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State/Territory Name: Kentucky

State Plan Amendment (SPA) #: 13-0007-MM2

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages
- 4) Additional Attachments that are part of the state plan

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, GA 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

November 7, 2013

Lawrence Kissner, Commissioner
Department for Medicaid Services
Attn: Karen Martin
275 East Main Street, 6WA
Frankfort, KY 40621-0001

Dear Mr. Kissner:

Enclosed is an approved copy of Kentucky's state plan amendment (SPA) 13-0007-MM2, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on August 22, 2013. SPA 13-0007-MM2 incorporates the MAGI-based eligibility process requirements in accordance with the Affordable Care Act. This SPA was approved on November 6, 2013. The effective date of this SPA is January 1, 2014.

The state is using interim online and paper alternative single streamlined applications, and by June 30, 2014 will implement revised online and paper alternative single streamlined applications that address CMS concerns outlined in the companion letter issued with this SPA approval.

Enclosed is a copy of the new state plan pages and attachments to be incorporated within a separate section at the end of Kentucky's approved state plan:

- S94, pages S94-1, S94-2
- Attachment - Statement of use with respect to the alternative single streamlined online application
- Attachment - Statement of use with respect to the alternative single streamlined paper application

In addition, enclosed is a summary of State Plan pages which are superseded by SPA 13-0007-MM2, which should also be incorporated into a separate section in the front of the State Plan.

- Superseding Pages; includes clarification on which pages the S94 supersedes.

Mr. Lawrence Kissner
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CMS appreciates the significant amount of work your staff dedicated to preparing this State Plan amendment. If you have any questions concerning this SPA, please contact Alice Hogan, at either 404-562-7432 or by email at Alice.Hogan@cms.hhs.gov.

Sincerely,

/s/

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

Medicaid State Plan Eligibility: Summary Page (CMS 179)

▪ **State/Territory name:**

Kentucky

▪ **Transmittal Number:**

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

KY 13-007

▪ **Proposed Effective Date**

01/01/2014

(mm/dd/yyyy)

▪ **Federal Statute/Regulation Citation**

42 CFR 435, E

▪ **Federal Budget Impact**

	Federal Fiscal Year	Amount
First Year	2013	\$ 0.00
Second Year	2014	\$ 0.00

▪ **Subject of Amendment**

Establishes General Eligibility Re

▪ **Governor's Office Review**

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

[Empty text box]

- No reply received within 45 days of submittal
- Other, as specified

Describe:

Governor's office has transferr

- **Signature of State Agency Official**

- **Submitted By:**

Sharley Hughes

- **Date Submitted:**

Aug 22, 2013

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Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

General Eligibility Requirements Eligibility Process

S94

42 CFR 435, Subpart J and Subpart M

Eligibility Process

- The state meets all the requirements of 42 CFR 435, Subpart J for processing applications, determining and verifying eligibility, and furnishing Medicaid.

Application Processing

Indicate which application the agency uses for individuals applying for coverage who may be eligible based on the applicable modified adjusted gross income standard.

- The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act

- An alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary.

An attachment is submitted.

- An alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single or alternative application used only for insurance affordability programs to individuals seeking assistance only through such programs.

An attachment is submitted.

Indicate which application the agency uses for individuals applying for coverage who may be eligible on a basis other than the applicable modified adjusted gross income standard:

- The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary.

An attachment is submitted.

- An application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary.

An attachment is submitted.

The agency's procedures permit an individual, or authorized person acting on behalf of the individual, to submit an application via the internet website described in 42 CFR 435.1200(f), by telephone, via mail, and in person.

The agency also accepts applications by other electronic means:

- Yes No

TN No: 13-0007-MM2
Kentucky

Approval Date: 11-06-13
S94 1-2

Effective Date: 01/01/14



Medicaid Eligibility

Indicate the other electronic means below:

	Name of Method	Description	
+	Facsimile	Faxing an application	X

- The agency has procedures to take applications, assist applicants and perform initial processing of applications for the eligibility groups listed below at locations other than those used for the receipt and processing of applications for the title IV-A program, including Federally-qualified health centers and disproportionate share hospitals.

Parents and Other Caretaker Relatives

Pregnant Women

Infants and Children under Age 19

Redetermination Processing

- Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable modified adjusted gross income standard are performed as follows, consistent with 42 CFR 435.916:
- Once every 12 months
 - Without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency

If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional information to complete the redetermination, it provides the individual with a pre-populated renewal form containing the information already available.

- Redeterminations of eligibility for individuals whose financial eligibility is not based on the applicable modified adjusted gross income standard are performed, consistent with 42 CFR 435.916 (check all that apply):
- Once every 12 months
 - Once every 6 months
 - Other, more often than once every 12 months

Coordination of Eligibility and Enrollment

- The state meets all the requirements of 42 CFR 435, Subpart M relative to coordination of eligibility and enrollment between
- Medicaid, CHIP, Exchanges and other insurance affordability programs. The single state agency has entered into agreements with the Exchange and with other agencies administering insurance affordability programs.

PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, 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.

USE OF THE ALTERNATIVE SINGLE STREAMLINED APPLICATION

Paper Application Online Application

TRANSMITTAL NUMBER:

STATE:

13-0007-MM2

Kentucky

Through June 30, 2014, the state is using an interim online alternative single streamlined application. After June 30, 2014, the state will use a revised online alternative single streamlined application, which will address the issues outlined in the CMS letter concerning the state's application. The revised application will be incorporated by reference into the state plan.