

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**

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August 27, 2013

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

RE: Title XIX State Plan Amendment, KY 13-004

Dear Mr. Kissner:

We have reviewed the proposed State Plan Amendment, KY 13-004, which was submitted to the Atlanta Regional Office on July 2, 2013. This amendment establishes that the state does not currently have any free standing birth centers operating in the state, pursuant to Section 2301 of the Affordable Care Act.

Based on the information provided, the Medicaid State Plan Amendment KY 13-004 was approved on August 26, 2013. The effective date of this amendment is July 1, 2013. We are enclosing the approved HCFA-179 and the plan pages.

If you have any additional questions regarding this amendment, please contact Melanie Benning at (404) 562-7414.

Sincerely,

Charma R. Pettaway  
Acting Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: 13-004	2. STATE Kentucky
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE Effective July 1 2013	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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 2301 of the Affordable Care Act	7. FEDERAL BUDGET IMPACT: a. FFY 2013                      \$0.00 b. FFY 2014                      \$Indeterminable (see cover letter)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 3.1-A, Page 17 Attachment 3.1-A, Page 17.1 and 17.2 Attachment 3.1-B, Page 10 Attachment 3.1-B, Page 43 and 43.1 Attachment 4.19-B, Page 20.5(2)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  New New Attachment 3.1-B, Page 10 New New

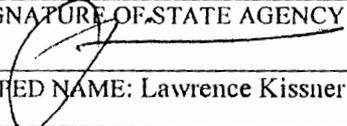
10. SUBJECT OF AMENDMENT:  
The purpose of this State Plan Amendment is to establish benefits and reimbursement for Free-standing birthing centers in accordance with ACA

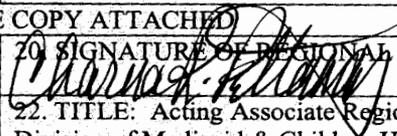
11. GOVERNOR'S REVIEW (*Check One*):

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: Lawrence Kissner	
14. TITLE: Commissioner, Department for Medicaid Services	
15. DATE SUBMITTED: 6/24/13	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 07/02/13	18. DATE APPROVED: 08/26/13
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/13	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Charna R. Pettaway	22. TITLE: Acting 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 emails dated 08/21/13:

**Block #7b Changed to read:** FFY2014 \$0  
**Block # 8 Changed to read:** Atch 3.1-A, page 17; Atch 3.1-B page 10  
**Block # 9 changed to read:** Atch 3.1-A, page 17(new); Atch 3.1-B page 10

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE MEDICALLY  
NEEDY GROUP(S):

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25. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by an eligible provider (in accordance with section 1920 of the Act).
- Provided       No limitations       With limitations       Not provided
26. Program of All-inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1-A.
- Provided       Not provided
28. (i) Licensed or Otherwise State-Approved Freestanding Birth Centers
- Provided       No limitations       With limitations
- None licensed or approved
28. (ii) Licensed or Otherwise State-recognized covered professionals providing services in the Freestanding Birth Center.
- Provided       No limitations       With limitations
- Not Applicable (there are no licensed or State approved Freestanding Birth Centers)

**28. (i) Licensed or Otherwise State-Approved Freestanding Birth Centers**

- Provided       No limitations       With limitations  
 None licensed or approved

**28. (ii) Licensed or Otherwise State-recognized covered professionals providing services in the Freestanding Birth Center.**

- Provided       No limitations       With limitations  
 Not Applicable (there are no licensed or State approved Freestanding Birth Centers)