



CABINET FOR HEALTH
AND FAMILY SERVICES

Monthly Medicaid Meeting
Apr. 17, 2026

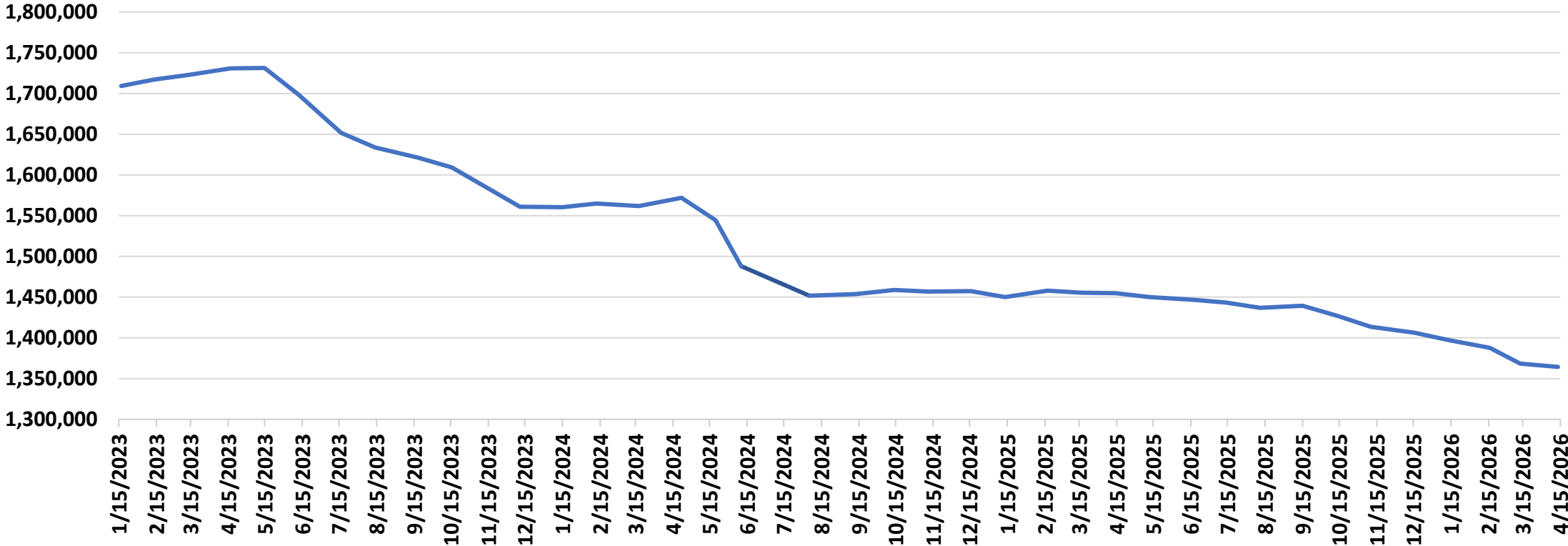
Agenda

- Welcome/Introduction
- Medicaid Renewals and State Based Marketplace Updates
- 1915(i) RISE Initiative
- 1915(c) Community Health for Improved Lives and Development (CHILD) Waiver
- 1115 Reentry Demonstration Update
- Our Healthy Kentucky Home Spotlight
- House Resolution 1 Update
- Medicaid Public Reports – Prior Authorization Metrics
- Top 10 Service Codes

Medicaid Renewals and State Based Marketplace Updates

Medicaid Enrollment Trend

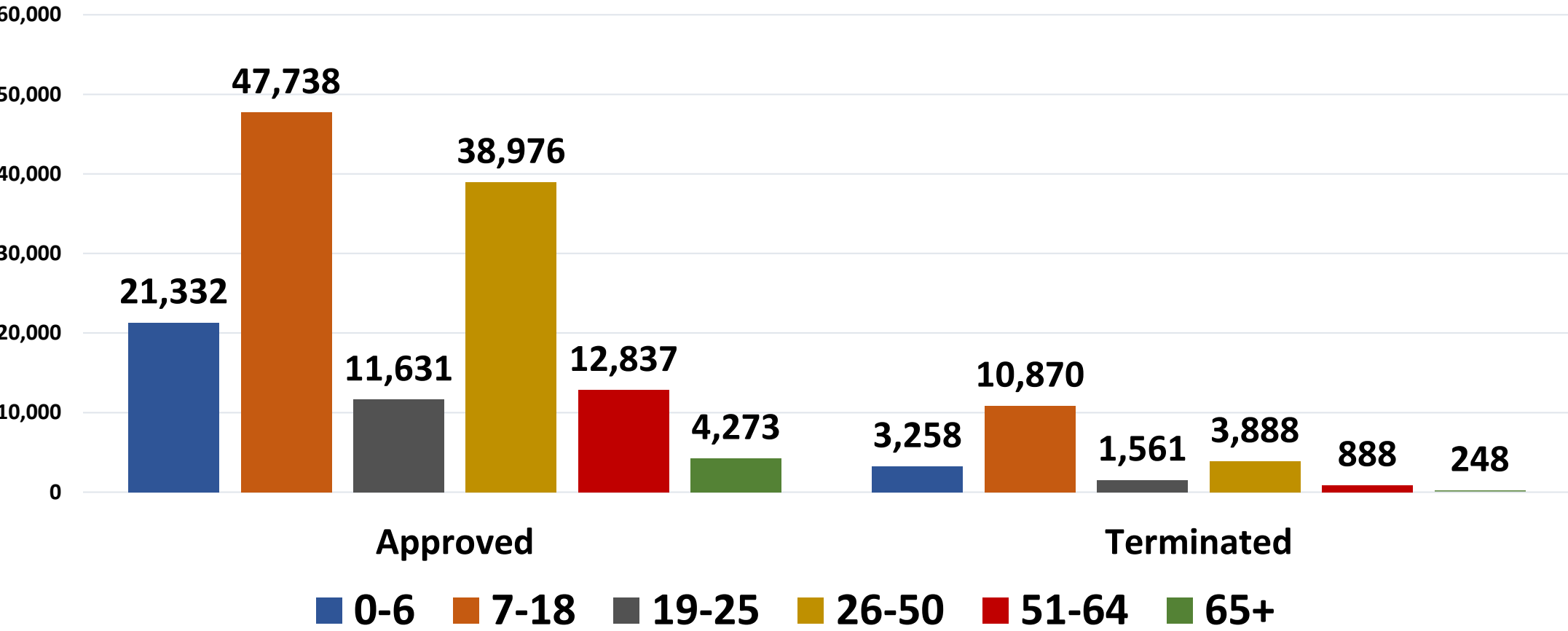
Medicaid Enrollment: January 2023 through April 2026 Renewals



