%	\$35
151-200%	\$45
201-250%	\$55

TN No: <u>08-004</u> Supersedes TN No: <u>None</u>

Approval Date: <u>05/13/08</u> Effective Date: <u>01/01/2008</u>

HCFA-PM-91--4 August 1991 (BPD

Attachment 2.6-A Page 13 OMB NO.: 0938-

State ____Kentucky____

Citation(s)

Condition or Requirement

1902(k) of the Act

1917(d) of the

1902(a)(10)

the Act

2. Medicaid Qualifying Trusts

In the case of a Medicaid qualifying trust described in section 1902(k)(2) of the Act, the amount from the trust that is deemed available to the individual who established the trust (or whose spouse established the trust) is the maximum amount that the trustee(s) is permitted under the trust to distribute to the individual This amount is deemed available to the individual, whether or not the distribution is actually made. This provision does not apply to any trust or initial trust decree established before April 7, 1986, solely for the benefit of a mentally retarded individual who resides in an intermediate care facility for the mentally retarded.

The agency does not count the funds in a trust as described above in any instance where the State determines that it would work an undue hardship as determined on the basis of criteria established by the Secretary of the Department of Health and Human Services.

Effective October 1, 1993 the agency complies with the provisions of 1917(d) of the Social Security Act as amended.

3. Medically needy income levels (MNILs) are based on of family size.

<u>Supplement 1 to ATTACHMENT 2.6-A</u> specifies the MNILs for all covered medically needy groups. If the agency chooses more restrictive levels under section 1902(f) of the Act, <u>Supplement 1</u> so indicates.

TN No. 93-21 Supersedes TN No. 92-1

Approval Date 2-18-94

Effective Date 10-1-93

State:	Kentucky	_				
Cita	tion(s)	Condition or Requirement				
42 CFR 43	35.732, 35.831	4.				come – Spend-down for the Medically Needy in all States Needy in 1902(f) States Only
			a.	Medic	cally Nee	<u>edy</u>
				(1)	payme measu to exc	the in excess of the MNIL is considered as available for tent of medical care and services. The Medicaid agency tres available income for periods of3* months(s) (not eed 6 months) to determine the amount of excess countable e applicable to the cost of medical care and services.
				(2)		intable income exceeds the MNIL standard, the agency is the following incurred expenses in the following order:
					(a)	Health insurance premiums, deductibles and coinsurance charges.
					(b)	Expenses for necessary medical and remedial care not included in the plan.
					(c)	Expenses for necessary medical and remedial care included in the plan.
						Reasonable limits on amounts of expenses deducted from income under a.(2)(a) and (b) above are listed below:
1902(a)(1 Act	7) of the					Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government, and is financed by the State or local government
*		ctive spendo l individuall		eriod us	es availa	able income for one month with eligibility for each month
TN No. 03 Supersede TN No. 92	es			Appro	oval Date	e: <u>Dec 09 2003</u> Effective Date: <u>9/1/03</u>

HCFA-PM-91-8 October 1991 (BPD)

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State: ____Kentucky___

ATTACHMENT 2.6-A

Page 14a
OMB No..: 0938-

Citation(s)		Condition or Requirement
1903(f) (2) of	a.	Medically Needy (Continued)
		(3) If countable income exceeds the MNIL standard, the agency deducts spenddown payments made to the State by the individual.

TN No. 92-1 Supersedes TN No. None

Approval Date NOV 14 1994

Effective Date $\underline{1-1-92}$

HCFA-PM-91-4 August 1991 (BPD)

ATTACHMENT 2.6-A Page 15

State: ____Kentucky____

OMB No.: 0938-

Citation(s)

Condition or Requirement

b. <u>Categorically Needy - Section 1902 (f) States</u>

42 CFR 435.732 The agency applies the following policy under the provisions of section 1902(f) of the Act. The following amounts are deducted from income to determine the individual's countable income:

- (1) Any SSI benefit received.
- (2) Any State supplement received that is within the scope of an agreement described in sections 1616 or 1634 of the Act, or a State supplement within the scope of section 1902(a)(10)(A)(ii)(XI) of the Act.
- (3) Increases in OASDI that are deducted under 435.134 and 435.135 for individuals specified in that section, in the manner elected by the State under that section.
- (4) Other deductions from income described in this plan at Attachment 2.6-A, Supplement 4.
- (5) Incurred expenses for necessary medical and remedial services recognized under State law.

1902(a) (17) of the Act, P.L. 100-203

Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.

TN No. 92-1 Supersedes TN No. 90-7

Approval Date: NOV 14 1994 Effective Date 1-1-92

Revision: HCFA-PM-91-8 (BPD) October 1991		ATTACHMENT 2.6- Page 15a OMB No.: 0938-	-A
	State: Kentucky	ONID 10 0730	
Citation	n(s)	Condition or Requirement	

b.

(6) Spenddown payments made to the State by the individual.NOTE: FFP will be reduced to the extent a State is paid a spenddown payment by the individual.

Categorically Needy - Section 1902(f)States Continued

TN No. 92-1 Supersedes TN No. None

1903(f) (2) of

Approval Date NOV 14 1994

Effective Date 1-1-92

HCFA-PM-91-4 August 1991 (BPD)

ATTACHMENT 2.6-A Page 16

State:	Kentuckv

OMB No.: 0938-

Citation(s)

Condition or Requirement

- 5. <u>Methods for Determining Resources</u>
 - a. <u>AFDC-related individuals (except for poverty level related pregnant women, infants, and children).</u>
 - (1) In determining countable resources for AFDC-related individuals, the following methods are used:
 - (a) The methods under the State's approved AFDC plan; and
 - (b) The methods under the State's approved AFDC plan and/or any more liberal methods described in <u>Supplement 8b to ATTACHMENT 2,6-A</u>.
 - (2) In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

TN No. 92-1 Supersedes TN No. 87-15

Approval Date: NOV 14 1994 Effective Date: 1-1-92

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HCFA-PM-91-4 August 1991 (BPD)

ATTACHMENT 2.6-A Page 16a OMB No.: 0938-

State:	Kentucky

Citation(s)

Condition or Requirement

5. <u>Methods for Determining Resources</u>

1902 (a) (10) (A), 1902(a) (10) (C), 1902(m) (1) (B) and (C), and 1902(r) of the Act

- b <u>Aged individuals</u>. For aged individuals, including individuals covered under section 1902(a) (10) (A) (ii) (X) of the Act, the agency used the following methods for treatment of resources:
 - ☐ The methods of the SSI program.
 - SSI methods and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.
 - ☐ Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) and/or more liberal than those of the SSI program. Supplement 5 to ATTACHMENT 2.6-A describes the more restrictive methods and Supplement 8b to ATTACHMENT 2.6-A specifies the more liberal methods.

TN No. 92-1 Supersedes TN No. None

Approval Date: NOV 14 1994 Effective Date: 1-1-92

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HCFA-PM-91-4 August 1991 (BPD)

C.

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Page 17 OMB No.: 0938-

State: ____Kentucky____

Citation(s)

Condition or Requirement

In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses.

1902(a) (10) (A), 1902(a) (10) (C), 1902(m) (1) (B), and 1902(r) of the Act <u>Blind individuals</u>. For blind individuals the agency uses the following methods for treatment of resources:

☐ The methods of the SSI program.

SSI methods and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.

☐ Methods that are more restrictive and/or more liberal than those of the SSI program. Supplement 5 to ATTACHMENT 2.6-A describe the more restrictive methods and Supplement 8b to ATTACHMENT 2.6-A specify the more liberal methods.

In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

TN No. 92-1 Supersedes TN No. 90-22

Approval Date: NOV 14 1994 Effective Date: 1-1-92

Revision:	HCFA-PM-91-4 August 1991	(BPD)	ATTACHMENT 2.6-A Page 18 OMB No.: 0938-
State: K	entucky		
Citation(s)		Condition or Requirement
1902 (a) (10) (A), 1902 (a) (10) (C), 1902(m) (1) (B) and		d.	Disabled individuals, including individuals covered under section 1902(a (10)(A) (ii) (X) of the Act. The agency uses the following methods for the treatment of resources:
(C), and 1902(of the Act	1)(2)		\square The methods of the SSI program.
		SSI methods and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.	
			Methods that are more restrictive (except for individual described in section 1902(m)(1) of the Act) and/or more libera that those under the SSI program. More restrictive methods are described in Supplement 5 to ATTACHMENT 2.6-A and more liberal methods are specified in Supplement 8b to ATTACHMENT 2.6-A.
			In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.
1902 (1) (3) and 1902(r) (2)	e.	Poverty level pregnant women covered under sections 1902(a)(10)(A)(i (IV) and 1902(a) (10) (A) (ii) (IX) (A) of the Act.
of the Act			The agency uses the following methods in the treatment of resources.
			\square The methods of the SSI program only.
			The methods of the SSI program and/or any more liberal methods described in <u>Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.</u>

TN No. 92-1 Supersedes TN No. 90-22

Approval Date: NOV 14 1994 Effective Date 1-1-92

HCFA-PM-91-4 August 1991

(BPD)

State: ____Kentucky___

ATTACHMENT 2.6-A Page 19 OMB No.: 0938-

Citation(s)			Condition or Requirement
			Methods that are more liberal than those of SSI. The more liberal methods are specified in <u>Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.</u>
		X	Not applicable. The agency does not consider resources in determining eligibility.
		the res	rmining relative financial responsibility, the agency considers only sources of spouses living in the same household as available to s and the resources of parents as available to children living with s until the children become 21.
1902(1) (3) and 1902(r) (2) of the Act	f.	Poverty Level infants covered under section 1902(a) (10) (A) (i)(IV) of the Act.	
		The agency uses the following methods for the treatment of resources:	
			The methods of the State's approved AFDC plan.
1902(l)(3)(C) of the Act			Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), in accordance with section 1902(1) (3)(C) of the Act, as specified in <u>Supplement 5a of ATTACHMENT 2.6-A</u> .
1902(r) (2) of the Act			Methods more liberal than those in the States approved AFDC plan (but not more restrictive), as described in Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.
		X	Not applicable. The agency does not consider resources in determining eligibility.

