## KENTUCKY MEDICAID PROGRAM PUBLIC NOTICE

July 29, 2022

The Cabinet for Health and Family Services, Department for Medicaid Services (the Department) in accordance with 42 CFR 447.205, hereby provides public notice of changes to the intermediate care facility for individuals with an intellectual disability, dually-licensed pediatric facility, institution for mental diseases, or a nursing facility with an all-inclusive rate unit reimbursement language in its State Plan effective August 1, 2022.

The State Plan language will be changed to update certain cost principle references to follow current Medicare reimbursement principles.

## **Fiscal Impact:**

Most reference changes will not create a fiscal impact. One policy reference may create an impact, however, annual impact would be dependent on actual provider revenues and expenditures for a given year, which may materially fluctuate. Based on a sample of one cost report year, the Department for Medicaid Services estimates that an annual total (state and federal) fiscal impact will be \$300,000 increase in costs.

## **Public Comments**

Copies of this notice are available at each county's Department for Community Based Services (DCBS) office and at <a href="https://chfs.ky.gov/agencies/dms/Pages/default.aspx">https://chfs.ky.gov/agencies/dms/Pages/default.aspx</a> and <a href="https://chfs.ky.gov/agencies/dms/Pages/publicnotices.aspx">https://chfs.ky.gov/agencies/dms/Pages/publicnotices.aspx</a>. For the address of the local office, please see <a href="https://prdweb.chfs.ky.gov/Office">https://prdweb.chfs.ky.gov/Office</a> Phone/index.aspx.

A copy of this notice is available for public review at the Department for Medicaid Services at the address listed below. Comments or inquiries may be submitted in writing within thirty (30) days to:

Commissioner's Office Department for Medicaid Services, 6W-A 275 E. Main Street Frankfort, Kentucky 40621