

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

19. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with Section 1905(a)(19) or section 1915(g) of the Act).
- ☒ Provided: ☒ With limitations ☐ Not provided.
20. Extended services to pregnant women.
- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.
- ☒ Provided: + ☐ Additional coverage ++
- b. Services for any other medical conditions that may complicate pregnancy.
- ☒ Provided: + ☒ Additional coverage ++ ☐ Not provided.
- c. Services related to pregnancy (including prenatal, delivery, postpartum, and family planning services) and to other conditions that may complicate pregnancy to individuals covered under section 1902(a)(i0)(A)(ii)(IX) of the Act.
- ☒ Provided: + ☒ Additional coverage ++ ☐ Not provided.
- + Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy.
- ++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.
- * Description provided on attachment.

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21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by an eligible provider (in accordance with section 1920 of the Act).
- ☒ Provided: ☒ No limitations ☐ With Limitations* ☐ Not provided.
22. Respiratory care services (in accordance with section 1902 (e)(9)(A) through (C) of the Act).
- ☐ Provided: ☐ No limitations ☐ With Limitations* ☒ Not provided.
23. Certified pediatric or family nurse practitioners services.
- ☒ Provided: ☐ No limitations ☒ With Limitations* ☐ Not provided.

See item 6d for limitations.

* Description provided on attachment.

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REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.
- a. Transportation.
- ☒ Provided: ☐ No limitations ☒ With Limitations* ☐ Not provided.
- b. Services provided in Religious Nonmedical Health Care Institutions.
- ☐ Provided: ☐ No limitations ☐ With Limitations* ☒ Not provided.
- c. Reserved
- d. Nursing facilities for patients under 21 years of age.
- ☒ Provided: ☐ No limitations ☒ With Limitations* ☐ Not provided.
- e. Emergency hospital services.
- ☒ Provided: ☐ No limitations ☒ With Limitations* ☐ Not provided.
- f. Personal care services in recipient's home prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.
- ☐ Provided: ☐ No limitations ☐ With Limitations* ☒ Not provided.

* Description provided on attachment

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kentucky

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.

a 1. Transportation

- ☐ No limitations
☒ With limitations

Transportation is limited to individuals requesting transportation who lack access to free transportation that meets their medical needs. Transportation is only authorized for a Medicaid-covered service that has been determined medically necessary.

a 2. Brokered Transportation

- ☒ Provided under section 1902(a)(70)

The State assures it has established a non-emergency medical transportation program in order to more cost-effectively provide transportation, and can document, upon request from CMS, that the transportation broker was procured in compliance with the requirements of 45 CFR 92.36 (b)-(f).

(1) The State will operate the broker program without the requirements of the following paragraphs of section 1902(a);

- ☐ (1) statewideness (indicate areas of State that are covered)
☐ (10)(B) comparability (indicate participating beneficiary groups)
☒ (23) freedom of choice (indicate mandatory population groups)

All Medicaid recipients covered under Kentucky's State Plan, excluding Qualified Medicare Beneficiaries, are eligible for the non-emergency medical transportation benefit. Recipients are restricted to using the regional broker and the provider assigned by the broker for the recipient's trip.

(2) Transportation services provided will include:

- ☒ wheelchair van
☒ taxi

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- ☐ ☐stretcher car
☒ bus passes
☒ tickets
☐ secured transportation
☒ such other transportation as the Secretary determines appropriate (please describe):
Private automobiles, non-profit transit system, specialty carriers for non-emergency ambulatory disoriented persons, and specialty carriers using lift equipped vehicles in compliance with the Americans with Disabilities Act certified to transport non-emergency, non-ambulatory persons.

Private auto providers enroll via the same enrollment and credentialing process as other Medicaid providers and submit additional enrollment documents specific to the transportation program including vehicle registration, vehicle insurance coverage and a valid driver's license. This category of provider is defined in Kentucky Revised Statute 281.873.

Private auto providers are reimbursed the Kentucky State Employee mileage rate in effect for the given time period.

- (3) The State assures that transportation services will be provided under a contract with a broker who:
- (i) is selected through a competitive bidding process based on the State's evaluation of the broker's experience, performance, references, resources, qualifications, and costs;
 - (ii) has oversight procedures to monitor beneficiary access and complaints and ensures that transport personnel are licensed, qualified, competent, and courteous;
 - (iii) is subject to regular auditing and oversight by the State in order to ensure the quality of the transportation services provided and the adequacy of beneficiary access to medical care and services;
 - (iv) complies with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish (based on prohibitions on physician referrals under section 1877 and such other prohibitions and requirements as the Secretary determines to be appropriate);
- (4) The broker contract will provide transportation to the following categorically needy mandatory populations:
- ☒ Low-income families with children (section 1931)
 - ☒ Low-income pregnant women
 - ☒ Low-income infants
 - ☒ Low-income children 1 through 5
 - ☒ Low-income children 6-19

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- ☒ Qualified pregnant women
- ☒ Qualified children
- ☒ IV-E Federal foster care and adoption assistance children
- ☒ TMA recipients (due to employment)
- ☒ TMA recipients (due to child support)
- ☒ SSI recipients

