907 KAR 1:720. Coverage and payments for the Kentucky Early Intervention Program services provided through an agreement with the state Title V agency.


STATUTORY AUTHORITY: KRS 194A.030(2), 194A.050(1), 200.660(7), 205.520(3), EO 2004-726

NECESSITY, FUNCTION, AND CONFORMITY: EO 2004-726, effective July 9, 2004, reorganized the Cabinet for Health Services and placed the Department for Medicaid Services and the Medicaid Program under the Cabinet for Health and Family Services. The Cabinet for Health and Family Services, Department for Medicaid Services, has responsibility to administer the Medicaid Program. KRS 205.520(3) authorizes the cabinet, by administrative regulation, to comply with any requirement that may be imposed, or opportunity presented, by federal law for the provision of medical assistance to Kentucky's indigent citizenry. KRS 200.660(7) requires the cabinet to promulgate administrative regulations to implement the Kentucky Early Intervention Program. This administrative regulation establishes requirements for coverage and payment for early intervention services provided through an agreement with the state Title V agency, the Commission for Children with Special Health Care Needs.

Section 1. Definitions. (1) "Department" means the Department for Medicaid Services or its designee.
(2) "Early intervention services" is defined in KRS 200.654(7).
(3) "Title V agency" means the Commission for Children with Special Health Care Needs.

Section 2. Covered Services. (1) Services shall be provided for a Medicaid eligible child under the age of three (3) who meets eligibility requirements for early intervention as established in 902 KAR 30:120, Section 2.
(2) The service to be provided shall be a service described in 902 KAR 30:160 except for the following services which shall not be covered:
(a) Respite care;
(b) Transportation;
(c) Teacher of the deaf and hard of hearing; and
(d) Teacher of the visually impaired.
(3) Services shall be coordinated and information exchanged with the child's assigned primary care provider in the:
(a) Health Care Partnership in accordance with 907 KAR 1:705; or
(b) KenPAC Program in accordance with 907 KAR 1:320.
(4) Services shall be provided pursuant to an interagency agreement between the department and the Title V agency.

Section 3. Provider Qualifications and Conditions for Participation. The following provider qualifications and conditions for participation shall be applicable for services provided pursuant to this administrative regulation.
(1) Services shall be provided by the Title V agency or through a subcontractor of the Title V agency.
(2) If the Title V agency seeks to subcontract for the provision of services, the Title V agency shall subcontract for the provision of services in accordance with the provisions of the interagency agreement between the Title V agency and the department.
(3) A service which is provided by the Title V agency or its subcontractors shall meet the appropriate requirements for the service, as established in 902 KAR 30:160.

Section 4. Reimbursement. (1) Reimbursement for services provided on and after October 22, 2001 shall be based on cost associated with providing the service that includes the:
   (a) Direct cost;
   (b) Overhead cost; and
   (c) Administrative cost associated with providing the service.
   (2) Payments shall be made on an interim basis in accordance with the fee schedule established in 902 KAR 30:200 with a settlement to cost at the end of the fiscal year.
   (3) An annual cost report shall be submitted to the department within 180 days after the close of the state fiscal year.
   (4) Interim payments shall be adjusted to actual cost based upon review and acceptance of the cost report by the department.
   (5) The Title V agency may submit for consideration an amended cost report for a state fiscal year up to twenty-four (24) months after the close of that state fiscal year. (24 Ky.R. 809; 1108; eff. 11-14-1997; 28 Ky.R. 2742; 29 Ky.R. 464; eff. 8-12-2002; TAm eff. 8-20-2010; Crt eff. 7-23-2018.)