Table of Contents

State/Territory Name: Kentucky

State Plan Amendment (SPA)#: 20-0010

This file contains the following documents in the order listed

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

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 601 East12th Street, Suite 0300 Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

September 09, 2020

Ms. 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: State Plan Amendment (SPA) Transmittal Number 20-0010

Dear Ms. Lee:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #20-0010 Effective Date: 06/01/2020

Approval Date: 09/04/2020

If you have any questions regarding this State Plan Amendment, please have a member of your staff contact Keri Toback at 312 353 1754 or by email at keri.toback@cms.hhs.gov.

Sincerely,

James G. Scott, Director Division of Program Operations

Enclosures

cc: Sharley Hughes, KY DMS

CENTERS FOR MEDICARE & MEDICAID SERVICES		OMB No. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER 2 0 — 0 1 0 — 0	2. STATE KENTUCKY
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE : SECURITY ACT (MEDICAID)	XIX OF THE SOCIAL
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 06/01/2020	
5. TYPE OF PLAN MATERIAL (Check One)		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSI		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	IDMENT (Separate transmittal for each a	amendment)
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447 Subpart F	7. FEDERAL BUDGET IMPACT a. FFY ²⁰²⁰ b. FFY ²⁰²¹ \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable)	EDED PLAN SECTION
Att. 3.1-A, Page 7.2.1(e) Att. 3.1-B, Page 23.3	Same	
10. SUBJECT OF AMENDMENT The purporse of this SPA is to allow pharmacies to prove	vide COVID 19 testing	
11. 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	
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO	
Lale		
13. TYPED NAME Lisa D. Lee		
14. TITLE Commissioner		
15. DATE SUBMITTED		
FOR REGIONAL OF	FICE USE ONLY	
	18. DATE APPROVED	
6/23/2020	09/04/2020	
PLAN APPROVED - ON		
19. EFFECTIVE DATE OF APPROVED MATERIAL 06/01/2020	20. SIGNATURE OF REGIONAL OFFICIA	AL
21. TYPED NAME	22. TITLE	
James G. Scott	Director, Division of P	rogram Operations
23. REMARKS		

State/Territory:	Kentucky	Attachment 3.1-A
		Page 7.2.1(e)

Commonwealth Global Choices

Other Licensed Practitioners' Services (continued)

- (d) <u>Ophthalmic dispensers' services,</u> limited to dispensing service or a repair service (for eyeglasses provided to eligible recipients), are covered. The following limitations are also applicable:
 - (1) Telephone contacts are not covered;
 - (2) Contact lens are not covered;
 - (3) Safety glasses are covered when medically necessary subject to prior authorization requirements described in material on file in the state agency.
- (e) <u>Pharmacist</u> -Licensed pharmacists may perform all services pursuant to their scope of practice and approved by the Kentucky Board of Pharmacy
 - 1. All services are limited to pharmacist's scope of practice and to the extent permitted by applicable statutes and regulations
 - 2. Includes the administration of the H1N1 vaccine by a pharmacist who is employed by a pharmacy participating in the Kentucky Medicaid Program
 - 3. Includes the administration of COVID 19 vaccine by a pharmacist who is employed by a pharmacy participating in the Kentucky Medicaid Program
 - 4. Includes the ordering and administration of the COVID-19 screening and serological antibody tests by a pharmacist who is employed by a pharmacy participating in the Kentucky Medicaid Program

TN No: 20-010 Approved Date: __09/04/2020 Effective Date: June 1, 2020

Supersedes TN: 09-011

State/Territory:	Kentucky	Attachme	ent 3.1-B
		Page 23.3	3

Commonwealth Global Choices

Other Licensed Practitioners' Services (continued)

- (d) <u>Ophthalmic dispensers' services</u>, limited to dispensing service or a repair service (for eyeglasses provided to eligible recipients), are covered. The following limitations are also applicable:
 - (1) Telephone contacts are not covered;
 - (2) Contact lens are not covered;
 - (3) Safety glasses are covered when medically necessary subject to prior authorization requirements described in material on file in the state agency.
- (e) <u>Pharmacist</u> -Licensed pharmacists may perform all services pursuant to their scope of practice and approved by the Kentucky Board of Pharmacy
 - 1. All services are limited to pharmacist's scope of practice and to the extent permitted by applicable statutes and regulations
 - 2. Includes the administration of the H1N1 vaccine by a pharmacist who is employed by a pharmacy participating in the Kentucky Medicaid Program
 - 3. Includes the ordering and administration of the COVID-19 screening and serological antibody tests

TN No: 20-010 Approved Date: _09/04/2020 Effective Date: June 1, 2020

Supersedes TN: 09-011