

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No.: 0938-

State/Territory: Kentucky

SECTION 3 - SERVICES: GENERAL PROVISIONS

Citation

3.1 Amount, Duration, and Scope of Services

42 CFR  
Part 440,  
Subpart B  
1902(a), 1902(e),  
1905(a), 1905(p),  
1915, 1920, and  
1925 of the Act

(a) Medicaid is provided in accordance with the requirements of 42 CFR Part 440, Subpart B and sections 1902(a), 1902(e), 1905(a), 1905(p), 1915, 1920, and 1925 of the Act.

(1) Categorically needy.

Services for the categorically needy are described below and in ATTACHMENT 3.1-A. These services include:

1902(a)(10)(A) and  
1905(a) of the Act

(1) Each item or service listed in section 1905(a)(1) through (5) and (21) of the Act, is provided as defined in 42 CFR Part 440, Subpart A, or, for EPSDT services, section 1905(r) and 42 CFR Part 441, Subpart B.

(ii) Nurse-midwife services listed in section 1905(a)(17) of the Act, as defined in 42 CFR 440.165 are provided to the extent that nurse-midwives are authorized to practice under State law or regulation. Nurse-midwives are permitted to enter into independent provider agreements with the Medicaid agency without regard to whether the nurse-midwife is under the supervision of, or associated with, a physician or other health care provider.

Not applicable. Nurse-midwives are not authorized to practice in this State.

TN No. 92-1

Supersedes

TN No. 90-37

Approval Date NOV 14 1994

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HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD)  
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State/Territory: Kentucky

Citation 3.1(a)(1) Amount, Duration, and Scope of Services:  
Categorically Needy (Continued)

1902(e)(5) of  
the Act

(iii) Pregnancy-related, including family planning services, and postpartum services for a 60-day period (beginning on the day pregnancy ends) and any remaining days in the month in which the 60th day falls are provided to women who, while pregnant, were eligible for, applied for, and received medical assistance on the day the pregnancy ends.

LX (iv) Services for medical conditions that may complicate the pregnancy (other than pregnancy-related or postpartum services) are provided to pregnant women.

1902(a)(10),  
clause (VII)  
of the matter  
following **MF**  
of the Act

(v) Services related to pregnancy (including prenatal, delivery, postpartum, and family planning services) and to other conditions that may complicate pregnancy are the same services provided to poverty level pregnant women eligible under the provision of sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.

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October 1992

State/Territory: Kentucky

| <u>Citation</u>                 | 3.1(a)(1)    | <u>Amount, Duration, and Scope of Services:<br/>Categorically Needy (Continued)</u>   |
|---------------------------------|--------------|---|
| 1902(a)(10)(D)                  | (vi)         | Home health services are provided to individuals entitled to nursing facility services as indicated in item 3.1(b) of this plan.  |
| 1902(e)(7) of the Act           | (vii)        | Inpatient services that are being furnished to infants and children described in section 1902(l)(1)(B) through (D), or section 1905(n)(2) of the Act on the date the infant or child attains the maximum age for coverage under the approved State plan will continue until the end of the stay for which the inpatient services are furnished. |
| 1902(e)(9) of the Act           | _____ (viii) | Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1(h) of this plan.  |
| 1902(a)(52) and 1925 of the Act | (ix)         | Services are provided to families eligible under section 1925 of the Act as indicated in item 3.5 of this plan.   |
| 1905(a)(23) and 1929            | _____ (x)    | Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A and Appendices A-G to Supplement 2 to Attachment 3.1-A.  |

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy, specifies all limitations on the amount, duration and scope of those services, and lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

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|          |           |   |
|----------|-----------|---|
| Citation | 3.1(a)(1) | Amount, Duration, and Scope of Services: Categorically<br>Needy (Continued) |
|----------|-----------|---|

|                         |                                     |  |
|-------------------------|-------------------------------------|--|
| 1905(a)(26)<br>and 1934 | <input checked="" type="checkbox"/> | Program of All-Inclusive Care of the Elderly (PACE) services, as<br>described and limited in Supplement 3 to Attachment 3.1-A. |
|-------------------------|-------------------------------------|--|

ATTACHMENT 3.1-A identifies services provided to each covered group of the categorically needy; specifies all limitations on the amount, duration and scope of those services, and lists the additional coverage (that is in excess of established service limits) for pregnancy-related services for conditions that may complicate the pregnancy.

