

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
	<b>A. <u>General Conditions of Eligibility</u></b>
	Each individual covered under the plan:
42 CFR Part 435, Subpart G	1. Is financially eligible (using the methods and standards described in Parts B and C of this Attachment) to receive services.
42 CFR Part 435, Subpart F	2. Meets the applicable non-financial eligibility conditions.
	a. For the categorically needy:
	(i) Except as specified under items A.2.a.(ii) and (iii) below, for AFDC-related individuals, meets the non-financial eligibility conditions of the AFDC program.
	(ii) For SSI-related individuals, meets the non-financial criteria of the SSI program or more restrictive SSI-related categorically needy criteria.
1902(l) of the Act	(iii) For financially eligible pregnant women, infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act, meets the non-financial criteria of section 1902(l) of the Act.
1902(m) of the Act	(iv) For financially eligible aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, meets the non-financial criteria of section 1902(m) of the Act.

TN No. 92-3  
Supersedes  
TN No. 92-1

Approval Date NOV 14 1994 Effective Date 4-1-92

State: Kentucky

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- b. For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435.
- 1905(p) of the Act c. For financially eligible qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, meets the non financial criteria of section 1905(p) of the Act.
- 1905(s) of the Act d. For financially eligible qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, meets the non-financial criteria of section 1905(s).
- P.L. 102-585  
Section 402 3. Is residing in the United States and--
- a. Is a citizen.
- b. Is a qualified alien, as identified in section 431(b) of P.L. 104-193, whose coverage is mandatory under sections 402 and 403 of P.L. 104-193, including those who entered the U. S. prior to August 22, 1996, and those who entered on or after August 22, 1996.
- X Is a qualified alien, as defined in section 431(b) of P.L. 104-193, whose coverage is optional under section 402 and 403 of P.L. 104-193, including those who entered the U. S. Prior to August 22, 1996 and those who entered on or after August 22, 1996.
- c. Is an alien who is not a qualified alien as defined in section 431(b) of P.L. 104-193, or who is a qualified alien but is not eligible under the provision of (b) above. (Coverage is restricted to certain emergency services).
- d. Limited Coverage for Certain Aliens
- 1902(a) and 1903(v)  
of the Act and  
Section  
401(b)(1)(A) of P.L.  
104-193 Is an alien who is not a qualified alien or who is a qualified alien, as defined in section 431(b) of P.L. 104-193, but is not eligible for Medicaid based on alien status, and who would otherwise qualify for Medicaid is provided Medicaid only for the treatment of an emergency medical condition (including emergency labor and delivery) as defined in section 1903(v)(3) of the Act.

TN No. 98-02  
Supersedes  
TN No. 92-01

Approval Date: 6/3/98Effective Date: 1/1/98

State: Kentucky

42 CFR 435.403 4. Is a resident of the State, regardless of whether or not the  
1902(b) of the Act individual maintains the residence permanently or  
maintains it at a fixed address.

X State has interstate residency agreement with the  
following States:

Iowa	New Jersey
West Virginia	New Mexico
California	North Dakota
Georgia	South Dakota
Tennessee	Maryland
Alabama	Ohio
Arkansas	Pennsylvania
Florida	Wisconsin
Kansas	Indiana (for individual cases)
Mississippi	Idaho

- State has open agreement(s).  
 Not applicable; no residency requirement

TN No. 98-02  
Supersedes  
TN No. 97-08

Approval Date: 8/2/98

Effective Date: 1/1/98

Revision: HCFA-PM-91-8 (BPD)  
October 1991

ATTACHMENT 2.6-A  
Page 3a  
OMB No.: 0938-

State: Kentucky

Citation	Condition or Requirement
435.1008	5. a. Is not an inmate of a public institution. Public institutions do not include medical institutions, nursing facilities, intermediate care/mentally retarded facilities, or publicly operated community residences that serve no more than 16 residents, or certain child care institutions.
42 CFR 435.1008 1905(a) of the Act	b. Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program.  <input type="checkbox"/> Not applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are not provided under the plan.
433.145 433.604 2 of the Act	6. Is required, as a condition of eligibility, to assign rights to medical support and to payments for medical care from any third party, to cooperate in obtaining such support and payments, and to cooperate in identifying and providing information to assist in pursuing any liable third party. The assignment of rights obtained from an applicant or recipient is effective only for services that are reimbursed by Medicaid. The requirements of 42 CFR 433.146 through 433.148 are met.  <input checked="" type="checkbox"/> Assignment of rights is automatic because of State law.
42 CFR 435.910	7. Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number), except for aliens seeking medical assistance for the treatment of an emergency medical condition under Section 1903(v)(2) of the Social Security Act and newborn children who are eligible under Section 1902(e)4.

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Effective Date 1-1-92

o. None

HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD)  
August 1991

ATTACHMENT 2.6-A  
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OMB No.: 0938-

State: Kentucky

Citation	Condition or Requirement
1902(c)(2)	8. Is not required to apply for AFDC benefits under title IV-A as a condition of applying for, or receiving, Medicaid if the individual is a pregnant woman, infant, or child that the State elects to cover under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.
1902(e)(10)(A) and (B) of the Act	9. Is not required, as an individual child or pregnant woman, to meet requirements under section 402(a)(43) of the Act to be in certain living arrangements. (Prior to terminating AFDC individuals who do not meet such requirements under a State's AFDC plan, the agency determines if they are otherwise eligible under the State's Medicaid plan.)

TN No. 92-1  
Supersedes

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Effective Date 1-1-92

3. None

HCFA ID: 7985E

Revision: HCFA-PM-91-g (MB)  
October 1991

ATTACHMENT 2.6-A  
Page 3c  
OMB No.: 0938-

State/Territory: Kentucky

Citation

Condition or Requirement

1906 of the Act 10. Is required to apply for enrollment in an employer-based cost-effective group health plan, if such plan is available to the individual. Enrollment is a condition of eligibility except for the individual who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does not affect a child's eligibility).

TW No. 92-22

Supersedes

Approval Date

2-11-93

Effective Date 2-1-93

TN No. None

HCFA ID: 7985E

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Citation Condition or Requirement

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B. Posteligibility Treatment of Institutionalized  
Individuals' Incomes

1. The following items are not considered in the posteligibility process:

- |                             |    |   |
|-----------------------------|----|---|
| 1902(o) of<br>the Act       | a. | SSI and SSP benefits paid under § 1611(e)(1)(E) and (G) of the Act to individuals who receive care in a hospital, nursing home, SNF, or ICF.  |
| Bondi v<br>Sullivan (SSI)   | b. | Austrian Reparation Payments (pension (reparation) payments made under § 500 - 506 of the Austrian General Social Insurance Act). Applies only if State follows SSI program rules with respect to the payments. |
| 1902(r)(1) of<br>the Act    | c. | German Reparations Payments (reparation payments made by the Federal Republic of Germany).  |
| 105/206 of<br>P. L. 100-383 | d. | Japanese and Aleutian Restitution Payments.   |
| 1. (a) of<br>P. L. 103-286  | e. | Netherlands Reparation Payments based on Nazi, but not Japanese, persecution (during World War II).   |
| 10405 of<br>P. L. 101-239   | f. | Payments from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In re Agent Orange product liability litigation, M.D.L. no. 381 (E.D.N.Y.)                       |
| 6(h)(2) of<br>P. L. 101-426 | g. | Radiation Exposure Compensation.  |
| 12005 of<br>P. L. 103-66    | h. | VA pensions limited to \$90 per month under 38 U.S.C. 5503.   |

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TN No. 98-03  
Supersedes  
TN No. 92-01

Approval Date 4/20/98

Effective Date 1/1/98

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Citation	Condition or Requirement
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1924 of the Act  
435.725  
435.733  
435.832

2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:
- Personal Needs Allowance (PNA) of not less than \$30 for individuals and \$60 for Couples for all institutionalized persons.
- a. Aged, blind, disabled:  
Individuals \$40.00 plus mandatory nondiscretionary deductions  
Couples \$80.00 plus mandatory nondiscretionary deductions
- For the following persons with greater need: Supplement 12a to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and where appropriate, identifies the organizational unit which determines that a criterion is met.
- b. AFDC Related:  
Children \$40.00 plus mandatory nondiscretionary deductions  
Adults \$40.00 plus mandatory nondiscretionary deductions
- For the following persons with greater need: Supplement 12a to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and where appropriate, identifies the organizational unit which determines that a criterion is met.
- c. Individual under age 21 covered in the plan as specified in Item B.7 of Attachment 2.2-A. \$40.00 plus mandatory nondiscretionary deductions.

Citation	Condition or Requirement
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For the following persons with greater need:

Supplement 12a to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and where appropriate; identifies the organizational unit which determines that a criterion is met.

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|-----------------|---|
| 1924 of the Act | <p>3. In addition to the amounts under item 2., the following monthly amounts are deducted from the remaining income of an institutionalized individual with a community spouse:</p> <p>a. The monthly income allowance for the community spouse, calculated using the formula in §1924(d)(2), is the amount by which the maintenance needs standard exceeds the community spouse's income. The maintenance needs standard cannot exceed the maximum prescribed in §1924(d)(3)(C). The maintenance needs standard consists of a poverty level component plus an excess shelter allowance.</p> <p style="padding-left: 40px;"><u>X</u> The poverty level component is calculated using the applicable percentage (set out §1924(d)(3)(B) of the Act) of the official poverty level.</p> <p style="padding-left: 40px;">___ The poverty level component is calculated using a percentage greater than the applicable percentage, equal to ___%, of the official poverty level (still subject to maximum maintenance needs standard).</p> <p style="padding-left: 40px;">___ The maintenance needs standard for all community spouses is set at the maximum permitted by §1924(d)(3)(C).</p> <p style="padding-left: 40px;">Except that, when applicable, the State will set the community spouse's monthly income allowance at the amount by which exceptional maintenance needs, established at a fair hearing, exceed the community spouse's income, or at the amount of any court ordered support.</p> |
|-----------------|---|

Citation	Condition or Requirement
	<p>In determining any excess shelter allowance, utility expenses are calculated using:</p> <p><u>    </u> the standard utility allowance under §5(e) of the Food Stamp Act of 1977; or</p> <p><u>  X  </u> the actual unreimbursable amount of the community spouse's utility expenses less any portion of such amount included in condominium or cooperative charges.</p> <p>b. The monthly income allowance for other dependent family members living with the community spouse is:</p> <p><u>  X  </u> one-third of the amount by which the poverty level component (calculated under §1924(d)(3)(A)(i) of the Act, using the applicable percentage specified in §1924(d)(3)(B)) exceeds the dependent family member's monthly income.</p> <p><u>    </u> a greater amount calculated as follows:</p> <p>The standards described above are used for individuals receiving home and community based waiver services in lieu of services provided in a medical and remedial care institution.</p> <p>The following definition is used in lieu of the definition provided by the Secretary to determine the dependency of family members under §1924(d)(1):</p> <p style="padding-left: 40px;">The Definition of Dependency:</p> <p style="padding-left: 40px;">For the purpose of deducting allowances under Section 1924, a dependent means a child, parent, or sibling who lives with the community spouse and is claimed as a dependent by either spouse under the Internal Revenue Services Code.</p> <p>c. Amounts for health care expenses described below that are incurred by and for the institutionalized individual and are not subject to payments by a third party:</p>

Citation Condition or Requirement

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- (i) Medicaid, Medicare and other health insurance premiums, deductibles, or coinsurance charges, or copayments.
- (ii) Necessary medical or remedial care recognized under State law but not covered under the State plan, (Reasonable limits on amounts are described in Supplement 3 to ATTACHMENT 2.6-A)

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Citation	Condition or Requirement
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435.725  
435.733  
435.832

4. In addition to any amounts deductible under the items above, the following monthly amounts are deducted from the remaining monthly income of an institutionalized individual or an institutionalized couple:

a. An amount for the maintenance needs of each member of a family living in the institutionalized individual's home with no community spouse living in the home. The amount must be based on a reasonable assessment of need but must not exceed the higher of the:

- AFDC level; or
- Medically needy level;

(Check one)

--AFDC levels in Supplement 1

Medically needy level in Supplement 1

--Other: \$ \_\_\_\_\_

b. Amounts for health care expenses described below that have not been deducted under 3.c. above (i.e., for an institutionalized individual with a community spouse), are incurred by and for the institutionalized individual or institutionalized couple, and are not subject to the payment by a third party:

(i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.

