

KY - Submission Package - KY2025MS0001O - (KY-25-0002) - Eligibility

Summary Reviewable Units News Related Actions



CMS-10434 OMB 0938-1188

Package Information

Package ID	KY2025MS0001O	Submission Type	Official
Program Name	N/A	State	KY
SPA ID	KY-25-0002	Region	Atlanta, GA
Version Number	1	Package Status	Pending

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | KY2025MS0001O | KY-25-0002

Package Header

Package ID KY2025MS0001O
Submission Type Official
Approval Date N/A
Superseded SPA ID N/A

SPA ID KY-25-0002
Initial Submission Date N/A
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 | KY2025MS0001O | KY-25-0002

Package Header

Package ID	KY2025MS0001O	SPA ID	KY-25-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID KY-25-0002

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Presumptive Eligibility	7/1/2025	KY 13-008
Presumptive Eligibility for Children under Age 19	7/1/2025	KY 13-008
Parents and Other Caretaker Relatives - Presumptive Eligibility	7/1/2025	KY 13-008
Presumptive Eligibility for Pregnant Women	7/1/2025	KY 13-008
Adult Group - Presumptive Eligibility	7/1/2025	KY 13-008
Former Foster Care Children - Presumptive Eligibility	7/1/2025	KY 13-008
Presumptive Eligibility by Hospitals	7/1/2025	KY-13-0009
Individuals Needing Treatment for Breast or Cervical Cancer - Presumptive Eligibility	7/1/2025	KY 02-08

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | KY2025MS0001O | KY-25-0002

Package Header

Package ID	KY2025MS0001O	SPA ID	KY-25-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Update our SPA to align with our Administrative Regulations.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2025	\$0
Second	2026	\$0

Federal Statute / Regulation Citation

42 CFR 432.1101

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | KY2025MS0001O | KY-25-0002

Package Header

Package ID KY2025MS0001O
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Superseded SPA ID N/A

SPA ID KY-25-0002
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Effective Date N/A

Governor's Office Review

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

Describe Commissioner to review

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | KY2025MS0001O | KY-25-0002

CMS-10434 OMB 0938-1188

The submission includes the following:

- ☐ Administration
- ☒ Eligibility
 - ☐ Income/Resource Methodologies
 - ☐ Income/Resource Standards
 - ☐ Mandatory Eligibility Groups
 - ☐ Optional Eligibility Groups
 - ☐ Non-Financial Eligibility
 - ☒ Eligibility and Enrollment Processes

☐ Eligibility Process

☐ Application

☒ Presumptive Eligibility

Reviewable Unit Name	Included in Another Source Submission Package	
Presumptive Eligibility		NEW

☐ Continuous Eligibility for Children

☐ Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage

☐ Benefits and Payments

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | KY2025MS0001O | KY-25-0002

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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 | KY2025MS0001O | KY-25-0002

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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

Eligibility and Enrollment Processes

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | KY2025MS0001O | KY-25-0002

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Superseded SPA ID	KY 13-008		
	User-Entered		

The state provides Medicaid services to individuals during a presumptive eligibility period following a determination by a qualified entity.

Presumptive eligibility covered in the state plan includes:

Eligibility Groups

Eligibility Group Name	Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Presumptive Eligibility for Children under Age 19	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	NEW
Parents and Other Caretaker Relatives - Presumptive Eligibility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	NEW
Presumptive Eligibility for Pregnant Women	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	CONVERTED
Adult Group - Presumptive Eligibility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65 - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children - Presumptive Eligibility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer - Presumptive Eligibility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	NEW

Hospitals

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

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | KY2025MS0001O | KY-25-0002

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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

Presumptive Eligibility

Presumptive Eligibility for Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | KY2025MS0001O | KY-25-0002

The state provides Medicaid coverage to children when determined presumptively eligible by a qualified entity.

