



CABINET FOR HEALTH
AND FAMILY SERVICES

**Medicaid Monthly Virtual
Meeting
June 18, 2025**

Agenda

- Welcome/Introduction
- Medicaid Renewals
- 1115 Community Engagement Waiver
- Behavioral Health Prior Authorization
- HCB Recertification
- 1915(i) RISE
- Sister Agency Spotlight: Department for Aging and Independent Living (DAIL)
- Our Healthy Kentucky Home – Men's Health

Renewals

Medicaid PHE Flexibilities – Ending June 2025

DMS has multiple ongoing flexibilities in place to support members going through renewals. These will end June 30, 2025.

01 Continuous child coverage for 12 months for all children under age 19

02 One-month extensions to allow additional time all non-LTC and non-waiver members to respond to a notices

03 Up to three-month extension for LTC and waiver members to allow additional time to respond to notices

04 Allow an authorized representative signing an application or renewal form via the telephone **without a signed designation**

But messaging to members remains the same!

Messaging to Members



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



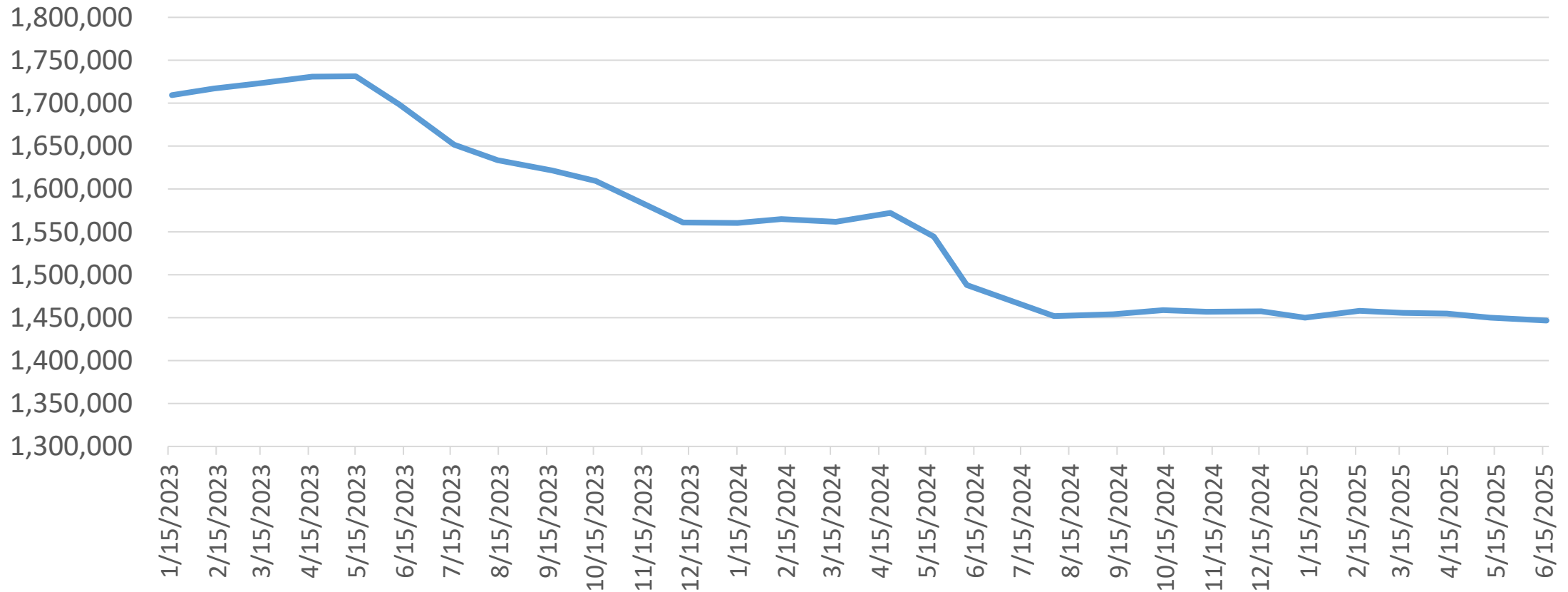
Respond to any letters you receive about Medicaid. You might hear from Medicaid through text, email, or letter. **Be sure to respond!**



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 June 2025 Renewals



Unwinding Report Updates Posted – Cont'd

Original CMS Monthly Reports

	Individual Renewals	Medicaid Approvals	Medicaid Terminations	Pending
Jan-24	79,053	67,748	10,899	22
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

Processing Period

22 processed

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

Updated CMS Monthly Reports*

	Individual Renewals	Medicaid Approvals	Medicaid Terminations	Pending
Jan-24	79,053	67,758	10,911	0
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

*Per CMS' Medicaid and Children's Health Insurance Program Eligibility and Enrollment Data Specifications for Reporting During Unwinding, Updated October 2023, Version 3.

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	Reinstatements as of 06/16/25
March	76,683	67,120	1,708	0	7,855	1,110
April	75,162	64,401	1,798	0	8,763	939
May	54,344	46,409	1,379	0	6,556	514

*Numbers are based on CMS Reports.

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?



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-dcbs-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 qualify? Shop kynect for an affordable plan!



(855)-4kynect



www.kynect.ky.gov/healthcoverage



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.



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"



Follow us: 

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.



Follow us on: 

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"



Follow us: 

DOES YOUR CHILD NEED HEALTH COVERAGE?

Let's kynect!