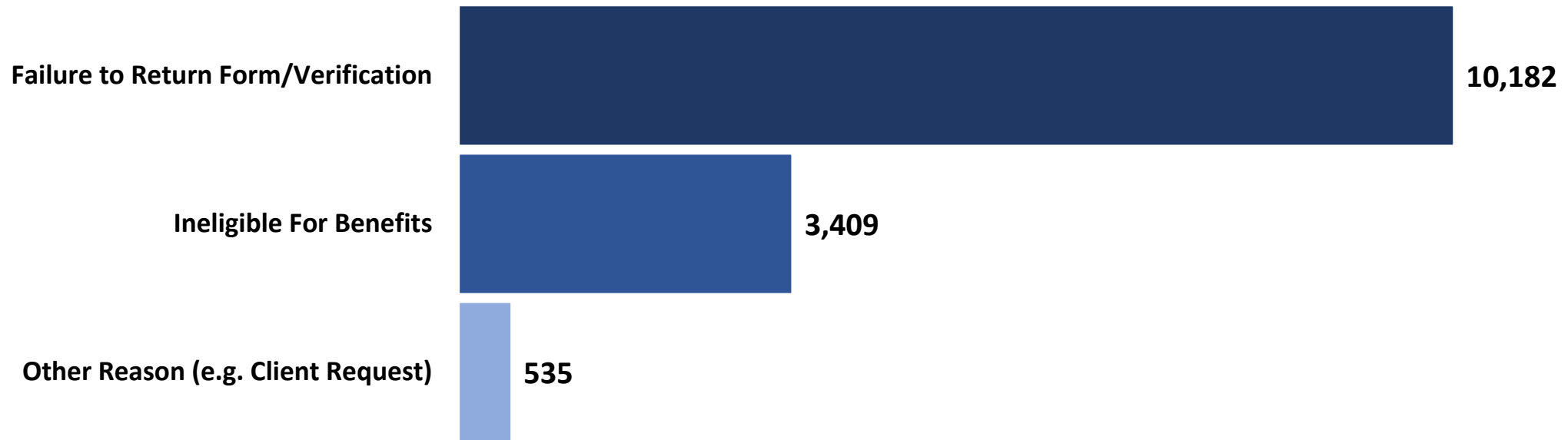
Medicaid Renewals – March 2026

	Individual Renewals	Medicaid Approvals	Medicaid Terminations	Pending
March	158,568	136,787	20,713	1,068

March 2026 Renewals By Age



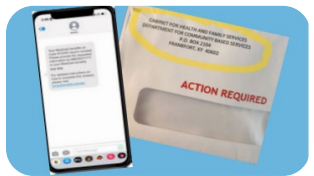
March 2026 Child Terminations by Reason



Stay Covered: Renew Your Medicaid!



Every **12 months** Medicaid members will go through a renewal process to make sure they are still eligible for coverage. **Keep your information updated!**



A renewal notice is sent at least **45 days** before the due date with instructions and a deadline to submit required information. A reminder is sent about **15 days** before due date.



You can check your renewal month by logging into the Kynect portal or calling the Kynect line. **kynect.ky.gov** or call **855-4kynect (855-459-6328)**. Providers also have access to the renewal date in KYHealthNet.

Stay Covered,
Stay Connected,
Stay Healthy!

Send in requested information **right away** to avoid losing coverage! If coverage is terminated, reach out within 90 days to submit information to **reactivate** the case. If outside the 90 days will need to **reapply**.

<https://medicaidrenewals.ky.gov>

Help us get the message out! Communications materials available to support members!

How to Apply

Materials for Offices

Get help from kynectors

Renewals

HOW DO I APPLY FOR MEDICAID?

TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

Medicaid offers no-cost health coverage for Kentuckians, **including** pregnant women and children.

Connect with us today!

Visit kynect.ky.gov/benefits

Call (855) 306-8959

Visit your local social services office:
kynect.ky.gov/benefits/s/find-d-cbs-office



Are you or your family covered by Medicaid or KCHIP? Your renewal letter could be coming soon!

- Make sure your address is up to date in kynect!
- Check your mail. We may need to contact you!
- Complete and return requests for information.
- No longer quality? Shop kynect for an affordable plan!



FREE HELP!
(855)-4kynect
www.kynect.ky.gov/healthcoverage

kynect
Helping for a better Kentucky

QUESTIONS ABOUT MEDICAID? kynectors CAN HELP!

kynectors can answer questions about Medicaid and talk to you about your coverage options.

Scan the QR code below or visit kynect.ky.gov to get started today!

Follow us on:

MEDICAID MEMBER? GET READY TO RENEW!

If you hear from us, please respond! Stay in touch. Stay covered.



Every 12 months Medicaid members will go through a renewal process to make sure they are still eligible for coverage.



Update any changes to your information (mailing address, phone number, or email) at kynect.ky.gov/benefit



Respond to any letters you receive about Medicaid.

You might hear from us via text, email, or letter. Be sure to respond!



If you need additional help, you can contact a local health coverage navigator at kynect.ky.gov/benefits.

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TEAM KENTUCKY

CABINET FOR HEALTH AND FAMILY SERVICES

Spread the word about Renewals for **Children** too! Materials are available to help families stay in the know!

Renewing Child
Coverage

Health Coverage
Options

Get help from
Kynectors

Use Kynect

Renewing Your Child's Health Coverage

Renewing your child's Medicaid or KCHIP is easy and essential. Make sure to follow these steps:

- 1 Update important information in Kynect. If anything (address, phone number, email, or income) changes, visit kynect.ky.gov or call 855-459-6328.
- 2 If you hear from us, please respond! You will be notified about Medicaid or KCHIP coverage during the annual renewal period via letter, phone call, and/or text message. The letter will tell you whether you need to complete a form or provide information to keep your coverage active. Please return any forms as promptly as possible.
- 3 Get help any time! Kentucky has many resources available to help you and your family navigate the Medicaid or KCHIP enrollment and renewal process:
 - a. Online: kynect.ky.gov
 - b. By phone: 855-4kynect (855-459-6328)
 - c. Local kynectors: kynect.ky.gov, "Get Local Help"



No longer eligible for Medicaid or KCHIP?

kynect has options.

