

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

Attachment 1.1-A
Page 1.1

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 194.030 and Executive Order 85-967 issued pursuant to KRS 12.028
(statutory citation)

supervising the administration of the plan by local political sub-
divisions.

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

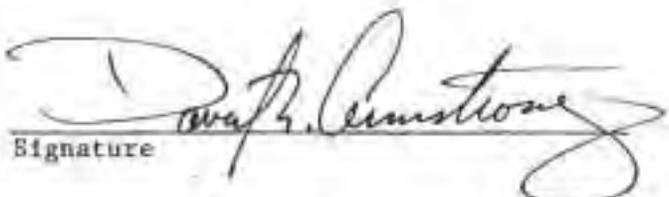
(statutory citation)

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

(statutory citation)

March 27, 1986

DATE


Signature

Attorney General

Title

TN# 86-1
Supersedes
TN# - 7814

Approved 6-23-86

Eff. Date 3-1-86

State: Kentucky

ORGANIZATION AND FUNCTION OF THE STATE AGENCY

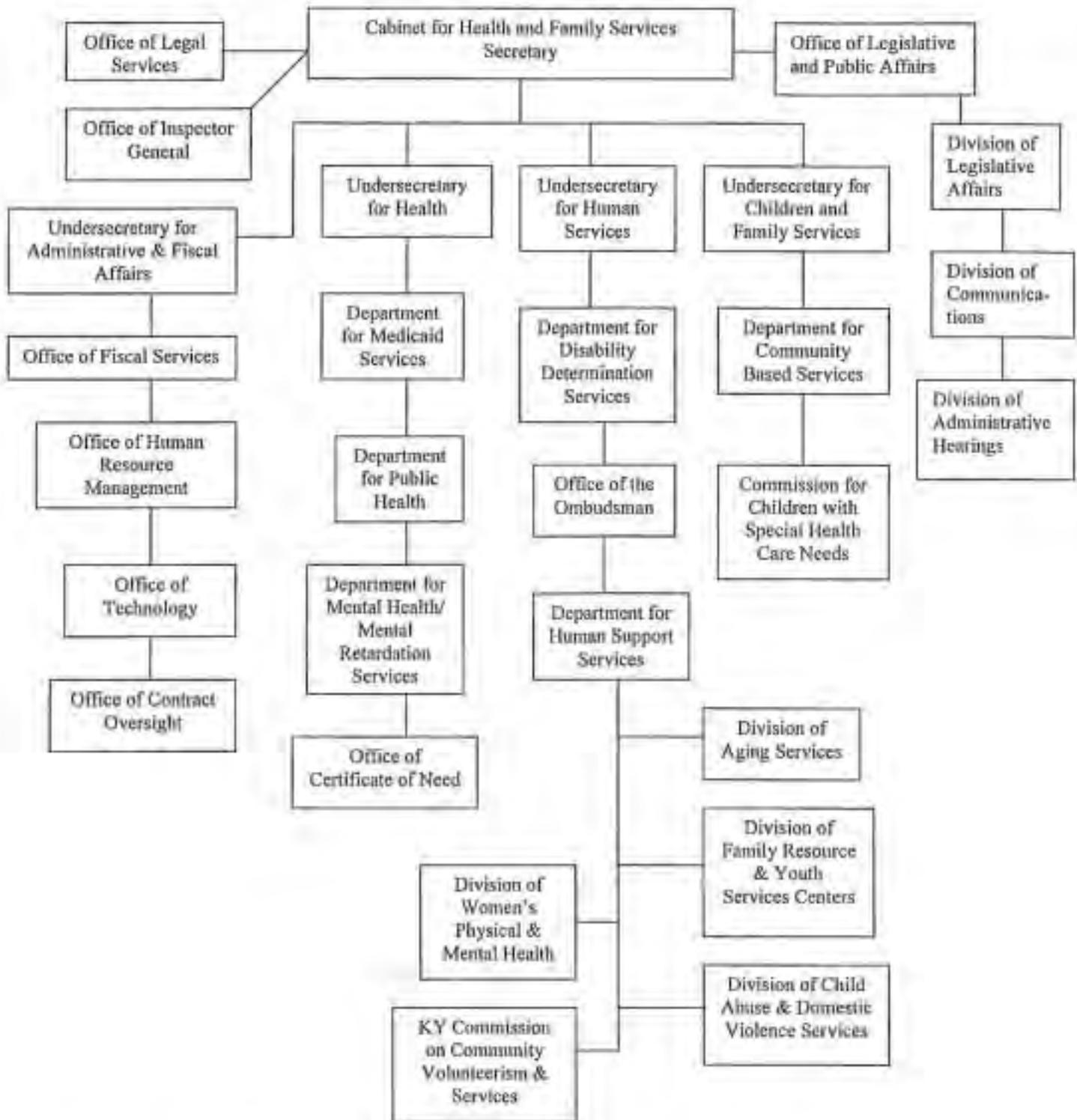
The Cabinet for Health and Family Services is the primary agency in state government responsible for the development and operation of health programs, including all federal programs in which the Commonwealth elects to participate. The Secretary of the Cabinet is the chief executive and administrative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

