



CABINET FOR HEALTH
AND FAMILY SERVICES

**Medicaid Monthly Virtual
Meeting
March 20, 2025**

Agenda

- Welcome/Introduction
- Department Updates
 - Families First Town Hall Update
 - Renewals and Eligibility
 - Anthem Transition
 - Reentry
 - Long-Term Services and Supports and Waiver Updates
- Guest Spotlight: DAIL: Kentucky PACE Program
- Hot Topic: Our Healthy KY Home – Cancer Prevention

Kentucky Families First Initiative

Families First Town Hall March 26



TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

Town Hall Meeting

Mark your calendar and be part of the conversation at our event.

 **Wednesday**
March 26, 2025

 **Time**
9-11 a.m.

 **AOC**
1001 Vandalay Drive
Frankfort, KY 40601

Families First is a statewide initiative spearheaded by the Kentucky Cabinet for Health and Family Services (CHFS) to improve child and youth services across Kentucky. Our mission is to ensure that every child and youth receives the appropriate support at the right moment, whether they require in-home care, foster placement, therapeutic services, or specialized residential treatment.



Email: familiesfirst@ky.gov

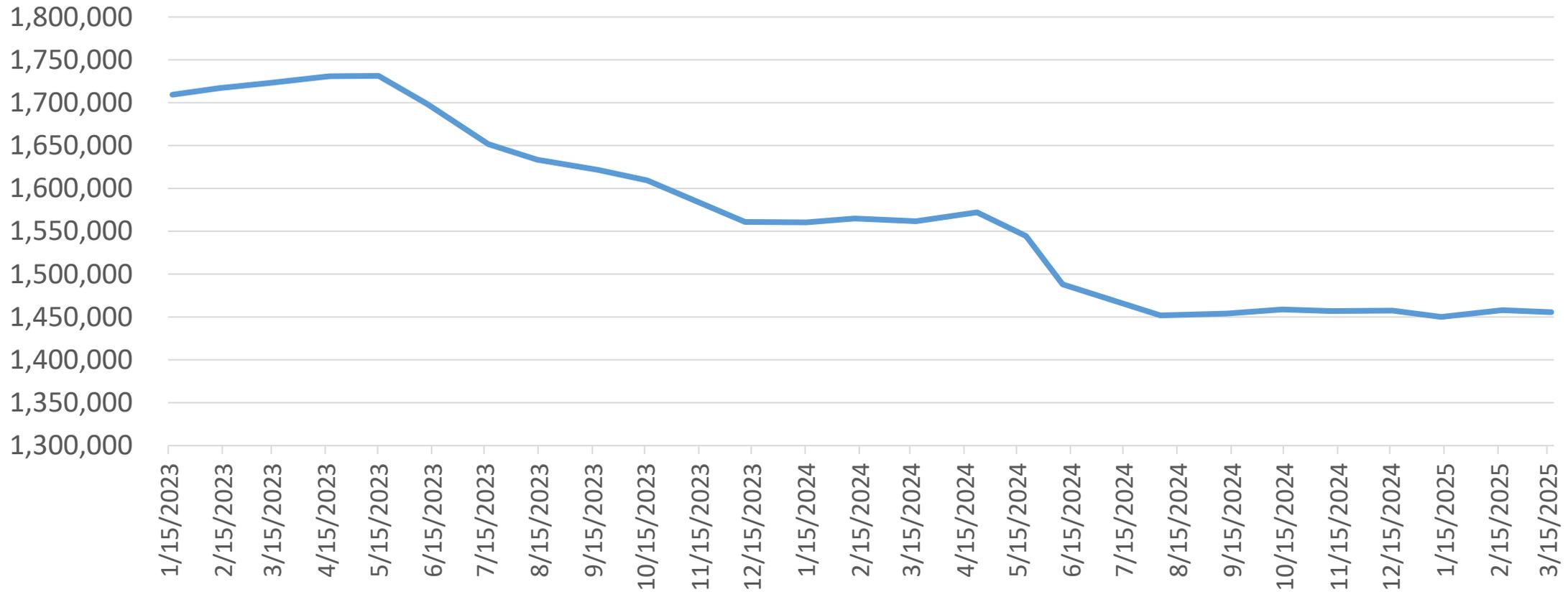


Scan to Register!