(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amount are described in Supplement 3 to ATTACHMENT 2.6-A.)

435.725  
435.733  
435.832

5. At the option of the State, as specified below, the following is deducted from any remaining monthly income of an institutionalized individual or an institutionalized couple:

A monthly amount for the maintenance of the home of the individual or couple for not longer than 6 months if a physician has certified that the individual, or one member of the institutionalized couple, is likely to return to the home within that period:

No.

Yes (the applicable amount is shown on page 5a.)

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Citation	Condition or Requirement
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\_\_\_\_\_ Amount for maintenance of home is;  
\$ \_\_\_\_\_

\_\_\_\_\_ Amount for maintenance of home is the actual maintenance  
costs not to exceed \$ \_\_\_\_\_.

\_\_\_\_\_ Amount for maintenance of home is deductible when  
countable income is determined under §1924(d)(1) of the Act  
only if the individuals' home and the community spouse's  
home are different.

\_\_\_\_\_ Amount for maintenance of home is not deductible when  
countable income is determined under § 1924(d)(1) of the  
Act.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
42 CFR 435.711 435.721, 435.831	<p><u>C. Financial Eligibility</u></p> <p>For individuals who are AFDC or SSI recipients, the income and resource levels and methods for determining countable income and resources of the AFDC and SSI program apply, unless the plan provides for more restrictive levels and methods than SSI for SSI recipients under section 1902(f) of the Act, or more liberal methods under section 1902(r)(2) of the Act, as specified below.</p> <p>For individuals who are not AFDC or SSI recipients in a non-section 1902(f) State and those who are deemed to be cash assistance recipients, the financial eligibility requirements specified in this section C apply.</p> <p>Supplement 1 to ATTACHMENT 2.6-A specifies the income levels for mandatory and optional categorically needy groups of individuals, including individuals with incomes related to the Federal income poverty level—pregnant women and infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act and aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act—and for mandatory groups of qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act.</p>

TN No. 92-5  
Supersedes  
TN No. 92-1

Approval Date NOV 14 1994 Effective Date 4-1-92

State: Kentucky

Citation	Condition or Requirement
<input checked="" type="checkbox"/>	<u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the resource levels for mandatory and optional categorically needy poverty level related groups, and for medically needy groups.
<input type="checkbox"/>	<u>Supplement 7 to ATTACHMENT 2.6-A</u> specifies the income levels for categorically needy aged/blind and disabled persons who are covered under requirements more restrictive than SSI.
<input type="checkbox"/>	<u>Supplement 4 to ATTACHMENT 2.6-A</u> specifies the methods for determining income eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.
<input type="checkbox"/>	<u>Supplement 5 to ATTACHMENT 2.6-A</u> specifies the methods for determining resource eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.
<input checked="" type="checkbox"/>	<u>Supplement 8a to ATTACHMENT 2.6-A</u> specifies the methods for determining income eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902(r) (2) of the Act.
<input checked="" type="checkbox"/>	<u>Supplement 8b to ATTACHMENT 2.6-A</u> specifies the methods for determining resource eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902(r) (2) of the Act.
<input checked="" type="checkbox"/>	<u>Supplement 8c to ATTACHMENT 2.6-A</u> specifies the methods for determining resource eligibility used by State that are more liberal than the method of the cash assistance permitted under sections 1902(r)(2) and 1917(b)(1)(C) of the Act.
<input checked="" type="checkbox"/>	<u>Supplement 9b to ATTACHMENT 2.6-A</u> specifies the criteria used for transfer of asset) under section 1917(c) of the Act, which affects the eligibility of institutionalized individuals on or after February 8, 2006.
<input checked="" type="checkbox"/>	<u>Supplement 10 to ATTACHMENT 2.6-A</u> specifies the criteria used to exclude the assets transferred into a Medicaid trust because of undue hardship for categorically needy individuals, as permitted under section 1902(d)(4) of the Act.
<input type="checkbox"/>	<u>Supplement 11 to ATTACHMENT 2.6-A</u> specifies cost effectiveness methodology for COBRA continuation beneficiaries.
<input checked="" type="checkbox"/>	<u>Supplement 12 to ATTACHMENT 2.6-A</u> specifies the variations from the basic personal needs allowance under section 1902(a)(50) of the Act. It also specifies the AFDC covered groups and the income and resource eligibility criteria for low-income families under section 1931 of the Act.
<input checked="" type="checkbox"/>	<u>Supplement 13 to ATTACHMENT 2.6-A</u> specifies the treatment of available income and resources for certain institutionalized spouses with a community spouse under section 1924 of the Act.

State: Kentucky

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Citation	Condition or Requirement
—	<u>Supplement 14 to ATTACHMENT 2.6-A</u> specifies the income and resource requirements used by States for determining eligibility of Tuberculosis-infected individuals whose eligibility is determined under section 1902(x)(1) of the Act.
<u>X</u>	<u>Supplement 15 to ATTACHMENT 2.6-A</u> specifies disqualification for long term care assistance for individuals with substantial home equity.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(r)(2) of the Act	<p>1. <u>Methods of Determining Income</u></p> <p>a. <u>AFDC-related individuals (except for poverty level related pregnant women, infants, and children).</u></p> <p>(1) In determining countable income for AFDC-related individuals, the following methods are used:</p> <p><input checked="" type="checkbox"/> (a) The methods under the State's approved AFDC plan only; or</p> <p><input type="checkbox"/> (b) The methods under the State's approved AFDC plan and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p> <p>(2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.</p>
1902(e)(6) the Act	<p>(3) Agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.</p>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
42 CFR 435.721 435.831, and 1902(m)(1)(B)(m)(4) and 1902(r)(2) of the Act	b. <u>Aged individuals.</u> In determining countable income for aged individuals, including aged individuals with incomes up to the Federal poverty level described in section 1902(m)(1) of the Act, the following methods are used:  <input type="checkbox"/> The methods of the SSI program only.  <input checked="" type="checkbox"/> The methods of the SSI program and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u>

TN No. 92-5

Supersedes

TN No. None

Approval Date

**NOV 14 1994**

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August 1991

(BFD)

ATTACHMENT 2.6-A  
Page 8  
OMB No.: 0938-

State: Kentucky

Citation

Condition or Requirement

- For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in Supplement 4 to ATTACHMENT 2.6-A; and any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.
- For institutional couples, the methods specified under section 1611(e)(5) of the Act.
- For optional State supplement recipients under §435.230, income methods more liberal than SSI, as specified in Supplement 4 to ATTACHMENT 2.6-A.
- For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements--(SSA administered OSS)
  - SSI methods only.
  - SSI methods and/or any more liberal methods than SSI described in Supplement 8a to ATTACHMENT 2.6-A.
  - Methods more restrictive and/or more liberal than SSI. More restrictive methods are described in Supplement 4 to ATTACHMENT 2.6-A and more liberal methods are described in Supplement 8a to ATTACHMENT 2.6-A.

In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses.

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Effective Date 1-1-92

Replaces 89-6

HCFA ID: 7985E

State: Kentucky

Citation	Condition or Requirement
42 CFR 435.721 and 435.831 1902(m)(1)(B), (m)(4), and 1902(r)(2) of the Act	c. <u>Blind individuals</u> . In determining countable income for blind individuals, the following methods are used:
	<input type="checkbox"/> The methods of the SSI program only.
	<input checked="" type="checkbox"/> SSI methods and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .
	<input type="checkbox"/> For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A</u> , and any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .
	<input type="checkbox"/> For institutional couples, the methods specified under section 1611(e)(5) of the Act.
	<input type="checkbox"/> For optional State supplement recipients under §435.230, income methods more liberal than SSI, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A</u> .
	<input type="checkbox"/> For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements--
	<input type="checkbox"/> SSI methods only.
	<input type="checkbox"/> SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .
	<input type="checkbox"/> Methods more restrictive and/ or more liberal than SSI. More restrictive methods are described in <u>Supplement 4 to ATTACHMENT 2.6-A</u> and more liberal methods are described in <u>Supplement 8a to Attachment 2.6-A</u> .

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9. 90-22

HCFA ID: 7985E

State: Kentucky

Citation

Condition or Requirement

42 CFR 435.721,  
and 435.831  
1902(m)(1)(B),  
(m)(4), and  
1902(r)(2) of  
the Act

In determining relative responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.

d. Disabled individuals. In determining countable income of disabled individuals, including individuals with incomes up to the Federal poverty level described in section 1902(m) of the Act the following methods are used:

- The methods of the SSI program.
- SSI methods and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.
- For institutional couples: the methods specified under section 1611(e)(5) of the Act.
- For optional State supplement recipients under §435.230: income methods more liberal than SSI, as specified in Supplement 4 to ATTACHMENT 2.6-A.
- For individuals other than optional State supplement recipients (except aged and disabled individuals described in section 1903(m)(1) of the Act): more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in Supplement 4 to ATTACHMENT 2.6-A; and any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.

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3. 87-15

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(BPD)

ATTACHMENT 2.6-A  
Page 11  
OMB No.: 0938-

State: Kentucky

Citation	Condition or Requirement
—	For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements--
—	SSI methods only.
—	SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .
—	Methods more restrictive and/or more liberal than SSI, except for aged and disabled individuals described in section 1902(m)(1) of the Act. More restrictive methods are described in <u>Supplement 4 to ATTACHMENT 2.6-A</u> and more liberal methods are specified in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .

In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(i)(3)(E) and 1902(r)(2) of the Act	<p>e. <u>Poverty level pregnant women, infants, and children.</u> For pregnant women and infants or children covered under the provisions of sections 1902(a)(10)(A)(i)(IV), (VI), and (VII), and 1902(a)(10)(A)(ii)(IX) of the Act--</p> <p>(1) The following methods are used in determining countable income:</p> <p><input checked="" type="checkbox"/> The methods of the State's approved AFDC plan.</p> <p><input checked="" type="checkbox"/> The methods of the approved title IV-E plan.</p> <p><input type="checkbox"/> The methods of the approved AFDC State plan and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p> <p><input type="checkbox"/> The methods of the approved title IV-E plan and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
	(2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.
1902(e)(6) of the Act	(3) The agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.
1905(p)(1), 1902(m)(4), and 1902(r)(2) of the Act	f. <u>Qualified Medicare beneficiaries.</u> In determining countable income for qualified Medicare beneficiaries covered under section 1902(a)(10)(B)(i) of the Act, the following methods are used:  — The methods of the SSI program only.  <input checked="" type="checkbox"/> SSI methods and/or any more liberal methods than SSI described in <u>Supplement 6a to ATTACHMENT 2.6-A.</u>  — For institutional couples, the methods specified under section 1611(e)(5) of the Act.

State: Kentucky

Citation

Condition or Requirement

If an individual receives a title II benefit, any amounts attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the date of publication.

1905(a) of the Act

g. (1) Qualified disabled and working individuals.

In determining countable income for qualified disabled and working individuals covered under 1902(a)(10)(E)(ii) of the Act, the methods of the SSI program are used.

1905(p) of the Act

(2) Specified low-income Medicare beneficiaries.

In determining countable income for specified low-income Medicare beneficiaries covered under 1902(a)(10)(E)(iii) of the Act, the same method as in f. is used.

