State/Territory: Kentucky

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

1. Inpatient hospital services other than those provided in an Institution for mental diseases.

☒ Provided: ☐ No limitations ☒ With limitations*

2.a. Outpatient hospital services.

☒ Provided: ☒ No limitations ☐ With limitations*

b. Rural health clinic services and other ambulatory services furnished by a rural health clinic (which are otherwise included in the State plan).

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

c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with Section 4231 of the State Medicaid Manual (HCFA- Pub. 45-4).

☐ Provided: ☐ No limitations ☒ With limitations*

3. Other laboratory and x-ray services.

☐ Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

State/Territory: Kentucky

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

4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

☐ Provided: ☐ No limitations ☒ With limitations*

4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*

4.c. Family planning services and supplies for individuals of child-bearing age.

4. d Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women

☒ Provided: ☒ No limitations ☐ With limitations*

5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

☐ Provided: ☐ No limitations ☒ With limitations*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

☐ Provided: ☐ No limitations ☒ With limitations*

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' services.

☒ Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

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

Commonwealth Global Choices

b. Optometrists' services.

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

c. Chiropractors' services.

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

d. Other Practitioners' Services

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

7. Home Health Services

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in area.

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

b. Home health aide services provided by a home health agency.

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

c. Medical supplies suitable for use in the home.

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

*Description provided on attachment

State/Territory: Kentucky

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

d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

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

8. Private duty nursing services.

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

*Description provided on attachment.

AMOUNT, DURATION, SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVEDED TO THE CATEGORIACLLY NEEDY

9. Clinic Services.

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

10. Dental Services.

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

11. Physical therapy and related services.

a. Physical therapy.

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

b. Occupational therapy.

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

c. Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist).

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

- Expansion for Dental, Hearing, and Vision services to begin for adult population starting January 1, 2023. Children already have access to these services either in the State Plan or under EPSDT. The adult expansion includes the following:
  - Dental: Dentures, implants, an additional cleaning (currently 1 per year), root canals as well as extractions, restorations and periodontics.
  - Hearing: Hearing aids and hearing tests.
  - Vision: Eyeglasses and contacts

*Description provided on attachment.

AMOUNT, DURATION, SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVEDED TO THE CATEGORIACLLY NEEDY

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

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

b. Dentures

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

c. prosthetic devices.

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

d. Eyeglasses

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

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

a. Diagnostic services.

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

*Description provided on attachment.

AMOUNT, DURATION, SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVEDED TO THE CATEGORIACLLY NEEDY

b. Screening Services

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

c. Preventive Services

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

d. Rehabilitative services

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

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services

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

b. Nursing facility services.

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

*Description provided on attachment.

AMOUNT, DURATION, SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVEDED TO THE CATEGORIACLLY NEEDY

15. a. Services in an Intermediate Care Facility for the Mentally Retarded (other than in an institution for mental diseases) for individuals who are determined, in accordance with Section 1902(a)(31)(A), to be in need of such care.

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

16. Inpatient psychiatric facility services for individuals under 22 years of age.

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

17. Nurse-midwife services.

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

18. Hospice care (in accordance with Section 1905(o) of the Act).

☒ Provided: ☐ No limitations ☒ Provided in accordance with Section 2302 of the Affordable Care Act

☒ With limitations* ☐ Not Provided.

*Description provided on attachment.

AMOUNT DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

The following ambulatory services are provided:

Physician's Services
Rural Health Clinic
Outpatient Hospital
Laboratory and X-Ray
EPSDT
Physical Therapy
Dental
Hearing
Vision
Home Health
Clinic
Emergency Hospital
Transportation
Nurse-midwife Services
Hospice Care
Case Management
Federally Qualified Health Center Services
Chiropractic Services

*Description provided on attachment.

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP (5): ALL

1. Inpatient hospital services other than those provided in an institution for mental diseases.

☒ Provided: ☐ No limitations ☒ With limitations*

2.a. Outpatient hospital services.

☒ Provided: ☒ No limitations ☐ With limitations*

b. Rural health clinic services and other ambulatory services furnished by a rural clinic (which are otherwise covered under the plan).

☒ Provided: ☐ No limitations ☒ With limitations*

c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

☒ Provided: ☐ No limitations ☒ With limitations*

3. Other laboratory and x-ray services.

☒ Provided: ☐ No limitations ☒ With limitations*

4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

☐ Provided: ☐ No limitations ☐ With limitations*

b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.

☒ Provided:

c. Family planning services and supplies for individuals of childbearing age.

☒ Provided: ☐ No limitations ☒ With limitations*

d 1) Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women

☒ Provided: ☒ No limitations ☐ With limitations*

* Description provided on attachment.

State/Territory: _____Kentucky_____

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All

5.a. Physicians' services, whether furnished in the office, the patient's home, a hospital, a nursing facility, or elsewhere.

Provided With limitations*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided: No limitations ☒ With limitations:

*Description provided on attachment.

