



CABINET FOR HEALTH
AND FAMILY SERVICES

Medicaid Oversight and Advisory Board

September 23, 2026

Medicaid and KCHIP Covered Services

Mandatory

- Inpatient hospital services
- Outpatient hospital services
- EPSDT: Early and Periodic Screening, Diagnostic, and Treatment Services
- Nursing Facility Services
- Home health services
- Physician services
- Rural health clinic services
- Federally qualified health center services
- Laboratory and X-ray services
- Family planning services
- Nurse Midwife services
- Certified Pediatric and Family Nurse Practitioner services
- Transportation to medical care
- Tobacco cessation counseling for pregnant women

* Optional services must be provided to children under age 21 when medically necessary

Optional*

- Prescription Drugs
- Clinic services
- Physical therapy
- Occupational therapy
- Speech, hearing and language disorder services
- Respiratory care services
- Other diagnostic, screening, preventive and rehabilitative services
- Podiatry services
- Optometry services
- Dental Services
- Dentures
- Prosthetics
- Eyeglasses
- Chiropractic services
- Other practitioner services
- Private duty nursing services
- Personal Care
- Hospice
- Case management
- Services for Individuals Age 65 or Older in an Institution for Mental Disease (IMD)
- Services in an intermediate care facility for Individuals with Intellectual Disability

Codes and Services within Each Category

- Outlined in various regulations under 907 KAR
- All codes listed on fee schedules [Fee Schedules - Cabinet for Health and Family Services](#)

Service Limitations

- All services must be medically necessary
- When limitations exist, they can be overridden through prior authorization process if medical necessity criteria is met
- All limitations are outlined in regulation
- Examples:
 - Certain therapies have a limit of 20 visits per year
 - 2 dental cleanings per year
 - 1 pair of eyeglasses per calendar year

Services Added, Removed, or Expanded Since 2021

SPA Not Necessary

- HB 140 (2021) – Telephone only for telehealth
- SB 51 (2021) – Removed prior authorizations for addiction medications
- HB 497 (2021) – Reentry waiver (1115 waiver)
- SB 105 (2022) – Added tests to newborn and infant screenings
- SJR 27(2022) – Recovery, Independence, Support, and Engagement (RISE) specific services for individuals with serious mental illness (1115 waiver)
- HB 180 (2023) – Increased use of biomarker test
- HB 477 (2024) – Established diagnosis criteria for sepsis
- HB 52 (2024) – Expands coverage for cancer screenings, tests, and procedures
- SB 27 (2025) – Allows skilled nursing facility or hospital to provide NEMT (1915-B Waiver)
- HB 500 (2026) – Community intervener (1915c waiver) services
- HB 500 (2026) – KCARE incentive program (requires MCO contract modification)
- HB 479 (2026) – Removed H2027 as a billable service
- Additional 1915 c waiver slots each year

CMS Approved State Plan Amendments (SPA) Since January 2021

- HB695 in 2025 General Assembly requires Medicaid to receive approval for any change related to eligibility coverage or benefits
- Approximately 70 Medicaid SPAs approved since 2021
 - 27 resulted from Federal legislation or direction from CMS
 - 24 resulted from state legislation
- 9 Kentucky Children's Health Insurance Program (KCHIP) SPAs
- All approved SPAs can be found here [Medicaid State Plan Amendments | Medicaid](#)

2026 SPAs

SPA Number	Effective Date	Approval Date	Summary	Federal Legislation	State Legislation
26-0003	1/1/2026	8/17/2026	Complies with the Consolidated Appropriations Act for treatment of incarcerated pregnant women.	X	
26-0004	<i>Pending Proposed</i> 1/1/2026		Increases in hospital ventilator-dependent facilities.		HB500
26-0006	<i>Pending Proposed</i> 2/1/2026		Adds pharmacists as providers.		HB3
26-0002	<i>Pending Proposed</i> 7/1/2026		Updates the state's methodology for development of the PACE amount that would otherwise have been paid (AWOP) and prospective monthly capitation payment rates to ensure consistency with federal requirements and current state processes.	X	
26-0001	<i>Pending Proposed</i> 7/1/2026		Revises the cost reporting and cost settlement methodology for school based service providers to allow for the inclusion of summer month; makes clear that school counselors are a qualified provider type to support the delivery of covered services in a school-based setting.		
26-0007	<i>Pending Proposed</i> 8/1/2026		Removes fixed dollar amounts in audiology fee schedule and replaces them with link to fee schedule.		
26-0005	Withdrawn		Changes the rate setting methodology.		