TN No. 93-5

Supersedes

TN No. 92-5

Approval Date

**APR 29 1993**

Effective Date 1-1-93

Revision: HCFA-PM-91-4 (BPD)  
August 1991

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Page 12b  
OMB No.: 0938-

State: Kentucky

Citation	Condition or Requirement
1902(u) of the Act	<p data-bbox="505 556 1170 581">h. <u>COBRA Continuation Beneficiaries</u></p> <p data-bbox="561 617 1572 678">In determining countable income for COBRA continuation beneficiaries, the following disregards are applied:</p> <ul style="list-style-type: none"><li data-bbox="561 716 1321 741">___ The disregards of the SSI program;</li><li data-bbox="561 779 1572 898">___ The agency uses methodologies for treatment of income more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A.</li></ul> <p data-bbox="561 936 1572 1094">NOTE: For COBRA continuation beneficiaries specified at 1902(u)(4), costs incurred from medical care or for any other type of remedial care shall not be taken into account in determining income, except as provided in section 1612(b)(4)(B)(ii).</p>

TR No. 92-1  
Supersedes

Approval Date NOV 14 1994

Effective Date 1-1-92

o. None

HCFA ID: 7985E

Revision:

ATTACHMENT 2.6-A  
Page 12c  
OMB No.:

State/Territory: Kentucky

Citation	Condition or Requirement
1902(a)(10)(A)(ii) (XIII) of the Act	<p data-bbox="657 590 1266 630">(i) <u>Working Individuals With Disabilities -BBA</u></p> <p data-bbox="657 663 1356 768">In determining countable income and resources for working individuals with disabilities under BBA, the following methodologies are applied:</p> <ul style="list-style-type: none"><li data-bbox="657 802 1291 842">_____ The methodologies of the SSI program.</li><li data-bbox="657 875 1383 1083">_____ The agency uses methodologies for treatment of income and resources more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 (income) and Supplement 5 (resources) to Attachment 2.6-A.</li><li data-bbox="657 1117 1399 1323">_____ The agency uses more liberal income and/or resource than the SSI program. More liberal methodologies are described in Supplement 8a to attachment 2.6-A. More liberal resource methodologies are described in Supplement 8b to Attachment 2.6-A.</li></ul>

TN No: 08-004

Supersedes

TN No: None

Approval Date: 05/13/08

Effective Date: 01/01/2008

Revision:

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Page 12d  
OMB No.:

State/Territory: Kentucky

Citation	Condition or Requirement
1902(a)(10)(A) (ii)(XV) of the Act	<p data-bbox="667 596 1166 659">(ii) <u>Working Individuals with Disabilities - Basic Coverage Group - TWWIIA</u></p> <p data-bbox="703 693 1295 816">In determining financial eligibility for working individuals with disabilities under this provision, The following standards and methodologies are applied:</p> <p data-bbox="667 852 1268 915"><u>      </u> The agency does not apply any income or resource standard.</p> <p data-bbox="753 951 1352 1041">NOTE: If the above option is chosen, no further eligibility-related options should be elected.</p> <p data-bbox="667 1077 1325 1140"><u>  X  </u> The agency applies the following income and/or resource standard(s):</p> <p data-bbox="753 1176 1390 1295">The resource limit is \$5,000 for individual and \$10,000 for a couple. Unearned income combined with earned income after deductions shall not exceed 250% FPL.</p>

TN No: 08-004

Supersedes  
TN No: None

Approval Date: 05/13/08

Effective Date: 01/01/2008

Revision:

ATTACHMENT 2.6-A  
Page 12e  
OMB No.:

State/Territory: Kentucky

Citation	Condition or Requirement
1902(a)(10)(A) (ii)(XV) of the Act (cont.)	<p data-bbox="664 625 971 657"><u>Income Methodologies</u></p> <p data-bbox="664 695 1365 800">In determining whether an individual meets the income standard described above, the agency uses the following methodologies.</p> <ul style="list-style-type: none"><li data-bbox="672 835 1403 867"><input checked="" type="checkbox"/> The income methodologies of the SSI program.</li><li data-bbox="672 940 1403 1115">_____ The agency uses methodologies for treatment of income that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6 – A.</li><li data-bbox="672 1150 1403 1289">_____ The agency uses more liberal income methodologies than the SSI program. More liberal income methodologies are described in Supplement 8a to Attachment 2.6-A.</li></ul>

TN No: 08-004

Supersedes

TN No: None

Approval Date: 05/13/08

Effective Date: 01/01/2008

Revision:

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OMB No.:

State/Territory: Kentucky

Citation	Condition or Requirement
1902(a)(10)(A) (ii)(XV) of the Act (cont.)	<p data-bbox="662 695 1003 730"><u>Resource Methodologies</u></p> <p data-bbox="662 768 1393 869">In determining whether the individual meets the resource standard described above, the agency uses the following methodologies.</p> <p data-bbox="662 907 1393 1220">Unless one of the following items is checked, the agency, under the authority of 1902(r)(2) of the Act, disregards all funds held in retirement funds and accounts, including private retirement accounts such as IRAs and other individual accounts, and employer-sponsored retirement plans such as 401(k) plans, Keogh plans, and employer pension plans. Any disregard involving retirement accounts is separately described in Supplement 8b to Attachment 2.6-A.</p> <ul data-bbox="662 1257 1393 1566" style="list-style-type: none"><li data-bbox="662 1257 1393 1358"><input type="checkbox"/> The agency disregards funds held in employer-sponsored retirement plans, but not private retirement plans.</li><li data-bbox="662 1396 1393 1566"><input type="checkbox"/> The agency disregards funds in retirement accounts in a manner other than those described above. The agency's disregards are specified in Supplement 8b to Attachment 2.6-A.</li></ul>

TN No: 08-004

Supersedes

TN No: None

Approval Date: 05/13/08

Effective Date: 01/01/2008

Revision:

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OMB No.:

State/Territory: Kentucky

Citation	Condition or Requirement
1902(a)(10)(A) (ii)(XV) of the Act (cont.)	<p><input type="checkbox"/> The agency does not disregard funds in retirement accounts.</p> <p><input type="checkbox"/> The agency uses resource methodologies in addition to any indicated above that are more liberal than those used by the SSI program. More liberal resource methodologies are described in Supplement 8b to Attachment 2.6-A.</p> <p><input checked="" type="checkbox"/> The agency uses the resource methodologies of the SSI Program.</p> <p><input type="checkbox"/> The agency uses methodologies for treatment of resources that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 5 to Attachment 2.6-A.</p>

TN No: 08-004  
Supersedes  
TN No: None

Approval Date: 05/13/08

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Citation	Condition or Requirement
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1902(a)(10)(A)  
(ii)(XVI) of the Act

(ii) Working Individuals with Disabilities -  
Employed Medically Improved Individuals -  
TWWIA

In determining financial eligibility for employed medically improved individuals under this provision, the following standards and methodologies are applied:

The agency does not apply any income or resource standard.

NOTE: If the above option is chosen, no further eligibility-related options should be elected.

The agency applies the following income and/or resource standard(s):

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TN No: None

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State/Territory: Kentucky

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Citation	Condition or Requirement
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1902(a)(10)(A)  
(ii)(XVI) of the Act (cont.)

Income Methodologies

In determining whether an individual meets the income standard described above, the agency uses the following methodologies.

- The income methodologies of the SSI program.
  
- The agency uses methodologies for treatment of income that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A.
  
- The agency uses more liberal income methodologies than the SSI program. More liberal income methodologies are described in Supplement 8a to Attachment 2.6-A.

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TN No: 08-004

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OMB No.:

State/Territory: Kentucky

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Citation	Condition or Requirement
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1902(a)(10)(A)  
(ii)(XV) of the Act (cont.)

Resource Methodologies

In determining whether the individual meets the resource standard described above, the agency uses the following methodologies.

Unless one of the following items are checked, the agency, under the authority of 1902(r)(2) of the Act, disregards all funds held in retirement funds and accounts, including private retirement accounts such as IRAs and other individual accounts, and employer-sponsored retirement plans such as 401(k) plans, Keogh plans, and employer pension plans. Any disregard involving retirement accounts is separately described in Supplement 8b to Attachment 2.6-A.

- The agency disregards funds held in employer-sponsored retirement plans, but not private retirement plans.
- The agency disregards funds in retirement accounts in a manner other than those described above. The agency's disregards are specified in Supplement 8b to Attachment 2.6-A.

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TN No: 08-004

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State/Territory: Kentucky

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Citation	Condition or Requirement
1902(a)(10)(A) (ii)(XVI) of the Act (cont.)	<ul style="list-style-type: none"><li data-bbox="756 594 1404 667">— The agency does not disregard funds in retirement accounts.</li><li data-bbox="756 699 1404 940">— The agency uses resource methodologies in addition to any indicated above that are more liberal than those used by the SSI program. More liberal resource methodologies are described in Supplement 8b to Attachment 2.6-A.</li><li data-bbox="756 972 1404 1045">— The agency uses the resource methodologies of the SSI Program.</li><li data-bbox="756 1077 1404 1289">— The agency uses methodologies for treatment of resources that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 5 to Attachment 2.6-A.</li></ul>

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TN No: 08-004

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State/Territory: Kentucky

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Citation	Condition or Requirement
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1902(a)(10)(A)  
(ii)(XVI) and 1905(v)(2)  
of the Act.

Definition of Employed – Employed Medically  
Improved Individuals – TWWIIA

— The agency uses the statutory definition of "employed", i.e., earning at least the minimum wage, and working at least 40 hours per month.

— The agency uses an alternative definition of "employed" that provides for substantial and reasonable threshold criteria for hours of work, wages, or other measures. The agency's threshold criteria is described below:

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TN No: None

State/Territory: Kentucky

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Citation	Condition or Requirement
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1902(a)(10)(A)(ii)(XIII)  
(XV), (XVI), and 1916(g)  
of the Act.

Payment of Premiums or Other Cost Sharing Charges

For individuals eligible under the BBA eligibility group described in No. 24 on page 23e of Attachment 2.2-A:

- The agency requires payment of premiums or other cost-sharing charges on a sliding scale based on income. The premiums or other cost-sharing charges, and how they are applied are described below:

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TN No: 08-004  
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TN No: None

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Revision:

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Page 12n  
OMB No.:

State/Territory: Kentucky

Citation	Condition or Requirement
1902(a)(10)(A)(ii) (XIII), (XV), (XVI), and 1916(g) of the Act (cont.)	<p data-bbox="662 625 1409 800">For individuals eligible under the Basic Coverage Group described in No. 25 on page 23e of Attachment 2.2-A, and the Medical Improvement Group described in No. 26 on page 23e of Attachment 2.2-A:</p> <p data-bbox="662 835 1409 978">NOTE: Regardless of the option selected below, the agency MUST require that individuals whose annual adjusted gross income, as defined under IRS statute, exceeds \$75,000 pay 100 percent of premiums.</p> <p data-bbox="672 1045 1409 1293"><u>X</u> The agency requires individuals to pay premiums or other cost-sharing charges on a sliding scale based on income. For individuals with net annual income below 250 percent of the Federal poverty level for a family of the size involved, the amount of premiums cannot exceed 7.5 percent of the individual's income.</p> <p data-bbox="753 1325 1409 1430">The premiums or other cost-sharing charges, and how they are applied are described on page 12o.</p>

TN No: 08-004  
Supersedes  
TN No: None

Approval Date: 05/13/08

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Citation	Condition or Requirement
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Sections 1902(a)(10)(A)  
(ii)(XV), (XVI), and 1916(g)  
of the Act (cont.)

Premiums and Other Cost-Sharing Charges

For the Basic Coverage Group, the agency's premium and other cost-sharing charges, and how they are applied, are described below.

Medicaid Works individuals with income from 101-250% of the FPL will be required to pay a premium in accordance with the following:

Federal Poverty Level	Monthly Premium per Medicaid Works Individual
101-150%	\$35
151-200%	\$45
201-250%	\$55

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TN No: 08-004

Supersedes

TN No: None

Approval Date: 05/13/08

Effective Date: 01/01/2008

State Kentucky

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Citation Condition or Requirement

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1902(k) of the Act

2. Medicaid Qualifying Trusts

In the case of a Medicaid qualifying trust described in section 1902(k)(2) of the Act, the amount from the trust that is deemed available to the individual who established the trust (or whose spouse established the trust) is the maximum amount that the trustee(s) is permitted under the trust to distribute to the individual. This amount is deemed available to the individual, whether or not the distribution is actually made. This provision does not apply to any trust or initial trust decree established before April 7, 1986, solely for the benefit of a mentally retarded individual who resides in an intermediate care facility for the mentally retarded.

X The agency does not count the funds in a trust as described above in any instance where the State determines that it would work an undue hardship as determined on the basis of criteria established by the Secretary of the Department of Health and Human Services.

