TEAM KENTUCKY®

CABINET FOR HEALTH AND FAMILY SERVICES

Medicaid Monthly Virtual Meeting

June 18, 2026

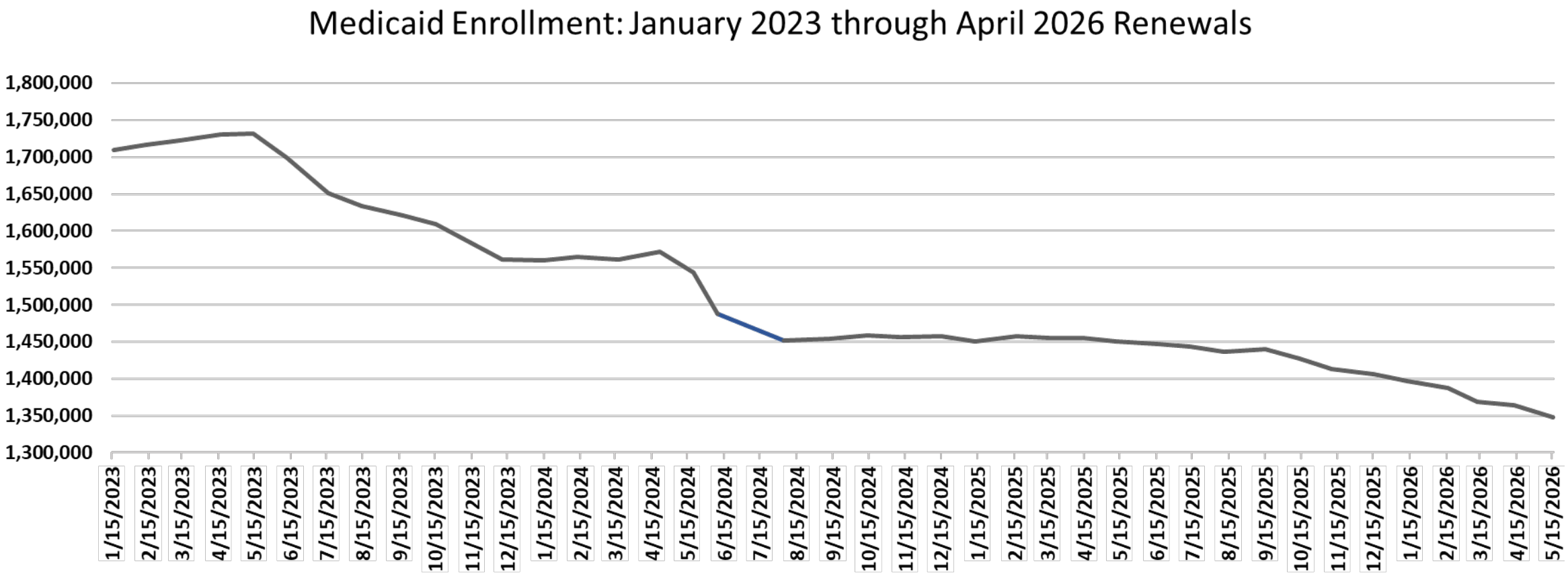
Agenda

- Welcome/Introduction
- Medicaid Renewals and State Based Marketplace Updates
- 1915(i) RISE Initiative Update
- 1915(c) Community Health for Improved Lives and Development (CHILD) Waiver Update
- Our Healthy Kentucky Home Spotlight
- House Resolution 1 Update

TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

Medicaid Renewals and State Based Marketplace Updates

Medicaid Enrollment Trend

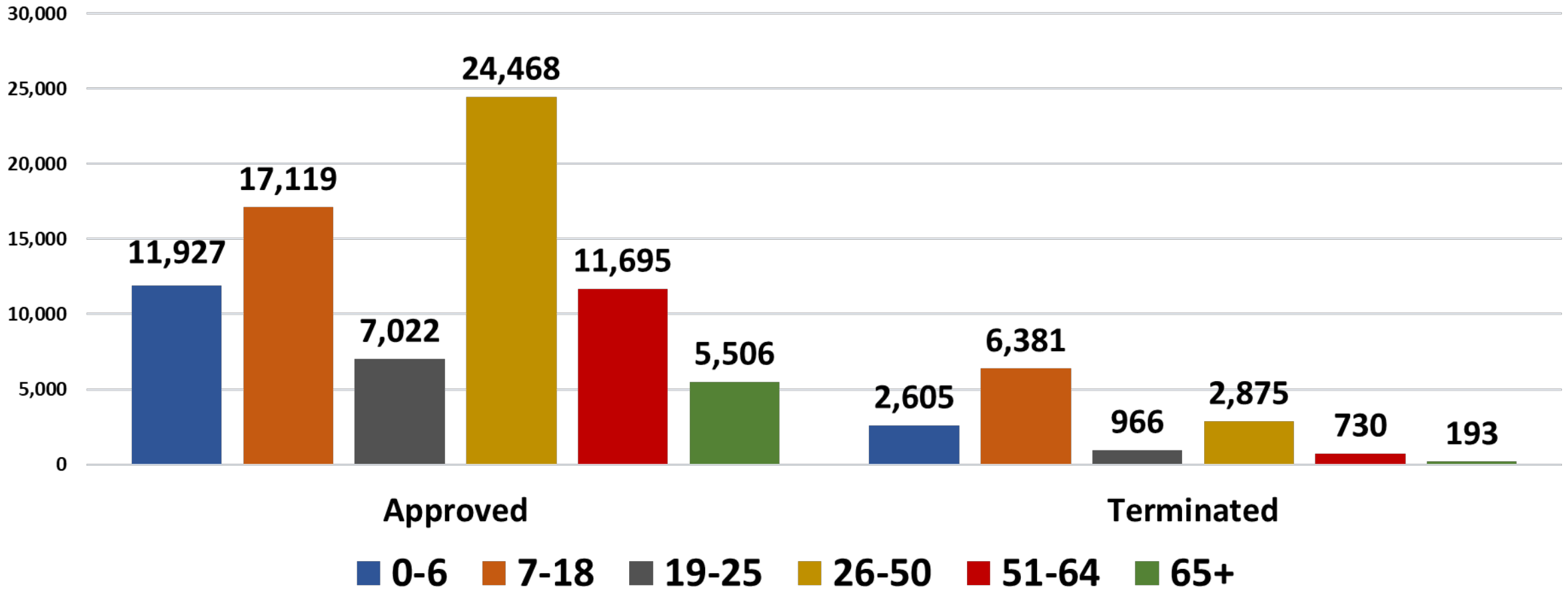


TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

Medicaid Renewal- May 2026

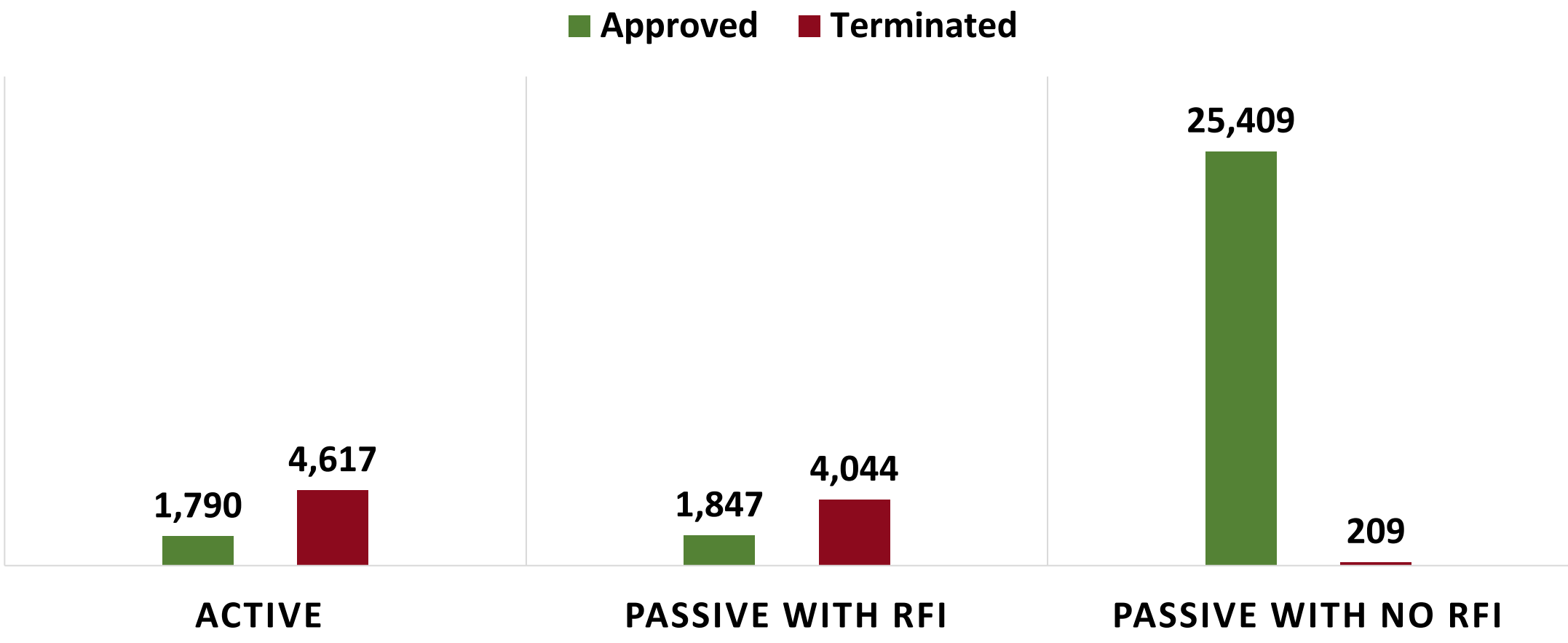
	Individual Renewals	Medicaid Approvals	Medicaid Terminations	Pending
May	91,933	77,737	13,750	446