TN No. 92-1 Supersedes TN No. 89-6

Approval Date NOV 14 1994

Effective Date <u>1-1-92</u>

HCFA-PM-92-1 FEBRUARY 1992

(MB)

ATTACHMENT 2.6-A Page 19a

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

ELIGIBILITY' CONDITIONS AND REQUIREMENTS

Citation(s)			Co	ondition or Requirement
1902(l)(3) and 1902(r)(2) of the Act	g.	1.		ty level children covered under section 1902(a) (10) (A) (i) f the Act.
the Act	Act		The a resour	agency uses the following methods for the treatment of crees:
				The methods of the State's approved AFDC plan.
1902(l)(3)(C) of the Act				Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), in accordance with section 1902(1) (3)(C) of the Act, as specified in Supplement 5a of ATTACHMENT 2.6-A.
1902(r) (2) of the Act				Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in Supplement 8b to ATTACHMENT 2.6-A.
			\boxtimes	Not applicable. The agency does not consider resources in determining eligibility.
				In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

TN No. 92-5 Supersedes TN No. 92-1

Approval Date: NOV 14 1994 Effective Date: <u>4-1-92</u>

HCFA-PM-92-1 (MB) FEBRUARY 1992 ATTACHMENT 2.6-A Page 19b

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)			Co	ondition or Requirement
1902(1) (3) and 1902(r)(2) of	g.	2.	Pover	ty level children under section 1902(a) (10) (A) (i)(VII)
the Act			The a	agency uses the following methods for the treatment of rees:
				The methods of the State's approved AFDC plan.
1902(1)(3)(C) the Act				Methods more liberal than those in the State's approved AFDC plan (but not more restrictive) as specified in Supplement 5a of ATTACHMENT 2.6-A.
1902(r) (2) of the Act				Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in Supplement 8a to ATTACHMENT 2.6-A.
			×	Not applicable. The agency does not consider resources in determining eligibility.
				In determining relative responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

TN No. 92-5 Supersedes TN No. None

Approval Date: NOV 14 1994

Effective Date <u>4-1-92</u>

HCFA-PM-91-8 October 1991

(BPD)

ATTACHMENT 2.6-A Page 20 OMB No.: 0938-

State:	Kentucky

Citation(s)			Condition or Requirement
1905(p) (1) (C) and (D) and 1902(r) (2) of	nd (D) and		For qualified Medicare beneficiaries covered under section 1902 (a) (10) (E) (i) of the Act
the Act			The agency used the following methods for treatment of resources:
			☐ The methods of the SSI program only.
			The methods of the SSI program and/or more liberal methods as described in <u>Supplement 8b to .ATTACHMENT 2.6-A.</u>
1905(s) of the Act		i.	For qualified disabled arid working individuals covered under section 1902(a) (10) (E) (ii) of the Act, the agency uses SSI program methods for the treatment of resources.
1905 (u) of the Act		j.	For COBRA continuation beneficiaries, the agency uses the following methods for treatment of resources:
			☐ The methods of the SSI program only.
			☐ More restrictive methods applied under section 1902(f) of the Act as described in <u>Supplement 5 to Attachment 2.6-A.</u>

TN No. <u>92-1</u> Supersedes TN No. <u>89-35</u>

Approval Date: NOV 14 1994 Effective Date 1-1-92

Revision:	
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HCFA-PM-91-8 October 1991 (MB)

ATTACHMENT 2.6-A Page 20a

OMB No.: 0938-

State: Kentucky

Citation(s)

Condition or Requirement

- 6. Resource Standard Categorically Needy
 - a. 1902(f) States (except as specified under items 6.c. and d. below) for aged, blind and disabled individuals:
 - ☐ Same as SSI resource standards.
 - ☐ More restrictive.

The resource standards for other individuals are the same as those in the related cash assistance program.

b. Non-1902(f) States (except as specified under items 6.c. and d. below)

The resource standards are the same as those in the related cash assistance program.

<u>Supplement 8 to ATTACHMENT 2.6-A</u> specifies for 1902(f) States the categorically needy resource levels for all covered categorically needy groups.

TN No. 92-1 Supersedes TN No. None

Approval Date NOV 14 1994

Effective Date 1-1-92

Revision: HO

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Attachment 2.6-A Page 21 OMB No.:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

StateKentucky	
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ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(1)(3)(A), (B) and (C) of the Act	c. For pregnant women and infants covered under the provisions of section 1902 (a) (10)(A)(i)(IV) and 1902(a)(10)(A)(ii) (IX) of the Act, the agency applies a resource standard.
	Yes. <u>Supplement 2 to Attachment 2.6-A</u> specifies the standard which, for pregnant women, is no more restrictive than the standard under the SSI program; and for infants is no more restrictive than the standard applied in the State's approved AFDC plan.
	No. The agency does not apply a resource standard to these individuals.
1902(1)(3)(A) and (C) of the Act.	d. For children covered under the provisions of section 1902(a) (l0) (A) (i) (VI) of the Act, the agency applies a resource standard.
	Yes. <u>Supplement 2 to Attachment 2.6-A</u> specifies the standard which is no more restrictive than the standard applied in the State's approved AFDC plan.
	No. The agency does not apply a resource standard to these individuals.
1902(1)(3)(A) and (D) of the Act.	e. For children covered under the provisions of section 1902(a) (1O) (A) (i) (VII) of the Act, the agency applies a resource standard.
	Yes. Supplement 2 to Attachment 2.6-A specifies the standard which is no more restrictive than the standard applied in the State's approved AFDC plan.
	No. The agency does not apply a resource standard to these individuals.
TN N 02 05	
TN No. 92-05 Supersedes TN No. 92-01	Approval Date: NOV 14 1994 Effective Date 4-1-92

1991			Page 21a OMB No.: 0938-
State Kentucky			OIVID 140 0938-
Citation(s)			Condition or Requirement
1902(m)(1)(C) and (m)(2)(B) of the Act	f.	Act v	aged and disabled individuals described in section 1902(m)(l) of the who are covered under Section 1902(a)(10)(A)(ii)(X) of the Act, the tree standard is:
			Same as SSI resource standards.
			Same as the medically needy resource standards, which are higher than the SSI resource standards (if the State covers the medically needy).
		Supp	element 2 to Attachment 2.6-A specifies the resource levels for these

individuals.

Attachment 2.6-A

TN No. <u>92-05</u> Supersedes TN No. <u>92-01</u>

Revision:

HCFA-PM-91-

(BPD)

Approval Date: NOV 14 1994 Effective Date 4-1-92

TN No: <u>10-002</u> Supersedes TN No. <u>09-001</u>

ATTACHMENT 2.6-A Page 22 OMB No.: 0938-

Effective Date: 01-01-10

State: <u>Kentucky</u>				
Citation(s)		Condition or Requirement		
	7.	Resource Standard - Medically Needy		
		a. Resource standards are based on family size.		
1902(a)(10)(C)(i) of the Act		 A single standard is employed in determining resource resource eligibility for all groups. 		
		c. In 1902(f) States, the resource standards are more restrictive than in 7.b above for		
		□ Aged□ Blind□ Disabled		
		<u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.c., <u>Supplement 2 to ATTACHMENT 2.6-A</u> so indicates.		
1902(a)(10)(E), 1905(p)(1)(D), 1905(p)(2)(B) and 1860D- 14(a)(3)(D) of the Act	8.	Resource Standard - Qualified Medicare Beneficiaries, Specified Low-Income Medicare Beneficiaries and Qualifying Individuals		
		For Qualified Medicare Beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, Specified Low-Income Medicare Beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act, and Qualifying Individuals covered under 1902(a)(10)(E)(iv) of the Act, the resource standard is three times the SS resource limit, adjusted annually since 1996 by the increase in the consumer price index.		

Approval Date: <u>06-25-10</u>

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ATTACHMENT 2.6-A Page 22a

		State:Kentucky										
Citation(s)		Condition or Requirement										
1902(a)(10)(E)(ii), 1905(s)	9.	Resource Standard - Qualified Disabled and Working Individuals										
and 1860D-14(a)(3)(D of the Act		For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is two times the SSI resource limit.										
1902(u) of the Act	10.	For COBRA continuation beneficiaries, the resource standard is:										
		☐ Twice the SSI resource standard for an individual.										
		☐ More restrictive standard as applied under section 1902(f) of the Act as described in <u>Supplement 8 to Attachment 2.6-A</u> .										

TN No: <u>10-002</u> Supersedes TN No. <u>92-001</u>

Approval Date: 06-25-10 Effective Date: 01-01-10

Revision: HCFA-PM-91-4 (BPD)

August 1991

ATTACHMENT 2.6-A Page 23

OMB No.: 0938-

Citation(s) Condition or Requirement

11. Excess Resources

 Categorically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled, Working Individuals, and Qualified Individuals

Any excess resources make the individual ineligible.

- b. Categorically Needy Only
 - This State has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources.
- c. Medically Needy

Any excess resources make the individual ineligible.

TN No: <u>10-002</u> Supersedes TN No. <u>09-001</u> Approval Date: 06-25-10 Effective Date: 01-01-10

Revision:	HCFA-PM-91-4 August 1991	(BPD)	ATTACHMENT 2.6-A Page 24 OMB No.: 0938-
State:	Kentucky		
Citati	ion(s)		Condition or Requirement
42 CFR 435.914	11.	Effective Date	e of Eligibility
433.914		a. Group	os Other Than Qualified Medicare Beneficiaries
		(1)	For the prospective period.
			Coverage is available for the full month if the following individuals are eligible at any time during the month.
			☒ Aged, blind, disabled. *☒ AFDC-related. *
			Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.
			□ Aged, blind, disabled.□ AFDC-related.
		(2)	For the retroactive period.
			Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied:
			□ Aged, blind, disabled.□ AFDC-related.
			Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied.
			✓ Aged, blind, disabled. *✓ AFDC-related. *
* For	medically needy spenddo	own cases, covera	ge begins on the day the spenddown liability met.

