

**Kentucky Department for Medicaid Services
Nursing Facility Reimbursement
Medicaid Statewide Average CMI**

Rate Effective Date	MDS Roster Quarter	Medicaid Statewide Average CMI
1/1/2023	7/1/2022 – 9/30/2022	1.3300
4/1/2023	10/1/2022 – 12/31/2022	1.3336
7/1/2023	1/1/2023 – 3/31/2023	1.3445
10/1/2023	4/30/2023-6/30/2023	1.3645
1/1/2024	7/1/2023-9/30/2023	1.3728
4/1/2024	7/1/2023 – 9/30/2023 (Frozen)	1.3728
7/1/2024	1/1/2024 – 3/31/2024	1.3759*
10/1/2024	4/1/2024 – 6/30/2024	1.3884**
1/1/2025	7/1/2024 – 9/30/2024	1.4113***

Note: Kentucky Medicaid CMI includes assessments from Medicare and Medicaid dually eligible residents.

*The RED 7/1/2024 CMI is calculated by using 75% of RED 1/1/2024 RUG CMI and 25% RED 7/1/2024 PDPM CMI.

**The RED 10/1/2024 CMI is calculated by using 50% of RED 1/1/2024 RUG CMI and 50% RED 10/1/2024 PDPM CMI.

***The RED 1/1/2025 CMI is calculated by using 25% of RED 1/1/2024 RUG CMI and 75% RED 1/1/2025 PDPM CMI.