2025 SPAs

SPA Number	Effective Date	Approval Date	Summary	Federal Legislation	State Legislation
25-0006	4/1/2025	10/25/2025	Adds reimbursement for Rural Emergency Hospitals using the same cost settlement reimbursement methods for outpatient hospitals.		KRS 216B.042
25-0001	7/1/2025	7/3/2025	Applies a 1902(r)(2) disregard and specify the non-MAGI eligibility groups to which the disregard would apply.	X	
25-0004	7/1/2025	8/21/2025	Implements a quality program funded by a provider assessment; clarifies how payment for Nursing Facility Ancillary Services is part of the per diem rate, using the Kentucky Medicaid Nursing Facility Ancillary Supplemental Schedules.		HB6
25-0005	7/1/2025	6/18/2025	Allows Kentucky to enter into Value-Based Supplemental Rebate Agreements with drug manufacturers on a voluntary basis.		
25-0008	10/1/2025	2/19/2026	Updates Clinic SPA pages to required standardized CMS template.	X	
25-0012	10/1/2025	1/2/2026	Makes the mandatory MAT benefit permanent per Section 201 of the Consolidated Appropriations Act, 2024 (CAA, 2024, Pub. L. 118-42) by removing the end date of "September 30, 2025."	X	

2025 SPAs

SPA Number	Effective Date	Approval Date	Summary	Federal Legislation	State Legislation
25-0007	1/1/2026	6/5/2026	Adds Single Case Agreements. Required as part of KY's participation in the federal Cell and Gene Therapy Access Model initiative to improve access to innovative treatments for those living with sickle cell disease.	X	
25-0010	1/1/2026	9/17/2026	Updates the program year to 2026; defines provider classes; confirms methodology that payments to individual providers will not exceed individual upper limits; updates the Emergent Transport Add-On amount to \$470.00; and updates the Non-Emergent Transport Add-On amount to \$170.00.		KRS 205.5602
25-0011	7/1/2026	3/20/2026	Extends the Recovery Audit Contractor exception through 6/30/28.	X	
25-0009	<i>Pending Proposed</i> 1/1/2025		Updates the State's Alternative Benefit Plan, to align out of date pages for screening and diagnostic services and targeted case management for eligible juveniles to comply with the Consolidated Appropriations Act. Companion SPA to 24-018.	X	
25-0002	<i>Pending Proposed</i> 4/1/2025		Aligns the outcomes and activities of the Presumptive Eligibility Refresh initiative.		X-HB7 Audit

2024 SPAs

SPA Number	Effective Date	Approval Date	Summary	Federal Legislation	State Legislation
24-0002	1/9/2024	4/2/2024	Updates pharmacy vaccine administration rates.		
24-0001	2/1/2024	4/12/2024	Updates private duty nursing rates and unit limits.		HB6
24-0005	2/21/2024	4/12/2024	Adds Fee-for Service Interim Payments for providers affected by Change Healthcare cybersecurity incident.	X	
24-0003	4/1/2024	6/25/2024	Changes Pharmacy pricing and compound dispense fees.		
24-0008	4/1/2024	9/16/2024	Adds Rural Emergency Hospitals to Clinic Services.	X	
24-0004	7/1/2024	1/8/2025	Transitions the RUG III methodology to the Patient Driven Payment Model (PDPM) to calculate each individual price-based long term care facility's average case-mix.	X	
24-0006	7/1/2024	7/23/2024	Updates annual outpatient directed graduate medical education (DGME) supplemental payment for the direct cost of in-state hospitals with a graduate medical education program.		HB6
24-0007	7/1/2024	11/5/2024	Updates state plan to current supplemental rebate agreement process.	X	
24-0011	7/1/2024	8/29/2024	Extends the Recovery Audit Contractor exception to 6/30/26.	X	
24-0014	7/1/2024	9/13/2024	Updates personal needs allowance from \$40 to \$60.		HB6