May 2026 Renewals by Age



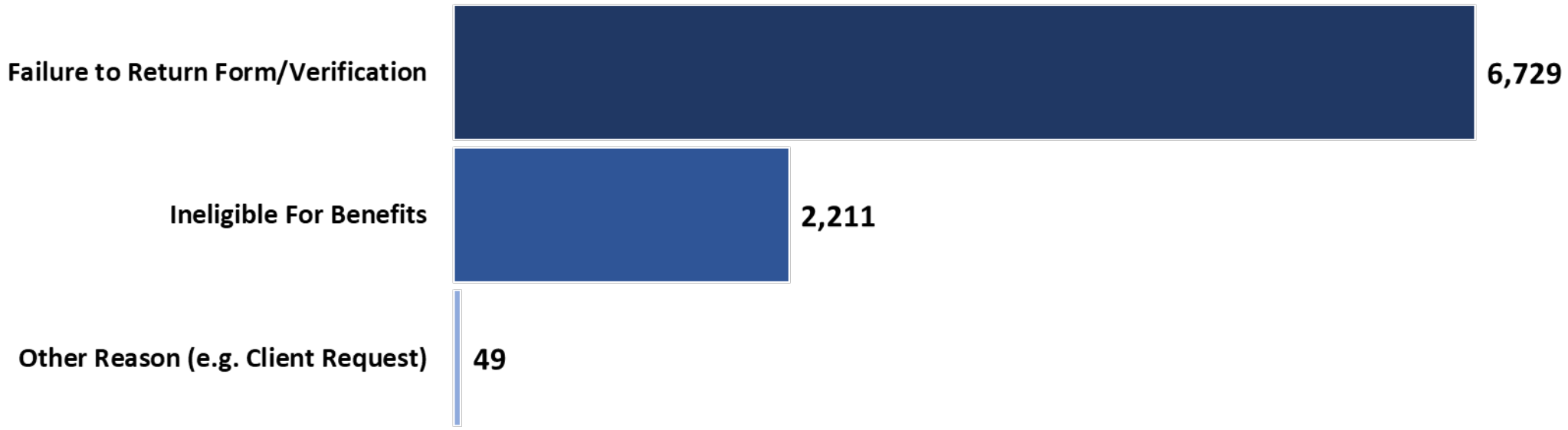
TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

May 2026 Child Renewals



TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

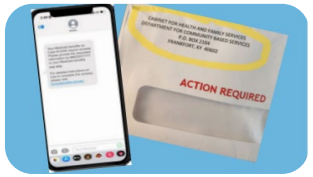
May 2026 Child Terminations by Reason



TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

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.

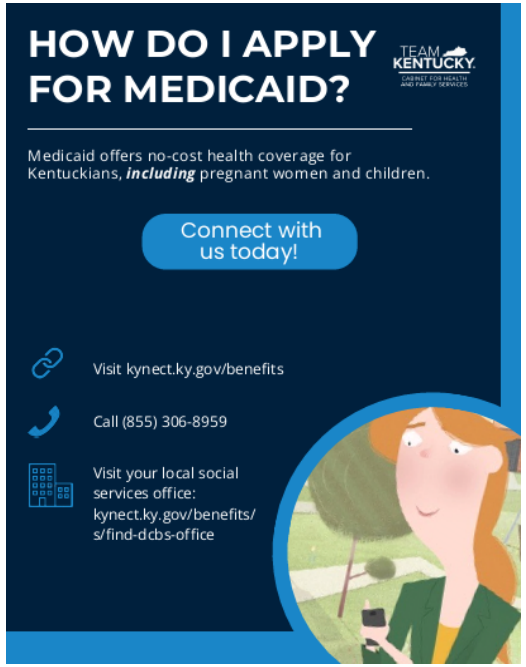
You can check your renewal month by logging into the Kynect portal or calling the Kynect line. kynect.ky.gov or call 855-4kynect (855-459-6328). Providers also have access to the renewal date in KYHealthNet.

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.

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

How to Apply | Materials for Offices | Get help from kynectors | Renewals

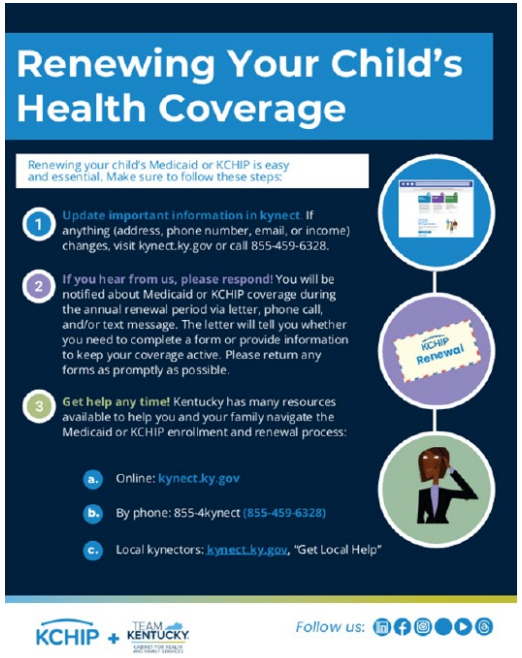


https://medicaidrenewals.ky.gov

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

TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

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 to 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)

TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

State Based Marketplace Updates

Mid-Year Churn

79,496
Enrolled on Qualified Health Plan

Around 2,000 individuals transferred from a Qualified Health Plan with APTC to Medicaid in April (the Federal Poverty Levels change midyear. This transition will happen automatically because of our integrated system.