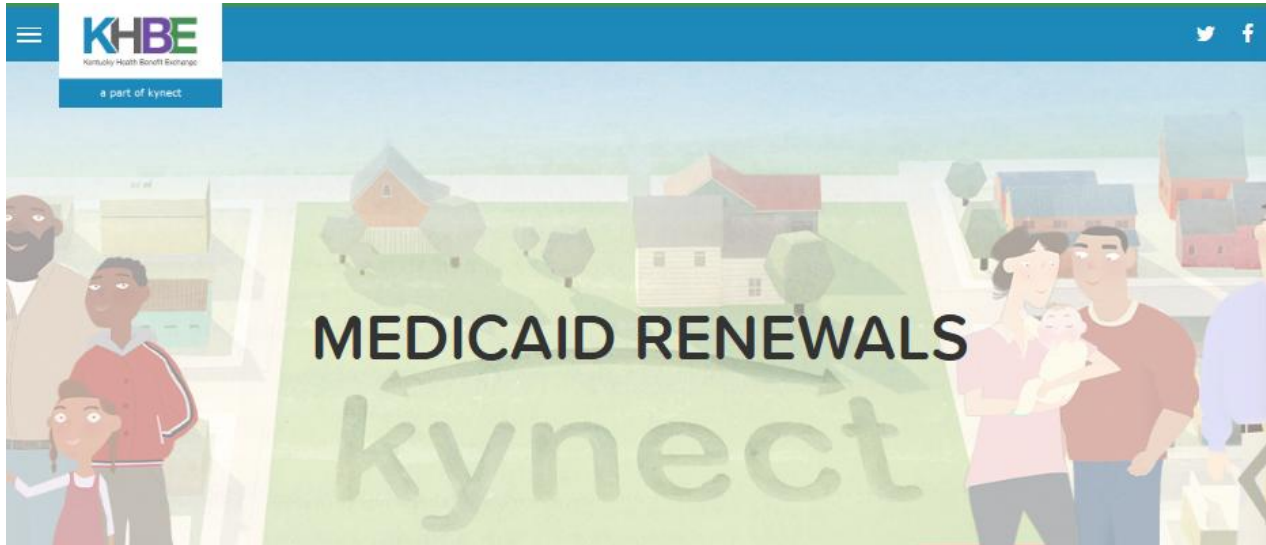
Explore health coverage options for children, including Medicaid and the Kentucky Children's Health Insurance Program (KCHIP), online.

Scan the QR code, visit kynect.ky.gov/benefits, or call 855-459-6238



Follow us: 

KY Medicaid Website Resources – Updated [here!](#)



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 - May 2024 Reporting Period](#)

- [May 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:

May Virtual Forum Recording



[May Presentation Slides](#)

1115 Community Engagement Waiver

What is the Community Engagement Program?

- In 2025, Kentucky passed House Bill 695. This law instructs the Cabinet for Health and Family Services (CHFS) to start a Community Engagement Program.
- With this new program, CHFS will automatically refer certain Medicaid members to the Department of Workforce Development (DWD) for job support and coaching.
- The DWD will reach out to these members to provide information about job assistance.

Which Medicaid Members Are Impacted?

The Community Engagement Program will apply to individuals in the Medicaid expansion eligibility group who:

- Have been enrolled in Medicaid for more than 12 months.
- Are between the ages of 19 and 60 years of age.
- Are physically and mentally able to work as defined by the Cabinet.
- Are not caregivers of a dependent child under age 18 or a dependent disabled adult relative.

Member Exemptions

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

<ul style="list-style-type: none">• 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:<ul style="list-style-type: none">- 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.	<ul style="list-style-type: none">• 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.
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Public Notice and Comment Process

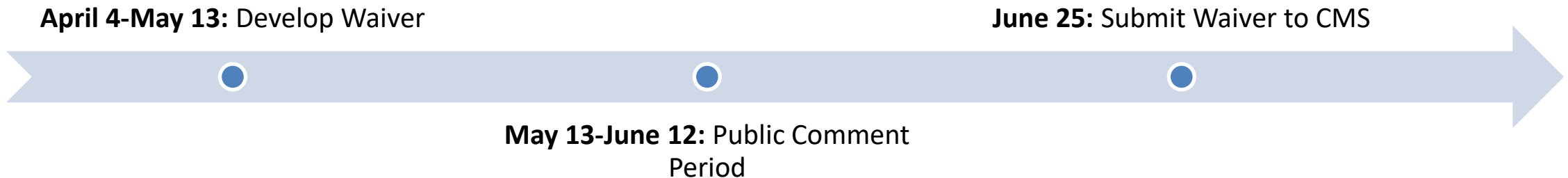
- In compliance with federal regulations, CHFS conducted a 30-day public comment period from May 13, 2025 through June 12, 2025, including:
 - A virtual public forum on May 22, 2025.
 - An in-person public forum on May 23, 2025.
 - Acceptance of comments or inquiries via email or postal mail through June 12, 2025.

Summary of Public Comments Received

Event	Attendees	Unique Public Comments
Virtual Public Forum	187	19
In-Person Public Forum	2	0
Emails Received	N/A	6
Total	189	25

Community Engagement Waiver Timeline: Next Steps

- Compile, summarize, and respond to public comment.
- Incorporate summary of public comment and finalize changes to 1115 Demonstration proposal.
- Submit Demonstration proposal to CMS on June 25, 2025.



Anticipated Post-Approval Timeline for the Community Engagement 1115 Waiver

The below are required submissions of materials to CMS after receiving approval for the 1115 Demonstration:

- **Implementation Plan:** Submit 90-120 days post-approval; 60 days for corrections after CMS feedback
- **Monitoring Protocol:** Submit 120-150 days post-approval
- **Evaluation Design:** Submit 120-180 days post-approval
- **Midpoint Assessment:** Within 90 days after the third year after approval
- **Final Evaluation Report:** Within 18 months after the end of the Demonstration

Behavioral Health Prior Authorization

Behavioral Health Prior Authorizations

- HB 695 enacted in the 2025 legislative session requires reinstatement of behavioral health prior authorizations (PA) within 90 days
- DMS sent an [April 8, 2025 Provider Letter](#) notifying providers that:
 - The [March 24, 2025 Provider Letter](#) regarding the resumption of certain services is rescinded
 - The [November 8, 2024 Provider Letter](#) for psychoeducation (H2027) and Peer Support Services (H0038) is rescinded as it relates to service limits and PAs. The rates, service description, provider types that can delivery and other billing guidelines remain in full force and effect.
- DMS instructed managed care organizations to provide no less than a 30-day notice, offer training prior to and after the restart of PAs, and provide one-on-one support and other considerations for a smooth transition.