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TN No. 98-08  
Supersedes  
TN No. None

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Revision: HCFA-PM-91-4 (BPD)  
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OMB No.: 0938-

State/Territory: Kentucky

Citation 3.1 Amount, Duration, and Scope of Services (continued)

42 CFR Part 440, (a)(2) Medically needy.  
Subpart B

This State plan covers the medically needy. The services described below and in ATTACHMENT 3.1-B are provided.

Services for the medically needy include:

1902(a)(10)(C)(iv)  
of the Act  
42 CFR 440.220

- (i) If services in an institution for mental diseases (42 CFR 440.140 and 440.160) or an intermediate care facility for the mentally retarded (or both) are provided to any medically needy group, then each medically needy group is provided either the services listed in section 1905(a)(1) through (5) and (17) of the Act, or seven of the services listed in section 1905(a)(1) through (20). The services are provided as defined in 42 CFR Part 440, Subpart A and in sections 1902, 1905, and 1915 of the Act.

Not applicable with respect to nurse-midwife services under section 1902(a)(17). Nurse-midwives are not authorized to practice in this State.

1902(e)(5) of  
the Act

- (ii) Prenatal care and delivery services for pregnant women.

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State/Territory: Kentucky

Citation 3.1(a)(2) Amount, Duration, and Scope of Services:  
Medically Needy (Continued)

(iii) Pregnancy-related, including family planning services, and postpartum services for a 60-day period (beginning on the day the pregnancy ends) and any remaining days in the month in which the 60th day falls are provided to women who, while pregnant, were eligible for, applied for, and received medical assistance on the day the pregnancy ends.

(iv) Services for any other medical condition that may complicate the pregnancy (other than pregnancy-related and postpartum services) are provided to pregnant women.

(v) Ambulatory services, as defined in ATTACHMENT 3.1-B, for recipients under age 18 and recipients entitled to institutional services.

Not applicable with respect to recipients entitled to institutional services; the plan does not cover those services for the medically needy.

(vi) Home health services to recipients entitled to nursing facility services as indicated in item 3.1(b) of this plan.

(vii) Services in an institution for mental diseases for individuals over age 65..

(viii) Services in an intermediate care facility for the mentally retarded.

(ix) Inpatient psychiatric services for individuals under age 21.

42 CFR 440.140,  
440.150, 440.160  
Subpart B,  
442.441,  
Subpart C  
1902(a)(20)(C)  
and (21) of the Act  
1902(a)(10)(D)

P&I HCFA  
11-14-94

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TN No. 87-15

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Effective Date

1-1-92

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October 1992

State/Territory: Kentucky

| <u>Citation</u>          | 3.1(a)(2)4 | <u>Amount, Duration, and Scope of Services:</u><br><u>Medically Needy (Continued)</u>  |
|--------------------------|------------|--|
| 1902(e)(9) of<br>the Act | — (x)      | Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1(h) of this plan.   |
| 1905(a)(23)<br>and 1929  | — (xi)     | Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A and Appendices A-G to Supplement 2 to Attachment 3.1-A. |

ATTACHMENT 3.1-B identifies the services provided to each covered group of the medically needy; specifies all limitations on the amount, duration, and scope of those items; and specifies the ambulatory services provided under this plan and any limitations on them. It also lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

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TN No. 93-9 Approval Date JUN 4 1993 Effective Date 4-1-93  
 Supersedes  
 TN No. 92-1

State: Kentucky

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|          |           |   |
|----------|-----------|---|
| Citation | 3.1(a)(2) | Amount, Duration, and Scope of Services: Medically Needy<br>(Continued) |
|----------|-----------|---|

1905(a)(26)  
and 1934

X Program of All-Inclusive Care of the Elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1-A.

ATTACHMENT 3.1-B identifies services provided to each covered group of the medically needy; specifies all limitations on the amount, duration and scope of those services, and lists the additional coverage (that is in excess of established service limits) for pregnancy-related services for conditions that may complicate the pregnancy.

TN No. 98-08  
Supersedes  
TN No. None

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State: Kentucky

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Citation                      3.1 Amount, Duration, and Scope of Services (continued)

(a)(3) Other Required Special Groups: Qualified Medicare Beneficiaries

1902(a)(10)(E)(i) and clause (VIII) of the matter following (F), and 1905(p)(3) of the Act

Medicare cost sharing for qualified Medicare beneficiaries described in section 1905(p) of the Act is provided only as indicated in item 3.1 of this plan.

