Medicaid State Plan Eligibility

Medicaid State Plan Eligibility: General Information

State/Territory name: Kentucky

Transmittal Number: 13-005

General Information:

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

A1 - A3

Description:
State Plan Administration Designation and Authority

Populations Covered:

Mandatory Coverage:

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

Options for Coverage:

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

Medicaid State Plan Eligibility: File Management Summary

State/Territory name: Kentucky

Transmittal Number: 13-005

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

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

Medicaid State Plan Eligibility: File Management Detail

Form S14: AFDC Income Standards

Form Description:

Uploaded Form:

Support Documents

Document

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

Form Description:

Uploaded Form:

Support Documents

Document

Form S28: Eligibility Groups - Mandatory Coverage: Pregnant Women

Form Description:

Uploaded Form:

Support Documents

Document

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

Form Description:

Uploaded Form:

Support Documents

Document

Form S32: Eligibility Groups - Mandatory Coverage: Adult Group

Form Description:

Uploaded Form:

Support Documents

Document

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

Form Description:

Uploaded Form:

Support Documents

Document

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

Form Description:

Uploaded Form:

Support Documents

Document

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

Form Description:

Uploaded Form:

Support Documents

Document

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

Form Description:

Uploaded Form:

Support Documents

Document

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

Form Description:

Uploaded Form:

Support Documents

Document

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

Form Description:

Uploaded Form:

Support Documents

Document

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

Form Description:

Uploaded Form:

Support Documents

Document

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

Form Description:

Uploaded Form:

Support Documents

Document

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

Form Description:

Uploaded Form:

Support Documents

Document

Form S94: General Eligibility Requirements: Eligibility Process

Form Description:

Uploaded Form:

Support Documents

Document

Form S10: MAGI-Based Income Methodologies

Form Description:

Uploaded Form:

Support Documents

Document

Form A1-3: Medicaid Administration: Single State Agency

Form Description:

Uploaded Form: A1-A3 Ready.pdf

Support Documents

Document
Please provide a short description of this support document:
Uploaded Document Name: 2 - Organizational Chart.pdf
Please provide a short description of this support document:
Uploaded Document Name: Jack Conway Authorization.pdf

Form S88: Non-Financial Eligibility: State Residency

Form Description:

Uploaded Form:

Support Documents

Document

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

Form Description:

Uploaded Form:

Support Documents

Document

Form S21: Presumptive Eligibility by Hospitals

Form Description:

Uploaded Form:

Support Documents

Document

Medicaid State Plan Eligibility: Tribal Input

State/Territory name: Kentucky

Transmittal Number: 13-005

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

- ☐ **This State Plan Amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations.**
- ☐ **The State has solicited advice from Indian Health Programs, Urban Indian Organizations, and/or Tribal governments prior to submission of this State Plan Amendment.**

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

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

- ☐ **Indian Tribes**
- ☐ **Indian Health Programs**
- ☐ **Urban Indian Organization**

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

Indicate the key issues raised in Indian consultative activities:

- ☐ **Access**
  - **Summarize Comments**
  - **Summarize Response**
- ☐ **Quality**
  - **Summarize Comments**
  - **Summarize Response**
- ☐ **Cost**
  - **Summarize Comments**
  - **Summarize Response**
- ☐ **Payment methodology**
  - **Summarize Comments**
  - **Summarize Response**
- ☐ **Eligibility**
  - **Summarize Comments**
  - **Summarize Response**
- ☐ **Benefits**
  - **Summarize Comments**
  - **Summarize Response**
- ☐ **Service delivery**
  - **Summarize Comments**
  - **Summarize Response**
- ☐ **Other Issue**

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Kentucky

Transmittal Number:

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

13-005

Proposed Effective Date

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

Federal Statute/Regulation Citation

42 CFR 421.10

Federal Budget Impact

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

Subject of Amendment

Provides description of the administration and organization of KY Medicaid

Governor's Office Review

- ○ **Governor's office reported no comment**
- ○ **Comments of Governor's office received**
  Describe:
- ○ **No reply received within 45 days of submittal**
- ◉ **Other, as specified**
  Describe:
  Governor's Office has appointed the Cabinet for Health and Family Services as reviewer.

