

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age and Treatment of Conditions Found.A. Dental Services

Kentucky will comply with the requirements in Section 1905 of the Social Security Act relating to medically necessary services to EPSDT recipients. For services beyond the stated limitations or not covered under the Title XIX state plan, the state will determine the medical necessity of the EPSDT services on a case by case basis through prior authorization.

A listing of dental services available to recipients under age 21 is maintained at the central office of the single state agency.

Services not listed will be pre-authorized when medically necessary for EPSDT eligible recipients.

(1) Out of Hospital Dental Services

A listing of dental services available to recipients under age 21 is maintained at the central office of the single state agency.

Services not listed will be pre-authorized when medically necessary for EPSDT eligible recipients.

(2) In Hospital Dental Services

A listing of dental services available to recipients under age 21 is maintained at the central office of the single state agency.

Services not listed will be pre-authorized when medically necessary for EPSDT eligible recipients.

(3) Oral Surgery Dental Services

A listing of oral surgery dental services available to recipients under age 21 is maintained at the central office of the single state agency.

Services not listed will be pre-authorized when medically necessary for EPSDT eligible recipients.

**Commonwealth Global Choices**

**5. Hearing Services**

**A Audiological Benefits**

(1) Coverage is available for all recipients, adults and children. Coverage is limited to the following services provided by certified audiologists:

- i. Complete hearing evaluation one time per year;
- ii. Hearing aid evaluation one time per year.
- iii. A maximum of three follow-up visits within the six-month period immediately following fitting of a hearing aid such visits to be related to the proper fit and adjustment of that hearing aid; and
- iv. One follow-up visit six months following fitting of a hearing aid, to assure a patient's successful use of the aid

(2) Services not listed above will be provided when medically necessary upon appropriate pre-authorization.

(3) Exception to the above limitations may be made through preauthorization if need is indicated in the individual case

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**Commonwealth Global Choices**

**B Hearing Aid Benefits**

- (1) Coverage is provided for all recipients, adults and children, for any hearing aid model noted on the fee schedule that is recommended by a certified audiologist, so long as that model is available through a participating hearing aid dealer and
- (2) If medical necessity is established,

**C. Vision Care Services**

- (1) Optometrists' services are provided to all recipients, adults and children. Coverage includes writing of prescriptions, services to frames and lenses, and diagnostic services provided by ophthalmologists and optometrists, to the extent the optometrist is licensed to perform the services and to the extent the services are covered in the ophthalmologist portion of the physician's program.
- (2) If medical necessity is established,

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## 4.b EPSDT Services (continued)

- D. Discretionary Services under EPSDT. For neonatal care related to any of the following diagnoses, an infant (i.e., child not more than twelve (12) months of age) EPSDT eligible recipient may transfer from a hospital with a level III neonatal unit to a different hospital with a level II or level I neonatal unit with the transfer considered a new admission. A "level III neonatal unit" means a unit able to provide the full range of resources and expertise required for the management of any complication of the newborn; a nurse/patient ratio of 1:2 is required. A "level II neonatal unit" means a unit able to provide care to the moderately ill infant who requires various support services: a nurse/patient ratio of 1:4 is required. A "level I neonatal unit" means a unit providing care to infants with uncomplicated conditions: normal nursery staffing is required.

Neonatal Related Diagnoses

- (1) Fetus or newborn affected by maternal conditions, which may be unrelated to present pregnancy.
- (2) Fetus or newborn affected by maternal complications of pregnancy.
- (3) Fetus or newborn affected by complications of placenta, cord, and membranes.
- (4) Fetus or newborn affected by other complications of labor and delivery.
- (5) Slow fetal growth and fetal malnutrition.
- (6) Disorders relating to short gestation and unspecified low birth weight.
- (7) Disorders relating to long gestation and high birth weight.
- (8) Birth Trauma
- (9) Intrauterine hypoxia and birth asphyxia.
- (10) Respiratory distress syndrome.
- (11) Other respiratory conditions of fetus and newborn.
- (12) Infections specific to the perinatal period.
- (13) Fetal and neonatal hemorrhage.
- (14) Hemolytic disease of fetus or newborn, due to isoimmunization.
- (15) Other perinatal jaundice.
- (16) Endocrine and metabolic disturbances specific to the fetus and newborn.
- (17) Hematological disorders of fetus and newborn.
- (18) Perinatal disorders of digestive system.
- (19) Conditions involving the integument and temperature regulation of fetus and newborn
- (20) Congenital anomalies and related surgical procedures.
- (21) Other and ill-defined conditions originating in the perinatal period.