Behavioral Health Prior Authorizations

Managed Care Organization Contact Numbers

Aetna

1-855-454-0061

UnitedHealthcare

1- 866-633-4449

Humana Healthy Horizons

1-800-444-9137

WellCare

1-877-389-9457

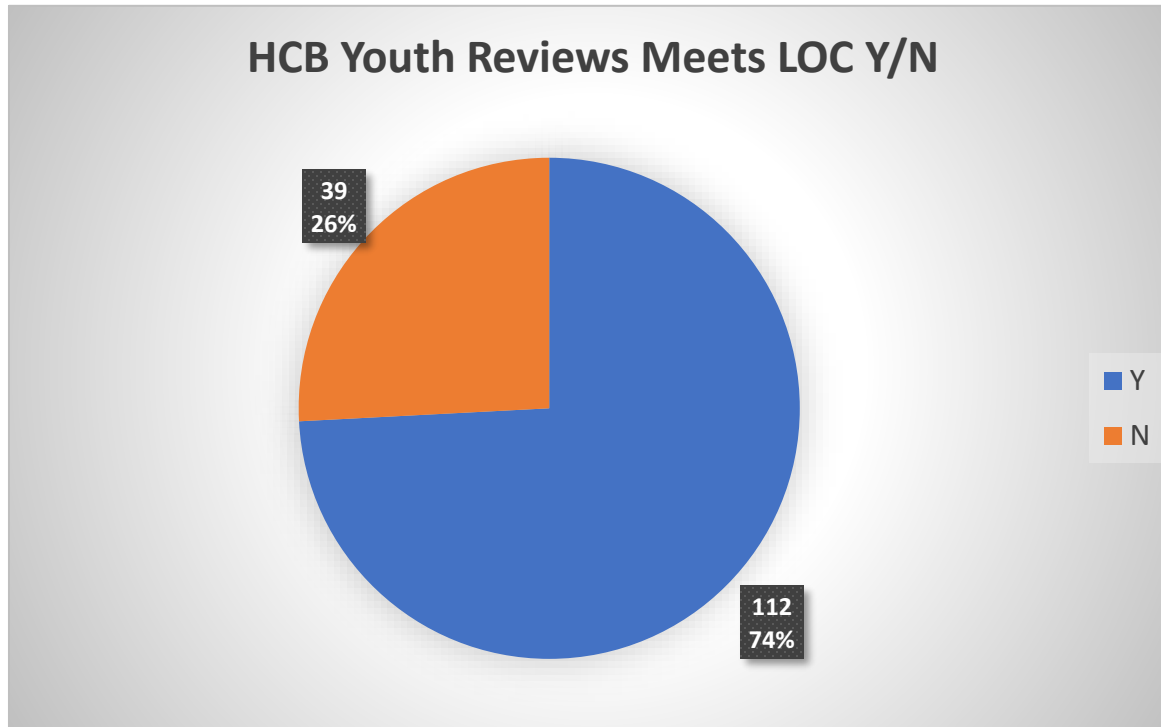
Passport by Molina

1-800-578-0775

HCB Recertification

HCB Youth Reassessment Denials

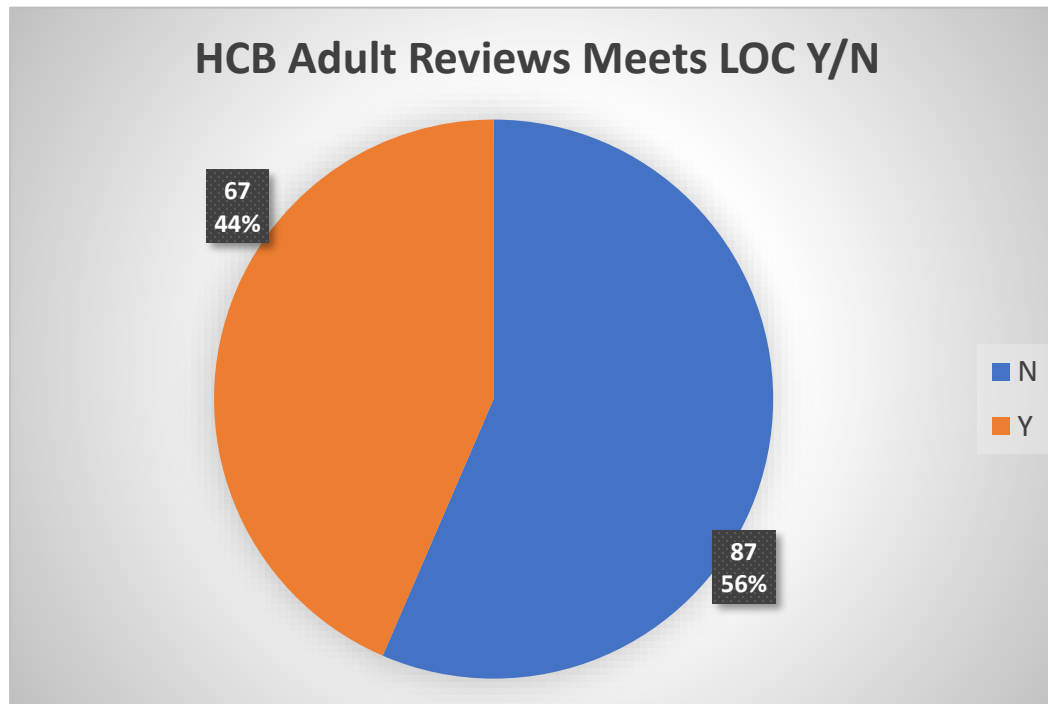
January 1 - May 15, 2025



- **151** Youth (18 and under) were denied for HCB Level of Care (LOC) during their annual assessment
- All cases were re-reviewed by DMS
- **112** cases were reinstated and LOC awarded
- **39** denials were upheld and offered another opportunity to appeal the decision

