

CABINET FOR HEALTH AND FAMILY SERVICES

Medicaid Monthly Virtual
Meeting
July 17, 2025



Agenda

- Welcome/Introduction
- Our Healthy Kentucky Home Spotlight Substance Use
 Disorder (SUD) & Harm Reduction
- Kentucky Medicaid's New Provider Directory
- 1115 Community Engagement Waiver Update
- 1915(c) Community Health for Improved Lives and Development (CHILD) Waiver
- 1915(i) RISE
- Kentucky Medicaid Diabetes Continuous Glucose Monitoring
 (CGM) Grant Program
- Medicaid Renewals



Our Healthy Kentucky Home: Substance Use Disorder (SUD) & Harm Reduction



July: Substance Use Disorders & Harm Reduction



Our Healthy Kentucky Home



Our Healthy Kentucky Home

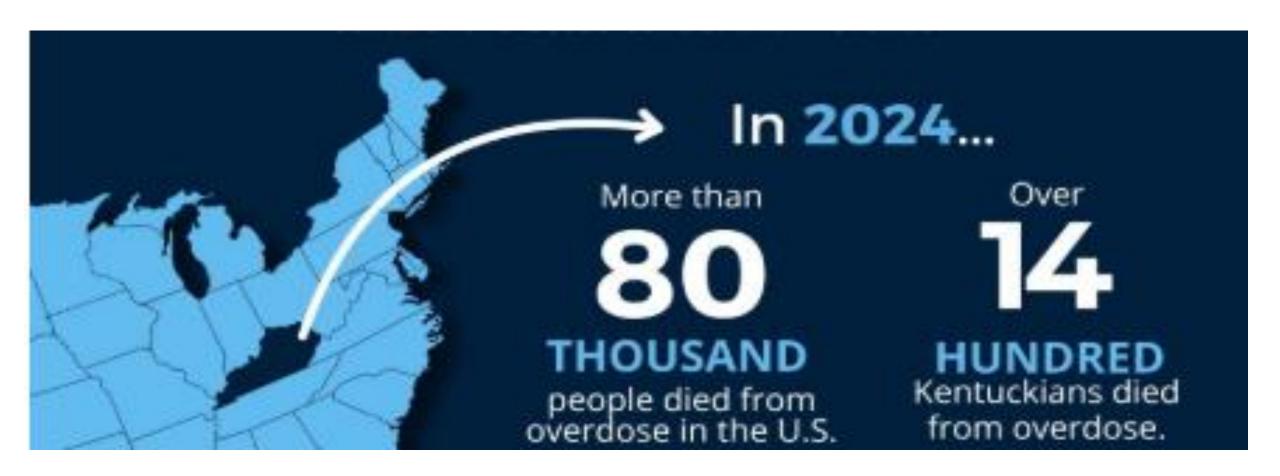
Substance use disorder, otherwise known as addiction, occurs when an individual compulsively misuses drugs or alcohol despite knowing the negative impact it has on their life.

Harm reduction seeks to reduce negative consequences associated with using drugs and is an important component of Kentucky's efforts to promote prevention, treatment and recovery.

The pillars of the Our Healthy Kentucky Home campaign are important for those struggling with addiction.

Adopting a healthy eating pattern, regular physical activity and building a strong sober support network is essential to the recovery journey.





According to the 2024 KY Drug Overdose Fatality report and the Center for Disease control and prevention





Strong BODY, STRONG MIND, Strong Recovery

Making physical activity a daily part of your life offers multiple benefits:



Relieve stress



Manage anger & frustration



Improve sleep

TO LEARN MORE VISIT: OurHealthyKYHome.ky.g









Engaging with others who understand your recovery journey is essential for substance use recovery success.

TO LEARN MORE VISIT:

OurHealthyKYHome.ky.gov





NALOXONE SAVES LIVES

Naloxone is used to reverse opioid overdose. You can learn how to save someone's life by watching a quick stepby-step video.