- 4.b. Early and periodic screening and diagnosis of individuals under 21 years of age and treatment of conditions found.

E. Medicaid Services Provided in Schools

Individuals receiving Medicaid Services in schools have freedom of choice of qualified licensed providers as established in 1902(a)(23) of the Act.

(a) Audiology

Services must be medically necessary and appear in the child's Individualized Education Plan. Covered services include:

Assessment services:

Service may include testing and/or clinical observation as appropriate for chronological or developmental age for one or more of the following areas of functioning, and shall yield a written report:

Auditory sensitivity, including pure tone air and bone conduction, speech detection, and speech reception thresholds, auditory discrimination in quiet and noise, impedance audiometry including tympanometry and acoustic reflex, hearing aid evaluation, central auditory function and auditory brainstem evoked response

Treatment services:

Service may include one or more of the following as appropriate:

Auditory training, speech reading and augmentative communication

Qualifications of Providers: Providers must meet the applicable requirements of 42 CFR 440.110. A provider shall have a valid license issued by the Board of Examiners for Speech and Language Pathologists and Audiologists.

(b) Occupational Therapy

Services must be medically necessary and appear in the child's Individualized Education Plan. Covered services include:

Assessment services

Service may include testing and/or clinical observation as appropriate for chronological or developmental age for one or more of the following areas of functioning, and shall yield a written report:

Activities of daily living assessment, sensorimotor assessment, neuromuscular assessment, fine motor assessment, feeding/oral motor assessment, visual perceptual assessment, perceptual motor development assessment, musculo-skeletal assessment, gross motor assessment, and functional mobility assessment.

Treatment services

Service may include one or more of the following as appropriate:

Activities of daily living training, sensory integration, neuromuscular development, muscle strengthening, and endurance training, feeding/oral motor training, adaptive equipment application, visual perceptual training, facilitation of gross motor skills, facilitation of fine motor skills, fabrication and application of splinting and orthotic devices, manual therapy techniques, sensorimotor training, functional mobility training, perceptual motor training.

Qualifications of Providers:

Providers must meet the applicable requirements of 42 CFR 440.110. Occupational therapy assessment services must be provided by a licensed occupational therapist. Occupational therapy treatment services must be provided by a licensed occupational or a licensed occupational therapist assistant under the supervision of a licensed occupational therapist.

(c) Physical Therapy Services

Services must be medically necessary and appear in the child's Individualized Education Plan. Covered services include:

Assessment services

Service may include testing and/or clinical observation as appropriate for chronological or developmental age for one or more of the following areas of functioning, and shall yield a written report:

Neuromotor assessment, range of motion, joint integrity and functional mobility, flexibility assessment, gait, balance, and coordination assessment, posture and body mechanics assessment, soft tissue assessment, pain assessment, cranial nerve assessment, clinical electromyographic assessment, nerve conduction, latency and velocity assessment, manual muscle test, activities of daily living assessment, cardiac assessment, pulmonary assessment, sensory motor assessment and feeding/oral motor assessment

Treatment services

Service may include one or more of the following as appropriate:

Manual therapy techniques, fabrication and application of orthotic devices, therapeutic exercise, functional training, facilitation of motor milestones, sensory motor training, cardiac training, pulmonary enhancement, adaptive equipment application, feeding/oral motor training, activities of daily living training, gait training, posture and body mechanics training, muscle strengthening, gross motor development, modalities, therapeutic procedures, hydrotherapy, manual manipulation

Qualifications of Providers:

Providers must meet the applicable requirements of 42 CFR 440.110. Physical therapy assessment services must be provided by a licensed physical therapist. Physical therapy treatment services must be provided by a licensed physical therapist or a licensed physical therapist assistant under the supervision of a licensed physical therapist.