Medicaid Renewal Updates

Medicaid Enrollment Trend

Medicaid Enrollment: Jan 2023 through Mar 2025 Renewals



Medicaid Renewals

- Regular annual renewals for cases unrelated to the Public Health Emergency (PHE) unwinding resumed in April 2024.
- PHE flexibilities in place through June 2025 including automatic child renewals
 - Preparing communications for restart of child renewals
- CMS monthly and updated reporting ongoing.

Unwinding Report Updates Posted – Cont'd

Original 2024 CMS Monthly Reports

	Individual Renewals	Medicaid Approvals	Medicaid Terminations	Pending
Jan	79,053	67,748	10,899	22
Feb	93,004	64,789	10,128	1
Mar	97,962	70,358	7,932	72
Apr	103,265	70,170	15,887	226
May	94,705	51,534	37,461	816
Jun	58,959	41,336	13,187	1
Jul	40,719	36,036	1,187	0
Aug	36,136	31,823	979	2
Sep	52,369	45,833	1,234	1
Oct	61,174	52,815	1,557	4
Nov	38,540	30,194	1,334	5



Updated 2024 CMS Monthly Reports*

	Individual Renewals	Medicaid Approvals	Medicaid Terminations	Pending
Jan	79,053	67,758	10,911	0
Feb	93,004	64,780	10,128	0
Mar	97,962	70,404	7,958	0
Apr	103,265	70,266	16,017	0
May	94,705	51,938	37,873	0
Jun	58,959	41,337	13,187	0
Jul	40,719	36,036	1,187	0
Aug	36,136	31,825	979	0
Sep	52,369	45,833	1,235	0
Oct	61,174	52,817	1,558	1
Nov	38,540	30,199	1,334	0

22 processed
1 processed
72 processed
226 processed
816 processed
1 processed
0 processed
2 processed
1 processed
3 processed
5 processed

*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 03/14/25
December	38,604	33,235	819	1	4,549	921
January	70,736	61,288	1,945	1	7,502	563
February	67,936	59,672	1,703	3	6,558	417

*Numbers are based on CMS Reports.

Help us get the message out! Informational fliers available on PHE website in English and Spanish!

Reinstatement Information

How to Reinstate Your Medicaid

Beginning in April 2023, Kentucky Medicaid went back to doing annual renewals for Medicaid eligibility.

Did your Medicaid coverage get terminated? You may be able to get it back with a few easy steps!

But... You need to act within 90 days of your termination to get coverage reinstated!

Your kynect dashboard will have information about any notices you may have received explaining the steps you need to take to get your coverage back!

Here is what you need to do!

1. Log into kynect.ky.gov – if you don't have a kynect account, you can set one up by following the steps in this [video!](#)
2. Navigate to your Message Center to view your notices.
3. Read the notices you received to know what you need to do.
4. You may need to complete a pre-populated renewal application, upload documents, or report a change to your application.
5. Once everything is updated and completed, you can proceed to sign and submit.
6. If you are having trouble or can't set up a kynect account, you can call (844)-4kynect or go into a DCBS office for help. [Find a DCBS Office](#) or [find a kynector](#).

If your situation has changed and you are no longer eligible for Medicaid, there are other options available to you. Agents and kynectors can help you select and enroll in a Qualified Health Plans (QHPs) with payment assistance.

Visit <https://medicaidunwinding.ky.gov> to learn more!

Materials for Offices

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!

SCAN ME

(855)-4kynect **FREE HELP!**

www.kynect.ky.gov/healthcoverage

kynect
Together We Can Succeed

Editable Fliers for kynectors

TEAM KENTUCKY Public Health Emergency Unwinding CABINET FOR HEALTH AND FAMILY SERVICES Kentucky Medicaid Renewals

Here is what you need to know to stay covered!