(a)(4)(i) Other Required Special Groups: Qualified Disabled and Working Individuals

1902(a)(10)(E)(ii) and 1905(s) of the Act

Medicare Part A premiums for qualified disabled and working individuals described in section 1902(a)(10)(E)(ii) of the Act are provided as indicated in item 3.1 of this plan.

(ii) Other Required Special Groups: Specified Low-Income Medicare Beneficiaries

1902(a)(10)(E)(iii) and 1905(p)(3)(A)(ii) of the Act

Medicare Part B premiums for specified low-income Medicare beneficiaries described in section 1902(a)(10)(E)(iii) of the Act are provided as indicated in item 3.2 of this plan.

(iii) Other Required Special Groups: Qualifying Individuals - 1

1902(a)(10)(E)(iv)(I) 1905(p)(3)(A)(ii) and 1933 of the Act

Medicare Part B premiums for qualifying individuals described in Section 1902(a)(10)(E)(iv)(I) and subject to Section 1933 of the Act are provided as indicated in item 3.2 of this plan.

State: Kentucky

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- (iv) Other Required Special Groups: Qualifying Individuals - 2
- 1902(a)(10)(E)(iv)(II),  
1905(p)(3)(A)(iv)(II), 1905(p)(3) of the Act
- The portion of the amount of increase to the Medicare Part B premium attributable to the Home Health provisions for qualifying individuals described in Section 1902(A)(10)(E)(iv)(II) and subject to Section 1933 of the Act are provided as indicated in item 3.2 of this plan.
- (a)(5) Other Required Special Groups: Families Receiving Extended Medicaid Benefits
- 1925 of the Act
- Extended Medicaid benefits for families described in section 1925 of the Act are provided as indicated in item 3.5 of this plan.
- (a)(6) Homeless Individuals
- 1905(a)(9) of the Act
- Clinic services furnished to eligible individuals who do not reside in a permanent dwelling or do not have a fixed home or mailing address are provided without restrictions regarding the site at which the services are furnished.
- (a)(7) Presumptively Eligible Pregnant Women
- 1902(a)(47) and  
1920 of the Act
- Ambulatory prenatal care for pregnant women is provided during a presumptive eligibility period if the care is furnished by a provider that is eligible for payment under the State plan.
- (a)(8) EPSDT Services
- 42 CFR 441.55,  
50 CFR 43654,  
1902(a)(43),  
1905(a)(4)(B), and  
1905(r) of the Act
- The Medicaid agency meets the requirements of sections 1902(a)(43), 1905(a)(4)(B), and 1905(r) of the Act with respect to early and periodic screening, diagnostic, and treatment (EPSDT) services.

State: Kentucky

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P.L. 102-585  
Section 402

(a)(9) Qualified Alien

Is residing in the United States and--

- a. Is a citizen.
- b. Is a qualified alien, as identified in section 431(b) of P.L. 104-193, whose coverage is mandatory under sections 402 and 403 of P.L. 104-193, including those who entered the U. S. prior to August 22, 1996, and those who entered on or after August 22, 1996.
- X Is a qualified alien, as defined in section 431(b) of P.L. 104-193, whose coverage is optional under section 402 and 403 of P.L. 104-193, including those who entered the U. S. Prior to August 22, 1996 and those who entered on or after August 22, 1996.
- c. Is an alien who is not a qualified alien as defined in section 431(b) of P.L. 104-193, or who is a qualified alien but is not eligible under the provision of (b) above. (Coverage is restricted to certain emergency services).

(a)(10) Limited Coverage for Certain Aliens

1902(a) and 1903(v)  
of the Act and  
Section  
401(b)(I)(A) of P.L.  
104-193

Is an alien who is not a qualified alien or who is a qualified alien, as defined in section 431(b) of P.L. 104-193, but is not eligible for Medicaid based on alien status, and who would otherwise qualify for Medicaid is provided Medicaid only for the treatment of an emergency medical condition (including emergency labor and delivery) as defined in section 1903(v)(3) of the Act.

