

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency: Kentucky

MEDICAID PROGRAM: REQUIREMENTS RELATING TO
COVERED OUTPATIENT DRUGS FOR THE CATEGORICALLY NEEDY

Citation (s)	Provision (s)
1935(d)(1)	Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.

TN No.: 05-010
Supersedes
TN No.: NEW

Approval Date: 11/25/05

Effective Date: 01/01/06

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Citation (s)	Provision (s)
1927(d)(2) and 1935(d)(2)	<p>1. The Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs or their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit - Part D.</p> <p>— The following excluded drugs are covered:</p> <p><input checked="" type="checkbox"/> (a) agents when used for anorexia, weight loss, weight gain (limited weight gain only)</p> <p><input type="checkbox"/> (b) agents when used to promote fertility</p> <p><input checked="" type="checkbox"/> (c) agents when used for the symptomatic relief cough and colds</p> <p><input checked="" type="checkbox"/> (d) prescription vitamins and mineral products, except prenatal vitamins and fluoride</p> <p><input checked="" type="checkbox"/> (e) nonprescription drugs Specific category of drugs: Selective non-prescription (over-the-counter) medications will be covered as listed on the state's website</p>

TN No.: 23-009
Supersedes
TN No.: 05-010

Approval Date: 7/14/23

Effective Date: 7/1/23

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Citation(s)	Provision(s)
1927(d)(2) and 1935(d)(2)	<input checked="" type="checkbox"/> (e) nonprescription drugs (see specific drug categories below) Analgesics / Gastrointestinal agents / Vitamins <input type="checkbox"/> (f) covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee (see specific drug categories below)
	<input type="checkbox"/> No excluded drugs are covered.

28. (i) Licensed or Otherwise State-Approved Freestanding Birth Centers

- ☐ Provided ☐ No limitations ☐ With limitations
☒ None licensed or approved

28. (ii) Licensed or Otherwise State-recognized covered professionals providing services in the Freestanding Birth Center.

- ☐ Provided ☐ No limitations ☐ With limitations
☒ Not Applicable (there are no licensed or State approved Freestanding Birth Centers)

State/Territory: Kentucky**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED****CATEGORICALLY NEEDY GROUP(S)****30. Coverage of Routine Patient Cost in Qualifying Clinical Trials**

*The state needs to check each assurance below.

Provided: X **I. General Assurances:****Routine Patient Cost – Section 1905(gg)(1)** X Coverage of routine patient cost for items and services as defined in section 1905(gg)(1) that are furnished in connection with participation in a qualified clinical trial.**Qualifying Clinical Trial – Section 1905(gg)(2)** X A qualified clinical trial is a clinical trial that meets the definition at section 1905(gg)(2).**Coverage Determination – Section 1905(gg)(3)** X A determination with respect to coverage for an individual participating in a qualified clinical trial will be made in accordance with section 1905(gg)(3).

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 210 of the Consolidated Appropriations Act of 2021 amending section 1905(a) of the Social Security Act (the Act), by adding a new mandatory benefit at section 1905(a)(30). Section 210 mandates coverage of routine patient services and costs furnished in connection with participation by Medicaid beneficiaries in qualifying clinical trials effective January 1, 2022. Section 210 also amended sections 1902(a)(10)(A) and 1937(b)(5) of the Act to make coverage of this new benefit mandatory under the state plan and any benchmark or benchmark equivalent coverage (also referred to as alternative benefit plans, or ABPs). Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #74). Public burden for all of the collection of information requirements under this control number is estimated to take about 56 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

 TN: 22-010
 Supersedes TN: New

 Approval Date: 12/07/2022
 Effective Date 01/01/2023

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