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Kentucky Department for Medicaid Services
PHE Flexibilities and Unwinding Decisions

TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

Introduction

The following tables outline the various flexibilities leveraged during the Public Health Emergency (PHE) in Kentucky. These flexibilities were put into place to ensure healthcare services continued to be provided to those in need. Flexibilities are organized by whether they are currently active or whether they ended on or sometime after the end of the PHE on May 11, 2023. Of note, flexibilities for the home and community-based services waiver programs are still active at this time, as updated waivers were submitted for review and approval to the federal government on November 9, 2023 and therefore all current flexibilities remain in place until the future effective date for the updated waivers.

Per the May 9, 2024, CMCS Informational Bulletin, flexibilities may extend through June 30, 2025.[1]

Current Flexibilities and Strategies

The following flexibilities and strategies have been implemented or are being implemented and are primarily related to ensuring streamlined Medicaid renewals that resumed in April 2023.

Flexibility/Strategy	Description	Status	Authority
Suspend renewals of Medicaid and CHIP eligibility for children under the age of 19 for 12 months.	1902(e)(14)A). the state, The state will temporarily waive the requirement at 42 C.F.R. §§435.916(a),435.916(b), and 457.343 to conduct an annual renewal in order to delay renewals of Medicaid and CHIP eligibility for children under the age of 19 for 12 months if an individual: (1) has a scheduled renewal date between October 1, 2023 and the end of the state's unwinding period; and (2) is under the age of 19 on the effective date of the renewal.	Fully implemented.	October 27, 2023 Approval – **Effective October 1, 2023 for renewals initiated through the end of the 12-month unwinding period**.
December Renewal Redistribution	Kentucky has redistributed renewals initially due in December 2023 to later months in the unwinding period (January 2024 – April 2024) to allow time to address backlog. This redistribution excludes renewals that align to another program and the approach will allow for passive renewals and transfer to QHP.	Fully implemented.	CMS approval not required. **Effective through the end of the 12-month unwinding period.**

[1] CMCS Informational Bulletin (CIB) available https://www.medicaid.gov/federal-policy-guidance/downloads/cib050924-e14.pdf

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Flexibility/Strategy	Description	Status	Authority
Renew Medicaid eligibility for individuals with income at or below 100% FPL and no data returned on an *ex parte* basis	1902(e)(14)A). Complete a Medicaid income determination at renewal without requesting additional information or documentation if: (1) the most recent income determination was no earlier than 12 months prior to the beginning of the PHE (i.e., March 2019) and was based on verified income at or below 100% FPL; and (2) the state has checked financial data sources in accordance with its verification plan and no information is received. Beneficial to improve *ex parte* rates for individuals who are self-employed.	Fully implemented.	April 17, 2023 Approval – **Effective April 6, 2023 for renewals initiated through the end of the 12-month unwinding period**.
Renew Medicaid eligibility for individuals with stable sources of income or assets (e.g., many life insurance policies) when no useful data source is available	States have discretion to determine which income and assets are likely stable. Will improve *ex parte* rates for individuals with stable income but no verifiable data source at the time of renewal.	Fully implemented.	CMS approval not required. **Effective through the end of the 12-month unwinding period.**
Renew Medicaid eligibility without regard to the asset test for non-MAGI beneficiaries who are subject to an asset test	1902(e)(14)A). Will waive asset requirements for all or reasonable subsets of non-MAGI beneficiaries subject to an asset test.	Fully implemented.	July 28, 2023 Approval – **Effective July 17, 2023 for renewals initiated through the end of the 12-month unwinding period.**
Suspend the requirement to apply for other benefits under 42 CFR 435.608	1902(e)(14)A). Kentucky will suspend 42 CFR 435.608, waiving the requirement for members to apply for all benefits to which they are entitled, unless they can show good cause for not doing so. Reduces follow-up efforts of eligibility staff and reduces procedural denials or terminations for failure to respond to requests for additional information regarding applications that meet all eligibility requirements, except for applying for other benefits to which they are entitled.	Fully implemented.	October 2, 2023 Approval – **Effective July 14, 2023 through 14 months after the end of the continuous enrollment condition, i.e. May 31, 2024.**
Suspend the requirement to cooperate with the agency in establishing the identity of a child's parents and in obtaining medical support	1902(e)(14)A). Kentucky will suspend 42 C.F.R. 435.610, § 433.147, 433.145, and 433.148, waiving the requirement for members to cooperate with medical support enforcement or establish good cause for not doing so. Reduces eligibility staff workload and reduces procedural denials or terminations for failure to respond to requests for additional information regarding medical support cooperation.	Fully implemented.	October 6, 2023 Approval – **Effective July 17, 2023 through 14 months after the end of the continuous enrollment condition, i.e. May 31, 2024.**

