Andy Beshear
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
275 East Main Street, 6W-A
Frankfort, Kentucky 406 21

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Steven Stack , MD
SECRETARY

Lisa D. Lee
COMMISSIONER

December 16, 2025

Shantrina Roberts, Acting Director
Center for Medicaid & CHIP Services
Medicaid & CHIP Operations Group
Division of Program Operations
601 E. 12th St., Room 355
Kansas City, Missouri 64106

RE: State Plan Amendment KY 25-0009

Dear Ms. Miller:

Please find the attached Kentucky State Plan Amendment (SPA) 25-0009. The Kentucky Department for Medicaid Services is requesting approval for changes to the State Plan to align the Alternative Benefit Plan with SPA 24-0018, which added coverage of screening and diagnostic services and targeted case management for eligible juveniles as required by the Consolidated Appropriations Act 2023.

If you should have any questions, please contact Daryl Osborne at dosborne@ky.gov, Amanda Trent at amanda.trent@ky.gov and Erin Bickers at erin.bickers@ky.gov.

Sincerely,

Lisa D. Lee

Lisa Lee, Commissioner

TO: All Interested Parties

FROM: Kentucky Department of Medicaid, Commissioner Lisa Lee

DATE: November 24, 2025

SUBJECT: Public Notice of Intent to Amend Alternative Benefit Plan State Plan

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Kentucky Medicaid Program Public Notice of Alternative Benefit Plan

The Cabinet for Health and Family Services (CHFS), Department for Medicaid Services (DMS) announces its intent to submit a State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS), amending Kentucky Medicaid Program's alternative benefit plan (ABP). The ABP is the plan by which Kentucky expanded Medicaid coverage to people ages 19 through 64 with income at or below 133% of the Federal Poverty Level as allowed by the Affordable Care Act. ABPs are aligned with the Medicaid State Plan regarding service coverage and must be updated to reflect changes made to that Plan. SPA 25-0009 updates the ABP to reflect the following amendment to the Medicaid State Plan, along with the SPA number and fiscal impact:

> **KY 24-0018:** Updates to provide screening and diagnostic services and targeted case management for eligible juveniles to comply with the Consolidated Appropriations Act (CAA), 2023, Section 5121 guidance for pre-release services. (2025: $1,513,440); (2026: $2,017,920). These pre-release screening and diagnostic services and targeted case management will be provided to juveniles under 21 years of age and former foster care youth, ages 18-26, who are covered under the state plan as described in section 1902(a)(10)(A) of the Act.

In making this public announcement, DMS is outlining its alternative benefit plan and soliciting public comment regarding the plan. Instructions on how to submit comments are stated at the bottom of this notice.

For a comprehensive list of services and more details please access the DMS member information website listed below:

https://www.chfs.ky.gov/agencies/dms/member/Pages/default.aspx

Public Comments

If you wish to submit written comments regarding this notice, please do so by emailing them to medicaidrates@ky.gov or by dropping them off at the Department for Community Based Services (DCBS) office in your county, or by mailing them to the following address:

Department for Medicaid Services
ABP Comments
Commissioner's Office, 6W-A
275 East Main Street
Frankfort, KY 40601

The following website can be used to find the address of your local DCBS office:
https://prd.webapps.chfs.ky.gov/Office_Phone/index.aspx

Standard Funding Questions

The following questions are being asked and should be answered in relation to all payments made to all providers under Attachment 4.19-A of your State plan.

1. Section 1903(a)(1) provides that Federal matching funds are only available for expenditures made by States for services under the approved State plan. Do providers receive and retain the total Medicaid expenditures claimed by the State (includes normal per diem, supplemental, enhanced payments, other) or is any portion of the payments returned to the State, local governmental entity, or any other intermediary organization? If providers are required to return any portion of payments, please provide a full description of the repayment process. Include in your response a full description of the methodology for the return of any of the payments, a complete listing of providers that return a portion of their payments, the amount or percentage of payments that are returned and the disposition and use of the funds once they are returned to the State (i.e., general fund, medical services account, etc.)

   DMS response – The providers receive and retain the total Medicaid expenditures for all eligible expenses.