There are other options available if a child is no longer eligible for Medicaid or Kentucky Children's Health Insurance Program (KCHIP). Go to kynect.ky.gov/benefits to learn about what is available for your family!

For any questions, or if you need assistance with understanding your options, you can reach out to a kynector at any time at no cost. To speak with a kynector, call 855-459-6238.



DOES YOUR CHILD NEED HEALTH INSURANCE



Kentucky has many resources available to help you or your family navigate the enrollment and renewal process for Medicaid or KCHIP coverage:

- Online: kynect.ky.gov
- By phone: 855-4kynect (855-459-6328)
- Local kynectors or offices: kynect.ky.gov, "Get Local Help"

DOES YOUR CHILD NEED HEALTH COVERAGE?

Let's kynect!



Explore health coverage options for children, including Medicaid and the Kentucky Children's Health Insurance Program (KCHIP), online.

Scan the QR code, visit kynect.ky.gov/benefits, or call 859-459-6238



Follow us:



Follow us on:



Follow us:



Follow us:

Kentucky Medicaid Website Resources



<https://medicaidrenewals.ky.gov>

Monthly Forum Session Information

Kentucky Plans and Reports

FAQs

Medicaid Member Information

Medicaid Provider Information

Communication Materials

Medicaid Monthly Virtual Forums

To help support Medicaid partners, DMS holds virtual Medicaid Forums. These monthly meetings provide information about Medicaid renewals and other program updates. You can find the materials from those sessions here:

March Virtual Forum Recording



[March Presentation Slides](#)

Kentucky Plans and Reports

Kentucky prioritizes transparency across all operations and progress related to renewals. The following materials include up-to-date information on renewals as they are reported to the Center for Medicare and Medicaid Services. Additional reports will be added to this section as they are available.

Most Recent CMS Monthly Data Reports

[Kentucky Monthly Data Report - November 2025 Reporting Period - Updated Report](#)

- [November Data Demographic Report](#)

[Kentucky Monthly Data Report - February 2026 Reporting Period](#)

- [February Data Demographic Report](#)

Past Monthly Reports

If you would like to review past plans, information, and reports from the public health emergency (PHE) unwinding, you can visit that website here: <https://medicaidunwinding.ky.gov>

Communications Materials

If you should need any materials to share with your customers or partners, please feel free to leverage the following resources, developed and approved by Kentucky Medicaid.

[Child Renewals Information Packet](#)

[Child Renewals Materials – Renew Coverage](#)

[Child Renewals Materials – Sign Up on kynect](#)

[Child Renewals Materials – Get Help](#)

[Child Renewals Materials – Alternative Options](#)

[KHCIP Enrollment](#)

[Get Ready to Renew!](#)

[Find Your Local DCBS Office!](#)

[kynectors Can Help!](#)

[How Do I Apply for Medicaid?](#)

[kynect Qualified Health Plan \(QHP\)](#)

State Based Marketplace Updates

Mid Year Churn


➔ Around 2,000 individuals are expected to transfer from a Qualified Health Plan with APTC to Medicaid this month (the Federal Poverty Levels change midyear. This transition will happen automatically because of our integrated system.


84,700
Enrolled on
Qualified
Health Plan

➔ Tax Season just ended. We printed and sent the required tax forms and made correction or assisted individuals as needed. Tax Season is always a good time for individuals to double check the income they had reported during Open Enrollment so that it is accurate. Reminders are sent throughout the year.

➔ Plan Year 2027: The issuer landscape looks unchanged based on letters of intent. Changes for the Fall include the shorter Open Enrollment Period (Nov 1 through Dec 31), changes to immigrant eligibility, and Community Engagement (work, school, or volunteer requirements for Medicaid)

 kynect.ky.gov

 855-4kynect (459-6328)

 KHBE.Questions@ky.gov

1915(i) RISE Initiative Update

1915(i) RISE Initiative

New Medicaid benefit under Kentucky's 1915(i) State Plan

Designed for Medicaid-eligible adults (18+) with Serious Mental Illness (SMI), with or without a co-occurring Substance Use Disorder

Brings 10 essential Home and Community-Based Support (HCBS) services to participants in their community

1915(i) RISE Initiative Recent Developments:

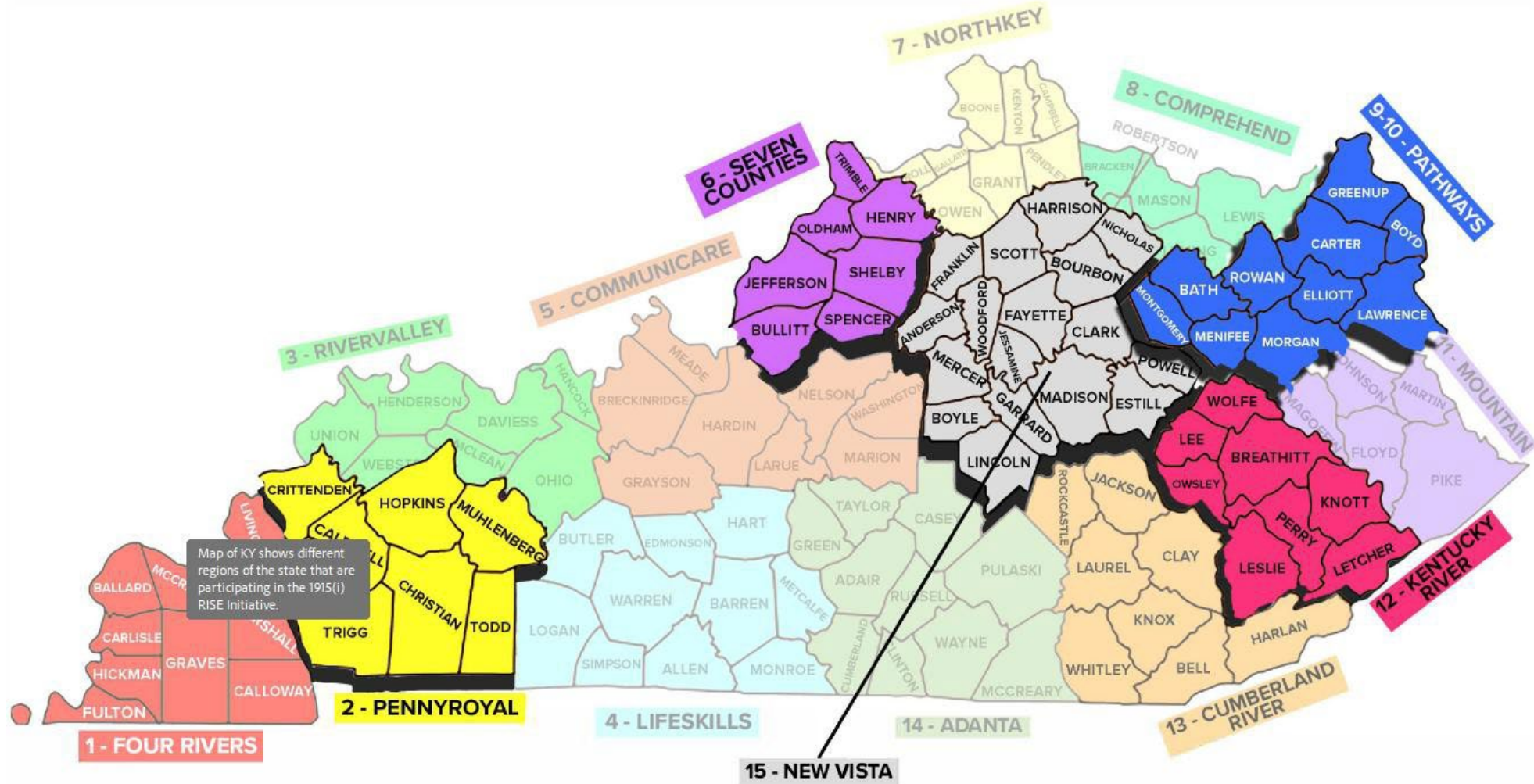
1915(i) RISE Initiative Announcement:

After securing the full complement of 10 services within the counties served, we are pleased to announce that *Community Mental Health Center (CMHC) Regions 2 (Pennyroyal), 6 (Seven Counties), 9 & 10 (Pathways) 12 (Kentucky River), and 15 (New Vista)* are now accepting 1915(i) RISE Participant referrals! See available providers at <https://dbhdid.ky.gov/providerdirectory>

Instructions for referring participants to the 1915(i) RISE Initiative may be found on the attached *1915(i) RISE Referral Submission Form*

Kentucky Community Mental Health Center Regions

1915(i) RISE Initiative Implementation



Map of KY shows different regions of the state that are participating in the 1915(i) RISE Initiative.

- Over 125 providers are currently somewhere in the application/review process – 27 have submitted applications, 16 are certified to offer services, and 15 have completed Medicaid enrollment.
- You can track as providers come on-line at our [Provider Directory](#)
- Across the five operating regions, we have received over 175 Participant referrals – 149 have been assessed, 81 referred to Case Managers, 16 denials, and 22 declines.



1915(c) Community Health for Improved Lives and Development (CHILD) Waiver

What is the 1915(c) CHILD Waiver?

Community Health for Improved Lives and Development

- **Serving Children & Youth with Most Complex Needs**
 - The CHILD Waiver is a new Medicaid home and community-based services program for children and youth with complex behavioral health or developmental needs. It was developed in response to longstanding gaps in support for families navigating serious challenges, particularly those at risk of hospitalization, residential placement, or involvement with child welfare due to lack of services.
 - Launched in January 2026, the waiver helps Kentucky invest in prevention and family preservation rather than crisis-based or institutional care, helping youth get the services they need, while staying at home, in school, and in their communities.

Who does the 1915(c) CHILD Waiver Help?

- Children and Youth
 - Under age 21,
 - With significant behavioral health or developmental needs.
 - Kentucky children and youth who:
 - Need a level of care like what would be provided in an inpatient facility, intermediate care facility for individuals with intellectual disabilities (ICF/IID), or hospital.
 - Can be safely supported at home or in the community with the right services.

Who does the 1915(c) CHILD Waiver Help (cont.)?

Enrollment is targeted to those who have exhausted supports and services enabling them to remain in the community and:

- Are or at risk of being unhoused
- Have a history of at least two different foster care placements
- Have at least five contacts with law enforcement
- Is discharging from an institution in the next 45 calendar days
- Require an institutional level of care but can remain safely at home or in the community with proper support

CHILD Waiver Services

Case
Management

Respite

Community
Living Supports

Environmental
and Minor Home
Modifications

Clinical
Therapeutic
Services

Supervised
Residential Care

Provider and Participant Metrics

Provider Applications	Number of
Applications Received	13
Reviews In Progress	2
Requests for Additional Information	2
Certified Providers	8
Providers Denied	3

Participant Applications	Number of
Number of Unique Applicants	35
In Review/Request for Additional Information	19
Number of Participants Awaiting Assessment	5
Approved Participants	7
Applicants Denied	3

CALL FOR **CHILD** **WAIVER** PROVIDERS!



The Department for Medicaid Services (DMS) is looking for providers interested in delivering services through the Community Health for Improved Lives and Development (CHILD) waiver program.

Call for Providers

If you're interested in enrolling as a CHILD waiver provider, please email KYCHILDwaiver@ky.gov

SERVICES OFFERED

- ✓ Case Management
- ✓ Clinical Therapeutic Services
- ✓ Community Living Supports
- ✓ Environmental and Minor Home Modifications
 - ✓ Respite
- ✓ Supervised Residential

Resources

- 1915c Waiver Helpdesk: 1915cwaiverhelpdesk@ky.gov or 844-784-5614
- [Cabinet for Health and Family Services Website](#)
- [CHILD Waiver Website](#)
- [CHILD Waiver Reimbursement:](#)

Regulations:

- The 1915(c) CHILD regulations are currently under review and awaiting approval
- Public Comment Period ended March 31, 2026 [Title 907 Chapter 2 • Kentucky Administrative Regulations • Legislative Research Commission](#)
 - 907 KAR 2:720: CHILD Waiver Program Requirements
 - 907 KAR 2:725 CHILD Waiver Reimbursement

1115 Reentry Demonstration Update

Reentry 1115 Implementation Roadmap

Reentry 1115
Launch
October 1, 2025

Phase 1

Phase 1 begins with systems deployment, followed by a series of assessments to evaluate the functionality and performance of all deployed systems, confirming they meet operational requirements.

Structured partner training will be conducted to ensure all collaborating partners are equipped with necessary skills to effectively use and manage systems.

Phase 2

The second phase includes a comprehensive effort to evaluate every facility and partner to confirm their readiness for full-scale implementation.

