

907 KAR 1:032. Dual licensed pediatric facility services.

RELATES TO: KRS 205.520

STATUTORY AUTHORITY: KRS 194A.030(2), 194A.050(1), 42 C.F.R. 442, 456, 42 U.S.C. 1396a, b, c, d, 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 has responsibility to administer the program of Medical Assistance. KRS 205.520 empowers 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. This administrative regulation sets forth the provisions relating to nursing services provided in a dual licensed pediatric facility for which payment shall be made by the Medicaid Program in behalf of both the categorically needy and medically needy.

Section 1. Definition. A dual licensed pediatric facility is any facility providing both high intensity and low intensity nursing facility services to children under age twenty-one (21) only in the same beds.

Section 2. Participation Requirements. Each facility desiring to participate as a dual licensed pediatric facility shall meet the following requirements:

(1) An application for participation shall be made to the cabinet using the procedures specified by the Commissioner, Department for Medicaid Services, Cabinet for Health and Family Services. A vendor number shall be assigned to the facility by the cabinet when participation status is achieved.

(2) Any dual licensed pediatric facility whose admission policies are such as to permit admission of patients who are eligible for Medicare benefits shall be required to have thirty-five (35) percent of its Medicaid participating beds (but not less than ten (10) beds; if the facility has less than ten (10) beds, all beds) participate in the Medicare health care program before the conditions of participation for Medicare shall be deemed met. Any facility refusing to participate in the Medicaid program shall not be certified to participate in the Medicaid program and shall not receive reimbursement through the Medicaid program.

Section 3. Provision of Service. Payment for services shall be limited to those services provided to eligible individuals meeting the criteria for provision of nursing facility services as determined in accordance with 907 KAR 1:022.

Section 4. Utilization Review. The facility shall have in place a program of utilization review which meets the requirements specified in 42 C.F.R. Part 456. Determination of nursing care patient status made by the utilization review committee (and which are available to the cabinet) shall be given due consideration by the cabinet in its determinations of patient status.

(5 Ky.R. 296; eff. 11-1-1978; Recodified from 904 KAR 1:032, 5-2-1986; 18 Ky.R. 1621; eff. 1-10-1992; Crt eff. 12-6-2019.)