If you or a family member currently has health coverage through Medicaid or the Kentucky Children's Health Insurance Program, called KCHIP, there are changes coming.

What's changing?

Because of COVID-19, the federal government declared a public health emergency (PHE). During this time, changes were made so that Medicaid and KCHIP renewals were not required, so people did not lose their coverage.

However, Kentucky restarted Medicaid annual renewals in April. Renewals will continue over a 12-month period.

Make sure you take the necessary steps to keep your coverage!

★ You will receive a letter when it is your time to renew.

What do you need to do?

1. **Update your information:** Make sure kynect.ky.gov has your correct:
 - ✓ mailing address
 - ✓ phone number
 - ✓ email
 This way, we can contact you without delay.
2. **Check your mail:** You will get a letter about your Medicaid or KCHIP renewal **when it is your time**. The letter will let you know if you need to complete a form or send in information to keep your coverage.
3. **Send in information:** If you get a form, fill it out, return it right away. Make sure to give us any information we request. The information will help determine if you still qualify for coverage.

Have questions? Need help?

To make sure your information is updated, visit kynect.ky.gov or call 855-4kynect (855-459-6328)

Kentucky Medicaid will reach out to you when it is your time to renew.

You can also get free help from local kynectors.

Local kynector: Contact Info:

ID Proofing Tips

ASSISTANCE FOR KYNECTORS

MANUAL IDENTIFICATION PROOFING MADE EASY!

WHY IS ID PROOFING NEEDED?

Sometimes, a Medicaid member's identification cannot be verified electronically with Experian. When this happens, members will need to take additional steps to assure the verification of their identity.

ADDITIONAL INFO...

It is important to flag emails for DCBS staff to assure awareness of an identification proofing request and proper identification of the Medicaid member.

Email documents to:

TIP 1

If ID proofing is needed, Medicaid members must submit a form and photo ID to the Department for Community Based Services (DCBS).

TIP 2

kynectors can assist with the completion of form and can email the document, photo ID, and member's contact info on behalf of the member to DCBS.

TIP 3

Members or kynectors can hand deliver the form to a local DCBS office.

DMS.IDProofing@ky.gov

Enter "ID Proof" in subject line

Identify member in body of email.

TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

KY PHE Website Resources

<https://medicaidunwinding.ky.gov>



During the COVID-19 Public Health Emergency (PHE), the Kentucky Department for Medicaid Services (DMS) made sure that all Medicaid beneficiaries kept their coverage. DMS stopped all annual renewals. But soon, DMS will begin annual renewals for Medicaid members. You may be at risk of losing Medicaid coverage if we cannot reach you. You should update your contact information as soon as possible and keep it updated so Kentucky Medicaid is able to reach you when it is your time to renew!

Please update your information as soon as possible!
Visit kynect.ky.gov or call kynect at 855-4kynect (855-459-6328) to update your mailing address, phone number, email and other contact information.
Kentucky Medicaid will then be able to reach you when it is your time to renew!

Kentucky PHE Plans and Reports

Through the PHE Unwinding, Kentucky will be prioritizing transparency across all operations and progress through the unwinding. The following materials will provide insight to all operational plans and up-to-date information on our progress through the 12-month unwinding period. Additional reports will be added to this section as they are available.

- [Kentucky Unwinding Approach March 2023](#)
- [Kentucky PHE Flexibilities Tracker](#)
- [Renewal Redistribution Report](#)
- [System Artifact Report](#)

Stakeholder Session Information

KY PHE Reports

FAQs

Medicaid Member Information

Medicaid Provider Information

Communication Materials

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.