2024 SPAs

SPA Number	Effective Date	Approval Date	Summary	Federal Legislation	State Legislation
24-0019	10/1/2024	12/31/2024	Updates reference to the Fee Schedule in lieu of listing rates.		
24-0020	10/1/2024	2/6/2026	Extends COVID OTC test kits coverage, with limitations.		
24-0015	12/31/2024	11/1/2024	Updates state plan assurances in accordance with federally mandated quality reporting requirements for the Child Core Set and the behavioral health quality measures on the Adult Core Set outlined in 42 CFR 431.16 and 437.10 through 437.15.	X	
24-0013	1/1/2025	9/10/2024	Updates the Emergent Transport Add-On amount.		HB8 (2020)
24-0016	1/1/2025	3/10/2025	Aligns the mobile crisis reimbursement to the current policy.		KRS 216B.042 and KRS 210.368
24-0018	1/1/2025	7/18/2025	Provides mandatory coverage under Section 1902(a)(84)(D) of the Social Security Act for eligible juveniles incarcerated in a public institution post-adjudication of charges; effective January 1, 2025, and sunsets on December 31, 2026.	X	
24-0021	1/1/2025	12/9/2024	Updates reimbursement for Independent Laboratories.		
24-0010	7/1/2025	3/27/2025	Implementation of 1915(i) HCBC benefit.		SJR 72

2023 SPAs

SPA Number	Effective Date	Approval Date	Summary	Federal Legislation	State Legislation
23-0010	3/1/2020	4/14/2023	Time-limited to respond to the COVID-19 national emergency. The purpose of this amendment is to waive the signature requirements for prescription drugs during the COVID Public Health Emergency from 3/1/20 through 9/1/22.	X	
23-0001	4/1/2022	2/15/2023	Changes to the Children's Advocacy Center services and reimbursements to cover retro period.		SB8 (2022)
23-0003	1/1/2023	5/15/2023	Adds Licensed Alcohol and Drug Counselor (LADC) and creates a Behavioral Health Associate (BHA) provider.		HB353
23-0004	1/1/2023	5/1/2023	Adds coverage for Former Foster Youth from other state.	X	
23-0007	4/1/2023	6/26/2023	Implements 12 months continuous coverage of children.	X	
23-0019	4/1/2023	8/2/2023	Removes cost sharing.		SB55 (2021)
23-0014	5/12/2023	6/16/2023	Temporary extension to specific COVID-19 disaster relief (DR) provisions to increase bed hold days and payments authorized in DR SPAs 20-0006 and 21-0001.	X	
23-0002	7/1/2023	3/6/2023	Adds Reimbursement for Community Health Workers.		HB525
23-0006	7/1/2023	5/18/2023	Extends the age limit for residents in a dually licensed pediatric nursing facility.		
23-0008	7/1/2023	5/25/2023	Removes the reference to Average Sales Price (ASP) + 6% on the Pharmacy reimbursement State Plan page.	X	

2023 SPAs

SPA Number	Effective Date	Approval Date	Summary	Federal Legislation	State Legislation
23-0009	7/1/2023	7/14/2023	Revises over-the-counter medication coverage per the CURES Act.	X	
23-0018	7/1/2023	11/13/2023	Changes to Durable Medical Supplies manually priced to reimburse at MSRP -18%.		HB224 (2019)
23-0024	9/1/2023	11/15/2023	Increases Per Diem Rates for Psychiatric Residential Treatment Facility (PRTF).		
23-0016	10/1/2023	7/20/2023	Adds twenty-three-hour crisis observation stabilization services (COSS).		
23-0020	10/1/2023	9/11/2023	Creates new Behavioral Health Crisis Transportation (BHCT) provider type.		
23-0012	1/1/2024	10/3/2023	Covers treatment in place without transportation for emergency ambulance services; amends emergency ambulance service to include treat, triage, and transport.		HJR54
23-0017	1/1/2024	7/20/2023	Changes the multi-state Supplemental Rebate Agreement arrangement from National Medicaid Pooling Initiative (NMPI) to the Sovereign States Drug Consortium (SSDC); allows individual Supplemental Rebate Agreements directly with manufacturers.		
23-0025	1/1/2024	10/20/2023	Revises reimbursement for ground ambulance.		HB8 (2020)
23-0026	1/1/2024	12/19/2023	Changes to cover residential pediatric recovery centers for neonatal abstinence syndrome treatment services (NAS).		SB135

2023 SPAs

SPA Number	Effective Date	Approval Date	Summary	Federal Legislation	State Legislation
22-0001	4/1/2022	2/17/2022	Extends Recovery Audit Contractor exception to 3/31/24.	X	
22-0002	4/1/2022	5/25/2022	Implements 12 months postpartum coverage for pregnant individuals.	X	
22-0003	5/1/2022	6/21/2022	Amends Third Party Liability language to ensure compliance with the federal laws and regulations.	X	
22-0004	7/1/2022	7/7/2022	Makes \$29 add-on permanent for price-based nursing facilities.		HB1
22-0005	7/1/2022	6/22/2023	Transitions CHIP child eligibility to Medicaid.		
22-0008	8/1/2022	12/10/2022	Changes rates for Intermediate care facility (ICF) for individuals with intellectual disability, dually-licensed pediatric facility, institution for mental diseases or NF with all-inclusive rates.		
22-0006	1/1/2023	6/13/2023	Extends hearing, vision and dental benefits for the adult population.		
22-0007	1/1/2023	9/28/2022	Revisions to reflect the latest Medicare Ambulatory Surgical Center Fee Schedule.		