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TN No. 98-02  
Supersedes  
TN No. 92-01

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(BPD)

State: Kentucky

Citation

3.1(a)(9)

Amount, Duration, and Scope of Services: EPSDT Services (continued)

42 CFR 441.60

/ /

The Medicaid agency has in effect agreements with continuing care providers. Described below are the methods employed to assure the providers' compliance with their agreements.\*\*

42 CFR 440.240 and 440.250

(a)(10) Comparability of Services

1902(a) and 1902(a)(10), 1902(a)(52), 1903(v), 1915(g), 1925(b)(4), and 1932 of the Act

Except for those items or services for which sections 1902(a), 1902(a)(10), 1903(v), 1915, 1925, and 1932 of the Act, 42 CFR 440.250, and section 245A of the Immigration and Nationality Act, permit exceptions:

/X/

- (i) Services made available to the categorically needy are equal in amount, duration, and scope for each categorically needy person.
- (ii) The amount, duration, and scope of services made available to the categorically needy are equal to or greater than those made available to the medically needy.
- (iii) Services made available to the medically needy are equal in amount, duration, and scope for each person in a medically needy coverage group.
- (iv) Additional coverage for pregnancy-related service and services for conditions that may complicate the pregnancy are equal for categorically and medically needy.

\*\* Describe here.

The continuing care provider submits monthly encounter data reflecting the number of examinations completed, the number of examinations where a referable condition was identified, and the number of follow-up treatment encounters. Medicaid staff make periodic on-site reviews to monitor the provider's record of case management.

TN # 03-10

Supersedes TN # 92-1

Effective Date 8/13/03

Approval Date NOV 18 2003

Revision: HCFA - Region VI  
November 1990

State Kentucky

Citation

42 CFR Part  
440, Subpart B  
42 CFR 441.15  
AT-78-90  
AT-80-34

Section 1905(a)(4)(A)  
of Act (Sec. 4211(f)  
of P.L. 100-203).

3.1(b) Home health services are provided in accordance with the requirements of 42 CFR 441.15.

- (1) Home health services are provided to all categorically needy individuals 21 years of age or over.
- (2) Home health services are provided to all categorically needy individuals under 21 years of age.

Yes

Not applicable. The State plan does not provide for nursing facility services for such individuals.

- (3) Home health services are provided to the medically needy:

Yes, to all

Yes, to individuals age 21 or over; nursing facility services are provided.

Yes, to individuals under age 21; nursing facility services are provided.

No; nursing facility services are not provided.

Not applicable; the medically needy are not included under this plan

TN § 90-37

Supersedes

TN § 79-19

Approval Date

NOV 14 1994

Effective Date 10/1/90

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AUGUST 1991

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State/Territory: Kentucky

Citation 3.1 Amount, Duration, and Scope of Services (continued)

42 CFR 431.53 (c) Assurance of Transportation

Provision is made for assuring necessary transportation of recipients to and from providers. Methods used to assure such transportation are described in ATTACHMENT 3.1-D.

TN No. 92-1

Supersedes

TN No. 76-21

Approval Date NOV 14 1994

Effective Date 1-1-92

HCFA ID: 7982E

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State Kentucky

Citation  
42 CFR 440.260  
AT-78-90

3.1(d) Methods and Standards to Assure  
Quality of Services

The standards established and the  
methods used to assure high quality  
care are described in ATTACHMENT 3.1-C.

TN # 76-21  
Supersedes  
TN # \_\_\_\_\_

Approval Date 1/27/77

Effective Date 1/23/76

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State Kentucky

Citation  
42 CFR 441.20  
AT-78-90

3.1(e) Family Planning Services

The requirements of 42 CFR 441.20 are met regarding freedom from coercion or pressure of mind and conscience, and freedom of choice of method to be used for family planning.

TN # 76-21  
Supersedes  
TN # \_\_\_\_\_

Approval Date 1/22/77

Effective Date 1/23/76

Revision: HCFA-PM-87-5 (BERC)  
APRIL 1987

OMB No.: 0938-0193

State/Territory: Kentucky

Citation  
42 CFR 441.30  
AT-78-90

3.1 (f) (1) Optometric Services

Optometric services (other than those provided under §§435.531 and 436.531) are not now but were previously provided under the plan. Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services" under this plan and are reimbursed whether furnished by a physician or an optometrist.

Yes.