(d) Behavioral Health Services

Services must be medically necessary and appear in the child's Individualized Education Plan. Covered services include:

Assessment services

Service may include testing and/or clinical observation as appropriate for chronological or developmental age for one or more of the following areas of functioning, and shall yield a written report:

Cognitive, emotional/personality, adaptive behavior, behavior and perceptual or visual motor

Treatment services

Service may include one or more of the following as appropriate:

Cognitive-behavioral therapy, rational-emotive therapy, family therapy, individual interactive psychotherapy using play equipment, physical devices, language interpreter or other mechanisms of non verbal communication and sensory integrative therapy

Qualifications of Providers:

Minimum qualifications for providing services are licensure as follows:

1. An individual currently licensed by the Kentucky Board of Examiners of Psychology as a licensed psychologist, licensed psychological practitioner, certified psychologist with autonomous functioning, certified psychologist, or licensed psychological associate;
2. A licensed clinical social worker currently licensed by the Kentucky Board of Social Work;
3. A licensed social worker currently licensed by the Kentucky Board of Social Work;
4. A certified social worker currently licensed by the Kentucky Board of Social Work;
5. An advanced registered nurse practitioner who has a specialty area in accordance with the American Nurses' Association Statement on Psychiatric Mental Health Clinical Nursing Practice and Standards of Psychiatric Mental Health Clinical Nursing Practice.

(e) Speech

Services must be medically necessary and appear in the child's Individualized Education Plan. Covered services include:

Assessment services

Service may include testing and/or clinical observation as appropriate for chronological or developmental age for all the following areas of functioning and shall yield a written report:

Receptive and expressive language, auditory memory, discrimination, and processing, vocal quality and resonance patterns, phonological development, pragmatic language, rhythm/fluency, oral mechanism, swallowing assessment, augmentative communication and hearing status based on pass/fail criteria

Treatment services

Service includes one or more of the following as appropriate:

Articulation therapy, language therapy; receptive and expressive language, augmentative communication training, auditory processing, discrimination, and training, fluency training, disorders of speech flow, voice therapy, oral motor training; swallowing therapy and speech reading.

Qualifications of Providers

Treatment services may be performed by a Speech/Language Pathologist with the following qualifications:

1. Current Certificate of Clinical Competence from the American Speech Hearing Association (ASHA);
2. Current license as Speech Language Pathologist from KY Board of Speech Language Pathology and Audiology;

As of August 1, 2011, Speech Therapy services will only be performed by individuals meeting applicable requirements of 42 CFR 440.110, including the possession of a Speech/Language Pathologist with a current Certificate of Clinical Competence from the American Speech Hearing Association (ASHA).

(f) Nursing Services:

Services must be medically necessary. The services may be provided in accordance with an Individualized Education Program or an Individual Family Service Plan. Nursing services must be those services that are in a written plan of care based on a physician, physician assistant or nurse practitioner's written order. The plan of care must be developed by a licensed registered nurse. Services include but are not limited to: assessments including referrals based on results, bladder catheterizations, suctioning, medication administration and management including observation for adverse reactions, response or lack of response to medication, informing the student about their medications, oxygen administration via tracheostomy and ventilator care, enteral feedings, emergency interventions, individual health counseling and instructions, and other treatments ordered by the physician and outlined in the plan of care.

Qualifications of Providers:

The Licensed Practical Nurse and Registered Nurse shall be licensed by the State of Kentucky to provide the services and practice within the Kentucky Nursing Practice Act. Nursing services can be provided under 42 CFR 440.60 and on a restorative basis under 42 CFR 440.130 (d) including services delegated in accordance with the Nurse Practice Act and the Kentucky School Health Program Manual to individuals trained to perform delegated acts by a Registered Nurse.