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Flexibility/Strategy	Description	Status	Authority
Permit managed care plans to provide assistance to enrollees to complete and submit Medicaid renewal forms	1902(e)(14)A). Kentucky managed care plans are allowed to assist enrollees in completing related Medicaid renewal forms. These activities must not provide choice counseling services to enrollees defined at 42 CFR § 438.2.	Fully implemented.	July 24, 2023 Approval – **Effective July 17, 2023 for renewals through the end of the 12-month unwinding period.**
Reinstate eligibility effective on the individual's prior termination date for individuals who were disenrolled based on a procedural reason and are subsequently redetermined eligible for Medicaid During a 90-day Reconsideration Period	Reduces the burden on eligibility workers and enables Kentucky to retain the individual's original renewal cycle. Applies to both MAGI and non-MAGI eligibility groups.	Policy implemented. System change TBD.	July 24, 2023 Approval – **Effective July 17, 2023 for 17 months after the end of the continuous enrollment condition, i.e. August 31, 2024.**
Extend the 90-day Reconsideration Period for MAGI and non-MAGI populations during the unwinding period	Kentucky modified 90-day Reconsideration Period during Medicaid unwinding to encompass MAGI and non-MAGI-populations. Reduces administrative burden on Kentucky and beneficiaries by permitting return of a renewal form to reinstate coverage, rather than starting the application process anew.	Policy implemented. System change TBD.	CMS approval not required. **Effective through the end of the 12-month unwinding period.**
Renewal for Individuals Based on SNAP or TANF Eligibility	1902(e)(14)A). Redetermine financial eligibility for Medicaid for individuals whose SNAP or TANF gross income program and assets, as applicable, are below applicable Medicaid limits, despite the differences in household composition and income-counting rules between programs.	Fully implemented.	May 4, 2022 (under 65) and August 8, 2022 (any age) Approvals - **Effective for renewals through the end of the 12-month unwinding period.**
Ex Parte Renewal for Individuals with No Income and No Data Returned	1902(e)(14)A). Complete a Medicaid income determination at renewal without requesting additional information or documentation if: (1) the most recent income determination was no earlier than 12 months prior to the beginning of the COVID-19 PHE (i.e., March 2019) and was based on a verified attestation of zero-dollar income; and (2) the state has checked financial data sources in accordance with its verification plan and no information is received.	Fully implemented.	May 5, 2022 Approval – **Effective for renewals through the end of the 12-month unwinding period**.

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Flexibility/Strategy	Description	Status	Authority
Facilitating Renewal for Individuals with no Asset Verification System (AVS) Data Returned within a Reasonable Timeframe	1902(e)(14)A). Allowed to assume resources have not changed when the AVS does not return any information or when the AVS does not return information within a reasonable timeframe, and complete ex parte renewals of enrollees without requesting further documentation verification of assets.	Fully implemented.	May 4, 2022 Approval – **Effective for renewals through the end of the 12-month unwinding period**.
Partner with managed care plans to update beneficiary contact information	1902(e)(14)A). Allowed states to treat in-state contact information from the National Change in Address or United States Postal Service returned mail databases as reliable without first sending a notice to the address on file.	Fully implemented.	May 4, 2022 Approval - **Effective through July 31, 2024**.
Extend auto re-assignment into MCO from 60 to 120 days	1902(e)(14)A). Expanded the period for when an individual may be automatically re-enrolled in a managed care plan from two months up to 120 days.	Fully implemented.	May 5, 2022 Approval – **Effective through October 31, 2024**.
Extend Timeframe to Take Final Administrative Action on Fair Hearing Requests	1902(e)(14)A). Modified the timeframe for state to take final administrative action on fair hearing requests. Excludes expedited requests and requires maintenance of benefits regardless if requested.	Fully implemented.	June 27, 2022 Approval - **Effective through April 30, 2025**.
Permit the designation of an authorized representative for the purposes of signing an application or renewal form via the telephone without a signed designation from the applicant or beneficiary	1902(e)(14)A). This strategy can maximize the effectiveness of assistors and other community partners who are assisting beneficiaries in completing their renewal form over the phone.	Fully implemented.	April 17, 2023 Approval – **Effective April 6, 2023 through 14 months after the end of the continuous enrollment condition, i.e. May 31, 2024.**
Use managed care plans and all available outreach modalities (phone call, email, text) to contact enrollees when renewal forms are mailed and when they should have received them by mail	This strategy helps individuals enrolled in Medicaid or CHIP to anticipate when they will need to complete the renewal process and also provides a reminder to complete and return the form. MCOs must comply with Consumer Protection Act.	Fully implemented.	CMS approval not required. **Effective through the end of the 12-month unwinding period.**

