

CABINET FOR HEALTH AND FAMILY SERVICES

Medicaid Monthly Virtual Meeting Sept. 18, 2025



Agenda

- Welcome/Introduction
- Medicaid Renewals and State Based Marketplace Updates
- 1915(i) RISE Initiative
- Reentry Status Update
- 1915(c) Community Health for Improved Lives and Development (CHILD) Waiver
- Sister Agency Spotlight Department for Community Based
 Services (DCBS): House Resolution 1 Impacts to SNAP
- Our Healthy Kentucky Home Spotlight: Obesity
- House Resolution 1 (119th Congress) Update

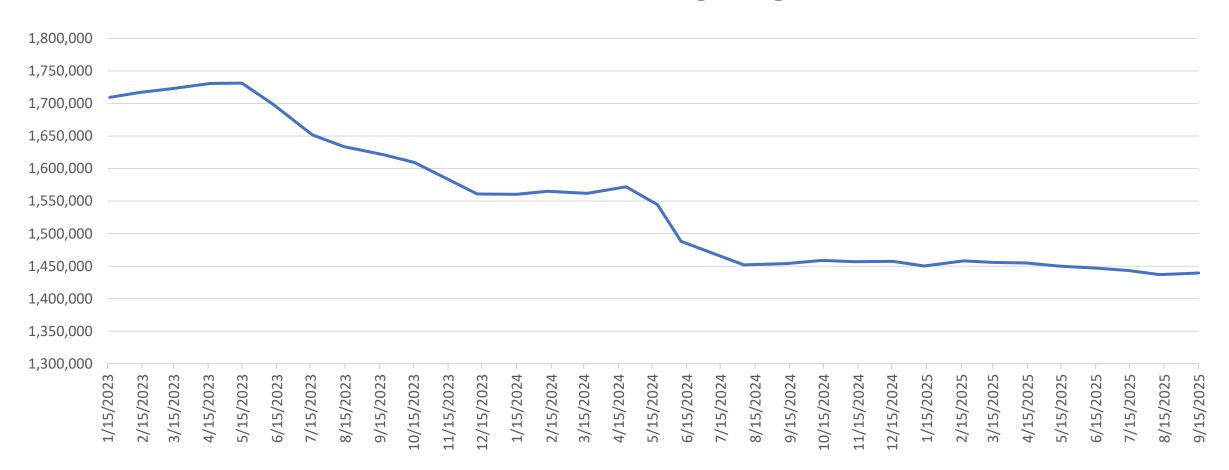


