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State/Territory Name: KENTUCKY

State Plan Amendment (SPA) #: KY-23-0012

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

October 3, 2023

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

RE: KY-23-0012

Dear Commissioner Lee,

We have reviewed the proposed Kentucky State Plan Amendment (SPA) to Attachment 4.19-B, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on July 14, 2023. This plan amendment cover treatment in place without transportation for physician services. In addition, this SPA amends physician services to include treat, triage, and transport.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Ysabel Gavino at maria.gavino@cms.hhs.gov

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER
2 3 — 0 0 1 2

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, 2024

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 431.53 & 440.170

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024 \$ 210,510
b. FFY 2025 \$ 210,510

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
~~Attachment 3.1 A Page 7.9.1~~
~~Attachment 3.1 B Page 35~~
~~Attachment 4.19 B Page 20.11~~
~~Attachment 4.19 B Page 20.12~~

Attachment 4.19-B Page 20.5(1)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
~~Attachment 3.1 A Page 7.9.1~~
~~Attachment 3.1 B Page 35~~
~~Attachment 4.19 B Page 20.11~~
~~Attachment 4.19 B Page 20.12~~

Attachment 4.19-B Page 20.5(1)

9. SUBJECT OF AMENDMENT
Cover treatment in place without transportation for ~~emergency ambulance~~ **physician** services. In addition, this SPA amends ~~emergency ambulance~~ **physician** service to ~~include~~ **include** treat, triage, and transport.

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
July 14, 2023

FOR CMS USE ONLY

16. DATE RECEIVED
July 14, 2023

17. DATE APPROVED
October 3, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL
[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS
Pen and ink change approved by the state and processed by CMS on the following fields:

Remove Attachment 3.1-A Page 7.9.1 and Attachment 3.1-B Page 35 from both Boxes 7 and 8
Remove the 4.19-B pages 20.11 and 20.12 from both Boxes 7 and 8, Add in 4.19-B page 20.5(1) to both Boxes 7 and 8,
Add in SPA original submission date to Box 14 (this box was left blank in original 179), Ambulance service be changed to physician service in the subject of the amendment to reflect proper benefit category (physician services), Change include to include in the subject of amendment

(21) For reimbursement for eligible services provided by a physician or a physician assistant at a Community Mental Health Center - please refer to Attachment 4.19-B, Page 20.15 - 20.15(1)(a)(viii)

D. Assurances. The State hereby assures that payment for physician services are consistent with efficiency, economy, and quality of care and payments for services do not exceed the prevailing charges in the locality for comparable services under comparable circumstances.

E. Ambulance Response and Treat-no-transport Services:

Effective for dates of service on or after January 1, 2024, ambulance providers will be reimbursed for appropriate and medically necessary medical care when an ambulance is dispatched, and treatment is provided to the patient without the patient being transported to another site. Reimbursement for treatment-no-transport will be made for Healthcare Common Procedure Coding System (HCPCS) code A0998 at the Kentucky Medicaid Transportation fee schedule rate for Current Procedural Terminology (CPT) code A0429 (BLS base, hospital). No additional mileage rate will be paid.

All rates are published on the agency's website at <https://www.chfs.ky.gov/agencies/dms/Pages/feesrates.aspx>