TN No. 92-1 Supersedes TN No. 87-15

Approval Date NOV14 1994

Effective Date <u>1-1-92</u>

HCFA-PM-92-1 February 1992

(MB)

Attachment 2.6-A Page 25

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky												
	ELIG	IBILITY	Y CONDITIONS AND REQUIREMENTS									
Citation(s)	Condition or Requirement											
1920 (b)(1) of the Act		X	(3) For a presumptive eligibility period for pregnant women only.									
			Coverage is available for ambulatory prenatal care for the period that begins on the day a qualified provider determines that a woman meets any of the income and eligibility levels specified in Attachment 2.6-A of this approved plan. If the woman files an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the period ends on the day that the State agency makes the determination of eligibility based on that application. If the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the period ends on that last day.									
1902 (e)(8) and 1905 (a) of the Act	X	b.	For qualified Medicare beneficiaries defined in section 1905 (p)(1) of the Act coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905 (p)(1). The eligibility determination is valid for									
			 I2 months 6 months months (no less than 6 months and no more than 12 months) 									

TN No. <u>01-21</u> Supersedes TN No. <u>92-05</u>

Approval Date: DEC 12 2001

Effective Date <u>11/1/01</u>

Citation(s)		Condition or Requirement
1902(a)(18) and 1902(f) of the Act	12.	Pre-OBRA 93 Transfer of Resources - Categorically and Medically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled and Working Individuals
		The agency complies with the provisions of section 1917 of the Act with respect to the transfer of resources.
		Disposal of resources at less than fair market value affects eligibility for certain services as detailed in <u>Supplement 9 to Attachment 2.6-A.</u>
1917(c)	13.	Transfer of Assets - All eligibility groups
		The agency complies with the provisions of section 1917(c) of the Act, as enacted by OBRA 93, with regard to the transfer of assets.
		Disposal of assets at less than fair market value affects eligibility for certain services as detailed in <u>Supplement 9 to Attachment 2.6-A</u> , except in instances where the agency determines that the transfer rules would work an undue hardship.
1917(d)	14.	Treatment of Trusts - All eligibility groups
		The agency complies with the provisions of section 1917(d) of the Act, as amended by OBRA 93, with regard to trusts.
		☐ The agency uses more restrictive methodologies under section 1902(f) of the Act, and applies those methodologies in dealing with trusts.
		$oxed{\boxtimes}$ The agency meets the requirements in section 191 $7(d)(f)(B)$ of the Act for use of Miller trusts.
		The agency does not count the funds in a trust in any instance where the agency determines that the transfer would work an undue hardship, as described in Supplement 10 to Attachment 2.6-A.

TN No. <u>03-016</u> Supersedes TN No. <u>95-6</u>

Approval Date: <u>DEC 09 2003</u> Effective Date <u>9/1/03</u>

Citation(s)

Condition or Requirement

1924 of the Act

15. The agency complies with the provisions of §1924 with respect to income and resource eligibility and posteligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community.

When applying the formula used to determine the amount of resources initial eligibility determinations, the State standard for community spouses is:

☐ the maximum standard permitted by law;

 $\hfill \Box$ the minimum standard permitted by law; or

\$20,000 a standard that is an amount between the minimum and the maximum.

TN No. <u>03-07</u> Supersedes TN No. <u>98-03</u>

Approval Date 9/15/03

Effective Date 6/01/03

Attachment 2.6-A

Revision: HCFA-PM-91-4 (BPD) Revised Supplemen

Supplement 1 to Attachment 2.6-A

Page 1

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	Kentucky

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

			Maximum Payment
Family Size	Need Standard	Payment Standard	Amounts
1	\$394		\$186
2	\$460		\$225
3	\$526		\$262
4	\$592		\$328
5	\$658		\$383
6	\$724		\$432
7 or more	\$790		\$482

2. Pregnant Women and Infants under Section 1902 (a) (10) (A) (i) (IV) of the Act:

Effective July 1, 1990, for pregnant women and infants under Section 1902 (a) (10) (A) (i) (IV) of the Act, the income eligibility level is 185 percent of the Federal poverty level (as revised annually in the Federal Register) for the family size involved.

TN No. <u>98-10</u> Supersedes TN No. <u>92-01</u>

Approval Date: <u>FEB 03 1999</u> Effective Date: <u>10-1-98</u>

Revision: HCFA-PN

HCFA-PM-92-1 (MB) FEBRUARY 1992

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

Effective Date 4-1-92

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State:	Kentucky
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INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY (Continued)

- 3. For children under Section 1902(a)(10)(A)(i)(VI) of the Act (children who have attained age 1 but have not attained age 6), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) fox the size family involved.
- 4. For children under Section 1902(a)(10)(A)(i)(VII) of the Act (children who were born after September 30, 1983 and have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

TN No. 92-5 Supersedes TN No. 92-1

Approval Date: NOV 14 1994

Revision: HCFA-PM-91-4

August 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

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(BPD)

State:	Kentucky	

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902(a) (10)(A)(ii)(IX) and 1902(1)(2) of the Act are as follows:

Based on _____185_____percent of the official Federal income poverty level (more than 133 percent and no more than 185 percent).

Family Size	Income Level
1	\$
2	\$
3	\$
4	\$
5	\$

TN No. 92-1 Supersedes TN No. 87-15

Approval Date: NOV 14 1994

Effective Date 1-1-92

HCFA-PM-91-4 August 1991 (BPD)

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	Kentucky
State.	Kennicky

INCOME ELIGIBILITY LEVELS (Continued)

B. CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

2. <u>Children under age 19</u>

The levels for determining income eligibility for groups of children who are born after September 30, 1983 and who have attained 6 years of age but are under 19years of age under the provisions of section 1902(1)(2) of the Act are as follows:

Based on ______ percent (no more than 100 percent) of the official Federal income poverty line.

Family Size	<u>Income Level</u>
1	\$
2	\$
3	\$
4	\$
5	\$
6	\$
7	\$
8	\$
9	\$
10	\$

TN No. 92-1 Supersedes TN No. 91-3

Approval Date: NOV 14 1994

Effective Date 1-1-92

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	Kentucky

INCOME ELIGIBILITY LEVELS (Continued)

3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m) (4) of the Act are as follows:

Based on _____ percent of the official Federal income poverty line.

Family Size	Income Level
1	\$
2	\$
3	\$
4	\$
5	\$

If an individual receives a title II benefit1 any amount attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the beginning of the month following the date of publication.

TN No. 92-5 Supersedes TN No. 92-1

Approval Date: NOV 14 1994 Effective Date 4-1-92

Revisio	n:	HCFA- August	-PM-91-4 (BPI t 1991	O)		Page	PLEMENT 1 TO ATTACHMENT 2.6-A 6 8 No.: 0938—
			STATE PLAN UND	ER TITLE	E XIX OF THE S	SOCIAI	L SECURITY ACT
				State:	Kentucky		
			INCOM	E ELIGIE	BILITY LEVEL	S (Cont	inued)
C.	QUAL	IFIED N	MEDICARE BENEFIC	CIARIES Y	WITH INCOME	S REL	ATED TO FEDERAL POVERTY LEVEL
			determining income e			alified I	Medicare beneficiaries under the provisions
	1.	NON-S	SECTION 1902(f) STA	<u>ATES</u>			
		a.	Based on the followi	ng percent	t of the official I	Federal	income poverty level:
			Eff. Jan. 1, 1989:	X	85 percent		percent (no more than 100)
			Eff. Jan. 1, 1990:		100 percent	X	90 percent (no more than 100)
			Eff. Jan. 1, 1991:	100 pe	ercent		
			Eff. Jan. 1, 1992:	100 pe	ercent		
		b.	Levels:				
			Family Siz	<u>ze</u>		Inco	me Level

TN No. 92-1 Supersedes TN No. None

Approval Date: NOV 14 1994 Effective Date 1-1-92

Revision	n:	HCFA-	PM-91-4	(BPD)		SUPPLEM Page 7 OMB No.:	IENT 1 TO ATTACHMENT 2.6-A 0938-
			STATE PLAN	UNDER TITL	E XIX OF THE S	OCIAL SEC	CURITY ACT
				State: _	Kentucky		
			IN	COME ELIGI	BILITY LEVELS	(Continued)
C.	QUAL	IFIED M	IEDICARE BEN	NEFICIARIES	WITH INCOMES	S RELATED	TO FEDERAL POVERTY LEVEL
2	2.		ON 1902(f) STA RESTRICTIVE		AS OF JANUAR	Y 1. 1987 U	SED INCOME STANDARDS
		a.	Based on the fo	llowing percen	nt of the official Fo	ederal incom	ne poverty level:
			Eff. Jan. 1, 1989 Eff. Jan. 1, 1990 Eff. Jan. 1, 1992 Eff. Jan. 1, 1992	0:	80 percent 85 percent 90 percent percent		percent (no more than 100) percent (no more than 100) percent (no more than 100)
		b.	Levels:				
			Fami	lv Size		Income Le	evel

TN No. 92-1 Supersedes TN No. None

Approval Date: NOV 14 1994 Effective Date: 1-1-92

Revision:

D.

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(BPD)

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on an attached page 3.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State: Ke	entucky_	
	INCOME LEVE	LS (Cont	inued)
MEDICALLY NEEDY			
☑ Applicable to all group	S.		Applicable to all groups except those specified below. Excepted group income levels are also listed

(1)	(2)	(2)	(4)	(5)
(1)) (2) Net income level	(3) Amount by which	(4) Net income level for	(5) Amount by which
	protected for	Column (2) exceeds	persons living in rural	Column (4) exceeds limits
Family	maintenance for Sizemonths	limits specified in 42 CFR 423.1007*	areas formonths	specified in 42 CFR 435.1007*
	Urban only			
	Urban & Rural			
1	\$2,600	\$	\$	\$
2	\$3,200	\$	\$	\$
3	\$3,700	\$	\$	\$
4	\$4,600	\$	\$	\$

The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

TN No. <u>92-1</u> Supersedes

TN No. None

Approval Date: NOV 14 1994

Effective Date: 1-1-92

Revision:

HCFA-PM-91-4 August 1991 (BPD)

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

INCOME LEVELS (Continued)

D. MEDICALLY NEEDY

(1)	(2)	(3)	(4)	(5)
	Net income level	Amount by which	Net income level for	Amount by which
	protected for	Column (2) exceeds	persons living in rural	Column (4) exceeds limits
E:1 C:	maintenance for	limits specified in 42	areas for	specified in 42 CFR
Family Size	months	CFR 423.1007*	months	435.1007*
□ Urba	an only			
□ Urba	an & Rural			
5	\$5,400	\$	\$	\$
6	\$6,100	\$	\$	\$
7	\$6,800	\$	\$	\$
8	\$7,520	\$	\$	\$
9	\$8,240	\$	\$	\$
10	\$8,960	\$	\$	\$
For each additional person,				
add:	\$700	\$	\$	\$

^{*} The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

TN No. 92-1 Supersedes TN No. None

Approval Date NOV 14 1994

Effective Date $\underline{1-1-92}$

Revision: HCFA-Region IV August 1991

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	Kentu	cky
INCOME	LEVELS	(Continued)

- E. Optional Groups Other Than the Medically Needy
 - 1. Institutionalized Individuals Under Special Income Levels as follows:

For individuals covered under 42 CFR 435.231, the special income level shall be 300% of the Supplemental Security Income (SSI) Program federal benefit rate.

