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State/Territory Name: **Kentucky**

State Plan Amendment (SPA) #: **23-0007**

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 - KY2023MS0002O - (KY-23-0007) - Eligibility

Summary Reviewable Units Versions Analyst Notes **Approval Letter** Transaction Logs News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th St., Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

June 26, 2023

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

Re: Approval of State Plan Amendment KY-23-0007

Dear Lisa Lee,

On April 04, 2023, the Centers for Medicare and Medicaid Services (CMS) received Kentucky State Plan Amendment (SPA) KY-23-0007 to implement 12-month continuous eligibility for children.

We approve Kentucky State Plan Amendment (SPA) KY-23-0007 with an effective date(s) of April 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 - KY2023MS0002O - (KY-23-0007) - Eligibility

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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | KY2023MS0002O | KY-23-0007

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

CMS-10434 OMB 0938-1188

Not Started

In Progress

Complete

Package Header

Package ID	KY2023MS0002O	SPA ID	KY-23-0007
Submission Type	Official	Initial Submission Date	4/4/2023
Approval Date	06/26/2023	Effective Date	N/A
Superseded SPA ID	N/A		

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State Information

[Collapse](#)

State/Territory Name: Kentucky

Medicaid Agency Name: Kentucky Department for Medicaid Services

Submission Component

[Collapse](#)

- State Plan Amendment
- Medicaid
- CHIP

Submission Type

[Collapse](#)

- Official Submission Package
- Draft Submission Package

Selecting Official Submission Package means that the official 90-day review period will start upon submission.

Allow this official package to be viewable by other states?

- Yes
- No

Key Contacts

[Collapse](#)

Name	Title	Phone Number	Email Address	Program
Bickers, Erin	MMSS II	(502)564-4321	erin.bickers@ky.gov	Medicaid

SPA ID and Effective Date

[Collapse](#)

SPA ID KY-23-0007

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Continuous Eligibility for Children	4/1/2023	KY-23-0000

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Executive Summary

Collapse

Summary Description Including Goals and Objectives 12-month continuous eligibility for children

Dependency Description

Collapse

Description of any dependencies between this submission package and any other submission package undergoing review

Disaster-Related Submission

Collapse

This submission is related to a disaster

- Yes
 No

Federal Budget Impact and Statute/Regulation Citation

Collapse

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$25200000
Second	2024	\$25200000

Federal Statute / Regulation Citation

42 CFR 435.926 and 42 CFR 916(d)(1)(i)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Governor's Office Review

Collapse

- No comment
 Comments received
 No response within 45 days
 Other

Describe Governor appointed Commissioner to review

Authorized Submitter

Collapse

The following information will be provided by the system once the package is submitted to CMS.

Name of Authorized Submitter Kelli Sheets

Phone number

Email address kelli.sheets@ky.gov

Authorized Submitter's Signature Kelli Sheets

I hereby certify that I am authorized to submit this package on behalf of the Medicaid Agency.

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 - KY2023MS0002O - (KY-23-0007) - Eligibility

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Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Continuous Eligibility for Children

MEDICAID | Medicaid State Plan | Eligibility | KY2023MS0002O | KY-23-0007

[↓ Spell Check Instructions](#) | [🔗 Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started

In Progress

Complete

Package Header

Package ID	KY2023MS0002O	SPA ID	KY-23-0007
Submission Type	Official	Initial Submission Date	4/4/2023
Approval Date	06/26/2023	Effective Date	<u>4/1/2023</u>
Superseded SPA ID	KY-23-0000		
	User-Entered		

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[VIEW ALL RESPONSES](#)

The state provides continuous eligibility for children in accordance with the following provisions:

A. Mandatory Continuous Eligibility for Hospitalized Children

[Collapse](#)

The state provides Medicaid to a child eligible for and enrolled under the Infants and Children under Age 19 (42 CFR 435.118) eligibility group until the end of an inpatient stay for which inpatient services are covered, if the child:

1. Was receiving inpatient services covered by Medicaid on the date the child becomes ineligible under the eligibility group based on the child's age; and
2. Would remain eligible but for attaining such age.

B. Options for Continuous Eligibility for Children

[Collapse](#)

The state provides continuous eligibility to children.

- Yes
- No

1. Continuous eligibility is provided to all children of the following age:

- a. Under age 19
- b. Under other age

2. The continuous eligibility period begins on the effective date of the child's most recent determination or redetermination of eligibility, and ends the last day of the earlier of the following periods:

- a. The month that the child's age exceeds the age limit to which this provision applies
- b. The end of the continuous eligibility period, which is:
 - i. 12 months
 - ii. Another period of continuous eligibility, not to exceed 12 months

3. Continuous eligibility is provided to children eligible under all mandatory and optional eligibility groups (excluding Medically Needy) who would otherwise lose eligibility because of any change in circumstances, unless:

- a. The child dies;
- b. The child or the child's representative voluntarily requests a termination of the child's eligibility;
- c. The child ceases to be a resident of the state;
- d. The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse, or perjury attributed to the child or the child's representative; or
- e. The child attains the maximum age specified in B.

C. Additional Information (optional)

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