SUICIDE & CRISIS LIFELINE

COMPASSIONATE SUPPORT IN YOUR

https://988lifeline.org/get-help/



RECOVERY IS RECOVERY IS

7 In 10 adults who have had a mental health or substance use condition are in recovery.









Helpful websites:

- OurHealthyKyHome.ky.gov
- https://www.chfs.ky.gov/agencies/dph/Pages/harmreduction.aspx.
- https://findnaloxone.ky.gov/Pages/<a>/how-do-i-use-naloxone.aspx.
- https://988lifeline.org/get-help/.
- Find Help Now





Kentucky Medicaid's New Provider Directory



In this section

Division of Program Integrity

Fraud and Abuse

Provider Directory

Home > Agencies > Department for Medicaid Services > Division of Program Integrity > Provider Directory

Provider Directory

Welcome to the Kentucky Medicaid Provider Directory! This is a helpful tool to find doctors, clinics, and other healthcare services in your area. It is a simple way to find the care you need and learn more about your options.

Two directories are available. One directory is specifically for Waiver Providers. The other directory includes all Medicaid Providers.

Please check this site regularly as more information becomes available.

Waiver Directory

Use the link below to find Waiver Service Providers in your area. Your search will include information such as waiver services, specialties, locations and phone numbers.

Waiver Directory

Provider Directory

Use the link below to find Medicaid Providers in your area. You can search by zip code, type of doctor, and preferred language.

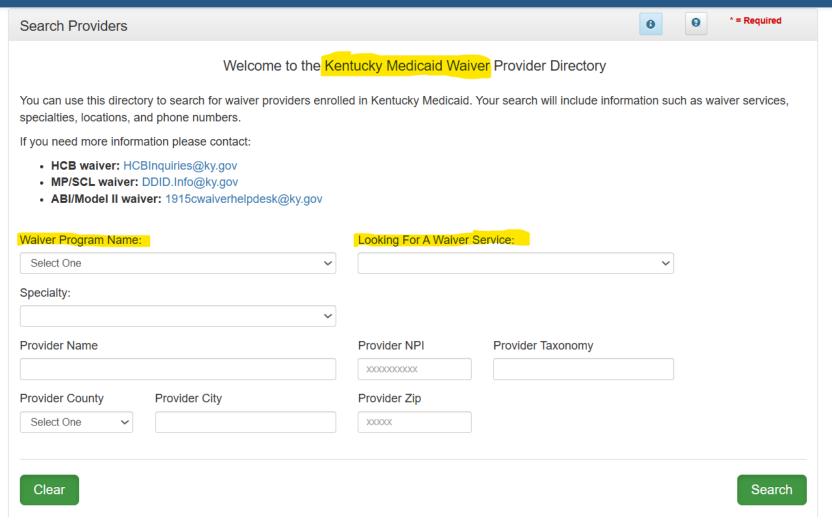
Medicaid Provider Directory

Provider Directory Link:

https://www.chfs.ky.gov/agen cies/dms/dpi/Pages/Provider-Directory.aspx



Kentucky.gov Kentucky Medicaid Waiver Provider Directory





Kentucky Medicaid Waiver Provider Directory Waiver Program Name: Looking For A Waiver Service: Home and Community Based Waiver Select One ~ Specialty: Select One **Provider Taxonomy Provider Name** Provider NPI XXXXXXXXXXXX **Provider County** Provider City Provider Zip Hardin XXXXX Clear Search Organization / Provider Name Provider Address County NPI Specialty Other Phone Taxonomy **PhysicalAddress** Agency Number Active Day 2 **ACTIVE DAY OF** 1238 Woodland Dr,, Hardin (270)1578602819 | 261QA0600X | Adult Day **ELIZABETHTO** Elizabethtown, Kentucky, 763-9192 Care 42701-2767 WN (270)1295880441 251X00000X Adult Day LINCOLN TRAIL LINCOLN TRAIL 750 S Provident Way, , Hardin **AREA AGENCY** Elizabethtown, Kentucky, 737-6082 AREA AGENCY ON Care 42701-5956 **AGING** ON AGING First Previous Next Last (Page 1 of 1) Page: 1