2. Section 1902(a)(2) provides that the lack of adequate funds from local sources will not result in lowering the amount, duration, scope, or quality of care and services available under the plan. Please describe how the state share of each type of Medicaid payment (normal per diem, supplemental, enhanced, other) is funded. Please describe whether the state share is from appropriations from the legislature to the Medicaid agency, through intergovernmental transfer agreements (IGTs), certified public expenditures (CPEs), provider taxes, or any other mechanism used by the state to provide state share. Note that, if the appropriation is not to the Medicaid agency, the source of the state share would necessarily be derived through either an IGT or CPE. In this case, please identify the agency to which the funds are appropriated. Please provide an estimate of total expenditure and State share amounts for each type of Medicaid payment. If any of the non-federal share is being provided using IGTs or CPEs, please fully describe the matching arrangement including when the state agency receives the transferred amounts from the local government entity transferring the funds. If CPEs are used, please describe the methodology used by the state to verify that the total expenditures being certified are eligible for Federal matching funds in accordance with 42 CFR 433.51(b). For any payment funded by CPEs or IGTs, please provide the following:

   (i) a complete list of the names of entities transferring or certifying funds;

   (ii) the operational nature of the entity (state, county, city, other);

   (iii) the total amounts transferred or certified by each entity;

   (iv) clarify whether the certifying or transferring entity has general taxing authority; and,

(v) whether the certifying or transferring entity received appropriations (identify level of appropriations).

DMS Response – The non-federal share of all expenditures for which Kentucky requests Federal matching funds are obtained from appropriations from the Kentucky General Assembly and provider assessment fees.

3. Section 1902(a)(30) requires that payments for services be consistent with efficiency, economy, and quality of care. Section 1903(a)(1) provides for Federal financial participation to States for expenditures for services under an approved State plan. If supplemental or enhanced payments are made, please provide the total amount for each type of supplemental or enhanced payment made to each provider type.

DMS Response – Supplemental payments are not made to any provider impacted by the rate change reflected in this SPA.

4. Please provide a detailed description of the methodology used by the state to estimate the upper payment limit (UPL) for each class of providers (State owned or operated, non-state government owned or operated, and privately owned or operated). Please provide a current (i.e. applicable to the current rate year) UPL demonstration.

DMS Response – N/A

5. Does any governmental provider receive payments that in the aggregate (normal per diem, supplemental, enhanced, other) exceed their reasonable costs of providing services? If payments exceed the cost of services, do you recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report?

DMS Response – No. If payments were to exceed cost, unless otherwise approved, the federal share would be returned.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 25-0009

2. STATE: KY

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT: (●) XIX ( ) XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
1/1/2025

5. FEDERAL STATUTE/REGULATION CITATION
1902(a)(10)(A)(i)(VIII) of the Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2025 $ 0
b. FFY 2026 $ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1L

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Attachment 3.1L

9. SUBJECT OF AMENDMENT
The Kentucky Department for Medicaid Services is requesting approval for changes to the State Plan, Alternative Benefit Plan, to provide screening and diagnostic services and targeted case management for eligible juveniles to comply with the Consolidated Appropriations Act.

10. 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
(●) OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL
Lisa D. Lee

12. TYPED NAME
Lisa Lee

13. TITLE
Commissioner

14. DATE SUBMITTED
12/16/25

15. RETURN TO
Lisa Lee
275 E. Main St.
Frankfort, KY 40601

FOR CMS USE ONLY

16. DATE RECEIVED

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

Instructions on Back

INSTRUCTIONS FOR COMPLETING FORM CMS-179

Use Form CMS-179 to transmit State plan material to the Center for Medicaid & CHIP Services for approval. Submit a separate typed transmittal form with each plan/amendment.

Block 1 - Transmittal Number - Enter the State Plan Amendment transmittal number. Assign consecutive numbers on a **calendar year** basis with the first two digits being the two-digit year (e.g., 21-0001, 21-0002, etc.). Because states have different state fiscal years, a calendar year is required for consistency.