HCB Adult Reassessment Denials

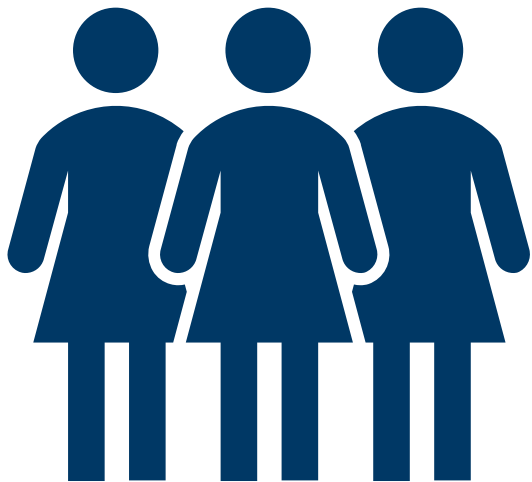
January 1 - May 15, 2025



- **154** Adults (19 and over) were denied for HCB Level of Care (LOC) during their annual assessment
- All cases were re-reviewed by DMS
- **67** cases were reinstated and LOC awarded
- **87** denials were upheld and offered another opportunity to appeal the decision

1915(i) RISE

What is a 1915(i) State Plan Amendment



States can develop a 1915(i) SPA HCBS program to:

- Allow states to define a target population to receive Home and Community Based Services (HCBS).
- Define supports and services included in the benefit.
- Target a program and its services to one or more populations using needs-based eligibility criteria.
- Offer the benefit **state-wide** to eligible individuals. Services offered within Medicaid state plans are available state-wide and with no capped slots.
- Offer HCBS to people who do not yet meet the institutional level of care requirements (e.g., qualify for a nursing home).

What is the 1915(i) RISE Initiative?



- A new Medicaid benefit under Kentucky's 1915(i) State Plan Amendment
- Designed for adults with a primary diagnosis of Serious Mental Illness (SMI), with or without Addiction
- Brings 10 essential support services into communities
- Available Summer 2025

1915(i) RISE Initiative Principles

- **Recovery**
- **Independence**
- **Support**
- **Engagement**

RISE reflects the initiative's focus; Helping individuals RISE above their challenges through services that promote recovery, independence, and community engagement.

Enhance
Community
Based Supports

Foster Participant
Independence

Prevent
Institutionalization

Promote Person-
Centered Care
Approach

Who Qualifies for 1915(i) RISE Initiative Benefit?



- Adults age 18+ and enrolled in Kentucky Medicaid
- Primary diagnosis of SMI or co-occurring SUD
- Must demonstrate clear evidence of functional impairment as demonstrated by the individual needing assistance in two or more of the following:
 - Societal functioning, Interpersonal functioning, daily living/personal care functioning, physical functioning and/or cognitive/intellectual functioning as evidenced by the criteria established in the InterRAI Community mental health assessment tool.

1915(i) RISE Initiative Services



1. Supervised Residential Care



2. In-Home Independent Living Supports



3. Housing & Tenancy Supports



4. Supported Employment



5. Supported Education



6. Transportation



7. Medication Management



8. Planned Respite for Caregivers



9. Assistive Technology



10. Case Management

1915(i) RISE Initiative Provider



- Streamlined certification and onboarding to Medicaid enrollment
- Full training and ongoing technical assistance
- Fee-for-service Medicaid payments for 10 services
- No managed care contracting — direct billing through Kentucky Medicaid
- Be part of a transformational, statewide initiative

1915(i) RISE Initiative

- Providers – Interested in becoming a provider – 1915iriseprovider@ky.gov reach out with your interest and be added to the list-serv for more specific information.
- Potential participants – 1915iriseinitiative@ky.gov to obtain more information.
- Website – <https://dbhdid.ky.gov/1915iriseinitiative>

Questions?

