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

April 25, 2014

Lawrence Kissner, Commissioner
Department for Medicaid Services
275 East Main Street, 6WA
Frankfort, KY 40621-0001

Re: Kentucky State Plan Amendment 14-001

Dear Mr. Kissner:

We have reviewed the proposed Kentucky state plan amendment (SPA) 14-001, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on January 29, 2014. Kentucky SPA 14-001 removes the services offered by local health departments from the Preventive Services section of the state plan, and adds these services to the Services Provided by Local Health Departments section in Attachment 4.19-B of the state plan. This SPA responds to the Companion Letter issued December 20, 2013, for Kentucky SPA 13-018.

Based on the information provided, the Medicaid State Plan Amendment KY 14-001 was approved on April 25, 2014. The effective date of this amendment is January 1, 2014. Enclosed are the approved HCFA-179 and a copy of the new state plan pages.

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

Sincerely,

Jackie Glaze

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

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 14-001

2. STATE: Kentucky

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2014

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN X 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 2014 Budget Neutral
b. FFY 2015 Budget Neutral

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att. 3.1-A, Page 7.2.1(e) - Page 7.2.1(g)
Att. 3.1-B, Page 23.3 – Page 23.5

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Same

10. SUBJECT OF AMENDMENT:
The purpose of this State Plan Amendment remove the current local health department program from the preventive section of the State Plan and move it to the Other Licensed Practitioner's Services section, per the companion letter for SPA 13-018

11. 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
X OTHER, AS SPECIFIED: Review delegated to Commissioner, Department for Medicaid Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Lawrence Kissner

14. TITLE: Commissioner, Department for Medicaid Services

15. DATE SUBMITTED: 1/28/14

16. RETURN TO:

Department for Medicaid Services
275 East Main Street 6W-A
Frankfort, Kentucky 40621

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 01-29-14

18. DATE APPROVED: 04-25-14

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
01/01/14

20. SIGNATURE OF REGIONAL OFFICIAL:
Jackie Glaze

21. TYPED NAME:
Jackie Glaze

22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns

23. REMARKS:
Approved with the following changes to items 8 and 9 as authorized by State Agency on email dated 04/23/14:

Block #8 Changed to read: Attachment 3.1-A pages 7.6.1(b), 7.6.1(b)(1), 7.6.1(b)(2); Attachment 3.1-B pages 31.5(b), 31.5(b)(1), 31.5(b)(2), and Attachment 4.19-B pages 20.35, 20.35.1 and 20.35.2.
Block #8 Changed to read: Attachment 3.1-A pages 7.6.1(b), 7.6.1(b)(1), 7.6.1(b)(2); Attachment 3.1-B pages 31.5(b), 31.5(b)(1), 31.5(b)(2), And Attachment 4.19-B pages 20.35, 20.35.1(new) and 20.35.2(new).

13. Other diagnostic, screening, preventive and, rehabilitative services, ie. other than those provided elsewhere in this plan.

13c. Preventive Services

A. Eligible preventive services include all of the preventive services assigned a grade of A or B by the United States Preventive Services Task Force (USPSTF), and all approved adult vaccines and their administration, recommended by the Advisory Committee on Immunization Practices (ACIP). Such services are provided in accordance with Section 4106 of the Affordable Care Act. The state has documentation available to support the claim of the enhanced FMAP for preventive services beginning January 1, 2014. The state assures that it has a method to ensure that, as changes are made to USPSTF or ACIP recommendations, the state will update their coverage and billing codes to comply with those revisions.

In conjunction with the above and in compliance with Section 2713 of the Public Health Service Act, eligible preventive services also include preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program project, and additional preventive services for women recommended by the Institute of Medicine.

No cost sharing shall be applied to preventive services.

This Page Intentionally Left Blank

This Page Intentionally Left Blank

13. Other diagnostic, screening, preventive and, rehabilitative services, ie. other than those provided elsewhere in this plan.

13c. Preventive Services

A. Eligible preventive services include all of the preventive services assigned a grade of A or B by the United States Preventive Services Task Force (USPSTF), and all approved adult vaccines and their administration, recommended by the Advisory Committee on Immunization Practices (ACIP). Such services are provided in accordance with Section 4106 of the Affordable Care Act. The state has documentation available to support the claim of the enhanced FMAP for preventive services beginning January 1, 2014. The state assures that it has a method to ensure that, as changes are made to USPSTF or ACIP recommendations, the state will update their coverage and billing codes to comply with those revisions.

In conjunction with the above and in compliance with Section 2713 of the Public Health Service Act, eligible preventive services also include preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program project, and additional preventive services for women recommended by the Institute of Medicine.

