Table of Contents

State/Territory Name: Kentucky

State Plan Amendment (SPA) #: KY-13-021

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

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



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

December 20, 2013

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

Re: Kentucky State Plan Amendment 13-021

Dear Mr. Kissner:

Enclosed for your records is an approved copy of Kentucky's Alternative Benefit Plan (ABP) state plan amendment SPA KY 13-021. This SPA, which was submitted on October 1, 2013, meets all federal statutory and regulatory requirements for establishing an ABP. The SPA was approved on December 20, 2013, and is effective January 1, 2014 as requested by the state.

All requirements pertaining to ABPs must be met including, but not limited to: benefits, payment rates, reimbursement methodologies, cost-sharing state plan pages, and (if applicable) managed care service delivery systems (waivers and contracts). Amendments to the state's approved Medicaid program (SPAs, waivers, contracts) may require corresponding amendments to the ABP if the change to the benefit in the approved state plan will be mirrored in the ABP.

If you have any questions concerning this state plan amendment, please contact Alice Hogan at 404-562-7432 or Alice.Hogan@cms.hhs.gov.

Sincerely,

//s//

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

Enclosures

Medicaid Alternative Benefit Plan: 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 13-002

Proposed Effective Date

01/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

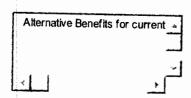
Affordable

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

Subject of Amendment

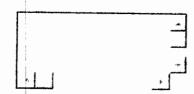
Character Count: out of 2000



Governor's Office Review

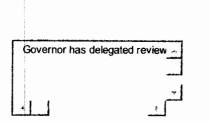
- Governor's office reported no comment
- Comments of Governor's office received

Describe:



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

Describe:



Character Count: out of 2000

- Signature of State Agency Official
- Submitted By:

Sharley Hughes

Last Revision Date:

Dec 20, 2013

o Submit Date:

.

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

Attachment 3.1-C-	
Alternative Ben	esit Plan Populations

ABP1

Identify and define the population that will participate in the Alternative Benefit Plan.

Alternative Benefit Plan Population Name:

KyHealth Choices - Current Medicaid Eligibles

Identify eligibility groups that are included in the Alternative Benefit Plan's population, and which may contain individuals that meet any targeting criteria used to further define the population.

Eligibility Groups Included in the Alternative Benefit Plan Population:

	Eligibility Group:	Enrollment is mandatory or voluntary?	,
+	Parents and Other Caretaker Relatives	Voluntary	X
+	Transitional Medical Assistance	Voluntary	X
+	Pregnant Women	Voluntary	X
+	Deemed Newborns	Mandatory	X
+	Infants and Children under Age 19	Mandatory	X
+	Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care	Voluntary	X
+	SSI Beneficiaries	Voluntary	X
+	Individuals Receiving Mandatory State Supplements	Voluntary	X
+	Individuals Who Are Essential Spouses	Mandatory	X
+	Institutionalized Individuals Continuously Eligible Since 1973	Voluntary	Х
+	Blind or Disabled Individuals Eligible in 1973	Voluntary	X
+	Individuals Who Lost Eligibility for SSI/SSP Due to an Increase in OASDI Benefits in 1972	Voluntary	X
+	Individuals Eligible for SSI/SSP but for OASDI COLA increases since April, 1977	Voluntary	X
+	Disabled Widows and Widowers Ineligible for SSI due to Early Receipt of Social Security	Voluntary	X
+	Working Disabled under 1619(b)	Voluntary	X
+	Disabled Adult Children	Voluntary	Х
+	Reasonable Classifications of Individuals under Age 21	Voluntary	X
+	Children with Non-IV-E Adoption Assistance	Voluntary	X

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	Eligibility Group:	Enrollment is mandatory or voluntary?	
+	Optional Targeted Low Income Children	Mandatory	X
+	Aged, Blind or Disabled Individuals Eligible for but Not Receiving Cash	Voluntary	Х
+	Individuals Eligible for Cash except for Institutionalization	Voluntary	Х
+	Individuals Receiving Home and Community Based Services under Institutional Rules	Voluntary	Χ
+	Optional State Supplement - 1634 States and SSI Criteria States with 1616 Agreements	Voluntary	Х
+	Institutionalized Individuals Eligible under a Special Income Level	Voluntary	X.
+	Individuals Receiving Hospice Care	Voluntary	Х
+	Poverty Level Aged or Disabled	Voluntary	Х
+	Medically Needy Pregnant Women	Voluntary	Х
+	Medically Needy Children under Age 18	Voluntary	Х
+	Medically Needy Aged, Blind or Disabled	Voluntary	Х
+	Former Foster Care Children	Voluntary	Х
Enrolln	nent is available for all individuals in these eligibility group(s).		
Geogra	phic Area		
The Alt	ernative Benefit Plan population will include individuals from the entire state/territory.		
Any other information the state/territory wishes to provide about the population (optional)			
Should Plan.	the State Plan and ABP not be aligned in the future, the State will counsel exempt individuals on the o	ption to select the	State
<u> </u>			

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 5 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.

V.20130920

TN No: 13-021 Kentucky

Approval Date: 12/20/13 ABP2



Attachu	nent 3.1-C-		IB Control Number: 0938-1148
		O	MB Expiration date: 10/31/2014
1902(a)(10)(A)(i	liment Assurances for Eligibility Groups other than the Adult Grou)(VIII) of the Act	h under section (ABP2b
These as Adult el	surances mu igibility grou	ust be made by the state/territory if the ABP Population includes any eligibility groups up.	other than or in addition to the
When o	ffering volun	ntary enrollment in an Alternative Benefit Plan (Benchmark or Benchmark-Equivalent)	, prior to enrollment:
√ The volu	state/territor ntary enrolls	ry must inform the individual they are exempt and the state/territory must comply with ment.	all requirements related to
The	state/territor	y assures it will effectively inform individuals who voluntary enroll of the following:	
a) E	nrollment is	voluntary;	
	The individua erritory plan	al may disenroll from the Alternative Benefit Plan at any time and regain immediate ac n coverage;	cess to full standard state/
c) V	What the proc	cess is for disenrolling.	
▼ The	state/territor	y assures it will inform the individual of:	
a) T	he benefits a	available under the Alternative Benefit Plan; and	·
		the different benefit packages and a comparison of how the Alternative Benefit Plan dite/territory plan.	ffers from the approved
How wi	ll the state/te	erritory inform individuals about voluntary enrollment? (Check all that apply.)	
	Letter		
	Email		
\boxtimes	Other:		
	Describe:		
	Kentucky I description (DMS) and services.	aid beneficiaries, regardless of eligibility group, will be notified in writing within 30 da Medicaid beneficiaries receive the same benefit package, whether in the ABP or State in of that benefit package. This notification will advise beneficiaries to contact the Deput of their selected Managed Care Organization (MCO) if they have questions about the A toll free telephone number will be provided in the notification. If a member requests the plan, members will be able to do so.	Plan, along with a brief artment for Medicaid Services ir benefit package or specific
Provide	a copy of the	e letter, email text or other communication text that will be used to inform individuals	about voluntary enrollment.
		An attachment is submitted.	
When	did/will the s	state/territory inform the individuals?	
Within	30 days of e	enrollment	

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Please describe the state/territory's process for allowing voluntarily enrolled individuals to disenroll. Upon notification to DMS or the MCO The state/territory assures it will document in the exempt individual's eligibility file that the individual: a) Was informed in accordance with this section prior to enrollment; b) Was given ample time to arrive at an informed choice; and c) Voluntarily and affirmatively chose to enroll in the Alternative Benefit Plan. Where will the information be documented? (Check all that apply.) In the eligibility system. In the hard copy of the case record. Other: Describe: The ABP is fully aligned with Kentucky's State Plan benefit package. Since the notification described above will be a universal notification to all Medicaid beneficiaries upon enrollment, documentation will be centralized. What documentation will be maintained in the eligibility file? (Check all that apply.) Copy of correspondence sent to the individual. Signed documentation from the individual consenting to enrollment in the Alternative Benefit Plan. Other: Describe: The universal notification along with a description of the procedure specifying how it is to be provided to all beneficiaries. The state/territory assures that it will maintain data that tracks the total number of individuals who have voluntarily enrolled in an Alternative Benefit Plan and the total number who have disenrolled. Other Information Related to Enrollment Assurance for Voluntary Participants (optional): As indicated KY has aligned its ABP with its State Plan. In ABP1, KY stated "Should the State Plan and ABP not be aligned in the future, the State will counsel exempt individuals on the option to select the State Plan."