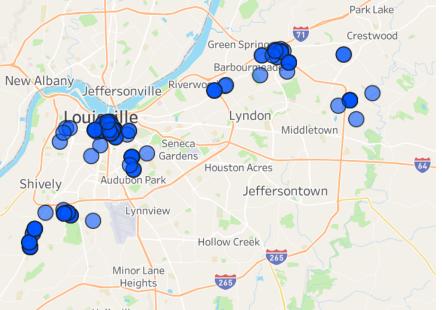
'	AN NT U	JCK	Y.
		R HEALTH	

Change Your Zip	Code Choose a Provid	der Type Spe	cialty Telehealth
40291	Primary Care	▼ (All)	▼ (All)



	Accepting New Medicaid Patients	Accepting New KCHIP Patients		Language Services Offered by Provider		Accommodation
Yes	▼	(A11)	•	(All)	•	Transfer Staff/Patient Lifts











ADKINS SONDRA

Provider Type: Primary Care

Speciality:

NURSE PRACTITIONER (OTHER)

Address: 4950 Norton Healthcare Blvd, Ste 305, Louisville, KY, 40241, USA

Main Phone:

Website:

(502)-394-6460 https://leespecialtyclinic.com/

Number of Medicaid Members Seen in Last 365 Days

276

Percent of Members by Age

% by Age 20 or Younger

3.6%

% by Age 21 or Older

97.5%

Click Dot for Directions in Google Maps



Language Services Offered

Not Provided

Cultural Capabilities

Telehealth:

Yes

No

List of Accommodations

Accessbile Examination Table and Chairs

Accessible Building

Accessible Medical Equipment

Accessible Parking
Accessible Restroom
Transfer Staff/Patient Lifts



Provider Directory Edits......coming soon!

- > The ability to search by NPI and Taxonomy
- > The ability to search by County
- Minor visual changes to the landing page and provider detail pages



1115 Community Engagement Waiver Update



Overview of the Community Engagement Program

- Kentucky House Bill 695 (2025) established requirements for CHFS to implement a Community Engagement Program.
- CHFS has submitted an 1115 Demonstration proposal to CMS to automatically refer eligible Medicaid members to the Department of Workforce Development (DWD).
- Eligible members are non-exempt Medicaid expansion adults who:
 - Have been enrolled more than 12 months.
 - Are ages 19–60.
 - Are physically and mentally able to work (as defined by CHFS).
- DWD will contact members to offer job coaching, skills training, and employment support.



Member Exemptions

CHFS will exempt Medicaid expansion eligibility group members who meet at least one of the following conditions from automatic referral to DWD:

- Individuals under 19 or over 60 years of age.
- Individuals responsible for care of a dependent child under age 18 or a dependent disabled adult relative.
- Individuals with:
 - A diagnosed substance use disorder or serious mental illness.
 - A chronic disease as determined by CHFS.
 - An acute medical condition (physical and/or behavioral) that would prevent them from complying with requirements.
- Individuals whose eligibility has been determined based on disability or who have been deemed disabled by the Social Security Administration.
- Individuals with verified earned income.

- Individuals receiving Unemployment Insurance income benefits.
- Pregnant women.
- Individuals who are homeless or who were recently homeless for up to six months post-housing.
- Individuals who are victims of domestic violence.
- Individuals who have recently been directly impacted by a catastrophic event such as a natural disaster or the death of a family member living in the same household.
- Individuals already participating in a workforce participation program that CHFS has determined meets the objective of the Community Engagement Waiver Program (e.g., SNAP).
- Former foster youth up to age 26.
- Other good cause exceptions as approved by CHFS.



Next Steps: Federal Public Notice and Comment Process

- DMS successfully submitted the Community Engagement waiver to CMS on June 25.
- CMS notified DMS on July 7, 2025 that the application is complete.
- CMS posted the Demonstration on Medicaid.gov for a 30-day federal public comment period from July 10, 2025 to August 9, 2025.

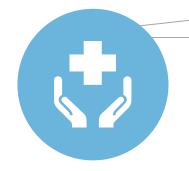


1915(c) Community Health for Improved Lives and Development (CHILD) Waiver



Families First

A comprehensive, multi-year initiative aimed at enhancing the existing system of care for all Kentucky children and youth.











