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State/Territory Name: KY

State Plan Amendment (SPA) #: 23-0006

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S3-14-28 Baltimore, Maryland 21244-1850



Financial Management Group

May 18, 2023

Lisa D. Lee 275 East Main Street Frankfort, Kentucky 40621

RE: TN 23-0006

Dear Commissioner Lee,

We have reviewed the proposed Kentucky State Plan Amendment (SPA) 23-0006, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on February 21, 2023. This SPA implements revisions to the State Plan to extend the age limit for residents in dually licensed pediatric nursing facilities.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(13), 1902(a) (30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. This is to inform you that Medicaid State plan amendment KY 23-0006 is approved effective July 1, 2023. We are enclosing the CMS-179 and the amended plan pages.

If you have any additional questions or need further assistance, please contact Douglas Spitler at douglas.spitler@cms.hhs.gov

Sincerely,

Rory Howe Director

Enclosures

| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | $\frac{2}{3} = 0$ 0 0 0 0 0 |
|--|---|
| FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | 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 July 1,2023 |
| 5. FEDERAL STATUTE/REGULATION CITATION 42 C.F.R. 413.9, 413.17, 413.85, 413.90, 413.94, 413.98, 413.106, 413.153, 435.1010, 447.272, 483.10, 42 U.S.C. 1395x, 1396a, 1396d | 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2023 \$ 4,396,400 b. FFY 2024 \$ 4,396,400 |
| 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19 D Page 5 | 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19 D Page 5 |
| 9. SUBJECT OF AMENDMENT | |
| Revisions to the State Plan to extend the age limit for residents in a dually licensed pediatric nursing facility. | |
| 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 | |
| 11. SIGNATURE OF STATE AGENCY OFFICIAL 15. | RETURN TO |
| | Lisa Lee |
| 12 TVDED NAME | 275 E. Main St. Frankfort, KY 40601 |
| Lisa Lee | Frankiott, KT 40001 |
| 13. TITLE | |
| Commissioner | |
| 14. DATE SUBMITTED February 21, 2023 | |
| FOR CMS USE ONLY | |
| E 1 04 0000 | 17. DATE APPROVED May 18, 2023 |
| PLAN APPROVED - ONE COPY ATTACHED | |
| | 19 SIGNATURE OF APPROVING OFFICIAL |
| July 1, 2023 | |
| 20. TYPED NAME OF APPROVING OFFICIAL | 21. TITLE OF APPROVING OFFICIAL |
| Rory Howe | Director, FMG |
| 22. REMARKS | |
| | |
| | |

- 5. The following special classes of nursing facilities are addressed in the Medicaid cost-based methodology regulation and are reimbursed at full reasonable and allowable cost in accordance with methodology described in Attachment 4.19 D, Exhibit B:
 - NF/institutions for Mental Diseases (IMD) means facilities identified by the Medicaid agency as providing nursing facility care primarily to the mentally ill.
 - b. NF/Dually licensed pediatric nursing facilities means facilities identified by the Medicaid agency as providing nursing facility care to residents under the age of twenty-one (21). Individuals who turn older than the age of twenty-one (21) while within a dually licensed pediatric facility can remain in care of that facility.
 - ICF-IID-Intermediate Care Facilities for individuals with an intellectual disability means facilities
 identified by the Medicaid agency as providing care primarily to the mentally retarded and
 developmentally disabled.
 - d. Veteran s Affairs nursing facilities.
- 6. The state will pay each provider of nursing care services, who furnishes the services in accordance with the requirements of the State Plan, the amount determined for services furnished by the provider under the Plan according to the methods and standards set forth in this attachment.
- 7. Payments made in accordance with methods and standards described in this attachment are designed to enlist participation of a sufficient number of providers of services in the program. A sufficient number of providers assures eligible persons can receive the medical care and services included in the State Plan at least to the extent these are available to the general public.

TN No. <u>23-006</u> Supersedes TN No. <u>13-025</u>

Approval Date: May 18, 2023 Effective Date: 7/1/2023