Tax Season just ended. We printed and sent the required tax forms and made corrections 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 is changing. Molina is leaving for next year. 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 Update

Provider and Participant Metrics

PROVIDER APPLICATIONS:	
Downloaded Application	144
Packet Submitted	34
Provider Certified	18
Provider Enrolled in Medicaid	17
Active Providers	15
MWMA Enrolled	17

PARTICIPANT APPLICTIONS FOR SERVICE:	
Enrolled	168
Pending/Not Enrolled	4

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

CHILD Provider and Participant Metrics

Provider Applications	Number Of
Applications Received	16
Reviews In Progress	2
Requests for Additional Information	1
Certified Providers	10
Providers Denied	4

Participant Applications	Number Of
Number of Unique Applicants	59
In Review/Request for Additional Information	30
Number of Participants Awaiting Assessment	4
Approved Participants	18
Applicants Denied	7

Our Healthy Kentucky Home Spotlight

IMPROVE YOUR HEALTH THROUGH SIMPLE STEPS

EAT
Healthy Foods

EXERCISE
Regularly

ENGAGE
With Others

TO LEARN MORE VISIT: OurHealthyKYHome.ky.gov

Our HEALTHY KENTUCKY Home

TEAM KENTUCKY


HEALTHY HABITS FOR
A HEALTHY FUTURE
Healthy eating habits, including a variety of nutritious foods and drinks, help support lifelong health and wellness.
Learn more at:
heart.org/en/healthy-living/healthy-eating
TEAM KENTUCKY
Our HEALTHY KENTUCKY Home

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

The American Cancer Society (ACS) estimates that in 2026 alone, approximately 108,860 new cases of CRC will be diagnosed in the US, with about 55,230 deaths. The lifetime risk is sobering: about **1 in 25 men**

Prostate Cancer

- **Prostate cancer (PC) is the most common cancer in men, with 1 in 8 men diagnosed in their lifetime**
- **In the US, 333,830 New Cases are expected to be diagnosed in 2026, and 36,320 men are expected to die from PC this 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

Move More!

- For men, regular physical activity is a powerful tool for staying healthy and living a long life
  - It protects the heart
  - Helps keep blood pressure controlled
  - Helps maintain a healthy weight
  - Preserves muscle mass and bone strength
  - reduces the risk of chronic disease
  - Improves mental health

  Starting with manageable activities and gradually increasing intensity can help men build sustainable habits that last a lifetime

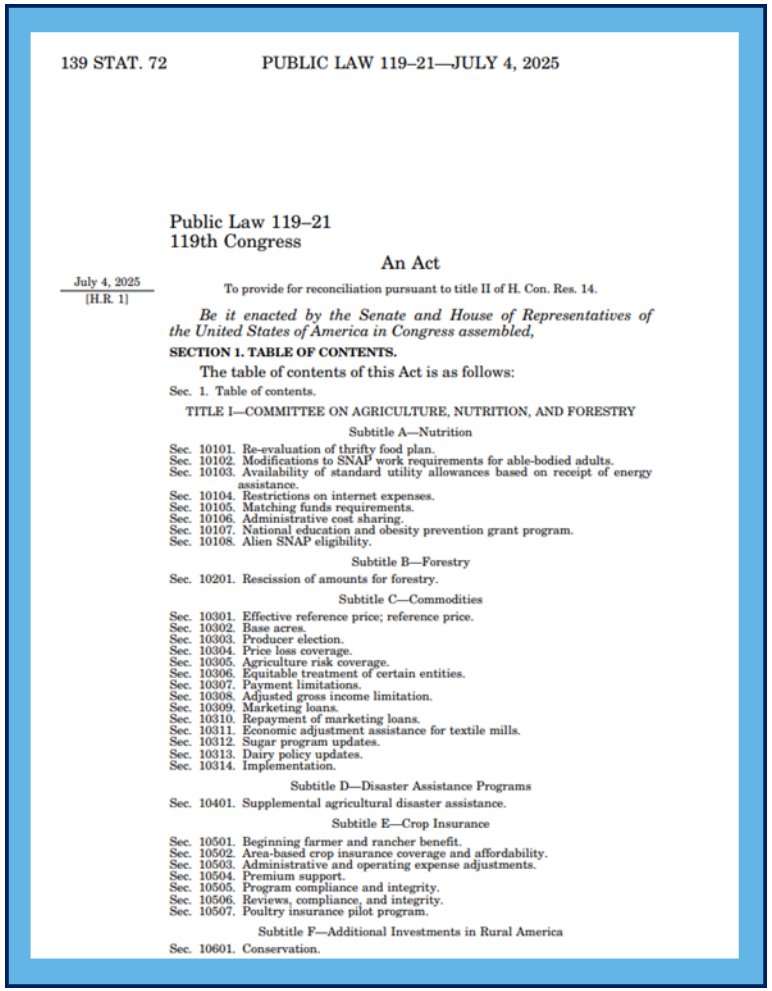

Mental Health Matters for Men
Managing stress and reducing anxiety can lead to a longer, healthier life.
Learn more at:
nimh.nih.gov/health/topics/caring-for-your-mental-health
TEAM KENTUCKY
Our HEALTHY KENTUCKY Home


STAY STRONG
for the people who count on you most.
Learn more at:
bit.ly/take-charge-mens-health
TEAM KENTUCKY
Our HEALTHY KENTUCKY Home
Eating well, staying active, and making time for preventive screenings can help you stay strong for the people who count on you most. Small choices today can lead to a healthier tomorrow.

House Resolution 1 Update

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



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.