SHINE KY

Enhancing access to and delivery of school-based services for Medicaid and CHIP-eligible and enrolled students.

KY CARES

Services to support community reentry and improve care transitions for justice-involved youth.

CHI Mapping Tool

Tracking and reporting of children's health initiatives.

Funding Modernization

Restructuring of Medicaid payment for medically necessary treatment services.

High Needs Service Delivery

The 1915c CHILD Waiver is designed to meet the child-centric care, support services, housing, custody and placement, and other health-related social needs.

Children's State Plan Amendment

Plan for a SPA to locate appropriate resources and housing for children and youth in need of placement and services.

Families First seeks to create a unified, integrated, and child-centered care framework that addresses the diverse needs of Kentucky's young population. By enhancing coordination across health, education, social services, and other key sectors, Families First aims to ensure that every child and youth receives the necessary support to achieve their full potential.

What is the 1915(c) CHILD Waiver?

Community Health for Improved Lives and Development (CHILD)

Anticipated January 2026

The CHILD Waiver is a new Kentucky Medicaid program designed to help Kentucky children and youth with significant behavioral health or developmental challenges get the services they need, while staying at home, in school, and in their communities.



Current Status with the 1915(c) CHILD Waiver

DMS Waiver Application

- Waiver application developed and currently available for review and public comment at: https://bit.ly/KYMedicaidLTSSInfo
 - Access for feedback was available through July 15, 2025 at 11:59 pm ET
- DMS targets August 2025 for submission to the Centers for Medicare and Medicaid (CMS) for approval



1915(c) CHILD Waiver

Key Features

- A fixed number of enrollment slots
- A standardized needs-based assessment to determine functional eligibility
- Medicaid-funded services not available through the standard benefit package
- Individualized service plans and care coordination



Who the 1915(c) CHILD Waiver Helps?

Children and Youth

- Under age 21
- With significant behavioral health or developmental needs
- Kentucky children and youth who:
 - Need a level of care similar to what would be provided in a psychiatric residential treatment facility, ICF/IID, or hospital
 - Can be safely supported at home or in the community with the right services



What Services Are Covered?

The 1915(c) CHILD Waiver Services

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

All services will be person-centered and delivered by trained, waiver-certified providers.



Where can I learn more?

Additional information will be made available over the next few weeks.

For more information, please visit any of the following:

- 1915cWaiverHelpDesk@ky.gov
- Calling (844) 784-5614
- CHILDWaiverSummary.pdf



Participant Directed Services (PDS) Background Checks



Background

May 2023

While preparing for upcoming waiver renewals, CMS identified a compliance issue with KY's 1915(c) waivers that offer participant directed services.

The Issue

Requiring PDS participants to pay for the cost of obtaining criminal background checks could disincentivize self-direction if these individuals cannot be hired without these verifications. When such checks are mandated under state law, the costs of conducting these checks should not be deducted from the participant-directed budget unless the cost is incorporated into the budget.

Solution

Add these costs to the FMS (Financial Management Service) as long as they have that identified as one of their responsibilities.



Implementation

- Financial Management Agencies (FMA's) received rate increases in 2022 and 2023
- Rate increases were made permanent in 2025
- Rates were intended to include the cost of background checks for PDS employees

Key Dates

- ➤ April 8, 2025: Communication/correspondence presented to the PDS Working Group
- ➤ May 2, 2025: Meetings with CMHC's and ADD's to present the new policy
- ➤ June 27, 2025: Letters mailed to PDS Participants
- ➤ July 1, 2025: Policy in effect





Andy Beshear

CABINET FOR HEALTH AND FAMILY SERVICES

DEPARTMENT FOR MEDICAID SERVICES

Division of Long-Term Services and Supports 275 East Main Street, 6W-B Frankfort, Kentucky 40821 chfs.ky.gov

Eric Friedlander

Lisa Lee

Lin D. Lee

1915(c) Home and Community Based Services Waiver To:

Participant Directed Service Participants

From: Lisa Lee. Commissioner

Department for Medicaid Services

Victoria Elridge, Commissioner

Department for Aging and Independent Living

Date: June 18, 2025

Cost for Criminal Background Checks for Participant-Directed RE:

Services (PDS) Employees

We want to tell you about a change to background checks for Participant Directed Services employees. A background check is a review of a person's criminal history and other records to make sure they are qualified to work as a caregiver. We require a preemployment background check for Participant Directed Services employees to reduce risks to your safety and well-being and ensure you are receiving the highest quality of services.