TN No. 92-1 Supersedes TN No. None

Approval Date: NOV 14 1994 Effective Date: 1-1-92

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A.

HCFA-PM-91-4 August 1991

(BPD)

SUPPLEMENT 2 TO ATTACHMENT 2.6-A

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: Kentucky

			RESOURCE LE	VELS
CATE	GORICA	LLY NI	EEDY GROUPS WITH INCOME	S RELATED TO FEDERAL POVERTY LEVEL
1.	Pregnar	nt Wome	e <u>n</u>	
	a.	Mandat	ory Groups	
			Same as SSI resources levels.	
		\boxtimes	Less restrictive than SSI resource	levels and is as follows:
			Family Size	Resource Level
			1	N/A*
			2	N/A*
	b.	Optiona	al Groups	
			Same as SSI resources levels.	
		\boxtimes	Less restrictive than SSI resource	levels and is as follows:
			Family Size	Resource Level
			1	N/A*
			2	N/A*

All Resources are disregarded.

TN No. 92-1 Supersedes TN No. 89-23

Approval Date NOV 14 1994

Effective Date 1-1-92

Revision:

HCFA-PM-91-4 August 1991 (BPD)

SUPPLEMENT 2 TO ATTACHMENT 2.6-A

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

2. <u>Infants</u>

- a. Mandatory Group of Infants
 - ☐ Same as resource levels in the State's approved AFDC plan.
 - ☑ Less restrictive than the AFDC levels and are as follows:

N/A*
N/A*

^{*} All resources are disregarded

TN No. 92-1 Supersedes TN No. 89-23

Approval Date: NOV 14 1994

HCFA ID: 7985E

Effective Date: 1-1-92

Revision: I

HCFA-PM-91-4 August 1991 (BPD)

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

		State: Kentucky		
b.	Optio	Optional Group of Infants		
		Same as resource levels in the State's approved AFDC plan.		
	X	Less restrictive than the AFDC levels and are as follows:		

Family Size	Resource Level
1	N/A*
2	N/A*
3	N/A*
4	N/A*
5	N/A*
6	N/A*
7	N/A*
8	N/A*
9	N/A*
10	N/A*

^{*} All resources are disregarded

TN No. 92-1 Supersedes TN No. 89-18

Approval Date: NOV 14 1994 Effective Date: 1-1-92

Re		

HCFA-PM-92-1 (MB) FEBRUARY 1992

SUPPLEMENT 2 TO ATTACHMENT 2.6-A Page 4

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

3. <u>Children</u>

- a. Mandatory Group of Children under Section 1902(a)(10)(A)(i)(VI) of the Act. (Children who have attained age 1 but have not attained age 6.)
 - ☐ Same as resource levels in the State's approved AFDC plan.
 - ☑ Less restrictive than the AFDC levels and are as follows:

Family Size	Resource Level
1	N/A*
2	N/A*
3	N/A*
4	N/A*
5	N/A*
6	N/A*
7	N/A*
8	N/A*
9	N/A*
10	N/A*

 ^{*} All resources are disregarded

TN No. 92-5 Supersedes TN No. 92-1

Approval Date: NOV 14 1994

Effective Date: 4-1-92

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Rei	716	sion:	

HCFA-PM-91-4 August 1991 (BPD)

SUPPLEMENT 2 TO ATTACHMENT 2.6-A

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	Kentucky

b. <u>Optional Group of Child</u>

- ☐ Same as resource levels in the State's approved AFDC plan.
- ☑ Less restrictive than the AFDC levels and are as follows:

Family Size	Resource Level
1	N/A*
2	N/A*
3	N/A*
4	N/A*
5	N/A*
6	N/A*
7	N/A*
8	N/A*
9	N/A*
10	N/A*

 ^{*} All resources are disregarded

TN No. 92-1 Supersedes TN No. None

Approval Date NOV 14 1994

Effective Date: 1-1-92

Revision:

HCFA-PM-91-4 August 1991

(BPD)

SUPPLEMENT 2 TO ATTACHMENT 2.6-A

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	Same a	s SSI resource levels.		
☐ More restrictive than SSI levels and are as follows:				
		E :1 0:	D 1	
		Family Size	Resource Level	_
		1		_
		2		_
		3		=
		4		_
		5		

TN No. 92-1 Supersedes TN No. None

Approval Date: NOV 14 1994 Effective Date: 1-1-92

Revision:

HCFA-PM-91-4 August 1991 (BPD)

SUPPLEMENT 2 TO ATTACHMENT 2.6-A

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

RESOURCE LEVELS (Continued)

B. MEDICALLY NEEDY

Applicable to all groups —

 \square Except those specified below under the provisions of section 1902(f) of the Act.

Family Size	Resource Level
1	2,000
2	4,000
3	4,050
4	4,100
5	4,150
6	4,200
7	4,250
8	4,300
9	4,350
10	4,400
For each additional person	\$50

TN No. 92-1 Supersedes TN No. None

Approval Date: NOV 14 1994 Effective Date: 1-1-92

State:	Kentucky	SUPPLEMENT 3 to
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL OR REMEDIAL CARE NOT COVERED UNDER MEDICAID

The deduction for medical and remedial care expenses that were incurred as the result of imposition of a transfer of assets penalty period is limited to zero.

TN No. <u>06-009</u> Supersedes TN No. <u>85-2</u>

Approval Date: $\underline{5/11/06}$ Effective Date: $\underline{4/1/06}$

Revision:	HCFA-PM-91-4 August 1991	(BPD)	SUPPLEMENT 4 TO ATTACHMENT 2.6-A Page 1 OMB No.: 0938-				
	STATE PLA	AN UNDER TITLE	XIX OF THE SOCIAL SECURITY ACT				
		State:	Kentucky				
	METHODS FOR TREATMENT OF INCOME THAT DIFFER FROM THOSE OF THE SSI PROGRAM						
1634 agreem recipients. D	(Section 1902(f) more restrictive methods and criteria and State supplement criteria in SSI criteria. States without section 1634 agreements and in section 1902(f) States. Use to reflect more liberal methods only if you limit to State supplement recipients. DO NOT USE this supplement to reflect more liberal policies that you elect under the authority of section 1902(r) (2) of the Act. Use Supplement 8a for section 1902(r) (2) methods.)						
		No	t applicable				

TN No. 92-1 Supersedes TN No. None

Approval Date: NOV 14 1994 HCFA ID: 7985E

Effective Date: <u>1-1-92</u>

Revision: HCF

HCFA-PM-91-4 August 1991 (BPD)

SUPPLEMENT 5 TO ATTACHMENT 2.6-A

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

MORE RESTRICTIVE METHODS OF TREATING RESOURCES THAN THOSE OF THE SSI PROGRAM — Section 1902(f) States only

Not applicable

TN No. 92-1 Supersedes TN No. 87-15

Approval Date: NOV 14 1994 Effective Date: 1-1-92

Revision:	HCFA-PM-91-4 August 1991	(BPD)]	SUPPLEMENT 5a TO ATTACHMENT 2.6-A Page 1 OMB No.: 0938-
	STATE PLA	AN UNDER TITLI	E XIX OF THE SO	CIAL SECURITY ACT
		State: _	Kentucky	_
				ES FOR INDIVIDUALS POVERTY LEVELS
				ority of section 1902(r) (2) of the Act instead of action 1902(r) (2) methods.)
		1	Not applicable	

TN No. 92-1 Supersedes TN No. None

Approval Date: NOV 14 1994 Effective Date: 1-1-92

Revision: HCFA-AT-81-37 (BPP) Supplement 6 to Attachment 2.6-A

State: ____Kentucky____

Standards for Optional State Supplementary Payments

Payment Category	Administer	ed by		Incom	e Level		
(Reasonable Classification)		·	Gr	OSS	N	et	Income Disregards
(1)	Federal (2)	State	1 person (3)	Couple	1 person (4)	Couple	Employed (5)
Living independently with caretaker in the home:							Not Applicable
Single individual			300% of SSI SPA	-	\$343	-	
Eligible couple, one requiring care			-	600% of SSI SPA	-	\$496	
Eligible couple, both requiring care			-	600% of SSI SPA	-	\$534	
Living in family care home			300% of SSI SPA	-	\$389	-	Not Applicable
Living in home for the aged or infirm			300% of SSI SPA	-	\$476	-	Not Applicable

TN #: <u>84-9</u> Supersedes TN # <u>83-20</u>

Approval Date: 10/12/84 Effective Date: 7-1-84

Revision: HCFA-PM-91-4 (BPD) August 1991

SUPPLEMENT 7 TO ATTACHMENT 2.6-A

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

INCOME LEVELS FOR 1902(F) STATES – CATEGORICALLY NEEDY WHO ARE COVERED UNDER REQUIREMENTS MORE RESTRICTIVE THAN SSI

Not applicable

TN No. 92-1 Supersedes TN No. 85-2

Approval Date: NOV 14 1994 Effective Date: 1-1-92

Revision: HCFA-PM-91-4 (BPD) August 1991

SUPPLEMENT 8 TO ATTACHMENT 2.6-A Page 1 OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

RESOURCE STANDARDS FOR 1902(f) STATES – CATEGORICALLY NEEDY

Not applicable

TN No. <u>92-1</u> Supersedes TN No. 85-2

Approval Date: NOV 14 1994 Effective Date: 1-1-92

Revision:

HCFA-PM-91-4 August 1991 (BPD)

SUPPLEMENT 8a to ATTACHMENT 2.6-A

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	Kentucky

MORE LIBERAL METHODS OF TREATING INCOME UNDER SECTION 1902 (r) (2) OF THE ACT*

☐ Section 1902(f) State

Non-Section 1902(f) State

Income Disregards - Categorically and Medically Needy, Non-Cash Recipients

With regard to the aged, blind, and disabled, (excluding pass-through and protected groups), the sate agency uses the same methodologies as SSI with minor variations specified below.