Services provided by a health aide may only be provided under the following conditions:

1. Is under the supervision of an advanced registered nurse practitioner or a registered nurse;
2. Has been trained by an advanced registered nurse practitioner or registered nurse for the specific nursing service provided to a specific recipient; or
3. An advanced registered nurse practitioner or registered nurse has verified in writing that the aide has appropriate training and skills to perform the specific service in a safe, effective manner.

(g) Respiratory Therapy Services:

Respiratory therapy are the procedures employed in the therapy, management, rehabilitation, gathering of assessment information, or other procedures administered to patients with deficiencies or abnormalities which affect their cardiopulmonary system and associated aspects of cardiopulmonary and other systems functions.

Respiratory therapy services are provided by a practitioner certified by the Kentucky Board of Respiratory Care. Incidental interpreter services provided in conjunction with another covered service. These services will be provided based on state law requirements for appropriate specialties. Incidental interpreter services are provided by an interpreter licensed by the Kentucky Board of Interpreters for the Deaf and Hard of Hearing.



- (h) Orientation and Mobility Services: Orientation and mobility services provide sequential instruction to individuals with visual impairment in the use of their remaining senses to determine their position within the environment and in techniques for safe movement from one place to another. The skills in this instruction include but are not limited to concept development, motor development and sensory development.

Orientation and mobility services are provided by an orientation and mobility specialist certified by the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) or National Blindness Professional Certification Board (NBPCB).

- (j) Specialized Transportation Services: Services must be medically necessary and appear in the child's Individualized Education Plan or an Individual Family Service Plan. Specialized transportation services include transportation to receive Medicaid approved school health services pursuant to an IEP. This service is limited to transportation of covered, prior authorized services.

- 1) The special transportation is Medicaid reimbursable if:
  - (a) It is provided to a Medicaid eligible EPSDT child who is a student in a public school in Kentucky.
  - (b) It is being provided on a day when the child receives a prior authorized covered service;
  - (c) The student's need for specialized transportation service is documented in the child's plan of care; and
  - (d) The driver has a valid driver's license.
- 2) Specialized transportation services are defined as transportation that requires a specially equipped vehicle, or the use of specialized equipment to ensure a child is taken to and from the child's residence to school or to a community provider's office for prior authorized health related services.
  - (a) Transportation provided by or under contract with the school, to and from the student's place of residence, to the school where the student receives one of the health related services covered by Title XIX;
  - (b) Transportation provided by or under contract with the school, to and from the student's place of residence to the office of a medical provider who has a contract with the school to provide one of the health related services covered by Title XIX; or
  - (c) Transportation provided by or under contract with the school from the student's place of residence to the office of a medical provider who has a contract with the school to provide one of the health related services covered by Title XIX and returns to school.
- 3) Specialized transportation services will not be Medicaid reimbursable if the child does not receive a Medicaid covered service on the same day. When claiming these costs as direct services, each school district is responsible for maintaining written documentation, such as a trip log, for individual trips provided. No payment will be made to, or for parents providing transportation.

4.b. EPSDT Services (continued)

- E. The Medicaid program shall provide such other necessary health care, diagnostic services, treatment, and other measures described in Section 1905(a) of the Social Security Act to correct or ameliorate defects and physical and mental illness and conditions discovered by the screening services, whether or not such services are covered under the state plan.

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

Family planning services shall include counseling services, medical services, and pharmaceutical supplies and devices to aid those who decide to prevent or delay pregnancy. In-vitro fertilization, artificial insemination, sterilization reversals, sperm banking and related services, hysterectomies, and abortions shall not be considered family planning services.

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

Tobacco Cessation Counseling Services for Pregnant Women shall include counseling services, medical services, and pharmaceutical supplies and devices to aid those who decide to quit tobacco.

This shall include four (4) face-to-face counseling sessions per quit attempt, with a minimum of two (2) quit attempts per twelve (12) month period.

Face-to-face counseling services shall be provided:

- ☒ (i) By or under supervision of a physician;
- ☒ (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services; or
- ☐ (iii) Any other health care professional legally authorized to provide tobacco cessation services under State law and who is specifically designated by the Secretary in regulations.