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 5 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.

TN No: 13-021 Ap

Approval Date: 12/20/13 ABP2b-2



Attachment 3.1-C-	OMB Expiration date: 10/31/2014
Enrollment Assurances - Mandatory Participants	ABP2c
These assurances must be made by the state/territory if enrollment is man	ndatory for any of the target populations or sub-populations.
When mandatorily enrolling eligibility groups in an Alternative Benefit exempt individuals, prior to enrollment:	Plan (Benchmark or Benchmark-Equivalent Plan) that could have
The state/territory assures it will appropriately identify any individual enrollment in an Alternative Benefit Plan or individuals who meet the Plan coverage defined using section 1937 requirements or Alternative Medicaid state plan, not subject to section 1937 requirements.	e exemption criteria and are given a choice of Alternative Benefit
How will the state/territory identify these individuals? (Check all that ap	ply)
Review of eligibility criteria (e.g., age, disorder/diagnosis/condi	tion)
Describe:	
Kentucky's eligibility system identifies these individuals based	on eligibility criteria.
Self-identification	
Other	
The state/territory must inform the individual they are exempt or me all requirements related to voluntary enrollment or, for beneficiaries eligibility group, optional enrollment in Alternative Benefit Plan coverage defined as the state/territory's approved Medical Coverage defined as the state/territory's approved defined as the state/territory's approved defined as the state/territory's ap	in the "Individuals at or below 133% FPL Age 19 through 64" verage defined using section 1937 requirements or Alternative
The state/territory assures that for individuals who have become exe territory must inform the individual they are now exempt and the state voluntary enrollment or, for beneficiaries in the "Individuals at to be enrollment in Alternative Benefit Plan coverage defined using section defined as the state/territory's approved Medicaid state plan.	te/territory must comply with all requirements related to elow 133% FPL Age 19 through 64" eligibility group, optional
How will the state/territory identify if an individual becomes exempt? (6	Check all that apply)
Review of claims data	
⊠ Self-identification	
Review at the time of eligibility redetermination	
Provider identification	
☐ Change in eligibility group	
Other	
How frequently will the state/territory review the Alternative Benefit Pl mandatory enrollment or meet the exemption criteria?	an population to determine if individuals are exempt from

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Approval Date: 12/20/13 ABP2c-1

Effective Date: 01/01/14

OMB Control Number: 0938-1148



г		
	\subset	Monthly
	\cap	Quarterly
	(•	Annually
	\cap	Ad hoc basis
	$\overline{}$	Other
	Ben ben Ben	state/territory assures that it will promptly process all requests made by exempt individuals for disenrollment from the Alternative efit Plan and has in place a process that ensures exempt individuals have access to all standard state/territory plan services or, for eficiaries in the "Individuals at or below 133% FPL Age 19 through 64" eligibility group, optional enrollment in Alternative efit Plan coverage defined using section 1937 requirements, or Alternative Benefit Plan coverage defined as the state/territory's oved Medicaid state plan.
	Describ	be the process for processing requests made by exempt individuals to be disenrolled from the Alternative Benefit Plan:
	The AF	P and State Plan benefits are exactly equivalent, therefore, exemption processes are not applicable.
	Plan. T	the State Plan and ABP not be aligned in the future, the State will counsel exempt individuals on the option to select the State he State will verify the request for exemption using the same process used for normal eligibility determination and mination.
	Other I	nformation Related to Enrollment Assurance for Mandatory Participants (optional):
	Medica packag Manag numbe do so.	dicaid beneficiaries, regardless of eligibility group, will be notified in writing within 30 days of enrollment that all Kentucky id beneficiaries receive the same benefit package, whether in the ABP or State Plan, along with a brief description of that benefit e. This notification will advise beneficiaries to contact the Department for Medicaid Services (DMS) and/or their selected ed Care Organization (MCO) if they have questions about their benefit package or specific services. A toll free telephone rewill be provided in the notification. If a member requests to be moved back into the regular state plan, members will be able to
I	Should	the State Plan and ABP not be aligned in the future, the State will counsel exempt individuals on the option to select the State

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 5 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.

V.20130807

TN No: 13-021 Kentucky

Plan.

Approval Date: 12/20/13



Attachment 3.1-	-c-			OMB Control Number: 0938-1148
PROPERTY AND CONCERNS FOR STATE		efit Package or Benchmark-E	guivalent Benefit Pac	OMB Expiration date: 10/31/2014 kige ABP3
Select one of the	e following:			
(The stat	te/territory is amend	ding one existing benefit package for th	e population defined in Sec	etion 1.
♠ The stat	te/territory is creatir	ng a single new benefit package for the	population defined in Sect	ion I.
Name o	of benefit package:	KyHealth Choices		
Selection of the	Section 1937 Cove	erage Option		_
		tion 1937 Coverage option the following this Alternative Benefit Plan (check one		fit Package or Benchmark-
⊕ Benchma	ark Benefit Package	2.		
C Benchma	ark-Equivalent Bene	efit Package.		
The sta	te/territory will prov	vide the following Benchmark Benefit	Package (check one that ap	plies):
C	The Standard Blue Program (FEHBP	e Cross/Blue Shield Preferred Provider).	Option offered through the	Federal Employee Health Benefit
· ·	State employee co	overage that is offered and generally av	ailable to state employees (State Employee Coverage):
C	A commercial HM HMO):	MO with the largest insured commercia	l, non-Medicaid enrollment	in the state/territory (Commercial
(Secretary-Approv	ved Coverage.		
	The state/terr	ritory offers benefits based on the appro	oved state plan.	
	The state/terr benefit packa	ritory offers an array of benefits from thages, or the approved state plan, or from	ne section 1937 coverage of n a combination of these be	otion and/or base benchmark plan nefit packages.
	The state	e/territory offers the benefits provided i	n the approved state plan.	
	C Benefits	include all those provided in the appro	ved state plan plus additior	al benefits.
	C Benefits	are the same as provided in the approv	ed state plan but in a differ	ent amount, duration and/or scope.
	C The state	e/territory offers only a partial list of be	enefits provided in the appro	oved state plan.
:	C The state	e/territory offers a partial list of benefit	s provided in the approved	state plan plus additional benefits.
	Please briefly ide	entify the benefits, the source of benefit	its and any limitations:	
	Please refer to th	ne state's approved State Plan		
Selection of Ba	se Benchmark Pla	n		

TN No: 13-021 Kentucky

Approval Date: 12/20/13 ABP3-1



The state/territory must select a Base Benchmark Plan as the basis for providing Essential Health Benefits in its Benchmark or Benchmark-Equivalent Package.
The Base Benchmark Plan is the same as the Section 1937 Coverage option. No
Indicate which Benchmark Plan described at 45 CFR 156.100(a) the state/territory will use as its Base Benchmark Plan:
• Largest plan by enrollment of the three largest small group insurance products in the state's small group market.
Any of the largest three state employee health benefit plans by enrollment.
Any of the largest three national FEHBP plan options open to Federal employees in all geographies by enrollment.
C Largest insured commercial non-Medicaid HMO.
Plan name: Anthem Blue Cross Blue Shield Small Group PPO
Other Information Related to Selection of the Section 1937 Coverage Option and the Base Benchmark Plan (optional):
The State assures that all services in the base benchmark have been accounted for throughout the benefit chart found in ABP5. The State assures the accuracy of all information in ABP5 depicting amount, duration and scope parameters of services authorized in the currently approved Medicaid state plan.

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 5 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.

V.20130801

TN No: 13-021

Approval Date: 12/20/13



V.20130807

TN No: 13-021 Kentucky

Approval Date: 12/20/13 ABP2b-3



4	OMB Control Number: 0938-1	148
Attachment 3.1-C-	OMB Expiration date: 10/31/2	014
Alternative Benefit Plan Cost-Sharing	AB)	24
Any cost sharing described in Attachment 4.18-A applies to t	he Alternative Benefit Plan.	
Attachment 4.18-A may be revised to include cost sharing for Al cost sharing must comply with Section 1916 of the Social Securi	BP services that are not otherwise described in the state plan. Any such ty Act.	1
The Alternative Benefit Plan for individuals with income over 16 Attachment 4.18-A.	00% FPL includes cost-sharing other than that described in No	
Other Information Related to Cost Sharing Requirements (option	nal):	

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 5 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.

