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State/Territory Name: Kentucky

State Plan Amendment (SPA) #: 13-018

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Additional Companion letter (delete if not if applicable)
- 3) Summary Form (with 179-like data)
- 4) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

December 20, 2013

Lawrence Kissner, Commissioner
Department for Medicaid Services
275 East Main Street, 6WA
Frankfort, KY 40621-0001

Dear Mr. Kissner:

We have reviewed the proposed Kentucky state plan amendment (SPA) 13-018, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on October 1, 2013. SPA 13-018 revises preventive service in the Kentucky state plan as outlined in the Affordable Care Act.

Based on the information provided, the Medicaid State Plan Amendment KY 13-018 was approved on December 20, 2013. The effective date of this amendment is January 1, 2014. Enclosed is the approved HCFA-179 and a copy of the new state plan pages.

A companion letter is also being issued with this approval to address the coverage concerns that developed during the review of this SPA. Rather than performing a concurrent review of the financial methodology under this SPA and issuing a companion letter addressing any concerns, the reimbursement methodology is being reviewed with SPA KY-13-022.

If you have any additional questions or need further assistance, please contact Alice Hogan at (404) 562-7432 or Alice.Hogan@cms.hhs.gov.

Sincerely,

//s//

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
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DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

December 20, 2013

Lawrence Kissner, Commissioner
Department for Medicaid Services
275 East Main Street, 6WA
Frankfort, KY 40621-0001

Dear Mr. Kissner:

This letter is being sent as a companion to the Centers for Medicare & Medicaid Services (CMS) approval of state plan amendment (SPA) transmittal KY-13-018, which was submitted to revise preventive services in accordance with the Affordable Care Act.

During the pendency of KY 13-018, we conducted a same-page coverage review of other Preventive Services listed in the State's plan pages. Since 42 CFR 430.10 requires state plans to be comprehensive written statements describing the nature and scope of a state's Medicaid program and requires that the plans contain all information necessary for CMS to determine whether the plans can be approved to serve as the basis for Federal financial participation (FFP), please revise KY 13-018 in accordance with the following.

Preventive Services are defined in 42 CFR 440.130(c) as "...services recommended by a physician or other licensed practitioner of the healing arts within the scope of his practice under state law to (1) Prevent disease, disability, and other health conditions or their progression; (2) Prolong life; and (3) Promote physical and mental health and efficiency." During our review, we noted that a number of the services that the state included under Preventive Services are not preventive services in accordance with the definition.

1. Please move "Family Planning Visit" and "Family Planning Services" from Preventive Services to item 4(C) of the state plan.
2. Please remove services that are not "preventive services" such as laboratory tests, diagnostic services, medications and other treatment procedures.
3. The state lists 13 Chronic Diseases but no preventive services. Please either delete or add the preventive services that are associated with the listed Chronic Diseases.

Please respond to this letter within 90 days of the date of the letter with a state plan amendment that addresses the issues described above or a corrective action plan describing how you will resolve the issues identified above. During the 90-day period, we are happy to provide any technical assistance

Lawrence Kissner, Commissioner

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that you need. State plans that are not in compliance with requirements referenced above are grounds for initiating a formal compliance process.

If you have any questions or need any further assistance, please contact Alice Hogan at (404) 562-7432.

Sincerely,

//s//

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER: 13-018	2. STATE Kentucky
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE January 1, 2014	

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (*Check One*):

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION: Affordable Care Act	7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$122,000 b. FFY 2015 \$163,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 3.1-A, Page 7.6.1 Att. 3.1-B, Page 31.5	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Same

10. SUBJECT OF AMENDMENT:
The purpose of this State Plan Amendment is to revise coverage for preventive services

11. GOVERNOR'S REVIEW (*Check One*):
- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: Review delegated
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED to Commissioner, Department for Medicaid
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:
13. TYPED NAME: Lawrence Kissner	Department for Medicaid Services 275 East Main Street 6W-A Frankfort, Kentucky 40621
14. TITLE: Commissioner, Department for Medicaid Services	
15. DATE SUBMITTED: 10/01/13	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 10/01/13	18. DATE APPROVED: 12-20-13
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/14	20. SIGNATURE OF REGIONAL OFFICIAL: //s//
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns

23. REMARKS:
Approved with the following changes to items 8 and 9 as authorized by State Agency on emails dated 12/17/13:

Block # 8 changed to read: Attachment 3.1-A Page 7.6.1(b),7.6.1(b)((1) and Page 7.6.1(b)(2) ; Attachment 3.1-B page 31.5(b), 31.5(b)(1) and 31.5(b)(2)

