

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

May 31, 2018

Stephen P. Miller, Acting Commissioner
Department for Medicaid Services
275 East Main Street, 6WA
Frankfort, KY 40621-0001

Re: Kentucky State Plan Amendment 18-0003-MM1

Dear Mr. Miller:

We are pleased to inform you of the approval of Kentucky State Plan Amendment (SPA) 18-0003-MM1.

This SPA was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 26, 2018. This amendment removes from the state plan the eligibility of former foster care youth under age 26 who were in foster care under the responsibility of another state, and enrolled in Medicaid at the time they turned 18 or aged out of the foster care system in the other state. This amendment is in compliance with §1902(a)(10)(A)(i)(IX) of the Social Security Act and federal regulations at 42 CFR §435.150

Based on the information provided, Medicaid state plan amendment KY-18-0003-MM1 was approved on May 31, 2018. The effective date of this amendment is January 12, 2018. We are enclosing a copy of the approved SPA pages and the CMS-179.

If you have any questions or need further assistance, please contact Maria Drake at (404) 562-3697 or Maria.Drake@cms.hhs.gov.

Sincerely,

Davida Kimble
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

CMS-10434 OMB 0938-1188

Package Information

Package ID	KY2018MS0006O	Submission Type	Official
Program Name	N/A	State	KY
SPA ID	KY-18-0003	Region	Atlanta, GA
Version Number	2	Package Status	Review
Submitted By	Sharley Hughes	Submission Date	3/26/2018
Milestone Date	5/24/2018	Regulatory Clock	30 days remain
Priority Code	P1	Review Status	Review 1

Approval Notice

DEPARTMENT OF HEALTH & HUMAN SERVICES
 Centers for Medicare & Medicaid Services
 7500 Security Boulevard, Mail Stop S2-14-26
 Baltimore, Maryland 21244-1850



Date:

Head of Agency: Stephen Miller

Title/Dept : Commissioner

Address 1: 275 East Main Street

Address 2:

City : Frankfort

State: KY

Zip: 40601

MACPro Package ID: KY2018MS0006O

SPA ID: KY-18-0003

Subject

Former Foster Care Children KY-18-0003

Dear Stephen Miller

This is an informal communication that will be followed with an official communication to the State's Medicaid Director.

The Centers for Medicare and Medicaid Services (CMS) is pleased to inform you that we are recommending approval for your request for former foster care children from other states.

Reviewable Unit	Effective Date
Financial Eligibility Requirements for Non-MAGI Groups	1/12/2018
Mandatory Eligibility Groups	1/12/2018
Former Foster Care Children	1/12/2018
Optional Eligibility Groups	1/12/2018
Individuals above 133% FPL under Age 65	1/12/2018

Based on the information provided, Medicaid state plan amendment KY-18-0003 is approved.

Sincerely,

Approval Documentation

Name	Date Created
No items available	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | KY2018MS0006O | KY-18-0003

Package Header

Package ID KY2018MS0006O
Submission Type Official
Approval Date N/A
Superseded SPA ID N/A

SPA ID KY-18-0003
Initial Submission Date 3/26/2018
Effective Date N/A

State Information

State/Territory Name: Kentucky

Medicaid Agency Name: Kentucky Department for Medicaid Services

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | KY2018MS00060 | KY-18-0003

Package Header

Package ID KY2018MS00060	SPA ID KY-18-0003
Submission Type Official	Initial Submission Date 3/26/2018
Approval Date N/A	Effective Date N/A
Superseded SPA ID N/A	

SPA ID and Effective Date

SPA ID KY-18-0003

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Financial Eligibility Requirements for Non-MAGI Groups	1/12/2018	
Mandatory Eligibility Groups	1/12/2018	KY 13-008
Former Foster Care Children	1/12/2018	KY 13-008
Optional Eligibility Groups	1/12/2018	KY 13-008
Individuals above 133% FPL under Age 65	1/12/2018	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | KY2018MS00060 | KY-18-0003

Package Header

Package ID	KY2018MS00060	SPA ID	KY-18-0003
Submission Type	Official	Initial Submission Date	3/26/2018
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Technical change for Former Foster Children

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2018	\$0
Second	2019	\$0

Federal Statute / Regulation Citation

42 CFR 435.150
1902 (a)(10)(A)(i)(IX)

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | KY2018MS00060 | KY-18-0003

Package Header

Package ID KY2018MS00060
Submission Type Official
Approval Date N/A
Superseded SPA ID N/A

SPA ID KY-18-0003
Initial Submission Date 3/26/2018
Effective Date N/A

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | KY2018MS0006O | KY-18-0003