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	User-Entered		

Presumptive eligibility for children is determined under the following provisions:

A. Presumptive Eligibility Income Standard

2. The income standard for presumptive eligibility is the higher of the standard used for Targeted Low-Income Children (42 CFR 435.229) or the standard used for Infants and Children under 19 (42 CFR 435.118), for that child's age.

B. Presumptive Eligibility Age Limit

Children under the following age may be determined presumptively eligible:

Under age:

19

Presumptive Eligibility for Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | KY2025MS0001O | KY-25-0002

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	User-Entered		

C. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.
2. The end date of the presumptive period is the earlier of:
 1. a. The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
 2. b. The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
3. Periods of presumptive eligibility are limited as follows:
 - ☒ a. No more than one period within a calendar year.
 - ☐ b. No more than one period within two calendar years.
 - ☐ c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
 - ☐ d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
 - ☐ e. Other reasonable limitation:

Presumptive Eligibility for Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | KY2025MS0001O | KY-25-0002

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User-Entered			

D. Application for Presumptive Eligibility

- ☐ 1. The state uses a standardized screening process for determining presumptive eligibility.
- ☐ 2. The state uses the single streamlined paper and/or online application for Medicaid and Presumptive Eligibility, approved by CMS. A copy of the single streamlined paper and/or online application with questions necessary for a PE determination highlighted or denoted is attached.
- ☐ 3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.
- ☐ 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Name	Date Created	
Kentucky_PE_Application_Walkthrough_Training_Guide	5/2/2025 12:02 PM EDT	

5. Describe the presumptive eligibility screening process:

During the interview, determiners will be asking applicants (or their responsible representative) to attest to their household circumstances. The Determiner will the record the applicant's information using either the Patient Information Worksheet or directly into the kynect Self-Service Portal. The components of eligibility applicants will be attesting to include the following - State Residency - Citizenship - Immigration Status- Pregnancy - Household Size - Income. The kynect system will evaluate the submitted information and determine eligibility in real time based on criteria set by the Department.

E. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

1. Household income must not exceed the applicable income standard for the child's age, described in Section A.

- ☒ a. A reasonable estimate of MAGI-based income is used to determine household income.
- ☐ b. Gross income is used to determine household size.
- ☐ 2. State residency
- ☐ 3. Citizenship, status as a national, or satisfactory immigration status

Presumptive Eligibility for Children under Age 19


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	User-Entered		

F. Qualified Entities

1. The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.
2. The following qualified entities are used to determine presumptive eligibility for this eligibility group:
- ☐ Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
- ☐ 3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and provided adequate training to the entities and organizations involved. A copy of the training materials has been included.
4. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
Kentucky_PE__Determiner_Training_Guide	5/2/2025 11:59 AM EDT	

Presumptive Eligibility for Children under Age 19

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	User-Entered		

G. Additional Information (optional)

Medicaid State Plan Eligibility

Presumptive Eligibility

Parents and Other Caretaker Relatives - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | KY2025MS0001O | KY-25-0002

The state covers parents and other caretaker relatives when determined presumptively eligible by a qualified entity.

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Approval Date	N/A	Effective Date	7/1/2025
Superseded SPA ID	KY 13-008		
	User-Entered		

The state covers parents and other caretaker relatives when determined presumptively eligible by a qualified entity.

A. Presumptive Eligibility Period

- The presumptive period begins on the date the determination is made.
- The end date of the presumptive period is the earlier of:
 - The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
 - The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
- Periods of presumptive eligibility are limited as follows:
 - ☒ a. No more than one period within a calendar year.
 - ☐ b. No more than one period within two calendar years.
 - ☐ c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
 - ☐ d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
 - ☐ e. Other reasonable limitation:

Parents and Other Caretaker Relatives - Presumptive Eligibility

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	User-Entered		

B. Application for Presumptive Eligibility

- ☐ 1. The state uses a standardized screening process for determining presumptive eligibility.
- ☐ 2. The state uses the single streamlined paper and/or online application for Medicaid and Presumptive Eligibility, approved by CMS. A copy of the single streamlined paper and/or online application with questions necessary for a PE determination highlighted or denoted is attached.