No. The conditions described in the first sentence apply but the term "physicians' services" does not specifically include services of the type an optometrist is legally authorized to perform.

Not applicable. The conditions in the first sentence do not apply.

1903(i)(1)  
of the Act,  
P.L. 99-272  
(Section 9507)

(2) Organ Transplant Procedures

Organ transplant procedures are provided.

No.

Yes. Similarly situated individuals are treated alike and any restriction on the facilities that may, or practitioners who may, provide those procedures is consistent with the accessibility of high quality care to individuals eligible for the procedures under this plan. Standards for the coverage of organ transplant procedures are described at ATTACHMENT 3.1-E.

TN No. 87-16  
Supersedes  
TN No. 76-21

Approval Date MAR 14 1989

Effective Date 1-1-87

HCFA ID: 1008P/0011P

Revision: HCFA-PH-87-4 (BERC)  
MARCH 1987

State/Territory: Kentucky

Citation  
42 CFR 431.110(b)  
AT-78-90

3.1 (g) Participation by Indian Health Service Facilities

Indian Health Service facilities are accepted as providers, in accordance with 42 CFR 431.110(b), on the same basis as other qualified providers.

1902(e)(9) of  
the Act,  
P.L. 99-509  
(Section 9408)

(h) Respiratory Care Services for Ventilator-Dependent Individuals

Respiratory care services, as defined in section 1902(e)(9)(C) of the Act, are provided under the plan to individuals who--

(1) Are medically dependent on a ventilator for life support at least six hours per day;

(2) Have been so dependent as inpatients during a single stay or a continuous stay in one or more hospitals, SNFs or ICFs for the lesser of--

30 consecutive days;

\_\_\_ days (the maximum number of inpatient days allowed under the State plan);

(3) Except for home respiratory care, would require respiratory care on an inpatient basis in a hospital, SNF, or ICF for which Medicaid payments would be made;

(4) Have adequate social support services to be cared for at home; and

(5) Wish to be cared for at home.

Yes. The requirements of section 1902(e)(9) of the Act are met.

\*  Not applicable. These services are not included in the plan.

\* *Pen sent ink match agreed to by Hughes Walker 1-20-88*

TN No. 87-15  
Supersedes  
TN No. 78-4

Approval Date JAN 22 1988

Effective Date 10-1-87

HCFA ID: 1008P/0011P

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AUGUST 1991

OMB No.: 0938-

State/Territory: Kentucky

Citation 3.2 Coordination of Medicaid with Medicare and Other Insurance

(a) Premiums

(1) Medicare Part A and Part B

1902(a)(1)(E) and  
1905(p) of the Act

(i) Qualified Medicare Beneficiaries (QMB)

The Medicaid agency pays Medicare Part A premiums (if applicable) and Part B premiums for individuals in the QMB group defined in Item A.25 of ATTACHMENT 2.2-A, by the following method:

- Group premium payment arrangement for Part A
- Buy-In agreement for
- Part A  Part B
- Other arrangements described below.

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State: Kentucky

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Citation

- (ii) Qualified Disabled and Working Individual (QDWI)
- 1902(a)(10)(E)(ii) and 1905(s) of the Act
- The Medicaid agency pays Medicare Part A premiums under a group premium payment arrangement, subject to any contribution required as described in ATTACHMENT 4.18-E, for individuals in the QDWI group defined in item A.26 of ATTACHMENT 2.2-A of this plan.
- (iii) Specified Low-Income Medicare beneficiary (SLMB)
- 1902(a)(10)(E)(iii) and 1905(p)(3)(A)(ii) of the Act
- The Medicaid agency pays Medicare Part B premiums under the State buy in process for individuals in the SLMB group defined in item A.27 of ATTACHMENT 2.2-A of this plan.
- (iv) Qualifying Individual - 1 (QI-1)
- 1902(a)(10)(E)(iv)(I) 1905(p)(3)(A)(ii), and 1933 of the Act
- The Medicaid Agency pays Medicare Part B premiums under the State buy in process for individuals described in Section 1902(a)(10)(E)(iv)(I) and subject to Section 1933 of the Act.
- (v) Qualifying Individual - 2 (QI-2)
- 1902(a)(10)(E)(iv)(II), 1905(p)(3)(A)(ii), and 1933 of the Act
- The Medicaid agency pays the portion of the amount of the increase to the Medicare Part B premium attributable to the Home Health Provision to the individuals described in Section 1902(a)(10)(E)(iv)(II) and subject to Section 1933 of the Act.