- (5) The broker contract will provide transportation to the following categorically needy optional populations:
- ☒ Optional low-income pregnant women
 - ☒ Optional low-income in
 - ☒ Optional targeted low-income children
 - ☒ Individuals under 21 who are under State adoption assistance agreements
 - ☐ Individuals under age 21 who were in foster care on their 18th birthday
 - ☒ Individuals who meet income and resource requirements of AFDC or SSI
 - ☐ Individuals who would meet the income & resource requirements of AFDC if child care costs were paid from earnings rather than by a State agency
 - ☐ Individuals who would be eligible for AFDC if State plan had been as broad as allowed under Federal law
 - ☒ Individuals who would be eligible for AFDC or SSI if they were not in a medical institution
 - ☐ Individuals infected with TB
 - ☒ Individuals screened for breast or cervical cancer by CDC program
 - ☐ Individuals receiving COBRA continuation benefits
 - ☒ Individuals in special income level group, in a medical institution for at least 30 consecutive days, with gross income not exceeding 300% of SSI income standard
 - ☒ Individuals receiving home and community based waiver services who would only be eligible under State plan if in a medical institution
 - ☒ Individuals terminally ill if in a medical institution and will receive hospice care
 - ☐ Individuals aged or disabled with income not above 100% FPL
 - ☐ Individuals receiving only an optional State supplement in a 209(b) State
 - ☐ Individuals working disabled who buy into Medicaid (BBA working disabled group)

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- ☐ Employed medically improved individuals who buy into Medicaid under TWWIA Medical Improvement Group
- ☐ Individuals disabled age 18 or younger who would require an institutional level of care (TEFRA 134 kids)
- (6) The State will pay the contracted broker by the following method:
- ☒ (i) risk capitation
- ☐ (ii) non-risk capitation
- ☐ (iii) other (e.g., brokerage fee and direct payment to providers)

Under a brokerage system, Kentucky is divided into fifteen (15) Non-Emergency Medical Transportation Regions which were established based upon regional medical utilization and referral patterns. The broker contract for each region is bid separately; however, a broker may be a successful bidder for more than one region. Each region has a single per member per month (PMPM) capitation rate which is paid to the regional broker for all transportation eligible recipients in that region. A single payment for each broker is made each month on a prospective basis. In the event one broker gains the contract in multiple regions, a blended PMPM rate is paid for all regions served by that broker.

The PMPM rate for each region is established based on historical utilization and cost patterns for the region. The PMPM rate for each region may be updated annually effective July 1st of each year if encounter data trends indicate that a region has experienced an increase in transportation utilization and/or cost which was outside of the control of the broker. PMPM rates may also be adjusted on an as needed basis if programmatic changes (i.e. State Plan or waiver changes) would result in a change in transportation utilization or if transportation cost factors (i.e. gas prices) result in a change in the projected cost of transportation.

If for any reason, a broker's contract is terminated before a replacement broker can be procured, non-emergency transportation reimbursement will revert to the methods applicable to non-emergency transportation described in Attachment 4.19-B, Section VII of the State Plan.

TN No.: 06-008
Supersedes
TN No.: New

Approval Date: 05/03/06

Effective Date: 06/01/06

State: Kentucky

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

25. 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.

☐ provided ☒ not provided

Amount, Duration and Scope of Medical and Remedial Care Services Provided To the Categorically Needy

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

☒ Election of PACE: By virtue of this submittal, the State elects PACE as an optional State Plan service.

☐ No election of PACE: By virtue of this submittal, the State elects to not add PACE as an optional State Plan service.

State/Territory: Kentucky

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND
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CATEGORICALLY NEEDY

27. Medical supplies, equipment, and appliances suitable for use in any setting in which normal life activities take place.

☒ Provided: ☐ No limitations ☒ With limitations* ☐ Not provided.

*Description provided on attachment

TN No. 23-018
Supersedes
TN No. 03-006

Approval Date: 11/13/2023

Effective Date: 07/01/2023

State/Territory Kentucky

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE
CATEGORICALLY NEEDY

27. Medical Supplies, Equipment, and Appliances

An item of medical supplies and equipment means equipment that can withstand repeated use and includes, but is not limited to, the following items: prosthetics, orthotics, beds, canes, walkers, wheelchairs, traction equipment, oxygen, and oxygen equipment. Coverage of an item of medical supplies, equipment, and appliances means: shall serve a medical purpose; shall not generally be useful to a person in the absence of illness or injury; and shall be medically necessary and reasonable.

- a. A provider must be Medicare and Medicaid certified. Items must be medically necessary and, if required, prior authorized.
- b. All miscellaneous codes require prior authorization. Any item that does not have a designated HCPCS code and is determined by the department to be a covered item will use the designated miscellaneous HCPCS code and require prior authorization.
- c. Any item being reimbursed at \$500.00 or more will require prior authorization.
- d. The following general types of medical supplies, equipment and appliances are excluded from coverage under the medical supplies, equipment, and appliances program:
 1. Items which are primarily and customarily used for a non-medical purpose, such as air conditioners and room heaters;
 2. Physical fitness equipment, such as exercycles and treadmills;
 3. Home modifications
 4. Items considered educational or recreational.
 5. Routine maintenance for purchased items is not covered, which includes but is not limited to testing, cleaning, regulating, or accessing equipment as may be recommended or required by the operator's manual or considered best practice to maintain good working order. Routine maintenance of rental items to maintain good working order is included in the rental cost.
- e. A cast or splint shall be limited to two (2) per ninety (90) day period for the same injury or condition. Limitation can be exceeded based on medical necessity.

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- e. A cast or splint shall be limited to two (2) per ninety (90) day period for the same injury or condition. Limitation can be exceeded based on medical necessity.

TN No: 23-018
Supersedes
TN No: 06-013

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