

## **Table of Contents**

**State/Territory Name: KENTUCKY**

**State Plan Amendment (SPA) #: KY-24-0016**

This file contains the following documents in the order listed:

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

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
230 South Dearborn  
Chicago, Illinois 60604



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**Financial Management Group**

March 10, 2025

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

RE: TN 24-0016

Dear Commissioner Lee,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Kentucky State Plan Amendment (SPA) to Attachment 4.19-B KY-24-0016, which was submitted to CMS on December 19, 2024. This plan amendment updates the Mobile Crisis Intervention reimbursement rate.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of January 1, 2025. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Ysabel Gavino via email at [Maria.Gavino@cms.hhs.gov](mailto:Maria.Gavino@cms.hhs.gov).

Sincerely,

[Redacted Signature]

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER

2. STATE

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

5. FEDERAL STATUTE/REGULATION CITATION

, 1905(a)(13)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY \_\_\_\_\_ \$ \_\_\_\_\_

b. FFY \_\_\_\_\_ \$ \_\_\_\_\_

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT

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

12. TYPED NAME

13. TITLE

14. DATE SUBMITTED

**FOR CMS USE ONLY**

16. DATE RECEIVED

17. DATE APPROVED

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

Pen and ink authorized by the state and processed by CMS on the following fields:  
Block 5 Federal Statute/Regulation Citation - Add 1905(a)(13) - MYLG 1/14/25

D. Reimbursement for mobile crisis intervention (MCI) services, crisis observation and stabilization services (COSS) and residential crisis stabilization services shall be as established on the Behavioral Health Fee Schedule 2023. This fee schedule will be posted at <http://chfs.ky.gov/dms/fee.htm> and is effective beginning on October 1, 2023. The fee schedule rates are calculated based on the following methodology:

- (1) The mobile crisis intervention rate is a per hour or per diem rate based on calculated market costs which includes salaries/wages, travel and administrative expense.
  - i. Salaries/wages include practitioner and paraprofessional providers utilizing the Bureau of Labor Statistics information
  - ii. Travel expense is calculated based on the federal reimbursement rate per mile.
  - iii. Administrative expense is based on 15% of salaries/wages and travel expense.
- (2) COSS is an hourly rate and residential crisis stabilization is a per diem rate based on calculated market costs which includes salaries/wages, facility, supplies, equipment, and administrative expenses.
  - i. Salaries/wages include practitioner and paraprofessional providers utilizing the Bureau of Labor Statistics information.
  - ii. Facility, supplies, equipment expense is based on 13% salaries/wages.
  - iii. Administrative expense is based on 20% of salaries/wages.