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Flexibility/Strategy	Description	Status	Authority
Use of the National Change of Address Database (NCOA) and United States Postal Service (USPS) Returned Mail to Update Beneficiary Contact Information (NCOA and/or USPS Contact Updates)	Use an information technology asset that will utilize a return mail bot (Optical Character Recognition) to read returned mail and perform an IEES address update. Kentucky will utilize the NCOA to ensure addresses are current based on the database information.	Fully implemented.	CMS approval not required. **Effective through the end of the 12-month unwinding period.**
Delay procedural terminations for beneficiaries while the state conducts targeted renewal outreach	This strategy is available for states to implement throughout the unwinding period, or on an ad hoc basis for cohorts of renewals based on certain defined criteria (e.g., if the percent of anticipated procedural terminations exceeds a specified threshold). States must use the additional time to conduct targeted outreach to encourage the beneficiary to return the renewal form.	Fully implemented.	CMS Concurrence Received September 18, 2023 to delay procedural terminations for one month for all other members – **Effective for renewals through the 12-month unwinding period**. CMS Concurrence Received July 17, 2023 to delay procedural terminations for long term care and 1915(c) waiver members for up to two months and CMS Concurrence Received November 2, 2023 to extend up to three months – **Effective for renewals through the 12-month unwinding period.**
Send lists to managed care plans and providers for individuals who are due for renewal and those who have not responded	Lists containing members subject to an active renewal including completing a renewal packet or a request for information are sent to MCOs at three stages – after passive renewal the month before, at the beginning of the renewal month and 15 days prior to month end. MCOs are providing lists to key providers to assist with outreach. Long term care and 1915(c) providers have access to lists through the Kentucky Level of Care System.	Fully implemented.	CMS approval not required. **Effective through the end of the 12-month unwinding period.**
Extend the amount of time managed care plans have to conduct outreach to individuals recently terminated for procedural reasons	KY extended the timeframe to 90 days post-termination.	Fully implemented.	CMS approval not required. **Effective through the end of the 12-month unwinding period.**
Inform all beneficiaries of their scheduled renewal date during unwinding	KY sends a communication by email, robocall or text to a member about 90 days prior to their renewal date.	Fully implemented.	CMS approval not required. **Effective through the end of the 12-month unwinding period.**

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Flexibility/Strategy	Description	Status	Authority
Nursing Facility reimbursement - bed hold days increased from 14 to 30 and 75% of rate for bed reserve days	Flexibility temporarily extended through Disaster Relief SPA 23-0014. Original flexibilities contained in 20-006 and 21-001, respectively.	Fully implemented.	June 16, 2023 Approval – **Effective May 12, 2023 through July 1, 2024.**
Disregard countable resources for long term care and 1915(c)	Flexibility temporarily extended through Disaster Relief SPA 22-012. Original flexibility contained in 20-011.	Fully implemented.	January 20, 2023 Approval – **Effective May 12, 2023 through the 12-month unwinding period.**

Appendix K for 1915c HCB Waiver			
Flexibility/Strategy	**Description**	**Status**	**Authority**
Service Limits	Increase to service limits for: Personal Care/Personal Assistance, Companion, Respite, Home Delivered Meals, Participant Directed Services (PDS), Specialized Medical Equipment, Goods and Services, Behavior Supports, Consultative Clinical and Therapeutic Services, Counseling, Nursing Supports, Skilled Services by a Registered Nurse, Licensed Practical Nurse, or Registered Respiratory Therapist	Increased service limits may remain in place with updated 1915 waivers and regulations amendments, which are currently underway, and will need to be extended past 11/11/2023.	Service rates will be modified to update the service limits and rates going forward with the updated waiver and regulation authority that will be submitted for approval.
Case Management Units	Allow case managers to bill an extra unit of case management.	Increased service limits may remain in place with updated 1915 waivers and regulations, which are currently underway, and will need to be extended past 11/11/2023.	Service rates will be modified to update the service limits and rates going forward with the updated regulation authority for the waiver that will be submitted for approval.