1917(d) of the Act

Effective October 1, 1993 the agency complies with the provisions of 1917(d) of the Social Security Act as amended.

1902(a)(10) of the Act

3. Medically needy income levels (MNILs) are based on of family size.

Supplement 1 to ATTACHMENT 2.6-A specifies the MNILs for all covered medically needy groups. If the agency chooses more restrictive levels under section 1902(f) of the Act, Supplement 1 so indicates.

## Citation

## Condition or Requirement

42 CFR 435.732,  
435.831

4. Handling of excess income – Spend-down for the Medically Needy in all States and the Categorically Needy in 1902(f) States Only

a. Medically Needy

- (1) Income in excess of the MNIL is considered as available for payment of medical care and services. The Medicaid agency measures available income for periods of 3\* month(s) (not to exceed 6 months) to determine the amount of excess countable income applicable to the cost of medical care and services.
- (2) If countable income exceeds the MNIL standard, the agency deducts the following incurred expenses in the following order:
- (a) Health insurance premiums, deductibles and coinsurance charges.
  - (b) Expenses for necessary medical and remedial care not included in the plan.
  - (c) Expenses for necessary medical and remedial care included in the plan.

Reasonable limits on amounts of expenses deducted from income under a.(2)(a) and (b) above are listed below.

1902(a)(17) of the Act

Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government, and is financed by the State or local government

\*The retroactive spenddown period uses available income for one month with eligibility for each month determined individually.

TN No. 03-016  
Supersedes  
TN No. 92-1

Approval Date \_\_\_\_\_

Effective Date 9/1/03

Revision: HCFA-PM-91-8 (BPD)  
October 1991

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State: Kentucky

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Citation	Condition or Requirement
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a. Medically Needy (Continued)

1903(f)(2) of	<u>      </u> (3)	If countable income exceeds the MNIL standard, the agency deducts spenddown payments made to the State by the individual.
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TN No. 92-1 Approval Date NOV 14 1994 Effective Date 1-1-92  
Supersedes  
3. None  
HCFA ID: 7985E

State: Kentucky

Citation	Condition or Requirement
42 CFR 435.732	<p data-bbox="508 501 1430 533"><b>b. <u>Categorically Needy - Section 1902 (f) States</u></b></p> <p data-bbox="565 564 1581 688">The agency applies the following policy under the provisions of section 1902(f) of the Act. The following amounts are deducted from income to determine the individual's countable income:</p> <ol data-bbox="565 720 1581 1297" style="list-style-type: none"><li data-bbox="565 720 1154 751">(1) Any SSI benefit received.</li><li data-bbox="565 783 1581 940">(2) Any State supplement received that is within the scope of an agreement described in sections 1616 or 1634 of the Act, or a State supplement within the scope of section 1902(a)(10)(A)(ii)(XI) of the Act.</li><li data-bbox="565 972 1581 1096">(3) Increases in OASDI that are deducted under §§435.134 and 435.135 for individuals specified in that section, in the manner elected by the State under that section.</li><li data-bbox="565 1127 1581 1199">(4) Other deductions from income described in this plan at <u>Attachment 2.6-A, Supplement 4</u>.</li><li data-bbox="565 1230 1581 1297">(5) Incurred expenses for necessary medical and remedial services recognized under State law.</li></ol>
1902(a)(17) of the Act, P.L. 100-203	Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.

TN No. 92-1  
Supersedes  
2. 90-7

Approval Date NOV 14 1994

Effective Date 1-1-92

HCFA ID: 7985E

Division: HCFA-PM-91-8 (BPD)  
October 1991

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Page 15a  
OMB No.: 0938-

State: Kentucky

Citation

Condition or Requirement

1903(f)(2) of \_\_\_\_\_ 4.b. Categorically Needy - Section 1902(f) States Continued  
\_\_\_\_\_ (6) Spenddown payments made to the State by the individual.  
NOTE: FFP will be reduced to the extent a State is paid a spenddown payment by the individual.

TN No. 92-1  
Supersedes \_\_\_\_\_

Approval Date NOV 14 1994

Effective Date 1-1-92

3. None

HCFA ID: 7985E

tion: HCFA-PM-91-4 (BPD)  
August 1991

ATTACHMENT 2.6-A  
Page 16  
OMB No.: 0938-

State: Kentucky

Citation

Condition or Requirement

5. Methods for Determining Resources

a. AFDC-related individuals (except for poverty level related pregnant women, infants, and children).

(1) In determining countable resources for AFDC-related individuals, the following methods are used:

(a) The methods under the State's approved AFDC plan; and

(b) The methods under the State's approved AFDC plan and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.

(2) In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

TN No. 92-1  
Supersedes

87-15

Approval Date NOV 14 1994

Effective Date 1-1-92

HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD)  
August 1991

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State: Kentucky

Citation

Condition or Requirement

5. Methods for Determining Resources

1902(a)(10)(A),  
1902(a)(10)(C),  
1902(m)(1)(B)  
and (C), and  
1902(r) of the Act

b. Aged individuals. For aged individuals,  
including individuals covered under  
section 1902(a)(10)(A)(ii)(X) of the Act,  
the agency used the following methods for  
treatment of resources:

The methods of the SSI program.

SSI methods and/or any more liberal methods  
described in Supplement 8b to ATTACHMENT  
2.6-A.

Methods that are more restrictive (except for  
individuals described in section 1902(m)(1) of  
the Act) and/or more liberal than those of the  
SSI program. Supplement 5 to ATTACHMENT 2.6-A  
describes the more restrictive methods and  
Supplement 8b to ATTACHMENT 2.6-A specifies the  
more liberal methods.

TN No. 92-1  
Supersedes

Approval Date NOV 14 1994

Effective Date 1-1-92

1. None

HCFA ID: 7985E

State: Kentucky

Citation

Condition or Requirement

In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses.

1902(a)(10)(A),  
1902(a)(10)(C),  
1902(m)(1)(B), and  
1902(r) of the  
Act.

c. Blind individuals. For blind individuals the agency uses the following methods for treatment of resources:

- The methods of the SSI program.
- SSI methods and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.
- Methods that are more restrictive and/or more liberal than those of the SSI program. Supplement 5 to ATTACHMENT 2.6-A describe the more restrictive methods and Supplement 8b to ATTACHMENT 2.6-A specify the more liberal methods.

In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

TN No. 92-1  
Supersedes

Approval Date NOV 14 1994

Effective Date 1-1-92

1. 90-22

HCFA ID: 7985E

State: Kentucky

Citation Condition or Requirement

1902(a)(10)(A),  
1902(a)(10)(C),  
1902(m)(1)(B)  
and (C), and  
1902(r)(2) of  
the Act

d. Disabled individuals, including individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act. The agency uses the following methods for the treatment of resources:

- The methods of the SSI program.
- SSI methods and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.
- Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) and/or more liberal than those under the SSI program. More restrictive methods are described in Supplement 5 to ATTACHMENT 2.6-A and more liberal methods are specified in Supplement 8b to ATTACHMENT 2.6-A.

In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

1902(l)(3)  
and 1902(r)(2)  
of the Act

e. Poverty level pregnant women covered under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX)(A) of the Act.

The agency uses the following methods in the treatment of resources.

- The methods of the SSI program only.
- The methods of the SSI program and/or any more liberal methods described in Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.

TN No. 92-1  
Supersedes

90-22

Approval Date NOV 14 1994

Effective Date 1-1-92

Revision: HCFA-PM-91-4 (BFD)  
August 1991

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OMB No.: 0938-

State: Kentucky

Citation	Condition or Requirement
	<p>Methods that are more liberal than those of SSI. The more liberal methods are specified in <u>Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.</u></p>
	<p><input checked="" type="checkbox"/> Not applicable. The agency does not consider resources in determining eligibility.</p>
	<p>In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.</p>
1902(l)(3) and 1902(r)(2) of the Act	<p>f. <u>Poverty level infants covered under section 1902(a)(10)(A)(i)(IV) of the Act.</u></p> <p>The agency uses the following methods for the treatment of resources:</p>
	<p><input type="checkbox"/> The methods of the State's approved AFDC plan.</p>
1902(l)(3)(C) of the Act	<p><input type="checkbox"/> Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), in accordance with section 1902(l)(3)(C) of the Act, as specified in <u>Supplement 5a of ATTACHMENT 2.6-A.</u></p>
1902(r)(2) of the Act	<p><input type="checkbox"/> Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in <u>Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.</u></p>
	<p><input checked="" type="checkbox"/> Not applicable. The agency does not consider resources in determining eligibility.</p>

TN No. 92-1  
Supersedes

Approval Date NOV 14 1994

Effective Date 1-1-92

HCFA No. 89-6

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(1)(3) and 1902(x)(2) of the Act	g. 1. <u>Poverty level children covered under section 1902(a)(10)(A)(i)(VI) of the Act.</u>  The agency uses the following methods for the treatment of resources:  <input type="checkbox"/> The methods of the State's approved AFDC plan.  <input type="checkbox"/> Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), in accordance with section 1902(1)(3)(C) of the Act, as specified in <u>Supplement 5a of ATTACHMENT 2.6-A.</u>  <input type="checkbox"/> Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in <u>Supplement 5b to ATTACHMENT 2.6-A.</u>  <input checked="" type="checkbox"/> Not applicable. The agency does not consider resources in determining eligibility.  In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.
1902(1)(3)(C) of the Act	
1902(r)(2) of the Act	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(l)(3) and 1902(r)(2) of the Act	g. 2. <u>Poverty level children under section 1902(a)(10)(A)(i)(VII)</u>  The agency uses the following methods for the treatment of resources:  — The methods of the State's approved AFDC plan.
1902(l)(3)(C) the Act	— Methods more liberal than those in the State's approved AFDC plan (but not more restrictive) as specified in <u>Supplement 5a of ATTACHMENT 2.6-A.</u>
1902(r)(2) of the Act	— Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in <u>Supplement 8s to ATTACHMENT 2.6-A.</u>
	3. Not applicable. The agency does not consider resources in determining eligibility.
	In determining relative responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

TN No. 92-5

Supersedes

TN No. None

Approval Date

NOV 14 1994

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4-1-92

Revision: HCFA-PM-91-8 (BPD)  
October 1991

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OMB No.: 0938-

State: Kentucky

Citation	Condition or Requirement
1905(p)(1) (C) and (D) and 1902(r)(2) of the Act	5. h. <u>For qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act--</u>  The agency used the following methods for treatment of resources:  <input type="checkbox"/> The methods of the SSI program only.  <input checked="" type="checkbox"/> The methods of the SSI program and/or more liberal methods as described in <u>Supplement 8b to ATTACHMENT 2.6-A.</u>
1905(s) of the Act	i. For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the agency uses SSI program methods for the treatment of resources.
1905(u) of the	j. For COBRA continuation beneficiaries, the agency uses the following methods for treatment of resources:  <input type="checkbox"/> The methods of the SSI program only.  <input type="checkbox"/> More restrictive methods applied under section 1902(f) of the Act as described in Supplement 5 to Attachment 2.6-A.-

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Supersedes

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Effective Date 1-1-92

3, 89-35

HCFA ID: 7985E

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October 1991

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Page 20a  
OMB No.: 0938-

State: Kentucky

Citation

Condition or Requirement

6. Resource Standard - Categorically Needy

- a. 1902(f) States (except as specified under items 6.c. and d. below) for aged, blind and disabled individuals:

Same as SSI resource standards.

More restrictive.

The resource standards for other individuals are the same as those in the related cash assistance program.

- b. Non-1902(f) States (except as specified under items 6.c. and d. below)

The resource standards are the same as those in the related cash assistance program.

Supplement 8 to ATTACHMENT 2.6-A specifies for 1902(f) States the categorically needy resource levels for all covered categorically needy groups.