- [Member Information Brief](#) [español](#)
- [Member Renewals Information](#) [español](#)
- [Provider Information Brief](#)
- [Alternative Coverage Options](#) [español](#)
- [Qualified Health Plan \(QHP\)](#) [español](#)
- [Medicare Enrollment \(Members\)](#) [español](#)
- [Medicare Enrollment \(Provider\)](#)
- [How to Access Your Renewal Date](#)
- [How to Access Your Patient's Renewal Date](#)
- [KY PHE Renewal Pathway Brief](#)
- [Provider Renewals Guidance Document](#)

Stakeholder Sessions

In March, DMS hosted Stakeholder Engagement meetings to provide information about the PHE Unwinding and Medicaid renewals. You can find the materials from those sessions here:

- [Presentation Recording - KY PHE Stakeholder Engagement Meeting Recording March - YouTube](#)
- [Presentation Slides](#)
- [Kentucky Unwinding Stakeholder Frequently Asked Questions Document](#)

To help support Medicaid partners, DMS is holding virtual stakeholder forums.



Please join us for the [Monthly Stakeholder Meeting](#) every third Thursday at 11:00 am ET.

If you have any questions for DMS that you would like for us to speak to during the upcoming monthly meeting, please submit those questions through this [survey](#). Thank you!

In addition, Thursday, April 20th we will be hosting a Provider Informational session on Medicaid Renewals and the PHE unwinding. Please [register for the event](#) to learn about updates specific to providers and hear answers to some of your questions!

Anthem Medicaid Transition

Anthem Transition

Anthem must maintain operations for run out including but not limited to:

- Cover and reimburse for services prior to January 1, 2025
- Process claims up to 365 days from date of service
- Respond to appeals for services prior to January 1, 2025 until completed

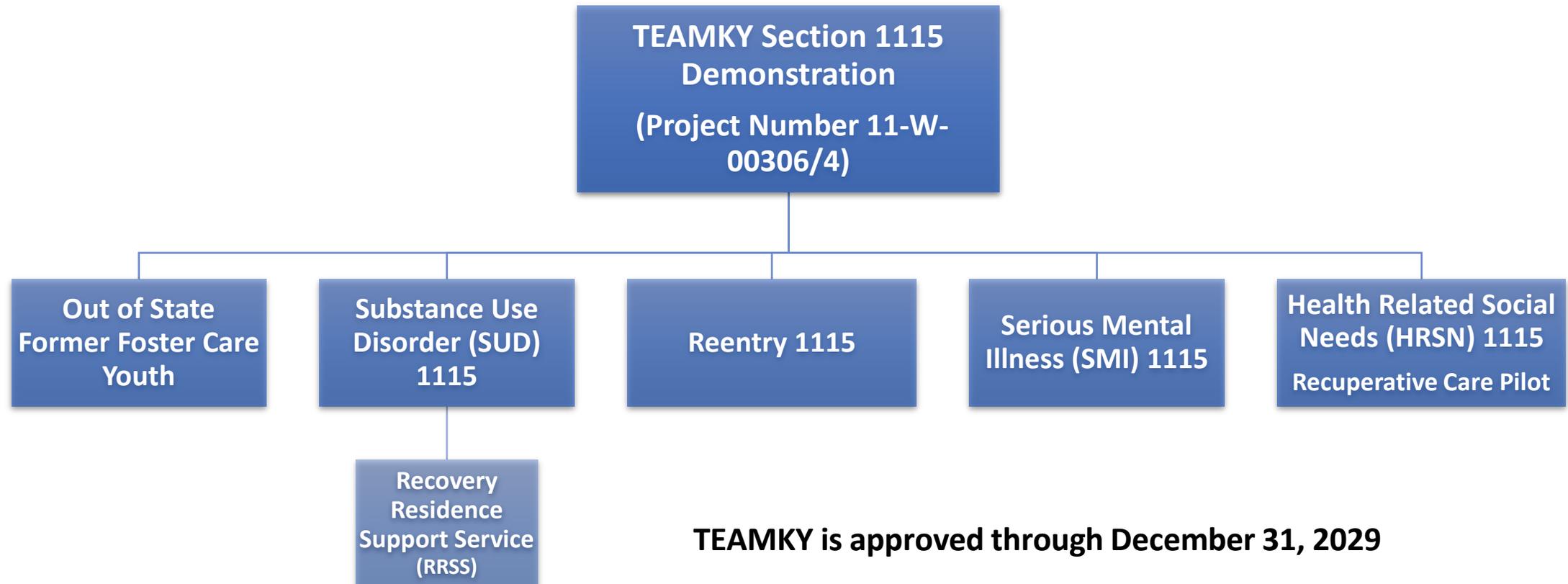
Designated website, [Kentucky Medicaid Anthem MCO Transition](#)
Designated number for Anthem members: 1-833-501-9930