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Appendix K for 1915c HCB Waiver			
Flexibility/Strategy	**Description**	**Status**	**Authority**
Telehealth Services	DMS is evaluating use of telehealth and will determine permanent policy changes following the conclusion of the 1915(c) HCBS Waiver rate study, currently underway. Stakeholder feedback on telehealth has been positive.	Case management service definitions will be modified, and the regulation will be updated to reflect this change.	Currently in the plan for modification of regulation.
Increase Residential Rates by 50%	The 50% rate increase for Residential became a permanent requirement in Kentucky's legislature-approved 2022-2024 biennial budget.	Rates will be implemented permanently per the budget bill and waiver post-rate study.	Waivers and regulations will be updated.
Family Home Provider or Adults Foster Care Residential Services	Allow participants accessing Residential services through a family home provider (FHP) or adult foster care (AFC) providers to receive Personal Assistance or Respite.	This will be continued partially. Personal assistance will be unwound, but respite will be include in the waiver and regulation amendments.	All 6 waivers will be updated, the regulations will be changed somewhat – but this will all be done in a comprehensive policy update for the waivers and communicated effectively.
Community Mental Health Centers PDS Case Management and Financial Management	Allow Community Mental Health Centers to provide PDS case management and financial management in the HCB waiver.	This will be continued, included with the waiver updates outlined above. Expanding this in the regulation and the waiver post-rate study.	All 6 waivers will be updated, the regulations will be changed. Will be done in a comprehensive policy update for the waivers and communicated effectively.
Waiver Services in Acute Hospital Settings	Allow limited waiver services to be provided in acute hospital settings if the hospital cannot meet immediate health, safety or welfare needs.	Will be permanently implemented.	This is already approved in 2 waiver updates and in process for approval in additional waivers.

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Appendix K for 1915c HCB Waiver			
Flexibility/Strategy	**Description**	**Status**	**Authority**
Expansion of Case Manager Qualifications	Expanded case management provider qualifications to allow for Licensed Practical Nurses to be hired as case managers in all waivers as well as individuals with an Associate's degree or individuals without a degree who have relevant experience.	Will be permanently implemented and allow for case manager retention and increasing the case management provider pool.	This is included in waiver renewals that are being processed.
Age Requirements	Reduced age requirement for Respite, Personal Assistance, Attendant Care and Residential staff.	Will be permanently implemented with additional training requirements through future waivers.	This is included in waiver renewals that are being processed.
ABI Waiver and ABI LTC Waiver Residential Requirements	Expanded Residential in Acquired Brain Injury (ABI) waiver and ABI Long-Term Care waiver to allow up to five participants per house.	DMS will continue this flexibility with additional supports for ABI and ABI LTC waivers through future waivers.	This is included in waiver renewals that are being processed.
Increase Service Rates by 50%	Temporarily increased rates by 50% for the following traditional services – providers must pass through 85% to DSPs – Attendant Care, Case Management (HCB and MPW only), Community Access, Community Guide, Community Living Supports, Community Transition, Companion, Homemaker, Non-Specialized Respite, PDS Coordination, Personal Assistance, Personal Care, Respite, Skilled Services by an RN or LPN, Specialized Respite	This is being continued with the regulation changes – the amount will be dependent on approvals.	This is included in waiver renewals that are being processed.
Overtime for PDS services	Allowed overtime for PDS services	End on November 11, 2023.	Confirm this rolled back and communicated.
Residential and Respite to Day Training or Adult Day Health Care Centers	Expanded settings for Residential and Respite to Day Training or Adult Day Health Care centers	End on November 11, 2023.	Ensure flexibility is rolled back
Adult Day Training and Adult Day Health	Expanded settings for Adult Day Training and Adult Day Health to be provided in-home.	End on November 11, 2023.	Ensure flexibility is rolled back