Medicaid Renewals and State Based Marketplace Updates



Medicaid Enrollment Trend

Medicaid Enrollment: Jan 2023 through August 2025 Renewals





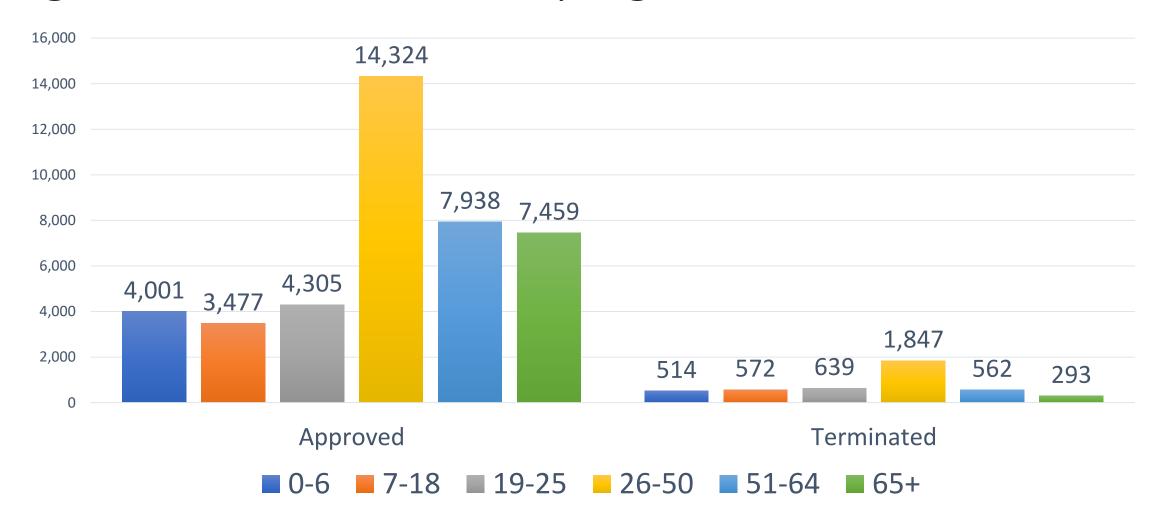
Medicaid Renewals – August 2025

	Individual Renewals	Medicaid Approvals	Medicaid Terminations	Pending
August	46,202	41,559	4,392	251



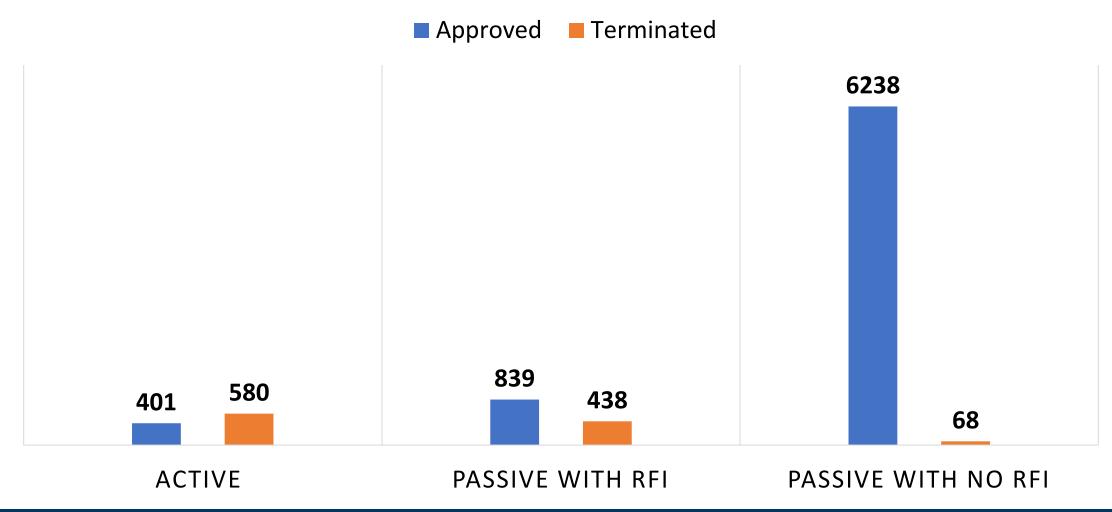
^{*}Numbers are based on CMS Reports.

August 2025 Renewals By Age



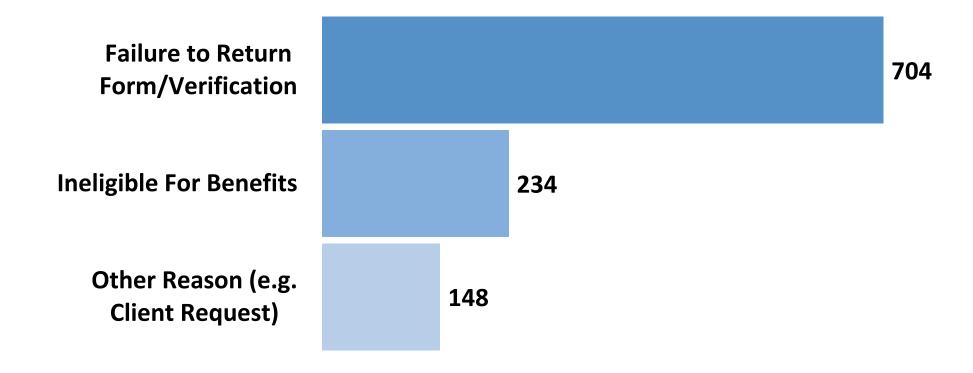


August 2025 Child Renewals





August 2025 Child Terminations by Reason





Stay Covered: Renew Your Medicaid!