Method of averaging and/or considering income received on an irregular basis:

- ** a. Income from wages (including spot labor, part time labor and agricultural employment) is averaged based on the last available month's income.
- ** b. Commission income (e.g., from real estate sales) is averaged based on the last available three months' income.
- ** c. Lease income (e.g., oil and gas leases) is averaged over the lease span (usually a year) even though the lease payment may be at intervals other than monthly (e.g., semi-annual or annual). Note: Changes of circumstances are taken into consideration in determining availability of income.
- ** In currently approved state plan.

*More liberal methods may not result in exceeding gross income limitations under section 1903(f).

TN No. <u>92-1</u> Supersedes TN No. <u>None</u>

Approval Date: NOV 14 1994 Effective Date: 1-1-92

Revision: HCFA-PM-00-1 February 2000 Revised Supplement 8A to Attachment 2.6-A Page 2

State:	Kentucky

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

LESS RESTRICTIVE METHODS OF TREATING INCOME UNDER SECTION 1902 (r)(2) OF THE ACT

- For all eligibility groups subject to Section 1902 (r)(2) of the Act except State supplementation recipients described in Section 1902 (a)(1 0)(A)(ii)(IV) and the special income group described in Section 1902(a)(10)(A)(ii)(V): exclude all wages paid by the Census Bureau for temporary employment related to Census 2000 activities.
- For all eligibility groups subject to Section 1902 (r)(2) of the Act except State supplementation recipients described in Section 1902 (a)(10)(A)(ii)(IV) and the special income group described in Section 1902 (a)(10)(A)(ii)(V): exclude all income paid to individuals from the Tobacco Settlement between states and tobacco manufacturers.
- Solution For AFDC related eligibility groups subject to Section 1902 (r)(2) of the Act, exclude all interest and dividend income.

TN No. <u>01-10</u> Supersedes TN No. <u>00-03</u>

Approval Date: <u>AUG 24 2001</u> Effective Date: <u>6/1/01</u>

State:	Kentucky	Supplement 8A to
		Attachment 2.6-A
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

LESS RESTRICTIVE METHODS OF TREATING INCOME UNDER SECTION 1902(r)(2) OF THE ACT

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 until the individual loses Medicaid coverage for any other reason for three (3) consecutive months.

TN No. <u>09-005</u> Supersedes TN No. <u>None</u>

Approval Date: <u>09-24-09</u> Effective Date: <u>4/1/2009</u>

Revised

State:	Kentucky	-		Attachment 2.6-A Page 1
	STA	ATE PLAN UNDER TITLE XIX OF THE	SOCIAL SECURITY AC	T
		MORE LIBERAL METHODS OF TREA UNDER SECTION 1902(r)(2) C		
	Section 1902(f)	\boxtimes	Non-Section 1902(f) S	tate
	Resource Exemptio	ns - Categorically and Medically Needy, N	on-Cash Recipients	

With regard to the groups listed in 1902(a)(10)(A)(i)(III), 1902(a)(10)(A)(i)(IV), 1902(A)(10)(A)(ii), and 1902(a)(10)(C)(I)(III) of the Social Security Act, the state agency disregards the following resources.

- (1) (Reserved)
- The value of household goods and personal effects, as defined under SSI policy which SSI counts (2)
- (3) Interest accruing to a burial reserve and burial spaces are disregarded in determining resources. Burial reserves are defined as prepaid burial agreements, burial trust funds, life insurance policies which accrue cash surrender value, and other identifiable funds of resources designated as set aside for the individual's burial expense. Burial spaces are defined as conventional grave sites, crypts, mausoleums, urns, vaults, caskets, opening and closing of the grave, headstone, etc., used for the remains of deceased persons. (This policy is to apply to all the above noted groups. Even though this is AFDC and SSI policy, the state plants to protects the exclusion under the authority of Section 1902(r)(2) to the extent that any part of such interest is or becomes countable as a resource.)

TN No. <u>03-013</u> Supersedes TN No. <u>92-1</u>

Approval Date: NOV 06 2003 Effective Date: 9/1/03

More Liberal Resource Methodologies Protected

- *(4) One automobile is excluded regardless of value if it is used for employment, to obtain medical treatment, or if specifically equipped for the handicapped \$4,500 is then excluded from the total equity value of any non-excluded automobiles.
- (5) Equity in income introducing non-homestead real estate is exempted even when the SSI test of "income producing" is not met.

NOTE: The value of non-homestead real estate is that as determined by the county property valuation administrator (PVA) for tax purposes, or the market value if less. If the PVA valuation is within the limit, no determination of market value is made.

Effective with regard to determination of eligibility made on or after May 1, 1990, the value of property (including the tools of a tradesperson and the machinery and livestock of a farmer) that is essential for self-support for the individual or spouse, or family group in the instance of families with children, and which is used in a trade or business or some other manner, or by the individual or member of the fi.tly group as an employee is excluded from consideration as a resource.

*(6) Burial reserves (whether in the form of a prepaid burial, trust fund or life insurance policy) are exempt from consideration up to a value of \$1,500 per individual. If the value of the burial reserve exceeds \$1,500, the excess is added to the total of liquid assets

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Supplement 8b to Attachment 2.6	j-A
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State	Kentucky
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More Liberal Resource Methodologies Protected

in determining eligibility. When a life insurance policy considered as a burial reserve has a face value in excess of \$1,500 (per individual), the cash surrender value in excess of the disregard amount is considered a liquid asset.

- *(7) The state agency does not consider the value of life interests in real estate or other property as an available resource.
- *(8) 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.
- *(9) 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.

In currently approved state plan

TN No. 92-1 Supersedes TN No. None Approval Date: NOV 14 1994 Effective Date: 1/1/92

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	Kentucky

STATE LONG-TERM CARE INSURANCE PARTNERSHIP

1902(r)(2) 1917(b)(1)(C) The following more liberal methodology applies to individuals who are eligible for medical assistance under one of the following eligibility groups:

Section 1902(a)(10)(A)(ii)(V) of the Act.

An individual who is a beneficiary under a long-term care insurance policy that meets the requirements of a "qualified State long-term care insurance partnership" policy (partnership policy) as set forth below, is given a resource disregard as described in this amendment. The amount of the disregard is equal to the amount of the insurance benefit payments made to or on behalf of the individual. The term "long-term care insurance policy" includes a certificate issued under a group insurance contract.

- ☑ The State Medicaid Agency (Agency) stipulates that the following requirements will be satisfied in order for a long-term care policy to qualify for a disregard. Where appropriate, the Agency relies on attestations by the State Insurance Commissioner (Commissioner) or other State official charged with regulation and oversight of insurance policies sold in the state, regarding information within the expertise of the State's Insurance Department.
 - The policy is a qualified long-term care insurance policy as defined in section 7702B(b) of the Internal Revenue Code of 1986.
 - The policy meets the requirements of the long-term care insurance model regulation and long-term care insurance model Act promulgated by the National Association of Insurance Commissioners (as adopted as of October 2000) as those requirements are set forth in section 1917(b)(5)(A) of the Social Security Act.

TN No. $\underline{08-009}$ Supersedes Approval Date: $\underline{10/17/08}$ Effective Date: $\underline{7/14/2008}$ TN No.: None

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

STATE LONG-TERM CARE INSURANCE PARTNERSHIP

- The policy was issued no earlier than the effective date of this State plan amendment.
- The insured individual was a resident of a Partnership State when coverage first became effective under the policy. If the policy is later exchanged for a different long-term care policy, the individual was a resident of a Partnership State when coverage under the earliest policy became effective.
- The policy meets the inflation protection requirements set forth in section 1917(b)(1)(C)(iii)(IV) of the Social Security Act.
- The Commissioner requires the issuer of the policy to make regular reports to the Secretary that include notification regarding when benefits provided under the policy have been paid and the amount of such benefits paid, notification regarding when the policy otherwise terminates, and such other information as the Secretary determines may be appropriate to the administration of such partnerships.
- The State does not impose any requirement affecting the terms or benefits of a
 partnership policy that the state does not also impose on non-partnership policies.
- The State Insurance Department assures that any individual who sells a partnership policy receives training, and demonstrates evidence of an understanding of such policies and how they relate to other public and private coverage of long-term care.
- The Agency provides information and technical assistance to the Insurance Department regarding the training described above.

TN No: <u>08-009</u>

Supersedes Approval Date: <u>10/17/08</u> Effective Date: <u>7/14/2008</u>

TN No: <u>None</u>

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 9 TO ATTACHMENT 2.6-A Page 1 OMB No.: 0938
STATE PLAN UNDER TITL1E XIX OF THE SOCIAL SECURITY ACT

State:	Kentucky
*	In currently appr

Approval Date NOV 14 1994

Effective Date <u>1-1-92</u> HCFA ID: 7985E

TN No. 92-1 Supersedes TN No. 89-5 Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 9 TO ATTACHMENT 2.6-A August 1991 Page 2 OMB No.: 0938-STATE PLAN UNDER TITLIE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky		
* In currently approved state pla	n.	
TN No. <u>92-1</u>		
Supersedes TN No. <u>88-15</u>	Approval Date NOV 14 1994	Effective Date <u>1-1-92</u>
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Effective Date 1-1-92 HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 9 TO ATTACHMENT 2.6-A Page 3 OMB No.: 0938
STATE PLAN UNDER TITLIE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

* In o	currently	approved	state plan.
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TN No. 92-1 Supersedes TN No. 85-12

Approval Date NOV 14 1994

Effective Date 1-1-92

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 9 TO ATTACHMENT 2.6-A Page 5 OMB No.: 0938
STATE PLAN UNDER TITLIE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

* In currently approved state plan.