V.20130807

TN No: 13-021 Kentucky Approval Date: 12/20/13 ABP4-1



	OMB Control Number: 0938-1148	
Attachment 3.1-C-	OMB Expiration date: 10/31/2014	
Benefits Description	ABP5	
The state/territory proposes a "Benchmark-Equivalent" benefit package. No	2.4	
The state/territory is proposing "Secretary-Approved Coverage" as its section 1937 coverage option.	Yes	
Secretary-Approved Benchmark Package: Benefit by Benefit Comparison Table		
The state/territory must provide a benefit by benefit comparison of the benefits in its proposed Secretary-Approved Alternative Benefit Plan with the benefits provided by one of the section 1937 Benchmark Benefit Packages or the standard full Medicaid state plan under Title XIX of the Act. Submit a document indicating which of these benefit packages will be used to make the comparison and include a chart comparing each benefit in the proposed Secretary-Approved benefit package with the same or similar benefit in the comparison benefit package, including any limitations on amount, duration and scope pertaining to the benefits in each benefit package.		
An attachment is submitted.		
Benefits Included in Alternative Benefit Plan		
Enter the specific name of the base benchmark plan selected:		
Anthem PPO		
Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved."	ved. Otherwise, enter	
Secretary-Approved		

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Approval Date: 12/20/13 ABP5-1



Essential Health Benefit 1: Ambulatory patient services Colla		
Benefit Provided:		
Physician Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benchmark plan: This represents Physician services.	efit, including the specific name of the source plan if	f it is not the base
Benefit Provided:	Source:	
Outpatient Hospital Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	ਹਿ⊙ration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this bene- benchmark plan:	efit, including the specific name of the source plan is	f it is not the base
Prior authorization is required for son	ne services. See State Plan for complete listing	
Benefit Provided:	Source:	
Clinic Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	Ngne	
Scope Limit:		organ production and the contract of the contr
None		

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benchmark plan:		Remove
Benefit Provided:	Source:	
ertified Pediatric or Family Nurse Practitioner	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including benchmark plan:	g the specific name of the source plan if it is not the base	
Full State Plan Service Title: Certified pediatric of	or family Nurse Practitioner services	,
enefit Provided:	Source:	
ospice Care	State Plan 1905(a)	Remov
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		•
Dually eligible (Medicare and Medicaid) recipie programs simultaneously in order to receive Medicare	nts must participate in the Medicare and Medicaid hospice dicaid hospice services	
Other information regarding this benefit, including benchmark plan:	ng the specific name of the source plan if it is not the base	
enefit Provided:	Source:	
rivate duty nursing	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
2000 hours / year	None	

TN No: 13-021 Kentucky Approval Date: 12/20/13 ARP5-3



Other information regarding this house to be to	line the service servi	
benchmark plan:	ling the specific name of the source plan if it is not the base	
enefit Provided: ledical care & any other type of remedial:podiatry	Source:	
		Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Limited to non-routine foot care; routine foot of	care excluded	
Other information regarding this benefit, include benchmark plan:	fing the specific name of the source plan if it is not the base	
practitioners: Podiatry KY State Plan Title: Medical care and any other	any other type of remedial care provided by licensed	
practitioners: Podiatry KY State Plan Title: Medical care and any other Podiatry exclusions include: treatment of flatfor a subluxated structure as an isolated entity with systemic disease of sufficient severity that unsuspecified methods of plethysmography. Orthogography.		
practitioners: Podiatry KY State Plan Title: Medical care and any other Podiatry exclusions include: treatment of flatfor a subluxated structure as an isolated entity with systemic disease of sufficient severity that unsuspecified methods of plethysmography. Orthop covered under this program element. Additional	oot; treatments undertaken for the sole purpose of correcting ain the foot; routine footcare, except when the patient has a cilled performance of such procedures would be hazardous; pedic shoes and other supportive devices for the feet are not all detailed explanations of these exclusions are included in	
Practitioners: Podiatry KY State Plan Title: Medical care and any other Podiatry exclusions include: treatment of flatfor a subluxated structure as an isolated entity with systemic disease of sufficient severity that unsuspecified methods of plethysmography. Orthor covered under this program element. Additionate the State Plan. This represents podiatry services	oot; treatments undertaken for the sole purpose of correcting ain the foot; routine footcare, except when the patient has a cilled performance of such procedures would be hazardous; pedic shoes and other supportive devices for the feet are not all detailed explanations of these exclusions are included in	
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Practitioners: Podiatry KY State Plan Title: Medical care and any other Podiatry exclusions include: treatment of flatfor a subluxated structure as an isolated entity with systemic disease of sufficient severity that unsuspecified methods of plethysmography. Orthor covered under this program element. Additionathe State Plan. This represents podiatry services enefit Provided: Iedical care & any other type of remedial: Other	er type of remedial care not; treatments undertaken for the sole purpose of correcting in the foot; routine footcare, except when the patient has a killed performance of such procedures would be hazardous; needic shoes and other supportive devices for the feet are not all detailed explanations of these exclusions are included in Source: State Plan 1905(a)	
practitioners: Podiatry KY State Plan Title: Medical care and any other Podiatry exclusions include: treatment of flatfor a subluxated structure as an isolated entity with systemic disease of sufficient severity that unsuspecified methods of plethysmography. Orthogovered under this program element. Additionate State Plan. This represents podiatry services enefit Provided: ledical care & any other type of remedial: Other Authorization:	cot; treatments undertaken for the sole purpose of correcting ain the foot; routine footcare, except when the patient has a cilled performance of such procedures would be hazardous; pedic shoes and other supportive devices for the feet are not all detailed explanations of these exclusions are included in Source: State Plan 1905(a) Provider Qualifications:	
practitioners: Podiatry KY State Plan Title: Medical care and any other Podiatry exclusions include: treatment of flatfor a subluxated structure as an isolated entity with systemic disease of sufficient severity that unsuspecified methods of plethysmography. Orthogovered under this program element. Additionathe State Plan. This represents podiatry services enefit Provided: Iedical care & any other type of remedial: Other Authorization: None	cot; treatments undertaken for the sole purpose of correcting ain the foot; routine footcare, except when the patient has a cilled performance of such procedures would be hazardous; bedic shoes and other supportive devices for the feet are not all detailed explanations of these exclusions are included in Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	

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Full State Plan Service Title: Medical care and any operactitioners: Other practitioner's services	other type of remedial care provided by licensed	Remove
KY State Plan Title: Medical care and any other typ	e of remedial care	
This represents services provided by other practition		
enefit Provided:	Source:	
mily Planning Services and Supplies for Individu	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		,
Limited to individuals of child-bearing age		
Other information regarding this benefit, including t benchmark plan:	the specific name of the source plan if it is not the base	
Full State Plan Service Title: Family Planning Serv	ices and Supplies for Individuals of Child-bearing Age	

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enefit Provided:	Source:	
Outpatient Hospital: Emergency department	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
benchmark plan:		
enefit Provided:	Source:	1
ny other medical care: emergency transportation	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	-
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	7
None	None	J
Scope Limit:		7
None		
benchmark plan:	the specific name of the source plan if it is not the base	7
Full State Plan Service Title: Any other medical countries the state law, specified by the Secretary	are and any other type of remedial care recognized under	
This represents emergency transportation/ambulan	ce	1

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ssential Health Benefit 3: Hospitalization		
Benefit Provided:	Source:	
Inpatient Hospital Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, i benchmark plan:	including the specific name of the source plan if it is not the base	
hospital and service.	urrent, and retroactive authorization, depending on the type of	
hospital and service. Benefit Provided:	Source:	
hospital and service.		Remove
hospital and service. Benefit Provided:	Source:	Remove
hospital and service. Benefit Provided: Physician: Inpatient Services	Source: State Plan 1905(a)	Remove
hospital and service. Benefit Provided: Physician: Inpatient Services Authorization:	Source: State Plan 1905(a) Provider Qualifications:	Remove
hospital and service. Benefit Provided: Physician: Inpatient Services Authorization: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
hospital and service. Benefit Provided: Physician: Inpatient Services Authorization: None Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
hospital and service. Benefit Provided: Physician: Inpatient Services Authorization: None Amount Limit: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
hospital and service. Benefit Provided: Physician: Inpatient Services Authorization: None Amount Limit: None Scope Limit: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
hospital and service. Benefit Provided: Physician: Inpatient Services Authorization: None Amount Limit: None Scope Limit: None Other information regarding this benefit, i	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None including the specific name of the source plan if it is not the base	Remove

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Authorization is done through prior, con- hospital and service.	current, and retroactive authorization, depending on the type of	Remove
enefit Provided:	Source:	
hysician services: Maternity	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, benchmark plan:	including the specific name of the source plan if it is not the b	ase
This benefit is a duplicate of "outpatient	surgery physician/surgical" in the base benchmark.	

