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

July 28, 2014

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

Re: Kentucky State Plan Amendment 14-003

Dear Mr. Kissner:

We have reviewed the proposed Kentucky state plan amendment (SPA) 14-003, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on April 25, 2014. Kentucky SPA 14-003 removes state plan language that does not allow for reimbursement of physician assistants for services provided under the Rural Health Clinic Services (RHC) benefit.

Based on the information provided, the Medicaid State Plan Amendment KY 14-003 was approved on July 23, 2014. The effective date of this amendment is April 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 Melanie Benning at (404) 562-7414 or Melanie.Benning@cms.hhs.gov.

Sincerely,

Jackie Glaze

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

Enclosures

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: 14-003

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: April 1, 2014

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:

7. FEDERAL BUDGET IMPACT:
a. FFY 2014 Budget Neutral
b. FFY 2015 Budget Neutral

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Att. 3.1-A, Page 7.1.1(b)
Att. 3.1-B, Page 13.2

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: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

10. SUBJECT OF AMENDMENT:
The purpose of this State Plan Amendment remove the sentence that currently reads "Reimbursement is not made for the services of Physician Assistants".

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:

13. TYPED NAME: Lawrence Kissner

14. TITLE: Commissioner, Department for Medicaid Services

15. DATE SUBMITTED: 4/21/14

16. RETURN TO:
Department for Medicaid Services
275 East Main Street 6W-A
Frankfort, Kentucky 40621

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 04-25-14

18. DATE APPROVED: 07-23-14

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 04-01-14

20. SIGNATURE OF REGIONAL OFFICIAL:
//s// Jackie Glaze

21. TYPED NAME:
Jackie Glaze

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children Health Opns

23. REMARKS: Approved with the following change as authorized by state agency email dated July 23, 2014.

Block #8 changed to read: Atch 3.1-A pages 1, 7.1.1(a), 7.1.1(b), 7.1.1(b)(a)(New) and 7.1.1(b)(b)(new), Atch 3.1-B, pages 2, 13.2,13.3, 13.3(a)(New)

Block #9 changed to read: Atch 3.1-A, pages 1, 7.1.1(a), 7.1.1(b); Atch 3.1-B pages 2, 13.2 and 13.3.

State/Territory: Kentucky

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

1. Inpatient hospital services other than those provided in an Institution for mental diseases.

☒ Provided: ☐ No limitations ☒ With limitations*

2.a. Outpatient hospital services.

☒ Provided: ☒ No limitations ☐ With limitations*

b. Rural health clinic services and other ambulatory services furnished by a rural health clinic (which are otherwise included in the State plan).

☒ Provided: ☐ No limitations ☒ With limitations* ☐ Not provided.

c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with Section 4231 of the State Medicaid Manual (HCFA- Pub. 45-4).

☐ Provided: ☐ No limitations ☒ With limitations*

3. Other laboratory and x-ray services.

☐ Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP (5): ALL

1. Inpatient hospital services other than those provided in an institution for mental diseases.

☒ Provided: ☐ No limitations ☒ With limitations*

2.a. Outpatient hospital services.

☒ Provided: ☒ No limitations ☐ With limitations*

b. Rural health clinic services and other ambulatory services furnished by a rural clinic (which are otherwise covered under the plan).

☒ Provided: ☐ No limitations ☒ With limitations*

c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

☒ Provided: ☐ No limitations ☒ With limitations*

3. Other laboratory and x-ray services.

☒ Provided: ☐ No limitations ☒ With limitations*

4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

☐ Provided: ☐ No limitations ☐ With limitations*

b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.

☒ Provided:

c. Family planning services and supplies for individuals of childbearing age.

☒ Provided: ☐ No limitations ☒ With limitations*

d 1) Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women

☒ Provided: ☒ No limitations ☐ With limitations*

* Description provided on attachment.

