Medicaid State Plan Eligibility

Medicaid State Plan Eligibility: General Information

State/Territory name: Kentucky

Transmittal Number: KY 13-008

General Information:

Submission Title:

short (under 100 characters) label used to identify this submission in the web application

Medicaid Eligibility

Description:

This SPA submission establishes the various eligibility groups for KY Medicaid

Populations Covered:

Mandatory Coverage:

- ☑ **Parents and Other Caretaker Relatives**
- ☑ **Pregnant Women**
- ☑ **Infants and Children under Age 19**
- ☑ **Adult Group**
- ☑ **Former Foster Care Children**

Options for Coverage:

- ☑ **Individuals above 133% FPL**
- ☑ **Optional Coverage of Parents and Other Caretaker Relatives**
- ☑ **Reasonable Classification of Individuals under Age 21**
- ☑ **Children with Non IV-E Adoption Assistance**
- ☑ **Optional Targeted Low Income Children**
- ☑ **Individuals with Tuberculosis**
- ☑ **Independent Foster Care Adolescents**
- ☑ **Individuals Eligible for Family Planning Services**

Medicaid State Plan Eligibility: File Management Summary

State/Territory name: Kentucky

Transmittal Number: KY 13-008

Type of SPA	Form Code	Form Name/Description	Uploaded?
MAGI-Based Eligibility Groups	S14	AFDC Income Standard	yes
MAGI-Based Eligibility Groups	S25	Mandatory: Parents and Other Caretakers	yes
MAGI-Based Eligibility Groups	S28	Mandatory: Pregnant Women	yes
MAGI-Based Eligibility Groups	S30	Mandatory: Infants and Children Under Age 19	yes

Type of SPA	Form Code	Form Name/Description	Uploaded?
MAGI-Based Eligibility Groups	S32	Mandatory: Individuals Below 133% of the FPL	yes
MAGI-Based Eligibility Groups	S33	Mandatory: Former Foster Care Children up to age 26	yes
MAGI-Based Eligibility Groups	S50	Optional: Individuals Above 133% of the FPL	yes
MAGI-Based Eligibility Groups	S51	Optional: Optional Parents and Caretakers	yes
MAGI-Based Eligibility Groups	S52	Optional: Reasonable Classifications of Individuals	yes
MAGI-Based Eligibility Groups	S53	Optional: Non IV-E Adoption Assistance	yes
MAGI-Based Eligibility Groups	S54	Optional: Optional Targeted Low Income Children	yes
MAGI-Based Eligibility Groups	S55	Optional: Tuberculosis	yes
MAGI-Based Eligibility Groups	S57	Optional: Foster Care Adolescents - Chafee	yes
MAGI-Based Eligibility Groups	S59	Optional: Family Planning	yes
Eligibility Process	S94	Single streamlined application or alternative, Renewals, Coordination for enrollment and eligibility (agreements with Exchanges)	no
MAGI Income Methodology	S10	Designates the income options the state is electing in 2014 (e.g. how pregnant women are counted, reasonably predictable changes in income, cash support, how full-time students are counted)	no
Single State Agency	A1-3	Addresses single state agencies delegation of appeals and determinations	no
Residency	S88	State affirms residency regulations and addresses interstate agreements and temporary absence	no
Citizenship & Immigration Status	S89	State affirms citizenship regulations, specifies reasonable opportunity options, and specifies policy options related to immigrant eligibility	no
Hospital Presumptive Eligibility	S21	State specifies options for presumptive eligibility conducted by hospitals	no

Medicaid State Plan Eligibility: File Management Detail

Form S14: AFDC Income Standards

Form Description: Template - S14 - AFDC Income Standards

Uploaded Form: S14 Ready.pdf

Support Documents

Document

Form S25: Eligibility Groups - Mandatory Coverage: Parents and Other Caretaker Relatives

Form Description:

Uploaded Form: S25 KY MAGI Approval.pdf

Support Documents

Document
Please provide a short description of this support document:
Uploaded Document Name: S25 Attachment 1 & 2 KY_converted_thresholds_01-JUL-2013.xls
Please provide a short description of this support document:
Uploaded Document Name: S25 KY MAGI Approval.pdf

Form S28: Eligibility Groups - Mandatory Coverage: Pregnant Women

Form Description: S28 - Mandatory Coverage for Pregnant Women

Uploaded Form: S28 Ready.pdf

Support Documents

Document
Please provide a short description of this support document:

Document
Uploaded Document Name:
PRESUMPTIVE ELIGIBILITY FOR MEDICAID SERVICES hosptial version (6).
Please provide a short description of this support document:
Uploaded Document Name:
S25 KY MAGI Approval.pdf
Please provide a short description of this support document:
Uploaded Document Name:
S25 Attachment 1 & 2 KY_converted_thresholds_01-JUL-2013.xls

Form S30: Eligibility Groups - Mandatory Coverage: Infants and Children under Age 19

Form Description: Template S30 - Mandatory Coverage Infants and Children under Age 19

Uploaded Form: S30 Ready.pdf

Support Documents

Document
Please provide a short description of this support document:
Uploaded Document Name:
S25 KY MAGI Approval.pdf
Please provide a short description of this support document:
Uploaded Document Name:
S25 Attachment 1 & 2 KY_converted_thresholds_01-JUL-2013.xls

Form S32: Eligibility Groups - Mandatory Coverage: Adult Group

Form Description: Template S32 - Mandatory Coverage Adult Group

Uploaded Form: S32 Ready.pdf

Support Documents

Document

Form S33: Eligibility Groups - Mandatory Coverage: Former Foster Care Children

Form Description: Template S33 - Mandatory Coverage Former Foster Care Children

Uploaded Form: S33 Ready.pdf

Support Documents

Document

Form S50: Eligibility Groups - Options for Coverage: Individuals above 133% FPL

Form Description: Template S50 - Options for Coverage Individuals above 133% FPL

Uploaded Form: S50 Ready.pdf

Support Documents

Document

Form S51: Eligibility Groups - Options for Coverage: Optional Coverage of Parents and Other Caretaker Relatives

Form Description: Template S51 - Options for Coverage Optional Coverage of Parents and Other Caretaker Relatives

Uploaded Form: S51 Ready.pdf

Support Documents

Document

Form S52: Eligibility Groups - Options for Coverage: Reasonable Classification of Individuals under Age 21

Form Description: Template S52 - Options for Coverage Reasonable Classification of Individuals Under Age 21

Uploaded Form: S52 Ready.pdf

Support Documents

Document

Form S53: Eligibility Groups - Options for Coverage: Children with Non IV-E Adoption Assistance

Form Description: Template S53 - Options for Coverage Children with Non IV-E Adoption Assistance

Uploaded Form: S53 Ready.pdf

Support Documents

Document

Form S54: Eligibility Groups - Options for Coverage: Optional Targeted Low Income Children

Form Description: Template - S54 Options for Coverage Optional Targeted Low Income Children

Uploaded Form: S54 Ready.pdf

Support Documents

Document

Form S55: Eligibility Groups - Options for Coverage: Individuals with Tuberculosis

Form Description: Template S55 - Options for Coverage - Individuals with Tuberculosis

Uploaded Form: S55 Ready.pdf

Support Documents

Document

Form S57: Eligibility Groups - Options for Coverage: Independent Foster Care Adolescents

Form Description: Template S57 - Options for Coverage - Independent Foster Care Adolescents

Uploaded Form: S57 Ready.pdf

Support Documents

Document

Form S59: Eligibility Groups - Options for Coverage: Individuals Eligible for Family Planning Services

Form Description: Template S59 - Options for Coverage - Individuals Eligible for Family Planning Services

Uploaded Form: S59 Ready.pdf

Support Documents

Document

Form S94: General Eligibility Requirements: Eligibility Process

Form Description:

Uploaded Form:

Support Documents

Document

Form S10: MAGI-Based Income Methodologies

Form Description:

Uploaded Form:

Support Documents

Document

Form A1-3: Medicaid Administration: Single State Agency

Form Description:

Uploaded Form:

Support Documents

Document

Form S88: Non-Financial Eligibility: State Residency

Form Description:

Uploaded Form:

Support Documents

Document

Form S89: Non-Financial Eligibility: Citizenship and Non-Citizen Eligibility

Form Description:

Uploaded Form:

Support Documents

Document

Form S21: Presumptive Eligibility by Hospitals

Form Description:

Uploaded Form:

Support Documents

Document

Medicaid State Plan Eligibility: Tribal Input

State/Territory name: Kentucky

Transmittal Number: KY 13-008

☐ **One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this State.**

☐ **This State Plan Amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations.**

☐ **The State has solicited advice from Indian Health Programs, Urban Indian Organizations, and/or Tribal governments prior to submission of this State Plan Amendment.**

