

Medicaid State Plan Eligibility

Medicaid State Plan Eligibility: General Information

State/Territory name: **Kentucky**
 Transmittal Number: **KY 13-007**

General Information:

Submission Title:
 short (under 100 characters) label used to identify this submission in the web application

S94

Description:
 General Eligibility Requirements Eligibility Process

Populations Covered:

Mandatory Coverage:

- Parents and Other Caretaker Relatives
- Pregnant Women
- Infants and Children under Age 19
- Adult Group
- Former Foster Care Children

Options for Coverage:

- Individuals above 133% FPL
- Optional Coverage of Parents and Other Caretaker Relatives
- Reasonable Classification of Individuals under Age 21
- Children with Non IV-E Adoption Assistance
- Optional Targeted Low Income Children
- Individuals with Tuberculosis
- Independent Foster Care Adolescents
- Individuals Eligible for Family Planning Services

Medicaid State Plan Eligibility: File Management Summary

State/Territory name: **Kentucky**
 Transmittal Number: **KY 13-007**

Type of SPA	Form Code	Form Name/Description	Uploaded?
MAGI-Based Eligibility Groups	S14	AFDC Income Standard	no
MAGI-Based Eligibility Groups	S25	Mandatory: Parents and Other Caretakers	no
MAGI-Based Eligibility Groups	S28	Mandatory: Pregnant Women	no
MAGI-Based Eligibility Groups	S30	Mandatory: Infants and Children Under Age 19	no

Type of SPA	Form Code	Form Name/Description	Uploaded?
MAGI-Based Eligibility Groups	S32	Mandatory: Individuals Below 133% of the FPL	no
MAGI-Based Eligibility Groups	S33	Mandatory: Former Foster Care Children up to age 26	no
MAGI-Based Eligibility Groups	S50	Optional: Individuals Above 133% of the FPL	no
MAGI-Based Eligibility Groups	S51	Optional: Optional Parents and Caretakers	no
MAGI-Based Eligibility Groups	S52	Optional: Reasonable Classifications of Individuals	no
MAGI-Based Eligibility Groups	S53	Optional: Non IV-E Adoption Assistance	no
MAGI-Based Eligibility Groups	S54	Optional: Optional Targeted Low Income Children	no
MAGI-Based Eligibility Groups	S55	Optional: Tuberculosis	no
MAGI-Based Eligibility Groups	S57	Optional: Foster Care Adolescents - Chafee	no
MAGI-Based Eligibility Groups	S59	Optional: Family Planning	no
Eligibility Process	S94	Single streamlined application or alternative, Renewals, Coordination for enrollment and eligibility (agreements with Exchanges)	yes
MAGI Income Methodology	S10	Designates the income options the state is electing in 2014 (e.g. how pregnant women are counted, reasonably predictable changes in income, cash support, how full-time students are counted)	no
Single State Agency	A1-3	Addresses single state agencies delegation of appeals and determinations	no
Residency	S88	State affirms residency regulations and addresses interstate agreements and temporary absence	no
Citizenship & Immigration Status	S89	State affirms citizenship regulations, specifies reasonable opportunity options, and specifies policy options related to immigrant eligibility	no
Hospital Presumptive Eligibility	S21	State specifies options for presumptive eligibility conducted by hospitals	no

Medicaid State Plan Eligibility: File Management Detail

Form S14: AFDC Income Standards

Form Description:

Uploaded Form:

Support Documents

Document

Form S25: Eligibility Groups - Mandatory Coverage: Parents and Other Caretaker Relatives

Form Description:

Uploaded Form:

Support Documents

Document

Form S28: Eligibility Groups - Mandatory Coverage: Pregnant Women

Form Description:

Uploaded Form:

Support Documents

Document

Form S30: Eligibility Groups - Mandatory Coverage: Infants and Children under Age 19

Form Description:

Uploaded Form:

Support Documents

Document

Form S32: Eligibility Groups - Mandatory Coverage: Adult Group

Form Description:

Uploaded Form:

Support Documents

Document

Form S33: Eligibility Groups - Mandatory Coverage: Former Foster Care Children

Form Description:

Uploaded Form:

Support Documents

Document

Form S50: Eligibility Groups - Options for Coverage: Individuals above 133% FPL

Form Description:

Uploaded Form:

Support Documents

Document

Form S51: Eligibility Groups - Options for Coverage: Optional Coverage of Parents and Other Caretaker Relatives

Form Description:

Uploaded Form:

Support Documents

Document

Form S52: Eligibility Groups - Options for Coverage: Reasonable Classification of Individuals under Age 21

Form Description:

Uploaded Form:

Support Documents

Document

Form S53: Eligibility Groups - Options for Coverage: Children with Non IV-E Adoption Assistance

Form Description:

Uploaded Form:

Support Documents

Document

Form S54: Eligibility Groups - Options for Coverage: Optional Targeted Low Income Children

Form Description:

Uploaded Form:

Support Documents

Document

Form S55: Eligibility Groups - Options for Coverage: Individuals with Tuberculosis

Form Description:

Uploaded Form:

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Support Documents

Document

Form S57: Eligibility Groups - Options for Coverage: Independent Foster Care Adolescents

Form Description:

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Uploaded Form:

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Support Documents

Document

Form S59: Eligibility Groups - Options for Coverage: Individuals Eligible for Family Planning Services

Form Description:

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Uploaded Form:

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Support Documents

Document

Form S94: General Eligibility Requirements: Eligibility Process

Form Description:

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Uploaded Form:

S94 Ready.pdf

Support Documents

Document
Please provide a short description of this support document:
▲ ▼

Document	
Uploaded Document Name:	Family FA Application-8-23-13.docx
Please provide a short description of this support document:	<input type="text"/>
Uploaded Document Name:	Appendix B-8-30-13.docx
Please provide a short description of this support document:	<input type="text"/>
Uploaded Document Name:	Updated 9 06 13 - kynect Presentation 7 16 13.pptx
Please provide a short description of this support document:	<input type="text"/>
Uploaded Document Name:	Single FA Application-8-26-13.docx
Please provide a short description of this support document:	<input type="text"/>
Uploaded Document Name:	Employer Application-8-30-13.docx
Please provide a short description of this support document:	<input type="text"/>
Uploaded Document Name:	SHOP_Alternate_Application09052013_Final.docx
Please provide a short description of this support document:	<input type="text"/>
Uploaded Document Name:	Employee Application-8-30-13.docx
Please provide a short description of this support document:	<input type="text"/>
Uploaded Document Name:	Non FA Application-8-26-13.docx
Please provide a short description of this support document:	<input type="text"/>
Uploaded Document Name:	kynect Shopping - Employee Presentation 8.23.13.pptx

Document	
Please provide a short description of this support document:	
	<input type="text"/>
Uploaded Document Name:	kynect SHOP - Employer Presentation 8.23.13.pptx
Please provide a short description of this support document:	
	<input type="text"/>
Uploaded Document Name:	IAP_Alternate_Application09052013_Final.docx
Please provide a short description of this support document:	
	<input type="text"/>
Uploaded Document Name:	Appendix A-8-30-13.docx

Form S10: MAGI-Based Income Methodologies

Form Description:

Uploaded Form:

Support Documents

Document

Form A1-3: Medicaid Administration: Single State Agency

Form Description:

Uploaded Form:

Support Documents

Document

Form S88: Non-Financial Eligibility: State Residency

Form Description:

Uploaded Form:

Support Documents

Form S89: Non-Financial Eligibility: Citizenship and Non-Citizen Eligibility

Form Description:

Uploaded Form:

Support Documents

Form S21: Presumptive Eligibility by Hospitals

Form Description:

Uploaded Form:

Support Documents

Medicaid State Plan Eligibility: Tribal Input

State/Territory name: Kentucky
 Transmittal Number: KY 13-007

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this State.

