CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

Steven L. Beshear
Governor

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Janie Miller
Secretary

Neville Wise
Acting Commissioner

September 23, 2011

Jackie Glaze
Associate Regional Administrator
Division of Medicaid and Children's Health Operations
Centers for Medicare and Medicaid Services
61 Forsyth Street, SW, Suite 4T20
Atlanta, Georgia 30303-8909

RE: Kentucky State Plan Amendment 11-011

Dear Ms. Glaze:

Enclosed please find Kentucky Title XIX Transmittal Number 11-011. The purpose of this SPA is to clarify that Kentucky does provide benefits for tobacco cessation for pregnant women, per State Medicaid Director letter 11-007. DMS states on the HCFA 179 form that this will be budget neutral because we began coverage on 7/1/10 for tobacco cessation for all Medicaid recipients.

If additional information is needed, please contact my office at 502-564-4321.

Sincerely,

Neville J. Wise

Neville Wise
Acting Commissioner

NW/sjh

Enclosure

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: 11-011

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
07/01/2011

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:
Section 1905of the Social Security Act
Section 4107 of the Affordable Care Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2011 - Budget Neutral
b. FFY 2012 - Budget Neutral

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Page 3.1-A, Page 2	Same
Page 3.1-A, Page 7.1.10 New	None
Page 3.1-A, Page 7.2.1(a)(o)	Same
Page 3.1-B, Page 2	Same
Page 3.1-B, Page 20.4 New	None
Page 3.1-B, Page 22.1(a)	Same

10. SUBJECT OF AMENDMENT
The purpose of this State Plan Amendment is to clarify language for the coverage of tobacco cessation for pregnant women per State Medicaid Director Letter 11-007.

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: Neville J Wise

13. TYPED NAME: Neville Wise

14. TITLE: Acting Commissioner, Department for Medicaid Services

15. DATE SUBMITTED: Sept 23, 2011

16. RETURN TO:
Department for Medicaid Services
275 East Main Street 6W-A
Frankfort, Kentucky 40621

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:

State/Territory: Kentucky

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

4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

☐ Provided: ☐ No limitations ☒ With limitations*

4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*

4.c. Family planning services and supplies for individuals of child-bearing age.

4. d Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women

☒ Provided: ☐ No limitations ☒ With limitations*

5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

☐ Provided: ☐ No limitations ☒ With limitations*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

☐ Provided: ☐ No limitations ☒ With limitations*

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' services.

☒ Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

4.d. Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women

Tobacco Cessation Counseling Services for Pregnant Women shall include counseling services, medical services, and pharmaceutical supplies and devices to aid those who decide to quit tobacco. This shall include four (4) face-to-face counseling sessions per quit attempt, with a minimum of two (2) quit attempts per twelve (12) month period.

Face-to-face counseling services shall be provided:

☒ (i) By or under supervision of a physician;

___ (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services; or

___ (iii) Any other health care professional legally authorized to provide tobacco cessation services under State law and who is specifically designated by the Secretary in regulations.

J. Reimbursement for induced abortions is provided when the physician certifies that the pregnancy was a result of rape or incest or the woman suffers from a physical disorder, injury or illness, including a life-endangering physical condition cause or arising from the pregnancy itself that would place the woman in danger of death unless an abortion is performed.

K. Any physician participating in the lock-in program will be paid for providing patient management services for each patient locked-in to him/her during the month.

L. Regional anesthesia (e.g., epidurals) for post-operative pain management shall be limited to one (1) service per day up to four (4) days maximum for the anesthesiologist.

M. Epidural injections of substances for control of chronic pain other than anesthetic, Contrast, or neurolytic solutions shall be limited to three (3) injections per six (6) month period per recipient.

N. Anesthesia Service limits are soft limits which means the service can be covered when medically necessary subject to prior authorization requirements described in material on file in the state agency.

O. Coverage for an evaluation and assessment service, provided by a physician or physician assistant with a corresponding CPT code of 99407 for tobacco cessation shall be limited to two (2) per recipient per year.