Readiness assessments will ensure all systems, personnel, and workflows are aligned for successful full operational status.

Reentry Full
Implementation
April 1, 2026

The 1115 Reentry Service Delivery Model

Full Implementation – April 1, 2026	Infrastructure and Scope
<p>At Full Implementation, the Delivery of Pre-Release Services will Include:</p> <ul style="list-style-type: none">• Medication Assisted Treatment (For individuals with addiction only)• Case Management• Medications at Release (30-Day Supply) <p>Post-Release Service Delivery:</p> <ul style="list-style-type: none">• Full Medicaid Benefits Reinstated at Release (Automated Process)• Case Management up to 12 months post-release <p>Eligible Settings:</p> <ul style="list-style-type: none">• State Prisons (14)• Youth Development Centers (6)	<p>Core Message: <i>Starting April 1, 2026, Kentucky is transforming the reentry process by providing a healthcare bridge for inmates. By initiating care 60 days before release, we are establishing a functional healthcare foundation. This ensures that upon returning home, Kentuckians have their medications, active case management, and essential support systems already established for Day One success in the community.</i></p>

Reimagining the Reentry Infrastructure

Strategic Objective	Operational Advancement	Targeted Community Impact Messaging
<p>Continuity of Care</p> <p>Eliminating the "coverage gap" to prevent health crises and recidivism during the critical reentry transition period.</p>	<p>Targeted Clinical Support:</p> <p>Ensuring every individual departs with essential tools for stability, including a 30-day medication supply, MAT for SUD, and community DME orders.</p>	<ul style="list-style-type: none"> • In-Reach Coordination Model: By embedding MCO Case Managers directly into the pre-release workflow, we are replacing traditional discharge planning with an active clinical handoff. This 'in-reach' model ensures that an individual's community care team is fully briefed and operational 60 days before the gate opens. • By providing a minimum 30-day supply and access to MAT both pre- and post-release, we eliminate the "blackout period" where many individuals typically lose access to life-saving medications.
<p>Infrastructure Alignment</p> <p>Modernizing infrastructure to prioritize person centered care.</p>	<p>Bi-Directional Integration:</p> <p>Utilizing advanced data interfaces between Justice and Medicaid to identify needs 90 days out, ensuring benefits are fully active at the start of the 60-day window.</p>	<ul style="list-style-type: none"> • Synchronized Care Management: The shift to MCO-led in-reach services allows for the simultaneous management of physical, behavioral, and social health needs. This operational alignment ensures that the clinical expertise within our facilities is synchronized with the community-based providers awaiting the individual's return. • Program Efficiency: Automated, near real-time eligibility determinations and reinstatement reduces administrative waste and ensures Medicaid funds are applied accurately and efficiently from day one.
<p>Partnership & Accountability</p> <p>Establishing a unified, high accountability infrastructure between Medicaid, Corrections, and MCOs.</p>	<p>Integrated Case Management:</p> <p>Embedding MCO Case Managers into the pre-release workflow to bridge the gap between facility clinical care and community-based social needs (HRSN).</p>	<ul style="list-style-type: none"> • We have moved beyond siloed care to a unified lifecycle approach. By authorizing MCOs to perform pre-release in-reach, we establish a single point of accountability for an individual's health journey – starting inside the facility and extending through their long-term stabilization in the community. • A transparent, person-to-person case management and care coordination model that ensures no Kentuckian returns to the community without a dedicated navigator. • MCO-led coordination ensures community providers have a complete clinical history, leading to better long-term patient retention and health equity.

Our Healthy Kentucky Home Spotlight

Our **HEALTHY** **KENTUCKY** Home



EAT
Healthy Foods



EXERCISE
Regularly



ENGAGE
With Others

TO LEARN MORE VISIT:
OurHealthyKYHome.ky.gov

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Our **HEALTHY** 
KENTUCKY Home

The Teen and Young Adult Years

- Adolescence is the period of transition between childhood and adulthood. Children entering adolescence are going through many changes in their bodies and brains. Adolescents ranges from 10 years of age into the mid 20s.
- These years are critical for shaping lifelong habits. By adopting healthy everyday practices early, teens and young adults can build a strong, lasting foundation for their physical, mental, and emotional well-being and development of their own moral compass.

FUEL YOUR BODY. FEED YOUR FUTURE.

Support energy, focus,
and growth by choosing
fruits, vegetables, whole
grains and lean proteins.

Learn More at:

[healthychildren.org/English/ages-stages/teen/nutrition](https://www.healthychildren.org/English/ages-stages/teen/nutrition)

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Our **HEALTHY**
KENTUCKY Home



Mental Health

- Adolescence is a critical period for mental health, with increased vulnerability to anxiety, depression, and stress-related disorders.
- Early identification of mental health concerns, supportive social networks, and access to professional care can promote well being and healthy development.



**THEIR MINDS
MATTER**

Mental health is just as important as physical health, especially for teenagers whose brains are still developing.

TEAM KENTUCKY **Our HEALTHY KENTUCKY Home**
OurHealthyKYHome.ky.gov



**BAD DAY?
BAD WEEK?
BAD MOMENT?**
We can talk about it.

No matter your age, the
988 Suicide & Crisis Lifeline is
here to help.

Call or text **988**

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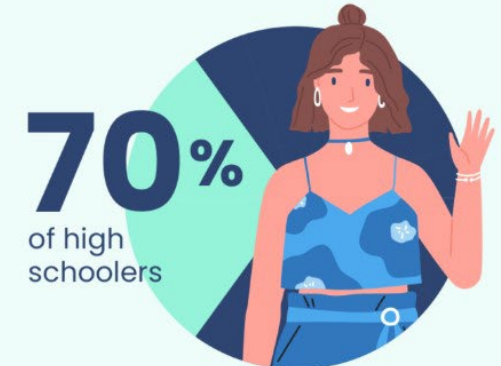
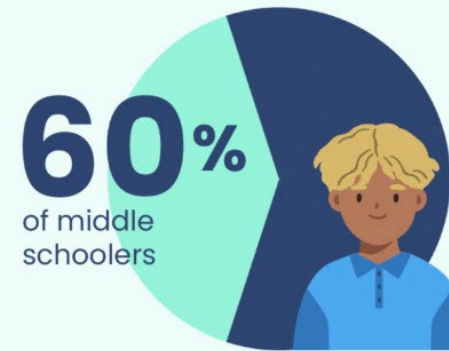
Our **HEALTHY**
KENTUCKY Home