Block 2 - State - Enter the two-letter abbreviation code of the State/District/Territory submitting the plan material.

Block 3 - Program Identification - Enter the applicable Title of the Social Security Act (Title XIX Medicaid or Title XXI CHIP).

Block 4 - Proposed Effective Date - Enter the proposed effective date of material. The effective date of a new plan may not be earlier than the first day of the calendar quarter in which an approvable plan is submitted. With respect to expenditures for assistance under such plan, the effective date may not be earlier than the first day on which the plan is in operation on a statewide basis or earlier than the day following publication of notice of changes.

Block 5 - Federal Statute/Regulation Citation - Enter the appropriate statutory/regulatory citation.

Block 6 - Federal Budget Impact - 6(a) - IN WHOLE DOLLARS, NOT IN THOUSANDS, Enter 1st **Federal Fiscal Year** (FFY) impacted by the SPA & estimated Federal share of the cost of the SPA for 1st FFY. The first FFY should be the FFY inclusive of the earliest effective date of any amended payment language; **6 (b)** - Enter 2nd FFY impacted by the SPA & estimated Federal share of the cost for 2nd FFY. In general, the estimates should include any amount not currently approved in the state's plan for assistance.

Block 7 - Page No.(s) of Plan Section or Attachment - Enter the page number(s) of plan material amended and transmitted. If additional space is needed, use bond paper. **New pages** should be included in Block 7, but not in Block 8.

Block 8 - Page No.(s) of the Superseded Plan Section or Attachment (if Applicable) - Enter the page number(s) (including the transmittal number) that is being superseded. If additional space is needed, use bond paper. **Deleted pages** should be included in Block 8, but not in Block 7.

Block 9 - Subject of Amendment - Briefly describe plan material being transmitted.

Block 10 - Governor's Review - Check the appropriate box. See SMM section 13026 A.

Block 11 - Signature of State Agency Official - Authorized State official signs this block.

Block 12 - Typed Name - Type name of State official who signed block 11.

Block 13 - Title - Type title of State official who signed block 11.

Block 14 - Date Submitted - Enter the date that the state transmits plan material to CMCS. Unless the state officially withdraws this SPA and then resubmits it, this date should not be revised. Documentation of version revisions will be maintained in the CMCS administrative record.

Block 15 - Return To - Type the name and address of State official to whom this form should be returned.

Block 16–22 (FOR CMS USE ONLY).

Block 16 - Date Received - Enter the date plan material is received by CMCS. This is the date that the submission is received by CMCS via the subscribed submission process.

Block 17 - Date Approved - Enter the date CMCS approved the plan material.

Block 18 - Effective Date of Approved Material - Enter the date the plan material becomes effective. If more than one effective date, list each provision and its effective date in Block 22 or attach a sheet.

Block 19 - Signature of Approving Official - Approving official signs this block.

Block 20 - Typed Name of Approving Official - Type approving official's name.

Block 21 - Title of Approving Official - Type approving official's title.

Block 22 - Remarks - Use this block to reference and explain agreed to changes and strike-throughs to the original CMS-179 as submitted, a partial approval, more than one effective date, etc. If additional space is needed, use bond paper.

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 number for this information collection is 0938-0193. The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21224-1850.

Alternative Benefit Plan

State Name: Kentucky

Attachment 3.1-L- 1

OMB Control Number: 0938-1148

Transmittal Number: KY 25-0009

Benefits Description ABP5

The state/territory proposes a "Benchmark-Equivalent" benefit package. No

Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

UnitedHealthcare of Kentucky, Ltd. Choice Plus Small Group Market

Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter "Secretary-Approved."

Secretary-Approved.

Alternative Benefit Plan

1. Essential Health Benefit: Ambulatory patient services — Collapse All

Benefit Provided: Chiropractic Visits
Source: State Plan 1905(a)
Remove

Authorization: None
Provider Qualifications: Medicaid State Plan
Amount Limit: 26 chiropractic visits per year
Duration Limit: None
Scope Limit: None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
Limit may be exceeded based on medical necessity with prior authorization.