TN No. 92-1  
Supersedes

Approval Date NOV 14 1994

Effective Date 1-1-92

D. None

HCFA ID: 7985E

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Kentucky

## ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition of Requirement
1902(1)(3)(A), (B) and (C) of the Act	<p>c. For pregnant women and infants covered under the provisions of section 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act, the agency applies a resource standard.</p> <p><input type="checkbox"/> Yes. <u>Supplement 2 to Attachment 2.6-A</u> specifies the standard which, for pregnant women, is no more restrictive than the standard under the SSI program; and for infants is no more restrictive than the standard applied in the State's approved AFDC plan.</p> <p><input checked="" type="checkbox"/> No. The agency does not apply a resource standard to these individuals.</p>
1902(1)(3)(A) and (C) of the Act.	<p>d. For children covered under the provisions of section 1902(a)(10)(A)(i)(VI) of the Act, the agency applies a resource standard.</p> <p><input type="checkbox"/> Yes. <u>Supplement 2 to Attachment 2.6-A</u> specifies the standard which is no more restrictive than the standard applied in the State's approved AFDC plan.</p> <p><input checked="" type="checkbox"/> No. The agency does not apply a resource standard to these individuals.</p>
1902(1)(3)(A) and (D) of the Act.	<p>e. For children covered under the provisions of section 1902(a)(10)(A)(i)(VII) of the Act, the agency applies a resource standard.</p> <p><input type="checkbox"/> Yes. <u>Supplement 2 to Attachment 2.6-A</u> specifies the standard which is no more restrictive than the standard applied in the State's approved AFDC plan.</p> <p><input checked="" type="checkbox"/> No. The agency does not apply a resource standard to these individuals.</p>

State Kentucky

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Citation Condition of Requirement

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1902(m)(1)(C)  
and (m)(2)(B)  
of the Act

f. For aged and disabled individuals described  
in section 1902(m)(1) of the Act who are  
covered under Section 1902(a)(10)(A)(ii)(X)  
of the Act, the resource standard is:

— Same as SSI resource standards.

— Same as the medically needy resource  
standards, which are higher than the SSI  
resource standards (if the State covers  
the medically needy).

Supplement 2 to Attachment 2.6-A specifies the  
resource levels for these individuals.

State: \_\_\_\_\_

Citation	Condition or Requirement
	<b>7. Resource Standard - Medically Needy</b>
	a. Resource standards are based on family size.
1902(a)(10)(C)(i) of the Act	b. A single standard is employed in determining resource eligibility for all groups.
<input checked="" type="checkbox"/>	c. In 1902(f) States, the resource standards are more restrictive than in 7.b. above for--  ___ Aged ___ Blind ___ Disabled
	<u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.c., <u>Supplement 2</u> so indicates.
1905(p)(1)(D) and (p)(2)(B) of the Act	<b>8. Resource Standard - Qualified Medicare Beneficiaries</b>  For qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, the resource standard is twice the SSI standard.
1905(s) of the Act	<b>9. For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is twice the SSI resource standard.</b>

TN No. 92-1  
Supersedes

Approval Date NOV 14 1994

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3. 87-15

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October 1991

ATTACHMENT 2.6-A  
Page 22a  
OMB No.: 0938-

State: Kentucky

Citation	Condition or Requirement
1902(u) of the Act	9.1 For COBRA continuation beneficiaries, the resource standard is:  — Twice the SSI resource standard for an individual.  — More restrictive standard as applied under section 1902(f) of the Act as described in Supplement 8 to Attachment 2.6-A.

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Supersedes

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3. None

HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD)  
August 1991

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Page 23  
OMB No.: 0938-

State: Kentucky

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Citation

Condition or Requirement

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10. Excess Resources

- a. Categorically Needy, Qualified Medicare Beneficiaries,  
and Qualified Disabled and Working Individuals

Any excess resources make the individual ineligible.

- b. Categorically Needy Only

This State has a section 1634 agreement with SSI.  
Receipt of SSI is provided for individuals while  
disposing of excess resources.

- c. Medically Needy

Any excess resources make the individual ineligible.

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Citation	Condition or Requirement
42 CFR 435.914	<p>11. Effective Date of Eligibility</p> <p>a. Groups Other Than Qualified Medicare Beneficiaries</p> <p>(1) For the prospective period.</p> <p>Coverage is available for the full month if the following individuals are eligible at any time during the month.</p> <p><input checked="" type="checkbox"/> Aged, blind, disabled. * <input checked="" type="checkbox"/> AFDC-related. *</p> <p>Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.</p> <p><input type="checkbox"/> Aged, blind, disabled. <input type="checkbox"/> AFDC-related.</p> <p>(2) For the retroactive period.</p> <p>Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied:</p> <p><input type="checkbox"/> Aged, blind, disabled. <input type="checkbox"/> AFDC-related.</p> <p>Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied..</p> <p><input checked="" type="checkbox"/> Aged, blind, disabled. * <input checked="" type="checkbox"/> AFDC-related. *</p>

\*For medically needy spenddown cases, coverage begins on the day the spenddown liability met.

TN No. 92-1  
Supersedes 87-15  
3.                     

Approval Date NOV 14 1994 Effective Date 1-1-92

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1920 (b)(1) of the Act	<input checked="" type="checkbox"/> (3) For a presumptive eligibility period for pregnant women only.  Coverage is available for ambulatory prenatal care for the period that begins on the day a qualified provider determines that a woman meets any of the income and eligibility levels specified in <u>Attachment 2.6-A</u> of this approved plan. If the woman files an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the period ends on the day that the State agency makes the determination of eligibility based on that application. If the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the period ends on that last day.
1902 (e)(8) and 1905 (a) of the Act	<input checked="" type="checkbox"/> b. For qualified Medicare beneficiaries defined in section 1905 (p)(1) of the Act coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905 (p)(1). The eligibility determination is valid for—  <input checked="" type="checkbox"/> 12 months <input type="checkbox"/> 6 months <input type="checkbox"/> ___ months (no less than 6 months and no more than 12 months)

State: Kentucky

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Citation	Condition or Requirement
1902(a)(18) and 1902(f) of the Act	<p>12. Pre-OBRA 93 Transfer of Resources – Categorically and Medically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled and Working Individuals</p> <p>The agency complies with the provisions of section 1917 of the Act with respect to the transfer of resources.</p> <p>Disposal of resources at less than fair market value affects eligibility for certain services as detailed in <u>Supplement 9 to Attachment 2.6-A</u>.</p>
1917(c)	<p>13. Transfer of Assets – All eligibility groups</p> <p>The agency complies with the provisions of section 1917(c) of the Act, as enacted by OBRA 93, with regard to the transfer of assets.</p> <p>Disposal of assets at less than fair market value affects eligibility for certain services as detailed in <u>Supplement 9 to Attachment 2.6-A</u>, except in instances where the agency determines that the transfer rules would work an undue hardship.</p>
1917(d)	<p>14. Treatment of Trusts – All eligibility groups</p> <p>The agency complies with the provisions of section 1917(d) of the Act, as amended by OBRA 93, with regard to trusts.</p> <p><input type="checkbox"/> The agency uses more restrictive methodologies under section 1902(f) of the Act, and applies those methodologies in dealing with trusts.</p> <p><input checked="" type="checkbox"/> The agency meets the requirements in section 1917(d)(f)(B) of the Act for use of Miller trusts.</p> <p>The agency does not count the funds in a trust in any instance where the agency determines that the transfer would work an undue hardship, as described in <u>Supplement 10 to Attachment 2.6-A</u>.</p>

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Supersedes  
TN No. 95-6

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Citation	Condition or Requirement
1924 of the Act	<p data-bbox="646 317 1425 520">15. The agency complies with the provisions of §1924 with respect to income and resource eligibility and posteligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community.</p> <p data-bbox="740 554 1425 653">When applying the formula used to determine the amount of resources initial eligibility determinations, the State standard for community spouses is:</p> <ul data-bbox="797 686 1425 888" style="list-style-type: none"><li data-bbox="797 686 1425 724">___ the maximum standard permitted by law;</li><li data-bbox="797 751 1425 789">___ the minimum standard permitted by law; or</li><li data-bbox="797 821 1425 888"><u>\$20,000</u> a standard that is an amount between the minimum and the maximum.</li></ul>

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: KentuckyINCOME ELIGIBILITY LEVELS

## A. MANDATORY CATEGORICALLY NEEDY

## 1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

<u>Family Size</u>	<u>Need Standard</u>	<u>Payment Standard</u>	<u>Maximum Payment Amounts</u>
1	\$394		\$186
2	\$460		\$225
3	\$526		\$262
4	\$592		\$328
5	\$658		\$383
6	\$724		\$432
7 or more	\$790		\$482

## 2. Pregnant Women and Infants under Section 1902(a)(10)(A)(i)(IV) of the Act:

Effective July 1, 1990, for pregnant women and infants under Section 1902(a)(10)(A)(i)(IV) of the Act, the income eligibility level is 185 percent of the Federal poverty level (as revised annually in the Federal Register) for the family size involved.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY (Continued)

- (A) PLS MFM 11-14-94
3. For children under Section 1902(a)(10)(i)(VI) of the Act (children who have attained age 1 but have not attained age 6), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.
  4. For children under Section 1902(a)(10)(i)(VII) of the Act (children who were born after September 30, 1983 and have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902(a)(10)(A)(ii)(IX) and 1902(1)(2) of the Act are as follows:

Based on 185 percent of the official Federal income poverty level (more than 133 percent and no more than 185 percent).

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	\$ _____
<u>2</u>	\$ _____
<u>3</u>	\$ _____
<u>4</u>	\$ _____
<u>5</u>	\$ _____

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Supersedes 87-15 Approval Date NOV 14 1994 Effective Date 1-1-92  
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

INCOME ELIGIBILITY LEVELS (Continued)

B. CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

2. Children under age 19

The levels for determining income eligibility for groups of children who are born after September 30, 1983 and who have attained 6 years of age but are under 19 years of age under the provisions of section 1902(1)(2) of the Act are as follows:

Based on 100 percent (no more than 100 percent) of the official Federal income poverty line.

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	\$ _____
<u>2</u>	\$ _____
<u>3</u>	\$ _____
<u>4</u>	\$ _____
<u>5</u>	\$ _____
<u>6</u>	\$ _____
<u>7</u>	\$ _____
<u>8</u>	\$ _____
<u>9</u>	\$ _____
<u>10</u>	\$ _____

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TN No. 91-3

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

INCOME ELIGIBILITY LEVELS (Continued)

3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m)(4) of the Act are as follows:

Based on \_\_\_\_\_ percent of the official Federal income poverty line.

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	\$ _____
<u>2</u>	\$ _____
<u>3</u>	\$ _____
<u>4</u>	\$ _____
<u>5</u>	\$ _____

If an individual receives a title II benefit, any amount attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the beginning of the month following the date of publication.

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TR No. 92-1

Approval Date NOV 14 1994 Effective Date 4-1-92

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

INCOME ELIGIBILITY LEVELS (Continued)

3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m)(4) of the Act are as follows:

Based on \_\_\_\_\_ percent of the official Federal income poverty line.

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	\$ _____
<u>2</u>	\$ _____
<u>3</u>	\$ _____
<u>4</u>	\$ _____
<u>5</u>	\$ _____

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

INCOME ELIGIBILITY LEVELS (Continued)

C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

The levels for determining income eligibility for groups of qualified Medicare beneficiaries under the provisions of section 1905(p)(2)(A) of the Act are as follows:

1. NON-SECTION 1902(f) STATES

a. Based on the following percent of the official Federal income poverty level:

Eff. Jan. 1, 1989:  85 percent  \_\_\_\_\_ percent (no more than 100)

Eff. Jan. 1, 1990:  100 percent  90 percent (no more than 100)

Eff. Jan. 1, 1991: 100 percent

Eff. Jan. 1, 1992: 100 percent

b. Levels:

Family Size

Income Levels

1  
2

\$ \_\_\_\_\_  
\$ \_\_\_\_\_

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

INCOME ELIGIBILITY LEVELS (Continued)

C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

2. SECTION 1902(F) STATES WHICH AS OF JANUARY 1, 1987 USED INCOME STANDARDS MORE RESTRICTIVE THAN SSI

a. Based on the following percent of the official Federal income poverty level:

Eff. Jan. 1, 1989:  80 percent  \_\_\_\_\_ percent (no more than 100)  
Eff. Jan. 1, 1990:  85 percent  \_\_\_\_\_ percent (no more than 100)  
Eff. Jan. 1, 1991:  95 percent  \_\_\_\_\_ percent (no more than 100)  
Eff. Jan. 1, 1992: 100 percent

b. Levels:

<u>Family Size</u>	<u>Income Levels</u>
<u>1</u>	\$ _____
<u>2</u>	\$ _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

INCOME LEVELS (Continued)

D. MEDICALLY NEEDY

Applicable to all groups.  Applicable to all groups except those specified below. Excepted group income levels are also listed on an attached page 3.