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

Commonwealth Global Choices

6. Medical care and any other type of remedial care recognized under State Law, furnished by licensed practitioners within the scope of their practice as defined by State Law.

a. Podiatrists services.

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

b. Optometrists' services.

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

c. Chiropractics' services.

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

d. Other Practitioners' Services

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

7. Home Health Services

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in area.

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

b. Home health aide services provided by a home health agency.

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

c. Medical supplies suitable for use in the home.

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

d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

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

*Description provided on attachment.

State/Territory: Kentucky

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All

8. Private duty nursing services.

☒ Provided: ☐ No limitations ☒ With limitations*

9. Clinic services.

☒ Provided: ☐ No limitations ☒ With limitations*

10. Dental services.

☒ Provided: ☐ No limitations ☒ With limitations*

11. Physical therapy and related services.

a. Physical therapy.

☒ Provided: ☐ No limitations ☒ With limitations*

b. Occupational therapy.

☒ Provided: ☐ No limitations ☒ With limitations*

c. Services for individuals with speech, hearing, and language disorders provided by or under supervision of a speech pathologist or audiologist.

☒ Provided: ☐ No limitations ☒ With limitations*

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

☒ Provided: ☐ No limitations ☒ With limitations*

b. Dentures.

☐ Provided: ☐ No limitations ☐ With limitations*

* Description provided on attachment.

AMOUNT, DURATION AND SCOPE OF SERVICES
PROVIDED MEDICALLY NEEDY GROUP(S):___ALL_____

c. Prosthetic devices.

☒	Provided:	☐	No limitations	☒	With limitations*

d. Eyeglasses.

☒	Provided:	☐	No limitations	☒	With limitations*

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan.

a. Diagnostic services.

☒	Provided:	☐	No limitations	☒	With limitations*

b. Screening services.

☒	Provided:	☐	No limitations	☒	With limitations*

c. Preventive services.

☒	Provided:	☐	No limitations	☒	With limitations*

d. Rehabilitative services.

☒	Provided:	☐	No limitations	☒	With limitations*

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

☒	Provided:	☒	No limitations	☐	With limitations*

b. Nursing facility services.

☒	Provided:	☐	No limitations	☒	With limitations*

*Description of limitations provided on attachment.

State/Territory: Kentucky

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S)

c. Intermediate Care Facility Services.

☒ Provided: ☐ No limitations ☒ With limitations*

15. a. Services in an Intermediate Care Facility for the Mentally Retarded (other than such services in an institution for mental disease) for persons determined in accordance with Section 1902(a)(31)(A) of the Act, to be in need of such care.

☒ Provided: ☐ No limitations ☒ With limitations*

16. Inpatient psychiatric facility services for individuals under 22 years of age.

☒ Provided: ☐ No limitations ☒ With limitations*

17. Nurse-midwife Services

☒ Provided: ☒ No limitations ☐ With limitations*

18. Hospice care (in accordance with section 1905(o) of the Act).

☒ Provided: ☐ No limitations ☒ Provided in accordance with Section 2302 of the Affordable Care Act

☒ With limitations*

*Description provided on attachment

State/Territory: Kentucky

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All

19. Case management services as defined in, and to the group specified in, Supplement 1 to Attachment 3.1-A (in accordance with Section l905(a)(19) or section 1915(g) of the Act).

☒ Provided: ☒ With limitations ☐ Not provided

20. Extended services for pregnant women.

a. Pregnancy-related and postpartum services for a 60-day period after pregnancy ends and for 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

21. Certified pediatric or family nurse practitioners' services

☒ Provided: ☐ No Limitations ☒ With limitations
P&I HCFA 11-14-94 (handwritten)
See item 6d for limitations

\+ 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.

State/ Territory: _____Kentucky_____

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP (S): ALL

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. 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 facility services for individuals 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 a 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 MEDICALLY NEEDY

23. 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, 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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kentucky

☐ 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 medically needy populations under section 1905(a)(i) – (xiii):

☒ Under age 21, or under age 21, 19, or 18 as the State may choose
☒ Relatives specified in section 406(b)(1) with whom a child is living if child is a dependent child under part A of title IV
☒ Aged (65 years of age or older)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kentucky

- ☒ Blind with respect to States eligible to participate, under title XVI
- ☒ Permanently or totally disabled individuals 18 or older, under title XVI
- ☐ Persons essential to recipients under title I, X, XIV, or XVI
- ☐ Blind or disabled as defined in section 1614 with respect to States not eligible to participate in the State plan program under title XVI
- ☒ Pregnant women
- ☒ Individuals provided extended benefits under section 1925
- ☐ Individuals described in section 1902(u)(1)
- ☐ Employed individuals with a medically improved disability (as defined in section V)
- ☒ Individuals described in section 1902(aa)
- ☒ Individuals screened for breast or cervical cancer by CDC program
- ☐ Individuals receiving COBRA continuation benefits.

(5) 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.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kentucky

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.

State/Territory: _____Kentucky_____

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All

24. Horne 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 Medically Needy

25. 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

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.

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 MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE MEDICALLY 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.