H.R. 1 Major Impacts to Medicaid Eligibility

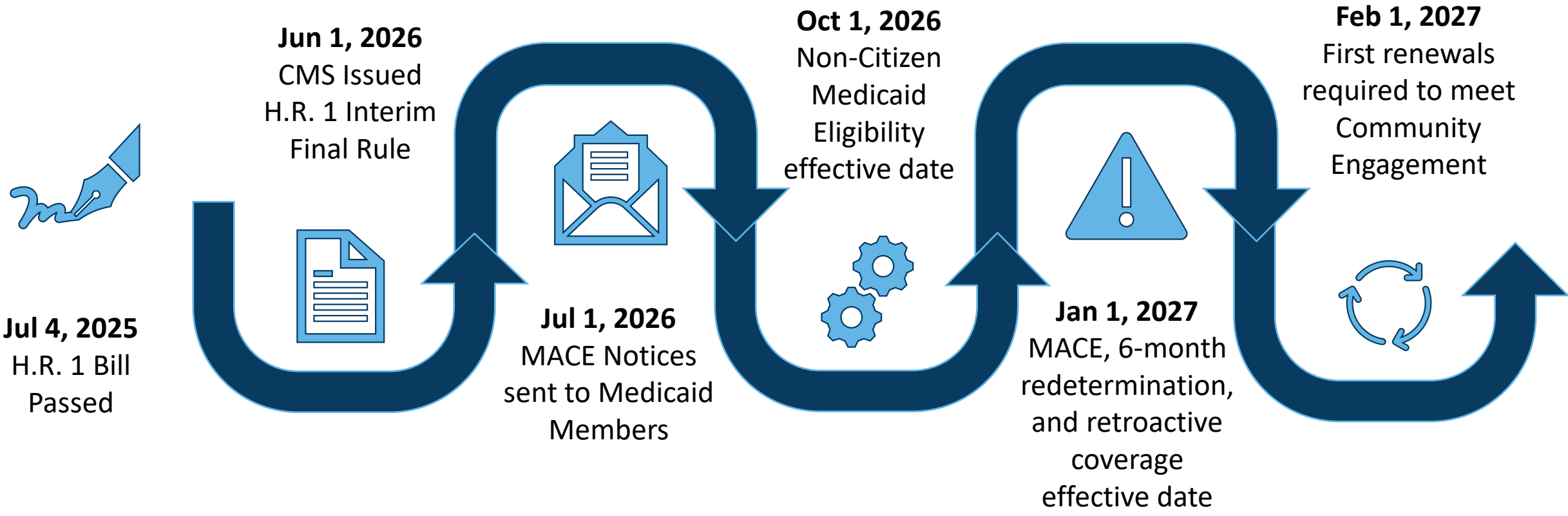
- **Work or Community Engagement:** Some adults ages 19 to 64 who are enrolled in Medicaid based solely on income, *also known as the* ***Expansion Population***, must meet a new work or community engagement requirement to apply for or keep coverage.
  - New applicants: Starts January 1, 2027
  - Current members: Starts with February 2027 renewals

- **Eligibility Renewals:** Review adult Expansion Population eligibility every 6 months instead of annually.
  - New applicants: Starts January 1, 2027
  - Current members: Starts from their next renewal in 2027

- **Retroactive Coverage**: Limits how far back Medicaid coverage can be applied upon enrollment. Currently allowed up to 3 months.
  - Limited to 1 month for adult Expansion Population and 2 months for everyone else
  - Starts January 1, 2027

- **Non-Citizen Eligibility**: Fewer non-citizen groups will qualify for full Medicaid coverage.
  - Refugees, asylees, parolees, survivors of domestic violence or human trafficking with a pending status, Canadian American Indians, conditional entries, and Amerasians will no longer qualify for full Medicaid.
  - Emergency Medicaid remains available for qualifying life-threatening medical conditions.
  - Starts October 1, 2026

H.R. 1: Implementation Timeline



TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

Medicaid Community Engagement (MACE)

- A federal law is changing Medicaid rules starting on January 1, 2027
- To apply for or keep Medicaid, some adults must do the following:
  - ✓ Complete at least 80 hours per month of:
    - Work; or
    - Job training or a work program; or
    - Volunteering or community service; or
    - Go to school at least half-time including high school, college, or career and technical education; OR
  - ✓ Any combination of the activities above that adds up to 80 hours; OR
  - ✓ Earn $580 a month, or if your work is seasonal, earn an average of $580 over the last 6 months.
- **Note:** Members who do not meet community engagement requirements cannot receive Advance Premium Tax Credits (APTCs) to help pay for Marketplace coverage.
- Current CMS Guidance: State Requirements to Establish Medicaid Community Engagement Requirements; CMS Interim Final Rule Medicaid Community Engagement

MACE: When must you meet the requirement?

Application

- If applying for Medicaid, they must show they met the community engagement requirement in the **one month before application**.
- *Example:*
  - You are applying for Medicaid in February 2027.
  - You must show that you met the requirement for 80 hours in January 2027 to qualify.

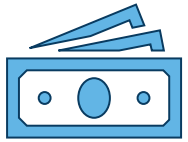
Renewal

- If already enrolled, they must show they met the community engagement requirement for any **three months in the 6-month period between renewals**.
- *Example:*
  - Your renewal is due in September 2027.
  - You must show that you met the requirement for 80 hours each month for any three months between March and August 2027.

MACE: Who needs to meet the requirement?

Individuals referred to as the expansion population need to meet the community engagement requirement if they are:

Age 19 to 64;



Enrolled in Medicaid based **only** on income and not for another reason such as disability, health status or family status; and

Not exempt.