Ann Hollen

1915(i) RISE Initiative Lead

Department for Behavioral Health, Developmental and Intellectual Disabilities

Email: Ann.Hollen@ky.gov

Tanya Dickinson

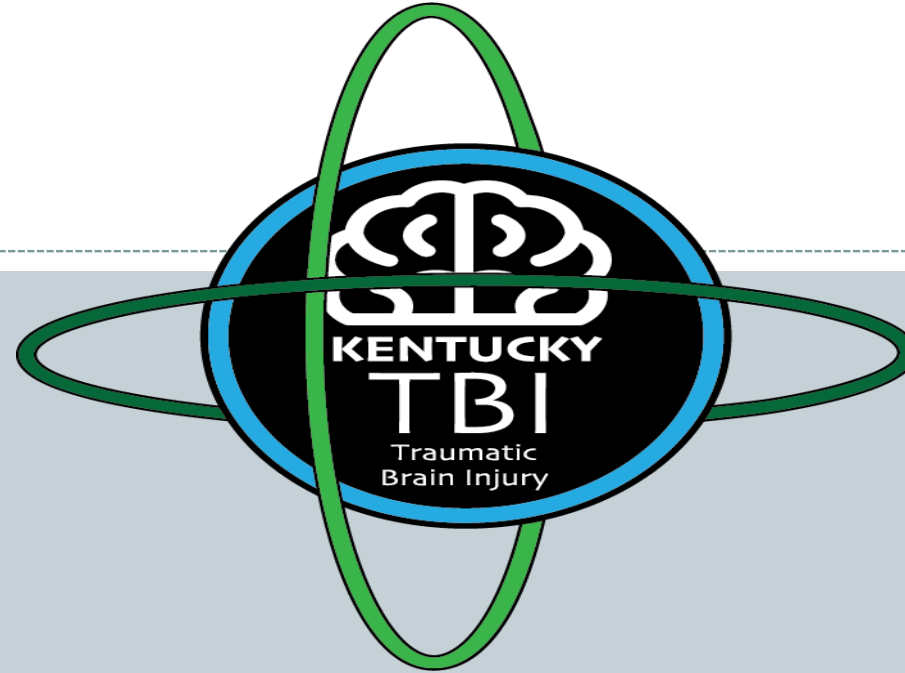
1915(i) RISE Initiative

Department for Behavioral Health, Developmental and Intellectual Disabilities

Email: tanya.Dickinson@ky.gov

Sister Agency Spotlight:
Department for Aging and
Independent Living (DAIL)

Cabinet for Health and Family Services
Department for Aging and Independent Living



TRAUMATIC BRAIN INJURY
SERVICES:
AN OVERVIEW

Statute Definition of Traumatic Brain Injury (TBI)



KRS 211.470 (3)

"Traumatic brain injury" means a partial or total disability caused by injury to the central nervous system from physical trauma, damage to the central nervous system from anoxia, hypoxic episodes, allergic conditions, toxic substances, or other acute medical clinical incidents resulting in impaired cognitive abilities or impaired physical functioning.

Traumatic Brain Injury (TBI) Programs

TBI Trust Fund Program

910 KAR 3:030

- Created in 1998 by the Kentucky General Assembly (**KRS 211.470 – KRS 211.478**)
- Provides non-medical services to children and adults with brain injuries across Kentucky
- Funding source of last resort

TBI Behavioral Program

910 KAR 3:020

- Established by KRS (**KRS 189A.050 (3) (d) (2)**)
- Assists in providing the behavioral supports and interventions (non-medical) to eligible individuals in order to ensure the ability to maintain living in the community safely
- Funding source of last resort

Traumatic Brain Injury (TBI) Programs

TBI Trust Fund Program

- Governing body is a 9 member Board of Directors
- **Department for Aging and Independent Living Brain Injury Services Branch**
 - Benefit Management Program administrating agency
 - Distributes funds for services to those individuals who qualify
- Contracts with **Kentucky Injury Prevention Research Center (KIPRC)**
 - Establishes and maintains statistics and trends of all traumatic brain injuries and spinal cord injuries in the state

TBI Behavioral Program

- TBI Behavioral Program Review Team determines:
 - Applicant's eligibility for services
 - Identifies the applicant's need for crisis intervention or residential services
 - Identifies potential resources to meet the applicant's need for services
 - Determines whether the program is payor of last resort
 - Approves or denies requests for program services

Traumatic Brain Injury (TBI) Programs

TBI Trust Fund Program

- **Funding source**
 - 5.5% of court costs collected by Circuit Clerks statewide
 - 8% of DUI service fees
 - Funding is limited
 - Funds are restricted
- **Does not receive state general funds**
- **Does not receive federal funding**

TBI Behavioral Program

- **Funding source**
 - 8% of DUI service fees
 - Funding is limited
 - Funds are restricted
- **Does not receive state general funds**
- **Does not receive federal funding**

TBI Trust Fund Program

Included Services

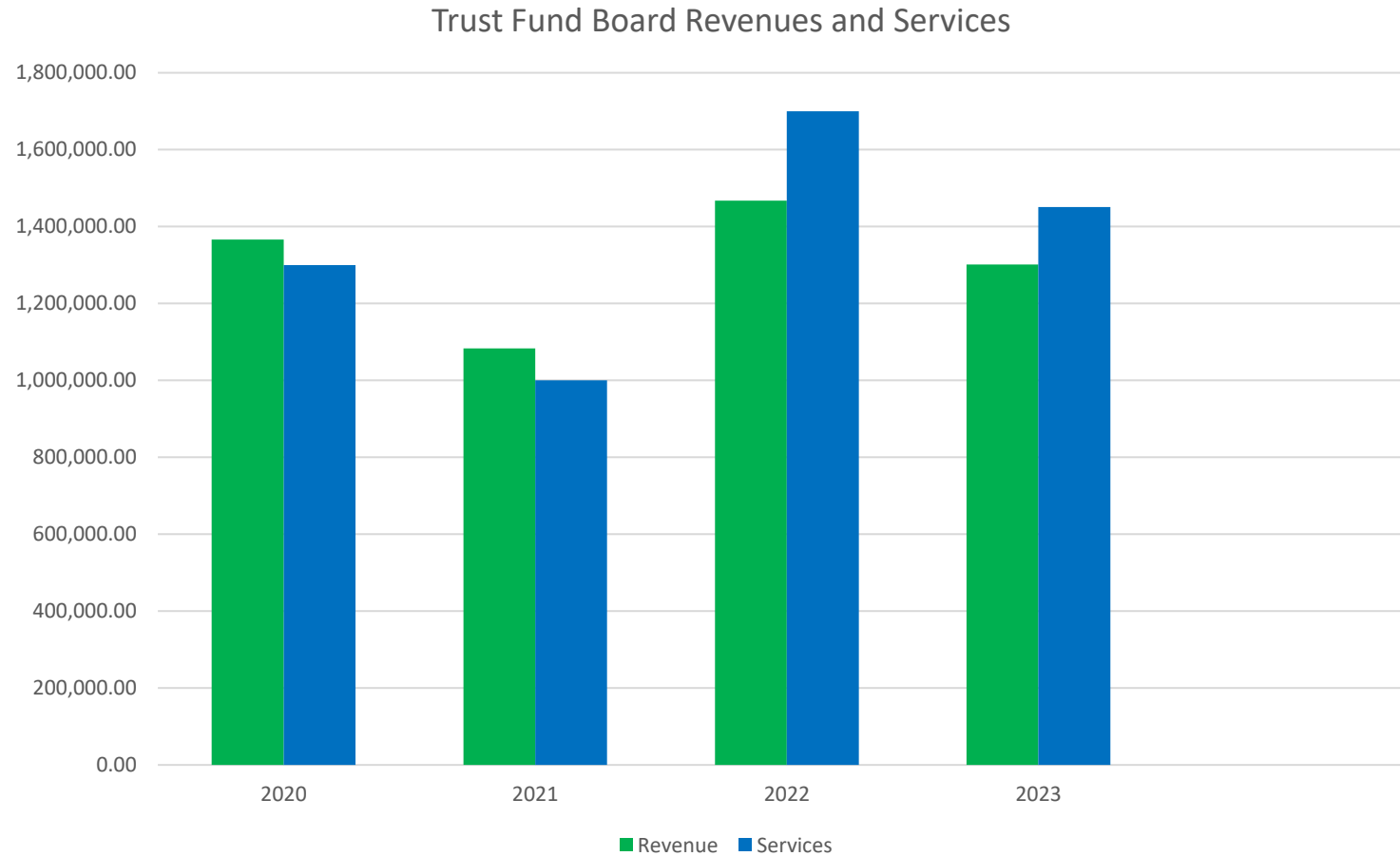
- Case Management
- Community Residential services
- Companion services
- Homemaking
- Personal Care
- Payment assistance with Occupational Therapy
- Payment assistance Speech Therapy
- Respite care
- Payment for Structured Day programs
- Supported Employment services through VOC Rehab
- Home Modifications
- Other services of support

