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State/Territory Name: Kentucky

State Plan Amendment (SPA)#: 22-0009

This file contains the following documents in the order listed

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 0300
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

December 16, 2022

Ms. Lisa Lee
Commissioner, Department for Medicaid Services
Commonwealth of Kentucky
Cabinet for Health and Human Services
275 East Main Street, 6 West A
Frankfort, KY 40601

RE: State Plan Amendment (SPA) Transmittal Number 22-0009

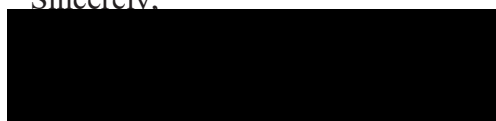
Dear Ms. Lee:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0009. This amendment proposes to implement changes to the Children's Advocacy Center's services and reimbursements.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations in 194A.030(2), 194A.050(1) and 205.520(3). This letter is to inform you that Kentucky's Medicaid SPA 22-0006 was approved on December 15, 2022, with an effective date of January 1, 2023.

If you have any questions, please contact Keri Toback at 312-353-1754 or via email at keri.toback@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

cc: Erin Bickers, KY DMS

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

1. TRANSMITTAL NUMBER

2 2 — 0 0 0 9

2. STATE

KY

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

194A.030(2), 194A.050(1), 205.520(3)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 1,419,600
b. FFY 2023 \$ 1,419,600

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Revised Attachment 3.1-A Page 7.3.3
Revised Attachment 3.1-B Page 26
Revised Attachment 4.19-B Page 20.40

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Revised Attachment 3.1-A Page 7.3.3
Revised Attachment 3.1-B Page 26
Revised Attachment 4.19-B Page 20.40

9. SUBJECT OF AMENDMENT

Changes to the to Children's Advocacy Center services and reimbursements.

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

15. RETURN TO

Lisa Lee
275 E. Main St.
Frankfort, KY 40601

12. TYPED NAME

Lisa Lee

13. TITLE

Commissioner

14. DATE SUBMITTED

9/28/2022

FOR CMS USE ONLY

16. DATE RECEIVED

09/28/2022

17. DATE APPROVED

12/15/2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

01/01/2023

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL

James G. Kerr

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

9a. Abortion services are reimbursable under the Medical Assistance Program only when service to provide an abortion or induce miscarriage is, in the opinion of the physician, necessary for the preservation of the life of the woman seeking such treatment or to comply with federal court order in the case of *Hope vs. Childers*. Any request for program payment for an abortion or induced miscarriage must be justified by a signed physician certification documenting that in the physician's opinion the appropriate circumstances, as outlined in sentence one of this paragraph, existed. A copy of the completed certification form and an operative report shall accompany each claim submitted for payment. However, when medical services not routinely related to the uncovered abortion service are required, the utilization of an uncovered abortion service shall not preclude the recipient from receipt of medical services normally available through the Medical Assistance Program.

9b. Specialized Children's Services Clinics

Specialized Children's Services Clinics provide a comprehensive interdisciplinary evaluation, assessment, and treatment of sexually and physically abused children under the age of 21, based on medical necessity. A team of professionals representing a variety of medical, social, and legal disciplines and advocates assesses the child and coordinates and/or provides needed services.

Medicaid coverage of services provided by clinics is limited to medical examinations and ongoing mental health treatment.

Providers of clinic services are employed by, under contract, or have a signed affiliation agreement with the clinic.

Reimbursement methodology is described in Attachment 4.19-B, Section XXXII.

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State: Kentucky

XXII. Specialized Children's Services Clinics

Effective January 1, 2023, child medical evaluation services provided by Specialized Children's Services Clinics will be reimbursed initially at a rate per visit (encounter rate) of \$894. Once the Department is able to collect and review cost and utilization information, and annually thereafter, rates will be calculated using a cost report. The cost report will include the costs of professional services (physician and mental health professional), related costs of providing a child medical evaluation, facility costs, and administrative and general costs (overhead). Prospective payment rates will be established based on the costs per units of service reported on the cost report. A separate rate will be established for the medical exam, a follow up visit, and mental health and trauma screenings. Rates will be inflated from the midpoint of the cost report period to the midpoint of the rate year. Cost reports will be requested, annually, based on the provider's fiscal year end; the most recent cost report may be used to revise the initial rate and updated each July 1.

The Department will perform a review of the cost reports prior to establishing the rates. Costs shall be reported in accordance with Medicare cost principles. In the event a cost report is not received, timely, the most recent cost report available on May 1st of each year will be utilized to establish July 1 rates. The Department may grant exceptions to allow for extensions, as necessary. If a clinic experiences cost increases greater than 5% prior to the next rate setting cycle, the clinic may request a rate increase mid-year upon submission of supporting documentation and approval by the Department.

For mental health services subsequent to a child medical evaluation, clinics will be reimbursed based on the KY Medicaid Fee-for-Service Behavioral Health & Substance Abuse Services Outpatient (Non-Facility) fee Schedule or the successor fee schedule.

Payments made under this provision shall not exceed the upper limit of payment as specified in 42 CFR 447.325.