1. The evaluation and assessment service shall be:
   a. Performed face-to-face with the recipient;
   b. Be performed over a period of at least ~~thirty~~ ten (~~30~~10) minutes.

2. The evaluation and assessment service shall include:
   a. Asking the recipient about tobacco use;
   b. Advising the recipient to quit using tobacco;
   c. Assessing the recipient's readiness to quit using tobacco products
   d. Compiling a tobacco usage, medical, and psychosocial history of the recipient;
   e. Incorporating a review of the recipient's coping skills and barriers to quitting; and
   f. Providers obtaining of a signed and dated Tobacco Cessation Referral Form from the recipient declaring the recipient's intent to quit using tobacco.

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP (5): ALL

1. Inpatient hospital services other than those provided in an institution for mental diseases.

☒ Provided: ☐ No limitations ☒ With limitations*

2.a. Outpatient hospital services.

☒ Provided: ☐ No limitations ☒ With limitations*

b. Rural health clinic services and other ambulatory services furnished by a rural clinic (which are otherwise covered under the plan).

☒ Provided: ☐ No limitations ☒ With limitations*

c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

☒ Provided: ☐ No limitations ☒ With limitations*

3. Other laboratory and x-ray services.

☒ Provided: ☐ No limitations ☒ With limitations*

4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

☐ Provided: ☐ No limitations ☐ With limitations*

b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.

☒ Provided:

c. Family planning services and supplies for individuals of childbearing age.

☒ Provided: ☐ No limitations ☒ With limitations*

d 1) Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women

☒ Provided: ☐ No limitations ☒ With limitations*

* Description provided on attachment.

J. Reimbursement for induced abortions is provided when the physician certifies that the pregnancy was a result of rape or incest or the woman suffers from a physical disorder, injury or illness, including a life-endangering physical condition cause or arising from the pregnancy itself that would place the woman in danger of death unless an abortion is performed.

K. Any physician participating in the lock-in program will be paid for providing patient management services for each patient locked-in to him/her during the month.

L. Regional anesthesia (e.g., epidurals) for post-operative pain management shall be limited to one (1) service per day up to four (4) days maximum for the anesthesiologist.

M. Epidural or spinal injections of substances for control of chronic pain other than anesthetic, contrast, or neurolytic solutions shall be limited to three (3) injections per six (6) month period per recipient.

N. Anesthesia Service limits are soft limits which means the service can be covered when medically necessary subject to prior authorization requirements described in material on file in the state agency.

O. Coverage for an evaluation and assessment service, provided by a physician or physician assistant with a corresponding CPT code of 99407 for tobacco cessation shall be limited to two (2) per recipient per calendar year.

1. The evaluation and assessment service shall be:
   a. Performed face-to-face with the recipient;
   b. Be performed over a period of at least ten (10) minutes.

2. The evaluation and assessment service shall include:
   a. Asking the recipient about tobacco use;
   b. Advising the recipient to quit using tobacco;
   c. Assessing the recipient's readiness to quit using tobacco products
   d. Compiling a tobacco usage, medical, and psychosocial history of the recipient;
   e. Incorporating a review of the recipient's coping skills and barriers to quitting; and
   f. Providers obtaining of a signed and dated Tobacco Cessation Referral Form from the recipient declaring the recipient's intent to quit using tobacco.

4.d. Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women

Tobacco Cessation Counseling Services for Pregnant Women shall include counseling services, medical services, and pharmaceutical supplies and devices to aid those who decide to quit tobacco. This shall include four (4) face-to-face counseling sessions per quit attempt, with a minimum of two (2) quit attempts per twelve (12) month period.

Face-to-face counseling services shall be provided:

☒ (i) By or under supervision of a physician;

___ (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services; or

___ (iii) Any other health care professional legally authorized to provide tobacco cessation services under State law and who is specifically designated by the Secretary in regulations.