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Benefit Provided:	Source:	
Inpatient Hospital Services: IP Mental Health	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
IP Mental Health in an IMD is not available to it	ndividuals between the ages of 21 to 64.	
Other information regarding this benefit, including benchmark plan:	ng the specific name of the source plan if it is not the base	:
This represents Inpatient Mental Health services. These facilities are not IMDs.		
Benefit Provided:	Source:	
Rehabilitative services: OP Mental Health	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	_
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
benchmark plan:	ng the specific name of the source plan if it is not the base	
Full State Plan Service Title: Other diagnostic, s than those provided elsewhere in this plan This represents Outpatient Mental Health service	creening, preventive, and rehabilitative services, i.e. othe	r
Benefit Provided:	Source:	
Inpatient Hospital Services: IP Substance Use	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	

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Other information regarding this benefit, inc	luding the specific name of the source plan if it is not the base	
benchmark plan:		
This represents IP Substance Use Disorder S These facilities are not IMDs	ervices	
enefit Provided:	Source:	
ehabilitative services: OP Substance Use	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, inc benchmark plan:	luding the specific name of the source plan if it is not the base	
Full State Plan Service Title: Other diagnost than those provided elsewhere in this plan This represents OP Substance Use Disorder	ic, screening, preventive, and rehabilitative services, i.e. other Services	

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]	Essential Health Benefit 6: Prescription drugs
	Benefit Provided:
	Coverage is at least the greater of one drug in each U.S. Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.
	Prescription Drug Limits (Check all that apply.): Authorization: Provider Qualifications:
	☐ Limit on days supply Yes State licensed
	Limit on number of prescriptions
	Limit on brand drugs
	Other coverage limits
	Preferred drug list
	Coverage that exceeds the minimum requirements or other:
	The Commonwealth of Kentucky's ABP prescription drug benefit plan is the same as under the approved Medicaid state plan for prescribed drugs.

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Essential Health Benefit 7: Rehabilitative and habilit	tative services and devices	Collapse Ali 🔲
Benefit Provided:	Source:	· · · · · · · · · · · · · · · · · · ·
Physical therapy &related svcs: PT	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
20 visits per calendar year	None	
Scope Limit:		
None		
Other information regarding this benefit, include benchmark plan:	ing the specific name of the source plan if it is not the bas	e
State Plan Service Title: Physical therapy and re	elated services	
20 visits per year for physical therapy; benefit li services.	imits are aggregated between habilitation and rehabilitation	on .
Benefit Provided:	Source:	
Home Health: Medical supplies, equipment, and ap	-1	
	pl State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	Kemove
		Remove
Authorization:	Provider Qualifications:	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	Kemove
Authorization: Prior Authorization Amount Limit:	Provider Qualifications: Medicaid State Plan Duration Limit:	Kemove
Authorization: Prior Authorization Amount Limit: None	Provider Qualifications: Medicaid State Plan Duration Limit: None	Kemove
Authorization: Prior Authorization Amount Limit: None Scope Limit: Specific restrictions and exclusions are found in	Provider Qualifications: Medicaid State Plan Duration Limit: None	
Authorization: Prior Authorization Amount Limit: None Scope Limit: Specific restrictions and exclusions are found in Other information regarding this benefit, include benchmark plan:	Provider Qualifications: Medicaid State Plan Duration Limit: None n the fee schedule	de e
Authorization: Prior Authorization Amount Limit: None Scope Limit: Specific restrictions and exclusions are found in Other information regarding this benefit, include benchmark plan: Full State Plan Service Title: Home Health: Medical Plan	Provider Qualifications: Medicaid State Plan Duration Limit: None n the fee schedule ing the specific name of the source plan if it is not the bas dical supplies, equipment, and appliances suitable for use	de e
Authorization: Prior Authorization Amount Limit: None Scope Limit: Specific restrictions and exclusions are found in Other information regarding this benefit, include benchmark plan: Full State Plan Service Title: Home Health: Medical sup KY State Plan Title: Home Health: Medical sup	Provider Qualifications: Medicaid State Plan Duration Limit: None n the fee schedule ing the specific name of the source plan if it is not the bas dical supplies, equipment, and appliances suitable for use	de e
Authorization: Prior Authorization Amount Limit: None Scope Limit: Specific restrictions and exclusions are found in Other information regarding this benefit, include benchmark plan: Full State Plan Service Title: Home Health: Medical sup Prior authorization is required for items of equip	Provider Qualifications: Medicaid State Plan Duration Limit: None n the fee schedule ing the specific name of the source plan if it is not the bas dical supplies, equipment, and appliances suitable for use	de e
Authorization: Prior Authorization Amount Limit: None Scope Limit: Specific restrictions and exclusions are found in Other information regarding this benefit, include benchmark plan: Full State Plan Service Title: Home Health: Medical sup the home KY State Plan Title: Home Health: Medical sup Prior authorization is required for items of equip specified items.	Provider Qualifications: Medicaid State Plan Duration Limit: None In the fee schedule In the specific name of the source plan if it is not the based it is supplied, equipment, and appliances suitable for use opplies suitable for use in the home In the fee schedule Provider Qualifications: None None	de e
Authorization: Prior Authorization Amount Limit: None Scope Limit: Specific restrictions and exclusions are found in Other information regarding this benefit, include benchmark plan: Full State Plan Service Title: Home Health: Meather home KY State Plan Title: Home Health: Medical sup Prior authorization is required for items of equipment of the specified items. Benefit Provided:	Provider Qualifications: Medicaid State Plan Duration Limit: None In the fee schedule ling the specific name of the source plan if it is not the based dical supplies, equipment, and appliances suitable for use opplies suitable for use in the home pment or repairs greater than \$500 and certain other Source:	de e

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	Luration Limit:	
None	None	Remove
Scope Limit:		
None		
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	
Prior authorization is required for items of equipme specified items.	ent or repairs greater than \$500 and certain other	
Benefit Provided:	Source:	
Nursing Facility Services (21 and older)	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		,
Meets level of care		
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	
benchmark plan:	the specific name of the source plan if it is not the base The base benchmark limits the number of days in a	
benchmark plan: This is a nursing facility for rehabilitative purposes		
benchmark plan: This is a nursing facility for rehabilitative purposes nursing facility to 90 day.	. The base benchmark limits the number of days in a	Remove
benchmark plan: This is a nursing facility for rehabilitative purposes nursing facility to 90 day. Benefit Provided:	Source:	Remove
benchmark plan: This is a nursing facility for rehabilitative purposes nursing facility to 90 day. Benefit Provided: Medical and other types of remedial care: chiropra	Source: State Plan 1905(a)	Remove
benchmark plan: This is a nursing facility for rehabilitative purposes nursing facility to 90 day. Benefit Provided: Medical and other types of remedial care: chiropra Authorization:	Source: State Plan 1905(a) Provider Qualifications:	Remove
benchmark plan: This is a nursing facility for rehabilitative purposes nursing facility to 90 day. Benefit Provided: Medical and other types of remedial care: chiropra Authorization: Prior Authorization	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
benchmark plan: This is a nursing facility for rehabilitative purposes nursing facility to 90 day. Benefit Provided: Medical and other types of remedial care: chiropra Authorization: Prior Authorization Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
benchmark plan: This is a nursing facility for rehabilitative purposes nursing facility to 90 day. Benefit Provided: Medical and other types of remedial care: chiropra Authorization: Prior Authorization Amount Limit: 26 visits per calendar year	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
benchmark plan: This is a nursing facility for rehabilitative purposes nursing facility to 90 day. Benefit Provided: Medical and other types of remedial care: chiropra Authorization: Prior Authorization Amount Limit: 26 visits per calendar year Scope Limit: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
benchmark plan: This is a nursing facility for rehabilitative purposes nursing facility to 90 day. Benefit Provided: Medical and other types of remedial care: chiropra Authorization: Prior Authorization Amount Limit: 26 visits per calendar year Scope Limit: None Other information regarding this benefit, including	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
benchmark plan: This is a nursing facility for rehabilitative purposes nursing facility to 90 day. Benefit Provided: Medical and other types of remedial care: chiropra Authorization: Prior Authorization Amount Limit: 26 visits per calendar year Scope Limit: None Other information regarding this benefit, including benchmark plan:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove

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Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	Remove
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, in benchmark plan:	ncluding the specific name of the source plan if it is not the base	:
Full State Plant Service Title: Nursing Fac	rility Services (for individuals age 65 or older in an IMD)	
Benefit Provided:	Source:	
hysical therapy &related svcs: OT	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
20 visits per calendar year	None	
Scope Limit:		
None		
Other information regarding this benefit, is benchmark plan:	ncluding the specific name of the source plan if it is not the base	2
State Plan Service Title: Physical therapy	and related services	
20 visits per year for occupational therapy rehabilitation services.	; benefit limits are aggregated between habilitation and	
enefit Provided:	Source:	
hysical therapy &related svcs: ST	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
20 visits per calendar year	None	
Scope Limit:		
None		
Other information regarding this benefit, in benchmark plan:	ncluding the specific name of the source plan if it is not the bas	-
State Plan Service Title: Physical therapy	and related services	

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Benefit Provided:	Source:	
Iome health services; nursing, aide, and therapy	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Puration Limit:	
PT/OT/ST: 20 visits each per calendar year	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
This represents the home health visit, including P 20 visits each per calendar year for physical, occurservices		

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Essential Health Benefit 8: Laboratory services		Collapse All
Benefit Provided:	Source:	
Other Laboratory and x-Ray Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	
Scope Limit:		_
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the bas benchmark plan:		
Some imaging services require a prior authorization.	See State Plan for complete listing.	
		Add

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Benefit Provided:	Source:	
Preventive Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Supplements existing benefits with a Futures.	ny additions to comply with USPSTF, ACIP, IOM, and Bright	
Other information regarding this bene benchmark plan:	efit, including the specific name of the source plan if it is not the ba	se .
	iagnostic, screening, preventive, and rehabilitative services, i.e. oth	er
Full State Plan Service Title: Other di than those provided elsewhere in this This benefit includes preventive servi	plan	er
than those provided elsewhere in this This benefit includes preventive servi	plan	er
than those provided elsewhere in this This benefit includes preventive servi Benefit Provided:	plan	Remove
than those provided elsewhere in this This benefit includes preventive servi Benefit Provided:	plan ices Source:	
than those provided elsewhere in this This benefit includes preventive servi Benefit Provided: Physician services: allergy	Source: State Plan 1905(a)	
than those provided elsewhere in this This benefit includes preventive servi Benefit Provided: Physician services: allergy Authorization:	Source: State Plan 1905(a) Provider Qualifications:	
than those provided elsewhere in this This benefit includes preventive servi Benefit Provided: Physician services: allergy Authorization: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	
than those provided elsewhere in this This benefit includes preventive servi Benefit Provided: Physician services: allergy Authorization: None Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	
than those provided elsewhere in this This benefit includes preventive servi Benefit Provided: Physician services: allergy Authorization: None Amount Limit: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	
than those provided elsewhere in this This benefit includes preventive servi Benefit Provided: Physician services: allergy Authorization: None Amount Limit: None Scope Limit: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove

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Essential Health Benefit 10: Pediatric services i	including oral and vision care	Collapse All
Benefit Provided:	Source:	
Medicaid State Plan EPSDT Benefits	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		ase
State Plan Service Title: EPSDT Prior Auth required for orthondontia		
Benefit Provided: Medicaid State Plan EPSDT Benefits	Squrce:	
Wedlead State Flan El 3D1 Benefits	State Plan 1905(a)	Remove
Authorization:	crovider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	-
None	None	
Scope Limit:		
Limited to children under 21 years of age		
Other information regarding this benefit, in benchmark plan:	ncluding the specific name of the source plan if it is not the b	pase
Full State Plan Service Title: Inpatient psy	State Plan Service Title: Inpatient psychiatric facility services for individuals under 21 years of age	
These services are not in an IMD		

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	Other Covered Benefits from Base Benchmark	Collapse All
- 1		
- 1	i de la companya de	
- 1		

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Base Benchmark Benefits Not Covered due to Substitution or Duplication	Collapse All
Base Benchmark Benefit that was Substituted: Source:	
Primary Care Visit Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	
Duplication: This benefit was replaced with Physician Services, under the EHB Ambulatory Patient Services.	
Base Benchmark Benefit that was Substituted: Source:	
Specialist Visit Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	
Duplication: This benefit was replaced with Physician Services, under the EHB Ambulatory Patient Services.	
Base Benchmark Benefit that was Substituted: Source:	
Outpatient facility fee Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	
Duplication: This benefit was replaced with Clinic Services and Outpatient Hospital Services, under the EHB Ambulatory Patient Services.	
Base Benchmark Benefit that was Substituted: Source:	
Hospice Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	
Duplication: This benefit was replaced with Hospice care, under the EHB Ambulatory services	
Base Benchmark Benefit that was Substituted: Source: Rase Benchmark	
Home health care services	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	
Duplication: This benefit was replaced with Home Health Services, under the EHBs Ambulatory Patien Services & Rehabilitative and habilitative services and devices	t d
Base Benchmark Benefit that was Substituted: Source:	
ER Services Base Benchmark	
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	

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Emergency department, under the EHB Emergency S outpatient hospital services in Medicaid.	ervices. Emergency hospital services are covered as	
		Remove
Base Benchmark Benefit that was Substituted: Emergency Transportation / Ambulance	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un Duplication: This benefit was replaced with Any other recognized under state law, specified by the Secretary	nder Essential Health Benefits: er medical care and any other type of remedial care	
Base Benchmark Benefit that was Substituted: Inpatient Hospital Services	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un Duplication: This benefit was replaced with Inpatient	nder Essential Health Benefits:	
Base Benchmark Benefit that was Substituted: Inpatient physician and surgical services Explain the substitution or duplication, including indi	Source: Base Benchmark icating the substituted benefit(s) or the duplicate	Remove
section 1937 benchmark benefit(s) included above un Duplication: This benefit was replaced with Physician Base Benchmark Benefit that was Substituted:		
Skilled nursing facility Explain the substitution or duplication, including indi	Base Benchmark	Remove
section 1937 benchmark benefit(s) included above un Duplication: This benefit was replaced with Nursing		
Base Benchmark Benefit that was Substituted: Prenatal and postnatal care	Source: Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur Duplication: This benefit was replaced with Other diservices, under the EHB Maternity and Newborn Car	agnostic, screening, preventive, and rehabilitation	
Base Benchmark Benefit that was Substituted: Delivery and all inpatient services for maternity	Source: Base Benchmark	

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section 1937 benchmark benefit(s) included above under E Duplication: This benefit was replaced with Inpatient hospi Maternity and Newborn Care.		Remove
Date Delivered that was buostituted.	irce:	
Mental/behavioral health outpatient services	ise Benchmark	Remove
Explain the substitution or duplication, including indicating section 1937 benchmark benefit(s) included above under E		
Duplication: This benefit was replaced with Other diagnost services & EPSDT, under the EHB Mental Health and Sub Behavioral Health		
Dabe Denominary Denomination was Substituted.	urce:	
Mental/behavioral health inpatient services	se Benchmark	Remove
Explain the substitution or duplication, including indicating section 1937 benchmark benefit(s) included above under E		
Duplication: This benefit was replaced with Inpatient Hosp psychiatric facility services for individuals under 21 years Substance Use Disorder Services, including Behavioral inc	of age, under the EHB Mental Health and	
Dase Deficificat Deficite that was buositated.	urce:	
Substance Abuse Disorder Outpatient Services	se Benchmark	Remove
Explain the substitution or duplication, including indicating section 1937 benchmark benefit(s) included above under E		
Duplication: This benefit was replaced with Other diagnost services & Extended services to pregnant women, under the Disorder Services, including Behavioral Health		
Dase Delicilitary Delicite that was Substituted.	urce:	
Substance Abuse Disorder Inpatient Services	ase Benchmark	Remove
Explain the substitution or duplication, including indicating section 1937 benchmark benefit(s) included above under E	g the substituted benefit(s) or the duplicate Essential Health Benefits:	
Duplication: This benefit was replaced with Inpatient Hosp Substance Use Disorder Services, including Behavioral He		
	urce:	
Generic Drugs	ase Benchmark	Remove
Explain the substitution or duplication, including indicating section 1937 benchmark benefit(s) included above under E		