(g) Excision: barthotin cyst, condylomas, foreign body, lesions lipoma, nevi (moles), sebaceous cyst, polyps, and subcutaneous fistulas.
(h) Extraction: foreign body, and teeth (per existing policy).
(i) Graft, skin (pinch, splint of full thickness up to defect size 3/4 inch diameter).
(j) Hymenotomy.
(k) Manipulation and/or reduction with or without x-ray; cast change: dislocations depending upon the joint and indication for procedure, and fractures.
(1) Meatotomy/ urethral dilation, removal calculus and drainage of bladder without incision.
(m) Myringotomy with or without tubes, otoplasty.
(n) Oscopy with or without biopsy (with or without salpingogram): arthroscopy, bronchoscopy, colonoscopy, culdoscopy, cystoscopy, esophagoscopy, endoscopy, otoscopy, and sigmoidoscopy or proctosidmoidoscopy.
(o) Removal: IUD, and fingernail or toenails.
(p) Tenotomy hand or foot.
(q) Vasectomy.
(r) Z-plasty for relaxation of scar/contracture.

d. Abortion services are reimbursable under the Medical Assistance Program only when the woman suffers from a physical disorder, physical injury or physical illness, including a life endangering physical condition caused or arising from the pregnancy itself that would place the woman in danger of death unless an abortion is performed, or when the pregnancy is the result of an act of rape or incest.

2 Outpatient Hospital Services

a. Outpatient Hospital Services are provided in accordance with 42 CFR 440.20. Hospital outpatient services are limited to therapeutic and diagnostic services as ordered by a physician or if applicable, a dentist; to emergency room services in emergency situations; and to drugs, biologicals, or injections administered in the outpatient hospital setting (excluding "take home" drugs and those drugs deemed less-than-effective by the Food and Drug Administration).

b. Abortion services are reimbursable under the Medical Assistance Program only when the woman suffers from a physical disorder, physical injury or physical illness, including a life endangering physical condition caused or arising from the pregnancy itself that would place the woman in danger of death unless an abortion is performed, or when the pregnancy is the result of an act of rape or incest.

2 b. Rural Health Clinic Services

1) Covered Services
Other ambulatory services furnished by a rural health clinic shall have the same limitations when provided by the rural health clinic as when provided by the usual ambulatory care provider as specified in the relevant subsections of Attachment 3.1-A pertaining to those ambulatory services.

With regard to services provided on or after October 1, 1988, rural health clinics will be allowed to secure drugs for specified immunizations from the Department for Public Health free to provide immunizations for Medicaid recipients. The specified immunizations are: diphtheria and tetanus toxoids and pertussis vaccine (DPT); measles, mumps, and rubella virus vaccine, live (MMR); poliovirus vaccine, live, oral (any types(s)) (OPV); and hemophilus B conjugate vaccine (HBCV).

Rural Health Clinic (RHC) Services are authorized in Medicaid under section 1905(a)(2)(B) of the Social Security Act (the Act) and defined in section 1861(aa) of the Act. RHC services include services provided by physicians, nurse practitioners, physician assistants, nurse midwives, clinical psychologists, clinical social workers and visiting nurses and other ambulatory services included in the state plan. RHC services also include services and supplies that are furnished as an incident to professional services furnished by a physician, physician assistant, nurse practitioner, or nurse midwife, and, as applicable, for visiting nurse care, related medical supplies other than drugs and biologicals.

2) Limitations
a) Other ambulatory services furnished in the FQHC have the same limitations as defined for those services in the state plan.
b) One visit limit per day unless the beneficiary presents later in the day with a condition unrelated to the first visit.

3) Exclusions
The following services shall not be covered if provided by an RHC:
a) Services provided in a hospital as defined in 42 U.S.C. 1395x(e);
b) Institutional services;
c) Housekeeping, babysitting, or other similar homemaker services;
d) Services which are not provided in accordance with restrictions imposed by law or a administrative regulation

4) Assurances
Other state plan limitations on physician services, physician assistant services, nurse practitioner services, clinical psychologist services, and clinical social worker services do not apply to these providers in the RHC setting

2 c. Federal Qualified Health Center Services

1) Covered Services
Federally qualified health center (FQHC) services are limited to FQHC services as defined in the Social Security Act including ambulatory services offered by a FQHC and which are included in the state plan.