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



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



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



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**.



Renewal Outreach Strategies and Support

State Outreach

- Communications are sent by mail, email, phone, and text according to each family's scheduled renewal month.
- Aim to prompt timely responses from families to avoid coverage loss.

Managed Care Organization Outreach

- Welcome letters and handbooks mailed shortly after enrollment.
- Follow-up calls and texts for renewals, gaps in coverage, or missing documents.
- Educational materials and reminders provided throughout the year to support member engagement.

Community-Based Support Channels

Kynectors

- Certified assistants via kynect
- Help families apply, renew, and navigate Medicaid, KCHIP, and other benefits

FRYSCs (Family Resource & Youth Services Centers)

- School-based centers supporting families with non-academic needs
- Assist with Medicaid applications, referrals, and outreach to eligible families

You can get help anytime!

Contact a local health coverage navigator at kynect.ky.gov or call 855-4kynect (855-459-6328)



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

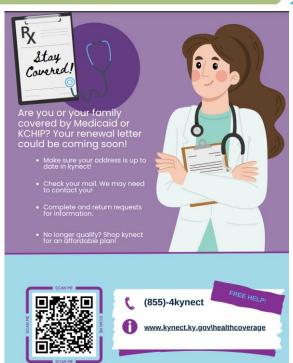
How to Apply

Materials for Offices

Get help from kynectors

Renewals









kynect

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







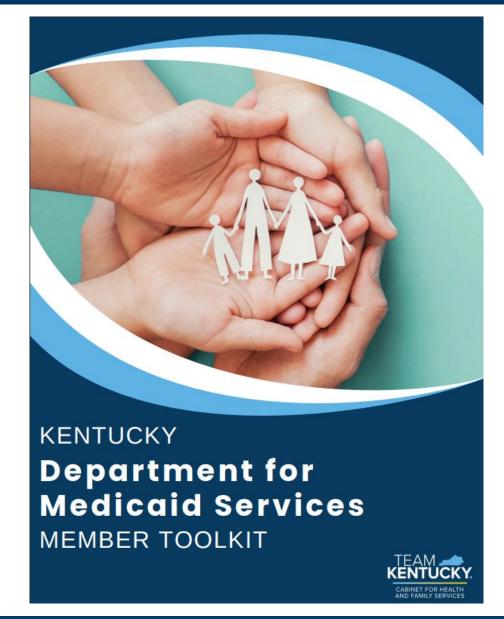




Medicaid Member Toolkit Available on the DMS Member Website!

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 - May 2024 Reporting Period - Updated

• May Data Demographic Report

Kentucky Monthly Data Report - August 2025 Reporting Period

August 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:

August Virtual Forum Recording



August Presentation Slides



State Based Marketplace Updates

H.R.1

 Outreach to immigrants who are not eligible for Medicaid based on immigration status and have income below 100% Federal Poverty Level who will no longer be eligible for APTC tax credits.

Enhanced Tax Credits

- Financial Assistance (Tax Credits) that lower insurance costs through Marketplaces like kynect will be substantially reduced because of current federal law
- Renewed push to US Congress to act this month
- KHBE emphasizing the value of obtaining, using, and keeping health insurance even if/when monthly contribution toward premiums rise.

Plan Year 2026

- Reminder that **Open Enrollment** with be **November 1, 2025 through January 15, 2026** with no changes to passive renewals/auto re-enrollment.
- All Bronze, Expanded Bronze, and Catastrophic Plans through kynect will be compatible with private Health Savings Account



1915(i) RISE Initiative



~1915(i) RISE Initiative~

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

Designed for Medicaid-eligible adults (18+) with Serious Mental Illness (SMI), with or without a co-occurring Substance Use Disorder Brings 10 essential Home and Community-Based Support (HCBS) services into communities



1915(i) RISE Initiative Developments and Contact Information:

- Over 100+ service providers have registered to begin the Certification Application process
- Core staff are now in place providing technical assistance and certification reviews
- Two "Office Hours" are available to interested providers per week, 3:00-4:00pm (ET), Mondays & Wednesdays
- General inquiries: 1915iRISEInitiative@ky.gov
- Provider inquiries: 1915iRISEProvider@ky.gov





Reentry Status Update



1115 Reentry Program

Eligibility	Settings	Services
All adults and youth who would be eligible for Medicaid if not for their incarceration.	 Department of Corrections (DOC) State Prisons. Department of Juvenile Justice (DJJ) Youth Development Centers (YDCs). 	 Case management 60 days prior to release and 12 months post-release. Medication-assisted treatment (MAT) with counseling for individuals diagnosed with a substance use disorder (SUD) 60 days prior to release. 30-day supply of all clinically-required prescription medication and, if applicable, an order for durable medical equipment (DME) immediately upon release.

Program Updates:

- Program design for the delivery of pre-release services is ongoing, including work group discussions
 with the DOC, DJJ, the Department for Community Based Services (DCBS), and MCO partners.
- The Project Team is actively working to ensure system alignment across all platforms with systems testing occurring through 2025.
- DMS will continue to collaborate with Justice partners will regarding the credentialing process with Managed Care Organizations (MCOs).
- Provider training and readiness will continue through 2025 into early 2026.



Consolidated Appropriations Act (CAA) Section 5121

Eligibility	Settings	Services
 Youth who are Medicaid eligible at incarceration or found Medicaid eligible during placement. Under 21 or Former Foster Care FFC, age 18-26. 	DOC State Prisons.DJJ YDCs.	 Screening and diagnostic services, including medical, dental, vision, and behavioral health screenings or diagnostic services 30-days prior to release. Targeted Case Management (TCM) 30 days prior to release and for at least 30 days after release.

Program Updates:

- The State Plan Amendment (SPA) has been approved for CAA Targeted Case Management (TCM), and for Screening and Diagnostic Services.
- The Alternative Benefit Plan (ABP) SPA is currently in progress.
- The CAA Grant has been awarded, with the state kick-off call scheduled for August.



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 justiceinvolved 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.



What is the 1915(c) CHILD Waiver?

Community Health for Improved Lives and Development (CHILD)

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.

Anticipated January 2026

Serving Children & Youth with Most Complex Needs

- Focused for children and youth stepping out of acute psychiatric inpatient care or at risk of out-of-home placement due requiring intensive behavioral health and residential supports.
- CHILD waiver includes clinical therapeutic services designed to foster a step-down approach, coming from the highest level of care in order to return to home and the community.



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 inpatient facility, intermediate care facility for individuals with intellectual disabilities (ICF/IID), or hospital.
 - Can be safely supported at home or in the community with the right services



Status and Next Steps

- KY Public Comment period ended July 15, 2025
 - Responses to comments compiled
 - Revisions were made to the application based on responses
 - Executive leadership reviewed
- CHFS submitted to CMS on August 20, 2025
- Responses to comments posted on August 21, 2025 (CHILDWaiverPCResponse.pdf)
- Regulations updates as of August 2025
 - 907 KAR 2.720 Kentucky's Community Health for Improved Lives and Development (CHILD)
 Waiver Program Requirements
 - 907 KAR 2.725 1915(c) Kentucky's Community Health for Improved Lives and Development (CHILD) Waiver Reimbursement
- CHFS continues to develop systems and procedures for operations and implementation.



Sister Agency Spotlight: Department for Community Based Services: House Resolution 1 Impacts to SNAP



H.R. 1

H.R. 1 refresher:

- Tax reconciliation bill.
- Signed into law on July 4, 2025.
- Changes a wide range of programs.

Today, we will discuss how HR. 1 impacts the Supplemental Nutrition Assistance Program (SNAP).

Changes to Thrifty Food Plan



H.R. 1 limits the way that the Thrifty Food Plan will be updated.