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for _____ months	Amount by which Column (2) exceeds limits specified in 42 CFR	Net income level for persons living in rural areas for _____ months	Amount by which Column (4) exceeds limits specified in 42 CFR
<input type="checkbox"/> urban only		435.1007 <sup>1/</sup>		435.1007 <sup>1/</sup>
<input type="checkbox"/> urban & rural				
1	\$ 2,600	\$	\$	\$
2	\$ 3,200	\$	\$	\$
3	\$ 3,700	\$	\$	\$
4	\$ 4,600	\$	\$	\$

<sup>1/</sup> The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

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TN No. None

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

INCOME LEVELS (Continued)

D. MEDICALLY NEEDY

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for _____ months	Amount by which Column (2) exceeds limits specified in 42 CFR	Net income level for persons living in rural areas for _____ months	Amount by which Column (4) exceeds limits specified in 42 CFR
<input checked="" type="checkbox"/> urban only		435.1007 <sup>1/</sup>		435.1007 <sup>1/</sup>
<input checked="" type="checkbox"/> urban & rural				
5	\$ 5,400	\$	\$	\$
6	\$ 6,100	\$	\$	\$
7	\$ 6,800	\$	\$	\$
8	\$ 7,520	\$	\$	\$
9	\$ 8,240	\$	\$	\$
10	\$ 8,960	\$	\$	\$
For each additional person, add:	\$ 720	\$	\$	\$

<sup>1/</sup> The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

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Supersedes None Approval Date NOV 14 1994 Effective Date 1-1-92  
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Revision: HCFA-Region IV

SUPPLEMENT 1 TO ATTACHMENT

August 1991

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

INCOME LEVELS (Continued)

E. Optional Groups Other Than the Medically Needy

1. Institutionalized Individuals Under Special Income Levels as follows:

For individuals covered under 42 CFR 435.231, the special income level shall be 300% of the Supplemental Security Income (SSI) Program federal benefit rate.

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TN No.           

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

RESOURCE LEVELS

A. CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Women

a. Mandatory Groups

Same as SSI resources levels.

Less restrictive than SSI resource levels and is as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	<u>N/A*</u>
<u>2</u>	<u>N/A*</u>

b. Optional Groups

Same as SSI resources levels.

Less restrictive than SSI resource levels and is as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	<u>N/A*</u>
<u>2</u>	<u>N/A*</u>

\*All resources are disregarded.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

2. Infants

a. Mandatory Group of Infants

- Same as resource levels in the State's approved AFDC plan.  
 Less restrictive than the AFDC levels and are as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	<u>NA*</u>
<u>2</u>	<u>NA*</u>
<u>3</u>	<u>NA*</u>
<u>4</u>	<u>NA*</u>
<u>5</u>	<u>NA*</u>
<u>6</u>	<u>NA*</u>
<u>7</u>	<u>NA*</u>
<u>8</u>	<u>NA*</u>
<u>9</u>	<u>NA*</u>
<u>10</u>	<u>NA*</u>

\*All resources are disregarded

TN No. 92-1  
Supersedes  
TN No. 89-23

Approval Date NOV 14 1994

Effective Date 1-1-92

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

b. Optional Group of Infants

- Same as resource levels in the State's approved AFDC plan.  
 Less restrictive than the AFDC levels and are as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	<u>NA*</u>
<u>2</u>	<u>NA*</u>
<u>3</u>	<u>NA*</u>
<u>4</u>	<u>NA*</u>
<u>5</u>	<u>NA*</u>
<u>6</u>	<u>NA*</u>
<u>7</u>	<u>NA*</u>
<u>8</u>	<u>NA*</u>
<u>9</u>	<u>NA*</u>
<u>10</u>	<u>NA*</u>

\*All resources are disregarded.

TN No. 92-1  
Supersedes 89-18 Approval Date NOV 14 1994 Effective Date 1-1-92

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

b. Optional Group of Children

- Same as resource levels in the State's approved AFDC plan.  
 Less restrictive than the AFDC levels and are as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	<u>NA*</u>
<u>2</u>	<u>NA*</u>
<u>3</u>	<u>NA*</u>
<u>4</u>	<u>NA*</u>
<u>5</u>	<u>NA*</u>
<u>6</u>	<u>NA*</u>
<u>7</u>	<u>NA*</u>
<u>8</u>	<u>NA*</u>
<u>9</u>	<u>NA*</u>
<u>10</u>	<u>NA*</u>

\*All resources are disregarded.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

3. Children

- a. Mandatory Group of Children under Section 1902(a)(10)<sup>(A)</sup>(i)(VI)  
of the Act. (Children who have attained age 1 but have not  
attained age 6.)

       Same as resource levels in the State's approved AFDC plan.

  X   Less restrictive than the AFDC levels and are as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>  1  </u>	<u>  NA*  </u>
<u>  2  </u>	<u>  NA*  </u>
<u>  3  </u>	<u>  NA*  </u>
<u>  4  </u>	<u>  NA*  </u>
<u>  5  </u>	<u>  NA*  </u>
<u>  6  </u>	<u>  NA*  </u>
<u>  7  </u>	<u>  NA*  </u>
<u>  8  </u>	<u>  NA*  </u>
<u>  9  </u>	<u>  NA*  </u>
<u> 10  </u>	<u>  NA*  </u>

\*All resources are disregarded.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

4. Aged and Disabled Individuals

- Same as SSI resource levels.
- More restrictive than SSI levels and are as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	_____
<u>2</u>	_____
<u>3</u>	_____
<u>4</u>	_____
<u>5</u>	_____

- Same as medically needy resource levels (applicable only if State has a medically needy program)

TN No. 92-1 Approval Date NOV 14 1994 Effective Date 1-1-92  
Supersedes \_\_\_\_\_  
TN No. None

HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD)  
August 1991

SUPPLEMENT 2 TO ATTACHMENT 2.6-A  
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

RESOURCE LEVELS (Continued)

B. MEDICALLY NEEDY

Applicable to all groups -

Except those specified below under the provisions of section 1902(f) of the Act.

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	<u>2,000</u>
<u>2</u>	<u>4,000</u>
<u>3</u>	<u>4,050</u>
<u>4</u>	<u>4,100</u>
<u>5</u>	<u>4,150</u>
<u>6</u>	<u>4,200</u>
<u>7</u>	<u>4,250</u>
<u>8</u>	<u>4,300</u>
<u>9</u>	<u>4,350</u>
<u>10</u>	<u>4,400</u>
For each additional person	<u>\$50</u>

TN No. 02-1  
Supersedes  
TN No. None

Approval Date

NOV 14 1994

Effective Date

1-1-92

HCFA ID: 7985E

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL  
OR REMEDIAL CARE NOT COVERED UNDER MEDICAID**

The deduction for medical and remedial care expenses that were incurred as the result of imposition of a transfer of assets penalty period is limited to zero.

Revision: HCFA-FM-91-4 (BPD)  
August 1991

SUPPLEMENT 4 TO ATTACHMENT 2.6-A  
Page 1  
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

METHODS FOR TREATMENT OF INCOME THAT DIFFER FROM  
THOSE OF THE SSI PROGRAM

(Section 1902(f) more restrictive methods and criteria and State supplement criteria in SSI criteria States without section 1634 agreements and in section 1902(f) States. Use to reflect more liberal methods only if you limit to State supplement recipients. DO NOT USE this supplement to reflect more liberal policies that you elect under the authority of section 1902(r)(2) of the Act. Use Supplement 8a for section 1902(r)(2) methods.)

Not applicable

TN No. 92-1 Approval Date NOV 14 1994 Effective Date 1-1-92  
Supersedes \_\_\_\_\_  
TN No. None

HCFA ID: 7985E

Division: HCFA-PM-91-4 (BPD)  
August 1991

SUPPLEMENT 5 TO ATTACHMENT 2.6-A  
Page 1  
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

MORE RESTRICTIVE METHODS OF TREATING RESOURCES  
THAN THOSE OF THE SSI PROGRAM - Section 1902(f) States only

Not applicable

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TN No. 91-1 Approval Date NOV 14 1994 Effective Date 1-1-92  
Supersedes  
TN No. 87-15

HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD)  
August 1991

SUPPLEMENT 5a TO ATTACHMENT 2.6-A  
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OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

METHODS FOR TREATMENT OF RESOURCES FOR INDIVIDUALS  
WITH INCOMES RELATED TO FEDERAL POVERTY LEVELS

(Do not complete if you are electing more liberal methods under the authority of section 1902(r)(2) of the Act instead of the authority specific to Federal poverty levels. Use Supplement 8b for section 1902(r)(2) methods.)

Not applicable

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TN No. 92-1 Approval Date NOV 14 1994 Effective Date 1-1-92  
Supersedes  
TN No. None HCFA ID: 7985E

State Kentucky

## Standards for Optional State Supplementary Payments

Payment Category (Reasonable Classification)	Administered by		Income Level				Income Disregards Employed
	Federal	State	Gross		Net		
			1 per- son	Couple	1 per- son	Couple	
(1)	(2)	(3)		(4)		(5)	
Living independently with caretaker in the home:							Not Applicable
Single individual			300% of SSI SPA	-	\$343	-	
Eligible couple, one requiring care			-	600% of SSI SPA	-	\$496	
Eligible couple, both requiring care			-	600% of SSI SPA	-	\$534	
Living in family care home			300% of SSI SPA	-	\$389	-	Not Applicable
Living in home for the aged or infirm			300% of SSI SPA	-	\$476	-	Not Applicable

TN # 84-9  
Supersedes  
TN # 83-20

Approval Date 10-12-84 Effective Date 7-1-84

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August 1991

SUPPLEMENT 7 TO ATTACHMENT 2.6-A  
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

INCOME LEVELS FOR 1902(f) STATES - CATEGORICALLY NEEDY  
WHO ARE COVERED UNDER REQUIREMENTS MORE RESTRICTIVE THAN SSI

. Not applicable

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TN No. 92-1 Approval Date NOV 14 1994 Effective Date 1-1-92  
Supersedes  
TN No. 85-2 HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD)  
August 1991

SUPPLEMENT 8 TO ATTACHMENT 2.6-A  
Page 1  
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

RESOURCE STANDARDS FOR 1902(f) STATES - CATEGORICALLY NEEDY

Not applicable

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TN No. 92-1 Approval Date NOV 14 1994 Effective Date 1-1-92  
Supersedes  
TN No. 85-2

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

MORE LIBERAL METHODS OF TREATING INCOME  
UNDER SECTION 1902(r)(2) OF THE ACT\*

Section 1902(f) State                       Non-Section 1902(f) State  
Income Disregards - Categorically and Medically Needy, Non-Cash Recipients

With regard to the aged, blind, and disabled, (excluding pass-through and protected groups), the state agency uses the same methodologies as SSI with minor variations specified below.

Method of averaging and/or considering income received on an irregular basis:

- \*\* a. Income from wages (including spot labor, part time labor and agricultural employment) is averaged based on the last available month's income.
- \*\* b. Commission income (e.g., from real estate sales) is averaged based on the last available three months' income.
- \*\* c. Lease income (e.g., oil and gas leases) is averaged over the lease span (usually a year) even though the lease payment may be at intervals other than monthly (e.g., semi-annual or annual). Note: Changes of circumstances are taken into consideration in determining availability of income.

\*\* In currently approved state plan.

\*More liberal methods may not result in exceeding gross income limitations under section 1903(f).

