

## **Table of Contents**

**State/Territory Name: Kentucky**

**State Plan Amendment (SPA) #: 24-0020**

This file contains the following documents in the order listed:

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

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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February 6, 2026

Lisa Lee  
Commissioner, Department for Medicaid Services  
Commonwealth of Kentucky  
Cabinet for Health and Human Services  
275 East Main Street, 6 West A  
Frankfort, KY 40601

Re: Kentucky State Plan Amendment (SPA) 24-0020

Dear Commissioner Lee:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) KY 24-0020. This amendment proposes to continue coverage of over-the-counter COVID-19 test kits with limitations.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter informs you that Kentucky's Medicaid SPA TN 24-0020 was approved on February 6, 2026, with an effective date of October 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Kentucky State Plan.

If you have any questions, please contact Christine Davidson at (312) 886-3642 or via email at [Christine.davidson@cms.hhs.gov](mailto:Christine.davidson@cms.hhs.gov).

Sincerely,

A black rectangular box redacting the signature of Wendy E. Hill Petras.

Wendy E. Hill Petras, Acting Director  
Division of Program Operations

Enclosures

cc: Erin Bickers, KY DMS  
Daryl Osborne, KY DMS  
Amanda Trent, KY DMS  
Melissa Cuerdon, CMCS

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 2 0

2. STATE

KY3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL  
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR

CENTERS FOR MEDICAID &amp; CHIP SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

1905(a)(4)(F) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024\$ 0b. FFY 2025\$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Att. 3.1-A Page 7.6.1(b)(1)

Att. 3.1-B Page 31.5(b)(1)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)

Att. 3.1-A Page 7.6.1(b)(1)

Att. 3.1-B Page 31.5(b)(1)

9. SUBJECT OF AMENDMENT

Continue to cover COVID OTC test kits, with limitations.

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

12. TYPED NAME

Lisa D. Lee

13. TITLE

Commissioner

14. DATE SUBMITTED

10/22/24

15. RETURN TO

Lisa Lee

275 E. Main St. 6 W-A

Frankfort, KY 40601

**FOR CMS USE ONLY**

16. DATE RECEIVED

10/22/24

17. DATE APPROVED

02/06/26

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

10/01/24

19.

20. TYPED NAME OF APPROVING OFFICIAL

Wendy E. Hill Petras

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

**1905(a)(13) – Preventive Services: COVID-19 OTC At Home Test Kits**

FDA-authorized COVID-19 OTC tests will be provided under the preventative services benefit without prior authorization and without requiring a provider prescription, for no more than two (2) FDA-authorized home COVID-19 tests per rolling 90 days; Prior authorization and a provider prescription will be required for additional tests in excess of daily or rolling 90- day quantity limits and will not exceed 8 tests per 30 days.

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