This means that SNAP benefits may not change to keep pace with inflation.



May make it more difficult for families to stretch their food budget as the cost of food increases.



Goes into effect October 1, 2025.



States are waiting for implementation guidance from USDA.



Changes to SNAP Work Requirements

- Able-Bodied Adult Without Dependent(s) (ABAWD).
 - Adult is now defined as 18-65 (this was 18-54).
 - <u>Dependent</u> is now child less than 14 (was 18).
- Some ABAWDs are no longer exempt from work requirements:
 - Homeless individuals.
 - Veterans.
 - Youth aged out of foster care up to 24 years old.

States are waiting for implementation guidance from USDA.



Changes to SNAP Work Requirements

- Changes to the SNAP ABAWD waiver.
- Kentucky currently waives 117 of 120 counties.
 - Under H.R.1, only counties with an unemployment rate higher than 10% will qualify for a waiver.
 - Previously, states could consider unemployment rate and job availability.
- Currently no Kentucky county meets the waiver requirement.
- When the current waiver expires 12.1.25, ABAWDs in all 120 KY counties must meet work requirements, which is 20 hours a week/80 hours monthly.



Changes to Standard Utility Allowance (SUA)

An SUA is a standard amount that represents a household's utility costs. SUAs may be used in lieu of the household's actual costs when determining eligibility and benefit amount.

Households that receive energy assistance, such as LIHEAP, automatically receive the Standard Utility Allowance (SUA).

HR.1 will limit SUAs to households "with an elderly or disabled member", reducing eligibility population.

Internet Expenses

 Households are no longer be able to claim internet expenses as part of their excess shelter expense deduction.

This may affect a household's SNAP eligibility.



H.R. 1 Shifts SNAP costs to States

- Administrative Costs:
 - Reduces the Federal contribution toward SNAP Administration Costs.
 - Increases state's share of SNAP administration costs.
 - Now a 75/25 split
- Match Requirements:
 - H.R.1 Requires states to provide matching funds based on Payment Error Rate.



Payment Error

- A Payment Error occurs when a household receives more or less than the correct amount set at a \$57 tolerance level. CFR 275(c)
- The USDA calculates each State's Payment Error Rate (PER) for each Federal Fiscal Year (FFY).
- Every June, USDA analyzes the final data collected from the states and uses that to determine national and state payment error rates.
- SNAP Payment Errors are identified through a Quality Control Process

Error Tolerance: https://www.fns.usda.gov/snap/qc/ett

QC Process: https://www.fns.usda.gov/snap/qc



Matching Funds Requirements

- States with SNAP Payment Error Rates above 6% must match the Federal funds provided for Benefits.
 - Breakdown:
 - For states with a PER below 6%: 0% state match
 - For states with a PER 6-7.99%: 5% state match
 - For states with a PER 8-9.99%: 10% state match
 - For states with a PER at 10% or higher: 15% state match
- Starts with FFY 2028 (October 1, 2027)



Alien SNAP Eligibility

- Changes the SNAP Eligibility related to Citizenship status to:
 - 1. Resident of the United States
 - 2. Either:
 - (A) Citizen or national of the United States (added "national")
 - (B) Alien lawfully admitted for permanent residence as an immigrant (same definition and exclusions)
 - (C) an alien who has been granted the status of Cuban and Haitian entrant
 - (D) an individual who lawfully resides in the United States in accordance with a Compact of Free Association

• We are seeking guidance on implementation.





CABINET FOR HEALTH AND FAMILY SERVICES

Questions?