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Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Preferred Brand Drugs		Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un		
Duplication: This benefit was replaced with Prescribe under the EHB Prescription Drugs	ed drugs, Dentures, Prosthetic devices, and eyeglasses,	
Base Benchmark Benefit that was Substituted:	Source:	
Non-Preferred Brand Drugs	Base Benchmark	Remove
Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above ur		
Duplication: This benefit was replaced with Prescribe under the EHB Prescription Drugs	ed drugs, Dentures, Prosthetic devices, and eyeglasses,	
Base Benchmark Benefit that was Substituted:	Source:	
Specialty Drugs	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up	icating the substituted benefit(s) or the duplicate nder Essential Health Benefits:	,
Duplication: This benefit was replaced with Prescribe under the EHB Prescription Drugs	ed drugs, Dentures, Prosthetic devices, and eyeglasses,	
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Outpatient Rehabilitation Services	, base Bencimark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up	licating the substituted benefit(s) or the duplicate nder Essential Health Benefits:	
Duplication: This benefit was replaced with Physical Rehabilitative and Habilitative Services and Devices	Therapy and related Services, under the EHB	
Base Benchmark Benefit that was Substituted:	Source:	
Habilitation Services	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above u	licating the substituted benefit(s) or the duplicate nder Essential Health Benefits:	ı
Duplication: This benefit was replaced with Physical Rehabilitative and Habilitative Services and Devices		
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Chiropractic Care	Dasc Belloutilark	
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above u	licating the substituted benefit(s) or the duplicate nder Essential Health Benefits:	1
Duplication: This benefit was replaced with Medical Rehabilitative and Habilitative Services and Devices	care and any other type of remedial care, under the This benefit is limited to 12 visits per year in the base	

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benchmark plan.	
	Remove
Base Benchmark Benefit that was Substituted: Source:	
Durable Medical Equipment Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	
Duplication: This benefit was replaced with Family Plauning Services and Supplies for Individuals of Child-bearing Age under the EHB for Ambulatory Services, and Home Health: Medical supplies, equipment, and appliances suitable for use in the home, as well as Prosthetics, under the EHB Rehabilitative and Habilitative Services and Devices.	
Base Benchmark Benefit that was Substituted: Source:	
Hearing Aides Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	
Duplication: This benefit was replaced with EPSDT & Home Health: Medical supplies, equipment, and appliances suitable for use in the home, under the EHB Rehabilitative and Habilitative Services and Devices	
Base Benchmark Benefit that was Substituted: Source:	
Diagnostic Tests (x-rays and lab work) Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	
Duplication: This benefit was replaced with Other Laboratory and X-Ray Services, under the EHB Laboratory Services	
Base Benchmark Benefit that was Substituted: Source:	
Imaging (CT/PET/MRI) Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	
Duplication: This benefit was replaced with Other Laboratory and X-Ray Services, under the EHB Laboratory Services	
Base Benchmark Benefit that was Substituted: Source:	
Preventive care / screening / immunization Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	
Duplication: This benefit was replaced with Other diagnostic, screening, preventive, and rehabilitation services, under the EHB Preventive and wellness Services and Chronic Disease Management	

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Base Benchmark Benefit that was Substituted:	Source:	
Routine Eye Exam for Children	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur		
Duplication: This benefit was replaced with EPSDT, vision care	under the EHB Pediatric services, including oral and	
Base Benchmark Benefit that was Substituted:	Source:	
Eye glasses for children	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur	•	
Duplication: This benefit was replaced with EPSDT eyeglasses, under EHB Pediatric services, including the control of the contr	& Prescribed drugs, dentures, prosthetic devices, and oral and vision care	
Base Benchmark Benefit that was Substituted:	Source:	
Dental check-up for children	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un		
Duplication: This benefit was replaced with EPSDT, vision care	under the EHB Pediatric services, including oral and	
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Allergy treatment	Dase Denemiark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up		
Duplication: This benefit was replaced with Physicia services and chronic disease management	n Services, under the EHB Preventive and wellness	
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Injectable drugs and other drugs administered in a	Dase Denomark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up		
(Full benchmark benefit: Injectable drugs and other setting) Duplication: This benefit was replaced with Physicia		
Base Benchmark Benefit that was Substituted:	Source:	
Medical supplies, equipment, and education for dia	Base Benchmark	
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up		
(Full benchmark benefit: Medical supplies, equipmer Duplication: This benefit was replaced with Prescrip	nt, and education for diabetes care for all diabetics) tion drugs, under the EHB Prescription drugs and	

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Physician Services under EHB Ambulatory Services. maps to the Prescription Drugs, while the education for Ambulatory.	The medical supplies and equipment for diabetes care or diabetics maps to Physician Services under	Remove
Base Benchmark Benefit that was Substituted: Dental services for accidental injury and other re	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un (Full benchmark benefit: Dental services for accident Duplication: This benefit was replaced with Outpatie	der Essential Health Benefits: al injury and other related medical services)	
patient services Base Benchmark Benefit that was Substituted:	Source:	
Human organ and tissue transplant transplant servi	Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un Duplication: This benefit was replaced with Inpatient	nder Essential Health Benefits:	
Base Benchmark Benefit that was Substituted:	s. arce:	
Human organ and tissue transplant services - trans	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un Duplication: This benefit was replaced with Inpatient	nder Essential Health Benefits:	
EHB Hospitalization	Hospital services and i hysician services, under the	
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Human organ and tissue transplant services - unrel		Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur	nder Essential Health Benefits:	
(Full benchmark benefit: Human organ and tissue tra Duplication: This benefit was replaced with Inpatien		
Base Benchmark Benefit that was Substituted:	Source: Rase Benchmark	[Bowleys]
Autism Services for children Explain the substitution or duplication, including ind	insting the substituted benefit(s) or the duplicate	Remove
section 1937 benchmark benefit(s) included above un	nder Essential Health Benefits:	1
Duplication: This benefit was replaced with EPSDT, vision care	under the EHB Pediatric services, including oral and	
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Radiation therapy		

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section 1937 benchmark benefit(s) included above un	der Essential Health Benefits:	Remove
Duplication: This benefit was replaced with Outpatien patient services	nt hospital services, under the EHB Ambulatory	Kemove
Base Benchmark Benefit that was Substituted:	Source:	
Chemotherapy	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un	• • • • • • • • • • • • • • • • • • • •	
Duplication: This benefit was replaced with Outpatie patient services	nt hospital services, under the EHB Ambulatory	
Base Benchmark Benefit that was Substituted:	Source:	
Infusion Therapy	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur		
Duplication: This benefit was replaced with Outpatie patient services	nt hospital services, under the EHB Ambulatory	
Base Benchmark Benefit that was Substituted:	Source:	
Dase Denominary Denemi mat was substituted.		
Renal dialysis/hemodialysis	Base Benchmark	Remove
	Base Benchmark icating the substituted benefit(s) or the duplicate idei essential Health Benefits:	Remove
Renal dialysis/hemodialysis Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un Duplication: This benefit was replaced with Outpatie	Base Benchmark icating the substituted benefit(s) or the duplicate idei essential Health Benefits:	Remove
Renal dialysis/hemodialysis Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above us Duplication: This benefit was replaced with Outpatie patient services Base Benchmark Benefit that was Substituted:	Base Benchmark icating the substituted benefit(s) or the duplicate icating the substituted benefits: inthospital services, under the EHB Ambulatory	
Renal dialysis/hemodialysis Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un Duplication: This benefit was replaced with Outpatie patient services	Base Benchmark icating the substituted benefit(s) or the duplicate inder essential Health Benefits: int hospital services, under the EHB Ambulatory Source: Base Benchmark icating the substituted benefit(s) or the duplicate	
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above us Duplication: This benefit was replaced with Outpatie patient services Base Benchmark Benefit that was Substituted: Vision correction after surgery or accident Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above us	Base Benchmark icating the substituted benefit(s) or the duplicate inder essential Health Benefits: int hospital services, under the EHB Ambulatory Source: Base Benchmark icating the substituted benefit(s) or the duplicate	
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above us Duplication: This benefit was replaced with Outpatie patient services Base Benchmark Benefit that was Substituted: Vision correction after surgery or accident Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above us This benefit was replaced with Duplication: This ber	Base Benchmark icating the substituted benefit(s) or the duplicate nder Essential Health Benefits: int hospital services, under the EHB Ambulatory Source: Base Benchmark icating the substituted benefit(s) or the duplicate nder Essential Health Benefits: nefit was replaced with Physician Services, under the Source:	
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un Duplication: This benefit was replaced with Outpatie patient services Base Benchmark Benefit that was Substituted: Vision correction after surgery or accident Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un This benefit was replaced with Duplication: This benefit B Ambulatory patient services Base Benchmark Benefit that was Substituted:	Base Benchmark icating the substituted benefit(s) or the duplicate nder Essential Health Benefits: Inthospital services, under the EHB Ambulatory Source: Base Benchmark icating the substituted benefit(s) or the duplicate nder Essential Health Benefits: nefit was replaced with Physician Services, under the	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un Duplication: This benefit was replaced with Outpatie patient services Base Benchmark Benefit that was Substituted: Vision correction after surgery or accident Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un This benefit was replaced with Duplication: This benefit B Ambulatory patient services Base Benchmark Benefit that was Substituted:	Base Benchmark icating the substituted benefit(s) or the duplicate nde: cssential Health Benefits: int hospital services, under the EHB Ambulatory Source: Base Benchmark icating the substituted benefit(s) or the duplicate nder Essential Health Benefits: iefit was replaced with Physician Services, under the Source: Base Benchmark licating the substituted benefit(s) or the duplicate	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un Duplication: This benefit was replaced with Outpatie patient services Base Benchmark Benefit that was Substituted: Vision correction after surgery or accident Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un This benefit was replaced with Duplication: This benefit Banbulatory patient services Base Benchmark Benefit that was Substituted: Other practitioner office visit Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un	Base Benchmark icating the substituted benefit(s) or the duplicate nde: cssential Health Benefits: int hospital services, under the EHB Ambulatory Source: Base Benchmark icating the substituted benefit(s) or the duplicate nder Essential Health Benefits: iefit was replaced with Physician Services, under the Source: Base Benchmark licating the substituted benefit(s) or the duplicate	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un Duplication: This benefit was replaced with Outpatie patient services Base Benchmark Benefit that was Substituted: Vision correction after surgery or accident Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un This benefit was replaced with Duplication: This benefit Bambulatory patient services Base Benchmark Benefit that was Substituted: Other practitioner office visit Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un Duplication: This benefit was replaced with Certifice	Base Benchmark icating the substituted benefit(s) or the duplicate ndci essential Health Benefits: int hospital services, under the EHB Ambulatory Source: Base Benchmark icating the substituted benefit(s) or the duplicate nder Essential Health Benefits: nefit was replaced with Physician Services, under the Source: Base Benchmark licating the substituted benefit(s) or the duplicate nder Essential Health Benefits:	Remove

