## **Table of Contents**

**State/Territory Name: Kentucky** 

State Plan Amendment (SPA) #:15-0009

This file contains the following documents in the order listed:

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

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



## DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

December 14, 2015

Ms. Lisa Lee, Commissioner Department for Medicaid Services 275 East Main Street, 6WA Frankfort, KY 40621-0001

Re: Kentucky State Plan Amendment 15-0009

Dear Ms. Lee:

We have reviewed the proposed Kentucky state plan amendment, KY 15-0009, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 7, 2015. This amendment extends the current sunset date for Community Mental Health Center reimbursement from December 31, 2015 to June 30, 2016.

Based on the information provided, the Medicaid State Plan Amendment KY 15-0009 was approved on December 14, 2015. The effective date of this amendment is January 1, 2016. We are enclosing the approved HCFA-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Darlene Noonan at (404) 562-2707 or Darlene.Noonan@cms.hhs.gov.

Sincerely,

//s//

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

**Enclosures** 

HEALTH CARE FINANCING ADMINISTRATION		OMB NO. 0938-0193	
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE	
STATE PLAN MATERIAL	15-009	Kentucky	
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TIT	TLE XIX OF THE	
FOR, HEALTH CARE FINANCING ADMINISTRATION	SOCIAL SECURITY ACT (MEDICA	AID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
HEALTH CARE FINANCING ADMINISTRATION	January 1, 2016		
DEPARTMENT OF HEALTH AND HUMAN SERVICES			
5. TYPE OF PLAN MATERIAL (Check One):			
<del></del>	CONSIDERED AS NEW PLAN	X AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	NDMENT (Separate Transmittal for each	amendment)	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:		
	a. FFY 2015 Budget	Neutral	
		t Neutral	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS		
	OR ATTACHMENT (If Applicable):		
Att. 4.19-B, Page 20.15(1)(a)	Same		
Titl. (1.17 B), Tugo 20.13(1)(u)	Sume		
10. SUBJECT OF AMENDMENT:			
The purpose of this SPA is to continue the current reimbursement that	it was to sunset on December 31, 2015	until July 1, 2016 for the	
Community Mental Health Centers.			
11. GOVERNOR'S REVIEW (Check One):			
GOVERNOR'S REVIEW (Check One).	V OTHER ACCRECI	EIED: Daview delegated	
		FIED: Review delegated	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		epartment for Medicaid	
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	Services		
10. GIONATUDE OF GTATE ACENCY OFFICIAL	16 DETUDNITO		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:		
//s//			
13. TYPED NAME: Lisa D. Lee	Department for Medicaid Services		
	275 East Main Street 6W-A		
14. TITLE: Commissioner, Department for Medicaid Services	Frankfort, Kentucky 40621		
•			
15. DATE SUBMITTED: 12/2/15			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:	18. DATE APPROVED: 12-14-15		
12-07-15			
PLAN APPROVED – ONI			
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OF	FICIAL:	
01-01-16	//s//		
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Admini	strator	
	Division of Medicaid & Children Healt	h Opns	
23. REMARKS: Approved with the following changes to block # 7 as au	thorized by email dated 12-14-15.	•	
	•		
Block #7a changed to read: FFY 2016 Budget neutral			
Block #7b changed to read: FFY 2017 Budge neutral			

State: _	Kentucky	Attachment 4.19- B
		Page 20.15(1)(a)

XVI. Other diagnostic, screening, preventive and rehabilitative services.

- ix. Peer Support Specialist working under the supervision of a physician, a psychiatrist, an APRN, a PA, a LP, a LPA, a LPA, a LCSW, a LMFT, a LPCC, a CSW, a LMFTA, a LPCA, a CADC, a Professional Equivalent, a psychiatric nurse, a LPAT, or a LPATA;
- x. A certified alcohol and drug counselor (CADC) working under the supervision of a physician, a psychiatrist, an APRN, a PA, a LP, a LPP, a LPA, a LCSW, a LMFT, a LPCC, a CSW, a LMFTA, a LPCA, a LPAT, or a LPATA; and
- xi. A community support associate who is working under the supervision of a physician, a psychiatrist, an APRN, a PA, a LP, a LPP, a LPA, a LCSW, a LMFT, a LPCC, a CSW, a LMFTA, a LPCA, a CADC, a Professional Equivalent, a psychiatric nurse, a LPAT, a LPATA, a LBA, or a LABA.

The current reimbursement methodology, as outlined above, for services provided in CMHCs will end on June 30, 2016.

TN No: <u>15-009</u> Supersedes TN No: <u>15-005</u>

Approval Date: 12-14-15 Effective Date: January 1, 2016