

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth St., Suite 4T20
Atlanta, Georgia 30303-8909



October 18, 2011

Mr. Neville Wise, Commissioner
Cabinet for Health and Family Services
Department for Medicaid Services
275 E. Main Street, 6W-A
Frankfort, KY 40621

Re: Kentucky Title XIX State Plan Amendment, Transmittal #11-007

Dear Mr. Wise:

We have reviewed Kentucky State Plan Amendment (SPA) 11-007, which was submitted to the Atlanta Regional Office on July 27, 2011. This amendment is to expand the Kentucky's Medicaid Hospice Program. Specifically this amendment will allow children under the age of 21 to continue to receive curative treatment while receiving Hospice services.

Based on the information provided, we are now ready to approve Kentucky SPA 11-007 as of October 13, 2011. The effective date is July 1, 2011. The signed CMS-179 and the approved plan pages are enclosed. If you have any questions regarding this amendment, please contact Maria Drake at (404) 562-3697.

Sincerely,

A handwritten signature in cursive script that reads "Jackie Glaze".

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

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 11-007	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 AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a)(30)(A)	7. FEDERAL BUDGET IMPACT: a. FFY 2011 - \$276,318 b. FFY 2012 - \$828,954
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 3.1-A – Page 7 Att. 3.1-A – Page 7.8.5 Att. 3.1-B – Page 6 Att. 3.1-B – Page 34	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SAME
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10. SUBJECT OF AMENDMENT
The purpose of this SPA is to amend KY Medicaid's Hospice Program to allow children under the age of 21 to continue to receive curative treatment while receiving Hospice services.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: Review delegated to Commissioner, Department for Medicaid Services

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

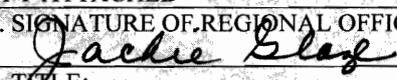
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Department for Medicaid Services 275 East Main Street 6W-A Frankfort, Kentucky 40621
13. TYPED NAME: Neville Wise	
14. TITLE: Acting Commissioner, Department for Medicaid Services	
15. DATE SUBMITTED: July 27, 2011	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 08/22/11	18. DATE APPROVED: 10/13/11
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/11	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns

23. REMARKS:

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

15. a. Services in an Intermediate Care Facility for the Mentally Retarded (other than in an institution for mental diseases) for individuals who are determined, in accordance with Section 1902(a)(31)(A), to be in need of such care.
- Provided: No limitations With limitations* Not Provided.
16. Inpatient psychiatric facility services for individuals under 22 years of age.
- Provided: No limitations With limitations* Not Provided.
17. Nurse-midwife services.
- Provided: No limitations With limitations* Not Provided.
18. Hospice care (in accordance with Section 1905(o) of the Act).
- Provided: No limitations Provided in accordance with Section 2302 of the Affordable Care Act
- With limitations* Not Provided.

*Description provided on attachment.

18. Hospice

A. Benefits

The Kentucky Medicaid Hospice Program follows the amount, duration, and scope of services specified in the Medicare Hospice Program.

Any terminally ill Medicaid recipient may elect hospice coverage (where hospice care is provided by a participating hospice program in his service area) Each recipient will be required to make his voluntary selection in writing, and must present a statement from a physician (or such statement must be available) to show that the recipient's illness is terminal and that death is expected to occur within six (6) months. In doing so, the recipient waives rights to other Medicaid services that are related to the treatment of his or her terminal illness(es) with the exception of individuals less than 21 years of age. Individuals less than 21 years of age may receive concurrent hospice and acute care treatment. The recipient has the right to cancel the election at any time without forfeiting additional Medicaid hospice coverage at a later time. The recipient does not waive rights to Medicaid services for conditions not related to the terminal condition.

Medicaid beneficiaries under the age of 21 may receive hospice benefits, including curative treatment without foregoing any other service to which the child is entitled under the Medicaid program, pursuant to Section 2302 of the Patient Protection and Affordable Care Act of 2010.

B. Limitations

Dually eligible (Medicare and Medicaid) recipients must participate in the Medicare and Medicaid hospice programs simultaneously in order to receive Medicaid hospice services.

State/Territory: Kentucky

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S)

- c. Intermediate Care Facility Services.
- Provided: No limitations With limitations*
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- Provided: No limitations With limitations*
16. Inpatient psychiatric facility services for individuals under 22 years of age.
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