OurHealthyKYHome.ky.gov

Sleeping

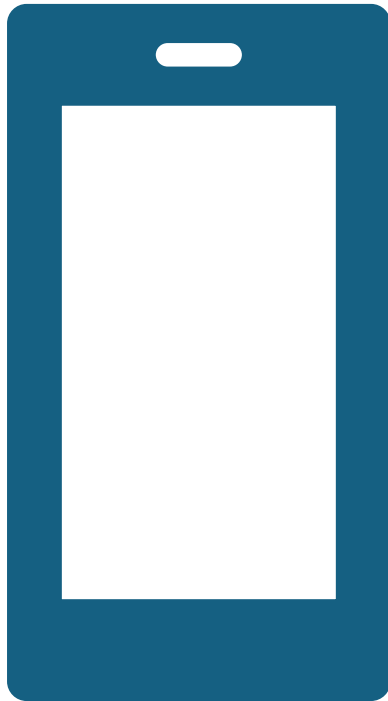
- Teens need 8-10 hours of sleep per night for their well-being.
- Teens often have a natural tendency to stay up late due to their changing biological clocks.
- Obligations like early school start times, homework, extracurriculars, and social activities can make it hard for teens to get enough sleep.
- Good sleep hygiene, limited screen time, reduced caffeine, and a consistent sleep routine can help improve teen sleep quality.

Teens need between
8 and 10 hours
of sleep a night,
but polls show most teens get much less



report **inadequate sleep on school nights**

Screen time Statistics



- Teens are spending an average of 7 to 8 hours daily on screens, with a significant portion dedicated to social media, raising concerns about mental health and well-being
- That equates to about 43% of their waking hours! This figure has been steadily increasing over the years
- Among this screen time, social media platforms like YouTube, TikTok, and Instagram account for a substantial portion
- 37% of teens report spending 5 or more hours daily on these platforms

Social Media Use

Problematic Use

- A report from the WHO indicates that 11% of adolescents show signs of problematic social media behavior, which can lead to negative consequences in their daily lives, including lower mental well being and higher levels of substance use

Correlation with Mental Health

- Teens with the highest levels of social media use are more likely to report poor mental health
- 10 % of high users expressed suicidal intent compared to 5% of low users
- Additionally, 17% of high users reported low body image



GET UP GET ACTIVE FEEL BETTER

Regular physical activity plays a vital role in overall wellness for teens.

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Our **HEALTHY**
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THE RIGHT TOOL FOR EVERY JOB!

The teen years dont come
with instructions!

Find expert-backed tools,
tips and guidance at
HealthyChildren.org.

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KENTUCKY Home

OurHealthyKYHome.ky.gov



DONT JUST SURVIVE THRIVE

Helpful Resources

- OurHealthyKentuckyHome.ky.gov
- HealthyChildren.org
 - Nutrition for Teens
 - Fitness for Teens
- Mylifemyquit.com
- 988 Lifeline

Youth Thrive helps teens build on their strengths.

- ✓ SUPPORT
- ✓ CONFIDENCE
- ✓ RESILIENCE
- ✓ SUCCESS

To learn more visit:

OurHealthyKyHome.ky.gov



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Our HEALTHY
KENTUCKY Home
OurHealthyKYHome.ky.gov

House Resolution 1

What is H.R. 1?

- H.R. 1 is a federal law that changes Medicaid.
 - H.R.1 was signed into law on July 4, 2025
 - It changes who can enroll in Medicaid and what people must do to stay covered
- What are the H.R. 1 Medicaid impacts?
 - Requires some adults ages 19-64 to work, go to school, or volunteer
 - States must check Medicaid eligibility more often
 - Implements new Medicaid cost sharing requirements

139 STAT. 72 PUBLIC LAW 119-21—JULY 4, 2025

Public Law 119-21
119th Congress

An Act

July 4, 2025
[H.R. 1]

To provide for reconciliation pursuant to title II of H. Con. Res. 14.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. TABLE OF CONTENTS.

The table of contents of this Act is as follows:

Sec. 1. Table of contents.

TITLE I—COMMITTEE ON AGRICULTURE, NUTRITION, AND FORESTRY

Subtitle A—Nutrition

Sec. 10101. Re-evaluation of thrifty food plan.
Sec. 10102. Modifications to SNAP work requirements for able-bodied adults.
Sec. 10103. Availability of standard utility allowances based on receipt of energy assistance.
Sec. 10104. Restrictions on internet expenses.
Sec. 10105. Matching funds requirements.
Sec. 10106. Administrative cost sharing.
Sec. 10107. National education and obesity prevention grant program.
Sec. 10108. Alien SNAP eligibility.

Subtitle B—Forestry

Sec. 10201. Rescission of amounts for forestry.

Subtitle C—Commodities

Sec. 10301. Effective reference price; reference price.
Sec. 10302. Base acres.
Sec. 10303. Producer election.
Sec. 10304. Price loss coverage.
Sec. 10305. Agriculture risk coverage.
Sec. 10306. Equitable treatment of certain entities.
Sec. 10307. Payment limitations.
Sec. 10308. Adjusted gross income limitation.
Sec. 10309. Marketing loans.
Sec. 10310. Repayment of marketing loans.
Sec. 10311. Economic adjustment assistance for textile mills.
Sec. 10312. Sugar program updates.
Sec. 10313. Dairy policy updates.
Sec. 10314. Implementation.

Subtitle D—Disaster Assistance Programs

Sec. 10401. Supplemental agricultural disaster assistance.

Subtitle E—Crop Insurance

Sec. 10501. Beginning farmer and rancher benefit.
Sec. 10502. Area-based crop insurance coverage and affordability.
Sec. 10503. Administrative and operating expense adjustments.
Sec. 10504. Premium support.
Sec. 10505. Program compliance and integrity.
Sec. 10506. Reviews, compliance, and integrity.
Sec. 10507. Poultry insurance pilot program.

Subtitle F—Additional Investments in Rural America

Sec. 10601. Conservation.