Federally Qualified Health Center (FQHC) Services are authorized in Medicaid under section 1905(a)(2)(C) of the Act of the Social Security Act (the Act) and defined in section 1861(aa). FQHC services include services provided by physicians, nurse practitioners, physician assistants, nurse midwives, clinical psychologists, clinical social workers and visiting nurses and other ambulatory services included in the state plan. FQHC services also include services and supplies that are furnished as an incident to professional services furnished by a physician, physician assistant, nurse practitioner, or nurse midwife, and, as applicable, for visiting nurse care, related medical supplies other than drugs and biologicals.

2) Limitations
a) Other ambulatory services furnished in the FQHC have the same limitations as defined for those services in the state plan.
b) One visit limit per day unless the beneficiary presents later in the day with a condition unrelated to the first visit.

3) Exclusions

The following services shall not be covered if provided by an FQHC, or FQHC look-alike:
a) Services provided in a hospital as defined in 42 U.S.C. 1395x(e);
b) Institutional services;
c) Housekeeping, babysitting, or other similar homemaker services;
d) Services which are not provided in accordance with restrictions imposed by law or a administrative regulation

4) Assurances
Other state plan limitations on physician services, physician assistant services, nurse practitioner services, clinical psychologist services, and clinical social worker services do not apply to these providers in the FQHC setting

3. Other Lab and X-Ray Services

Laboratory Services limited to a benefit schedule of covered laboratory procedures when ordered or prescribed by a duly-licensed physician or dentist.

d. Abortion services are reimbursable under the Medical Assistance Program only when the woman suffers from a physical disorder, physical injury or physical illness, including a life endangering physical condition caused or arising from the pregnancy itself that would place the woman in danger of death unless an abortion is performed, or when the pregnancy is the result of an act of rape or incest.

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Outpatient Hospital Services are provided in accordance with 42 CFR 440.20. Hospital outpatient services are limited to therapeutic and diagnostic service as ordered by a physician or if applicable, a dentist; to emergency room services in emergency situations; and to drugs, biologicals, or injections administered in the outpatient hospital setting (excluding "take home" drugs and those drugs deemed less-than-effective by the Food and Drug Administration)

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2) Limitations
a) Other ambulatory services furnished in the FQHC have the same limitations as defined for those services in the state plan.
b) One visit limit per day unless the beneficiary presents later in the day with a condition unrelated to the first visit.

3) Exclusions
The following services shall not be covered if provided by an RHC:
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b) Institutional services;
c) Housekeeping, babysitting, or other similar homemaker services;
d) Services which are not provided in accordance with restrictions imposed by law or an administrative regulation

4) Assurances
Other state plan limitations on physician services, physician assistant services, nurse practitioner services, clinical psychologist services, and clinical social worker services do not apply to these providers in the RHC setting

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1) Covered Services
Federally qualified health center (FQHC) services are limited to FQHC services as defined in the Social Security Act including ambulatory services offered by a FQHC and which are included in the state plan.

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2) Limitations
a) Other ambulatory services furnished in the FQHC have the same limitations as defined for those services in the state plan.
b) One visit limit per day unless the beneficiary presents later in the day with a condition unrelated to the first visit.

3) Exclusions

The following services shall not be covered if provided by an FQHC, or FQHC look-alike:
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c) Housekeeping, babysitting, or other similar homemaker services;
d) Services which are not provided in accordance with restrictions imposed by law or a administrative regulation

4) Assurances
Other state plan limitations on physician services, physician assistant services, nurse practitioner services, clinical psychologist services, and clinical social worker services do not apply to these providers in the FQHC setting