In the past, you as the participant/employer had to pay for your Participant Directed Services employee background checks. Starting on July 1, 2025, pre-employment criminal background checks completed for new PDS employees, or background checks re-run on current PDS employees will follow a new policy. This new policy only applies to criminal background check costs, and does not impact other requirements, such as drug screenings, First Aid/CPR, etc.



Here's how the new policy works:

- Your financial management agency will pay for up to four (4) background checks per plan of care year.
- After the first four (4), you will have to pay for background checks until your next plan of care year begins.

Your financial management agency is the agency that processes your Participant Directed Services employee's paycheck and employment paperwork and is also responsible for maintaining records of employee criminal background checks.

If you have questions about this change, you can talk to your case manager or contact the Department for Aging and Independent Living. The Department for Aging and Independent Living helps us operate Participant Directed Services for the waiver programs. You can call the Department for Aging and Independent Living at (877) 315-0589 or email HCBInquiries@ky.gov.



₩ gKentuckyOMS @ gkentuckymedicald



1915(i) RISE



The 1915(i) RISE Initiative:



- A new Medicaid benefit under Kentucky's 1915(i) State Plan Amendment
- Designed for adults (18+) with Serious Mental Illness (SMI), with or without a cooccurring Substance Use Disorder (SUD)
- Brings 10 essential Home and Community-Based Support (HCBS) services into communities
- Provider Enrollment opened July 1, 2025;
 Participant Enrollment opens September 2025



1915(i) RISE Initiative Developments and Contact Information:



- 50+ providers have begun the Certification Application process
- Staff are in place as of 7/1
- Provider webinar scheduled
 7/22, 1-2:30pm ET
- General inquiries:
 1915iRISEInitiative@ky.gov
- Provider inquiries:
 1915iRISEProvider@ky.gov



Kentucky Medicaid Diabetes: Continuous Glucose Monitoring (CGM) Grant Program



Continuous Glucose Monitor Grant

Overview: The Continuous Glucose Monitoring (CGM) Project started in October of 2023 and will end phase 1 in September 2025. This grant was made possible through the Center for Health Care Strategies and the Helmsley Trust.

- The project is focused on improving diabetes care and awareness within the Medicaid population. Expand access and increase utilization of CGMs, Support proper CGM usage to manage healthy A1c levels, and improve diabetes outcomes.
- The project involves close collaboration across multiple departments, divisions, and external partners to ensure successful implementation and impact.
- CGMs remove the need for Diabetics to perform finger sticks to monitor their blood sugar level. Sensors provide electronic data to assist with managing the high and lows of a persons blood sugar levels.



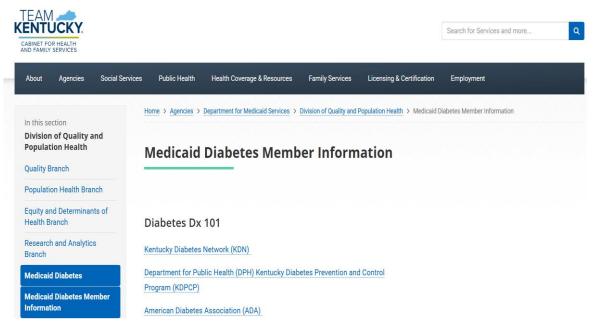
CGM Policy Change 6/2024

Updated Summary for Preferred CGMs:

The patient has one of the following diagnoses:

- Insulin-dependent Diabetes Mellitus Type 1 (ICD-10 group E10); OR
- Insulin-dependent Diabetes Mellitus Type 2 (ICD-10 group E11); OR
- Gestational Diabetes Mellitus (ICD-10 group O24); OR
- Has a history of problematic hypoglycemia defined as:
 - Recurrent level 2 hypoglycemic events (glucose < 54 mg/dL) that persist despite multiple (2 or more) attempts to adjust medication(s) and/or modify the diabetes treatment plan; OR
 - A history of one level 3 hypoglycemic event (glucose < 54 mg/dL) characterized by altered mental and/or physical status requiring third-party assistance with for treatment of hypoglycemia.
- For full supply list and criteria, visit: kyportal.medimpact.com
- Managed Care Organizations may cover CGMs through their Durable Medical Equipment Policy





