COMMONWEALTH OF KENTUCKY
Cabinet for Health and Family Services
Department for Medicaid Services

VERIFICATION OF MEDICAL CONDITION EXEMPTION FOR MEDICAID COMMUNITY ENGAGEMENT REQUIREMENTS

For 2027 only, you may fill out this form entirely yourself. You may sign the form yourself as self-attestation. You do not need to obtain signatures from an outside organization or healthcare provider for 2027.

INDIVIDUAL MEMBER INFORMATION

Name	
Date of Birth (MM/DD/YYYY)	
SSN	
Case Number	
Address	

MEDICAL FRAILTY SELF ATTESTATION

Please select the appropriate option below. If none applies, use the "Remarks" section.

I ATTEST THAT:

☐ I am temporarily disabled or incapacitated and can return to work on
If date is unknown, please explain: _____

☐ I am permanently and totally disabled and will never be gainfully employed.

Remarks:

Authorized Signature:	**Printed Name:**
Relationship if other than self:	**Date Signed:**

Privacy Act Disclosure Statement: The information on this form is collected under the authority of the Social Security Act for purposes of administering the Medicaid program. It will be used by Kentucky Medicaid to verify participation in qualifying community engagement activities and determine program compliance. Providing this information is voluntary; however, failure to provide the requested information may delay or prevent verification of activities or a reason to be excused from the requirements. Information may be shared with authorized state and federal agencies and contractors for program administration as permitted by law.

The appendix is for reference only. You do not need to submit it with your form.

APPENDIX A- How to Submit

The individual should return the completed form in one of five ways:

- Log into their Self-Service Portal at KY kynect Benefits Web Page;
- Visit a local Department for Community Based Services (DCBS) office; you can find one near you at the DCBS Web Page;
- Get help from a kynector you can find one by calling 1-855-459-6328 or at the Find Local Help webpage.
- Fax this form to 1-502-573-2005 or 502-573-2007; or
- Mail this form to PO Box 2104, Frankfort, KY 40602.

Questions? Call kynect at 1-855-459-6328 (Mon–Fri 8:00 am–7:00 pm ET) or DCBS at 1-855-306-8959.

More information about Medicaid Community Engagement requirements is available at: KHBE – Medicaid Changes (Enacted July 2025).

APPENDIX B– Qualifying Condition Categories

An individual may qualify for an exemption from the Community Engagement requirement if they have one or more of the following conditions. This list is for provider reference. You do not need to check every category or submit this page.

Category 1: Blindness or Disability
The individual is blind or determined disabled due to being unable to engage in any substantial gainful activity related to a medically diagnosed physical or mental impairment expected to result in death or to last at least twelve months.

Category 2: Substance Use Disorder (SUD)
The individual has a substance use disorder that impairs the ability to sustain employment or participate in community activities, or for which the individual has been in recovery for less than 5 years.

Category 3: Disabling Mental Disorder (DMD)
The individual has a serious mental illness that substantially impairs daily functioning.

Category 4: Disability Affecting Activities of Daily Living
The individual has a physical, intellectual or developmental disability that significantly impairs the ability to perform one or more activities of daily living such as bathing, dressing, eating, or mobility.

Category 5: Serious or Complex Medical Condition (SCMC)
The individual has a chronic or acute condition requiring ongoing medical management that substantially limits the ability to work or participate in approved activities.

A full ICD-10 diagnosis code crosswalk by condition category is available at: [PLACEHOLDER LINK].