Table of Contents

State/Territory Name: KENTUCKY

State Plan Amendment (SPA) #: 23-0026

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

December 19, 2023

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

RE: KENTUCKY STATE PLAN AMENDMENT TN 23-0026

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 October 27, 2023. This plan amendment updates the Residential Pediatric Recovery Centers.

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,

Todd McMillion Director Division of Reimbursement Review

Enclosures

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 SERVICES 5. FEDERAL STATUTE/REGULATION CITATION 42 U.S.C sec. 1396a (43): 42 U.S.C. 1396d(r) 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B Page 20.36	1. TRANSMITTAL NUMBER 2 3 — 0 0 2 6 KY 3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI 4. PROPOSED EFFECTIVE DATE January 1, 2024 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 2024 \$ 787,500 b. FFY 2025 \$ 787,500 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B Page 20.36		
9. SUBJECT OF AMENDMENT Changes to cover residental pediatric recovery centers for neonatal abstinence syndrome treatment services.			
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:		
12. TYPED NAME Lisa Lee 13. TITLE Commissioner 14. DATE SUBMITTED	5. RETURN TO Lisa Lee 275 E. Main St. Frankfort, KY 40601		
10/27/2023 FOR CMS USE ONLY			
	17. DATE APPROVED		
	December 19, 2023		
PLAN APPROVED - ONE COPY ATTACHED			
	19. SIGNATURE OF APPROVING OFFICIAL		
January 1, 2024			
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL		
Todd McMillion	Director, Division of Reimbursement Review		
22. REMARKS			

State: _	Kentucky	Attachment 4.19-E
		Page 20.36

XXIX Payments for Non-covered Services Provided Under the Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT)

When services within the definition of medical services as shown in Section 1905(a) of the Act, but not covered in Kentucky's title XIX state plan, are provided as EPSDT services, the state agency shall pay for the services using the following methodologies:

- (1) For services which would be covered under the state plan except for the existence of specified limits (for example, hospital inpatient services), the payment shall be computed in the same manner as for the same type of service which is covered so long as a rate or price for the element of service has been set (for example, a hospital per diem). These services, described as in Section 1905(a) of the Social Security Act, are as follows:
 - (a) 1905(a)(1), inpatient hospital services, including services provided by a residential pediatric recovery center;
 - (b) 1905(a)(2)(A), outpatient hospital services, including services provided by a residential pediatric recovery center;
 - (c) 1905(a)(2)(B), rural health clinic services;
 - (d) 1905(a)(2)(C), federally qualified health center services;
 - (e) 1905(a)(3), other laboratory and X-ray services;
 - (f) 1905(a)(4)(B), early and periodic screening, diagnosis, and treatment services;
 - (g) 1905(a)(4)(C), family planning services and supplies;
 - (h) 1905(a)(5)(A), physicians services;
 - (i) 1 905(a)(5)(B), medical and surgical services furnished by a dentist;
 - (j) 1905(a)(6), medical care by other licensed practitioners;
 - (k) 1905(a)(7), home health care services;
 - (1) 1905(a)(9), clinic services;
 - (m) 1905(a)(10), dental services;
 - (n) 1905(a)(11), physical therapy and related services;
 - (o) 1905(a)(12), prescribed drugs, dentures, and prosthetic devices; and eyeglasses;
 - (p) 1905(a)(13), other diagnostic, screening, preventive and rehabilitative services;
 - (q) 1905(a)(15), services in an intermediate care facility for individuals with intellectual disabilities;
 - (r) 1905(a)(16), inpatient psychiatric hospital services for individuals under age 21;
 - (s) 1905(a)(17), nurse-midwife services;
 - (t) 1905(a)(18), hospice care;
 - (u) 1905(a)(19), case management services; and
 - (v) 1905(a)(28), freestanding birth centers.
- (2) For all other uncovered services as described in Section 1905(a) of the Social Security Act which may be provided to children under age 21, the state shall pay a percentage of usual and customary charges, or a negotiated fee, which is adequate to obtain the service. The percentage of charges or negotiated fee shall not exceed 100 percent of usual and customary charges, and if the item is covered under Medicare, the payment amount shall not exceed the amount that would be paid using the Medicare payment methodology and upper limits. Services subject to payment using this methodology are as follows:
 - (a) Any service described in one (1), above, for which a rate or price has not been set for the individual item (for example, items of durable medical equipment for which a rate or price has not been set since the item is not covered under Medicaid);
 - (b) 1905(a)(8), private duty nursing services;
 - (c) 1905(a)(20), respiratory care services;
 - (d) 1905(a)(21), services provided by a certified pediatric nurse practitioner or certified family nurse practitioner (to the extent permitted under state law and not otherwise covered under I 905(a)(6); and

TN No. 23-026 Supersedes TN No. 08-010

Approval Date: December 19, 2023 Effective Date: 1 / 1 / 2 4