Package Header

Package ID	KY2018MS0006O	SPA ID	KY-18-0003
Submission Type	Official	Initial Submission Date	3/26/2018
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | KY2018MS0006O | KY-18-0003

Package Header

Package ID	KY2018MS0006O	SPA ID	KY-18-0003
Submission Type	Official	Initial Submission Date	3/26/2018
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

One or more Indian health programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

Medicaid State Plan Eligibility

Financial Eligibility Requirements for Non-MAGI Groups

MEDICAID | Medicaid State Plan | Eligibility | KY2018MS0006O | KY-18-0003

Package Header

Package ID	KY2018MS0006O	SPA ID	KY-18-0003
Submission Type	Official	Initial Submission Date	3/26/2018
Approval Date	N/A	Effective Date	1/12/2018
Superseded SPA ID	N/A		

The state applies the following financial methodologies for all eligibility groups whose eligibility is not based on modified adjusted gross income (MAGI) rules (described in 42 C.F.R. §435.603):

A. Financial Eligibility Methodologies

- The state determines financial eligibility consistent with the methodologies described in 42 C.F.R. §435.601.

B. Eligibility Determinations of Aged, Blind and Disabled Individuals

Eligibility is determined for aged, blind and disabled individuals based on one of the following:

- SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

- State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

- State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

C. Financial Responsibility of Relatives

- The state determines the financial responsibility of relatives consistent with the requirements and methodologies described in 42 C.F.R. §435.602.

D. Additional Information (optional)

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | KY2018MS0006O | KY-18-0003

Package Header

Package ID	KY2018MS0006O	SPA ID	KY-18-0003
Submission Type	Official	Initial Submission Date	3/26/2018
Approval Date	N/A	Effective Date	1/12/2018
Superseded SPA ID	KY 13-008		
	System-Derived		

Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Infants and Children under Age 19		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	CONVERTED
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
SSI Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Mandatory State Supplements		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Who Are Essential Spouses		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Institutionalized Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Continuously Eligible Since 1973					
Blind or Disabled Individuals Eligible in 1973		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Who Lost Eligibility for SSI/SSP Due to an Increase in OASDI Benefits in 1972		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Who Would be Eligible for SSI/SSP but for OASDI COLA increases since April, 1977		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Disabled Widows and Widowers Ineligible for SSI due to Increase in OASDI		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Disabled Widows and Widowers Ineligible for SSI due to Early Receipt of Social Security		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Disabled under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Disabled Adult Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualifying Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | KY2018MS00060 | KY-18-0003

Package Header

Package ID	KY2018MS00060	SPA ID	KY-18-0003
Submission Type	Official	Initial Submission Date	3/26/2018
Approval Date	N/A	Effective Date	1/12/2018
Superseded SPA ID	KY 13-008 System-Derived		

B. The state elects the Adult Group, described at 42 C.F.R. §435.219.

Yes No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Adult Group		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Former Foster Care Children

MEDICAID | Medicaid State Plan | Eligibility | KY2018MS0006O | KY-18-0003

Individuals under the age of 26, not otherwise mandatorily eligible, who were on Medicaid and were in foster care when they turned age 18 or aged out of foster care.

Package Header

Package ID	KY2018MS0006O	SPA ID	KY-18-0003
Submission Type	Official	Initial Submission Date	3/26/2018
Approval Date	N/A	Effective Date	1/12/2018
Superseded SPA ID	KY 13-008		
	System-Derived		

The state covers the mandatory former foster care children group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 26
2. Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group

B. Individuals Covered

1. The state covers individuals who were in foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program) and were enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration when they turned 18 or a higher age at which that state's or Tribe's foster care assistance ends under title IV-E of the Act.

2. Additionally, the state covers individuals who were in foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act, and meet the following criteria:

- a. They were enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
- b. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
- c. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.

Former Foster Care Children

MEDICAID | Medicaid State Plan | Eligibility | KY2018MS0006O | KY-18-0003

Package Header

Package ID	KY2018MS0006O	SPA ID	KY-18-0003
Submission Type	Official	Initial Submission Date	3/26/2018
Approval Date	N/A	Effective Date	1/12/2018
Superseded SPA ID	KY 13-008		
	System-Derived		

C. Additional Information (optional)

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | KY2018MS0006O | KY-18-0003

Package Header

Package ID KY2018MS0006O	SPA ID KY-18-0003
Submission Type Official	Initial Submission Date 3/26/2018
Approval Date N/A	Effective Date 1/12/2018
Superseded SPA ID KY 13-008 System-Derived	