Medicaid shall provide coverage for all United States Food and Drug Administration approved tobacco cessation medication, all forms of tobacco cessation services recommended by the United States Preventive Services Task Force, including, but not limited to individual, group and telemedicine counseling or any combination thereof.

Utilization management, prior authorization or step therapy may only be imposed for a treatment that exceeds the duration recommended by the United States Public Health Service clinical practice guidelines on treating tobacco use and dependence or for services associated with more than two (2) attempts to quit within a twelve (12) month period.

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4. Dental, hearing, and visions services for all Kentucky Medicaid recipients, adults and children.

A. Dental Services

A listing of dental services available to all recipients, adults and children, is maintained at the central office of the single state agency.

Services not listed will be pre-authorized when medically necessary.

(1) Out of Hospital Dental Services

A listing of dental services is maintained at the central office of the single state agency.

Services not listed will be pre-authorized when medically necessary .

(2) In Hospital Dental Services

A listing of dental services is maintained at the central office of the single state agency.

Services not listed will be pre-authorized when medically necessary .

(3) Oral Surgery Dental Services

A listing of oral surgery dental services is maintained at the central office of the single state agency.

Services not listed will be pre-authorized when medically necessary .

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B. Hearing Services

Audiological Benefits

- (a) Coverage is available only for recipients under age 21 and is limited to the following services provided by certified audiologists:

- i. Complete hearing evaluation one time per year;
- ii. Hearing aid evaluation one time per year;
- iii. A maximum of three follow-up visits within the six month period immediately following fitting of a hearing aid such visits to be related to the proper fit and adjustment of that hearing aid; and
- iv. One follow-up visit six months following fitting of a hearing aid, to assure a patient's successful use of the aid.

Services not listed above will be provided when medically necessary upon appropriate pre-authorization.

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**Commonwealth Global Choices**

- (b) Exception to the above limitations may be made through preauthorization if need is indicated in the individual case.

- (2) Hearing Aid Benefits

- (a) Coverage is provided only for recipients under age 21 on a pre-authorized basis for any hearing aid model recommended by a certified audiologist so long as that model is available through a participating hearing aid dealer.
  - (b) If medical necessity is established, these limitations do not apply to EPSDT eligible children in accordance with 1905 (r)(5) of the Social Security Act.

- C. Vision Care Services

- (1) Optometrists' services are provided to children under 21 years of age. Coverage includes writing of prescriptions, services to frames and lenses, and diagnostic services provided by ophthalmologists and optometrists, to the extent the optometrist is licensed to perform the services and to the extent the services are covered in the ophthalmologist portion of the physician's program.
  - (2) If medical necessity is established, these limitations do not apply to EPSDT eligible children in accordance with 1905 (r)(5) of the Social Security Act.

## 4.b EPSDT Services (continued)

- D. Discretionary Services under EPSDT. For neonatal care related to any of the following diagnoses, an infant (i.e., child not more than twelve (12) months of age) EPSDT eligible recipient may transfer from a hospital with a level III neonatal unit to a different hospital with a level II or level I neonatal unit with the transfer considered a new admission. A "level III neonatal unit" means a unit able to provide the full range of resources and expertise required for the management of any complication of the newborn; a nurse/patient ratio of 1:2 is required. A "level II neonatal unit" means a unit able to provide care to the moderately ill infant who requires various support services; a nurse/patient ratio of 1:4 is required. A "level I neonatal unit" means a unit providing care to infants with uncomplicated conditions; normal nursery staffing is required