Reentry Update



TEAMKY 1115 Approval

Kentucky received approval on December 12, 2024 for the following Demonstration components:



TEAMKY 1115 and CAA Timeline



Waiver Update

Waiver Updates



Welcome Carmen Hancock!

Long Term Services and Supports Division Director

- ✓ Graduate of University of Maryland Global Campus Europe
- ✓ Formerly the Executive Director of Recovery Works Elizabethtown
- ✓ Previously held leadership roles at a Texas non-profit aimed at improving health outcomes in affordable housing communities and at Communicare Inc.

Waiver Updates

HCB & MIIW Renewal

- Both applications expire in 2025 and must be renewed
- Public comment open until 11:59 p.m. Eastern on 4/13
- Visit DMS LTSS website for applications, summaries, and public comment instructions

EVV PCS

- Therap system is live as of 1/1/25
- All providers must archive Netsmart data by 4/1/25.

Waiver Slots

- New slots to be allocated when SFY25-26 begins on 7/1/25
- ABI LTC – 25 slots
- HCB & MPW – 500 slots
- SCL – 250 slots

Waiver Rates

- Effective 1/1/25
- Rates updated in current regulations
- Regulations open for public comment until 3/24

Need Waiver Help?

Contact the Operating Agency

ABI, ABI LTC or MIIW

Department for Medicaid Services
(844) 784-5614
1915cWaiverHelpDesk@ky.gov

**HCB
PDS (all waivers)**

Department for Aging and Independent Living
(877) 315-0589
HCBIquiries@ky.gov

MPW or SCL

Department for Behavioral Health, Developmental and
Intellectual Disabilities
(502) 564-7700
DDID.Info@ky.gov



CABINET FOR HEALTH
AND FAMILY SERVICES

Program of All-Inclusive Care for the Elderly PACE

**Department for Medicaid Services (DMS)
Department for Aging and Independent Living (DAIL)**

PACE Program Oversight



DMS partners with the Department for Aging and Independent Living (DAIL) on PACE program administration, monitoring, and oversight. This includes provider training, technical assistance, and quality assurance activities.

What is Program of All-Inclusive Care for the Elderly (PACE)?



A fully-capitated health program that provides integrated care to eligible older & disabled adults who need nursing facility level of care but prefer to remain at home. The PACE organization is paid a fixed amount per enrollee to provide all the individual's care needs.

Who Is Eligible to Enroll?

Individuals must...



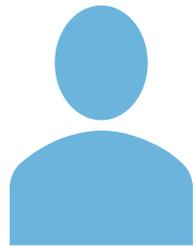
Be age 55 or older.

Meet nursing facility level of care per 907 KAR 1:022.

Be able to live safely in the community at the time of enrollment.

Live in an area covered by a PACE organization.

Who are PACE Participants?



- Average age: 75 years old
- Significant health and long-term care needs
- Cognitive Impairments
- Functional Impairments
- Multiple Complex Medical Conditions

NPA Eligibility Requirements | NPA | National PACE Association (npaonline.org) 2025

Benefits of PACE for Participants

Simplicity

- **One** organization develops a person-centered plan and coordinates **ALL** the individual's health needs: primary care, rehab & therapeutic support, personal care, pharmacy, social services, meals, etc.

