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State/Territory Name: Kentucky

State Plan Amendment (SPA) #: 18-0002

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

May 24, 2018

Stephen P. Miller, Commissioner
Department for Medicaid Services
275 East Main Street, 6WA
Frankfort, KY 40621-0001

Re: Kentucky State Plan Amendment 18-0002

Dear Mr. Miller:

We have reviewed the proposed Kentucky state plan amendment, KY 18-0002, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on April 20, 2018. This amendment revises the limits for physical, occupational, and speech therapy services to twenty (20) visits per therapy for rehabilitative services and twenty (20) visits for habilitative services.

Based on the information provided, the Medicaid State Plan Amendment KY 18-0002 was approved on May 24, 2018. The effective date of this amendment is July 1, 2018. We are enclosing the approved HCFA-179 and a copy of the new state plan pages.

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

Sincerely,

//s//

Davida Kimble
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 18-002	2. STATE Kentucky
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2018	

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:	7. FEDERAL BUDGET IMPACT: a. FFY 2018 – \$0 b. FFY 2019 – \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 3.1-A, Page 7.3.1(c) Att. 3.1-A, Page 7.4.4(c) Att. 3.1-B, Page 25.1 Att. 3.1-B, Page 30.1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Same

10. SUBJECT OF AMENDMENT:
The purpose of this SPA is to change the soft limit of 20 visits combined for rehabilitative and rehabilitative to 20 visits for each for physical, occupation and speech therapies.

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: Review delegated to Commissioner, Department for Medicaid Services

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: Department for Medicaid Services 275 East Main Street 6W-A Frankfort, Kentucky 40621
13. TYPED NAME: Stephen P. Miller	
14. TITLE: Commissioner, Department for Medicaid Services	
15. DATE SUBMITTED: 4/15/18	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 04/20/18	18. DATE APPROVED: 05/24/18

PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/18	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: Davida Kimble	22. TITLE: Acting Associate Regional Administrator Division of Medicaid & Children's Health Operations

23. REMARKS:

7. D. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility

Physical therapy, occupational therapy, speech pathology services, or speech/hearing/language therapy services provided by a home health agency must be ordered by a physician, be prior authorized, and provided in accordance with an approved plan of treatment, which shall be developed by the appropriate qualified therapist and physician.

Occupational therapy, physical therapy and speech pathology services and speech/hearing/language therapy are limited to twenty (20) visits per calendar year, per member, per type of therapy. There is a twenty (20) visit limit for rehabilitative and a twenty visit limit for habilitative services. Additional visits may be granted based on medical necessity for both the rehabilitative and habilitative 20 visit limit.

Audiology services are not provided under this component. Physical therapy, occupational therapy, speech pathology, or speech/hearing/language therapy services provided by a medical rehabilitation facility are not provided under this component.

Qualification of Providers

Providers performing physical, occupational or speech therapy must meet requirements defined in 42 C.F.R. 484.4. A qualified physical therapist assistant, occupational therapist assistant or speech therapy assistant must be under the direct supervision of a qualified physical, occupational or speech therapist.

11. Physical Therapy and Related Services – Other than Therapy Services Provided by Home Health Agencies for Rehabilitative and Habilitative Services

C. Limitations

There is a limit of twenty (20) visits per calendar year combined for inpatient and outpatient physical therapy.

There is a limit of twenty (20) visits per calendar year combined for inpatient and outpatient occupational therapy.

There is a limit of twenty (20) visits per calendar year combined for inpatient and outpatient speech therapy.

There is a twenty (20) visit limit for rehabilitative and a twenty visit limit for habilitative services per type of therapy. If medical necessity requires additional visits, the provider must request additional visits via prior authorization guidelines in effect for recipient. This includes both the rehabilitative and habilitative 20 visit limit, as well as the inpatient and outpatient limits.

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND
SERVICES PROVIDED TO THE MEDICALLY NEEDY

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