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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

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.

Sincerely,


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**TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES5. FEDERAL STATUTE/REGULATION CITATION
1905(a)(4)(F) of the Social Security Act7. 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)

9. SUBJECT OF AMENDMENT

Continue to cover COVID OTC test kits, with limitations.

1. TRANSMITTAL NUMBER
2 4 — 0 0 2 0 2. STATE
KY3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT XIX XXI4. PROPOSED EFFECTIVE DATE
October 1, 20246. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024 \$ 0
b. FFY 2025 \$ 08. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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)

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

15. RETURN TO
Lisa Lee
275 E. Main St. 6 W-A
Frankfort, KY 4060112. TYPED NAME
Lisa D. Lee13. TITLE
Commissioner14. DATE SUBMITTED
10/22/24

FOR CMS USE ONLY

16. DATE RECEIVED
10/22/2417. 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.

TN # 24-020
Supersedes
TN # 14-001

Approval Date: 02/06/2026

Effective Date: 10/01/2024

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