DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 03-05

2. STATE: Kentucky

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, 2003

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN X AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
42 USC 1396a(a)(14)

7. FEDERAL BUDGET IMPACT:
a. FFY 2003 $(249,175)
b. FFY 2004 $(598,019)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.18-A page 1
Attachment 4.18-C page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Same

10. SUBJECT OF AMENDMENT:
Recipient Cost-Sharing

11. GOVERNOR'S REVIEW *(Check One)*:
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
X OTHER, AS SPECIFIED: Review delegated to Commissioner, Department for Medicaid Services

12. SIGNATURE OF STATE AGENCY OFFICIAL: Mike Robinson

13. TYPED NAME: Mike Robinson

14. TITLE: Commissioner, Department for Medicaid Services

15. DATE SUBMITTED: 6/27/03

16. RETURN TO:
Frances McGraw
Eligibility Policy Branch
Department for Medicaid Services
275 East Main Street 6W-C
Frankfort, Kentucky 40621

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: June 30, 2003

18. DATE APPROVED: September 3, 2003

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: May 1, 2003

20. SIGNATURE OF REGIONAL OFFICIAL: Kenard L. Mcinerney for Rhonda R. Cottrell

21. TYPED NAME: Rhonda R. Cottrell

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health

23. REMARKS:

FORM HCFA-179 (07-92)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: KENTUCKY

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge Deduct.	Coins	Co-pay	Amount and Basis for Determination
Prescription Drugs			X	$1.00 for each prescription for which the Department reimburses a dispensing fee. The average payment per prescription drug is $43.47 in FY 2001.

Service	Type of Charge Deduct.	Coins.	Co-pay	Amount and Basis for Determination
Audiology			X	$2.00 for each date of service The average payment for these service categories is $100.01 in FY 2002.
Chiropractor			X	
Dental			X	
Hearing			X	
Podiatry			X	
Optometry			X	
General ophthalmological services *			X	

* CPT codes 92002, 92004, 92012, and 92014.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: KENTUCKY

A. The following charges are imposed on the medically needy for services:

Service	Type of Charge Deduct.	Coins.	Co-pay	Amount and Basis for Determination
Prescription Drugs			X	$1.00 for each prescription for which the Department reimburses a dispensing fee. The average payment per prescription drug is $43.47 in FY 2001.

Service	Type of Charge Deduct.	Coins.	Co-pay	Amount and Basis for Determination
Audiology			X	$2.00 for each date of service The average payment for these service categories is $100.01 in FY 2002.
Chiropractor			X	
Dental			X	
Hearing			X	
Podiatry			X	
Optometry			X	
General ophthalmological services *			X	

*CPT codes 92002, 92004, 92012, and 92014.