Neonatal Related Diagnoses

- (1) Fetus or newborn affected by maternal conditions, which may be unrelated to present pregnancy.
- (2) Fetus or newborn affected by maternal complications of pregnancy.
- (3) Fetus or newborn affected by complications of placenta, cord, and membranes.
- (4) Fetus or newborn affected by other complications of labor and delivery.
- (5) Slow fetal growth and fetal malnutrition.
- (6) Disorders relating to short gestation and unspecified low birth weight.
- (7) Disorders relating to long gestation and high birth weight.
- (8) Birth Trauma
- (9) Intrauterine hypoxia and birth asphyxia.
- (10) Respiratory distress syndrome.
- (11) Other respiratory conditions of fetus and newborn.
- (12) Infections specific to the perinatal period.
- (13) Fetal and neonatal hemorrhage.
- (14) Hemolytic disease of fetus or newborn, due to isoimmunization.
- (15) Other perinatal jaundice.
- (16) Endocrine and metabolic disturbances specific to the fetus and newborn.
- (17) Hematological disorders of fetus and newborn.
- (18) Perinatal disorders of digestive system.
- (19) Conditions involving the integument and temperature regulation of fetus and newborn
- (20) Congenital anomalies and related surgical procedures.
- (21) Other and ill-defined conditions originating in the perinatal period.



4.b. Early and periodic screening and diagnosis of individuals under 21 years of age and treatment of conditions found.

E. Medicaid Services Provided in Schools

Individuals receiving Medicaid Services in schools have freedom of choice of qualified licensed providers as established in 1902(a)(23) of the Act.

(a) Audiology

Services must be medically necessary and appear in the child's Individualized Education Plan. Covered services include:

Assessment services:

Service may include testing and/or clinical observation as appropriate for chronological or developmental age for one or more of the following areas of functioning, and shall yield a written report:

Auditory sensitivity, including pure tone air and bone conduction, speech detection, and speech reception thresholds, auditory discrimination in quiet and noise, impedance audiometry including tympanometry and acoustic reflex, hearing aid evaluation, central auditory function and auditory brainstem evoked response

Treatment services:

Service may include one or more of the following as appropriate:

Auditory training, speech reading and augmentative communication

Qualifications of Providers: Providers must meet the applicable requirements of 42 CFR 440.110. A provider shall have a valid license issued by the Board of Examiners for Speech and Language Pathologists and Audiologists.

(b) Occupational Therapy

Services must be medically necessary and appear in the child's Individualized Education Plan. Covered services include:

Assessment services

Service may include testing and/or clinical observation as appropriate for chronological or developmental age for one or more of the following areas of functioning, and shall yield a written report:

Activities of daily living assessment, sensorimotor assessment, neuromuscular assessment, fine motor assessment, feeding/oral motor assessment, visual perceptual assessment, perceptual motor development assessment, musculo-skeletal assessment, gross motor assessment, and functional mobility assessment.

Treatment services

Service may include one or more of the following as appropriate:

Activities of daily living training, sensory integration, neuromuscular development, muscle strengthening, and endurance training, feeding/oral motor training, adaptive equipment application, visual perceptual training, facilitation of gross motor skills, facilitation of fine motor skills, fabrication and application of splinting and orthotic devices, manual therapy techniques, sensorimotor training, functional mobility training, perceptual motor training.

Qualifications of Providers:

Providers must meet the applicable requirements of 42 CFR 440.110. Occupational therapy assessment services must be provided by a licensed occupational therapist. Occupational therapy treatment services must be provided by a licensed occupational or a licensed occupational therapist assistant under the supervision of a licensed occupational therapist.

(c) Physical Therapy Services

Services must be medically necessary and appear in the child's Individualized Education Plan. Covered services include:

Assessment services

Service may include testing and/or clinical observation as appropriate for chronological or developmental age for one or more of the following areas of functioning, and shall yield a written report:

Neuromotor assessment, range of motion, joint integrity and functional mobility, flexibility assessment, gait, balance, and coordination assessment, posture and body mechanics assessment, soft tissue assessment, pain assessment, cranial nerve assessment, clinical electromyographic assessment, nerve conduction, latency and velocity assessment, manual muscle test, activities of daily living assessment, cardiac assessment, pulmonary assessment, sensory motor assessment and feeding/oral motor assessment

Treatment services

Service may include one or more of the following as appropriate:

Manual therapy techniques, fabrication and application of orthotic devices, therapeutic exercise, functional training, facilitation of motor milestones, sensory motor training, cardiac training, pulmonary enhancement, adaptive equipment application, feeding/oral motor training, activities of daily living training, gait training, posture and body mechanics training, muscle strengthening, gross motor development, modalities, therapeutic procedures, hydrotherapy, manual manipulation

Qualifications of Providers:

Providers must meet the applicable requirements of 42 CFR 440.110. Physical therapy assessment services must be provided by a licensed physical therapist. Physical therapy treatment services must be provided by a licensed physical therapist or a licensed physical therapist assistant under the supervision of a licensed physical therapist.