Community Inclusion

- Allows individuals to continue living in the community where they have built their life

Freedom of Choice

- Gives participants the option of where & how they receive care: at home or at the PACE center

Quality of Life

- Enhances autonomy & preserves the participant's family unit / support system

The Interdisciplinary Team



- The PACE interdisciplinary team (IDT) must be comprised of the members displayed.
- One member may fill two separate roles if he/she has all applicable licensure requirements, is qualified to fill two roles and can meet the participant's care needs.
- The IDT is responsible to conduct an initial assessment of the participant, develop a care plan, conduct periodic reassessments and coordinate 24-hour care delivery.
- Individual IDT members are responsible for keeping the IDT informed of the participant's condition, remaining alert to input from other team members, and documenting any changes in the participant's medical record.

Credit: National Pace Association
https://www.npaonline.org/sites/default/files/PDFs/infographic/infographic_update_june2022_combined.pdf

Use of Contracted Providers

The PACE organization must:

- Have a written contract with any outside organization, agency or individual providing PACE services, except for emergency services.
- Keep a list of contracted providers on file and provide it upon request.
- Designate a liaison between the contracted provider and the PACE organization.



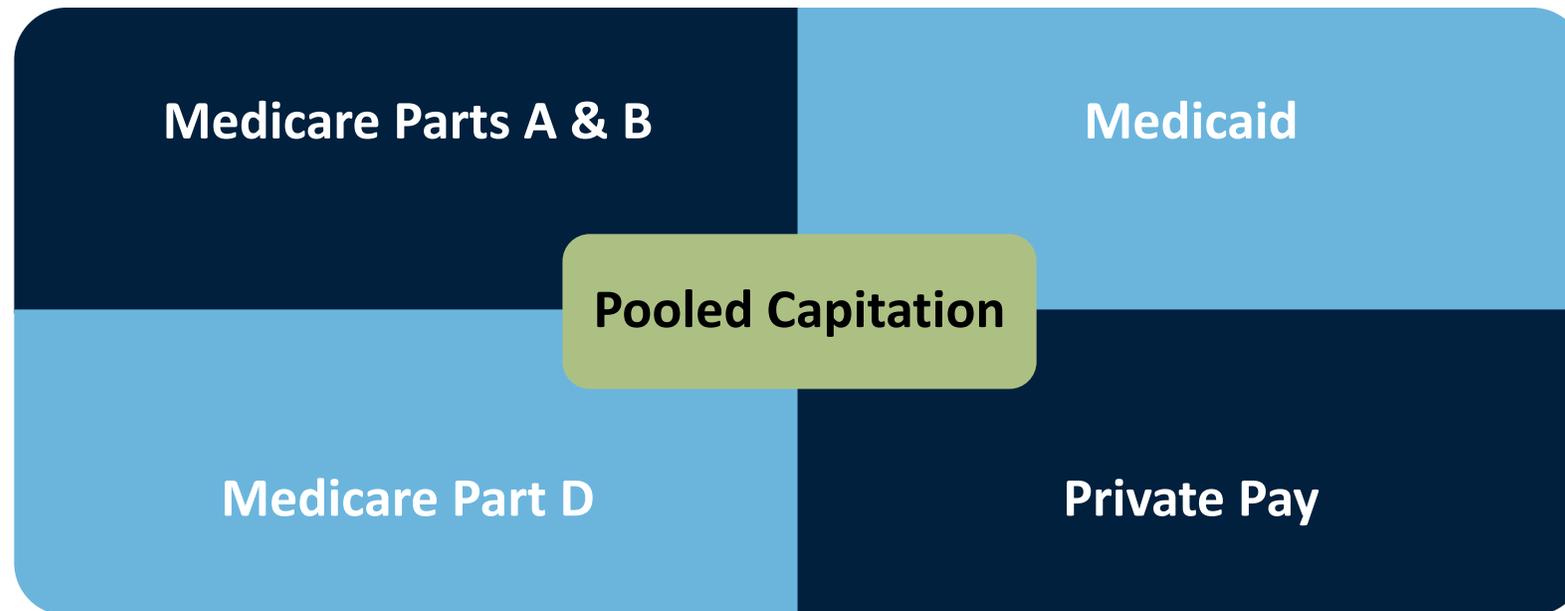
The contracted provider must:

- Be located within or near the PACE organization's service area.
- Meet all applicable state and federal requirements.
- Communicate proactively with the IDT and only provide services authorized by the IDT.