☐ a. Paper - A copy of the application form is included.

☐ b. Online - A copy of the application form is included.
- ☐ 3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.
- ☐ 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Name	Date Created	
Kentucky_PE_Application_Walkthrough_Training_Guide	5/28/2025 9:21 AM EDT	

5. Describe the presumptive eligibility screening process:

During the interview, determiners will be asking applicants (or their responsible representative) to attest to their household circumstances. The Determiner will the record the applicant's information using either the Patient Information Worksheet or directly into the kynect Self-Service Portal. The components of eligibility applicants will be attesting to include the following - State Residency - Citizenship - Immigration Status- Pregnancy - Household Size - Income. The kynect system will evaluate the submitted information and determine eligibility in real time based on criteria set by the Department.

C. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

1. The individual must be a caretaker relative, as described at 42 CFR 435.110.

2. Household income must not exceed the applicable income standard described at 42 CFR 435.110.

☒ a. A reasonable estimate of MAGI-based income is used to determine household income.

☐ b. Gross income is used to determine household income.

☐ 3. State residency

☐ 4. Citizenship, status as a national, or satisfactory immigration status

Parents and Other Caretaker Relatives - Presumptive Eligibility

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Superseded SPA ID	KY 13-008		
	User-Entered		

D. Qualified Entities


1. The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.

2. The following qualified entities are used to determine presumptive eligibility for this eligibility group:

☐ Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan

☐ 3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved.

4. A copy of the training materials has been uploaded for review during the submission process.

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Kentucky_PE__Determiner_Training_Guide	5/28/2025 10:05 AM EDT	

Parents and Other Caretaker Relatives - Presumptive Eligibility

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	User-Entered		

E. Additional Information (optional)

Medicaid State Plan Eligibility

Presumptive Eligibility

Presumptive Eligibility for Pregnant Women

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System-Derived			

The state covers ambulatory prenatal care for individuals qualifying as pregnant women under 42 CFR 435.116 when determined presumptively eligible by a qualified entity.

A. Presumptive Eligibility Period

- The presumptive period begins on the date the determination is made.
- The end date of the presumptive period is the earlier of:
 - The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
 - The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
- There may be no more than one period of presumptive eligibility per pregnancy.

B. Application for Presumptive Eligibility

- ☒ 1. The state uses a standardized screening process for determining presumptive eligibility.
- ☐ 2. The state uses the single streamlined paper and/or online application for Medicaid and Presumptive Eligibility, approved by CMS. A copy of the single streamlined paper and/or online application with questions necessary for a PE determination highlighted or denoted is attached.

☐ a. Paper - A copy of the application form is included.

☐ b. Online - A copy of the application form is included.
- ☐ 3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.
- ☒ 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

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Kentucky_PE_Application_Walkth rough_Training_Guide	5/28/2025 10:08 AM EDT	

5. Describe the presumptive eligibility screening process:

In Kentucky, the Presumptive Eligibility (PE) screening process for pregnant women allows for immediate access to Medicaid-covered prenatal care while a full Medicaid application is pending. To qualify for Presumptive Eligibility, a pregnant woman must meet several criteria, including being a Kentucky resident, having a household income at or below 218% of the federal poverty level, not currently being enrolled in Medicaid, and not having a pending Medicaid application. Additionally, the woman must not have previously received Presumptive Eligibility for the current pregnancy. These eligibility criteria are outlined in 907 KAR 20:050.

C. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

- The woman must be pregnant.
- Household income must not exceed the applicable income standard at 42 CFR 435.116.

☒ a. A reasonable estimate of MAGI-based income is used to determine household income.

☐ b. Gross income is used to determine household size.
- State residency

☒
- Citizenship, status as a national, or satisfactory immigration status

☐

Presumptive Eligibility for Pregnant Women

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D. Qualified Entities


1. The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.

2. The following qualified entities are used to determine presumptive eligibility for this eligibility group:

☐ Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan

☐ 3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved.

4. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
Kentucky_PE__Determiner_Training_Guide	5/28/2025 10:09 AM EDT	

Presumptive Eligibility for Pregnant Women

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E. Additional Information (optional)

Medicaid State Plan Eligibility

Presumptive Eligibility

Adult Group - Presumptive Eligibility

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The state covers individuals under the Adult Group when determined presumptively eligible by a qualified entity.

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The state covers individuals under the Adult Group when determined presumptively eligible by a qualified entity.

A. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.
2. The end date of the presumptive period is the earlier of:

a. The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made, or

b. The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
3. Periods of presumptive eligibility are limited as follows:

☒ a. No more than one period within a calendar year.

☐ b. No more than one period within two calendar years.

☐ c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.

☐ d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.

☐ e. Other reasonable limitation:

Adult Group - Presumptive Eligibility


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B. Application for Presumptive Eligibility

- ☐ 1. The state uses a standardized screening process for determining presumptive eligibility.
- ☐ 2. The state uses the single streamlined paper and/or online application for Medicaid and Presumptive Eligibility, approved by CMS. A copy of the single streamlined paper and/or online application with questions necessary for a PE determination highlighted or denoted is attached.
- ☐ 3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.
- ☐ 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

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5. Describe the presumptive eligibility screening process:

During the interview, determiners will be asking applicants (or their responsible representative) to attest to their household circumstances. The Determiner will the record the applicant's information using either the Patient Information Worksheet or directly into the kynect Self-Service Portal. The components of eligibility applicants will be attesting to include the following - State Residency - Citizenship - Immigration Status- Pregnancy - Household Size - Income. The kynect system will evaluate the submitted information and determine eligibility in real time based on criteria set by the Department.

C. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

1. The individual must meet the categorical requirements of 42 CFR 435.119.
2. Household income must not exceed the applicable income standard described at 42 CFR 435.119.

☒ a. A reasonable estimate of MAGI-based income is used to determine household income.

☐ b. Gross income is used to determine household income.
- ☐ 3. State residency
- ☐ 4. Citizenship, status as a national, or satisfactory immigration status

Adult Group - Presumptive Eligibility

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D. Qualified Entities


1. The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.

2. The following qualified entities are used to determine presumptive eligibility for this eligibility group:

☐ Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan

☐ 3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved.

4. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
Kentucky_PE__Determiner_Training_Guide	5/28/2025 10:14 AM EDT	

Adult Group - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | KY2025MS0001O | KY-25-0002

Package Header

Package ID	KY2025MS0001O	SPA ID	KY-25-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	7/1/2025
Superseded SPA ID	KY 13-008		
	User-Entered		

E. Additional Information (optional)

Medicaid State Plan Eligibility

Presumptive Eligibility

Former Foster Care Children - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | KY2025MS0001O | KY-25-0002

The state covers former foster care children when determined presumptively eligible by a qualified entity.

Package Header

Package ID	KY2025MS0001O	SPA ID	KY-25-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	7/1/2025
Superseded SPA ID	KY 13-008		
	User-Entered		

A. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.
2. The end date of the presumptive period is the earlier of:
 - a. The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
 - b. The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
3. Periods of presumptive eligibility are limited as follows:
 - ☒ a. No more than one period within a calendar year.
 - ☐ b. No more than one period within two calendar years.
 - ☐ c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
 - ☐ d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
 - ☐ e. Other reasonable limitation:

Former Foster Care Children - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | KY2025MS0001O | KY-25-0002

Package Header


Package ID	KY2025MS0001O	SPA ID	KY-25-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	7/1/2025
Superseded SPA ID	KY 13-008		
	User-Entered		

B. Application for Presumptive Eligibility

- ☐ 1. The state uses a standardized screening process for determining presumptive eligibility.
- ☐ 2. The state uses the single streamlined paper and/or online application for Medicaid and Presumptive Eligibility, approved by CMS. A copy of the single streamlined paper and/or online application with questions necessary for a PE determination highlighted or denoted is attached.

