

Table of Contents

State/Territory Name: **Kentucky**

State Plan Amendment (SPA) #: **21-0005**

This file contains the following documents in the order listed:

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

KY - Submission Package - KY2021MS0002O - (KY-21-0005) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [RAI](#) [Transaction Logs](#) [News](#)

Related Actions



CMS-10434 OMB 0938-1188

Package Information

Package ID	KY2021MS0002O	Submission Type	Official
Program Name	N/A	State	KY
SPA ID	KY-21-0005	Region	Atlanta, GA
Version Number	6	Package Status	Approved
Submitted By	Sharley Hughes	Submission Date	5/18/2021
Package Disposition		Approval Date	1/28/2022 7:46 AM EST
Priority Code	P2		

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 East 12th Street
Suite 0300
Kansas City, MO 64106-2898



Center for Medicaid & CHIP Services

January 28, 2022

Lisa Lee
Commissioner
Kentucky Department for Medicaid Services
275 East Main Street
Frankfort, KY 40601

Re: Approval of State Plan Amendment KY-21-0005

Dear Lisa Lee,

On May 18, 2021, the Centers for Medicare and Medicaid Services (CMS) received Kentucky State Plan Amendment (SPA) 21-0005 (KY 21-0005), in which Kentucky proposed to adopt the optional eligibility group serving individuals eligible for the Medicaid Program for All-inclusive Care for the Elderly (PACE) benefit.

We approve KY-21-0005 with an effective date(s) of July 1, 2021.

Reviewable Unit	Effective Date
Optional Eligibility Groups	July 01, 2021
PACE Participants	February 01, 2022
Individuals Receiving Hospice	July 01, 2021

CMS looks forward to receiving these additional items from Kentucky when they are available.

- Program Integrity or Audit Plan for the PACE Program
- Program Integrity Provisions for the Managed Care Contracts
- Brief descriptions of corrective Actions taken to address the Duplicate Medicaid ID Issue
- Brief descriptions of technical Modifications being Made by April 2022 to Correct the Duplicate ID Issue
- Results of the Internal audits the state is doing once completed

If you have any questions regarding this amendment, please contact Keri Rosenbloom at keri.toback@cms.hhs.gov

Sincerely,
James G. Scott
Division of Program Operations
Center for Medicaid & CHIP Services

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | KY2021MS00020 | KY-21-0005

Package Header

Package ID	KY2021MS00020	SPA ID	KY-21-0005
Submission Type	Official	Initial Submission Date	5/18/2021
Approval Date	1/28/2022	Effective Date	7/1/2021
Superseded SPA ID	KY-18-0003		
	System-Derived		

A. Options for Coverage













The state provides Medicaid to specified optional groups of individuals.

Yes No










The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-

based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Non-IV-E Adoption Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional Targeted Low Income Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Needing Treatment for Breast or Cervical Cancer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Individuals Eligible for but Not Receiving Cash Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Children under Age 19 with a Disability	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | KY2021MS00020 | KY-21-0005

Package Header

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Superseded SPA ID	KY-18-0003		
	System-Derived		

B. Medically Needy Options for Coverage





The state provides Medicaid to specified groups of individuals who are medically needy.

Yes No

The medically needy eligibility groups covered in the state plan are:

1. Mandatory Medically Needy:

Families and Adults





Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Medically Needy Pregnant Women		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Children under Age 18		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Protected Medically Needy Individuals Who Were Eligible in 1973		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

2. Optional Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Medically Needy Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Medically Needy Populations Based on Age, Blindness or Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | KY2021MS0002O | KY-21-0005

Package Header

Package ID	KY2021MS0002O	SPA ID	KY-21-0005
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Superseded SPA ID	KY-18-0003		
	System-Derived		

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

PACE Participants

MEDICAID | Medicaid State Plan | Eligibility | KY2021MS00020 | KY-21-0005

Individuals who would be eligible for Medicaid under institutional rules and who participate in the PACE program.

