

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**

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May 25, 2018

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

Re: Kentucky State Plan Amendment 18-0007

Dear Mr. Miller:

We have reviewed the proposed Kentucky state plan amendment, KY 18-0007, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on April 20, 2018. This amendment updates the tobacco cessation services sections of the state plan to provide for coverage of Food and Drug Administration (FDA) approved tobacco cessation medications and tobacco cessation services recommended by the U.S. Preventive Services Task Force.

Based on the information provided, the Medicaid State Plan Amendment KY 18-0007 was approved on May 25, 2018. The effective date of this amendment is July 1, 2018. We are enclosing the approved HCFA-179 and a copy of the new state plan pages.

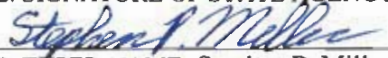
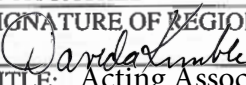
If you have any additional questions, please contact Melanie Benning at (404) 562-7414 or [Melanie.Benning@cms.hhs.gov](mailto:Melanie.Benning@cms.hhs.gov).

Sincerely,

A handwritten signature in black ink that reads "Davida Kimble". The signature is written in a cursive style with a large initial "D".

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

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 18-006	2. STATE Kentucky
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE May 1, 2018	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT: a. FFY 2018 – Budget Neutral b. FFY 2019 – Budget Neutral	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 3.1-A, Page 7.1.10 Att. 3.1-A, Page 7.2.1(a)(o) Att. 3.1-A, Page 7.2.1(D) Att. 3.1-B, Page 20.4 Att. 3.1-B, Page 22.1(a) Att. 3.1.B, Page 23.2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  Same	
10. SUBJECT OF AMENDMENT: The Kentucky Revised Statute that dictates Medicaid coverage for tobacco cessation for Medicaid has been changed. The purpose of this SPA is to ensure our State Plan provides the same benefits as outlined in our statute.			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Review delegated to Commissioner, Department for Medicaid Services	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:	
13. TYPED NAME: Stephen P. Miller		Department for Medicaid Services 275 East Main Street 6W-A Frankfort, Kentucky 40621	
14. TITLE: Commissioner, Department for Medicaid Services			
15. DATE SUBMITTED: 4/15/18			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 04/20/18		18. DATE APPROVED: 05/25/18	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/18		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Davida Kimble		22. TITLE: Acting Associate Regional Administrator Division of Medicaid & Children's Health Operations	
23. REMARKS: Approved with the following changes to blocks 1 and 4 as authorized by state agency.  Block 1 changed to read: 18-007 and Block 4 changed to read: July 1, 2018.			

## 4.d. Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women

Tobacco Cessation Counseling Services for Pregnant Women shall include counseling services, medical services, and pharmaceutical supplies and devices to aid those who decide to quit tobacco.

This shall include four (4) face-to-face counseling sessions per quit attempt, with a minimum of two (2) quit attempts per twelve (12) month period.

Face-to-face counseling services shall be provided:

- (i) By or under supervision of a physician;
- (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services; or
- (iii) Any other health care professional legally authorized to provide tobacco cessation services under State law and who is specifically designated by the Secretary in regulations.

Medicaid shall provide coverage for all United States Food and Drug Administration approved tobacco cessation medication, all forms of tobacco cessation services recommended by the United States Preventive Services Task Force, including, but not limited to individual, group and telemedicine counseling or any combination thereof.

Utilization management, prior authorization or step therapy may only be imposed for a treatment that exceeds the duration recommended by the United States Public Health Service clinical practice guidelines on treating tobacco use and dependence or for services associated with more than two (2) attempts to quit within a twelve (12) month period.

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- J. Reimbursement for induced abortions is provided when the physician certifies that the pregnancy was a result of rape or incest or the woman suffers from a physical disorder, injury or illness, including a life-endangering physical condition cause or arising from the pregnancy itself that would place the woman in danger of death unless an abortion is performed.
  - K. Any physician participating in the lock-in program will be paid for providing patient management services for each patient locked-in to him/her during the month.
  - L. Regional anesthesia (e.g., epidurals) for post-operative pain management shall be limited to one (1) service per day up to four (4) days maximum for the anesthesiologist.
  - M. Epidural injections of substances for control of chronic pain other than anesthetic, Contrast, or neurolytic solutions shall be limited to three (3) injections per six (6) month period per recipient.
  - N. Anesthesia Service limits are soft limits which means the service can be covered when medically necessary subject to prior authorization requirements described in material on file in the state agency.
  - O. Tobacco Cessation Counseling Services shall include counseling services, medical services, and pharmaceutical supplies and devices to aid those who decide to quit tobacco.

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- P. Allergy testing, shots and allergy treatment for all Medicaid recipients, when medically necessary.

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- (7) An obstetrical and gynecological service provided by an APRN shall be covered as follows:
- a. An annual gynecological examination;
  - b. An insertion of an intrauterine device (IUD), including the cost of the device, or removal of the IUD;
  - c. The insertion of an implantable contraceptive capsule, including the cost of the contraceptive capsule and related supplies, or removal of the capsule;
  - d. Prenatal care.
  - e. A routine newborn service to an infant born to a Kentucky Medicaid eligible recipient; and
  - f. A delivery service, which shall include:
    1. Admission to the hospital;
    2. Admission history;
    3. Physical examination,
    4. Anesthesia;
    5. Management of uncomplicated labor;
    6. Vaginal delivery; and
    7. Postpartum care.
- (8) An EPSDT screening service provided in compliance with a periodicity schedule developed in conjunction with the American Academy of Pediatrics Recommendations for Preventive Pediatric Health shall be covered.
- (9) A limitation on a service provided by a physician as described in Attachment 3.1- A. pages 7.21, 7.21(a) and 7.21(a)(o) shall also apply if the service is provided by an APRN.
- (10) The same service provided by an APRN and a physician on the same day within a common practice shall be considered as one (1) covered service.
- (11) Tobacco Cessation Counseling Services shall include counseling services, medical services, and pharmaceutical supplies and devices to aid those who decide to quit tobacco.

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  - K. Any physician participating in the lock-in program will be paid for providing patient management services for each patient locked-in to him/her during the month.
  - L. Regional anesthesia (e.g., epidurals) for post-operative pain management shall be limited to one (1) service per day up to four (4) days maximum for the anesthesiologist.
  - M. Epidural or spinal injections of substances for control of chronic pain other than anesthetic, contrast, or neurolytic solutions shall be limited to three (3) injections per six (6) month period per recipient.
  - N. Anesthesia Service limits are soft limits which means the service can be covered when medically necessary subject to prior authorization requirements described in material on file in the state agency.
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- (8) An EPSDT screening service provided in compliance with a periodicity schedule developed in conjunction with the American Academy of Pediatrics Recommendations for Preventive Pediatric Health shall be covered.
- (9) A limitation on a service provided by a physician as described in Attachment 3. I-B, pages 21, 22 and 22.1(a) shall also apply if the service is provided by an ARNP.
- (10) The same service provided by an APRN and a physician on the same day within a common practice shall be considered as one (1) covered service.
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