

Table of Contents

State/Territory Name: Kentucky

State Plan Amendment (SPA) #:13-028

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

January 21, 2014

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

Re: Kentucky State Plan Amendment 13-028

Dear Mr. Kissner:

We have reviewed the proposed Kentucky state plan amendment (SPA) 13-028, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 20, 2013. Kentucky SPA 13-028 removes certain coverage and reimbursement sections of the state plan that describe substance abuse services for pregnant women. In accordance with approval of KY SPA 13-022, the state plan continues to provide coverage and reimbursement for this service.

Based on the information provided, the Medicaid State Plan Amendment KY 13-028 was approved on January 21, 2014. The effective date of this amendment is January 1, 2014. Enclosed are the approved HCFA-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Melanie Benning at (404) 562-7414 or Melanie.Benning@cms.hhs.gov.

Sincerely,

//s//

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

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
13-028

2. STATE
Kentucky

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2014

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Affordable Care Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2014 Budget Neutral
b. FFY 2015 Budget Neutral

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att. 3.1-A, Page 7.8.4 - Page 7.8.4.3
Att. 3.1-B, Page 34.1 - Page 34.4

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
Same

10. SUBJECT OF AMENDMENT:

The purpose of this State Plan Amendment remove the section of the State Plan entitled "Substance Use for Pregnant Women". The reason we are removing this benefit is that with the Affordable Care Act, Medicaid is required to cover treatment for substance use for all Medicaid recipients and this has been added under KY SPA 13-022.

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

X OTHER, AS SPECIFIED: Review delegated
to Commissioner, Department for Medicaid
Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Lawrence Kissner

14. TITLE: Commissioner, Department for Medicaid Services

15. DATE SUBMITTED: 12-20-13

16. RETURN TO:

Department for Medicaid Services
275 East Main Street 6W-A
Frankfort, Kentucky 40621

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
12-20-13

18. DATE APPROVED: 01-21-14

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
01/01/14

20. SIGNATURE OF REGIONAL OFFICIAL:
//s//

21. TYPED NAME:
Jackie Glaze

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children Health Opns

23. REMARKS: Approved with the following change as authorized by state agency email dated January 16, 2014.

Block # 8 changed to read 3.1-A pages 7.8.4 thru 7.8.4.3, 3.1-B pages 34.1 thru 34.4 and 4.19-B page 20.42

Block # 9 changed to read 3.1-A pages 7.8.4 thru 7.8.4.3, 3.1-B pages 34.1 thru 34.4 and 4.19-B page 20.42

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State: Kentucky

Revised
Attachment 3.1-B
Page 34.2

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TNN0.13-028
Supersedes
TN No. 99-08

Approval Date: 01-21-14

Effective Date 1/1/2014

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