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section 1937 benchmark benefit(s) included above un Duplication: This benefit was replaced with Private D		Remove
The base benchmark has a 2,000 hour limit.		
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Urgent Care Centers		Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Duplication: This benefit was replaced by Clinic Serv	vices, under the EHB Ambulatory patient services	
Base Benchmark Benefit that was Substituted:	Source:	
Outpatient surgery physician / surgical	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Duplication: This benefit was replaced by Physician and Physician Services: Maternity under the Maternit	Services, under the EHB Ambulatory patient services ty and newborn care EHB.	-
Base Benchmark Benefit that was Substituted:	Source:	
Podiatry services	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un		
Duplication: This benefit was replaced with Medical licensed practitioners: Podiatry, under the EHB Amb	care and any other type of remedial care provided by ulatory Patient Services	
Base Benchmark Benefit that was Substituted:	Source:	
Other practitioner's services	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up	icating the substituted benefit(s) or the duplicate index sential Health Benefits:	1
Duplication: This benefit was replaced with Medical licensed practitioners: Other practitioner's services, u	care and any other type of remedial care provided by inder the EHB Ambulatory Patient Services	
Base Benchmark Benefit that was Substituted:	Source:	
Certified Nurse Midwife	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up	icating the substituted benefit(s) or the duplicate or the substituted benefits:	
Duplication: This benefit was replaced with Nurse-m Newborn Care		

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Base Benchmark Benefit that was Substituted: Prescription Drug Benefits	Source: Base Benchmark	Remove
Explain the substitution or duplication, including section 1937 benchmark benefit(s) included above	indicating the substituted benefit(s) or the duplicate e under Essential Health Benefits:	
	ribed drugs, Dentures, Prosthetic devices, and eyeglasses, Prescription drugs and Family Planning Services and	
		Add

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Ø	Other Base Benchmark Benefits Not Covered		Collapse All
	Base Benchmark Benefit not Included in the Alternative Benefit Plan:	Source: Base Benchmark	Remove
	Non-emergency care when traveling outside the US		Remove
	Explain why the state/territory chose not to include this benefit:		
	This is not permissible under federal Medicaid rules.		
	Base Benchmark Benefit not Included in the Alternative Benefit Plan:	Source: Base Benchmark	Remove
	Routine eye exam		
	Explain why the state/territory chose not to include this	is benefit:	
	This benefit is not a an EHB for adults.		
-			Add
			Special Conference and Conference an

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Other 1937 Covered Benefits that are not Essen	tial Health Benefits	Collapse All
Other 1937 Benefit Provided: Services in an ICF-IID	Source: Section 1937 Coverage Option Benchmark Benefi	t Remove
Authorization:	Provider Qualifications:	Temove
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Medicaid individuals who meet ICF-IDD	patient status criteria	
Other:		
Other 1937 Benefit Provided:	Source:	
Dental Services	Section 1937 Coverage Option Benchmark Benefi Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	~~
I cleaning and I x-ray per year	None	
Scope Limit:		
Dental services for adults 21 years of age	or older	
Other:		_
No authorization required		
Other 1937 Benefit Provided:	Source:	•
Routine eye exam	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
No authorization required		

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		Remove
Other 1937 Benefit Provided:	Source:	
Case management services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Some case management services are limited to spec complete listing.	cific groups of individuals. Please see State Plan for	
Other:		
Some case management services are limited to spec	ific groups of individuals. Populations included:	
the state; and adults in need of protective services. Children birth to three participating in the Kentuck. Pregnant women who are under age 20 and first time refirst time parents and screen as high risk for the (HANDS) program. Pregnant women, including post partum women for receiving substance use services. Individuals with a moderate or severe substance use mental health disorders; with need for assistance in multi-agency involvement. Individuals with a severe emotional disability or a placement or institutional care.	e custody of the State; children under the supervision of the State; children under the supervision of the State; children under the supervision of the parents; and pregnant women age 20 or older who Heafth Access Nurturing Development Services or the 60 days after the pregnancy ends, who are see disorder diagnosis, or co-occurring substance use and accessing community or recovery supports or with serious mental illness; who are at risk of out-of-home is of co-occurring disorders, which interact to complicate	
	Section 1937 Coverage Option Benchmark Benefit	
ace-to-face Tobacco Cessation for Pregnant Women	Package	
Authorization:	Provider Qualifications:	1
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	1
4 face-to-face sessions per quit attempt	None	
Scope Limit:		1
		l .

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Full amount limit: 4 face-to-face sessions per qui	it attempt with a minimum of 2 quit attempts	Remove
No authorization required		
Other 1937 Benefit Provided:	Source:	
Nursing Facility Services for Long Term Care	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Meets level of care		
Other:		
Other 1937 Benefit Provided: Ambulatory prenatal care for pregnant women furni	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		1
None		
		1
None	tal care for pregnant women furnished during a	
None Other: Full State Plan Service Title: Ambulatory prenat	tal care for pregnant women furnished during a	

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Additional Covered Benefits (This category of benefits is not applicable to the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act.)	Collapse All

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 5 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.

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Attachment 3.1-C-		OMB Control Number: 0938-1148 OMB Expiration date: 10/31/2014
Benefits Assurances		ABP7
EPSDT Assurances		and the second state of the second
If the target population includes persons under 21, plea Prescription Drug Coverage Assurances below.	e complete the following assurances regarding	EPSDT. Otherwise, skip to the
The alternative benefit plan includes beneficiaries unde	r 21 years of age.	
The state/territory assures that the notice to an indi (42 CFR 440.345).	vidual includes a description of the method for e	ensuring access to EPSDT services
The state/territory assures EPSDT services will be territory plan under section 1902(a)(10)(A) of the		ho are covered under the state/
Indicate whether EPSDT services will be provided additional benefits to ensure EPSDT services:	only through an Alternative Benefit Plan or who	ether the state/territory will provide
C Through an Alternative Benefit Plan.		
Through an Alternative Benefit Plan with add	tional benefits to ensure EPSDT services as defi	ined in 1905(r).
Per 42 CFR 440.345, please describe how the coordinated and how beneficiaries and provide the full EPSDT benefit.	additional benefits will be provided, how access ers will be informed of these processes in order t	s to additional benefits will be to ensure individuals have access to
Indicate whether additional EPSDT benefits v	ill be provided through fee-for-service or contra	acts with a provider:
C State/territory provides additional EP	SDT benefits through fee-for-service.	
 State/territory contracts with a provide 	er for additional EPSDT services.	
Please specify payment method (select or	e):	
Risk-based capitation		
C Administrative services contract		
Other		
Other Information regarding how ESPDT benefits wil	be provided to participants under 21 years of a	ge (optional):
EPSDT benefits will be administered through the prio		
MCOs have been informed that they should not deny is not medically necessary. KY regularly monitors con	services for children because a benefit is not coverplaints and claim denials to verify MCO comp	vered, but may deny a service if it liance.
KY provides educational materials to members about	EPSDT benefits	
Prescription Drug Coverage Assurances		
The state/territory assures that it meets the minimum implementing regulations at 42 CFR 440.347. Co category and class or the same number of prescrip	verage is at least the greater of one drug in each	United States Pharmacopeia (USP)

