CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

Steven L. Beshear
Governor

275 E. Main Street, 6W-A
Frankfort, KY 40621
P: 502.564.4321
F: 502.564.0509
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Janie Miller
Secretary

Neville Wise
Acting Commissioner

July 27, 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 11-007

Dear Ms. Glaze:

Enclosed please find Kentucky Title XIX Transmittal Number 11-007. This State Plan Amendment is being submitted to expand KY Medicaid's Hospice Program to allow children under the age of 21 to continue to receive curative treatment after selecting Hospice benefits..

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: 11-007

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 X 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

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: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

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
☐ 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: July 27, 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:

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.

~~Hospice Limitation~~

~~The following hospice limitation is applicable: A Medicaid eligible individual who wishes to elect coverage under Medicaid for hospice care and who is eligible for hospice care under Medicare, must elect coverage under both programs for coverage to exist under Medicaid.~~

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*

15. a. Services in an Intermediate Care Facility for the Mentally Retarded (other than such services in an institution for mental disease) for persons determined in accordance with Section 1902(a)(31)(A) of the Act, to be in need of such care.

☒ Provided: ☐ No limitations ☒ With limitations*

~~b. Including such services in a public institution (or district part thereof) for the mentally retarded or persons with related conditions.~~

~~☒ Provided: ☐ No limitations ☒ With limitations*~~

16. Inpatient psychiatric facility services for individuals under 22 years of age.

☒ Provided: ☐ No limitations ☒ With limitations*

17. Nurse-midwife Services

☒ Provided: ☒ No limitations ☐ With limitations*

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*

*Description provided on attachment

18. Hospice

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