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Appendix K for 1915c HCB Waiver			
Flexibility/Strategy	**Description**	**Status**	**Authority**
Adult Day Health Care Home Delivered Meals	Allow Adult Day Health Care to provide Home Delivered Meals and in-home nursing services	End on November 11, 2023.	Ensure flexibility is rolled back
Home Delivered Meals	Allow any enrolled waiver provider to provider Home Delivered Meals	End on November 11, 2023.	If providers took this approach, they will need to enroll as a HDM provider. Will emphasize in provider communications.
First Aid and CPR training Requirement Flexibilities	Allowed first aid, CPR and training requirements to be delayed allowing quick onboarding of direct support professionals (DSP) or PDS employees.	End on November 11, 2023.	Ensure flexibility is rolled back
DSPs and PDS employees Pre-employment Background Screening Flexibilities	Allow DSPs and PDS employees to begin work while awaiting results of pre-employment background screening.	End on November 11, 2023.	Ensure flexibility is rolled back
Immediate Family Members as PDS Employees	Suspended approval process for immediate family members applying to be PDS employees.	End on November 11, 2023.	Ensure flexibility is rolled back
Licensure Flexibilities	Waived requirement for out of state providers to be licensed and located in Kentucky if they are actively licensed by another state Medicaid agency.	End on November 11, 2023.	Ensure flexibility is rolled back
Level of Care Evaluation and Re-evaluations Remotely	Allow level of care evaluations or re-evaluations to be conducted remotely by telephone or videoconference.	End on November 11, 2023.	Ensure flexibility is rolled back
Incident Reporting – Disruption of Services	Require incident reports for disruption of waiver-funded services due to COVID-19.	End on November 11, 2023.	Already reverted to normal incident reporting guidelines.
Incident Reporting – COVID-19	Require incident reports for participants who test positive for COVID-19	End on November 11, 2023.	Previously reverted to normal incident reporting guidelines.
Retainer Payments	Discontinued in 2021.	Previously discontinued.	The last round of retainer payments was issued February 2023.
Retainer Payments	Offer application for retainer payments to ADHC and ADT providers.	End on November 11, 2023.	Confirm this rolled back and communicated.

Flexibilities No Longer In Effect or Permanently Implemented

The following table lists the various flexibilities that were implemented during the PHE but were either ended on or sometime after the end of the PHE on May 11, 2023 or permanently implemented through approved processes.

Flexibility	Description	Decision	Impacts
Behavioral Health Expansions	Expanded peer support services, intensive outpatient program services, group outpatient therapy, service planning, partial hospitalization, targeting case management, mobile crisis services, comprehensive community support services, therapeutic rehabilitation programs, and day treatment.	907 KAR 3:170 (DMS telehealth reg) amendment permanently implemented expansions.	Confirm authorities and communicate.
Telehealth Licensure Expansion	Expanding telehealth usage to the maximum allowed by the relevant licensure board	907 KAR 3:170 (DMS telehealth reg) amendment permanently implemented expansions.	Confirm authorities and communicate.
DocuSign and Electronic Signature Programs	Allowing DocuSign and other electronic signature programs for all needed document approvals.	Confirmed – implemented.	Current state statutes are flexible enough for expanded electronic signature usage.
Telehealth PASRR	Allowing the PASRR (Level II) process to be conducted via telehealth.	907 KAR 3:170 (DMS telehealth reg) amendment permanently implemented expansions.	Confirm authorities and communicate.
Telehealth Drug Counseling	Allowing certified alcohol and drug counselors to provide telehealth services when supervised.	907 KAR 3:170 (DMS telehealth reg) amendment permanently implemented expansions.	Confirm authorities with licensing bodies and communicate.
Telehealth Psychological Testing	Expanding and implementing some psychological testing via telehealth under certain strict requirements.	907 KAR 3:170 (DMS telehealth reg) amendment permanently implemented expansions due to it being within scope of licensing board to authorize.	Confirm authorities with licensing bodies and communicate.
2020's SB 150	Extend most telehealth modalities to new patients, not only established patients. Additionally, relax scope of practice requirements and allow broader supervision of providers.	907 KAR 3:170 (DMS telehealth reg) amendment permanently implemented expansions. Licensing body will address any necessary requirements.	Confirm authorities with licensing bodies and communicate.