Signature of State Agency Official

Submitted By:	**Sharley Hughes**
Last Revision Date:	**Sep 30, 2013**
Submit Date:	**Aug 22, 2013**

Medicaid Administration

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

State Plan Administration Designation and Authority	A1

42 CFR 431.10

Designation and Authority

State Name: Kentucky

As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named below submits the following state plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

Name of single state agency: Deparment for Medicaid Services

Type of Agency:

- ○ Title IV-A Agency
- ○ Health
- ○ Human Resources
- ◉ Other

Type of Agency: State Medicaid Agency

The above named agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

The state statutory citation for the legal authority under which the single state agency administers the state plan is:

KRS 194.030 and Executive Order 85-967 issued pursuant to KRS 12.028

The single state agency supervises the administration of the state plan by local political subdivisions.

○ Yes ◉ No

☑ The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

An attachment is submitted.

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

The single state agency administers the entire state plan under title XIX (i.e., no other agency or organization administers any portion of it).

○ Yes ◉ No

Medicaid Administration

☒ Waivers of the single state agency requirement have been granted under authority of the Intergovernmental Cooperation Act of 1968.

The waivers are still in effect.

◉ Yes ○ No

Enter the following information for each waiver:

Remove

Date waiver granted (MM/DD/YY):

The type of responsibility delegated is (check all that apply):

☐ Determining eligibility

☒ Conducting fair hearings

☐ Other

Name of state agency to which responsibility is delegated:

Division of Administrative Hearings

Describe the organizational arrangement authorized, the nature and extent of responsibility for program administration delegated to the above named agency, and the resources and/or services of such agency to be utilized in administration of the plan:

The Division of Administrative Hearings is housed within the Cabinet Secretary's Office and consists of two branches: the Health Services Administrative Hearings Branch and the Families & Children Administrative Hearings Branch. The HS AHB hearing officers conduct hearings in service appeal cases. These cases include both members and providers. The F&C AHB hearing officers conduct hearings primarily in eligibility appeal cases. Any party unsatisfied with the hearing officer determination my appeal to the Appeals Board. This board is appointed by the Secretary and presently consists of three attorneys along with support staff. Decisions of the appeals board are final and not reviewed by DMS.

The methods for coordinating responsibilities among the agencies involved in administration of the plan under the alternate organizational arrangement are as follows:

Add

☐ The agency that administers or supervises the administration of the plan under Title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that portion of this plan related to blind individuals.

The entity or entities that have responsibility for determinations of eligibility for families, adults, and for individuals under 21 are:

☐ The Medicaid agency

☒ Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands

☒ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

Medicaid Administration

The entity that has responsibility for determinations of eligibility for the aged, blind, and disabled are:

- ☐ The Medicaid agency
- ☒ Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ☒ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ☒ The Federal agency administering the SSI program

  Indicate which agency determines eligibility for any groups whose eligibility is not determined by the Federal agency:

  - ☐ Medicaid agency
  - ☒ Title IV-A agency
  - ☐ An Exchange

The entity or entities that have responsibility for conducting fair hearings with respect to denials of eligibility based on the applicable modified adjusted gross income standard are:

- ☐ Medicaid agency
- ☐ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ☒ An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

  Name of entity: Office of Administrative Hearings

The agency has established a review process whereby the agency reviews appeals decisions made by the Exchange or Exchange appeals entity or other state agency, but only with respect to conclusions of law, including interpretations of state or federal policies.

○ Yes ◉ No

State Plan Administration
Organization and Administration

A2

42 CFR 431.10
42 CFR 431.11

Organization and Administration

Provide a description of the organization and functions of the Medicaid agency.

The organizational structure of the Department for Medicaid Services consists of a commissioner, deputy commissioner, medical director, pharmacy director, dental director and six (6) divisions. Each division director assumes specific responsibility in one of the following divisions: Division of Program Quality and Outcomes, Division of Community Alternatives, Division of Provider and Member Services, Division of Fiscal Management, Division of Policy and Operations and Division of Program Integrity.

Each director utilizes professional and clerical staff specializing in specific program areas.

The Division of Program Quality and Outcomes consists of the Disease and Case Management Branch and the Managed Care Oversight - Quality Branch. Each branch consists of Nurse Consultants, Medicaid Specialists and Program Coordinators.

The Division of Community Alternatives consists of the Mental Health/Intellectual and Developmental Disabilities Branch, Acquired Brain Injury Branch, Home and Community Based Services Branch and Community Transitions Branch. Each branch

consists of Nurse Consultants, Medicaid Specialists and Program Coordinators.

The Division of Provider and Member Services consists of the Member Services Branch and the Provider Services Branch. Each branch consists of Medicaid Specialists.

The Division of Fiscal Management consists of the Administrative Services Branch, Financial Management Branch and Rate Setting Branch. This division consists of Healthcare Data Administrators, Actuary, Internal Policy Analysts and Medicaid Specialists.