Benefit Provided: Qualifying Clinical Trials
Source: State Plan 1905(a)
Remove

Authorization: None
Provider Qualifications: Other
Amount Limit: None
Duration Limit: None
Scope Limit: None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
This represents a change that allows the state to provide coverage of routine patient costs in qualifying clinical trials. (22-0010)

Add

Alternative Benefit Plan

2. Essential Health Benefit: Emergency services

Collapse All

Benefit Provided:
Treatment in Place

Source:
State Plan 1905(a)

Remove

Authorization:
None

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
This represents a change to the state plan to allow treatment in place without transportation for physician services. Amendment to physician services to include treat, triage, and transport. (23-0012)

Add

Alternative Benefit Plan

■ 3. Essential Health Benefit: Hospitalization

Collapse All ☐

Benefit Provided:

Source:

Remove

Authorization:

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Add

Alternative Benefit Plan

☑ 4. Essential Health Benefit: Maternity and newborn care Collapse All ☐

Benefit Provided:
Postpartum Medical Assistance

Source:
State Plan Other

Remove

Authorization:
None

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
The end of the 12-month postpartum period

Scope Limit:
None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

This SPA provides 12 months of postpartum medical assistance to individuals who were eligible and enrolled in Medicaid during their pregnancy. The SPA also elects the option under section 214 or the Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009 to provide eligibility to all lawfully residing pregnant individuals, including in the extended postpartum period, and to provide for a good faith extension of the reasonable opportunity period (ROP) for non-citizens. (22-0002)

Add

Alternative Benefit Plan

Collapse All ☐

■ 5. Essential Health Benefit: Mental health and substance use disorder services including behavioral health treatment

☑ The state/territory assures that it does not apply any financial requirement or treatment limitation to mental health or substance use disorder benefits in any classification that is more restrictive than the predominant financial requirement or treatment limitation of that type applied to substantially all medical/surgical benefits in the same classification.

Remove

Benefit Provided: Targeted Case Management

Source: State Plan 1905(a)

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Full state plan title Targeted Case Management for Substance Use 14-0002

Remove

Benefit Provided: Psychiatric Residential Treatment Facility

Source: State Plan 1905(a)

Authorization: Prior Authorization

Provider Qualifications: Medicaid State Plan

Amount Limit: Listed in state plan

Duration Limit: Listed in state plan

Scope Limit: None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

The purpose of this SPA is update the inpatient Psychiatric Residential Treatment Facility (PRTF). Also includes outpatient treatment services to the PRTFs. (15-003)

Remove

Benefit Provided: Medication Assisted Treatment

Source: State Plan 1905(a)

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: Based on the individual needs of the person served

Alternative Benefit Plan

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

This represents revisions to Kentucky's Substance Use Disorder benefits to add Medication Assisted Treatment. (19-002, 20-004)

Remove

Benefit Provided:

Medication Assisted Treatment

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Dependent on drug product, vary based on formula

Duration Limit:

Based on medical necessity

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

This represents the addition of medication-assisted treatment (MAT) as a mandatory benefit in the Medicaid state plan. (21-0002)

Remove

Benefit Provided:

Crisis Stabilization Services

Source:

State Plan 1905(a)

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

23 hours

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

This represents services for a twenty three hour crisis observation stabilization services. Update definition of Crisis Intervention Service, and Residential Crisis Stabilization Services. Change Mobile Crisis to Community Based Mobile Crisis Intervention services and add updated definition. (23-0016)

Add

Alternative Benefit Plan

■ 6. Essential Health Benefit: Prescription drugs

☑ The state/territory assures that the ABP prescription drug benefit plan is the same as under the approved Medicaid State Plan for prescribed drugs.

Benefit Provided:

Coverage is at least the greater of one drug in each U.S. Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.

Prescription Drug Limits (Check all that apply.):	Authorization:	Provider Qualifications:
☐ Limit on days supply	Yes	State licensed
☐ Limit on number of prescriptions		
☐ Limit on brand drugs		
☐ Other coverage limits		
☒ Preferred drug list		

Coverage that exceeds the minimum requirements or other:

The prescription drug benefit plan for the Commonwealth of Kentucky's ABP is consistent with the state's approved Medicaid plan for prescribed drugs.