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TN No. 98-02  
Supersedes  
TN No. 92-01

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Effective Date: 1/1/98

State: Kentucky

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(vi) Other Medicaid Recipients

1843(b) and 1905(a)  
of the Act and 42  
CFR 431.625

The Medicaid agency pays Medicare Part B premiums to make Medicare Part B coverage available to the following individuals:

Individuals within categories listed at 42 CFR 407.42 (b)(6), including categorically needy individuals who are receiving SSI or SSP cash assistance; individuals who are treated for Medicaid eligibility purposes as though they were receiving SSI or SSP; Qualified Medicare Beneficiaries; and individuals under Attachment 2.2-A, item A. 21., who would be SSI/SSP eligible except for the increase in OASDI benefits under Pub. L. 92-336.

All individuals who are: (a) receiving benefits under titles I, IV-A, X, XIV or XVI (ABD or SSI); (b) receiving State supplements under title XIV; or (c) within a group listed at 42 CFR 431.625(d)(2).

Individuals receiving title II or Railroad Retirement benefits.

Medically needy individuals (FFP is not available for this group).

(2) Other Health Insurance

1902(a)(30) and  
1905(a) of the Act

The Medicaid agency pays insurance premiums for medical or any other type of remedial care to maintain a third party resource for Medicaid covered services provided to eligible individuals (except individuals 65 years of age or older and disabled individuals, entitled to Medicare Part A but not enrolled in Medicare Part B).

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(BPD)

29c

OMB No.: 0938-

State/Territory: Kentucky

Citation (b) Deductibles/Coinsurance

(1) Medicare Part A and B

Section 1902(n)  
of the Act

Attachment 4.19-B describes the methods and standards for establishing payment rates for services covered under Medicare, and/or the methodology for payment of Medicare deductible and coinsurance amounts, to the extent available for each of the following groups.

Sections 1902  
(a)(10)(E) and  
1905(p) of the Act

(i) Qualified Medicare Beneficiaries (QMBs)

The Medicaid agency pays deductibles and coinsurance for QMBs (subject to any nominal Medicaid copayment) for all services available under Medicare.

42 CFR 431.625  
1902(a)(10)(E) and  
~~1905(a)(1)~~ of the Act  
1905(a)

(ii) Other Medicaid Recipients

The Medicaid agency pays Medicare ~~Part B~~ deductibles and coinsurance (subject to any nominal Medicaid copayment) for services furnished to individuals who are described in section 3.2(a)(1)(iii) above, as follows:

For the entire range of services available under Medicare.

Only for the amount, duration, and scope of services otherwise available under this plan.

(iii) Dual Eligible--OMB plus Other Medicaid Recipients

The Medicaid agency pays deductibles and coinsurance for services furnished to individuals eligible both as QMBs and categorically or medically needy (subject to any nominal Medicaid copayment) for all services available under Medicare.

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OMB No.:

State/Territory: Kentucky

Citation

Condition or Requirement

1906 of the  
Act

(c) Premiums, Deductibles, Coinsurance  
and Other Cost Sharing Obligations

The Medicaid agency pays all premiums, deductibles, coinsurance and other cost sharing obligations for items and services covered under the State plan (subject to any nominal Medicaid copayment) for eligible individuals in employer-based cost-effective group health plans.

When coverage for eligible family members is not possible unless ineligible family members enroll, the Medicaid agency pays premiums for enrollment of other family members when cost-effective. In addition, the eligible individual is entitled to services covered by the State plan which are not included in the group health plan. Guidelines for determining cost effectiveness are described in section 4.22(h).

1902(a)(10)(F)  
of the Act

(d)  The Medicaid agency pays premiums for individuals described in item 19 of Attachment 2.2-A.

TN No. 92-22  
Supersedes  
TN No. None

Approval Date 2-11-93

Effective Date 2-1-93  
HCFA ID: 7983E

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State Kentucky

Citation  
42 CFR 441.101,  
42 CFR 431.620(c)  
and (d)  
AT-79-29

3.3 Medicaid for Individuals Age 65 or Over in  
Institutions for Mental Diseases

Medicaid is provided for individuals 65 years  
of age or older who are patients in  
institutions for mental diseases.