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Flexibility	Description	Decision	Impacts
Nursing Facility Applications	Streamlined application process.	Will not continue beyond the PHE.	Confirm this rolled back and communicated. Already conducting communication that this is reverting back to initial requirements – PASRR done with initial application.
Nurse Aide Applicants Requirements	Proposed as a regulation change in State Plan to allow nurse aide applicants to use Federal I-9 process as alternative to submitting Social Security Card.	Permanently implemented.	Confirmed authorities and communicated.
Nursing Facility Payments	Nursing facilities - $29 per day add-on for PHE permanently incorporated into rate per SPA 22-004.	Permanently implemented.	July 7, 2022 Approval – **Effective July 1, 2022.**
Pharmacies allowed to provide COVID 19 testing.	Allowed pharmacies to provide COVID 19 testing.	Permanently implemented.	SPA 20-0010 approved. Pharmacies across the state will continue to be able to provide COVID testing.
Durable Medical Equipment Prosthetics, Orthotics, and Supplies (DMEPOS) Replacement Policies	Waived requirements for a face-to-face visit, a new physician's order, and new medical necessity documentation to replace DMEPOS.	No authority to extend outside of standard SPA change.	Permanently implemented.
SNF Eligibility and Coverage	CMS waived the requirement for a 3-day prior hospitalization for coverage of a Medicare SNF stay. It authorizes renewed SNF coverage for certain beneficiaries who recently exhausted their SNF benefits.	Ended with the PHE on May 11, 2023.	Medicare rule specific to SNF stays. Ensure flexibility is rolled back.
SNF Resident Assessment Requirements	CMS waived SNF resident assessment requirements to provide relief to SNFs on the timeframe for Minimum Data Set (MDS) assessments and transmission.	Ended with the PHE on May 11, 2023.	Medicare rule specific to SNF stays. Ensure flexibility is rolled back.
Critical Access Hospital (CAH) Limits	CMS waived requirements that CAHs limit the number of inpatient beds to 25, and that average length of stay not exceed 96 hours.	Ended with the PHE on May 11, 2023.	CMS rule. Ensure flexibility is rolled back.
Housing Patients in Hospital Excluded Distinct Part Units – Inpatient Rehabilitation and Psychiatric Services	CMS permitted acute care hospitals to house acute care inpatients in excluded distinct part units, billed under IPPS.	Ended with the PHE on May 11, 2023.	CMS rule. Ensure flexibility is rolled back.
Care for Excluded Inpatient Rehabilitation and Psychiatric Unit Patients in Acute Care Units of Hospitals	CMS allowed acute care hospitals with excluded distinct inpatient rehabilitation or psychiatric units to relocate inpatients from those excluded distinct units to an acute care unit under existing payment system.	This will end with the PHE – do not have capability/authority to extend.	Ensure flexibility is rolled back.

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Flexibility	Description	Decision	Impacts
LTC Hospital and IRF Threshold Requirements	CMS waived specific threshold requirements for LTC hospitals and in-patient rehabilitation facilities (IRF).	This will end with the PHE – do not have capability/authority to extend.	Ensure flexibility is rolled back.
Home Health Agency Relief	CMS waived requirements related to timeframes for HHA patient assessment (OASIS) transmission. MACs will also be able to extend the auto-cancellation date of Requests for Anticipated Payment (RAPs).	Ended with the PHE on May 11, 2023.	CMS rule. Ensure flexibility is rolled back.
Provider State Licensure Requirements and Enrollment Flexibilities	Multiple initiatives and flexibilities for provider state licensure and enrollment requirements.	Licensure changes will end with the PHE.	Separate workgroup handling outreach to entities for validation/credentialing.
Medicare Appeals	Allowed extensions for appeals, waived timelines for requests for information, processing appeals streamlining efforts.	Ended with the PHE on May 11, 2023.	Ensure flexibility is rolled back.
Temporarily suspend Medicaid fee-for-service prior authorization requirements.	Kentucky indicated in its approved state plan specific requirements about prior authorization (PA) processes for benefits administered through the fee-for-service delivery system.	Ended with the PHE on May 11, 2023.	PAs have been reinstated for most services. PAs for certain behavioral health services have been untied from PHE. Communication will be given at least 60 days prior if reinstated.
Suspend Pre-Admission Screening and Annual Resident Review (PASRR) Level I and Level II Assessments for 30 days	Allowed longer than 30 days to complete PASRR to screen residents with DD or MI. Allowed out-of-state providers (including NF/SNF) providers temporary enrollment and the ability to be reimbursed by KY Medicaid. Allowed NF (and other providers) to place residents and be paid for services in unlicensed settings in cases of emergency.	Ended with the PHE on May 11, 2023.	Confirm procedures are rolled back.
Provider Enrollment	Kentucky is authorized to provisionally, temporarily enroll providers who are enrolled with another SMA or Medicare for the duration of the public health emergency.	Ended with the PHE on May 11, 2023.	Provider enrollment to ensure this unwinding is smooth and process to move ahead is clear. Providers have unique revalidation due dates.
Provision of Services in Alternative Settings	Allow facilities, intermediate care facilities for individuals with intellectual and developmental disabilities (ICF/IDDs), psychiatric residential treatment facilities (PRTFs), and hospital NFs, to be fully reimbursed for services rendered to an unlicensed facility if KY makes a reasonable assessment that the facility meets minimum standards.	Ended with the PHE on May 11, 2023.	These entities came into compliance previously.

