

Table of Contents

State/Territory Name: Kentucky

State Plan Amendment (SPA)#: 24-0014

This file contains the following documents in the order listed

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

September 16, 2024

Lisa Lee
Commissioner, Department for Medicaid Services
Commonwealth of Kentucky
Cabinet for Health and Human Services
275 East Main Street, 6 West A
Frankfort, KY 40601

RE: Kentucky State Plan Amendment (SPA) Transmittal Number 24-0014

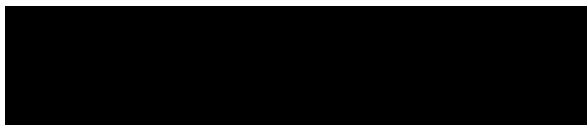
Dear Commissioner Lee:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0014. This amendment updates the personal needs allowance from \$40 to \$60.

We conducted our review of your submittal according to statutory requirements in Section 1924 of the Social Security Act. This letter is to inform you that Kentucky's Medicaid SPA TN 24-0014 was approved on September 13, 2024, effective July 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Kentucky State Plan.

If you have any questions regarding this State Plan Amendment, please have a member of your staff contact Keri Toback at (312) 353-1754 or by email at keri.toback@cms.hhs.gov.



James G. Scott, Director
Division of Program Operations

Enclosures

cc: Erin Bickers, KY DMS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 4 — 0 0 1 4</u>	2. STATE <u>KY</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
1924 of the Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024 \$ 8,808,400
b. FFY 2025 \$ 8,808,400

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Att. 2.6-A Pg. 4a
Supp. 12A to Att. 2.6-A Pg. 1
Supp. 14 to Att. 2.16-A Pg. 1

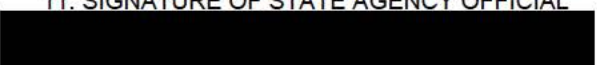
8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Att. 2.6-A Pg. 4a
Supp. 12A to Att. 2.6-A Pg. 1
Supp. 14 to Att. 2.16-A Pg. 1

9. SUBJECT OF AMENDMENT
Changes to update personal needs allowance from \$40 to \$60.

10. 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

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
Lisa D. Lee

13. TITLE
Commissioner


14. DATE SUBMITTED
7/19/2024

15. RETURN TO
Lisa Lee
275 E. Main St. 6 W-A
Frankfort, KY 40601

FOR CMS USE ONLY

16. DATE RECEIVED <u>07/19/2024</u>	17. DATE APPROVED <u>09/13/2024</u>
--	--

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL <u>07/01/2024</u>	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL <u>James G. Scott</u>	21. TITLE OF APPROVING OFFICIAL <u>Director, Division of Program Operations</u>

22. REMARKS

Citation(s)	Condition or Requirement
1924 of the Act 435.725 435.733 435.832	<p>2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:</p> <p>Personal Needs Allowance (PNA) of not less than \$60 for Individuals and \$120 for Couples for all institutionalized persons.</p> <p>a. Aged, blind, disabled: Individuals <u>\$60.00</u> plus mandatory nondiscretionary deductions Couples <u>\$120.00</u> plus mandatory nondiscretionary deductions</p> <p>For the following persons with greater need: Supplement 12a to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>b. AFDC Related:</p> <p>Children <u>\$60.00</u> plus mandatory nondiscretionary deductions Adults <u>\$60.00</u> plus mandatory nondiscretionary deductions</p> <p>For the following persons with greater need: Supplement 12a to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>c. Individual under age 21 covered in the plan as specified in Item B.7 of Attachment 2.2-A. <u>\$60.00</u> plus mandatory nondiscretionary deductions.</p>

Revision: HCFA-PM-97-2
December 1997
State: Kentucky

SUPPLEMENT 12A TO
ATTACHMENT 2.6-A
Page 1
QMB No.:0938-0673

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

“Personal Needs Allowance - Individuals with Greater Needs”

Aged, blind, disabled; AFDC Related; and individuals under age 21 covered in this plan as specified in Item B.7 of Attachment 2.2-A.

1. For ICF/MR patients in therapeutic placements designed to rehabilitate the individuals the first \$65 plus 1/2 of the remainder of earned income (as an addition to the \$60 personal needs allowance) with the total amount disregarded not to exceed the SSI standard for an individual.
2. For institutionalized individuals, amounts excluded under a plan to achieve self-support (PASS), as an income related work expense (IRWE), or blind work expense (BWE) shall be added to the individual's usual PNA.

TN No. 24-0014
Supersedes
TN No. 98-03

Approval Date: 09/13/2024

Effective Date: 07/01/2024

State Kentucky

Citation	Condition or Requirement
----------	--------------------------

“Personal Needs Allowance - Individuals with Greater Needs”

Aged, blind, disabled; AFDC Related; and individuals under a 21 covered in this plan as specified in Item B.7 of Attachment 2.2-A.

1. For ICF/MR patients in therapeutic placements designed to rehabilitate the individuals the first \$65 plus 1/2 of the remainder of earned income (as an addition to the \$60 personal needs allowance) with the total amount disregarded not to exceed the SSI standard for an individual.
2. For institutionalized individuals, amounts excluded under a plan to achieve self-support (PASS), as an income related work expense (IRWE), or blind work expense (BWE) shall be added to the individual’s usual PNA.

TN No. 24-0014
Supersedes
TN No. 92-1

Approval Date: 09/13/2024

Effective Date: 07/01/2024