Potential contracted entities can include hospitals, nursing facilities, specialists, home health agencies, transportation services, and PT, OT or ST providers.

How is the Cost of PACE Covered and Reimbursed?

PACE is not a fee-for-service program. PACE organizations receive a monthly capitated payment per participant, which is pooled to cover all participants' service needs. The pooled capitation has four funding sources.



PACE in Kentucky

Kentucky currently has:

- ➔ 9 PACE Providers
- ➔ Covering 54 counties
- ➔ through 13 PACE centers.

The expansion of PACE into additional counties is in progress.

What are Kentuckians enrolled in PACE saying?

- “They have helped me so much at a time in my life I really needed it. They’ve been a blessing, God sent, and have saved my life: I can’t say enough good things about them.”
 - “This place is so caring and wonderful. I am so happy with this program. They treat you as a human. I am glad to be a part of this program. They are good people here. I get lonely they are right here for me.”
- Submitted by a Kentucky PACE Provider October 2023

PACE Resources

DMS PACE Program Website

<https://bit.ly/KYPaceProgramInfo>

DAIL PACE Website

[CHFS DAIL PACE](#)

PACE Regulation

[907 KAR 3:250 PACE](#)

42 CFR Part 460 – PACE

[42 CFR 460 PACE](#)

CMS PACE Information

[CMS PACE Information](#)

National PACE Association

<https://www.npaonline.org/>

PACE Contact

Department for Aging and Independent Living (DAIL)

Dedicated PACE Phone Number
888-804-0884

Dedicated PACE email
pace@ky.gov

PACE in Kentucky



Questions?

Our Healthy Kentucky Home: Cancer Prevention



10 things you can do to reduce your risk of cancer.



Be smokefree.



Eat vegetables, fruit, wholegrains, legumes and nuts.



Be SunSmart and avoid sunbeds.



Have less sugary drinks and junk food.



Be active.



Eat less red and processed meats.



Get recommended screening tests.



Drink no or less alcohol.



Get the HPV and Hepatitis B vaccines.



Be a healthy weight.

Reduce your Risk of Cancer

- Vaccination
 - Hepatitis B Vaccine
 - Three shots administered at birth and the first few months of life
 - HPV vaccine
 - Two shots administered at 11 years of age, 6 months apart or
 - Three shots if administered as a teenager (>15 years old)
- Screening
 - For specific types of cancer

Why Screen for Cancer?

- Cancer screening is the process of checking for cancer or abnormal cells that may become cancer in people who have no symptoms.
- The main goal of cancer screening is early detection, which can make cancer easier to treat and cure.
- Several screening tests have been shown to detect cancer early and to reduce the chance of dying from that cancer.

WOMEN

Breast cancer
(mammography)

Cervical cancer
(pap and/or HPV test)