(d) Behavioral Health Services

Services must be medically necessary and appear in the child's Individualized Education Plan. Covered services include:

Assessment services

Service may include testing and/or clinical observation as appropriate for chronological or developmental age for one or more of the following areas of functioning, and shall yield a written report:

Cognitive, emotional/personality, adaptive behavior, behavior and perceptual or visual motor

Treatment services

Service may include one or more of the following as appropriate:

Cognitive-behavioral therapy, rational-emotive therapy, family therapy, individual interactive psychotherapy using play equipment, physical devices, language interpreter or other mechanisms of non verbal communication and sensory integrative therapy

Qualifications of Providers:

Minimum qualifications for providing services are licensure as follows:

1. An individual currently licensed by the Kentucky Board of Examiners of Psychology as a licensed psychologist, licensed psychological practitioner, certified psychologist with autonomous functioning, certified psychologist, or licensed psychological associate;
2. A licensed clinical social worker currently licensed by the Kentucky Board of Social Work;
3. A licensed social worker currently licensed by the Kentucky Board of Social Work;
4. A certified social worker currently licensed by the Kentucky Board of Social Work;
5. An advanced registered nurse practitioner who has a specialty area in accordance with the American Nurses' Association Statement on Psychiatric Mental Health Clinical Nursing Practice and Standards of Psychiatric Mental Health Clinical Nursing Practice.

(e) Speech

Services must be medically necessary and appear in the child's Individualized Education Plan.

Covered services include:

Assessment services

Service may include testing and/or clinical observation as appropriate for chronological or developmental age for all the following areas of functioning and shall yield a written report:

Receptive and expressive language, auditory memory, discrimination, and processing, vocal quality and resonance patterns, phonological development, pragmatic language, rhythm/fluency, oral mechanism, swallowing assessment, augmentative communication and hearing status based on pass/fail criteria

Treatment services

Service includes one or more of the following as appropriate:

Articulation therapy, language therapy; receptive and expressive language, augmentative communication training, auditory processing, discrimination, and training, fluency training, disorders of speech flow, voice therapy, oral motor training; swallowing therapy and speech reading.

Qualifications of Providers: Treatment services may be performed by a Speech/Language Pathologist with the following qualifications:

1. Current Certificate of Clinical Competence from the American Speech Hearing Association (ASHA);
2. Current license as Speech Language Pathologist from KY Board of Speech Language Pathology and Audiology;

As of August 1, 2011, Speech Therapy services will only be performed by individuals meeting applicable requirements of 42 CFR 440.110, including the possession of a Speech/Language Pathologist with a current Certificate of Clinical Competence from the American Speech Hearing Association (ASHA).

(f) Nursing Services:

Services must be medically necessary. The services may be provided in accordance with an Individualized Education Program or an Individual Family Service Plan. Nursing services must be those services that are in a written plan of care based on a physician, physician assistant or nurse practitioner's written order. The plan of care must be developed by a licensed registered nurse. Services include but are not limited to: assessments including referrals based on results, bladder catheterizations, suctioning, medication administration and management including observation for adverse reactions, response or lack of response to medication, informing the student about their medications, oxygen administration via tracheostomy and ventilator care, enteral feedings, emergency interventions, individual health counseling and instructions, and other treatments ordered by the physician and outlined in the plan of care.

Qualifications of Providers:

The Licensed Practical Nurse and Registered Nurse shall be licensed by the State of Kentucky to provide the services and practice within the Kentucky Nursing Practice Act. Nursing services can be provided under 42 CFR 440.60 and on a restorative basis under 42 CFR 440.130 (d) including services delegated in accordance with the Nurse Practice Act and the Kentucky School Health Program Manual to individuals trained to perform delegated acts by a Registered Nurse.

