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State/Territory Name: Kentucky

State Plan Amendment (SPA)#: 20-0010

This file contains the following documents in the order listed

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 0 — 0 1 0

2. STATE

KENTUCKY3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

06/01/20205. TYPE OF PLAN MATERIAL (*Check One*) NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENTCOMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)6. FEDERAL STATUTE/REGULATION CITATION
42 CFR 447 Subpart F

7. FEDERAL BUDGET IMPACT

a. FFY 2020 \$ 0.00
b. FFY 2021 \$ 0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Att. 3.1-A, Page 7.2.1(e)
Att. 3.1-B, Page 23.39. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*)

Same

10. SUBJECT OF AMENDMENT

The purpose of this SPA is to allow pharmacies to provide COVID 19 testing

11. GOVERNOR'S REVIEW (*Check One*) GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME
Lisa D. Lee14. TITLE
Commissioner

15. DATE SUBMITTED

16. RETURN TO

FOR REGIONAL OFFICE USE ONLY17. DATE RECEIVED
6/23/202018. DATE APPROVED
09/04/2020**PLAN APPROVED - ONE COPY ATTACHED**19. EFFECTIVE DATE OF APPROVED MATERIAL
06/01/2020

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

James G. Scott

22. TITLE

Director, Division of Program Operations

23. REMARKS

Commonwealth Global ChoicesOther Licensed Practitioners' Services (continued)

- (d) Ophthalmic dispensers' services, limited to dispensing service or a repair service (for eyeglasses provided to eligible recipients), are covered. The following limitations are also applicable:
- (1) Telephone contacts are not covered;
 - (2) Contact lens are not covered;
 - (3) Safety glasses are covered when medically necessary subject to prior authorization requirements described in material on file in the state agency.
- (e) Pharmacist -Licensed pharmacists may perform all services pursuant to their scope of practice and approved by the Kentucky Board of Pharmacy
1. All services are limited to pharmacist's scope of practice and to the extent permitted by applicable statutes and regulations
 2. Includes the administration of the H1N1 vaccine by a pharmacist who is employed by a pharmacy participating in the Kentucky Medicaid Program
 3. Includes the administration of COVID 19 vaccine by a pharmacist who is employed by a pharmacy participating in the Kentucky Medicaid Program
 4. Includes the ordering and administration of the COVID-19 screening and serological antibody tests by a pharmacist who is employed by a pharmacy participating in the Kentucky Medicaid Program

Commonwealth Global ChoicesOther Licensed Practitioners' Services (continued)

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