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.

The Department for Community Based Services, within the Cabinet for Health and Family Services, makes eligibility determinations as shown in Attachment 1.2-D.

The following chart illustrates the organizational structure and functional relationships of the Cabinet for Health and Family Services.

Cabinet for Health and Family Services



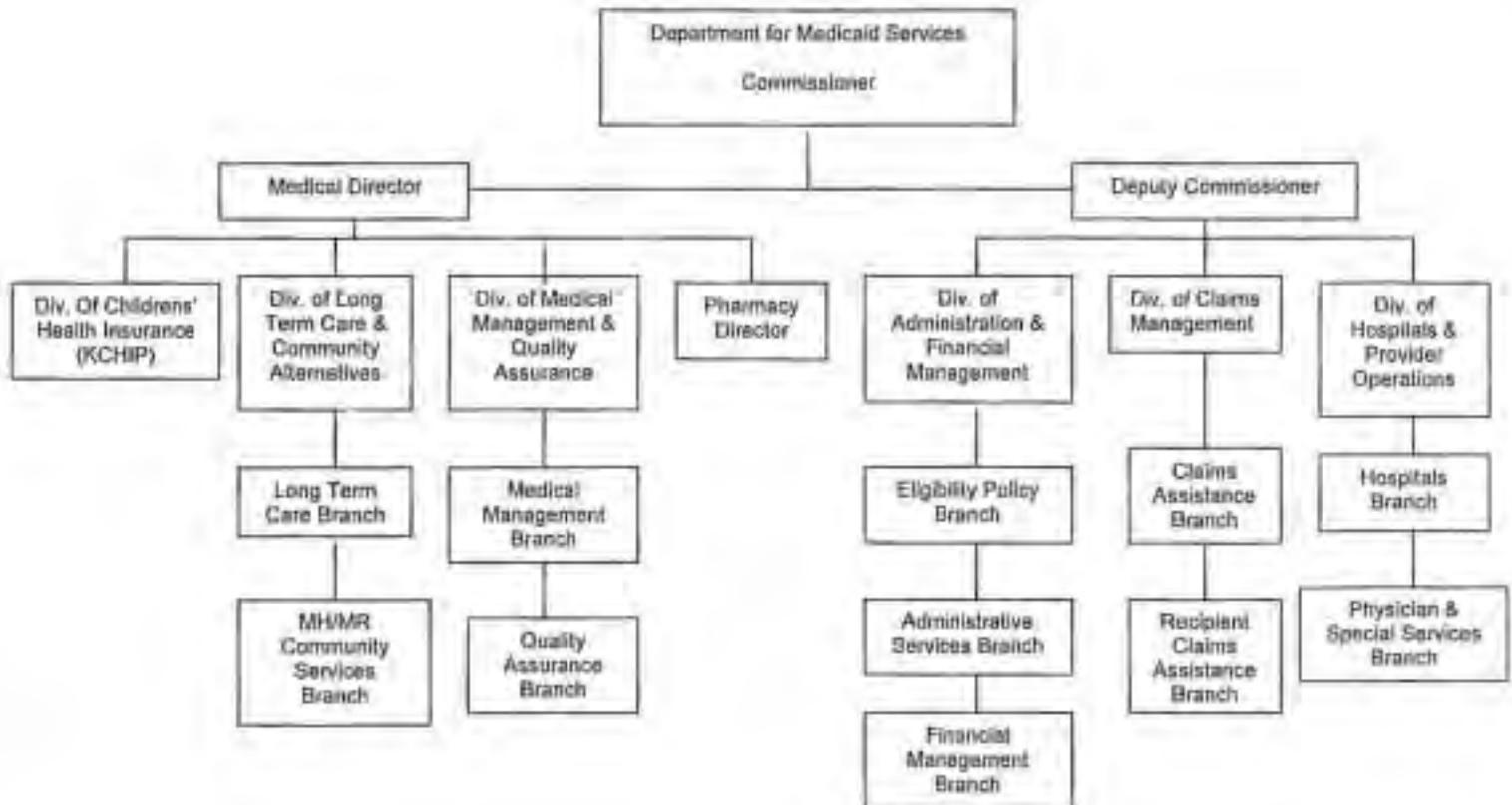
State: Kentucky

ORGANIZATION AND FUNCTION OF THE STATE AGENCY

The Department for Medicaid Services is the Single State Agency in the Commonwealth to administer Title XIX of the federal Social Security Act. The Commissioner for Medicaid Services exercises authority over the Department under the direction of the Secretary of the Cabinet for Health and Family Services and performs those functions delegated by the Secretary.

The Secretary of the Cabinet has delegated to the Department for Medicaid Services, line organizational responsibilities as the medical assistance unit within the government of the Commonwealth of Kentucky. Accordingly, it is the organizational unit responsible for administration of Medicaid programs and payments for vendor services provided to eligible recipients in the program under the direct supervision of the Secretary of the Cabinet for Health and Family Services.

The following chart illustrates the organizational structure and functional relationships of the Department for Medicaid Services.



State: Kentucky

ORGANIZATION AND FUNCTION OF THE STATE AGENCY

I. ORGANIZATIONAL DESCRIPTION