Services NOT Included

- Medications
- Legal/Attorney fees
- Institutionalization
- Hospitalization
- Home Maintenance
- Any Assisted Living Supports



TBI Trust Fund Revenues and Services



TBI Trust Fund Program

Eligibility

- Legal resident of Kentucky
- Medically documented brain injury
- Open to all ages
- Open to all income levels

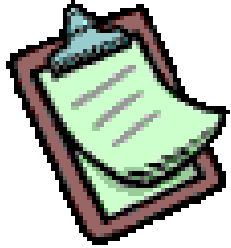


Individuals NOT Eligible

- Individuals treated in nursing facilities
- Spinal Cord injuries
- Progressive Dementia
- Psychiatric disorders
- Intellectual disability, birth defects, or congenital defects
- Neurological conditions of a degenerative or progressive nature

TBI Trust Fund Program

Application Process



- **Contact DAIL**

- **Telephone:**

- Toll Free Phone: 1-855-816-9577

- Office Phone: 502-564-6930

- Cell: 502-330-8519

- Mon – Fri

- 8:00am – 4:30pm

- **In Writing:** Department for Aging and Independent Living

- TBI Trust Fund

- 275 East Main Street, 3 E-E

- Frankfort, KY 40621

- **Via Fax:** 502-564-1203

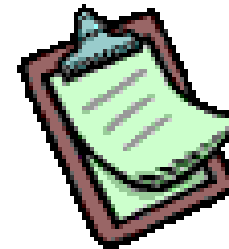
- **Via Email:** dailtbi@ky.gov

- **Website:** <http://chfs.ky.gov/dail/braintrust.htm>

TBI Trust Fund Program

Application Process (Cont'd)

- Referral Link: [GenLog - Detail page \(ky.gov\)](#)
- Must provide medical documentation including causation of TBI
 - Hospital Records
 - Diagnostic Imaging reports (i.e. MRI, C-Scan)
 - Psychological/Neuropsychological Evaluations with diagnosis of brain injury are not acceptable forms of Records.
 - Other records upon approval



TBI Trust Fund Program

Referral/Service Delivery Process

- If deemed ineligible, will receive notice in writing from DAIL
 - Given an opportunity to provide additional information in order to be reconsidered for eligibility
- If deemed eligible for services, will be contacted within 3 business days by a Case Manager
 - Assessment
 - Plan of Care identifying needed services
 - Identification and referral to natural and/or community supports
 - If needed services cannot be obtained through natural or community supports:
 - Service Plan is created
 - Client will be placed on the waiting list chronologically for services to be funded by the TBI Trust Fund
- **Service Plan Review Committee** will review eligibility, appropriateness of the service plan, **approve/deny** funding

TBI Trust Fund Program

Discharge

- The recipient reaches the maximum \$60,000 lifetime benefit
- A service plan is completed for an approved timeframe; no other program is needed
- A requested service plan is denied
- The recipient is noncompliant with a plan of care
- The recipient chooses to be terminated from participation
- Contact cannot be made with the recipient within three (3) months of last case management contact
- The recipient, caregiver, family or guardian threatens or intimidates a case manager or other program staff
- Services accessed are referred and provided by another agency for continued service, if applicable
- No case management services are provided within six (6) months
- The recipient is deceased

TBI Trust Fund Program

Appeal Process

- The program shall notify the applicant, in writing, within 5 business days of the denial of requested benefits
- If an applicant is determined to be **ineligible** for benefits the applicant may submit additional medical documentation for reconsideration
- An applicant who wishes to appeal the denial of benefits shall notify the program, in writing, within thirty (30) days of notification of the denial
- The program shall encumber funds in the amount requested until final resolution of the appeal
- The program shall acknowledge receipt of a written appeal to the applicant, in writing, within three (3) business days of receipt

TBI Trust Fund Program

Appeal Process (Cont'd)