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Our Healthy Kentucky Home Spotlight: Obesity



According to the Kentucky Behavioral Risk Factor Survey

MORE THAN

3 2 %

OF KENTUCKY ADULTS reported being overweight

BMI = 25.0-29.9



MORE THAN
38%
of KENTUCKY ADULTS
reported being obese

BMI ≥ 30.0



- During the month of September, Our Healthy Kentucky Home focuses on obesity
- Obesity is a complex and costly chronic disease with many contributing factors. However, by incorporating simple and achievable lifestyle changes into your daily routine, you have the power to reduce your weight and reach your full health potential
- Obesity is usually defined by comparing a person's weight to their height, this is referred to as a BMI (body mass index)



Body Mass Index (BMI) Table

Step 1: Find your height in the left column

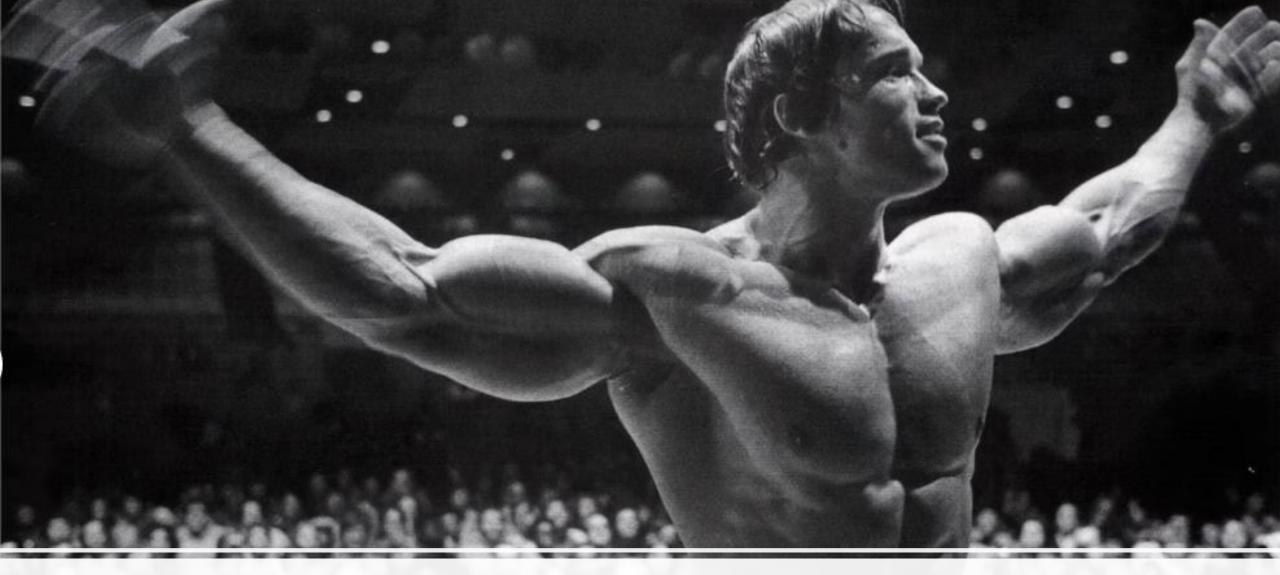
Step 2: Follow the row across until you come to your weight

Your BMI is at the bottom of the column under your height

Step 3:

Height	Wei	Weight (in pounds)															
4' 10"	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167
4'11"	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173
5' 0"	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179
5' 1"	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185
5'2"	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191
5'3"	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197
5' 4"	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204
5' 5"	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210
5' 6"	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216
5'7"	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223
5' 8"	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230
5' 9"	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236
5' 10"	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243
5' 11"	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250
6' 0"	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258
6' 1"	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265
6'2"	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272
6' 3"	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279
6' 4"	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287
ВМІ	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
	Healthy Weight						Overweight					Obese					