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Supersedes \_\_\_\_\_  
TN No. None HCFA ID: 7985E

State: Kentucky

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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LESS RESTRICTIVE METHODS OF TREATING INCOME  
UNDER SECTION 1902 (r)(2) OF THE ACT

- For all eligibility groups subject to Section 1902 (r)(2) of the Act except State supplementation recipients described in Section 1902 (a)(10)(A)(ii)(IV) and the special income group described in Section 1902 (a)(10)(A)(ii)(V): exclude all wages paid by the Census Bureau for temporary employment related to Census 2000 activities.
- For all eligibility groups subject to Section 1902 (r)(2) of the Act except State supplementation recipients described in Section 1902 (a)(10)(A)(ii)(IV) and the special income group described in Section 1902 (a)(10)(A)(ii)(V): exclude all income paid to individuals from the Tobacco Settlement between states and tobacco manufacturers
- For AFDC related eligibility groups subject to Section 1902 (r)(2) of the Act, exclude all interest and dividend income.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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LESS RESTRICTIVE METHODS OF TREATING INCOME  
UNDER SECTION 1902 (e)(2) OF THE ACT

- X When the annual Social Security and Railroad Retirement COLAs and Federal Poverty Level COLA adjustments cause ineligibility for Medicaid, disregard the most recent Social Security/Railroad Retirement COLA increase. The disregard is for eligibility groups subject to Sections 1902(a)(10)(E)(i) & 1905(p), 1902(a)(10)(E)(iv) and 1902(a)(10)(E)(iii).

This disregard continues until the individual loses Medicaid coverage for any other reason for three (3) consecutive months.



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More Liberal Resource Methodologies Protected

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- (4) One automobile is excluded regardless of value if it is used for employment, to obtain medical treatment, or if specifically equipped for the handicapped. \$4,500 is then excluded from the total equity value of any non-excluded automobiles.
- (5) Equity in income producing non-homestead real estate

is exempted even when the SSI test of "income producing" is not met.

NOTE: The value of non-homestead real estate is that as determined by the county property valuation administrator (PVA) for tax purposes, or the market value if less. If the PVA valuation is within the limit, no determination of market value is made.

Effective with regard to determinations of eligibility made on or after May 1, 1990, the value of property (including the tools of a tradesperson and the machinery and livestock of a farmer) that is essential for self-support for the individual or spouse, or family group in the instance of families with children, and which is used in a trade or business or some other manner, or by the individual or member of the family group as an employee is excluded from consideration as a resource.

- (6) Burial reserves (whether in the form of a prepaid burial, trust fund or life insurance policy) are exempt from consideration up to a value of \$1,500 per individual. If the value of the burial reserve exceeds \$1,500, the excess is added to the total of liquid assets

\* In currently approved state plan.

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TN No. 92-1

Supersedes

TN No. None

Approval Date

NOV 14 1994

Effective Date

1-1-92

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More Liberal Resource Methodologies Protected

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in determining eligibility. When a life insurance policy considered as a burial reserve has a face value in excess of \$1,500 (per individual), the cash surrender value in excess of the disregard amount is considered a liquid asset.

- \* (7) The state agency does not consider the value of life interests in real estate or other property as an available resource.
- \* (8) If resources are equal to or less than the limits when an application or re-investigation is processed at any time during the month, the case is considered to be resource eligible for the full month.
- \* (9) IRAs, Keogh Plan Funds, 401(k) retirement funds, and other deferred tax protected assets are considered as an unavailable resource until accessed by the owner. When accessed, the available amount is the amount actually withdrawn minus any penalty amounts resulting from the withdrawal.

\* In currently approved state plan.

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

## STATE LONG-TERM CARE INSURANCE PARTNERSHIP

1902(r)(2) The following more liberal methodology applies to individuals who are  
1917(b)(1)(C) eligible for medical assistance under one of the following eligibility groups:

## Section 1902(a)(10)(A)(ii)(V) of the Act.

An individual who is a beneficiary under a long-term care insurance policy that meets the requirements of a "qualified State long-term care insurance partnership" policy (partnership policy) as set forth below, is given a resource disregard as described in this amendment. The amount of the disregard is equal to the amount of the insurance benefit payments made to or on behalf of the individual. The term "long-term care insurance policy" includes a certificate issued under a group insurance contract.

X The State Medicaid Agency (Agency) stipulates that the following requirements will be satisfied in order for a long-term care policy to qualify for a disregard. Where appropriate, the Agency relies on attestations by the State Insurance Commissioner (Commissioner) or other State official charged with regulation and oversight of insurance policies sold in the state, regarding information within the expertise of the State's Insurance Department.

- The policy is a qualified long-term care insurance policy as defined in section 7702B(b) of the Internal Revenue Code of 1986.
- The policy meets the requirements of the long-term care insurance model regulation and long-term care insurance model Act promulgated by the National Association of Insurance Commissioners (as adopted as of October 2000) as those requirements are set forth in section 1917(b)(5)(A) of the Social Security Act.

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TN No: 08-009

Supersedes

TN No: None

Approval Date: 10/17/08

Effective Date: 7/14/2008

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

STATE LONG-TERM CARE INSURANCE PARTNERSHIP

- The policy was issued no earlier than the effective date of this State plan amendment.
- The insured individual was a resident of a Partnership State when coverage first became effective under the policy. If the policy is later exchanged for a different long-term care policy, the individual was a resident of a Partnership State when coverage under the earliest policy became effective.
- The policy meets the inflation protection requirements set forth in section 1917(b)(1)(C)(ii)(IV) of the Social Security Act.
- The Commissioner requires the issuer of the policy to make regular reports to the Secretary that include notification regarding when benefits provided under the policy have been paid and the amount of such benefits paid, notification regarding when the policy otherwise terminates, and such other information as the Secretary determines may be appropriate to the administration of such partnerships.
- The State does not impose any requirement affecting the terms or benefits of a partnership policy that the state does not also impose on non-partnership policies.
- The State Insurance Department assures that any individual who sells a partnership policy receives training, and demonstrates evidence of an understanding of such policies and how they relate to other public and private coverage of long-term care.
- The Agency provides information and technical assistance to the Insurance Department regarding the training described above.

TN No: 08-009  
Supersedes  
TN No: None

Approval Date: 10/17/08

Effective Date: 7/14/2008

Revision: HCFA-PM-91-4 (BPD)  
August 1991

SUPPLEMENT 9 TO ATTACHMENT 2.6-A  
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

\*In currently approved state plan.

TN No. 92-1  
Supersedes 89-5 Approval Date NOV 14 1994 Effective Date 1-1-92

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August 1991

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

\*In currently approved state plan.

TN No. <u>92-1</u>	Approval Date <u>NOV 14 1994</u>	Effective Date <u>1-1-92</u>
Supersedes		
TN No. <u>88-15</u>		

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August 1991

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

\*In currently approved state plan.

TN No. 92-1  
Supersedes 85-2 Approval Date NOV 14 1994 Effective Date 1-1-92

HCFA ID: 7985E

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

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TN No. 92-1  
Supersedes 85-2 Approval Date NOV 14 1994 Effective Date 1-1-92  
TN No. 85-2

HCFA ID: 7985E

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August 1991

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State: Kentucky

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TN No. 92-1 Approval Date NOV 14 1994 Effective Date 1-1-92  
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TN No. 85-2

HCFA ID: 7985E

... sion: HCFA-PM-91-4 (BPD)  
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

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TN No. 88-15  
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

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TN No. 88-1 Approval Date NOV 14 1994 Effective Date 1-1-92  
Supersedes  
TN No. 88-15 HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

TRANSFER OF ASSETS

1917(c) The agency provides for the denial of certain Medicaid services by reason of disposal of assets for less than fair market value.

1. Institutionalized individuals may be denied certain Medicaid services upon disposing of assets for less than fair market value on or after the look-back date.

The agency withholds payment to institutionalized individuals for the following services:

Payments based on a level of care in a nursing facility;

Payments based on a nursing facility level of care in a medical institution;

Home and community-based services under a 1915 waiver.

2. Non-institutionalized individuals:

— The agency applies these provisions to the following non-institutionalized eligibility groups. These groups can be no more restrictive than those set forth in section 1905(a) of the Social Security Act:

The agency withholds payment to non-institutionalized individuals for the following services:

Home health services (section 1905(a)(7));

Home and community care for functionally disabled and elderly adults (section 1905(a)(22));

Personal care services furnished to individuals who are not inpatients in certain medical institutions, as recognized under agency law and specified in section 1905(a)(24).

— The following other long-term care services for which medical assistance is otherwise under the agency plan:

TN No. 95-6

Supersedes

TN No. None

Approval Date

12/15/97

Effective Date

04/01/95

State: Kentucky

TRANSFER OF ASSETS

3. Penalty Date--The beginning date of each penalty period imposed for an uncompensated transfer of assets is:
- the first day of the month in which the asset was transferred;
  - the first day of the month following the month of transfer.
4. Penalty Period - Institutionalized Individuals--  
In determining the penalty for an institutionalized individual, the agency uses:
- the average monthly cost to a private patient of nursing facility services in the agency;
  - the average monthly cost to a private patient of nursing facility services in the community in which the individual is institutionalized.
5. Penalty Period - Non-institutionalized Individuals--  
The agency imposes a penalty period determined by using the same method as is used for an institutionalized individual, including the use of the average monthly cost of nursing facility services;
- imposes a shorter penalty period than would be imposed for institutionalized individuals, as outlined below:

TN No. 95-6

Supersedes

TN No. none

Approval Date 12/15/97

Effective Date 04/01/95

State: Kentucky

TRANSFER OF ASSETS

6. Penalty period for amounts of transfer less than cost of nursing facility care--

a. Where the amount of the transfer is less than the monthly cost of nursing facility care, the agency:

x does not impose a penalty;

\_\_\_ imposes a penalty for less than a full month, based on the proportion of the agency's private nursing facility rate that was transferred.

b. Where an individual makes a series of transfers, each less than the private nursing facility rate for a month, the agency:

x does not impose a penalty;\*

\_\_\_ imposes a series of penalties, each for less than a full month.

7. Transfers made so that penalty periods would overlap--  
The agency:

\_\_\_ totals the value of all assets transferred to produce a single penalty period;

x calculates the individual penalty periods and imposes them sequentially.

8. Transfers made so that penalty periods would not overlap--  
The agency:

x assigns each transfer its own penalty period;

\_\_\_ uses the method outlined below:

\*Transfers within a month would be totaled for this purpose.

State: Kentucky

Transfer of Assets

9. Penalty periods - Transfer by a spouse that results in a penalty period for the individual -

- a) The agency apportions any existing penalty period between the spouses using the method outlined below, provided the spouse is eligible for Medicaid. A penalty can be assessed against the spouse, and some portion of the penalty against the individual remains. The penalty period apportioned equally between institutionalized spouses. (A penalty is not applied against a non-institutionalized spouse).
  
- b) If one spouse is no longer subject to a penalty, the remaining penalty period must be served by the remaining spouse.

10. Treatment of income as an asset -

When income has been transferred as a lump sum, the agency will calculate the penalty period on the lump sum value.

       The agency will impose partial month penalty periods.

When a stream of income or the right to a stream of income has been transferred, the agency will impose a penalty period for each income payment.

       For transfers of individual income payments, the agency will impose partial month penalty periods.

       For transfers of the right to an income stream, the agency will use the actuarial value of all payments transferred.

  X   The agency uses an alternate method to calculate penalty periods, as described below: The agency does not recognize transfer of a stream of income or their right to a stream of income. Any such transfer will result in the income continuing to be considered available to the recipient for eligibility determinations. ✓

State: Kentucky

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Transfer of Assets

11. Imposition of a penalty would work an undue hardship -

The agency does not apply the transfer of assets provisions in any case in which the agency determines that such an application would work an undue hardship. The agency will use the following procedures in making undue hardship determination:

At the time it is determined that a transfer of assets has occurred, the recipient is notified of the action to be taken. The notice advises the recipient that an undue hardship exemption may be requested, the procedure for making the request and the appeal process if the decision adversely affects eligibility.

The request for undue hardship exemption will be forwarded in writing to the Department for Medicaid Services (DMS) from the Department for Social Insurance (DSI) (or other agency making the eligibility determination for DMS). The request receives immediate attention and a decision provided in the shortest time period possible.