The Division of Policy and Operations consists of the Eligibility Policy Branch, Benefit Policy Branch and the Managed Care Oversight - Contract Management Branch. This division consists of Medicaid Specialists, Internal Policy Analysts and Nurse Consultants.

The Division of Program Integrity consists of the Recovery Branch, Third Party Liability Branch and Provider Licensing and Certification Branch. The division consists of Medicaid Specialists.

The Department for Medicaid Services is directly concerned with administration of all aspects of the Program (excluding the eligibility determinations function). It is responsible for promoting and administering the provision of a continuum of high quality comprehensive services to indigent citizens of the Commonwealth of Kentucky so as to improve their healthcare. There is a further responsibility for the Department to promote efficiency in assuring the availability and accessibility of facilities and resources, particularly in rural and urban poverty areas where shortages of health resources prevail. To be effective in these respects, it is essential for the Department to have a unified philosophy, clearly defined goals, and sufficient authority to carry out its responsibilities. As the organizational unit administering the Medicaid program, the Department is responsible for developing, recommending, and implementing policies, standards, and procedures relating to benefit elements.

A. Functions and responsibilities of the Department include, but are not limited to, the following:

1. Certifying the need of recipients for Medicaid;
2. Issuing authorizations for provision of Medicaid;
3. Certifying the provision of medical care in accordance with quality and quantity standards as established;
4. Developing bases and methods of payment for the medical services provided;
5. Certifying vendor billings for compliance with established base of payments;
6. Developing and implementing a managed care program for the delivery of physical and behavioral health services;
7. Developing and implementing a capitated non-emergency medical transportation delivery system, excluding ambulance stretcher services; and

B. In the course of carrying out the above specifically designated functions the Department for Medicaid Services performs other functions, including but not limited to:

1. Developing, implementing, and disseminating policy and procedure material relevant to service benefits;
2. Preparing and managing the Program budget;
3. Conducting research analysis and evaluation, and preparing special reports on the findings thereof:
4. Conducting provider and recipient utilization review for use as a control technique in the enforcement of quality and quantity standards;
5. Establishing and maintaining a data base for the generation of statistics necessary for the operation and management of the program;
6. Maintaining a complete system of claims processing;
7. Determining recipient qualifications for specific service benefits;
8. Verifying recipient eligibility and certifying provider payments;
9. Providing oversight of the managed care program for the delivery of physical and behavioral health services;
10. Providing oversight of the capitated non-emergency medical transportation delivery system;
11. Assisting the Advisory Council, the Technical Advisory Committees, and other special committees as they carry out their assignments; and
12. Administering a quality improvement program to monitor and evaluate the health and health outcomes of members.

Upload an organizational chart of the Medicaid agency.

An attachment is submitted.

Provide a description of the structure of the state's executive branch which includes how the Medicaid agency fits in with other health, human service and public assistance agencies.

The Cabinet for Health and Family Services is the primary agency in state government responsible for the development and operation of health and human service programs, including all federal programs in which the Commonwealth elects to participate. The Secretary of the Cabinet is the chief executive and administrative officer of the Cabinet for Health and Family Services and reports to the Office of the Governor.

The Secretary of the Cabinet for Health and Family Services has supervisory authority over the Department for Medicaid Services, which is the Single State Agency. The Commissioner for Medicaid Services directs the operation of all Divisions and functions within the Department, and has the authority to exercise administrative discretion in the administration or supervision of the Medicaid program, including the issuance of policies, rules, and regulations on program matters. The Cabinet Secretary is responsible for determining that the Commissioner's exercise of authority is in compliance with general state executive policy.

Entities that determine eligibility other than the Medicaid Agency (if entities are described under Designation and Authority)

Remove

Type of entity that determines eligibility:

- (●) Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ( ) An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ( ) The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

The Department for Medicaid Services has by interagency agreement provided that the Department for Community Based Services will be responsible for all eligibility determinations and certification functions for individuals eligible for Medicaid, except that pursuant to agreement with the Social Security Administration, that agency determines Medicaid eligibility for Supplemental Security Income recipients.

The Department for Community Based Services is the single State agency for financial assistance under Title IV-A. Within the Department for Community Based Services, the Director of the Division of Family Support is responsible for supervising and directing the eligibility-related activities of staff located in each of Kentucky's 120 counties. Staff assigned to each local county make the eligibility determinations, with the appropriate eligibility rolls maintained at the central office level.