Complete the following information regarding any tribal consultation conducted with respect to this submission:

Tribal consultation was conducted in the following manner. States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

☐ **Indian Tribes**

☐ **Indian Health Programs**

☐ **Urban Indian Organization**

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Indicate the key issues raised in Indian consultative activities:

☐ **Access**

Summarize Comments

Summarize Response

☐ **Quality**

Summarize Comments

Summarize Response

☐ **Cost**

Summarize Comments

Summarize Response

☐ **Payment methodology**

Summarize Comments

Summarize Response

☐ **Eligibility**

Summarize Comments

Summarize Response

☐ Benefits

Summarize Comments

Summarize Response

☐ Service delivery

Summarize Comments

Summarize Response

☐ Other Issue

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Kentucky

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

KY 13-008

Proposed Effective Date

01/01/2014 *(mm/dd/yyyy)*

Federal Statute/Regulation Citation

Multiple - See Each Template for Statute/Regulations to that group

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	$422000000.00
Second Year	2015	$1193000000.00

Subject of Amendment

The purpose of this SPA is to establish the various eligiblity groups eligible for Medicaid as of 1/1/2014

Governor's Office Review

- ○ Governor's office reported no comment
- ○ Comments of Governor's office received

Describe:

○ **No reply received within 45 days of submittal**

◉ **Other, as specified**
Describe:
Governor has given the Cabinet for Health and Family Service the authority for review.

Signature of State Agency Official

Submitted By:	**Sharley Hughes**
Last Revision Date:	**Oct 18, 2013**
Submit Date:	**Aug 26, 2013**

Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

AFDC Income Standards — S14

Enter the AFDC Standards below. All states must enter:

MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988 and
AFDC Payment Standard in Effect As of July 16, 1996

Entry of other standards is optional.

MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988

Income Standard Entry - Dollar Amount - Automatic Increase Option — S13a

The standard is as follows:

- (•) Statewide standard
- ( ) Standard varies by region
- ( ) Standard varies by living arrangement
- ( ) Standard varies in some other way

Enter the statewide standard

	Household size	Standard ($)	
+	1	175	X
+	2	179	X
+	3	207	X
+	4	259	X
+	5	303	X
+	6	342	X
+	7	381	X

Additional incremental amount

( ) Yes (•) No

Increment amount $

The dollar amounts increase automatically each year

( ) Yes (•) No

AFDC Payment Standard in Effect As of July 16, 1996

Income Standard Entry - Dollar Amount - Automatic Increase Option — S13a

The standard is as follows:

- (•) Statewide standard
- ( ) Standard varies by region
- ( ) Standard varies by living arrangement
- ( ) Standard varies in some other way

Enter the statewide standard

	Household size	Standard ($)	
+	1	186	X
+	2	225	X
+	3	262	X
+	4	328	X
+	5	383	X
+	6	432	X
+	7	482	X

Additional incremental amount

( ) Yes (•) No

Increment amount $

The dollar amounts increase automatically each year

( ) Yes (•) No

MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996

Income Standard Entry - Dollar Amount - Automatic Increase Option S13a

The standard is as follows:

- (•) Statewide standard
- ( ) Standard varies by region
- ( ) Standard varies by living arrangement
- ( ) Standard varies in some other way

Enter the statewide standard

	Household size	Standard ($)	
+	1	223	X
+	2	274	X
+	3	324	X
+	4	403	X
+	5	470	X
+	6	532	X
+	7	595	X

Additional incremental amount

○ Yes ◉ No

Increment amount $

The dollar amounts increase automatically each year

○ Yes ◉ No

AFDC Need Standard in Effect As of July 16, 1996

Income Standard Entry - Dollar Amount - Automatic Increase Option S13a

The standard is as follows:

◉ Statewide standard

○ Standard varies by region

○ Standard varies by living arrangement

○ Standard varies in some other way

Enter the statewide standard

	Household size	Standard ($)	
+	1	394	X
+	2	460	X
+	3	526	X
+	4	592	X
+	5	658	X
+	6	724	X
+	7	790	X

Additional incremental amount

○ Yes ◉ No

Increment amount $

The dollar amounts increase automatically each year

○ Yes ◉ No

AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date.