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✓	The state/territory assures that procedures are in place to allow a beneficiary to request and gain access to clinically appropriate prescription drugs when not covered.
V	The state/territory assures that when it pays for outpatient prescription drugs covered under an Alternative Benefit Plan, it meets the requirements of section 1927 of the Act and implementing regulations at 42 CFR 440.345, except for those requirements that are directly contrary to amount, duration and scope of coverage permitted under section 1937 of the Act.
V	The state/territory assures that when conducting prior authorization of prescription drugs under an Alternative Benefit Plan, it complies with prior authorization program requirements in section 1927(d)(5) of the Act.
Ot	her Benefit Assurances
V	The state/territory assures that substituted benefits are actuarially equivalent to the benefits they replaced from the base benchmark plan, and that the state/territory has actuarial certification for substituted benefits available for CMS inspection if requested by CMS.
V	The state/territory assures that individuals will have access to services in Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) as defined in subparagraphs (B) and (C) of section 1905(a)(2) of the Social Security Act.
V	The state/territory assures that payment for RHC and FQHC services is made in accordance with the requirements of section 1902(bb) of the Social Security Act.
V	The state/territory assures that it will comply with the requirement of section 1937(b)(5) of the Act by providing, effective January 1, 2014, to all Alternative Benefit Plan participants at least Essential Health Benefits as described in section 1302(b) of the Patient Protection and Affordable Care Act.
Z	The state/territory assures that it will comply with the mental health and substance use disorder parity requirements of section 1937(b)(6) of the Act by ensuring that the financial requirements and treatment limitations applicable to mental health or substance use disorder benefits comply with the requirements of section 2705(a) of the Public Health Service Act in the same manner as such requirements apply to a group health plan.
V	The state/territory assures that it will comply with section 1937(b)(7) of the Act by ensuring that benefits provided to Alternative Benefit Plan participants include, for any individual described in section 1905(a)(4)(C), medical assistance for family planning services and supplies in accordance with such section.
V	The state/territory assures transportation (emergency and non-emergency) for individuals enrolled in an Alternative Benefit Plan in accordance with 42 CFR 431.53.
V	The state/territory assures, in accordance with 45 CFR 156.115(a)(4) and 45 CFR 147.130, that it will provide as Essential Health Benefits a broad range of preventive services including: "A" and "B" services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

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 5 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.

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V.20130807

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Attachment 3.1-C-	OMB Expiration date: 10/31/2014
Service Delivery Systems	ABP8
Provide detail on the type of delivery system(s) the state/territory will use for benchmark-equivalent benefit package, including any variation by the particular package.	r the Alternative Benefit Plan's benchmark benefit package or ipants' geographic area.
Type of service delivery system(s) the state/territory will use for this Alterna	tive Benefit Plan(s).
Select one or more service delivery systems:	
☑ Managed care.	
Managed Care Organizations (MCO).	
Prepaid Inpatient Health Plans (PIHP).	
Prepaid Ambulatory Health Plans (PAHP).	
Primary Care Case Management (PCCM).	
Fee-for-service.	
Other service delivery system.	•
Managed Care Options	
Managed Care Assurance	
The state/territory certifies that it will comply with all applicable Medica 1903(m), 1905(t), and 1932 of the Act and 42 CFR Part 438, in providing Plan. This includes the requirement for CMS approval of contracts and r	g managed care services through this Alternative Benefit
Managed Care Implementation	
Please describe the implementation plan for the Alternative Benefit Plan unprovider outreach efforts.	der managed care including member, stakeholder, and
As authorized in the existing 1915(b) waiver KY-07.	
MCO: Managed Care Organization	
The managed care delivery system is the same as an already approved mana	ged care program.
The managed care program is operating under (select one):	
C Section 1915(a) voluntary managed care program.	
Section 1915(b) managed care waiver.	
Section 1932(a) mandatory managed care state plan amendment.	
C Section 1115 demonstration.	
(Section 1937 Alternative (Benchmark) Benefit Plan state plan amend	lment.
Identify the date the managed care program was approved by CMS:	Dec 28, 2012

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Describe program below:
KY-07 allows for mandatory enrollment for Medicaid beneficiaries into managed care. Beneficiaries have the choice of two to four managed care organizations depending on the region of state in which they reside.
Additional Information: MCO (Optional)
Provide any additional details regarding this service delivery system (optional):
PAHP: Prepaid Ambulatory Health Plan
The managed care delivery system is the same as an already approved managed care program. Yes
The managed care program is operating under (select one):
C Section 1915(a) voluntary managed care program.
© Section 1915(b) managed care waiver.
C Section 1115 demonstration.
C Section 1937 Alternative (Benchmark) Benefit Plan state Plan amendment.
Identify the date the managed care program was approved by CMS: Sep 25, 2013
Describe program below:
Non-Emergency Transportation Services: KY-06 provides transportation under a capitated arrangement with regional transportation brokers for eligible Medicaid members requiring transportation to and from approved non-emergency medical services.
Additional Information: PAHP (Optional)
Provide any additional details regarding this service delivery system (optional):

PRA Disclosure Statement

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ABP8-2



OMB Control Number: 0938-1148 Attachment 3.1-C-OMB Expiration date: 10/31/2014 Employer Sponsored Insurance and Payment of Premiums ABP9 The state/territory provides the Alternative Benefit Plan through the payment of employer sponsored insurance for participants with such coverage, with additional benefits and services provided through a Benchmark or Benchmark-Equivalent Benefit Yes Package. Provide a description of employer sponsored insurance, including the population covered, the amount of premium assistance by population, employer sponsored insurance activities including required contribution, cost-effectiveness test requirements, and benefit information: This program is called the Health Insurance Premium Payment (HIPP) is available to all Medicaid recipients. The program will pay the cost of the premium for any Medicaid recipient that is working and has access to employer sponsored insurance and still eligible for Medicaid provided said payments would be cost effective for Medicaid. All information is entered in our MMIS system to make determination of cost effectiveness. The system looks at their age, premium cost, and claims cost to determine cost effectiveness. The benefit information is not determinable for this SPA as it varies depending on the employer insurance and insurance company. However, any services not covered by the employer sponsored insurance Medicaid does provide wrap around coverage and would pay for additional services for the eligible Medicaid recipient. No The state/territory otherwise provides for payment of premiums. Other Information Regarding Employer Sponsored Insurance or Payment of Premiums: The state assures that ESI coverage is established in sections 3.2 and 4.22(h) of the state's approved Medicaid state plan. The beneficiary will receive a benefit package that includes a wrap of benefits around the employer sponsored insurance plan that equals the

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benefit package to which the beneficiary is entitled. The beneficiary will not be responsible for payment of premiums or other cost

sharing that exceeds nominal levels as established at 42 CFR part 447 subpart A.

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 5 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.

TN No: 13-021 Kentucky Approval Date: 12/20/13 ABP9-1



	ONID COULOI NUMBER: 0938-1148
Attachment 3.1-C-	OMB Expiration date: 10/31/2014
General Assurances	ABP10
Economy and Efficiency of Plans	
The state/territory assures that Alternative Benefit Plan coverage is provided in a requirements and other economy and efficiency principles that would otherwise through which the coverage and benefits are obtained.	
Economy and efficiency will be achieved using the same approach as used for !	Medicaid state plan services.
Compliance with the Law	
The state/territory will continue to comply with all other provisions of the Social territory plan under this title.	Security Act in the administration of the state/
The state/territory assures that Alternative Benefit Plan benefits designs shall co CFR 430.2 and 42 CFR 440.347(e).	nform to the non-discrimination requirements at 42
The state/territory assures that all providers of Alternative Benefit Plan benefits the Base Benchmark Plan and/or the Medicaid state plan.	shall meet the provider qualification requirements of

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ABP10-1



Attachment 3.1-C-	
Attachment 3.1-C-	OMB Expiration date: 10/31/20
Payment Methodol	OCY ABP1
Alternative Benefit Pla	ns - Payment Methodologies
	ovides assurance that, for each benefit provided under an Alternative Benefit Plan that is not provided through use the payment methodology in its approved state plan or hereby submits state plan amendment Attachment

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