Remove

Type of entity that determines eligibility:

- ( ) Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- (●) An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

○ The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

A Memorandum of Understanding has been signed between the Department for Medicaid Services and the Office of the Kentucky Health Benefit Exchange, within the Cabinet for Health and Family Services, to facilitate coordination and administration of programs and systems that support Medicaid/KCHIP. One aspect of the Exchange includes a "no wrong door approach" to allow one enrollment system for multiple programs. This Eligibility and Enrollment (E&E) system will allow individuals to enroll in Medicaid and KCHIP, if determined eligible. This E&E system replaces the mainframe system the Department for Medicaid Services is currently using for eligibility determinations for Medicaid and KCHIP.

Remove

Type of entity that determines eligibility:

○ Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands

○ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

◉ The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Pursuant to a 1634 agreement, the Social Security Administration determines Medicaid eligibility for Supplemental Security Income recipients.

Add

Entities that conduct fair hearings other than the Medicaid Agency (if are described under Designation and Authority)

Remove

Type of entity that conducts fair hearings:

○ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

◉ An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

The Division of Administrative Hearings provides impartial hearing officers for various Cabinet for Health and Family Services administrative hearings to resolve disputes concerning benefits, services and actions in a variety of programs administered by the Cabinet and governed by state and federal law.

The Division of Administrative Hearings has two branches:

Families and Children Administrative Hearings Branch
Health Services Administrative Hearings Branch

Families and Children Administrative Hearings Branch
Conducts hearings for the Kentucky Transitional Assistance Program (K-TAP) including initial and ongoing eligibility for monthly payments, eligibility as an incapacitated individual, non-participation in the Kentucky Works Program (KWP) and concerning other services provided by the Department for Community Based Services.

Conducts hearings for the Food Stamp Program including initial and ongoing eligibility for program benefits, participation in the employment and training program and recoupment of overpayment of benefits. Conducts hearings for individuals who allegedly have committed an intentional program violation.

Conducts hearings for Medicaid including initial and ongoing eligibility for medical benefits, eligibility as a permanent and totally disabled individual and monthly personal obligation for cost of nursing facility care.

Conducts hearings for the Division of Child Support including obligation amounts, tax intercept, payment arrearages and suspension of drivers licenses.

Conducts hearings for the Division of Protection and Permanency including program issues about services for and treatment of families, children and vulnerable adults.

Health Services Administrative Hearings Branch

Process and schedule hearing requests in a timely manner and in accordance with applicable laws and regulations;

Conduct pre-hearing conferences in a timely manner and in accordance with appropriate laws and regulations;

Conduct hearings in accordance with KRS 13B requirements or in accordance with hearing procedures approved by the Attorney General and the legislature;

Render decisions or reports in a timely manner in accordance with appropriate laws and regulations;

Maintain hearing records in accordance with federal and state statutes;

Issue subpoenas; Administrative Subpoena; CAPTA Administrative Subpoena
Assist the CHFS secretary on appeals and hearings when requested.

Add

Supervision of state plan administration by local political subdivisions (if described under Designation and Authority)

Is the supervision of the administration done through a state-wide agency which uses local political subdivisions?

○ Yes ◉ No

The types of the local subdivisions that administer the state plan under the supervision of the Medicaid agency are:

○ Counties

○ Parishes

○ Other

Are all of the local subdivisions indicated above used to administer the state plan?

○ Yes ○ No

State Plan Administration Assurances — A3

42 CFR 431.10
42 CFR 431.12
42 CFR 431.50

Assurances

☑ The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.

- ☑ All requirements of 42 CFR 431.10 are met.
- ☑ There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with meeting all the requirements of 42 CFR 431.12.
- ☑ The Medicaid agency does not delegate, to other than its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.

Assurance for states that have delegated authority to determine eligibility:

- ☑ There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).

Assurances for states that have delegated authority to conduct fair hearings:

- ☑ There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d).
- ☑ When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency.

Assurance for states that have delegated authority to determine eligibility and/or to conduct fair hearings:

- ☑ The Medicaid agency does not delegate authority to make eligibility determinations or to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.

PRA Disclosure Statement

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

State of Kentucky

ATTORNEY GENERAL'S CERTIFICATION

I certify that:

The Department for Medicaid Services is the single State agency responsible for:

☒ administering the plan.

The legal authority under which the agency administers the plan on a Statewide basis is

KRS 194A.030
(statutory citation)

☐ supervising the administration of the plan by local political subdivisions.