☐ a. Paper - A copy of the application form is included.

☐ b. Online - A copy of the application form is included.
- ☐ 3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.
- ☐ 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

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5. Describe the presumptive eligibility screening process:

During the interview, determiners will be asking applicants (or their responsible representative) to attest to their household circumstances. The Determiner will record the applicant's information using either the Patient Information Worksheet or directly into the kynect Self-Service Portal. The components of eligibility applicants will be attesting to include the following - State Residency - Citizenship - Immigration Status- Pregnancy - Household Size - Income. The kynect system will evaluate the submitted information and determine eligibility in real time based on criteria set by the Department.

C. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

1. The individual must meet the categorical requirements of 42 CFR 435.150.
- ☐ 2. State residency
- ☐ 3. Citizenship, status as a national, or satisfactory immigration status

Former Foster Care Children - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | KY2025MS0001O | KY-25-0002

Package Header

Package ID	KY2025MS0001O	SPA ID	KY-25-0002
Submission Type	Official	Initial Submission Date	N/A
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D. Qualified Entities


1. The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.

2. The following qualified entities are used to determine presumptive eligibility for this eligibility group:

☐ Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan

☐ 3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved.

4. A copy of the training materials has been uploaded for review during the submission process.

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Former Foster Care Children - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | KY2025MS0001O | KY-25-0002

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Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	7/1/2025
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	User-Entered		

E. Additional Information (optional)

Medicaid State Plan Eligibility

Presumptive Eligibility

Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | KY2025MS0001O | KY-25-0002

Package Header

Package ID	KY2025MS0001O	SPA ID	KY-25-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	7/1/2025
Superseded SPA ID	KY-13-0009		
System-Derived			

- ☐ The state provides an assurance that it has policies and procedures in place to enable qualified hospitals to determine presumptive eligibility under 42 CFR 435.1110, and the state is providing Medicaid coverage for individuals determined presumptively eligible under this provision.
- ☐ The state attests that presumptive eligibility by hospitals is administered in accordance with the following provisions:

A. Qualifications of Hospitals

A qualified hospital is a hospital that:

- Participates as a provider under the state plan or a Medicaid 1115 Demonstration, notifies the Medicaid agency of its election to make presumptive eligibility determinations and agrees to make presumptive eligibility determinations consistent with state policies and procedures.
- Has not been disqualified by the Medicaid agency for failure to make presumptive eligibility determinations in accordance with applicable state policies and procedures or for failure to meet any standards that may have been established by the Medicaid agency.
- Assists individuals in completing and submitting the full application and understanding any documentation requirements.

☒ Yes ☐ No

Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | KY2025MS0001O | KY-25-0002

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Package ID	KY2025MS0001O	SPA ID	KY-25-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	7/1/2025
Superseded SPA ID	KY-13-0009		
	System-Derived		

B. Eligibility Groups or Populations Included

The eligibility groups or populations for which hospitals determine eligibility presumptively are:

1. Pregnant Women
2. Infants and Children under Age 19
3. Parents and Other Caretaker Relatives
4. Adult Group, if covered by the state
5. Individuals above 133% FPL under Age 65, if covered by the state
6. Individuals Eligible for Family Planning Services, if covered by the state
7. Former Foster Care Children
8. Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state

The state limits qualified hospitals for this group to providers who conduct screenings for breast and cervical cancer under the state's Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program.

☒ Yes ☐ No

- ☐ 9. Other Medicaid state plan eligibility groups:
- ☐ 10. Demonstration populations covered under section 1115

Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | KY2025MS0001O | KY-25-0002

Package Header

Package ID	KY2025MS0001O	SPA ID	KY-25-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	7/1/2025
Superseded SPA ID	KY-13-0009		
	System-Derived		

C. Standards for Participating Hospitals

The state establishes reasonable standards for qualified hospitals making presumptive eligibility determinations.