The organizational structure of the Department for Medicaid Services consists of a commissioner, deputy commissioner, medical director, pharmacy director, and six (6) divisions. Each division director assumes specific responsibility in one of the following divisions: Children's Health Insurance (KCHIP), Long Term Care and Community Alternatives, Medical Management and Quality Assurance, Administration and Financial Management, Claims Management, and Hospitals and Provider Relations.

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

II. FUNCTIONS OF THE UNIT

The Department for Medicaid Services is directly concerned with administration of all aspects of the Program (excluding the eligibility determinations function) and with attaining its objectives. 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 health care. 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;

State: Kentucky

ORGANIZATION AND FUNCTION OF THE STATE AGENCY

6. Developing and implementing a managed care program for the delivery of physical and behavioral health services through Health Care Partnerships and KenPAC;
 7. Redirecting the emphasis of services through managed care toward primary care and prevention while improving accessibility, availability and quality of care for individuals served by Medicaid;
 8. Developing and implementing a capitated non-emergency medical transportation delivery system, excluding ambulance stretcher services; and
 9. All other activities agreed upon jointly by the Advisory Council for Medical Assistance, the Cabinet for Health and Family Services, and the Department for Medicaid Services.
- B. In the course of carrying out the above specifically designated functions and in providing staff assistance to the Advisory Council for Medical Assistance, 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.