MACE: Who is exempt from the requirement?

You do **not** have to meet the work or community engagement requirement if you are one of the following:

- Under the age of 19
- Former foster care child under age 26
- Member of a federally recognized tribe (American Indian or Alaska Native)
- A parent, guardian or caregiver of a child age 13 or younger; or a disabled individual of any age
- Veteran with a total disability rating
- Receiving Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI), or Social Security Retirement (SSR) due to disability
- Entitled to or Enrolled in Medicare Part A or Enrolled in Medicare Part B
- Pregnant or in the 12-month postpartum period
- Have a serious medical condition or medically frail*
- An inmate of a public institution now or in the past 3 months
- In a drug/alcohol or mental health treatment program
- Meet Temporary Assistance for Needy Families (TANF) work requirements

MACE: What is medically frail?

You may be considered medically frail if you have a health condition that significantly affects your ability to meet the community engagement requirement.

- Being medically frail is based on a **two-part determination**:
  1. You have a qualifying medical condition; **and**
  2. That condition significantly impacts your ability to complete 80 hours of community engagement activities.
- Qualifying conditions may include:
  - Blindness or disability
  - A substance use disorder
  - A disabling mental health condition
  - A physical, intellectual, or developmental disability that significantly impairs one or more activities of daily living
  - A serious or complex medical condition (e.g., cancer, ESRD, HIV/AIDS, heart disease, multiple sclerosis)
- How is it determined?
  - Kentucky will first review your health care records, including claims and service data from the past 12 months
  - If records are not available, you may provide documentation or, through 2027, a signed statement
  - Your provider may also complete a form being developed by KY CHFS to support your exemption
  - **Having a diagnosis alone does not automatically qualify you** — the state must consider whether the severity of your condition impacts your ability to work or participate in qualifying activities.

MACE: What are the short-term hardship reasons?

You may **not** have to meet the work or community engagement requirement if one of the following applies:

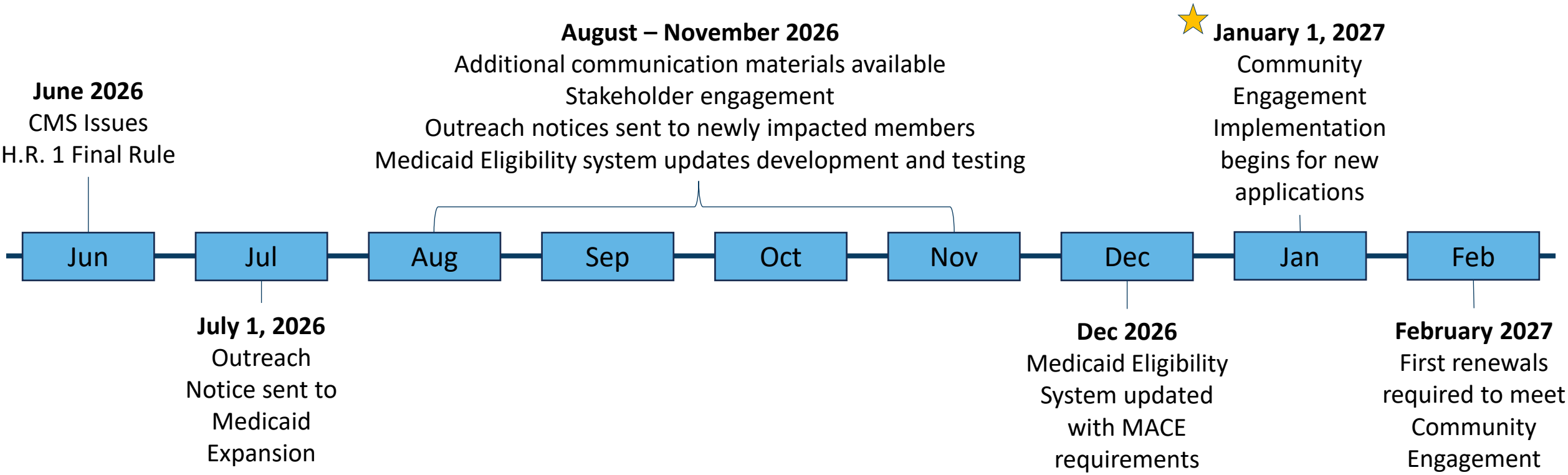
- **Inpatient care** – in a hospital or other medical facility at some time during the month
- **Federal Emergency or Disaster** – live in a county covered by a federally declared emergency or disaster during the month
- **High Unemployment Rate** – live in a county where the unemployment rate exceeds the federal threshold during the month
- **Extended Travel for Specialized Medical Care** – you or your dependent must travel from their home for an extended time to receive specialized medical treatment (if you are not travelling, your dependent's travel must impact your ability to meet the community engagement requirement).

MACE: What the Federal Rule Clarifies

The CMS interim final rule, released on June 1, provides additional detail on how community engagement requirements will work. Here are some key highlights:

- **Medical frailty is a two-part test:** In addition to having a qualifying medical condition, the state must determine that the condition impacts a person's ability to demonstrate community engagement.
- **Verification timelines vary by exemption type:**
  - Most compliance, exclusions, and exceptions must be verified **every 6 months**
  - Medical frailty and temporarily disabled veterans are verified **annually** (with one exception — see below)
  - Native Americans and permanently disabled veterans are verified **once**
  - Former foster children are verified **once** prior to turning 26
- **Attestations (signed statements) may be used through 2027:** After January 1, 2028, an attestation may be used **one time** for medical frailty but must be followed up with other documentation at the next review.
- **Community engagement applies to presumptive eligibility:** When applying for presumptive or hospital presumptive eligibility, community engagement will be assessed based on attestations.