- ☒ Yes ☐ No
- ☐ The state has a standard requiring that a percentage of individuals who are determined presumptively eligible submit a regular application, as described at 42 CFR 435.907, before the end of the presumptive eligibility period.
- ☐ The state has a standard requiring that a percentage of individuals who are determined presumptively eligible be determined eligible for Medicaid based on the submission of an application before the end of the presumptive eligibility period.
- ☐ The state has elected one or more other reasonable standard(s).

Description
<div>Report Card Tab Metrics: For each Organization Name, the summary tab will display: Percent of MA Approved Cases (same as previous tab) Score 1: If percentage is between 0% and 33.5%, 4 points are added to Total Organization Score If percentage is between 33.5% and 66.5%, 8 points are added to Total Organization Score If percentage is between 66.5% and 100%, 12 points are added to Total Organization Score Percent of MA Applications Approved vs Total MA Applications Score 2: If percentage is between 0% and 33.5%, 6 points are added to Total Organization Score If percentage is between 33.5% and 66.5%, 12 points are added to Total Organization Score If percentage is between 66.5% and 100%, 18 points are added to Total Organization Score Total Organization Score Score 1 + Score 2: If Total Score is between 0 and 14 points, then Organization is determined "Out Of Compliance" If Total Score is between 15 and 22 points, then Organization is determined "Needs Improvement" If Total Score is between 23 and 30 points, then Organization is determined "In Compliance"</div>

D. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.
2. The end date of the presumptive period is the earlier of:
 - The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
 - The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
3. Periods of presumptive eligibility are limited as follows:

☒ a. No more than one period within a calendar year.

☐ b. No more than one period within two calendar years.

☐ c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.

☐ d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.

☐ e. Other reasonable limitation:

Presumptive Eligibility by Hospitals


MEDICAID | Medicaid State Plan | Eligibility | KY2025MS0001O | KY-25-0002

Package Header

Package ID	KY2025MS0001O	SPA ID	KY-25-0002
Submission Type	Official	Initial Submission Date	N/A
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Superseded SPA ID	KY-13-0009		
	System-Derived		

E. Application for Presumptive Eligibility

- ☐ 1. The state uses a standardized screening process for determining presumptive eligibility.
- ☐ 2. The state uses the single streamlined paper and/or online application form for Medicaid and Presumptive Eligibility, approved by CMS. A copy of the single streamlined paper and/or online application with questions necessary for a PE determination highlighted or denoted is included.
- ☐ 3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.
- ☐ 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

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5. Describe the presumptive eligibility screening process:

During the interview, determiners will be asking applicants (or their responsible representative) to attest to their household circumstances. The Determiner will the record the applicant's information using either the Patient Information Worksheet or directly into the kynect Self-Service Portal. The components of eligibility applicants will be attesting to include the following - State Residency - Citizenship - Immigration Status- Pregnancy - Household Size - Income. The kynect system will evaluate the submitted information and determine eligibility in real time based on criteria set by the Department.

F. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

- ☒ 1. The individual's categorical or non-financial eligibility for the group for which the individual's presumptive eligibility is being determined (e.g., based on age, pregnancy status, status as a parent/caretaker relative, disability, or other requirements specified in the Medicaid state plan or a Medicaid 1115 demonstration for that group)

☐ 2. Household income must not exceed the applicable income standard for the group for which the individual's presumptive eligibility is being determined, if an income standard is applicable for this group.

☒ a. A reasonable estimate of MAGI-based income is used to determine household income.

☐ b. Gross income is used to determine household size.