State: Kentucky

ORGANIZATION AND FUNCTION OF THE STATE AGENCY

III. MISSION STATEMENTS FOR DIVISIONS AND SUBORDINATE UNITS

A. OFFICE OF THE COMMISSIONER

The Office of the Commissioner, Department for Medicaid Services, subject to the supervision and approval of the Secretary of the Cabinet for Health and Family Services, carries the responsibility for overall administration and direction of the Kentucky Medicaid Program. This office provides the principal liaison between the Office of the Secretary and Divisions within the Department. It is also responsible for directing the coordination of program activities with those of related programs of other state and federal agencies. The Office of the Commissioner is directly responsible for overseeing the Advisory Council for Medical Assistance.

B. DIVISION OF CHILDREN'S HEALTH INSURANCE (KCHIP)

This division is responsible for the program development and reimbursement and oversight functions of the Title XXI Kentucky Children's Health Insurance Program (KCHIP). This division monitors participating providers for compliance with state and federal regulations and their achievement of service access and quality targets and goals, and provides necessary program technical assistance and training to participating providers. In conjunction with the Division of Claims Management, this division ensures that automated provider payment and reporting systems are appropriately updated and revised so as to enforce and support program policies.

C. DIVISION OF LONG TERM CARE AND COMMUNITY ALTERNATIVES

This division is responsible for program development and reimbursement functions of the long term care programs for the Commonwealth of Kentucky. Administration and monitoring of the contract with the Peer Review Organization (PRO) is the responsibility of this division. Coordination of programmatic functions will be conducted through two (2) branches. This division is also responsible for providing program specific technical assistance and expert testimony to and on behalf of the Cabinet and other state agencies (e.g., hearings, legislative testimony, court actions, new program development, remaining abreast of state of the art of the various assigned service areas of responsibility (e.g., Federal

State: Kentucky

ORGANIZATION AND FUNCTION OF THE STATE AGENCY

regulatory changes, marketplace dynamics, service and reimbursement innovations) and recommended program policy, negotiating and monitor assigned provider and department agent contracts, managing the internal operations and administrative functions of the division, and serving as liaison to assigned TACs, committees, councils and citizen's groups.

1. Long Term Care Branch: This branch is responsible for continuing departmental compliance with all applicable federal, state, and local laws and regulations related to long term care facilities. These responsibilities include: continued research and data compilation regarding long term care facilities; amendments to current regulations; amendments to the state plan; reimbursement function of long term care facilities; monitoring of long term care facilities to ensure compliance with program requirements as well as recipient safety and welfare; and any other support necessary for the continuing operation of long term care facilities. Nursing, ventilator, brain injury, and swing beds are the facilities included in the operations of the Long Term Care Branch, as are Home Health services and Hospice.

2. MH/MR Community Services Branch: This branch is responsible for continuing departmental compliance with all applicable federal, state, and local laws and regulations related to long term care programs. These responsibilities include: research and compilation of data related to existing and potential long term care programs; development, amendment, and renewal of waiver programs; drafting and submitting state plan amendments and administrative regulations; drafting and issuing long term care program manuals; reimbursement functions of long term care programs; monitoring of long term care providers to ensure compliance with program requirements as well as recipient safety and welfare; and any other support necessary for the implementation and operation of long term care programs. Programs operated under this branch include: Home and Community Based Waiver, Model II Waiver, Adult Day Care, Community Mental Health Centers, SCL Waivers and contract oversight, Targeted Case Management for Adults, Targeted Case Management for Children, Impact Plus, ICF-MR, and Acquired Brain Injury Waiver.

D. DIVISION OF MEDICAL MANAGEMENT AND QUALITY ASSURANCE

State: Kentucky

ORGANIZATION AND FUNCTION OF THE STATE AGENCY

This division will identify recipients who need medical management of their illnesses and assist providers in improving clinical outcomes, improving quality standards and providing the best care in an cost effective manner. There are two branches in this division.

