

**907 KAR 15:075. Reimbursement provisions and requirements for behavioral health services provided by residential crisis stabilization units.**

RELATES TO: KRS 205.520, 42 U.S.C. 1396a(a)(10)(B), 42 U.S.C. 1396a(a)(23)

STATUTORY AUTHORITY: KRS 194A.030(2), 194A.050(1), 205.520(3)

NECESSITY, FUNCTION, AND CONFORMITY: The Cabinet for Health and Family Services, Department for Medicaid Services, has a 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 to qualify for federal Medicaid funds. This administrative regulation establishes the reimbursement provisions and requirements regarding Medicaid Program behavioral health services provided by residential crisis stabilization units to Medicaid recipients who are not enrolled with a managed care organization.

Section 1. General Requirements. For the department to reimburse for a service covered under this administrative regulation, the service shall be:

- (1) Medically necessary;
- (2) Provided:
  - (a) To a recipient;
  - (b) By a residential crisis stabilization unit that meets the provider participation requirements established in 907 KAR 15:070; and
  - (c) In accordance with the requirements established in 907 KAR 15:070; and
- (3) Covered in accordance with 907 KAR 15:070.

Section 2. Reimbursement.

- (1) The department shall reimburse a per diem rate of \$354 for services provided by a residential crisis stabilization unit to a recipient for a day.
- (2) The reimbursement referenced in subsection (1) of this section shall represent total reimbursement for all services provided by a residential crisis stabilization unit to a recipient for the day.

Section 3. Not Applicable to Managed Care Organizations. A managed care organization shall not be required to reimburse in accordance with this administrative regulation for a service covered pursuant to:

- (1) 907 KAR 15:070; and
- (2) This administrative regulation.

Section 4. Federal Approval and Federal Financial Participation. The department's reimbursement for services pursuant to this administrative regulation shall be contingent upon:

- (1) Receipt of federal financial participation for the reimbursement; and
- (2) Centers for Medicare and Medicaid Services' approval for the reimbursement.

(41 Ky.R. 970; Am. 1807; eff. 3-6-2015; Cert eff. 2-11-2022.)