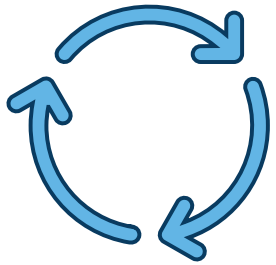
MACE: Implementation Timeline



TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

Medicaid Eligibility Renewals

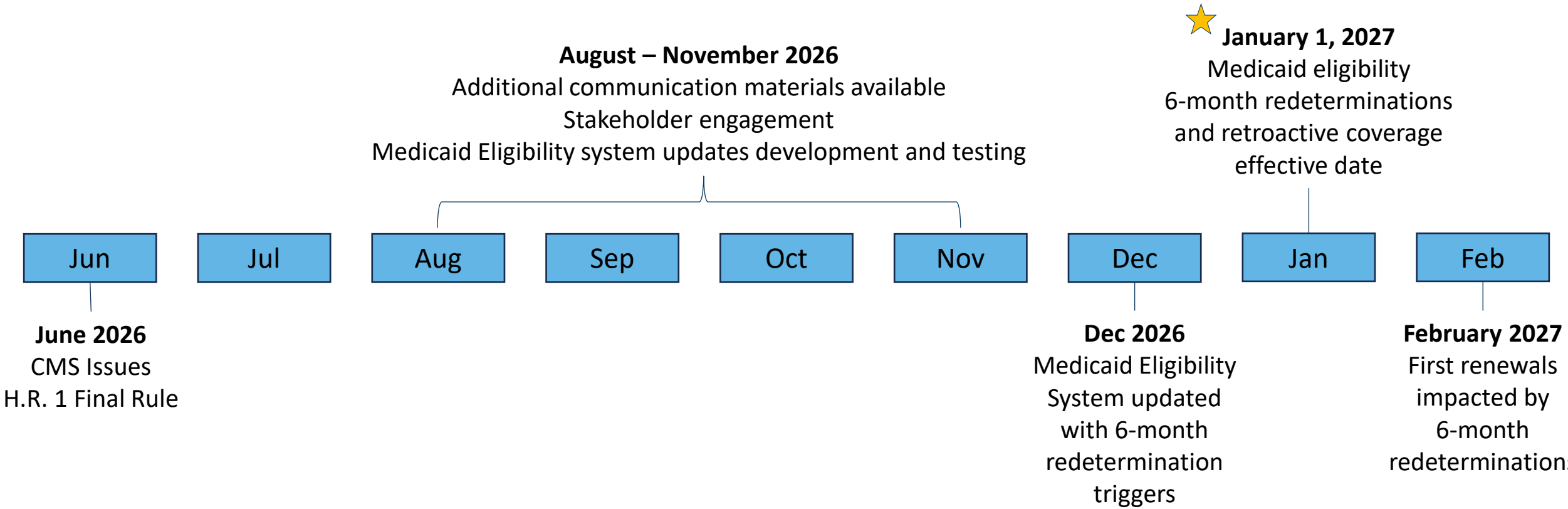
- H.R. 1 is changing how often Medicaid eligibility is reviewed, starting on January 1, 2027
- To apply for or keep Medicaid, some adults must do the following:
  - ✓ Complete an eligibility renewal every 6 months instead of once per year
  - ✓ Verify continued eligibility at each renewal, including income and earnings, household composition, residency and other eligibility factors
  - ✓ Respond to renewal notices and requests for information
  - ✓ Submit required documentation within required timeframes to maintain coverage
  - ✓ Meet renewal requirements alongside other program requirements, including community engagement, when applicable
- Timelines:
  - New applicants: 6-month renewal requirement begins January 1, 2027
  - Current members: Transition to 6-month renewals at their next scheduled renewal in 2027
- If renewal requirements are not completed:
  - Coverage may end
  - Members may need to reapply for Medicaid
- Current CMS Guidance: Section 71107: Implementation of “Eligibility Redeterminations”



Medicaid Retroactive Coverage

- A federal law is changing how far back Medicaid coverage can be applied, starting on January 1, 2027
  - Retroactive coverage will be limited to a shorter time period
  - Coverage may be applied:
    - Up to 1 month prior to application for adults ages 19–64 enrolled based on income (Expansion Population)
    - Up to 2 months prior to application for all other eligible groups
- States must:
  - Review eligibility for the retroactive period using the same criteria as at application
  - Determine whether an individual qualified for Medicaid during the prior 1–2 months
  - Approve or deny coverage for past services based on verified eligibility
- What this means for members
  - Individuals may have fewer months of past medical bills covered after applying
  - Members may need to apply more quickly after receiving care to maximize coverage
  - Providers may see changes in reimbursement for services delivered prior to enrollment

Medicaid Eligibility Renewals & Retroactive Coverage: Implementation Timeline



TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

Non-Citizen Medicaid Eligibility

- A federal law is changing which non-citizens qualify for Medicaid coverage, starting on October 1, 2026.
- To apply for or keep Medicaid, individuals must meet updated eligibility categories, which:
  - Limit federally funded Medicaid coverage to a narrower group of non-citizens
  - Redefine which immigration statuses qualify for full Medicaid benefits
  - Require states to verify immigration status and reassess eligibility for current members
- Current CMS Guidance: Section 71109: Implementation of "Alien Medicaid Eligibility"

Non-Citizen Eligibility: What is changing?