Medicaid Member/Provider Resource Web Pages

Members: <u>Medicaid Diabetes</u>
 <u>Member Information - Cabinet</u>

 for Health and Family Services

Providers: <u>Medicaid Diabetes</u>
 <u>Provider Information - Cabinet</u>
 <u>for Health and Family Services</u>





Subject: Check Your Blood Sugar with Ease – No More Fingersticks!

Preheader: CGM can make managing diabetes easier. Learn how!

Discover an Easier Way to Manage Diabetes with CGM



Managing diabetes can be tough, but there's an easier way. In 2025, about 482,000 adults and over 3,000 kids in Kentucky have diabetes. For many people, including those with Type 2 diabetes, Continuous Glucose Monitors (CGMs) are a helpful tool. They make it easier to control blood sugar, lower health risks, and cut down on medical costs. If you or someone you love has diabetes, a CGM could make daily life easier.

A CGM is a small device that checks your blood sugar all day and night. It gives you real-time updates without the pain of routine finger pricks. It can also warn you if your blood sugar is getting too high or too low, helping you stay safe and make good choices for your health.

Why Use a CGM?

- . No more routine finger pricks No more painful tests throughout the day.
- Better blood sugar control A CGM helps prevent highs and lows by showing your levels in real time. Studies show that people with Type 1 and Type 2 diabetes who use a CGM have better blood sugar control and lower A1C levels. (ADA)
- More freedom Whether you're sleeping, working, or exercising, a CGM keeps you informed.
- Better care from your doctor Your doctor gets detailed blood sugar data to create a
 plan that's right for you.

CGM Utilization and Education Campaign for Members and Providers

Campaign #1-Messaging campaign highlights

- Manage diabetes easily with a CGM, no more daily finger pricks.
- Get real-time blood sugar updates to help avoid highs and lows.
- Medicaid may cover CGMs at no cost for eligible members



Subject: Improve Diabetes Care with CGM – A Smarter Approach for Your Patients

Preheader: Help your patients achieve better glucose control with real-time monitoring.

Help Your Patients Access Medicaid-Covered CGM



Managing diabetes isn't easy for many patients, but Continuous Glucose Monitoring (CGM) can help. Studies show that CGM improves glycemic control by increasing time in range and reducing time below range, time above range, and glucose variability in both type 1 and type 2 diabetes. Additionally, CGM has been shown to improve long-term health outcomes by reducing the risk of complications. (diabetes journal).

Why recommend CGM?

- Improves patient adherence Real-time glucose tracking leads to better decision-making.
- Reduces severe highs and lows Early alerts help prevent emergencies.
- Simplifies treatment Data trends allow for more personalized care and apportunity to make changes sooner rather than waiting for the next A1C reading.

How to Prescribe CGM & Support Your Patients

- Who qualifies? Medicaid patients in Kentucky with Type 1 diabetes, Type 2, gestational diabetes, and hypoglycemia (Types 2 and 3) may be eligible for CGM coverage.
- How to prescribe? Follow simple Medicaid guidelines to help patients obtain CGM with minimal barriers.
- Ensure success: Provide education and resources to help patients understand CGM use and maximize its benefits.
- Get support: Access these eligibility requirements and step-by-step guidance to assist your patients in securing coverage.