Yes. The requirements of 42 CFR Part 441,  
Subpart C, and 42 CFR 431.620(c) and (d)  
are met.

Not applicable. Medicaid is not provided  
to aged individuals in such institutions  
under this plan.

TN # 76-21  
Supersedes \_\_\_\_\_  
TN # \_\_\_\_\_

Approval Date 1/27/77

Effective Date 1/23/76

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State Kentucky

Citation  
42 CFR 441.252  
AT-78-99

3.4 Special Requirements Applicable to  
Sterilization Procedures

All requirements of 42 CFR Part 441, Subpart F  
are met.

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TN # 79-3  
Supersedes  
TN # \_\_\_\_\_

Approval Date 4/4/79

Effective Date 2/6/79

Revision: HCFA-PM-91- 4 (BPD)  
AUGUST 1991

OMB No.: 0938-

State: Kentucky

Citation  
1902(a)(52)  
and 1925 of  
the Act

3.5 Families Receiving Extended Medicaid Benefits

(a) Services provided to families during the first 6-month period of extended Medicaid benefits under Section 1925 of the Act are equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in ATTACHMENT 3.1-A (or may be greater if provided through a caretaker relative employer's health insurance plan).

(b) Services provided to families during the second 6-month period of extended Medicaid benefits under section 1925 of the Act are--

Equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in ATTACHMENT 3.1-A (or may be greater if provided through a caretaker relative employer's health insurance plan).

Equal in amount, duration, and scope to services provided to categorically needy AFDC recipients, (or may be greater if provided through a caretaker relative employer's health insurance plan) minus any one or more of the following acute services:

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

Medical or remedial care provided by licensed practitioners.

Home health services.

TN No. 92-1  
Supersedes 90-22 Approval Date NOV 14 1994 Effective Date 1-1-92  
TN No. 90-22

HCFA ID: 7982E

Revision: HCFA-PM-91- 4 (BPD)  
AUGUST 1991

OMB No.: 0938-

State: Kentucky

Citation            3.5            Families Receiving Extended Medicaid Benefits  
(Continued)

- Private duty nursing services.
- Physical therapy and related services.
- Other diagnostic, screening, preventive, and rehabilitation services.
- Inpatient hospital services and nursing facility services for individuals 65 years of age or over in an institution for mental diseases.
- Intermediate care facility services for the mentally retarded.
- Inpatient psychiatric services for individuals under age 21.
- Hospice services.
- Respiratory care services.
- Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.

TN No. 92-1  
Supersedes 87-15 Approval Date NOV 14 1994 Effective Date 1-1-92  
TN No. 87-15

HCFA ID: 7982E

Revision: HCFA-PM-91- 4 (BPD)  
AUGUST 1991

OMB No.: 0938-

State: Kentucky

Citation

3.5 Families Receiving Extended Medicaid Benefits  
(Continued)

(c)  The agency pays the family's premiums, enrollment fees, deductibles, coinsurance, and similar costs for health plans offered by the caretaker's employer as payments for medical assistance--

1st 6 months  2nd 6 months

The agency requires caretakers to enroll in employers' health plans as a condition of eligibility.

1st 6 mos.  2nd 6 mos.

(d)  (1) The Medicaid agency provides assistance to families during the second 6-month period of extended Medicaid benefits through the following alternative methods:

Enrollment in the family option of an employer's health plan.

Enrollment in the family option of a State employee health plan.

Enrollment in the State health plan for the uninsured.

Enrollment in an eligible health maintenance organization (HMO) with a prepaid enrollment of less than 50 percent Medicaid recipients (except recipients of extended Medicaid).

TN No. 92-1  
Supersedes 90-34 Approval Date NOV 14 1994 Effective Date 1-1-92

HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No.: 0938-

State: Kentucky

Citation

3.5 Families Receiving Extended Medicaid Benefits  
(Continued)

Supplement 2 to ATTACHMENT 3.1-A specifies and describes the alternative health care plan(s) offered, including requirements for assuring that recipients have access to services of adequate quality.

(2) The agency--

(i) Pays all premiums and enrollment fees imposed on the family for such plan(s).

(ii) Pays all deductibles and coinsurance imposed on the family for such plan(s).

TN No. 92-1

Supersedes

TN No. 90-34

Approval Date NOV 14 1994

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