

Table of Contents

State/Territory Name: **Kentucky**

State Plan Amendment (SPA) #: **23-0004**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

KY - Submission Package - KY2023MS0001O - (KY-23-0004) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
Department of Health and Human Services; Centers for Medicare and Medicaid
Services
601 East 12th Street; Suite 0300
Kansas City, MO 64106



Center for Medicaid & CHIP Services

May 01, 2023

Lisa Lee
Commissioner
Kentucky Department for Medicaid Services
275 East Main Street
Frankfort, KY 40601

Re: Approval of State Plan Amendment KY-23-0004

Dear Lisa Lee,

On February 03, 2023, the Centers for Medicare and Medicaid Services (CMS) received Kentucky State Plan Amendment (SPA) KY-23-0004, in which the state proposed to adopt the changes to the eligibility rules for the Former Foster Care Children eligibility group, as enacted by the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act, Pub. L. No. 115-217, section 1002.

We approve Kentucky State Plan Amendment (SPA) KY-23-0004 with an effective date(s) of 1/1/2023. January 01, 2023.

If you have any questions regarding this amendment, please contact kerri rosenbloom at kerri.toback@cms.hhs.gov

Sincerely,
James G. Scott
Director, Division of Program Operations
Center for Medicaid & CHIP Services

KY - Submission Package - KY2023MS0001O - (KY-23-0004) - Eligibility

VIEW PRINT PREVIEW

- Summary
- Reviewable Units
- Versions
- Correspondence Log
- Analyst Notes
- Approval Letter
- Transaction Logs
- News
- Related Actions

[⇐ All Reviewable Units](#)
[Submission - Public Comment →](#)

[View Compare Doc](#)

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | KY2023MS0001O | KY-23-0004

[📄 Spell Check Instructions](#) | [🔔 Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started	In Progress	Complete
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Package Header

Package ID	KY2023MS0001O	SPA ID	KY-23-0004
Submission Type	Official	Initial Submission Date	2/3/2023
Approval Date	5/1/2023	Effective Date	N/A
Superseded SPA ID	N/A		

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VIEW ALL RESPONSES

State Information

Expand

Submission Component

Expand

Submission Type

Expand

Key Contacts

Expand

SPA ID and Effective Date

Expand

Executive Summary

Expand

Dependency Description

Expand

Disaster-Related Submission

Expand

Federal Budget Impact and Statute/Regulation Citation

Expand

Governor's Office Review

Expand

Authorized Submitter

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

KY - Submission Package - KY2023MS0001O - (KY-23-0004) - Eligibility

VIEW PRINT PREVIEW

- Summary
- Reviewable Units
- Versions
- Correspondence Log
- Analyst Notes
- Approval Letter
- Transaction Logs
- News
- Related Actions

⇐ All Reviewable Units

← Submission - Tribal Input | Former Foster Care Children →

View Compare Doc

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | KY2023MS0001O | KY-23-0004

⬇ Spell Check Instructions | ? Request System Help

CMS-10434 OMB 0938-1188

Not Started	In Progress	Complete
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Package Header

Package ID	KY2023MS0001O	SPA ID	KY-23-0004
Submission Type	Official	Initial Submission Date	2/3/2023
Approval Date	5/1/2023	Effective Date	1/1/2023
Superseded SPA ID	KY-18-0003		
	System-Derived		

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Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Infants and Children under Age 19	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children	?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Transitional Medical Assistance	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
SSI Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualifying Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

B. The state elects the Adult Group, described at 42 CFR 435.119.

☒ Yes ☐ No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Adult Group		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

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VIEW PRINT PREVIEW

- Summary
- Reviewable Units
- Versions
- Correspondence Log
- Analyst Notes
- Approval Letter
- Transaction Logs
- News
- Related Actions

- ⇐ All Reviewable Units
- ⇐ Mandatory Eligibility Groups

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Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Former Foster Care Children

MEDICAID | Medicaid State Plan | Eligibility | KY2023MS0001O | KY-23-0004

Individuals under the age of 26, who were in foster care and on Medicaid when they turned age 18 or aged out of foster care.

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CMS-10434 OMB 0938-1188

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Superseded SPA ID	KY-18-0003		
	System-Derived		

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VIEW ALL RESPONSES

The state covers the mandatory former foster care children group in accordance with the following provisions:

A. Characteristics

Expand

B. Individuals Covered

Expand

C. Individuals Covered

Expand

D. Additional Information (optional)

Expand

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