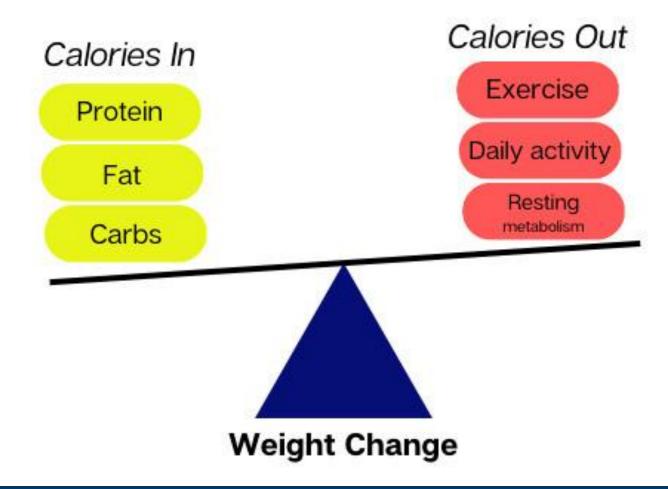




BMI 31 = Obese



- Reason we gain weight is our calories intake is not balanced with the calories we burn
- Many things determine how many calories we need daily
- Resting metabolism is different for each person
 - Gender/age
 - Hormones
 - Muscle mass
 - Genetics









Healthy eating patterns help people live longer, strengthen their immune systems, and have fewer chronic diseases A good meal plan includes a variety of healthy foods, try eating 2 servings of fruits or vegetables daily as an important part of your healthy diet



PHYSICAL ACTIVITY PHYSICAL RESULTS

Regular physical activity is essential for maintaining a healthy weight and helps reduce the risk of obesity-related conditions.



- Try a variety of different activities to find ones you enjoy, such as walking your dog or swimming laps at the local pool
- If you enjoy an activity, you're more likely to stick with it
- Start with 30 minutes a day, three days a week
- Get an exercise buddy!



BUILD YOUR HEALTH SUPPORT TEAM

Surround yourself with supportive friends and family to help you on your health journey.

TO LEARN MORE VISIT:

OurHealthyKYHome.ky.gov

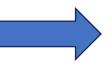


TEAM KENTUCKY



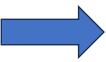


2 fruits and vegetables a day



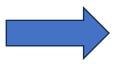


Exercise 30 minutes 3 times a week





Connect and engage with others



Will improve your overall health

Increase your energy level

Will help your sleep

Reduce your risk of developing chronic disease or making it worse

May help you lose weight



Our Healthy Kentucky Home Helpful Websites

Our Healthy Kentucky Home - Our Healthy Kentucky Home

Obesity Data and Statistics | Obesity | CDC

Staying Active at Any Size – NIDDK

The Dinner Table Project

Overweight and Obesity | Nutrition.gov



House Resolution 1 (119th Congress)



\$50 billion to be disbursed across federal fiscal years 2026 – 2030 (\$10 billion per year)

Award grant funds by December 31, 2025

50% (\$25B) shared equally among states with an approved application.

50% (\$25B) awarded to states based on state metrics, and other factors

The Program has five strategic goals, grounded in the statutorily approved uses of funds:

- Make rural America healthy again: Support rural health innovations and new access points to promote preventative health and address root causes of diseases.
- Sustainable access: Help rural providers become long-term access points for care by improving efficiency and sustainability.
- Workforce development: Attract and retain a highly skilled health care workforce by strengthening recruitment and retention of health care providers in rural communities.
- Innovative care: Spark the growth of innovative care models to improve health outcomes, coordinate care, and promote flexible care arrangements.
- Tech innovation: Foster use of innovative technologies that promote efficient care delivery, data security, and access to digital health tools by rural facilities, providers, and patients.

- Notice of Funding Opportunity released by the Centers for Medicare and Medicaid Services on September 15, 2025.
- Deadline for states to apply is November 5,
 2025.
- There is only **one application** per state, submitted by the Governor or their state agency designee.
- This is the <u>only</u> opportunity to apply to receive funds for the five-year period.

To learn more about the Rural Health Transformation Program and to access the Notice of Funding Opportunity, visit the program webpage at: https://www.cms.gov/priorities/rural-health-transformation-rht-program

- Cabinet for Health and Family Services (CHFS) received over 40 submissions to provide input into the Kentucky Rural Health Transformation Plan.
- Currently reviewing the submissions to develop the plan.
- Additional stakeholder engagement is being planned and will be announced.
- <u>Subscribe</u> to the Kentucky Medicaid email distribution list to receive email notices about the Rural Health Transformation Plan.

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



Questions



Open call for topics of interest!

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