1. Medical Management Branch: This branch will focus on activities for managing the health care needs of the Medicaid population by implementing disease management, case management and effective utilization management.
2. Quality Assurance Branch: This branch will focus on quality of care and quality outcomes, improving care and service for Medicaid recipients.

E. DIVISION OF ADMINISTRATION AND FINANCIAL MANAGEMENT

This division is the Department's financial analysis and budget office, and has responsibility for formulation and monitoring of the Medicaid budget, preparation and distribution of statistical data and activities.

1. Administrative Services Branch: This branch is responsible for the state plan and regulation system. This branch coordinates and maintains the Title XIX State Plan, provides administrative regulation coordination, legislation coordination, monitors the development of the intranet and the resource library, and processes all open records requests. This branch also reviews appropriate media to identify federal or state policy changes and program actions and refers issues to appropriate program divisions.
2. Eligibility Policy Branch: This branch is primarily responsible for eligibility policy monitoring systems. This branch coordinates and maintains policy analysis, program research, program development regarding eligibility, establishes Medicaid third party liability policy as related to eligibility processes, provides technical assistance to the department and external agencies pertaining to eligibility criteria and systems, and ensures that internet resources related to eligibility are updated as needed.
3. Financial Management Branch: This branch oversees the Department's administrative and benefit budgets, as well as all financial transactions of the Department. Contract development

State: Kentucky

ORGANIZATION AND FUNCTION OF THE STATE AGENCY

and negotiations are coordinated through this branch. All Federal budget and statistical reports are prepared and submitted by this branch. In conjunction with the Division of Claims Management, this branch ensures that the Department's automated systems are appropriately updated to provide accurate and timely finance-related information. This branch is primarily responsible for audit coordination, rate coordination/IGT coordination, and expenditure analysis and forecasting. With appropriate program staff input, this branch performs long and short term revenue and expenditure forecasting for the Department, performs financial impact analysis for newly proposed programs, proposed legislation, service or eligibility revisions for expansion, and conducts or sponsors actuarial studies of Medicaid of MCE service and demographic experience. In addition, they evaluate Managed Care Entities rate proposals in light of actuarial information, and maintain expertise necessary to provide technical assistance to program staff in support of their rate modeling and development responsibilities.

F. DIVISION OF CLAIMS MANAGEMENT

This division has the oversight responsibility for the contract with MMIS/Fiscal Agent. Division staff are responsible for provision of technical assistance to the Commissioner and Deputy Commissioner. This division is also responsible for policy development regarding eligibility, for resolving all recipient eligibility concerns, Utilization Review, and program integrity issues. This Division provides technical assistance to the Department in all areas of Information System development and management.

1. Recipient Claims Assistance Branch: This branch maintains a general Medicaid information help desk to field inquiries from the public and provides assistance to Medicaid recipients.
2. Claims Assistance Branch: This branch develops and coordinates the procurement, maintenance and monitoring of the MMIS contract. In addition, this Branch serves as the Department liaison and monitors the performance of all external "feeder" Information Systems (KAMES, SDX, PAS, etc.), prepares and verifies the accuracy and completeness of all routine and special management information reports, and serves as the Department liaison to

State: Kentucky

ORGANIZATION AND FUNCTION OF THE STATE AGENCY

external information management agencies. They also assist program staff in the interpretation of data.

G. DIVISION OF HOSPITALS AND PROVIDER OPERATIONS

This division has direct responsibility for all hospital, physician, and specialty services. Providers include physicians, dentists, nurse practitioners, podiatrists, nurse anesthetists, chiropractors, and optometrists. Specialty services include vision services, hearing services, independent labs, durable medical equipment suppliers, and emergency transportation providers. The Director of this division has direct responsibility for the Physician Services, Dental Care, Podiatric Care, Nursing Services, Optometric Care, Primary Care, and Hospital Care Technical Advisory Committees.