No cost sharing shall be applied to preventive services.

This Page Intentionally Left Blank

This Page Intentionally Left Blank

XXVIII. Services Provided by Local Health Departments.

1. Services that are provided by local health departments shall be reimbursed 100% of the Medicare Physician Fee Schedule rate that is in effect as of January 1, 2014 and updated annually on January 1st. The Fee Schedule is located at http://www.chfs.ky.gov/NR/rdonlyres/AAF5A26B-D321-4D41-9AB0-8A49CF4BE3AB/0/Preventive2012FeeSchedule6WEB.pdf. Any codes on the aforementioned Fee Schedule that is not on the Medicare Fee Schedule will be reimbursed at the Medicaid developed Physician Fee Schedule, last updated on January 1, 2013, or Dental Fee Schedule, last updated on January 1, 2009, both of which are located at http://www.chfs.ky.gov/dms/fee.htm

2. Covered services shall be provided by a:

   a. Physician;

   b. Dentist;

   c. Physician Assistant;

   d. Public Health Dental Hygienist;

   e. Advanced Registered Nurse Practitioner; or

   f. Registered Nurse. A "registered nurse" is defined by state law as a person who is licensed in accordance with state law to engage in registered nursing practice. State law defines "registered nursing practice" as the performance of acts requiring substantial specialized knowledge, judgment, and nursing skill based upon the principles of psychological, biological, physical, and social sciences in the application of the nursing process in:

      (1) The care, counsel, and health teaching of the ill, injured, or infirm;
      (2) The maintenance of health or prevention of illness of others;
      (3) The administration of medication and treatment as prescribed by a physician, physician assistant, dentist, or advanced registered nurse practitioner and as further authorized or limited by the Kentucky Board of Nursing, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses. Components of medication administration include but are not limited to:

         (a) Preparing and giving medications in the prescribed dosage, route, and frequency, including dispensing medications;
         (b) Observing, recording, and reporting desired effects, untoward reactions, and side effects of drug therapy;
         (c) Intervening when emergency care is required as a result of drug therapy;
         (d) Recognizing accepted prescribing limits and reporting deviations to the prescribing individual;
         (e) Recognizing drug incompatibilities and reporting interactions or potential interactions to the prescribing individual; and
         (f) Instructing an individual regarding medications;

(4) The supervision, teaching of, and delegation to other personnel in the performance of activities relating to nursing care; and

(5) The performance of other nursing acts which are authorized or limited by the Kentucky Board of Nursing, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses.

3. This methodology applies to the following services:

a. Early and periodic screening, diagnosis, and treatment (EPSDT) services which are described in Attachment 3.1-A, pages 7.1.2 – 7.1.4, 7.1.7, 7.1.8 and Attachment 3.1-B, pages 16-18, 20.1 and 20.2.

b. Pediatric services which include the following:

(1) Diagnostic and nursing evaluation and management services;

(2) Provision of all childhood immunizations as described by Attachment 3.1-A, page 9a included in the Vaccines for Children (VFC) program. Providers will only be reimbursed the administration fee for vaccines provided under the VFC program. Provision of other immunizations to children as recommended by the CDC;

(3) Medications and other treatment procedures; and

(4) Follow-up nursing care.

c. Prenatal and related services – Services provided or arranged in accordance with the standards developed for the prenatal program include the following:

(1) Pregnancy testing/confirmation;

(2) Contact visit counseling;

(3) Initial examination;

(4) Subsequent monitoring visits;

(5) Laboratory tests, as necessary;

(6) Individual counseling;

(7) Hands voluntary home visitation program;

(8) Initial infant assessment;

(9) Postpartum visit; and

(10) Family planning visit.

d. Services for individuals with chronic diseases such as:

(1) Diagnostic evaluation and management services;

(2) Laboratory tests, as necessary;

(3) Medications and other treatment procedures;

(4) Individual counseling; and

(5) Adult immunizations as recommended by the CDC.

e. Chronic disease services which are provided for the following:

(1) Diabetes;
(2) Heart disease and stroke program;
(3) Women's Cancer Screening program;
(4) Substance abuse prevention program;
(5) Tobacco prevention and cessation;
(6) Obesity;
(7) Arthritis/osteoarthritis;
(8) Depression;
(9) Oncology;
(10) Hemophilia;
(11) Sickle Cell;
(12) Organ transplants; and
(13) Rare disease.

f. Family planning services are described in Attachment 3.1-A, page 7.1.9 and Attachment 3.1-B, page 20.3. These services include the following:

(1) Complete medical history;
(2) Physical examination;
(3) Laboratory and clinical test supplies; and
(4) Counseling and prescribed birth control methods to best suit the patient's needs.