Services provided by a health aide may only be provided under the following conditions:

1. Is under the supervision of an advanced registered nurse practitioner or a registered nurse;
2. Has been trained by an advanced registered nurse practitioner or registered nurse for the specific nursing service provided to a specific recipient; or
3. An advanced registered nurse practitioner or registered nurse has verified in writing that the aide has appropriate training and skills to perform the specific service in a safe, effective manner.

(g) Respiratory Therapy Services:

1. Respiratory therapy are the procedures employed in the therapy, management, rehabilitation, gathering of assessment information, or other procedures administered to patients with deficiencies or abnormalities which affect their cardiopulmonary system and associated aspects of cardiopulmonary and other systems functions.

Respiratory therapy services are provided by a practitioner certified by the Kentucky Board of Respiratory Care.

- (h) Specialized Transportation Services: Specialized transportation services include transportation to receive Medicaid approved school health services. This service is limited to transportation of covered, prior authorized services.
- 1) The special transportation is Medicaid reimbursable if:
    - (a) It is provided to a Medicaid eligible EPSDT child who is a student in a public school in Kentucky.
    - (b) It is being provided on a day when the child receives a prior authorized covered service;
    - (c) The student's need for specialized transportation service is documented in the child's plan of care; and
    - (d) The driver has a valid driver's license.
  - 2) Specialized transportation services are defined as transportation that requires a specially equipped vehicle, or the use of specialized equipment to ensure a child is taken to and from the child's residence to school or to a community provider's office for prior authorized health related services.
    - (a) Transportation provided by or under contract with the school, to and from the student's place of residence, to the school where the student receives one of the health related services covered by Title XIX;
    - (b) Transportation provided by or under contract with the school, to and from the student's place of residence to the office of a medical provider who has a contract with the school to provide one of the health related services covered by Title XIX; or
    - (c) Transportation provided by or under contract with the school from the student's place of residence to the office of a medical provider who has a contract with the school to provide one of the health related services covered by Title XIX and returns to school.
  - 3) Specialized transportation services will not be Medicaid reimbursable if the child does not receive a Medicaid covered service on the same day. When claiming these costs as direct services, each school district is responsible for maintaining written documentation, such as a trip log, for individual trips provided. No payment will be made to, or for parents providing transportation.

4.b. EPSDT Services (continued)

- E. The Medicaid program shall provide such other necessary health care, diagnostic services, treatment, and other measures described in Section 1905(a) of the Social Security Act to correct or ameliorate defects and physical and mental illness and conditions discovered by the screening services, whether or not such services are covered under the state plan.

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

Family planning services shall include counseling services, medical services, and pharmaceutical supplies and devices to aid those who decide to prevent or delay pregnancy. In-vitro fertilization, artificial insemination, sterilization reversals, sperm banking and related services, hysterectomies, and abortions shall not be considered family planning services.

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

Tobacco Cessation Counseling Services for Pregnant Women shall include counseling services, medical services, and pharmaceutical supplies and devices to aid those who decide to quit tobacco.

This shall include four (4) face-to-face counseling sessions per quit attempt, with a minimum of two (2) quit attempts per twelve (12) month period.

Face-to-face counseling services shall be provided:

- ☒ (i) By or under supervision of a physician;
- ☒ (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services; or
- ☐ (iii) Any other health care professional legally authorized to provide tobacco cessation services under State law and who is specifically designated by the Secretary in regulations.

Medicaid shall provide coverage for all United States Food and Drug Administration approved tobacco cessation medication, all forms of tobacco cessation services recommended by the United States Preventive Services Task Force, including, but not limited to individual, group and telemedicine counseling or any combination thereof.

Utilization management, prior authorization or step therapy may only be imposed for a treatment that exceeds the duration recommended by the United States Public Health Service clinical practice guidelines on treating tobacco use and dependence or for services associated with more than two (2) attempts to quit within a twelve (12) month period.