1. Hospitals Branch: This branch is primarily responsible for services in Inpatient Hospitals, Outpatient Hospitals, Renal Dialysis Centers, Ambulatory Surgical Centers, Rehab Hospitals/Facilities, Psychiatric Hospitals, Psychiatric Residential Treatment Facilities (PRTF), Comprehensive Outpatient Rehab Facilities, Critical Access Hospitals, DSH policy, and transplants.
2. Physician and Specialty Services Branch: This branch includes the following programs: dentists, vision services, hearing services, podiatrists, chiropractors, family planning, durable medical equipment (DME), emergency transportation and ambulance service, independent lab, other lab, X-ray, optometrists, services to physicians, Primary Care Centers, Rural Health Centers, nurse practitioners, midwife services, nurse anesthetists, and preventative care (LHD). This branch is also responsible for policy/regulation development and analysis, rate setting and analysis, and provider enrollment.

PROFESSIONAL MEDICAL, DIRECT SUPPORT STAFF AND PERSONNEL
ENGAGED DIRECTLY IN THE OPERATION OF MECHANIZED CLAIMS
PROCESSING AND INFORMATION RETRIEVAL SYSTEMS

Following is a description of the kinds and numbers of personnel engaged directly in the operation of mechanized claims processing and information retrieval systems, professional medical personnel and their supporting staff, used in the administration of the Program and their responsibilities.

Medical Director – (1) Office of the Commissioner

Physician responsible for medical oversight of the Division of Children's Health Insurance, Division of Long Term Care and Community Alternatives and the Division of Medical Management and Quality Assurance.

Pharmacy Director – (1) Office of the Commissioner

Acts as support staff to the Drug Management Review Advisory Board. Interfaces with fiscal agent on prior authorization (drugs) issues. Manages pharmacy program.

Nurse Consultant/Inspector – (1) Division of Hospitals & Provider Operations

Provides administration and monitoring for psychiatric hospitals. Conducts random sampling reviews of admissions and continued stays for psychiatric hospitals, PRTF's and acute care hospitals. Provides clinical technical assistance regarding valid codes and claims.

Nurse Consultant/Inspector – (1) Division of Hospitals & Provider Operations

Provides administration and monitoring of physician, physician assistant, chiropractic, and podiatry services. Reviews claim issues and recommends systems audits and edits for resolution. Researches claims and medical records as appropriate to resolve questionable practice or coverage issues. Reviews and updates reimbursement system codes. Provides technical assistance to providers based on Medicaid guidelines.

Nurse Consultant/Inspector – (1) Division of Hospitals & Provider Operations

Provides administration and monitoring of durable medical equipment (DME). Provides technical assistance for providers, including research and resolution for claims issues. Provides prior authorization entry and other changes as needed for DME.

Nurse Consultant/Inspector – (3) Division of Hospitals & Provider Operations

Provides administration and monitoring of physician and specialty services. Provides technical assistance for providers, including research and resolution for claims issues. Performs other technical assistance functions as required.

Nurse Consultant/Inspector – (1) Division of Long Term Care & Community Alternatives
Responsible for Community Mental Health Center and Abuse services and the Supports for Community Living Program.

Nurse Consultant/Inspector – (1) Division of Long Term Care & Community Alternatives
Responsible for the Acquired Brain Injury Waiver Program and the Supports for Community Living Waiver Program.

Nurse Consultant/Inspector – (1) Division of Long Term Care & Community Alternatives
Responsible for Targeted Case Management Programs and the ICF/MR Program.

Nurse Consultant/Inspector – (3) Division of Long Term Care & Community Alternatives
Responsible for nurse aide training and review, free standing nursing facilities, Home Health, Hospice, appeals, MDS validation, and training for MDS. Works with the PRO and related associations.