Alternative Benefit Plan

■ 7. Essential Health Benefit: Rehabilitative and habilitative services and devices Collapse All ☐

☑ The state/territory assures that it is not imposing limits on habilitative services and devices that are more stringent than limits on rehabilitative services (45 CFR 156.115(a)(5)(ii)). Further, the state/territory understands that separate coverage limits must also be established for rehabilitative and habilitative services and devices. Combined rehabilitative and habilitative limits are allowed, if these limits can be exceeded based on medical necessity.

Benefit Provided:
Physical, Occupational, and Speech Therapy Service

Source:
State Plan 1905(a)

Remove

Authorization:
Prior Authorization

Provider Qualifications:
Medicaid State Plan

Amount Limit:
20 annual visits, more based on medical necessity

Duration Limit:
None

Scope Limit:
None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

This represents a revision to the limits for physical, occupational, and speech therapy services to twenty (20) visits per therapy for rehabilitative services annually and twenty (20) visits for habilitative services annually. (18-002)

Add

Alternative Benefit Plan

☑ 8. Essential Health Benefit: Laboratory services

Collapse All ☐

Benefit Provided:

Source:

Remove

Authorization:

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Add

Alternative Benefit Plan

■ 9. Essential Health Benefit: Preventive and wellness services and chronic disease management Collapse All ☐

The state/territory must provide, at a minimum, a broad range of preventive services including: "A" and "B" services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

Remove

Benefit Provided: Non-Emergency Transportation to a Pharmacy

Source: State Plan 1905(a)

Authorization: Prior Authorization

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

This represents an update to the non-emergency transportation service to provide for transportation to a pharmacy. (17-003)

Remove

Benefit Provided: Tobacco Cessation Medications and Services

Source: State Plan 1905(a)

Authorization: Authorization required in excess of limitation

Provider Qualifications: Medicaid State Plan

Amount Limit: 4 counseling sessions

Duration Limit: None

Scope Limit: None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

This represents an update 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. (18-0007)

Remove

Benefit Provided: Hearing, Vision and Dental Services

Source: State Plan 1905(a)

Authorization: Prior Authorization

Provider Qualifications: Medicaid State Plan

Amount Limit: Dependent on service

Duration Limit: Dependent on service

Alternative Benefit Plan

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

This represents changes to hearing, vision and dental services. (22-0006)

Add

Alternative Benefit Plan

10. Essential Health Benefit: Pediatric services including oral and vision care — Collapse All

Benefit Provided: Neonatal Abstinence Syndrome Treatment Services

Source: State Plan 1905(a)

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

This represents coverage of residential pediatric recovery centers for neonatal abstinence syndrome treatment services. (23-0026)

Benefit Provided: Children's Advocacy Center V Services

Source:

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: Limited to medical examinations and ongoing mental health treatment

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

This represents changes to the Children's Advocacy Center V services and reimbursements. (22-0009)

Add

Alternative Benefit Plan

☐ 11. Other Covered Benefits from Base Benchmark Collapse All ☐

Alternative Benefit Plan

☐ 12. Base Benchmark Benefits Not Covered due to Substitution or Duplication Collapse All ☐

Alternative Benefit Plan

☐ 13. Other Base Benchmark Benefits Not Covered Collapse All ☐

Alternative Benefit Plan

☒ 14. Other 1937 Covered Benefits that are not Essential Health Benefits

Collapse All ☐

Remove

Other 1937 Benefit Provided:

Targeted Case Management

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Duration Limit:

Scope Limit:

Other:

Targeted Case Management is provided in accordance with 1902(a)(84)(D) for eligible juveniles who are within 30 days of their scheduled date of release from a public institution following adjudication. Targeted Case Management services are provided in the 30 days prior to release and for at least 30 days following release. (24-0018)

Add

Alternative Benefit Plan

☐ 15. Additional Covered Benefits (This category of benefits is not applicable to the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act.)

Collapse All ☐

PRA Disclosure Statement

Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) for the purpose of standardizing data. 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 average 5 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.

V.20190808