

KENTUCKY MEDICAID PROGRAM
PUBLIC NOTICE

March 29, 2024

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 price-based Nursing Facility reimbursement language in its State Plan effective April 1, 2024. These changes are described below:

1. Maintain the case mix indices used in the rates effective January 1, 2024 for the rates effective April 1, 2024.
2. The rates effective April 1, 2024, will be equal to the rates effective January 1, 2024.

Fiscal Impact:

The Department for Medicaid Services estimates that the total fiscal impact will be \$0.00.

Public Comments

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 4062