

**CENTERS FOR MEDICARE & MEDICAID SERVICES  
WAIVER LIST**

**NUMBER:** 11-W-0000-5/4

**TITLE:** Kentucky Health Care Partnership Medicaid Section 1115 Demonstration

**AWARDEE:** Cabinet for Health and Family Services  
Department for Medicaid Services

All requirements of the Medicaid program expressed in law, regulation and policy statement, not expressly waived in this list, shall apply to the State's Demonstration project beginning November 1, 2008, through October 31, 2011. In addition, these waivers may only be implemented consistent with the approved Special Terms and Conditions (STCs).

Under the authority of section(a)(1) of the Social Security Act (the Act), the following waivers of State plan requirements contained in section 1902 of the Act are granted in order to enable Kentucky to carry out the Health Care Partnership Demonstration.

**1. Statewideness/Uniformity** **Section 1902(a)(1)**

To enable Kentucky to provide managed-care plans, or certain types of managed care plans, only in certain geographical areas of the State.

**2. Amount, Duration, and Scope of Services** **Section 1902(a)(10)(B)**

To enable Kentucky to offer a different benefit package to Demonstration participants than is being offered to the traditional Medicaid population.

**3. Income Comparability and Deeming** **Section 1902(a)(17)**

To enable Kentucky to use eligibility standards for demonstration participants that differ from those otherwise applicable to the extent that the State will include in the family unit for calculating income all family members residing in the household, including those financially responsible for the applicant and others for whom these individuals are financially responsible.

**4. Freedom of Choice** **Section 1902(a)(23)**

To enable Kentucky to restrict freedom of choice of provider for the Demonstration participants including dual-eligible beneficiaries. Participants will be restricted to a single plan and may change providers within that plan.

**5. Retroactive Coverage**

**Section 1902(a)(34)**

To enable Kentucky to waive the requirement to provide medical assistance for up to 3 months prior to the date that an application for assistance is made.

**6. Coverage of Federally Qualified Health Centers (FQHCs) And Rural Health Clinics (RHCs).**

**Section 1902(a)(10(A))**

To enable Kentucky not to cover FQHC and RHC services when an MCO can establish that participant populations will be adequately served through other providers.

**7. Payment of FQHCs and RHCs.**

**Section 1902(bb)  
Section 1902 (a)(15)**

To enable Kentucky to not be required to pay FQHCs and RHCs in the Partnership under a prospective payment system, and to enable the State to not be subject to supplemental payments to FQHCs and RHCs.

**8. Eligibility**

**Section 1902(e)(2)**

To enable Kentucky to guarantee managed care program members, regardless of the type of health plan, will be eligible for all Medicaid benefits for a 6-month period from the date of their initial eligibility. This 6-month guaranteed period will be granted only once per eligible.