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State/Territory Name: **Kentucky**

State Plan Amendment (SPA)#: **23-0020**

This file contains the following documents in the order listed

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

September 13, 2023

Lisa Lee

Commissioner, Department for Medicaid Services
Commonwealth of Kentucky
Cabinet for Health and Human Services
275 East Main Street, 6 West A
Frankfort, KY 40601

Re: Kentucky State Plan Amendment (SPA) Transmittal Number 23-0020

Dear Commissioner Lee:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0020. This amendment proposes to create a new provider type for Behavioral Health Crisis Transportation.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations in 42 C.F.R. 430.12(B). This letter is to inform you that Kentucky's Medicaid SPA 23-0020 was approved on September 11, 2023, with an effective date of October 1, 2023.

If you have any questions, please contact Keri Toback at (312) 353-1754 or via email at keri.toback@cms.hhs.gov.

Sincerely,



Digitally signed by
James G. Scott -S
Date: 2023.09.13
10:10:46 -05'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Erin Bickers, KY DMS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 3 — 0 0 2 0

2. STATE

KY3. 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

October 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 430.12(B)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 42,271b. FFY 2025 \$ 42,271

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A Page 7.9.1
Attachment 3.1-A Page 7.9.1(a)
Attachment 3.1-B Page 35
Attachment 3.1-B Page 35(a)8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Attachment 3.1-A Page 7.9.1
Attachment 3.1-B Page 35

9. SUBJECT OF AMENDMENT

Creating a new provider type for Behavioral Health Crisis Transportation.

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



15. RETURN TO

Lisa Lee
275 E. Main St.
Frankfort, KY 40601

12. TYPED NAME

Lisa Lee

13. TITLE

Commissioner

14. DATE SUBMITTED

6/23/2023**FOR CMS USE ONLY**

16. DATE RECEIVED

06/23/2023

17. DATE APPROVED

09/11/2023**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

10/01/2023

19. SIGNATURE OF APPROVING OFFICIAL

Digitally signed by James G. Scott -S
Date: 2023.09.13 10:11:11 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

23. Any other medical care and any other type of remedial care recognized under the state law, specified by the Secretary.

A. Transportation

1 Definitions.

- a. Ambulance transportation includes air and ground transportation provided at advanced life support level or basic life support levels by an appropriately licensed carrier.
- b. Medical service area is made up of the recipient's county of residence or a contiguous county.

2 Ambulance Services.

- a. An emergency ambulance service shall be provided without prior authorization to and from the nearest hospital emergency room. If a hospital emergency room is not available, a statement from an attending physician associated with the facility from which the patient receives services verifying medical necessity of stretcher ambulance services and the nature of the emergency services provided to the patient shall be required.
- b. A non-emergency ambulance service to a hospital, clinic, physician's office or other medical facility for provision of a Medicaid covered service, exclusive of a pharmacy service, shall be covered upon referral from a licensed medical professional for a recipient whose medical condition warrants transport by stretcher.
- c. When it is determined by the attending physician that ground ambulance is not appropriate, a referral may be made for air ambulance transport to a medical facility beyond the recipient's county of residence or state boundaries. Medically necessary air travel will be covered within the parameters of the allowed reimbursement amounts specified in Attachment 4.19-B, page 20.11. Special authorization by the Commissioner or his designated representative is required for air transportation provided at a cost in excess of these amounts.
- d. Ground ambulance transport for in-state non-emergency ambulance travel outside the medical service area shall be covered if prescribed by the attending physician.
- e. Ground ambulance transport for out-of-state non-emergency ambulance transport shall only be covered if prior approval is obtained from the Department.
- f. Only the least expensive available transportation suitable for the recipients needs shall be approved.

3. Behavioral health crisis transport service means the use of a motor vehicle, other than an ambulance or other emergency response vehicle, that is specifically designed, equipped, and staffed by a licensed enrolled crisis transportation provider to transport a Medicaid recipient alleged to be in a behavioral health crisis and needing transportation to a higher level of care.

BHCT may be used for:

1. To transport a recipient after a mobile crisis team assesses that the recipient requires a higher level of care that is the nearest Medicaid healthcare provider.. OR
2. Facility to facility transport between facilities including but not limited to transportation from emergency departments to behavioral health crisis treatment that is the nearest Medicaid healthcare provider.

Recipients must be transported to the most appropriate, yet nearest Medicaid health care provider, behavioral health, or medical facility. Family members or other unaccredited agents are not allowed to ride in the BHCT vehicle with the recipient, except for a recipient that requires a caregiver or legal guardian due to cognitive and/or intellectual disabilities, a parent or legal guardian for an individual under the age of 18.

Provider Qualifications

Providers must meet the state transportation benefit requirements to obtain a Motor Carriers Certification [Passenger Vehicle - DRIVE \(ky.gov\)](#), and the following:

1. 24/7/365 availability.
2. Annual staff trainings:
 1. Four (4) hours of evidence-based training on the de-escalation of conflicts.
 2. Eight (8) hours of evidence-based training concerning behavioral health which includes but is not limited to:
 - a. Awareness of issues relating to mental health and substance use disorders.
 - b. Suicide risk assessment and intervention,
 - c. Response protocols for opioid overdose,
 - d. Naloxone use protocols, and
3. Cardiopulmonary resuscitation (CPR) certified.

Specifications for the BHCT vehicle

1. Vehicles used for BHCT must include a driver's compartment that is separated from the passenger compartment in a manner that allows the driver and passenger to communicate and visualize one another, but also prohibits the passenger from easily accessing the driver or any control for operating the vehicle. For example, a transparent thermoplastic partition between the passenger and the vehicle driver.
2. The passenger compartment must have two (2) or more traditional vehicle seats with appropriate seat belts, is free from exposed sharp edges, equipped with doors that automatically lock and are not capable of opening while the vehicle is in motion (child lock feature).
3. The BHCT provider may choose to have a video recorder located within the vehicle.

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