TN No. 92-1 Supersedes TN No. 85-2

Approval Date NOV 14 1994

Effective Date <u>1-1-92</u>

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 9 TO ATTACHMENT 2.6-A Page 5 OMB No.: 0938
STATE PLAN UNDER TITLIE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

* In currently approved state plan.

TN No. 92-1 Supersedes TN No. 85-2

Approval Date NOV 14 1994

Effective Date 1-1-92

Revision:	HCFA-PM-91-4 August 1991	(BPD)	SUPPLEMENT 9 TO ATTACHMENT 2.6-A Page 6 OMB No.: 0938-
	STATE PLA	N UNDER TITL1E XI	X OF THE SOCIAL SECURITY ACT

State: Kentucky

* In currently approved state plan	n.	
TN No. <u>92-1</u> Supersedes TN No. <u>88-15</u>	Approval Date NOV 14 1994	Effective Date <u>1-1-92</u>
11V INO. <u>88-13</u>		HCFA ID: 7985E

Revision:	HCFA-PM-91-4 August 1991	(BPD)	SUPPLEMENT 9 TO ATTACHMENT 2.6-A Page 7 OMB No.: 0938-
	STATE PLA	N UNDER TITL1E	XIX OF THE SOCIAL SECURITY ACT
State:	Kentucky		

* In currently approved state plan.

TN No. 92-1 Supersedes TN No. 88-15

Approval Date NOV 14 1994

Effective Date 1-1-92

Rev		

HCFA-PM-99-1 March 1995

(MB)

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		STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT		
State:	Kentucky			
		TRANSFER OF ASSETS		
1917(c)		gency provides for the denial of certain Medicaid services by reason of disposal of assets for less air market value.		
	1.	Institutionalized individual. may be denied certain Medicaid services upon disposing of assets for less than fair market value on or after the look-back date.		
		The agency withholds payment to institutionalized individual a for the following services:		
		Payments based on a level of care in a nursing facility;		
		Payments based on a nursing facility level of care in a medical institution;		
		Home and community-based services under a 1915 waiver.		
	2.	Non-institutionalized individuals:		
		☐ The agency applies these provisions to the following non- institutionalized eligibility groups. These groups can be no more restrictive than those set forth in section 1905 (a) of the Social Security Act:		
		The agency withholds payment to non-institutionalized individuals for the following services:		
		Home health services (section 1905(a) (7));		
		Home and community care for functionally disabled and elderly adults (section 1905 (a) (22))		
		Personal care services furnished to individuals who are not inpatients in certain medical institutions, as recognized under agency law and specified in .section 1905(a)(24).		
		☐ The following other long-term care services for which medical assistance is otherwise under the agency plan:		

TN No. <u>95-6</u> Supersedes TN No. <u>None</u>

Approval Date: <u>12/15/97</u> Effective Date: <u>04/1/95</u> Revision

HCFA-PM-95-l March 1995

(MB)

SUPPLEMENT 9(a) to ACRT 2.6-A Page 2

State:	Kentucky

TRANSFER OF ASSETS

3.	Penalty of asset	<u>Date</u> The beginning date of each penalty period imposed for an uncompensated transfer s is:
	\boxtimes	the first day of the month in which the asset was transferred;
		the first day of the following the month of transfer.
4.	Penalty	Period – Institutionalized Individuals
	In deter	mining the penalty for an institutionalized individual, the agency uses:
	\boxtimes	the average monthly cost to a private patient of nursing facility services in the agency;
		the average monthly cost to a private patient of nursing facility services in the community in which the individual is institutionalized.
5.	Penalty	Period – Non-institutionalized Individuals
		ency imposes a penalty period determined by using the same method as is used for an onalized individual including the use of the average monthly cost of nursing facility s;
		imposes a shorter penalty period than would be imposed for institutionalized individuals, as outlined below:

TN No. <u>95-6</u> Supersedes TN No. <u>None</u>

Approval Date: <u>12/15/97</u>

Effective Date <u>04/01/95</u>

(MB)

SUPPLEMENT 9(a) to ACRT 2.6-A Page 3

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State:	Kentucky	

		TRANSFER OF ASSETS	
Penalt	y period	for amounts of transfer less than cost of nursing facility	/ care—
a		· · · · · · · · · · · · · · · · · · ·	of nursing facility care, the
	X	does not impose a penalty;	
		imposes a penalty for less than a full month based agency's private nursing facility rate that was transfer	
b.			n the private nursing facility
	X	does not impose a penalty;*	
		imposes a series of penalties, each for less than a full	month.
Transf	ers mad	e so that penalty periods would over1ap	
The ag	gency:		
	totals	the value of all assets transferred to produce a single per	nalty period;
X	calcul	ates the individual penalty periods and imposes them see	quentially.
Transf	ers mad	e so that penalty periods would not overlap	
The ag	gency:		
X	assign	s each transfer its own penalty period;	
	uses tl	ne method outlined below:	
	41	Here I I Could be seen	
ın a mon	ith woul	d be totaled for this purpose.	
		Approva1 Date <u>12/15/97</u>	Effective Date <u>04/01/95</u>
	b. Transf The ag □ Transf The ag □ □	a Where agency b. Where rate for Transfers made The agency: Calculation Transfers made assign uses the	Penalty period for amounts of transfer less than cost of nursing facility a Where the amount of the transfer is less than the monthly cost agency:

Revision: HCFA-PM-95-1 (MB) Supplement 9(a) to Attachment 2.6-A Page 4

Transfer of Assets

- 9. Penalty periods Transfer by a spouse that results in a penalty period for the individual
 - a) The agency apportions any existing penalty period between the spouses using the method outlined below, provided the spouse is eligible for Medicaid. A penalty can be assessed against the spouse, and some portion of the penalty against the individual remains. The penalty period apportioned equally between institutionalized spouses. (A penalty is not applied against a non- institutionalized spouse).
 - b) If one spouse is no longer subject to a penalty, the remaining penalty period must be served by the remaining spouse.
- 10. Treatment of income as an asset --

When income has been transferred as a lump sum, the agency will calculate the penalty period on the lump sum value.

☐ The agency will impost partial month penalty periods.

When a stream of income or the right to a stream of income has been transferred, the agency will impose a penalty period for each income payment

- ☐ For transfers of individual income payments, the agency will impose partial month penalty periods.
- ☐ For transfers of the right to an income stream, the agency will use the actuarial value of all payments transferred.
- The agency uses an alternate method to calculate penalty periods, as described below:

 The agency does not recognize transfer of a stream of income or their right to a stream of income. Any such transfer will result in the income continuing to be considered available to the recipient for eligibility determinations

TN No. 95-6 Supersedes TN No. None

Approval Date: <u>12/15/97</u> Effective Date: <u>4/1/95</u>

Revised HCFA-PM-95-1 (MB) Revision: Supplement 9(a) to Attachment 2.6-A March1995 Page 5

State: Kentucky

Transfer of Assets

11. Imposition of a penalty would work an undue hardship -

The agency does not apply the transfer of assets provisions in any case in which the agency determines that such an application would work an undue hardship. The agency will use the following procedures in making undue hardship determination:

At the time it is determined that a transfer of assets has occurred, the recipient is notified of the action to be taken. The notice advises the recipient that an undue hardship exemption may be requested, the procedure for making the request arid the appeal process if the decision adversely affects eligibility.

The request for undue hardship exemption will be forwarded in writing to the Department for Medicaid Services (DMS) from the Department for Social Insurance (DSI) (or other agency making the eligibility determination for DMS). The request receives immediate attention and a decision provided in the shortest time period possible.

The following criteria will be used to determine whether the agency will not count assets transferred because the penalty would work an undue hardship:

When the agency determines the transferred funds are not recoverable, that the transfer was not intended by the original owner(s) to result in Medicaid coverage or was made in circumstances not under the control of the original owner(s), and the applicant or recipient would be unable to receive necessary medical care unless an undue hardship exemption is granted.

TN No. 95-6 Approval Date: 12/15/97

Effective Date: 4/1/95

Supersedes TN No. None

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	Kentucky	
		TRANSFER OF ASSETS
1917(c)		RANSFERS OF ASSETS FOR LESS THAN FAIR MARKET VALUE MADE ON OR AFTER JARY 8, 2006, the agency provides for the denial of certain Medicaid services.
	1.	Institutionalized Individuals are denied coverage of certain Medicaid services upon disposing of assets for less than fair market value on or after the look-back date.
		The agency does not provide medical assistance coverage for vendor payment recipients for the following services:
		Nursing facility services;
		Nursing facility level of care provided in a medical institution;
		Intermediate Care Facility for the Mentally Retarded and Developmentally Disabled
		Home and community-based services under a 1915(c) or (d) waiver.
	2.	Non-institutionalized individuals:
		$\hfill\Box$ The agency applies these provisions to the following non-institutionalized eligibility groups. These groups can be no more restrictive
TN No: 08-0 Supersedes TN No. 06-0		Approval Date: <u>10/17/08</u> Effective Date: <u>7/14/2008</u>

State:	Kentucky		
			TRANSFER OF ASSETS
		than the	ose set forth in section 1905(a) of the Social Security Act:
		The ag	ency withholds payment to non-institutionalized individuals for the following s:
			Home health services (section 1905(a)(7));
			Home and community care for functionally disabled elderly adults (section $1905(a)(22)$);
			Personal care services furnished to individuals who are not inpatients in certain medical institutions, as recognized under agency law and specified in section 1905(a)(24).
			The following other long-term care services for which payment for medical assistance is otherwise made under the agency plan:

TN No. <u>08-009</u> Supersedes TN No. <u>06-014</u>

Approval Date: <u>01/08/07</u> Effective Date: <u>10/1/06</u>

		STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State:	Kentucky	
		TRANSFER OF ASSETS
	3.	<u>Penalty Date</u> The beginning date of each penalty period imposed for an uncompensated transfer of assets is <u>the later of</u> :
		• the first day of a month during or after which assets have been transferred for less than fair market value;
		☐ The State uses the first day of the month in which the assets were transferred
		☐ The State uses the first day of the month after the month in which the assets were transferred
		or
		• the date on which the individual is eligible for medical assistance under the State plar and is receiving institutional level care services described in paragraphs 1 and 2 that were it not for the imposition of the penalty period, would be covered by Medicaid;
		AND
		which does not occur during any other period of ineligibility for services by reason of a transfer of assets penalty.