- **Informal Dispute Resolution (IDR)**
 - For an applicant or his representative
 - To appear before the executive committee board to present facts or concerns about the denial of benefits
 - Within ten (10) business days of receipt of written appeal
- The program shall inform an applicant, in writing, of the IDR decision within ten (10) business days
- An applicant dissatisfied with the result of the informal dispute resolution may request an Administrative Hearing
 - Request in writing to the Department for Aging and Independent Living (DAIL)
 - Within thirty calendar (30) days of receipt of the decision by the program
- DAIL shall request the Administrative Hearing pursuant to KRS Chapter 13B

TBI Behavioral Program

Included Services Through New Vista, Lexington, KY

- **Crisis Intervention**
 - Targeted Case Management
 - Training and Consultation
 - Wrap around services
- **Residential Services**
 - Physical Therapy
 - Occupational Therapy
 - Speech Therapy
 - Cognitive and Behavioral Therapy
 - Neuropsychological consultation and medical management
 - Wrap around services
- **Target Case Management if applicable**
- **Transitional services**

Services NOT Included

- **Medications**
- **Legal/Attorney fees**
- **Institutionalization**
- **Hospitalization**



TBI Behavioral Program

Eligibility



- **Medically diagnosed brain injury**
 - Medical documentation required
- **Legal resident of Kentucky**
- **This program is the payor of last resort**
 - Documentation required, i.e. letters of denial from community supports
- **Meets the requirements for crisis intervention or residential services**
- **Traditionally age 18+***
- **Open to all income levels**

TBI Behavioral Program

Individuals NOT Eligible

- Brain-injured individuals needing treatment in nursing facilities
- Strokes
 - Treatable in nursing facilities providing routine rehab services
- Spinal Cord injuries
 - No known or obvious injuries to the intracranial central nervous system
- Progressive Dementia
- Depression and Psychiatric disorders
- Intellectual disability, birth defects, or congenital defects
- Neurological conditions of a degenerative or progressive nature



TBI Behavioral Program



Crisis Intervention Eligibility

- **Must meet all the general eligibility requirements**
- **Must be Medicaid eligible receiving services under one (1) of the Medicaid Acquired Brain Injury (ABI) Waivers***
 - Acute ABI Waiver
 - Long-Term ABI Waiver
- **Considered in an emergency status**

TBI Behavioral Program



Residential Services Eligibility

- **Must meet all the general eligibility requirements**
- **Be non-Medicaid eligible**
 - Client may be Medicaid eligible but in need of services that are non-Medicaid covered services AND unavailable in-state
- **Have been charged with an offense listed in KRS 439.3401(1) ***
- **Considered in an emergency status**

TBI Behavioral Program

Application Process



- Complete Application for Behavioral Services (DAIL-BI-010)
- Medical documentation of the applicant's brain injury
- Physician's Recommendation form (DAIL-BI-020) signed by the applicant's physician
- Documentation that the applicant has no other funding source for services

TBI Behavioral Program

Application Process (Cont'd)



- All documentation must be submitted to DAIL, TBI Behavioral Program and will then be reviewed by New Vista for entrance into program
- Applicant will be notified of any additional or missing documentation needed
- All requests are presented to the TBI Behavioral Program Review Team per New Vista
- Applicant will be notified in writing of approval or denial
- Letter of Service sent to provider identifying services to be funded and provider requirements
 - Traditionally approved for 3 months at a time per 910 KAR 3:020

TBI Behavioral Program

Application Process (Cont'd)

- **Submission of Application and Documentation:**
 - **Via Mail:** Department for Aging and
Independent Living
Traumatic Brain Injury Programs
275 East Main Street, 3 E-E
Frankfort, KY 40621
 - **Via Phone:** 855-816-9577 or 502-330-8519
 - **Via Fax:** 502-564-1203
 - **Via Email:** dailtbi@ky.gov

TBI Behavioral Program

Review Team



- Consists of no less than three (3) CHFS program or affiliated staff
- Determines the applicant's eligibility
- Identifies the applicant's need for crisis intervention or residential services
- Identifies potential resources to meet the applicant's need for services
- Determines whether the program is payor of last resort
- **Approves** or **denies** requests for program services based upon:
 - Eligibility
 - Available Funding
- Meets monthly or more often as needed for an emergency

TBI Behavioral Program

Appeal Process

- An applicant who wishes to appeal a denial of services shall notify DAIL in writing, within thirty (30) days of receipt of notification of the denial**
- DAIL shall acknowledge receipt of a written appeal, in writing, within five (5) working days after receipt of the appeal**
- DAIL shall direct the appeal request to the Division of Administrative Hearings Branch, Office of Communications pursuant to KRS Chapter 13B**
- The Secretary of the Cabinet for Health and Family Services shall render a final decision**
- The final order shall make clear reference to the availability of judicial review pursuant to KRS 13B.140 and 13B.150**

Traumatic Brain Injury (TBI) Programs



Questions ?