The legal authority under which the agency supervises the administration of the plan on a Statewide basis is contained in

(statutory citation)

The agency's legal authority to make rules and regulations that are binding on the political subdivisions administering the plan is

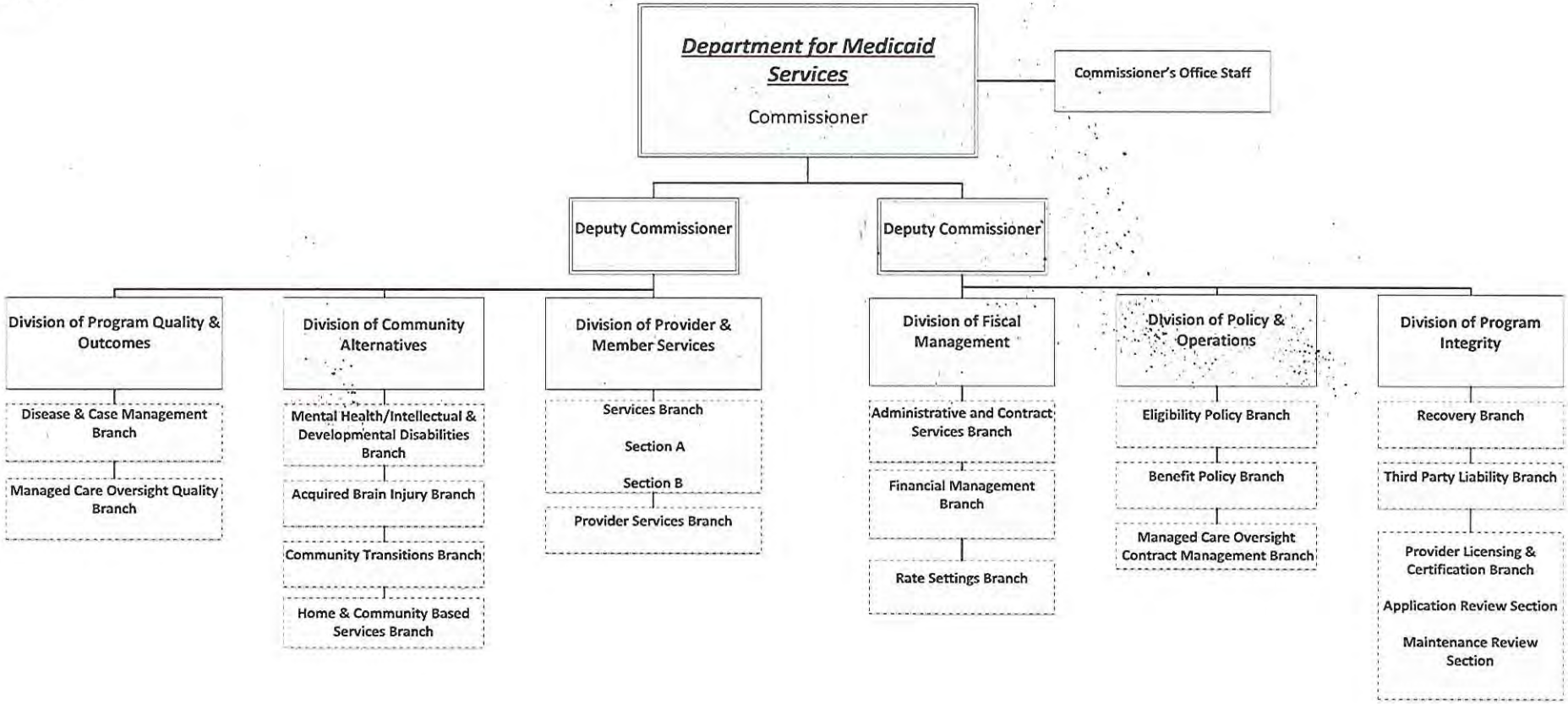
(statutory citation)

September 16, 2013
DATE

Signature (See original document for signature)

Attorney General
Title

7/29/13


Department for Medicaid Services
Commissioner
Commissioner's Office Staff
Deputy Commissioner
Deputy Commissioner
Division of Program Quality & Outcomes
Disease & Case Management Branch
Managed Care Oversight Quality Branch
Division of Community Alternatives
Mental Health/Intellectual & Developmental Disabilities Branch
Acquired Brain Injury Branch
Community Transitions Branch
Home & Community Based Services Branch
Division of Provider & Member Services
Services Branch
Section A
Section B
Provider Services Branch
Division of Fiscal Management
Administrative and Contract Services Branch
Financial Management Branch
Rate Settings Branch
Division of Policy & Operations
Eligibility Policy Branch
Benefit Policy Branch
Managed Care Oversight Contract Management Branch
Division of Program Integrity
Recovery Branch
Third Party Liability Branch
Provider Licensing & Certification Branch
Application Review Section
Maintenance Review Section