Nurse Consultant/Inspector – (4) Division of Long Term Care & Community Alternatives
Responsible for monitoring, clinical, and appeals for Home & Community Based Waiver, Adult Day Care, and Model Waiver II.

Director – (1) Division of Medical Management & Quality Assurance
A medical professional responsible for directing the policies and activities related to medical management and quality assurance.

Assistant Director – (1) Division of Medical Management & Quality Assurance
Assists in managing the health care needs of the Medicaid population for the division and the department. Maintains a general knowledge of changing directions within health care and keeps the Director apprised of new legislation affecting the division. Serves as a backup to the Director.

Nurse Administrator – (2) Division of Medical Management & Quality Assurance
Manages Division programs, services, and personnel. Develops Division policies and procedures. Assists with strategic planning and develops operating budgets. Supervises in-house and field Nurse Consultant/inspectors and other support staff.

Nurse Consultant/Inspector – (1) Division of Medical Management & Quality Assurance

Responsible for oversight and quality performance of Passport Healthcare. Reviews quality reports and monitors contractual requirements of Passport and review outcomes and benchmarks. Reviews quality initiative for Medicaid fee-for-service and compares quality indicators and benchmarks of both Passport and fee-for-service.

Nurse Consultant/Inspector – (1) Division of Medical Management & Quality Assurance
Requests, reviews and analyzes reports for the Medicaid fee-for-service programs. Identifies members or providers who are over utilizing resources and refers them to appropriate staff (care coordination, disease management, and educational needs if appropriate).

Nurse Consultant/Inspector – (1) Division of Medical Management & Quality Assurance
Performs oversight and quality performance of National Health Services (NHS), the Department's peer review organization. Responsible for reviewing quality issues and monitoring contractual requirements of NHS, as well as review outcomes and benchmarks.

Nurse Consultant/Inspector – (1) Division of Medical Management & Quality Assurance
Performs oversight of Medicaid fee-for-service programs. Reviews quality standards, outcomes and benchmarks as it relates to Medicaid programs. Reviews policies and procedures and makes recommendations accordingly.

Nurse Consultant/Inspector – (1) Division of Medical Management & Quality Assurance
Acts as transplant coordinator and disease management coordinator in this division. Responsible for research regarding management of specific diseases and activity coordination in accordance with that research.

Nurse Consultant/Inspector – (1) Division of Medical Management & Quality Assurance
Nurse coordinator of the EPSDT program. Researches and develops EPADT policies and procedures. Researches CMS mandates regarding children's programs. Performs overview compliance and reports of an ASO entity. Oversees and reports on appropriate treatment, national standards and quality reviews.

Nurse Consultant/Inspector – (1) Division of Medical Management & Quality Assurance
Reviews all medical management documentation, utilization reports, quality reports and makes recommendations to the medical director regarding all aspects of care coordination, disease management, lock-in and quality initiatives of the division.

Nurse Consultant/Inspector – (1) Division of Medical Management & Quality Assurance

Performs case management and care coordination for adult and pediatric catastrophic cases and for those Medicaid recipients referred to the Medicaid Lock-in Program.

Nurse Consultant/Inspector – (11) Division of Medical Management & Quality Assurance

Responsible for regional care coordination program and technical consultative services. Participates in the development, revision, evaluation, and interpretation of agency policies, procedures and guidelines.

Graduate Accountant IV – (1) Division of Administration and Financial Management

Establishes escrow accounts on MMIS. Maintains a daily check log for the Department. Places stop payments on reimbursement checks and reissues returned checks as appropriate. Reviews account receivable reports.

Assistant Director – (1) Division of Claims Management

Assists in monitoring the fiscal agent contract in order to assure compliance with contract requirements. Assists in direction of system and design change and discrepancy request forms and other correspondence between information systems and fiscal agent, department divisions, and others. Assists in developing solutions for MMIS problems and in helping in the design of enhancements for the division and the department. Assists in the coordination of changes mandated by CMS as they relate to the information system of the division and as required by the department. Maintains a general knowledge of changing directions within health care and keeps the Director apprised of new legislation affecting the division. Serves as a backup to the Director.