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional Targeted Low Income Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals above 133% FPL under Age 65		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	NEW
Certain Individuals Needing Treatment for Breast or Cervical Cancer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Aged, Blind or Disabled Individuals Eligible for but Not Receiving Cash		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash except for Institutionalization		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community Based Services under Institutional Rules		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries - 1634 States, and SSI Criteria States with 1616 Agreements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries-209(b) States, and SSI Criteria States without 1616 Agreements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Institutionalized Individuals Eligible under a Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals participating in a PACE Program under Institutional Rules		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice Care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Disabled Children under Age 19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Poverty Level Aged or Disabled		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives Eligibility Group		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic Group		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements Group		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with Disabilities		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Eligible for Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Individuals Eligible for Home and Community-Based Services - Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | KY2018MS0006O | KY-18-0003

Package Header

Package ID	KY2018MS0006O	SPA ID	KY-18-0003
Submission Type	Official	Initial Submission Date	3/26/2018
Approval Date	N/A	Effective Date	1/12/2018
Superseded SPA ID	KY 13-008 System-Derived		

B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes No

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | KY2018MS0006O | KY-18-0003

Package Header

Package ID	KY2018MS0006O	SPA ID	KY-18-0003
Submission Type	Official	Initial Submission Date	3/26/2018
Approval Date	N/A	Effective Date	1/12/2018
Superseded SPA ID	KY 13-008 System-Derived		

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals above 133% FPL under Age 65

MEDICAID | Medicaid State Plan | Eligibility | KY2018MS0006O | KY-18-0003

Individuals under 65, not otherwise mandatorily or optionally eligible, with income above 133% FPL and at or below a standard established by the state.

Package Header

Package ID	KY2018MS0006O	SPA ID	KY-18-0003
Submission Type	Official	Initial Submission Date	3/26/2018
Approval Date	N/A	Effective Date	1/12/2018
Superseded SPA ID	N/A		

The state covers the optional individuals above 133% FPL group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 65
2. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan
3. Are not otherwise eligible for and enrolled in optional full Medicaid coverage under the state plan
4. Have household income that exceeds 133% FPL but is at or below the standard set by the state

B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

Individuals above 133% FPL under Age 65

MEDICAID | Medicaid State Plan | Eligibility | KY2018MS0006O | KY-18-0003

Package Header

Package ID	KY2018MS0006O	SPA ID	KY-18-0003
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Approval Date	N/A	Effective Date	1/12/2018
Superseded SPA ID	N/A		

C. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

Yes No

Individuals above 133% FPL under Age 65

MEDICAID | Medicaid State Plan | Eligibility | KY2018MS0006O | KY-18-0003

Package Header

Package ID KY2018MS0006O

SPA ID KY-18-0003

Submission Type Official

Initial Submission Date 3/26/2018

Approval Date N/A

Effective Date 1/12/2018

Superseded SPA ID N/A

D. Income Standard Used

1. The state uses the same income standard for all individuals covered.

Yes No

2. The income standard for this eligibility group is:

- a. Percentage of the federal poverty level.
- b. No income test (the income standard is infinite).

Individuals above 133% FPL under Age 65

MEDICAID | Medicaid State Plan | Eligibility | KY2018MS00060 | KY-18-0003

Package Header

Package ID	KY2018MS00060	SPA ID	KY-18-0003
Submission Type	Official	Initial Submission Date	3/26/2018
Approval Date	N/A	Effective Date	1/12/2018
Superseded SPA ID	N/A		

E. Coverage of Dependent Children

Parents or caretaker relatives living with a child under the age specified below are not covered unless the child is receiving benefits under Medicaid, CHIP or through the Exchange or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

- 1. Under age 19, or
- 2. A higher age of children, if any covered under the Reasonable Classifications of Children eligibility group (42 CFR 435.222) on March 23, 2010:

Individuals above 133% FPL under Age 65

MEDICAID | Medicaid State Plan | Eligibility | KY2018MS00060 | KY-18-0003

Package Header

Package ID	KY2018MS00060	SPA ID	KY-18-0003
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Approval Date	N/A	Effective Date	1/12/2018
Superseded SPA ID	N/A		

F. Phase-In

The state elects to phase-in coverage to individuals in this group.

Yes No

Individuals above 133% FPL under Age 65

MEDICAID | Medicaid State Plan | Eligibility | KY2018MS0006O | KY-18-0003

Package Header

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Superseded SPA ID	N/A		

G. Additional Information (optional)

This coverage is to further the out-of-state former foster care youth demonstration project authorized under section 1115 of the Act (Project No. 11-W-00306/4) and will begin when the demonstration authority is approved and end when the demonstration authority expires.

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 0938-1188. 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.

This view was generated on 5/25/2018 8:30 AM EDT