Major Impacts of H.R.1: Community Engagement

- *What does “community engagement” mean?*
 - Some adults age 19-64 must spend 80 hours in the month prior to enrollment and for at least three months prior to renewal in one or more of the following:
 - Working at a job (paid work)
 - Job training or workforce programs
 - Going to school
 - Volunteering in the community
 - These rules are required by federal law
 - States cannot choose to skip them
 - Kentucky must start by January 1, 2027

Community Engagement Requirements

- Who **must meet** requirements?
 - Adults (age 19-64) that have Medicaid based only on income, also known as “expansion” population.
- Who is **excluded** and does not have to meet requirements?
 - People with a disability
 - Pregnant people and some postpartum individuals
 - People who are medically frail or have serious health conditions
 - People caring for a dependent child or disabled adult
 - People already receiving certain benefits
 - Others to be defined

Major Impacts of H.R. 1: Medicaid Eligibility Changes

- **Eligibility Renewals:** People on Medicaid solely based on income will have their eligibility checked every 6 months. This used to happen once a year.
 - Affects adults ages 19-64 that have Medicaid based only on income (expansion population)
 - Begins January 1, 2027
- **Coverage Start Date:** Medicaid will be limited on how far back they can be covered before a person applies. Currently may go back 3 months.
 - 1 month for expansion population and 2 months for everyone else
 - Begins January 1, 2027
- **Non-Citizen Eligibility:** Medicaid eligibility will be limited to fewer non-citizen groups. Some lawfully present immigrants who previously qualified may no longer be eligible.
 - Begins October 1, 2026

Major Impacts of H.R. 1: Cost Sharing Requirements

- *What is cost sharing?*
 - Cost sharing means members pay part of the cost for some health care services.
 - This can include copays when you visit a provider or get certain services.
 - Cost sharing is in addition to meeting eligibility or community engagement rules.
- *Who is impacted?*
 - Adults (age 19-64) that have Medicaid based only on income, or expansion population.
- *What is the impact?*
 - Some members may have to pay out-of-pocket for certain services.
 - Providers may require patients to pay copays or other approved costs before receiving certain services.
 - Cost sharing is limited by federal rules and cannot exceed 5% of a member's income, and some services, like primary care and mental health, are exempt.
 - H.R.1 cost sharing requirements begin October 1, 2028.

CHFS H.R.1 Priorities

★ January 1, 2027



January – February – March – April - May – June – July – August – September – October – November – December

January – March Priorities

- Engage internal stakeholders
- Review and prioritize H.R. 1 impacts
- Draft communications and IT system updates

April – June Priorities

- Engage external stakeholders
- Finalize communications
- Plan and develop IT system updates
- Regulations drafting

July – September Priorities

- Share communication materials externally
- Further engage stakeholders
- Develop and test IT system updates
- Regulations drafting

October – November Priorities

- Final IT system updates
- Continued communications and stakeholder engagement
- Finalized regulations

Key Process Steps

Policy



IT Systems



Communications



Stakeholder Engagement

Process for Implementing Policy Changes

- Review and understand H.R. 1 - **Complete**
- Compare state law with H.R. 1 to see what is different - **Complete**
- Decide which state rules need to be updated - **Complete**
- Create a timeline for writing and approving changes - **Complete**
- Decide where the state has choices or flexibility – *In Progress*
- Write new language and update existing language – *In Progress*
- Follow required approval and enactment steps – **Next Step**



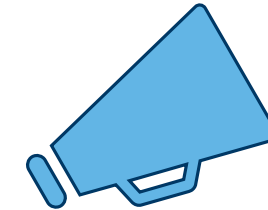
Process for Implementing System Changes

- Create an H.R. 1 IT workgroup – **Complete**
- Identify system changes needed based on policy decisions – *In Progress*
- Hold design sessions to plan system updates and business rules – *In Progress*
- Gather and use feedback from stakeholders – **Next Step**
- Build and update system changes – **Next Step**
- Test system changes to make sure they work correctly and follow the rules – **Next Step**
- Launch system updates and put changes into use – **Next Step**



Process for Communicating Changes

- Identify and prioritize needed materials – *In Progress*
- Drafting communication materials – *In Progress*
- Create communication plan – **Next Step**
- Stakeholder review of communications – **Next Step**
- Final approval of materials – **Next Step**
- Upload materials and share publicly – **Next Step**



Communications may include:

- Frequently Asked Questions (FAQs)
 - Fact Sheets
 - Topic-Specific One-Pagers
 - Stakeholder Toolkits
- Social Media and Promotional Materials
- Member Outreach and Notices

Stakeholder Engagement Plan

Communications

- *Medicaid Beneficiary Advisory Council (BAC) and Medicaid Advisory Committee (MAC)*
 - We will share communication materials as they are developed with the BAC and MAC.
 - This allows members to review materials early and share feedback before they are finalized
- *Notice Improvement Workgroup*
 - CHFS intends to create a Notice Improvement Work Group
 - This group will review letters, notices, and other materials similar to the group used during the Public Health Emergency unwinding.
 - The goal is to make materials clearer, easier to understand, and more helpful.

IT Systems Update

- *Medicaid IT System Update Focus Group*
 - For IT system updates, we plan to create a standalone focus group.
 - This group will provide feedback during a pause in system design and development.
 - Feedback will help ensure system changes are user-friendly and work well for members.



KY CHFS Immediate Next Steps



Draft state policies, regulations, and laws needed for H.R. 1



Continue IT system design sessions to put policies into place



Create public-facing materials to explain changes clearly



Engage key stakeholders to review communications and system updates

Medicaid Public Reports – Prior Authorization Metrics

Centers for Medicare and Medicaid Services (CMS) Interoperability and Compliance Reporting

Waiver and Non-Waiver Prior Authorization Combined Totals - CY 2025

Prior Authorization Metrics

274,160
Total Services

268,522 (97.94%)
Approval Rate

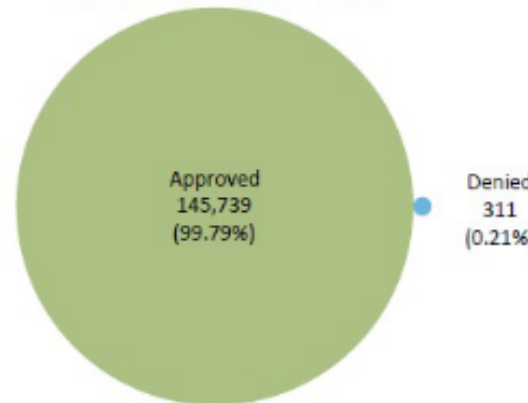
5,638 (2.06%)
Denial Rate

Average Response Time

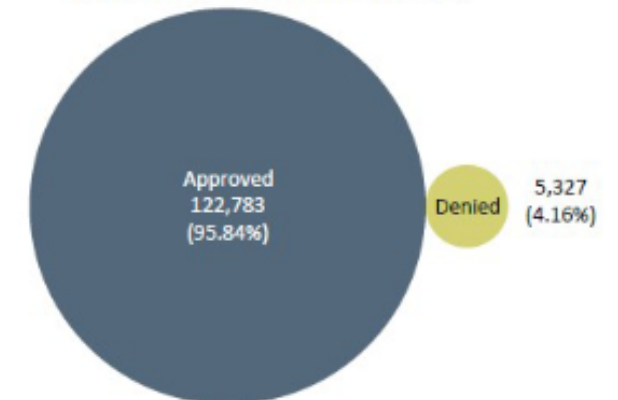
Waiver
0.98 days Mean (Average)
0 days Median (Middle)

Non - Waiver
4.29 days Mean (Average)
1.05 days Median (Middle)

Waiver Prior Authorizations



Non-Waiver Prior Authorizations



- View our [Medicaid Public Reports webpage](#).