BOTH

Colon cancer
*(colonoscopy, stool tests,
or sigmoidoscopy)*

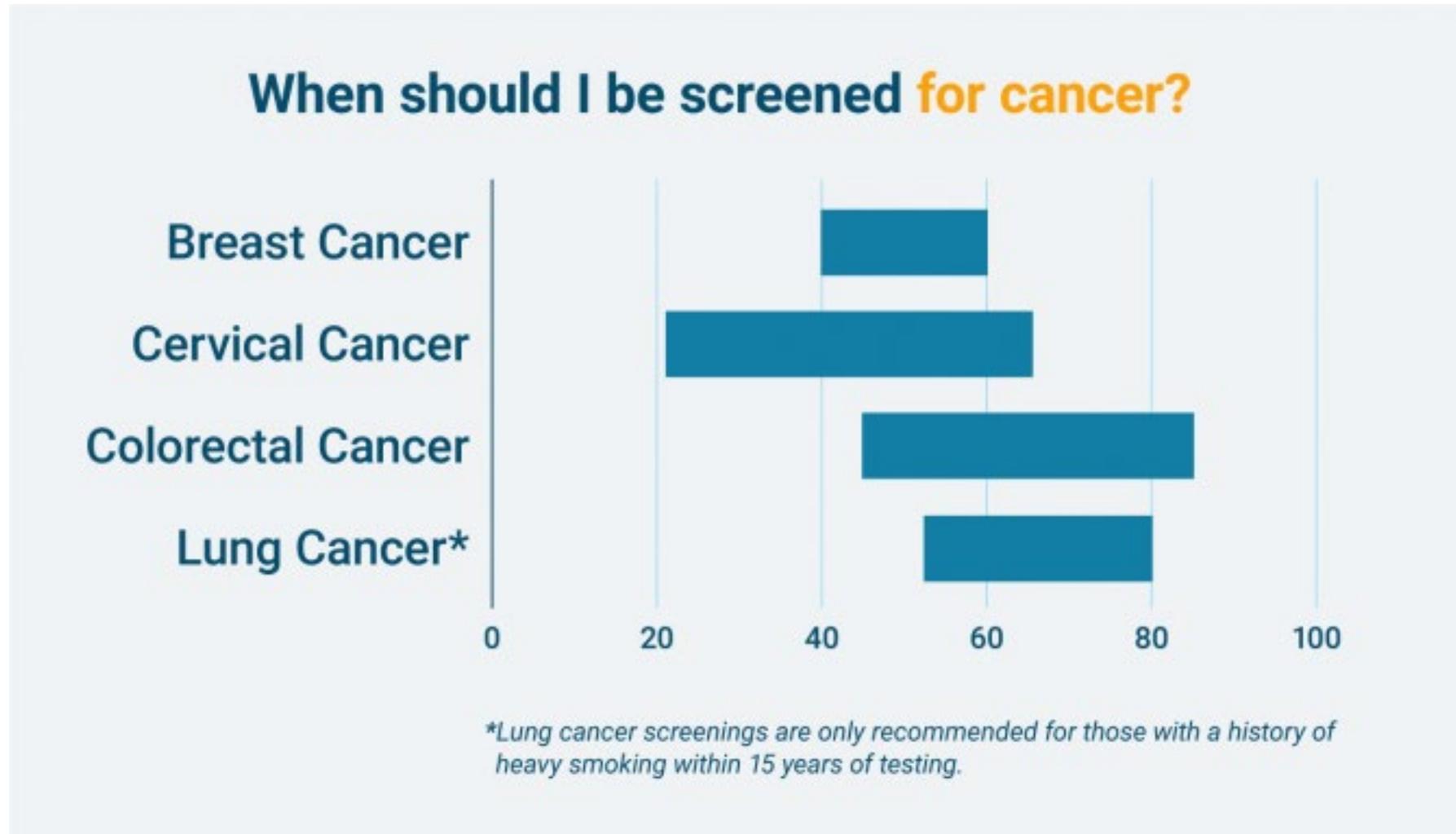
Lung cancer
(low-dose CT scan)

Skin cancer
*(full-body
skin check)*

MEN

Prostate cancer
(blood test)

Screening Timeline



Incidence Rates of Cancer in KY

Rate (2017-2021) Cases per 100,000	Kentucky	United States
All Sites	513.7	444.4
Breast	129.2	129.8
Cervical	9.7	7.5
Colon	45.9	36.4
Lung	84.5	53.1
Melanoma	28.2	22.7
Prostate	113.9	113.9

National Cancer Institute: statecancerprofiles.cancer.gov



Questions

Open call for topics of interest!

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