The following criteria will be used to determine whether the agency will not count assets transferred because the penalty would work an undue hardship:

When the agency determines the transferred funds are not recoverable, that the transfer was not intended by the original owner(s) to result in Medicaid coverage or was made in circumstances not under the control of the original owner(s), and the applicant or recipient would be unable to receive necessary medical care unless an undue hardship exemption is granted.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

TRANSFER OF ASSETS

1917(c) FOR TRANSFERS OF ASSETS FOR LESS THAN FAIR MARKET VALUE MADE ON OR AFTER FEBRUARY 8, 2006, the agency provides for the denial of certain Medicaid services.

1. Institutionalized individuals are denied coverage of certain Medicaid services upon disposing of assets for less than fair market value on or after the look-back date.

The agency does not provide medical assistance coverage for institutionalized individuals for the following services:

Nursing facility services;

Nursing facility level of care provided in a medical institution;

Home and community-based services under a 1915(c) or (d) waiver.

2. Non-institutionalized individuals;

The agency applies these provisions to the following non-institutionalized eligibility groups. These groups can be no more restrictive

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

TRANSFER OF ASSETS

than those set forth in section 1905(a) of the  
Social Security Act:

The agency withholds payment to non-institutionalized  
individuals for the following services:

Home health services (section 1905(a)(7));

Home and community care for functionally  
disabled elderly adults (section 1905(a)(22));

Personal care services furnished to individuals  
who are not inpatients in certain medical  
institutions, as recognized under agency law and  
specified in section 1905(a)(24).

The following other long-term care services for  
which payment for medical assistance is  
otherwise made under the agency plan:

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State: Kentucky

TRANSFER OF ASSETS

f. Penalty Date—The beginning date of each penalty period imposed for an uncompensated transfer of assets is the later of:

- the first day of a month during or after which assets have been transferred for less than fair market value;

— The State uses the first day of the month in which the assets were transferred

— The State uses the first day of the month after the month in which the assets were transferred

or

- the date on which the individual is eligible for medical assistance under the State plan and is receiving institutional level care services described in paragraphs 1 and 2 that, were it not for the imposition of the penalty period, would be covered by Medicaid;

AND

which does not occur during any other period of ineligibility for services by reason of a transfer of assets penalty.

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TRANSFER OF ASSETS

4. Penalty Period - Institutionalized Individuals--  
In determining the penalty for an institutionalized individual, the agency uses:
- the average monthly cost to a private patient of nursing facility services in the State at the time of application;
  - the average monthly cost to a private patient of nursing facility services in the community in which the individual is institutionalized at the time of application.
5. Penalty Period - Non-institutionalized Individuals--  
The agency imposes a penalty period determined by using the same method as is used for an institutionalized individual, including the use of the average monthly cost of nursing facility services:
- imposes a shorter penalty period than would be imposed for institutionalized individuals, as outlined below;
6. Penalty period for amounts of transfer less than cost of nursing facility care--
- Where the amount of the transfer is less than the monthly cost of nursing facility care, the agency imposes a penalty for less than a full month, based on the option selected in item 4.
  - The state adds together all transfers for less than fair market value made during the look-back period in more than one month and calculates a

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single period of ineligibility, that begins on the earliest date that would otherwise apply if the transfer had been made in a single lump sum.

7. Penalty periods - transfer by a spouse that results in a penalty period for the individual--

- (a) The agency apportions any existing penalty period between the spouses using the method outlined below, provided the spouse is eligible for Medicaid. A penalty can be assessed against the spouse, and some portion of the penalty against the individual remains.
- (b) If one spouse is no longer subject to a penalty, the remaining penalty period must be served by the remaining spouse.

8. Treatment of a transfer of income--

When income has been transferred as a lump sum, the agency will calculate the penalty period on the lump sum value.

When a stream of income or the right to a stream of income has been transferred, the agency will impose a penalty period for each income payment.

X For transfers of individual income payments, the agency will impose partial month penalty periods using the methodology selected in 6. above.

X For transfers of the right to an income stream, the agency will base the penalty period on the combined actuarial value of all payments transferred.

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State: Kentucky

TRANSFER OF ASSETS

9. imposition of a penalty would work an undue hardship--

The agency does not impose a penalty for transferring assets for less than fair market value in any case in which the agency determines that such imposition would work an undue hardship. The agency will use the following criteria in making undue hardship determinations:

Application of a transfer of assets penalty would deprive the individual:

(a) Of medical care such that the individual's health or life would be endangered; or

(b) Of food, clothing, shelter, or other necessities of life.

10. Procedures for Undue Hardship Waivers

The agency has established a process under which hardship waivers may be requested that provides for:

(a) Notice to a recipient subject to a penalty that an undue hardship exception exists;

(b) A timely process for determining whether an undue hardship waiver will be granted; and

(c) A process, which is described in the notice, under

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State:     Kentucky    

TRANSFER OF ASSETS

which an adverse determination can be appealed.

TN No: 08-009  
Supersedes  
TN No. 06-014

Approval Date: 10/17/08      Effective Date: 7/14/2008

State: Kentucky

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The agency does not apply the trust provisions in any case in which the agency determines that such application would work an undue hardship.

The following criteria will be used to determine whether the agency will not count assets transferred because doing so would work an undue hardship.

When the agency determines the transferred funds are not recoverable, that the transfer was not intended by the original owner(s) to result in Medicaid coverage or was made in circumstances not under the control of the original owner(s), and the applicant or recipient would be unable to receive necessary medical care unless an undue hardship exemption is granted.

At the time it is determined that a transfer of assets has occurred, the recipient is notified of the action to be taken. The notice advises the recipient that an undue hardship exemption may be requested, the procedure for making the request and the appeal process if the decision adversely affects eligibility.

The request for undue hardship exemption will be forwarded in writing to the Department for Medicaid Services (DMS) from the Department for Social Insurance (DSI) (or other agency making the eligibility determination for DMS). The request receives immediate attention and a decision provided in the shortest time period possible.

Under the agency's undue hardship provisions, the agency exempts the funds in an irrevocable burial trust.

The maximum value of the exemption for an irrevocable burial trust is: Not Limited.

Revision: HCFA-PM-91-8 (BPD)  
October 1991

SUPPLEMENT 11 to ATTACHMENT 2.6-A  
Page 1  
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kentucky

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**COST EFFECTIVENESS METHODOLOGY FOR COBRA CONTINUATION BENEFICIARIES**

1902(u) of the Act

Premium payments are made by the agency only if such payments are likely to be cost-effective. The agency specifies the guidelines used in determining cost effectiveness by selecting one of the following methods:

- The methodology as described in SMM section 3598.
- Another cost-effective methodology as described below.

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TN No. 92-1 Approval Date NOV 14 1994 Effective Date 1-1-92  
Supersedes  
TN No. 89-9

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

The State covers low-income families and children under section 1931 of the Act.

The following groups were included in the AFDC State plan effective July 16, 1996:

- Pregnant women with no other eligible children.
- AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.
- In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996 without modifications.
- In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996, with the following modifications:
  - The agency applies lower income standards which are lower than the AFDC standards in effect on May 1, 1988, as follows:
  - The agency applies higher income standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:
  - The agency applies higher resource standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:
  - The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:

All wages paid by the Census Bureau for temporary employment related to Census 2000 or related to a census in the following decades activities are excluded.  
Temporary employment for interim Census Reports is not excluded.

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All income paid to individuals from the Tobacco Settlement between the states and tobacco manufacturers is excluded.

Family Alternatives Diversion payments are excluded as income.

Earnings of an individual attending school who is a child or parent under age 19 or a child under age 18 who is a high school graduate are disregarded.

A recipient shall have the option to receive a one-time exclusion of 2 months earned income for new employment or increased wages acquired after approved and reported timely.

Interest and dividend income shall be excluded.

\$1,000 in resources shall be excluded.

All non-liquid resources shall be exempted. Non-liquid resources are defined as items other than cash, checking accounts, savings accounts, money market accounts, certificates of deposit, bonds, or stocks.

X The income and/or resource methodologies that the less restrictive methodologies replace are as follows:

Earnings of a dependent child who is attending school shall be disregarded for 6 months per calendar year.

All income is considered with no option to exclude 2 months of wages.

Total resources could not exceed \$1,000.

Interest and dividend income was considered.

All non-liquid resources were considered unless specifically excluded.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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- The agency terminates medical assistance (except for certain pregnant women and children) for individuals who fail to meet TANF work requirements.
- The agency continues to apply the following waivers of provisions of Part A of Title IV in effect as of July 16, 1996, or submitted prior to August 22, 1996 and approved by the Secretary on or before July 1, 1997.

Revision: HCFA-PM-97-2  
December 1997  
State: Kentucky

SUPPLEMENT 12A TO  
ATTACHMENT 2.6-A  
Page 1  
QMB No.:0938-0673

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

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*\*Personal Needs Allowance - Individuals with Greater Needs\**

Aged, blind, disabled; AFDC Related; and individuals under age 21 covered in this plan as specified in Item B.7 of Attachment 2.2-A.

1. For ICF/MR patients in therapeutic placements designed to rehabilitate the individuals the first \$65 plus 1/2 of the remainder of earned income (as an addition to the \$40 personal needs allowance) with the total amount disregarded not to exceed the SSI standard for an individual.
2. For institutionalized individuals, amounts excluded under a plan to achieve self-support (PASS), as an income related work expense (IRWE), or blind work expense (BWE) shall be added to the individual's usual PNA.

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TN No. 98-03  
Supersedes  
TN No. None

Approval Date 4/20/98

Effective Date 1/1/98

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: KENTUCKY

SECTION 1924 PROVISIONS

- A. Income and resource eligibility policies used to determine eligibility for institutionalized individuals who have spouses living in the community are consistent with Section 1924.
- B. In the determination of resource eligibility for the community spouse, the state resource standard is \$20,000.
- C. The definition of undue hardship for purposes of determining if institutionalized spouses receive Medicaid in spite of having excess countable resources is described below:

"Undue hardship" exists when Medicaid eligibility of the institutionalized spouse cannot be established on the basis of assigned support rights and institutionalized spouse is subject to discharge from the medical institution, nursing facility, or HCBS waiver program due to inability to pay.

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TN No. 03-07  
Supersedes  
TN No. 89-37

Approval Date 9/15/03

Effective Date 6/01/03

State Kentucky

Citation	Condition or Requirement
	"Personal Needs Allowance - Individuals with Greater Needs"
	Aged, blind, disabled; AFDC Related; and individuals under age 21 covered in this plan as specified in Item B.7 of Attachment 2.2-A.
1.	For ICF/MR patients in therapeutic placements designed to rehabilitate the individuals the first \$65 plus 1/2 of the remainder of earned income (as an addition to the \$40 personal needs allowance) with the total amount disregarded not to exceed the SSI standard for an individual.
2.	For institutionalized individuals, amounts excluded under a plan to achieve self-support (PASS), as an income related work expense (IRWE), or blind work expense (BWE) shall be added to the individual's usual PNA.

FN No. 92-1  
supersedes  
FN No. None

Approval Date NOV 14 1994 Effective Date 1-1-92

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

DISQUALIFICATION FOR LONG-TERM CARE ASSISTANCE FOR INDIVIDUALS WITH  
SUBSTANTIAL HOME EQUITY

1917(f) The State agency denies reimbursement for nursing facility services and other long-term care services covered under the State plan for an individual who does not have a spouse, child under 21 or adult disabled child residing in the individual's home, when the individual's equity interest in the home exceeds the following amount:

\$500,000 (increased by the annual percentage increase in the urban component of the consumer price index beginning with 2011, rounded to the nearest \$1,000).

An amount that exceeds \$500,000 but does not exceed \$750,000 (increased by the annual percentage increase in the urban component of the consumer price index beginning with 2011, rounded to the nearest \$1,000).

The amount chosen by the State is \_\_\_\_\_.

This higher standard applies statewide.

This higher standard does not apply statewide. It only applies in the following areas of the State:

This higher standard applies to all eligibility groups.

This higher standard only applies to the following eligibility groups:

The State has a process under which this limitation will be waived in cases of undue hardship. Good cause is determined when the denial of a benefit results in the loss of:

- a. Medical care which shall result in an endangerment to the individual's health or life; or
- b. Food, clothing, shelter, or other necessities of life;

TN No: 08-009

Supersedes

TN No: None

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