- Beginning October 1, 2026, federal Medicaid funding will generally be limited to:
  - U.S. citizens and nationals
  - Lawful Permanent Residents (LPRs / green card holders) Cuban or Haitian entrants
  - Compact of Free Association (COFA) migrants
- As a result, many groups that previously qualified will no longer be eligible for federally funded full Medicaid, including:
  - Refugees
  - Asylees
  - Individuals with humanitarian parole
  - Survivors of trafficking or domestic violence
- **Note:** The same immigration-related eligibility limits apply to Advance Premium Tax Credits (APTCs) for Marketplace coverage, meaning individuals losing Medicaid under these changes may not qualify for subsidized Marketplace plans either.

Non-Citizen Eligibility: Requirements & Implementation

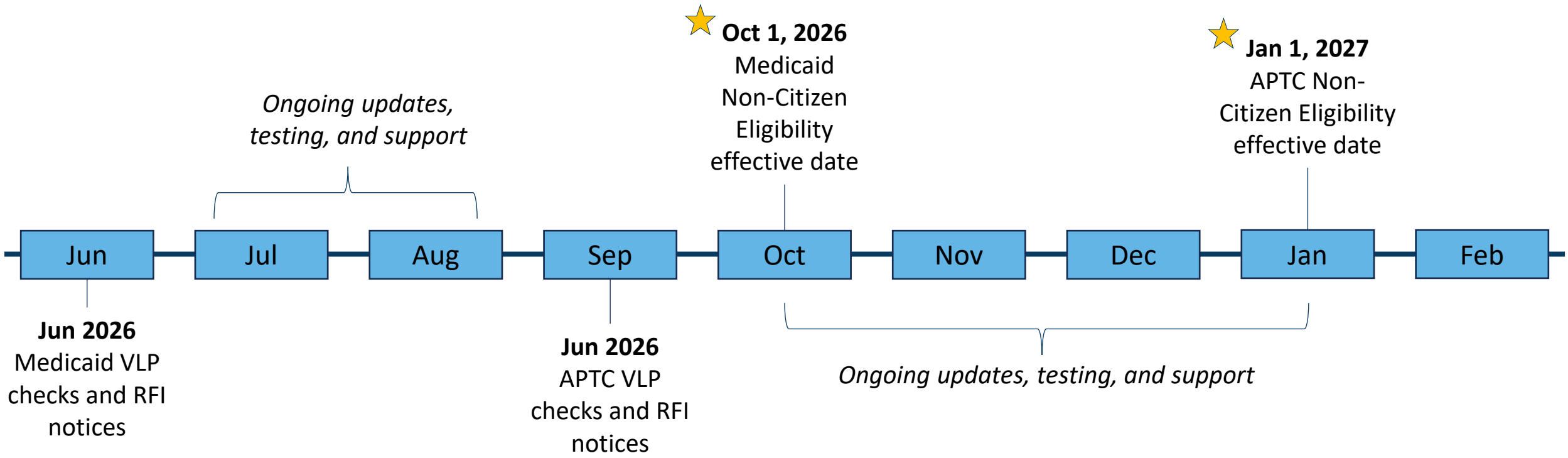
Requirements

- States are required to:
  - Reverify immigration status using federal data sources (e.g., verification systems)
  - Redetermine eligibility for affected individuals prior to October 1, 2026
  - Identify members who no longer qualify for federally funded coverage
  - Determine whether coverage will end or transition (e.g., emergency Medicaid or other coverage options)

Implementation

- Kentucky's Medicaid eligibility system (IEES) will be updated the Verify Lawful Presence (VLP) interface to receive new federal codes
- The system will run verification checks on current non-citizen members and identify individuals whose status does not meet new requirements
- If eligibility cannot be verified, members will receive a Request for Information (RFI) notice to submit documentation
- Kentucky anticipates sending VLP checks and RFI notices:
  - Medicaid: June 5–14, 2026
  - Advanced Premium Tax Credit (APTC): September 10-20, 2026

Non-Citizen Eligibility: Implementation Timeline



TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

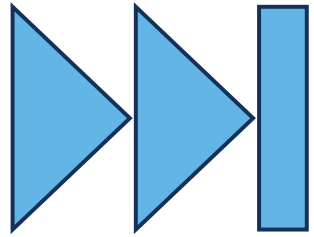
Next Steps

For Members:

- You do **not** need to take any action right now. Kentucky will provide advance notice before community engagement requirements begin.
- When the time comes, you will receive information about how to report your hours, how to request an exemption, and where to get help.

For Providers:

- Familiarize yourself with the community engagement requirements and exemption categories so you can support your patients.
- Be prepared to assist with medical frailty documentation as implementation approaches.
- Watch for additional guidance from the Kentucky Department for Medicaid Services (DMS) on your role in the verification process.



For Advocates & Stakeholders:

- Continue to participate in stakeholder meetings and provide feedback as Kentucky finalizes its implementation plan.
- Key dates and policy details may continue to evolve as CMS issues additional guidance — stay engaged for updates.

Questions?

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.