Education

 Public Health Department Diabetes Management Program or Medicaid Managed Care organization programs

Referral

Diabetes Education, License Diabetes Educator, or endocrinologist

CGM Utilization and Education Campaign for Providers

Campaign #2- Messaging Campaign highlights

- Providers can support Better Diabetes Care with CGM
- Improves control: Real-time tracking reduces glucose highs/lows and improves outcomes
- Covered by Medicaid: Eligible for Type 1, Type 2, gestational diabetes, and hypoglycemia (Level 2 & 3)
- Easy to prescribe: Follow simple steps, educate patients, and refer to diabetes support programs

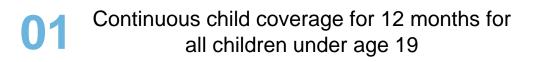


Renewals



Medicaid PHE Flexibilities – Ended June 2025

DMS had multiple ongoing flexibilities in place to support members going through renewals. These flexibilities ended June 30, 2025.



- One-month extensions to allow additional time all non-LTC and non-waiver members to respond to a notices
- Up to three-month extension for LTC and waiver members to allow additional time to respond to notices
- Allow an authorized representative signing an application or renewal form via the telephone without a signed designation

But messaging to members remains the same!

If someone does not respond by their renewal due date, they will be terminated. As soon as members find out they were terminated because they didn't respond, they should call DCBS or a Kynector for help! If they get the requested information in and are determined eligible within 90 days, they can get reinstated.



Messaging to Members



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



Respond to any letters you receive about Medicaid. You might hear from Medicaid through text, email, or letter. Be sure to respond!

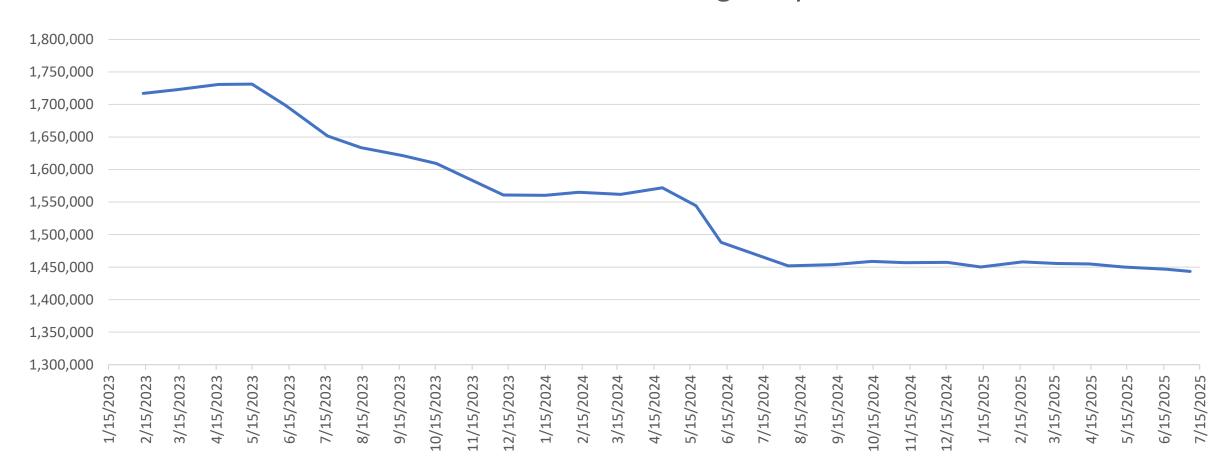


You can get help anytime! Contact a local health coverage navigator at kynect.ky.gov or call 855-4kynect (855-459-6328)



Medicaid Enrollment Trend

Medicaid Enrollment: Jan 2023 through July 2025 Renewals





Medicaid Renewals

- Regular annual renewals for cases unrelated to the Public Health Emergency (PHE) unwinding resumed in April 2024.
- Member Toolkit available <u>online</u> to support members in understanding their coverage.
- Communications materials to support members and families with children going through renewal available <u>online</u>!
- CMS monthly and updated reporting ongoing.



