

## **Table of Contents**

**State/Territory Name:** **Kentucky**

**State Plan Amendment (SPA) #:** **24-0015**

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 - KY2024MS0001O - (KY-24-0015) - Administration

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 & Human Services; Centers for Medicare & Medicaid Services  
601 East 12th Street; Suite 0300  
Kansas City, MO 64106-2898



## Center for Medicaid & CHIP Services

November 01, 2024

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

Re: Approval of State Plan Amendment KY-24-0015

Dear Lisa Lee,

On September 30, 2024, the Centers for Medicare and Medicaid Services (CMS) received Kentucky State Plan Amendment (SPA) KY-24-0015 to update state plan assurances in accordance with federally mandated quality reporting requirements for the Child Core Set and the behavioral health quality measures on the Adult Core Set outlined in 42 CFR 431.16 and 437.10 through 437.15.

We approve Kentucky State Plan Amendment (SPA) KY-24-0015 with an effective date(s) of December 31, 2024.

If you have any questions regarding this amendment, please contact Keri Rosenbloom at [keri.toback@cms.hhs.gov](mailto:keri.toback@cms.hhs.gov)

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

# KY - Submission Package - KY2024MS0001O - (KY-24-0015) - Administration

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## Submission - Summary

MEDICAID | Medicaid State Plan | Administration | KY2024MS0001O | KY-24-0015

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

CMS-10434 OMB 0938-1188

Not Started

In Progress

Complete

### Package Header

<b>Package ID</b>	KY2024MS0001O	<b>SPA ID</b>	KY-24-0015
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	9/30/2024
<b>Approval Date</b>	11/01/2024	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

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[VIEW ALL RESPONSES](#)

### 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-24-0015

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Reporting	12/31/2024	NEW

Page Number of the Superseded Plan Section or Attachment (If Applicable):

## Executive Summary

Collapse

**Summary Description Including Goals and Objectives** This SPA submission attests to KY compliance with the mandatory child and adult core reporting requirements.

## 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	2025	\$0
Second	2026	\$0

**Federal Statute / Regulation Citation**

Section 1139A, 1139B, 1902(a)(6) of the Social Security Act/ CFR 431.16 and 437.10 thru 437.15

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

## Authorized Submitter

Collapse

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

**Name of Authorized Submitter** Erin Bickers

**Phone number**

**Email address** erin.bickers@ky.gov

**Authorized Submitter's Signature** Erin Bickers

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.

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## Medicaid State Plan Administration

### General Administration

### Reporting

MEDICAID | Medicaid State Plan | Administration | KY2024MS0001O | KY-24-0015

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

CMS-10434 OMB 0938-1188

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<b>Superseded SPA ID</b>	NEW		
	User-Entered		

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[VIEW ALL RESPONSES](#)

## A. General Reporting

[Collapse](#)

The agency submits all reports in the form and with the content required by the Secretary and complies with any provisions that the Secretary finds necessary to verify and assure the correctness of all reports.

- 1. The agency assures that all requirements of 42 CFR 431.16 are met.

## B. Annual Reporting on the Child and Adult Core Sets

[Collapse](#)

- 1. The agency assures that all requirements of 42 CFR 437.10 through 437.15 are met.

- 2. The agency reports annually, by December 31, on:

- a. All measures on the Child Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.
- b. All behavioral health measures on the Adult Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

## C. Additional Information (optional)

[Collapse](#)

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.