Block # 9 changed to read: Attachment 3.1-A Page 7.6.1(b),7.6.1(b)(1) new and Page 7.6.1(b)(2) new; Attachment 3.1-B page 31.5(b), 31.5(b)(1) new and 31.5(b)(2) new

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

13c. Preventive Services

- A. Eligible preventive services include all of the preventive services assigned a grade of A or B by the United States Preventive Services Task Force (USPSTF), and all approved adult vaccines and their administration, recommended by the Advisory Committee on Immunization Practices (ACIP). Such services are provided in accordance with Section 4106 of the Affordable Care Act. The state has documentation available to support the claim of the enhanced FMAP for preventive services beginning January 1, 2014. The state assures that it has a method to ensure that, as changes are made to USPSTF or ACIP recommendations, the state will update their coverage and billing codes to comply with those revisions.

In conjunction with the above and in compliance with Section 2713 of the Public Health Service Act, eligible preventive services also include preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program project, and additional preventive services for women recommended by the Institute of Medicine.

No cost sharing shall be applied to preventive services.

- B. Covered services shall be provided by a:

1. Physician;
2. Physician Assistant;
3. Advanced Registered Nurse Practitioner; or
4. Registered Nurse. A "registered nurse" is defined by state law as a person who is licensed in accordance with state law to engage in registered nursing practice. State law defines "registered nursing practice" as the performance of acts requiring substantial specialized knowledge, judgment, and nursing skill based upon the principles of psychological, biological, physical, and social sciences in the application of the nursing process in:
 - a The care, counsel, and health teaching of the ill, injured, or infirm;
 - b The maintenance of health or prevention of illness of others;
 - c The administration of medication and treatment as prescribed by a physician, physician assistant, dentist, or advanced registered nurse practitioner and as further authorized or limited by the Kentucky Board of Nursing, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses. Components of medication administration include but are not limited to:
 - i Preparing and giving medications in the prescribed dosage, route, and frequency, including dispensing medications;
 - ii Observing, recording, and reporting desired effects, untoward reactions, and side effects of drug therapy;
 - iii Intervening when emergency care is required as a result of drug therapy;
 - iv Recognizing accepted prescribing limits and reporting deviations to the prescribing individual;

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

13c. Preventive Services (cont.)

- v Recognizing drug incompatibilities and reporting interactions or potential interactions to the prescribing individual; and
- vi Instructing an individual regarding medications;
- d The supervision, teaching of, and delegation to other personnel in the performance of activities relating to nursing care; and
- e The performance of other nursing acts which are authorized or limited by the Kentucky Board of Nursing, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses.

C. Covered services include:

1. Early and Periodic screening, diagnosis, and treatment (EPSDT):

EPSDT services are described in Attachment 3.1-A, pages 7.1.2 – 7.1.4, 7.1.7, 7.1.8, and Attachment 3.1-B, pages 16-18, 20.1, and 20.2.

2. Pediatric services:

Services include the following:

- a Diagnostic and nursing evaluation and management services;
- b Provision of all childhood immunizations as described by page 9a of this plan included in the Vaccines for Children program. Provision of other immunizations to children as recommended by the CDC;
- c Medications and other treatment procedures; and
- d Follow-up nursing care.

3. Prenatal and related services:

Services provided or arranged in accordance with the standards developed for the prenatal program include the following:

- a Pregnancy testing/confirmation;
- b Contact visit counseling;
- c Initial examination;
- d Subsequent monitoring visits;
- e Laboratory tests, as necessary;
- f Individual counseling;
- g Hands voluntary home visitation program;
- h Initial infant assessment;
- i Postpartum visit; and
- j Family planning visit.

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

13c. Preventive Services (cont.)

4 Communicable disease services:

Communicable disease services include:

- a Diagnostic evaluation and management services;
- b Laboratory tests, as necessary;
- c Medications and other treatment procedures;
- d Individual counseling; and
- e Adult immunizations as recommended by the CDC.

5 Chronic disease services:

Services are provided for the following:

- a Diabetes;
- b Heart disease and stroke program;
- c Women's Cancer Screening program;
- d Substance abuse prevention program;
- e Tobacco prevention and cessation;
- f Obesity;
- g Arthritis/osteoarthritis;
- h Depression;
- i Oncology;
- j Hemophilia;
- k Sickle Cell;
- l Organ transplants; and
- m Rare disease.

6 Family planning services:

Family planning services are described in Attachment 3.1-A, page 7.1.9 and Attachment 3.1-B, page 20.3.

Services include the following:

- a Complete medical history;
- b Physical examination;
- c Laboratory and clinical test supplies; and
- d Counseling and prescribed birth control methods to best suit the patient's needs.

Services provided within these categories are those defined by procedure code under the Medicare Physician Fee Schedule.

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13c. Preventive Services

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