TN No: <u>08-009</u> Supersedes TN No. <u>06-014</u>

Approval Date: 10/17/08 Effective Date: 7/14/2008

State:	Kentucky	
		TRANSFER OF ASSETS
	4.	<u>Penalty Period - Institutionalized Individuals</u> In determining the penalty for an institutionalized individual, the agency uses:
		the average monthly cost to a private patient of nursing facility services in the State at the time of application;
		the average monthly cost to a private patient of nursing facility services in the community in which the individual is institutionalized at the time of application.
	5.	Penalty Period – Non-institutionalized Individuals—
		The agency imposes a penalty period determined by using the same method as is used for an institutionalized individual, including the use of the average monthly cost of nursing facility services;
		$\hfill\Box$ imposes a shorter penalty period than would be imposed for institutionalized individuals, as outlined below:
	6.	Penalty period for amounts of transfer less than cost of nursing facility care-
		Where the amount of the transfer is less than the monthly cost of nursing facility care, the agency imposes a penalty for less than a full month, based on the option selected in item 4.
		The state adds together all transfers for less than fair market value made during the look-back period in more than one month and calculates a
TN No: 08-0 Supersedes TN No. 06-0		Approval Date: 10/17/08 Effective Date: 7/14/2008

State:	Kentucky

TRANSFER OF ASSETS

single period of ineligibility, that begins on the earliest date that would otherwise apply if the transfer had been made in a single lump sum.

- 7. Penalty periods transfer by a spouse that results in a penalty period for the individual--
 - (a) The agency apportions any existing penalty period between the spouses using the method outlined below, provided the spouse is eligible for Medicaid. A penalty can be assessed against the spouse, and some portion of the penalty against the individual remains.
 - (b) If one spouse is no longer subject to a penalty, the remaining penalty period must be served by the remaining spouse.
- 8. Treatment of a transfer of income-

When income has been transferred as a lump sum, the agency will calculate the penalty period on the lump sum value.

When a stream of income or the right to a stream of income has been transferred, the agency will impose a penalty period for each income payment.

- For transfers of individual income payments, the agency will impose partial month penalty periods using the methodology selected in 6. above.
- Solution For transfers of the right to an income stream, the agency will base the penalty period on the combined actuarial value of all payments transferred.

TN No: <u>08-009</u>
Supersedes Approval Date: <u>10/17/08</u> Effective Date: <u>7/14/2008</u>
TN No. <u>06-014</u>

State:	Kentucky

TRANSFER OF ASSETS

9. Imposition of a penalty would work an undue hardship--

The agency does not impose a penalty for transferring assets for less than fair market value in any case in which the agency determines that such imposition would work an undue hardship. The agency will use the following criteria in making undue hardship determinations:

Application of a transfer of assets penalty would deprive the individual:

- (a) Of medical care such that the individual's health or life would be endangered; or
- (b) Of food, clothing, shelter, or other necessities of life.
- 10. Procedures for Undue Hardship Waivers

The agency has established a process under which hardship waivers may be requested that provides for:

- (a) Notice to a recipient subject to a penalty that an undue hardship exception exists;
- (b) A timely process for determining whether an undue hardship waiver will be granted; and
- (c) A process, which is described in the notice, under

TN No: <u>08-009</u> Supersedes TN No. <u>06-014</u>

Approval Date: <u>10/17/08</u> Effective Date: <u>7/14/2008</u>

SUPPLEMENT 9(b) to ATTACHMENT 2.6-A Page 7

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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State: Kentucky		Kentucky	e:	State:

TRANSFER OF ASSETS

which an adverse determination can be appealed.

TN No: <u>08-009</u> Supersedes TN No. <u>06-014</u>

Approval Date: <u>10/17/08</u> Effective Date: <u>7/14/2008</u>

Revision: HCFA-PM-95-1 (MB) Revised Supplement 10 to Attachment 2.6-A Page 1

State: Kentucky

The agency does not apply the trust provisions in any case in which the agency determines that such application would work an undue hardship.

The following criteria will be used to determine whether the agency will not count assets transferred because doing so would work en undue hardship:

When the agency determines the transferred funds are not recoverable, that the transfer was not intended by the original owner(s) to result in Medicaid coverage or was made in circumstances not under the control of the original owner(s), and the applicant or recipient would be unable to receive necessary medical care unless an undue hardship exemption is granted.

At the time it is determined that a transfer of assets has occurred, the recipient is notified of the action to be taken. The notice advises the recipient that an undue hardship exemption may be requested, the procedure for making the request and the appeal process if the decision adversely affects eligibility.

The request for undue hardship exemption will be forwarded in writing to the Department for Medicaid Services (DM5) from the Department for Social Insurance (DSI) (or other agency making the eligibility determination for DM5). The request receives immediate attention and a decision provided in the shortest time period possible.

Under the agency's undue hardship provisions, the agency exempts the funds in an irrevocable burial trust.

The maximum value of the exemption for an irrevocable burial trust is: Not Limited.

TN No. <u>95-6</u> Supersedes TN No. <u>None</u>

Approval Date: <u>12/15/97</u> Effective Date: <u>4/1/95</u>

Revision:

HCFA-PM-91-8 October 1991 (BPD)

SUPPLEMENT 11 to ATTACHMENT 2.6-A

Page 1

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory:	Kentucky

COST EFFECTIVENESS METHODOLOGY FOR COBRA CONTINUATION BENEFICIARIES

1902(u) of the Act

Premium payments are made by the agency only if such payments are likely to be cost-effective. The agency specifies the guidelines used in determining cost effectiveness by selecting one of the following methods:

- ☐ The methodology as described in SMM section 3598
- Another cost-effective methodology as described below.

A. Cost Effectiveness

- (1) Enrollment in a group health insurance plan shall be considered cost effective when the cost of paying the premiums, coinsurance, deductibles and other costsharing obligations, and additional administrative costs is estimated to be less than the amount paid for an equivalent set of Medicaid services.
- (2) When determining cost effectiveness of a group health insurance plan, the department shall consider the following information:
 - a. The cost of the insurance premium, coinsurance, and deductible;
 - The scope of services covered under the insurance plan, including exclusions for pre-existing conditions, exclusions to enrollment, and lifetime maximum benefits imposed;
 - c. The average anticipated Medicaid utilization:
 - By age, sex, and coverage group for persons covered under the insurance plan; and
 - 2. Using a statewide average for the geographic component;
 - d. The specific health-related circumstances of the persons covered under the insurance plan; and
 - Annual administrative expenditures of an amount determined by the department per Medicaid participant covered under the group health insurance plan.

B. Cost Effectiveness Review.

- (1) The department shall complete a cost effectiveness review:
 - At least once every six (6) months for an employer-related group health insurance plan; or
 - b. Annually for a non-employer-related group health insurance plan.
- (2) The department shall perform a cost effectiveness re-determination if:
 - a. A predetermined premium rate, deductible, or coinsurance increases;
 - Any of the individuals covered under the group health plan lose full Medicaid eligibility; or

TN #: <u>10-006</u> Supersedes TN #: <u>92-001</u> Approval Date: <u>12-20-10</u> Effective Date: <u>July 1, 2010</u>

Revision:

HCFA-PM-91-8 October 1991 (BPD)

SUPPLEMENT 11 to ATTACHMENT 2.6-A

Page 2 OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory:	Kentucky
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COST EFFECTIVENESS METHODOLOGY FOR COBRA CONTINUATION BENEFICIARIES

- c. There is a:
 - 1. Change in Medicaid eligibility;
 - 2. Loss of employment when the insurance is through an employer;
 - 3. A decrease in the services covered under the policy.
- (3) Changes in enrollment
 - a. A health insurance premium payment program participant, who is a Medicaid enrollee, or a person on that individual's behalf, shall report all changes concerning health insurance coverage to the participant's local Department for Community Based Services (DCBS), Division of Family Support within ten (10) days of the change.
 - b. Except as allowed in section (4) below, if a Medicaid enrollee who is a health insurance premium payment program participant fails to comply with paragraph (a) of this subsection, the department shall disenroll the HIPP program participating Medicaid enrollee, and any family member enrolled in the HIPP program directly through the individual if applicable, from the HIPP program.
- (4) The department shall not disenroll an individual from HIPP program participation if the individual demonstrates to the department, within thirty (30) days of notice of HIPP program disenrollment, good cause for failing to comply with subsection (3) of this section.
- (5) Good cause for failing to comply with subsection (3) of this section shall exist if:
 - There was a serious illness or death of the individual, parent, guardian, or caretaker or a member of the individual's, parent's guardian's, or caretaker's family;
 - b. There was a family emergency or household disaster for example a fire, flood, tornado, or similar;
 - c. The individual, parent, guardian, or caretaker offers a good cause beyond the individual's, parent's, guardian's, or caretaker's control; or
 - d. There was a failure to receive the department's request for information or notification for a reason not attributable to the individual, parent, guardian, or caretaker or lack of a forwarding address shall be attributable to the individual, parent, guardian, or caretaker.
- C Coverage of Non-Medicaid Family Members.
 - (1) If determined to be cost effective, the department shall enroll a family member who is not a Medicaid enrollee into the HIPP program if the family member has group health insurance plan coverage through which the department can obtain health insurance coverage for a Medicaid-enrollee in the family.
 - (2) The needs of a family member who is not a Medicaid enrollee shall not be taken into consideration when determining cost effectiveness of a group health insurance plan.

TN #: <u>10-006</u> Supersedes TN #: <u>92-001</u> Approval Date: 12-20-10 Effective Date: July 1, 2010

Revision:

HCFA-PM-91-8 October 1991 (BPD)

SUPPLEMENT 11 to ATTACHMENT 2.6-A

Page 3 OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

St	ate/Territory:	Kentucky	

- (3) The department shall:
 - a. Pay a HIPP program premium on behalf of a HIPP program participating family member who is not a Medicaid enrollee; and
 - b. Not pay a deductible, coinsurance, or other cost-sharing obligation on behalf of a HIPP program-participating family member who is not a Medicaid enrollee.