Contact Information:

D Scott Collins
Branch Manager
Department for Aging and
Independent Living
275 E. Main Street, 3E-E,
Frankfort, KY 40621
855-816-9577 or 502-330-8519
dailtbi@ky.gov



Our Healthy Kentucky Home: Men's Health

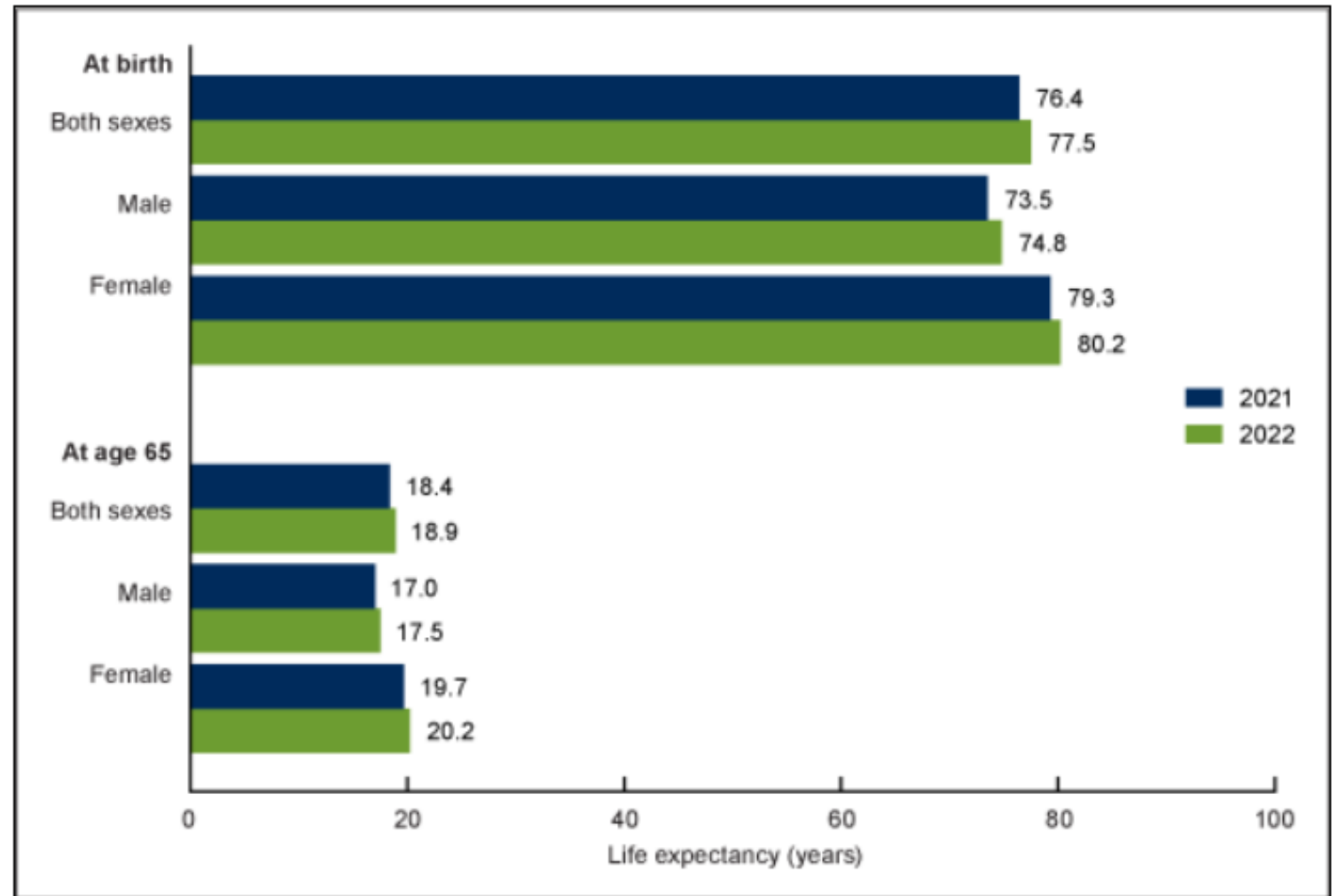


June: Men's Health

Simple steps such as eating 2 servings of fruits or vegetables daily, exercising at least 30 minutes 3 times per week and engaging with others to stay connected can help improve your health.

Our Healthy Kentucky Home

Life Expectancy



Top causes
of Death for
Men are
Heart
Disease
followed by
Cancer

Unintentional injuries are the third leading cause of death for men



Men are about twice as likely as women to die from an unintentional injury



The most common causes of fatal injuries include:

Overdose

Motor vehicle
accidents

Falls

According to the Centers for Disease Control and Prevention

In 2023, U.S. adult men ...



14.7 %

were in fair or poor health



41.6%

Were Obese



12.5%

Smoked Cigarettes



51.9%

Had High Blood Pressure

BETTER NUTRITION BETTER HEALTH

Compared to women, men are more likely to make unhealthy choices, including what they put on their plate. Good nutrition is critical for good health.

TO LEARN MORE VISIT:
OurHealthyKYHome.ky.gov

Our **HEALTHY** 
KENTUCKY Home

TEAM 
KENTUCKY



Eat together as a family

- Encourages healthier eating habits
- Promotes bonding
- Aids social and emotional development
- Kids of families that eat together tend to eat less fast food and more fruits and vegetables



See your Doctor Regularly

- Men often don't make time for regular check ups and medical care
- High Blood Pressure leads to heart disease, most of the time it is easily controlled with medication



Prostate Cancer

- Prostate cancer (PC) is the most common cancer in men, with **1 in 8 men** diagnosed in their lifetime
- In the US, 313,780 New Cases are expected to be diagnosed in 2025, and 35,770 men are expected to die from PC that year
- Screening is done by a simple blood test



Exercise 30 minutes a day 3 days a week

- Physical activity is important for all men throughout their lives, no matter their age, stage of life or physical abilities
- Engaging with others can make exercise feel less like a chore and more like a fun social outing



Social Engagement

- Can take many form:
 - Casual gatherings with friends and family
 - Volunteering for local initiatives
 - Participating in clubs that spark our interests
- It serves as a buffer against stress and anxiety, allowing us to navigate life's challenges with greater resilience
- People with strong social connections tend to experience lower levels of depression
- It helps to forge bonds that enrich our lives

IMPROVE YOUR HEALTH THROUGH SIMPLE STEPS



EAT
Healthy Foods



EXERCISE
Regularly



ENGAGE
With Others

TO LEARN MORE VISIT: OurHealthyKYHome.ky.gov





Questions

Open call for topics of interest!

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