Administrative Branch Manager – (1) Division of Claims Management

Manages the employees and activities of an information technology branch. Responsible for the development, installation and operation of Medicaid-related data processing computer systems. Manages the data processing training activities and programs for the department.

Administrative Secretary I – (1) Division of Claims Management

Provides administrative support for functions of an information technology branch.

Resource Management Analyst II – (3) Division of Claims Management

Monitors and makes recommendations concerning contracts or operations, problems and issues in the systems or web/Internet environment. Under general direction, analyzes user requests for the development or modification of technology requests, researches and makes recommendations for solutions. Reviews specifications and testing for all phases of systems development.

Provides technical assistance to staff implementing new systems or modifications to existing systems. Communicates programmatic needs and facilitates problem resolution between agency and contract staff. Identifies and evaluates problems or issues in the systems or web/Internet environment.

Resource Management Analyst III – (3) Division of Claims Management

Coordinates user input and monitors the work of systems analysts or programmer analysts in the development, implementation and modification of computer systems. Reviews state and federal legislative and regulatory changes and technology alternatives and develops plans, procedures and recommendations accordingly. Approves specifications and testing for all phases of systems development. Monitors and makes recommendations concerning operations, problems or issues in the systems or web/Internet environment. Serves as technical resource to Department management during evaluation of technology initiatives, conducting or preparing presentations for the Department and Cabinet leadership as required. Contributes to the creation of and conducts reviews of RFIs, RFAs, and RFPs.

Systems Consultant IT – (1) Division of Claims Management

Coordinates user input and monitors the work of systems analysts or programmer analysts in the development, implementation and modification of computer systems. Approves specifications and testing for all phases of systems development. Contributes to the creation of and conducts reviews of RFIs, RFAs, and RFPs. Facilitates MMIS training for DMS staff and other stakeholders.

Systems Consultant IT – (1) Division of Claims Management

Coordinates problem resolution and future planning between DMS systems and program staff. Contacts Unisys (the Medicaid fiscal agent) program staff, analysts and administrative staff daily regarding system issues or contractual duties daily. Coordinates all activities related to EFT implementation. Assists ad hoc reporting staff so queries can accurately completed. Assists contractors with criteria needed to correctly compile data on recipients, services, and providers.

Medicaid Specialist I – (1) Division of Claims Management

Research and recommend solutions to billing issues. Track and monitor claims sent for reprocessing. Monitor claims from out-of-state nursing facilities. Act as technical consultant for proposed payment systems updates and enhancements.

Medicaid Specialist II – (1) Division of Claims Management

Researches and recommends solutions to billing issues. Tracks and monitors claims sent for reprocessing. Assists providers in resolving billing issues. Develops systems change requests to improve hospital claim processing.

Conducts retrospective claim reviews. Assists with pricing hospital transplant claims. Accepts ad hoc system requests and distributes the completed reports.

Medicaid Specialist III – (1) Division of Claims Management

Provides technical assistance to providers regarding the billing process, prior authorization process, procedure codes, pricing, and claims denial. Responsible for claims overrides and approvals. Educates providers regarding EPSDT special services and regular Medicaid services. Determines which providers may enroll as EPSDT providers and explains the enrollment process. Interacts with NHS regarding coverage, pricing, coding, and prior authorization issues.

ELIGIBILITY DETERMINATIONS

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.

The interagency agreement shall include the following:

1. All of the Department for Community Based Services offices in each of the 120 counties will accept applications face-to-face or by mail-in application as approved by the Department for Medicaid Services;
2. If a recertification form is returned within 30 days after the date of discontinuance and contains documentation necessary to process the re-determination, the case will be re-determined based on the information received and the family will not need to complete a new application for benefits.