TN: <u>10-006</u> Supersedes TN: <u>None</u> Approval Date: 12-20-10 Effective Date: July 1, 2010

State:	Kentucky	

Attachment 2.6-A Supplement 12 Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

The State covers low-income families and children under section 1931 of the Act.

The following groups were included in the AFDC State plan effective July 16, 1996:

□ Pregnant women with no other eligible children.
 □ AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.
 □ In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996 without modifications.

In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996, with the following modifications.

☐ The agency applies lower income standards which are lower than the AFDC standards in effect on May 1, 1988, as follows:

☐ The agency applies higher income standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:

 \square The agency applies higher resource standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:

The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:

All wages paid by the Census Bureau for temporary employment related to Census 2000 or related to a census in the following decades activities are excluded. Temporary employment for interim Census Reports is not excluded.

TN No: <u>08-015</u> Supersedes TN No: <u>00-03</u>

Approval Date: 11/19/08 Effective Date: 10/1/2008

Revised Supplement 12 to Attachment 2.6-A Page 2

State;	Kentucky

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

All income paid to individuals from the Tobacco Settlement between the states and tobacco manufacturers is excluded.

Family Alternatives Diversion payments are excluded as income.

Earnings of an individual attending school who is a child or parent under age 19 or a child under age 18 who is a high school graduate are disregarded.

A recipient shall have the option to receive a one-time exclusion of 2 months earned income for new employment or increased wages acquired after approved and reported timely.

Interest and dividend income shall be excluded.

\$1,000 in resources shall be excluded.

All non-liquid resources shall be exempted. Non-liquid resources are defined as items other than cash, checking accounts, savings accounts, money market accounts, certificates of deposit, bonds, or stocks.

The income and/or resource methodologies that the less restrictive methodologies replace are as follows:

Earnings of a dependent child who is attending school shall be disregarded for 6 months per calendar year.

All income is considered with no option to exclude 2 months of wages.

Total resources could not exceed \$1000.

Interest and dividend income was considered.

All non-liquid resources were considered unless specifically excluded.

TN No. <u>01-10</u> Supersedes TN No. <u>00-03</u>

Approval Date: <u>AUG 24 2001</u> Effective Date: <u>6/1/01</u>

State:	_Kentucky_		Supplement 12 to Attachment 2.6-A Page 3
		STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY AC	CT
	X	The agency terminates medical assistance (except for certain pregnant individuals who fail to meet TANF work requirements.	t women and children) for
		The agency continues to apply the following waivers of provisions of last of July 16, 1996, or submitted prior to August 22, 1996 and approximately 1, 1997.	Part A of Title IV in effect wed by the Secretary on or
TN No. <u>03-</u> Supersedes TN No. <u>01-</u>	;	Approval Date June 4, 2003	Effective Date <u>4/01/03</u>

Revision: HCFA-PM-97-2 December 1997 State: Kentucky SUPPLEMENT 12A TO ATTACHMENT 2.6-A Page 1 QMB No.:0938-0673

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

"Personal Needs Allowance - Individuals with Greater Needs"

Aged, blind, disabled; AFDC Related; and individuals under age 21 covered in this plan as specified in Item B.7 of Attachment 2.2-A.

- 1. For ICF/MR patients in therapeutic placements designed to rehabilitate the individuals the first \$65 plus 1/2 of the remainder of earned income (as an addition to the \$40 personal needs allowance) with the total amount disregarded not to exceed the SSI standard for an individual.
- 2. For institutionalized individuals, amounts excluded under a plan to achieve self-support (PASS), as an income related work expense (IRWE), or blind work expense (BWE) shall be added to the individual's usual PNA.

TN No. <u>98-03</u> Supersedes TN No. <u>None</u>

Approval Date $\underline{4/20/98}$

Effective Date 1/1/98

STATE:	KENTUCKY
_	

SECTION 1924 PROVISIONS

- A. Income and resource eligibility policies used to determine eligibility for institutionalized individuals who have spouses living in the community are consistent with Section 1924.
- B. In the determination of resource eligibility for the community spouse, the state resource standard is \$20,000.
- C. The definition of undue hardship for purposes of determining if institutionalized spouses receive Medicaid in spite of having excess countable resources is described below:

"Undue hardship" exists when Medicaid eligibility of the institutionalized spouse cannot be established on the basis of assigned support rights and institutionalized spouse is subject to discharge from the medical institution, nursing facility, or HCBS waiver program due to inability to pay.

TN No. <u>03-07</u> Supersedes TN No. <u>89-37</u>

Approval Date 9/15/03

Effective Date $\underline{6/01/03}$

Supplement 14 to Attachment 2.6-A Page 1

Citation

Condition or Requirement

"Personal Needs Allowance - Individuals with Greater Needs"

Aged, blind, disabled; AFDC Related; and individuals under a 21 covered in this plan as specified in Item B.7 of Attachment 2.2-A.

- 1. For ICF/MR patients in therapeutic placements designed to rehabilitate the individuals the first \$65 plus 1/2 of the remainder of earned income (as an addition to the \$40 personal needs allowance) with the total amount disregarded not to exceed the SSI standard for an individual.
- 2. For institutionalized individuals, amounts excluded under a plan to achieve self-support (PASS), as an income related work expense (IRWE), or blind work expense (BWE) shall be added to the individual's usual PNA.

TN No. 92-1 Supersedes TN No. None

Approval Date: NOV 14 1994 Effective Date: 1-1-92

State:	Kentucky				
	DISQU	ALIFI	CATIO	N FOR LONG-TERM CARE ASSISTANCE FOR IN SUBSTANTIAL HOME EQUITY	IDIVIDUALS WITH
1917(f)	The State agency denies reimbursement for nursing facility services and other long-term car covered under the State plan for an individual who does not have a spouse, child under 2 disabled child residing in the individual's home, when the individual's equity interest in exceeds the following amount:			a spouse, child under 21 or adult	
	X		\$500,000 (increased by the annual percentage increase in the urban component of the consumer price index beginning with 2011, rounded to the nearest \$1,000).		
		pe	rcentage	at that exceeds \$500,000 but does not exceed \$7. increase in the urban component of the consumer the nearest \$1,000).	
		Th	ne amour	nt chosen by the State is	
			Th	is higher standard applies statewide.	
				is higher standard does not apply statewide. It only e State:	applies in the following areas of
			Th	is higher standard applies to all eligibility groups.	
			Th	is higher standard only applies to the following eligib	pility groups:
				process under which this limitation will be waived it ded when the denial of a benefit results in the loss of:	n cases of undue hardship. Good
	a.	N	Medical o	care which shall result in an endangerment to the indi	vidual's health or life; or
	b.	F	Food, clo	thing, shelter, or other necessities of life;	
TN No: <u>08-0</u> Supersedes TN No: <u>Nor</u>				Approval Date: <u>10/17/08</u>	Effective Date: 7/14/2008

State:	Kentucky	

ASSET VERIFICATION SYSTEM

1940(a) 1. of the Act

- The agency will provide for the verification of assets for purposes of determining or redetermining Medicaid eligibility for aged, blind and disabled Medicaid applicants and recipients using an Asset Verification System (AVS) that meets the following minimum requirements.
 - A. The request and response system must be electronic:
 - (1) Verification inquiries must be sent electronically via the internet or similar means from the agency to the financial institution (FI).
 - (2) The system cannot be based on mailing paper-based requests.
 - (3) The system must have the capability to accept responses electronically.
 - B. The system must be secure, based on a recognized industry standard of security (e.g., as defined by the U.S. Commerce Department's National Institute of Standards and Technology, or NIST).
 - The system must establish and maintain a database of FIs that participate in the agency's AVS.
 - D. Verification requests also must be sent to FIs other than those identified by applicants and recipients, based on some logic such as geographic proximity to the applicant's home address, or other reasonable factors whenever the agency determines that such requests are needed to determine or redetermine the individual's eligibility.
 - E. The verification requests must include a request for information on both open and closed accounts, going back up to 5 years as determined by the State.

TN No.: 10-001
Supersedes Approval Date: 06-25-10 Effective Date: 01/01/2010
TN No.: New

State:	Kentucky			
				ASSET VERIFICATION SYSTEM
	2.	Syster	n Develo	ppment
			A.	The agency itself will develop an AVS.
				In 3 below, provide any additional information the agency wants to include.
		X	B.	The agency will hire a contractor to develop an AVS.
				In 3 below provide any additional information the agency wants to include.
			C.	The agency will be joining a consortium to develop an AVS.
				In 3 below, identify the States participating in the consortium. Also, provide any other information the agency wants to include pertaining to how the consortium will implement the AVS requirements.
			D.	The agency already has a system in place that meets the requirements for an acceptable AVS.
				In 3 below, describe how the existing system meets the requirements in Section I.
			E.	Other alternative not included in A D. above.
				In 3 below, describe this alternative approach and how it will meet the requirements in Section 1

TN No.: 10-001 Supersedes TN No.: New

Approval Date: <u>06-25-10</u> Effective Date: <u>01/01/2010</u>

State:	Kentucky

ASSET VERIFICATION SYSTEM

Provide the AVS implementation information requested for the implementation approach 3. checked in Section 2, and any other information the agency may want to include.

In order to implement the requirements of an asset verification system, the Kentucky Department for Medicaid Services will select a contractor through a Request for Proposal (REP) process. The contractor will meet the Commonwealth's regulatory criteria and qualifications. The contractor will be responsible for utilizing the required authorizations from applicants and recipients to carry out the asset verification program aforementioned in Section 1 and consistent with the program utilized by the Commissioner of Social Security under section 1631(e)(1)(B)(ii) of the Social Security Act. The Commonwealth will provide guidance to the contractor in the development of the program and monitor the program's implementation.. The contractor shall be responsible for compilation of data for the Commonwealth to comply with federally required AVS report submissions. The contracted entity shall be subject to the same requirement on use and disclosure of information as would be applicable if the Commonwealth were to directly perform the AVS activities.

TN No.: 10-001 Supersedes Approval Date: 06-25-10 Effective Date: <u>01/01/2010</u>

TN No.: New Page