Income Standard Entry - Dollar Amount - Automatic Increase Option S13a

The standard is as follows:

○ Statewide standard

○ Standard varies by region

○ Standard varies by living arrangement

○ Standard varies in some other way

The dollar amounts increase automatically each year

○ Yes ◉ No

MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date

Income Standard Entry - Dollar Amount - Automatic Increase Option S13a

The standard is as follows:

- ○ Statewide standard
- ○ Standard varies by region
- ○ Standard varies by living arrangement
- ○ Standard varies in some other way

The dollar amounts increase automatically each year

○ Yes ◉ No

TANF payment standard

Income Standard Entry - Dollar Amount - Automatic Increase Option S13a

The standard is as follows:

- ○ Statewide standard
- ○ Standard varies by region
- ○ Standard varies by living arrangement
- ○ Standard varies in some other way

The dollar amounts increase automatically each year

○ Yes ◉ No

MAGI-equivalent TANF payment standard

Income Standard Entry - Dollar Amount - Automatic Increase Option S13a

The standard is as follows:

- ○ Statewide standard
- ○ Standard varies by region
- ○ Standard varies by living arrangement
- ○ Standard varies in some other way

The dollar amounts increase automatically each year

○ Yes ◉ No

PRA Disclosure Statement

Medicaid Eligibility

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 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, 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.

Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

Eligibility Groups - Mandatory Coverage
Parents and Other Caretaker Relatives **S25**

42 CFR 435.110
1902(a)(10)(A)(i)(I)
1931(b) and (d)

■ **Parents and Other Caretaker Relatives** - Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.

☑ The state attests that it operates this eligibility group in accordance with the following provisions:

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

■ Are parents or other caretaker relatives (defined at 42 CFR 435.4), including pregnant women, of dependent children (defined at 42 CFR 435.4) under age 18. Spouses of parents and other caretaker relatives are also included.

The state elects the following options:

☒ This eligibility group includes individuals who are parents or other caretakers of children who are 18 years old, provided the children are full-time students in a secondary school or the equivalent level of vocational or technical training.

☒ Options relating to the definition of caretaker relative (select any that apply):

☐ The definition of caretaker relative includes the domestic partner of the parent or other caretaker relative, even after the partnership is terminated.

Definition of domestic partner:

☒ The definition of caretaker relative includes other relatives of the child based on blood (including those of half-blood), adoption or marriage.

If a parent is not included in the case, one (1) other caretaker relative may be included to the same extent he would have been eligible in the Aid to Families with Dependent Children program using the AFDC methodology in effect on July 16, 1996.

A caretaker relative shall include:

1. Grandfather;
2. Grandmother;
3. Brother;
4. Sister;

Description of other relatives:

5. Uncle;
6. Aunt;
7. Nephew;
8. Niece;
9. First cousin;
10. A relative of the half-blood;
11. A preceding generation denoted by a prefix of:
    a. Grand;
    b. Great; or
    c. Great-great; or
12. A stepfather, stepmother, stepbrother, or stepsister.

☐ The definition of caretaker relative includes any adult with whom the child is living and who assumes primary responsibility for the dependent child's care.

☒ Options relating to the definition of dependent child (select the one that applies):

◉ The state elects to eliminate the requirement that a dependent child must be deprived of parental support or care by reason of the death, physical or mental incapacity, or absence from the home or unemployment of at least one parent.

○ The child must be deprived of parental support or care, but a less restrictive standard is used to measure unemployment of the parent (select the one that applies):

■ Have household income at or below the standard established by the state.

■ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

■ Income standard used for this group

■ Minimum income standard

The minimum income standard used for this group is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in S14 AFDC Income Standards.

☑ The state certifies that it has submitted and received approval for its converted May 1, 1988 AFDC payment standard.

An attachment is submitted.

■ Maximum income standard

Medicaid Eligibility

☑ The state certifies that it has submitted and received approval for its converted income standard(s) for parents and other caretaker relatives to MAGI-equivalent standards and the determination of the maximum income standard to be used for parents and other caretaker relatives under this eligibility group.

An attachment is submitted.

The state's maximum income standard for this eligibility group is:

○ The state's effective income level for section 1931 families under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

◉ The state's effective income level for section 1931 families under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

○ The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

○ The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

Enter the amount of the maximum income standard:

○ A percentage of the federal poverty level: [ ] %

◉ The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.

○ The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.

○ The state's TANF payment standard, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.

○ Other dollar amount

■ Income standard chosen:

Indicate the state's income standard used for this eligibility group:

○ The minimum income standard

◉ The maximum income standard

○ The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14 AFDC Income Standards.

○ Another income standard in-between the minimum and maximum standards allowed

■ There is no resource test for this eligibility group.

■ Presumptive Eligibility