2022 SPAs

SPA Number	Effective Date	Approval Date	Summary	Federal Legislation	State Legislation
22-0009	1/1/2023	12/15/2022	Changes Children's Advocacy Centers Services rates.		SB8
22-0010	1/1/2023	12/7/2022	Adds coverage of routine patient costs in qualifying clinical trials.	X	
22-0013	1/1/2023	1/13/2023	Revises reimbursement for ground ambulance.		HB8 (2020)
22-0012	1/12/2023	1/20/2023	Time-limited to allow temporary policies while returning to normal operations after the COVID-19 national emergency; disregards excess resources for LTC members until 90 days after the month the PHE ends and increases PE period to application month and following month or until a regular application has been submitted and determination made.	X	
22-0014	First day after PHE	4/26/2023	Temporary extension to specific COVID-19 disaster relief (DR) provisions to increase bed hold days and payments authorized in DR SPAs 20-0006 and 21-0001.	X	

2021 SPAs

SPA Number	Effective Date	Approval Date	Summary	Federal Legislation	State Legislation
21-0001	4/1/2020	4/13/2021	Time-Limited due to COVID-19; increase nursing facility bed reserve reimbursement rate to 75%.		
21-0002	10/1/2020	10/27/2021	Mandatory coverage of Medication Assisted Treatment (MAT) to comply with the federal SUPPORT Act.	X	
21-0003	1/1/2021	5/26/2021	Time-Limited due to COVID-19; \$29 increase in case mix NF per diem rates.		HB1 made permanent
21-0007	1/1/2021	01/21/201	Extends \$29 nursing facility add-on approved in 21-0003 to the end of the COVID-19 public health emergency.		HB1
21-0004	7/1/2021	10/25/2021	Implements Program for All-Inclusive Care for the Elderly (PACE).		
21-0005	7/1/2021	1/28/2022	Adopts the optional eligibility group for PACE.		
21-0008	1/1/2022	3/16/2022	Revises reimbursement for ground ambulance.		HB8 (2020)

CHIP SPAs

SPA Number	Effective Date	Approval Date	Summary	Federal Legislation	State Legislation
26-0003	1/1/2026	8/1/2026	Complies with Section 205 of the Consolidated Appropriations Act, 2024 (CAA, 2024) by modifying CHIP eligibility requirements for the treatment of incarcerated pregnant women.	X	
25-0001	7/1/2025	7/9/2026	Updates the CHIP plan to incorporate maternal health objectives.	X	
23-0001	7/1/2023	10/31/2023	Creates a Health Services Initiative (HSI) to support the Kentucky Poison Control Center of Norton Children's Hospital.		
23-0002	10/1/2023	12/15/2023	Assures the state covers age-appropriate vaccines and their administration without cost sharing.	X	
22-0001	4/1/2022	5/25/2022	Provides 12 months of continuous postpartum coverage to individuals enrolled in its separate CHIP program.		SB178 (KRS 205.592)
22-0003	7/1/2022	7/21/2023	Moves children covered under Separate CHIP to Medicaid Expansion CHIP to promote consistency in service delivery for Medicaid and KCHIP.		
21-0001	7/1/2022	6/9/2022	Provides coverage to targeted low-income pregnant women in CHIP over age 18 with income above 195 percent up to and including 213 percent of the federal poverty level.		
21-0002	7/1/2022	6/9/2022	Provides coverage to targeted low-income pregnant women in CHIP over age 18 with income above 195 percent up to and including 213 percent of the federal poverty level. Companion to CHIP 21-0001.		
22-0004	3/11/2021	10/7/2022	Complies with requirements in the American Rescue Plan Act of 2021 mandating treatment and vaccines and administration without cost-sharing or amount, duration, or scope limitations; covers, without cost sharing, the treatment of conditions that may seriously complicate COVID-19 treatment, when a beneficiary is diagnosed with or is presumed to have COVID-19.	X	

QUESTIONS?