Top 10 Service Codes

Monthly Usage – Fee for Service

Top Ten Procedures and Diagnoses – March 2026

Procedure	Description	Members	Claims	Amount Paid
S5108	Attendant Care (HCB)	14,289	187,317	\$59,612,191.59
T2016	Residential – Level I (ABI, ABI LTC, SCL)	4,113	40,262	\$28,175,622.19
97535	Personal Care (ABI) / Community Living Supports (ABI LTC, MPW) / Community Access (SCL)	8,731	94,070	\$23,595,199.78
99213	Established patient office visit, low level of decision-making, if using time, 20 min or more	114,474	167,525	\$23,475,072.17
T1019	Personal Care (MPW)	3,532	50,871	\$17,010,699.47
99214	Established patient office visit, mod level of decision-making, if using time, 30 min or more	62,907	86,278	\$8,618,081.82
T1040	Home Care Training to Home Care Client	16,972	40,036	\$7,254,910.85
T2020	Case Management	13,269	15,245	\$6,525,581.85
T1016	Case Management	14,263	16,820	\$6,348,104.03
99199	Other special service, procedure, or report	3,581	3,687	\$6,317,195.19

Diagnosis	Description	Members	Claims	Amount Paid
F70	Mild intellectual disabilities	7,822	79,518	\$30,035,829.06
F840	Autistic disorder	8,114	97,580	\$22,795,797.28
F71	Moderate intellectual disabilities	4,835	46,844	\$22,253,182.41
J449	Chronic Obstructive Pulmonary Disease, unspecified	5,561	20,512	\$15,599,599.85
I10	Essential (primary) hypertension	9,802	42,892	\$15,080,143.38
G809	Cerebral Palsy, unspecified	1,957	18,747	\$7,257,619.57
F72	Severe intellectual disabilities	1,010	9,368	\$7,154,898.35
F911	Conduct disorder childhood onset type	3,583	3,691	\$6,318,087.15
E119	Type 2 Diabetes Mellitus without complications	3,831	13,184	\$5,621,208.61
F0390	Unspecified dementia, unspecified severity, without BEH/PSYCH/MOOD/ANX	1,194	4,487	\$5,524,700.88

Data from claims processed by Gainwell Technologies from 3/1/2026 to 3/31/2026.

Monthly Usage – Managed Care

Top Ten Procedures and Diagnoses – March 2026

Procedure	Description	Members	Claims	Amount Paid
99284	Emergency department visit, moderate level of medical decision making	51,343	68,845	\$14,228,401.15
99285	Emergency department visit, high level of medical decision making	31,009	42,697	\$13,057,265.46
99214	Established patient office visit, moderate level of decision making, if using time, 30 min or more	165,922	219,395	\$12,248,024.36
99213	Established patient office visit, low level of decision making, if using time, 20 min or more	235,743	331,569	\$11,919,535.33
H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)	2,944	20,886	\$9,434,609.79
90837	Psychotherapy, 1 hour	47,514	98,946	\$8,828,407.30
99283	Emergency department visit, low level of medical decision making	36,120	45,745	\$8,765,859.90
T2023	Targeted case management; per month	17,686	20,431	\$7,310,460.45
H2020	Therapeutic behavioral services, per diem	3,062	25,676	\$6,618,498.14
74177	CT scan of abdomen and pelvis without contrast	10,144	14,553	\$5,936,480.47

Diagnosis	Description	Members	Claims	Amount Paid
F1120	Opioid dependence, uncomplicated	36,993	160,772	\$19,470,767.31
A419	Sepsis, unspecified organism	2,005	3,843	\$11,638,698.41
Z5111	Encounter for antineoplastic chemotherapy	1,125	2,161	\$11,019,864.88
Z3800	Single liveborn infant, delivered vaginally	2,226	3,870	\$10,951,526.91
F840	Autistic disorder	7,489	36,218	\$9,557,759.14
F1520	Other stimulant dependence, uncomplicated	6,077	42,921	\$8,692,126.03
Z3801	Single liveborn infant, delivered by cesarean	1,143	2,221	\$8,540,606.30
Z5112	Encounter for antineoplastic immunotherapy	563	804	\$7,197,024.58
F332	Major depressive disorder, recurrent severe w/o psych features	5,269	16,088	\$6,994,396.26
F1020	Alcohol dependence, uncomplicated	4,891	30,586	\$6,770,441.30

Note: Data taken from encounters received from the Managed Care Organizations; claims processed by Gainwell Technologies from 3/1/2026 to 3/31/2026.

A Look Ahead!

- April 21, 2026 – [Hospital TAC](#), 1 – 3 p.m.
- April 27, 2026 – [Emergency Medical Services TAC](#), 2 – 4 p.m.
- May 7, 2026 – [Optometric TAC](#), 1 – 3 p.m.
- May 8, 2026 – [Dental TAC](#), 2 – 4 p.m.
- May 14, 2026 – [Persons Returning to Society TAC](#), 9 – 11 a.m.
- May 14, 2026 – [Behavioral TAC](#), 2 – 4 p.m.
- May 15, 2026 – [Physician TAC](#), 10 a.m. – 12 p.m.
- May 21, 2026 – [Monthly Medicaid Meeting](#), 11 a.m. – 12 p.m.
- May 21, 2026 – [Nursing Services TAC](#), 3 – 4:30 p.m.

Open call for topics of interest!

What would you like to hear more about
from the Cabinet?

Contact CHFS Listens at
CHFS.Listens@ky.gov or call 1-833-372-004.