Package Header

Package ID	KY2021MS00020	SPA ID	KY-21-0005
Submission Type	Official	Initial Submission Date	5/18/2021
Approval Date	1/28/2022	Effective Date	2/1/2022
Superseded SPA ID	KY-18-0003		
	User-Entered		

The state operates the PACE Participants eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

- Would be eligible for one or more of the following Medicaid eligibility groups if in a medical institution:
 - a. Individuals in Institutions Eligible under a Special Income Level
 - b. Age and Disability-related Poverty Level
 - c. Medically Needy Individuals
 - d. Individuals Eligible for but Not Receiving Cash Assistance
 - e. Other eligibility group(s):
- Are enrolled in a Program of All-Inclusive Care for the Elderly (PACE) program under a PACE program agreement.
- Require, or will require in the absence of the continued provision of PACE services, the level of care furnished by a nursing facility.

PACE Participants

MEDICAID | Medicaid State Plan | Eligibility | KY2021MS0002O | KY-21-0005

Package Header

Package ID	KY2021MS0002O	SPA ID	KY-21-0005
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Superseded SPA ID	KY-18-0003		
	User-Entered		

B. Financial Methodologies

The income and resource methodologies used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.

PACE Participants

MEDICAID | Medicaid State Plan | Eligibility | KY2021MS00020 | KY-21-0005

Package Header

Package ID	KY2021MS00020	SPA ID	KY-21-0005
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	User-Entered		

C. Income and Resource Standards

1. The income and resource standards used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.
2. An individual's gross income may not exceed 300% of the SSI federal benefit rate.

PACE Participants

MEDICAID | Medicaid State Plan | Eligibility | KY2021MS00020 | KY-21-0005

Package Header

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D. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Receiving Hospice

MEDICAID | Medicaid State Plan | Eligibility | KY2021MS00020 | KY-21-0005

Individuals who would be eligible for Medicaid under institutional rules and who will receive hospice care.

Package Header

Package ID	KY2021MS00020	SPA ID	KY-21-0005
Submission Type	Official	Initial Submission Date	5/18/2021
Approval Date	1/28/2022	Effective Date	7/1/2021
Superseded SPA ID	KY-18-003		
	User-Entered		

The state operates the Individuals Receiving Hospice eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

- Would be eligible for one or more of the following Medicaid eligibility groups if in a medical institution:
 - a. Individuals in Institutions Eligible under a Special Income Level
 - b. Age and Disability-related Poverty Level
 - c. Medically Needy Individuals
 - d. Individuals Eligible for but Not Receiving Cash Assistance
 - e. Other eligibility group(s):
- Are terminally ill; and
- Will receive hospice care pursuant to a voluntary election.

Individuals Receiving Hospice

MEDICAID | Medicaid State Plan | Eligibility | KY2021MS0002O | KY-21-0005

Package Header

Package ID	KY2021MS0002O	SPA ID	KY-21-0005
Submission Type	Official	Initial Submission Date	5/18/2021
Approval Date	1/28/2022	Effective Date	7/1/2021
Superseded SPA ID	KY-18-003		
	User-Entered		

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
- No

Individuals Receiving Hospice

MEDICAID | Medicaid State Plan | Eligibility | KY2021MS00020 | KY-21-0005

Package Header

Package ID	KY2021MS00020	SPA ID	KY-21-0005
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Superseded SPA ID	KY-18-003		
	User-Entered		

C. Financial Methodologies

The income and resource methodologies used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.

Individuals Receiving Hospice

MEDICAID | Medicaid State Plan | Eligibility | KY2021MS00020 | KY-21-0005

Package Header

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	User-Entered		

D. Income and Resource Standards

The income and resource standards used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.

Individuals Receiving Hospice

MEDICAID | Medicaid State Plan | Eligibility | KY2021MS00020 | KY-21-0005

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Package ID	KY2021MS00020	SPA ID	KY-21-0005
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	User-Entered		

E. Medical Assistance Provided

Benefits for this eligibility group are described in the benefits section of the state plan.

Individuals Receiving Hospice

MEDICAID | Medicaid State Plan | Eligibility | KY2021MS0002O | KY-21-0005

Package Header

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F. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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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