

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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December 24, 2013

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

Re: State Plan Amendment KY-13-015

Dear Mr. Kissner:

We have reviewed the proposed Kentucky state plan amendment (SPA) 13-015, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on October 1, 2013. SPA 13-015 revises benefits and reimbursement for private duty nursing services.

Based on the information provided, the Medicaid State Plan Amendment KY 13-015 was approved on December 20, 2013. The effective date of this amendment is January 1, 2014. Enclosed are the approved HCFA-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Alice Hogan at (404) 562-7432 or [Alice.Hogan@cms.hhs.gov](mailto:Alice.Hogan@cms.hhs.gov).

Sincerely,

A handwritten signature in black ink that reads "Jackie Glaze" with a small flourish below the name.

Jackie Glaze  
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: 13-015	2. STATE: Kentucky
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE: January 1, 2014	
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: 42 CFR 440.80 AND AFFORDABLE CARE ACT	7. FEDERAL BUDGET IMPACT: a. FFY 2014      \$1.9 Million b. FFY 2015      \$2.5 Million
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 3.1-A, Page 3a Att. 3.1-A, Page 7.3.1 (c) (l) Att. 3.1-B, Page 4 Att. 3.1-B, Page 25.1 (a) Att. 4.19-B, Page 20.13.2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same New Same New New

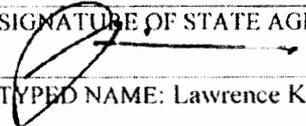
10. SUBJECT OF AMENDMENT:  
The purpose of this State Plan Amendment is to establish benefits and reimbursement for Private Duty Nursing Services

11. GOVERNOR'S REVIEW (Check One):

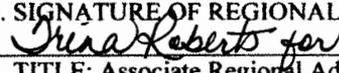
GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED: Review delegated to Commissioner, Department for Medicaid Services

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: Lawrence Kissner	
14. TITLE: Commissioner, Department for Medicaid Services	
15. DATE SUBMITTED: 10/1/13	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 10/01/13	18. DATE APPROVED: 12-20-13
<b>PLAN APPROVED – ONE COPY ATTACHED</b>	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/14	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns

23. REMARKS:

State/Territory: Kentucky

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

- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

Provided:  No limitations  With limitations\*  Not Provided.

8. Private duty nursing services.

Provided:  No limitations  With limitations\*  Not Provided.

\*Description provided on attachment.

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**8. Private Duty Nursing Services**

Medically necessary private duty nursing (PDN) services for up to two thousand (2,000) hours are provided under the direction of the recipient's physician in accordance with 42 CFR 440.80 and with prior approval by the Department for Medicaid Services, or its designee. These limits may be exceeded based on medical necessity with prior authorization.

Recipients in personal care homes are not eligible for this service. In addition, recipients in hospitals, nursing facilities, intermediate care facilities for the intellectually disabled, rehabilitation centers, and other institutional settings are not eligible for this service. PDN services are not covered while an individual is being observed or treated in a hospital emergency room or similar environment.

This service is only approvable based on the need for PDN services in the patient's private residence. An individual with a medical condition that necessitates this service normally is unable to leave the home without being accompanied by a licensed nurse and leaving the home requires considerable and taxing effort. An individual may utilize the approved hours of coverage outside of his/her residence during those hours when the individual's normal life activities take the patient out of the home. The need for nursing care to participate in activities outside of the home is not a basis for authorizing PDN services or expanding the hours needed for PDN services.

Medicaid will not reimburse for Personal Care Services, Skilled Nursing Visits, or Home Health Aide Services provided during the same hours of the day as PDN services.

Medicaid Payments for PDN are made only to agencies enrolled with the Department for Medicaid Services as providers for the service. An enrolled provider must be a State licensed home health or private duty nursing agency within Kentucky that is approved in its license to provide nursing services within the State. PDN services shall be rendered by a licensed registered nurse (RN) or licensed practical nurse (LPN) who is licensed by the Kentucky Board of Nursing and employed by a licensed home care agency.

A member of the patient's immediate family (spouse, child, parent, grandparent, grandchild, or sibling, including corresponding step and in-law relationship) or a legally responsible person who maintains their primary residence with the recipient may not be employed by the provider agency to provide PDN services reimbursed by Medicaid.

State/Territory: Kentucky

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

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8. Private duty nursing services.
- Provided:  No limitations  With limitations\*
9. Clinic services.
- Provided:  No limitations  With limitations\*
10. Dental services.
- Provided:  No limitations  With limitations\*
11. Physical therapy and related services.
- a. Physical therapy.
- Provided:  No limitations  With limitations\*
- b. Occupational therapy.
- Provided:  No limitations  With limitations\*
- c. Services for individuals with speech, hearing, and language disorders provided by or under supervision of a speech pathologist or audiologist.
- Provided:  No limitations  With limitations\*
12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.
- a. Prescribed drugs.
- Provided:  No limitations  With limitations\*
- b. Dentures.
- Provided:  No limitations  With limitations\*

\* Description provided on attachment.

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8. Private Duty Nursing Services

DMS will reimburse for private duty nursing services at a rate of nine dollars per fifteen minutes. DMS will not reimburse for more than ninety-six units per recipient per twenty-four hour period or 8,000 units per twelve-consecutive month period per recipient.