Unwinding Report Updates Posted – Cont'd

Original CMS Monthly Reports

	Individual Renewals	Medicaid Approvals	Medicaid Terminations	Pending
Feb-24	93,004	64,789	10,128	1
Mar-24	97,962	70,358	7,932	72
Apr-24	103,265	70,170	15,887	226
May-24	94,705	51,534	37,461	816
Jun-24	58,959	41,336	13,187	1
Jul-24	40,719	36,036	1,187	0
Aug-24	36,136	31,823	979	2
Sep-24	52,369	45,833	1,234	1
Oct-24	61,174	52,815	1,557	4
Nov-24	38,540	30,194	1,334	5
Dec-24	38,604	33,235	819	1
Jan-25	70,736	61,288	1,945	1
Feb-25	67,936	59,672	1,703	3
Mar-25	76,683	67,120	1,708	0

90-Day	
Processing Period	$\mathbf{l}_{\mathbf{z}}$

Processing Period
1 processed
72 processed
226 processed
816 processed
1 processed
0 processed
2 processed
1 processed
3 processed
5 processed
1 processed
1 processed
3 processed
0 processed

Updated CMS Monthly Reports*

	Individual Renewals	Medicaid Approvals	Medicaid Terminations	Pending
Feb-24	93,004	64,780	10,128	0
Mar-24	97,962	70,404	7,958	0
Apr-24	103,265	70,266	16,017	0
May-24	94,705	51,938	37,873	0
Jun-24	58,959	41,337	13,187	0
Jul-24	40,719	36,036	1,187	0
Aug-24	36,136	31,825	979	0
Sep-24	52,369	45,833	1,235	0
Oct-24	61,174	52,817	1,558	1
Nov-24	38,540	30,199	1,334	0
Dec-24	38,604	33,236	819	0
Jan-25	70,736	61,289	1,945	0
Feb-25	67,936	59,674	1,704	0
Mar-25	76,683	67,120	1,708	0



KY Medicaid Renewals* and Reinstatements

Individuals procedurally terminated on their renewal due date are given 90 days to respond and provide requested information. If they are determined eligible, coverage is **reinstated** back to their termination date. Months that are still within the 90-day window and are still processing reinstatements are included below.

	Individual Renewals	Medicaid Approvals	Medicaid Terminations	Pending	Extended
April	75,162	64,401	1,798	0	8,763
May	54,344	46,409	1,379	0	6,556
June	43,078	37,640	914	1	4,523

Reinstatements as of 06/23/25
1,105
808
68



^{*}Numbers are based on CMS Reports.

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

kynect

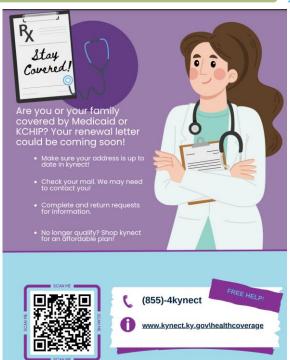
How to Apply

Materials for Offices

Get help from kynectors

Renewals











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







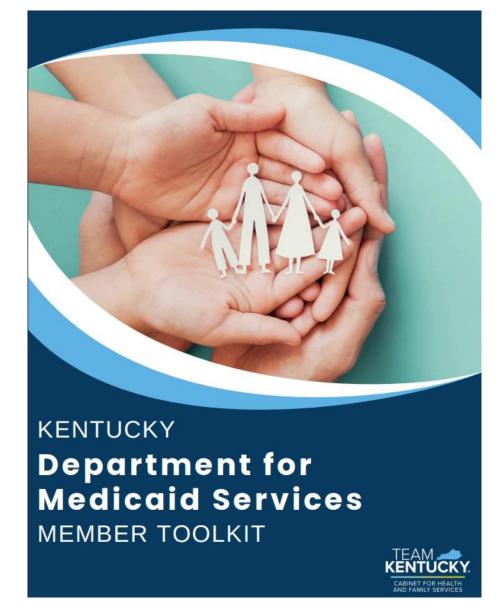




Medicaid Member Toolkit Available on the DMS Member Website!

Available here

https://www.chfs.ky.gov/agencies/dms/member/ Pages/default.aspx





KY Medicaid Website Resources

https://medicaidrenewals.ky.gov



Monthly Forum Session Information

KY Reports

FAQs

Medicaid Member Information

Medicaid Provider Information

Communication Materials

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 - February 2025 Reporting Period - Updated

February Data Demographic Report

Kentucky Monthly Data Report - June 2025 Reporting Period

• June 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)

Medicaid Monthly Virtual Forums

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

June Virtual Forum Recording



June Presentation Slides





Questions



Open call for topics of interest!

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