This State Plan Amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations.

The State has solicited advice from Indian Health Programs, Urban Indian Organizations, and/or Tribal governments prior to submission of this State Plan Amendment.

Complete the following information regarding any tribal consultation conducted with respect to this submission:

Tribal consultation was conducted in the following manner. States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- Indian Tribes
- Indian Health Programs
- Urban Indian Organization

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Indicate the key issues raised in Indian consultative activities:

- Access

Summarize Comments

Summarize Response

- Quality

Summarize Comments

Summarize Response

- Cost

Summarize Comments

Summarize Response

- Payment methodology

Summarize Comments

Summarize Response

- Eligibility

Summarize Comments

Summarize Response

- Benefits

Summarize Comments

Summarize Response

Service delivery

Summarize Comments

[Empty text box with scroll arrows]

Summarize Response

[Empty text box with scroll arrows]

Other Issue

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Kentucky

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

KY 13-007

Proposed Effective Date

01/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 435, Subpart J and Subpart M

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2013	\$0.00
Second Year	2014	\$0.00

Subject of Amendment

Establishes General Eligibility Requirements and Eligibility Process

Governor's Office Review

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

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- No reply received within 45 days of submittal
- Other, as specified

Describe:

Governor's office has transferred review authority to the Cabinet for Health and Family Services

Signature of State Agency Official

Submitted By: Sharley Hughes

Last Revision Date: Sep 9, 2013

Submit Date: Aug 22, 2013



Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

General Eligibility Requirements Eligibility Process	S94
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42 CFR 435, Subpart J and Subpart M

Eligibility Process

- The state meets all the requirements of 42 CFR 435, Subpart J for processing applications, determining and verifying eligibility, and furnishing Medicaid.

Application Processing

Indicate which application the agency uses for individuals applying for coverage who may be eligible based on the applicable modified adjusted gross income standard.

- The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act

- An alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary.

An attachment is submitted.

- An alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single or alternative application used only for insurance affordability programs to individuals seeking assistance only through such programs.

An attachment is submitted.

Indicate which application the agency uses for individuals applying for coverage who may be eligible on a basis other than the applicable modified adjusted gross income standard:

- The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary.

An attachment is submitted.

- An application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary.

An attachment is submitted.

The agency's procedures permit an individual, or authorized person acting on behalf of the individual, to submit an application via the internet website described in 42 CFR 435.1200(f), by telephone, via mail, and in person.

The agency also accepts applications by other electronic means:

- Yes No



Medicaid Eligibility

Indicate the other electronic means below:

	Name of Method	Description	
+	Facsimile	Faxing an application	X

- The agency has procedures to take applications, assist applicants and perform initial processing of applications for the eligibility groups listed below at locations other than those used for the receipt and processing of applications for the title IV-A program, including Federally-qualified health centers and disproportionate share hospitals.

Parents and Other Caretaker Relatives

Pregnant Women

Infants and Children under Age 19

Redetermination Processing

- Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable modified adjusted gross income standard are performed as follows, consistent with 42 CFR 435.916:
- Once every 12 months
 - Without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency
- If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional information to complete the redetermination, it provides the individual with a pre-populated renewal form containing the information already available.
- Redeterminations of eligibility for individuals whose financial eligibility is not based on the applicable modified adjusted gross income standard are performed, consistent with 42 CFR 435.916 (check all that apply):
- Once every 12 months
 - Once every 6 months
 - Other, more often than once every 12 months

Coordination of Eligibility and Enrollment

- The state meets all the requirements of 42 CFR 435, Subpart M relative to coordination of eligibility and enrollment between
- Medicaid, CHIP, Exchanges and other insurance affordability programs. The single state agency has entered into agreements with the Exchange and with other agencies administering insurance affordability programs.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.