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Flexibility	Description	Decision	Impacts
Expansion of Telehealth coverage	DMS promulgated telehealth regulation (907 KAR 3170) that will clarify and further expand telehealth to additional types of asynchronous telehealth, remote patient monitoring, and other types of telephonic and audio-only telehealth that weren't already included in the Medicaid program.	Service expansion permanently implemented. Platforms are designated by the Office of Civil Rights returned on August 9, 2023.	Use of non-HIPAA compliant platforms were permitted through August 9, 2023, in accordance with this CMS notice released on April 11, 2023.
Delaying the Resumption of Premiums Until a Full Redetermination is Completed (Premium Resumption Delay)	Not applicable to KY.	Not applicable to KY.	Not applicable to KY.
Teledentistry and Vision Services	Stating which codes are allowable via teledentistry and vision services providers.	Informational service only.	There will be no unwinding impact associated with this.
Proof of Delivery Requirements	Suspending and modifying proof of delivery requirements for pharmacy and DME.	Will not continue beyond the PHE.	Confirm authorities and communicate.
Staff Supervision	Allowing face-to-face supervision of staff requirements to be conducted via other telecommunication methods.	Specific providers and services requirements have been confirmed to be in place following the PHE.	Confirm authorities with licensing bodies and communicate.
EPSDT Services	Extending current authorizations for provision of certain EPSDT services.	Will not continue beyond the PHE.	Confirm authorities and communicate.
Presumptive Eligibility Designee	CHFS as designated qualified health entity for PE	Will not continue.	Confirm this rolled back on July 1, 2022.
Cost reporting process extension	Flexibility applied to cost reporting.	This will not continue beyond the PHE. Already reverted to previous process.	Confirm this rolled back and communicated.
Hospital DRG 20% add-on for COVID-19 diagnosis	Inpatient Prospective Payment System (IPPS) Hospitals - Section 3710 of the CARES Act directs the Secretary to increase the weighting factor of the assigned Diagnosis-Related Group (DRG) by 20 percent for an individual diagnosed with COVID-19 discharged during the COVID-19 Public Health Emergency (PHE) period.	Will not continue beyond the PHE.	This was rolled back on May 11, 2023.
Nursing Facility Per Diem Add-on	Will pay nursing facilities a per diem add on of $270 for COVID-19 positive residents. The extra $270 are available for each day a person cared for by the facility has an active COVID-19 diagnosis.	Will not continue beyond the PHE.	Confirm this rolled back and communicated.
Pharmacy Refills Requirements	Allowed pharmacy early refills of 30, 60, and 90 day supplies.	Will not continue beyond the PHE.	Confirm this rolled back and communicate.

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Flexibility	Description	Decision	Impacts
Presumptive Eligibility (PE) Second Period in Calendar Year	Presumptive Eligibility (PE) Second Period in Calendar Year	Will not continue beyond the PHE.	Confirm this rolled back on July 1, 2022 and communicate.
Recoupments	Recoupments starting back in some areas already and will resume fully after PHE.	Will not continue beyond the PHE.	Confirm this rolled back already and will be fully unwound.
Residential AODEs	Allowed services provided in unlicensed facilities by residential AODEs.	DMS communicated regularly with Office of Inspector General (OIG), as SUD residential providers were expected to obtain approval from OIG before providing services at an alternative, unlicensed location. With the low volume of SUD residential providers who provided services in an alternative location during the PHE, DMS communicated directly with these providers via email correspondence.	This only applied to PT 03, BHSO Tier 3 Residential providers.