☐ c. Other income methodology

☐ 3. State residency

☐ 4. Citizenship, status as a national, or satisfactory immigration status

Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | KY2025MS0001O | KY-25-0002

Package Header

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Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	7/1/2025
Superseded SPA ID	KY-13-0009		
	System-Derived		

G. Qualified Entity Requirements

- ☐ 1. The state assures that it has communicated the requirements for qualified hospitals, and has provided adequate training to the hospitals.
2. A copy of the training materials has been uploaded for review during the submission process.

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H. Additional Information (optional)

Medicaid State Plan Eligibility

Presumptive Eligibility

Individuals Needing Treatment for Breast or Cervical Cancer - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | KY2025MS0001O | KY-25-0002

Package Header

Package ID	KY2025MS0001O	SPA ID	KY-25-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	7/1/2025
Superseded SPA ID	KY 02-08		
	User-Entered		

The state covers the individuals needing treatment for breast or cervical cancer group when determined presumptively eligible by a qualified entity.

A. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.
2. The end date of the presumptive period is the earlier of:

a. The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

b. The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
3. Periods of presumptive eligibility are limited as follows:

☒ a. No more than one period within a calendar year.

☐ b. No more than one period within two calendar years.

☐ c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.

☐ d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.

☐ e. Other reasonable limitation:

Individuals Needing Treatment for Breast or Cervical Cancer - Presumptive Eligibility


MEDICAID | Medicaid State Plan | Eligibility | KY2025MS0001O | KY-25-0002

Package Header

Package ID	KY2025MS0001O	SPA ID	KY-25-0002
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Superseded SPA ID	KY 02-08		
	User-Entered		

B. Application for Presumptive Eligibility

- ☒ 1. The state uses a standardized screening process for determining presumptive eligibility.
- ☐ 2. The state uses the single streamlined paper and/or online application for Medicaid and Presumptive Eligibility, approved by CMS. A copy of the single streamlined paper and/or online application with questions necessary for a PE determination highlighted or denoted is attached.
- ☐ 3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.
- ☒ 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

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Kentucky_PE_Application_Walkthrough_Training_Guide	5/28/2025 10:49 AM EDT	

5. Describe the presumptive eligibility screening process:

During the interview, determiners will be asking applicants (or their responsible representative) to attest to their household circumstances. The Determiner will the record the applicant's information using either the Patient Information Worksheet or directly into the kynect Self-Service Portal. The components of eligibility applicants will be attesting to include the following - State Residency - Citizenship - Immigration Status- Pregnancy - Household Size - Income. The kynect system will evaluate the submitted information and determine eligibility in real time based on criteria set by the Department.

Individuals Needing Treatment for Breast or Cervical Cancer - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | KY2025MS0001O | KY-25-0002

Package Header

Package ID	KY2025MS0001O	SPA ID	KY-25-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	7/1/2025
Superseded SPA ID	KY 02-08		
	User-Entered		

C. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

1. The individual must meet the categorical requirements of 42 CFR 435.213.

☐ 2. State residency

☐ 3. Citizenship, status as a national, or satisfactory immigration status

Individuals Needing Treatment for Breast or Cervical Cancer - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | KY2025MS0001O | KY-25-0002

Package Header

Package ID	KY2025MS0001O	SPA ID	KY-25-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	7/1/2025
Superseded SPA ID	KY 02-08		
	User-Entered		

D. Qualified Entities

1. The state uses qualified entities, as defined in section 1920B of the Act, to determine eligibility presumptively for this eligibility group. These entities must be eligible to receive payment for services under the state's approved Medicaid state plan and determined by the state to be capable of determining presumptive eligibility for this group.

2. The types of entities used to determine presumptive eligibility for this eligibility group are:

- ☐ a. Providers who conduct screenings for breast and cervical cancer under the state's Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program.
- ☐ b. Other entity

☐ 3. The state assures that it has communicated the requirements for entities, at 1920B of the Act, and has provided adequate training to the entities and organizations involved.

4. A copy of the training materials has been uploaded for review during the submission process.

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Individuals Needing Treatment for Breast or Cervical Cancer - Presumptive Eligibility

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	User-Entered		

E. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

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