

TO: All Interested Parties

FROM: Kentucky Department of Medicaid, Commissioner Lisa Lee

DATE: January 15, 2026

SUBJECT: Public Notice of Intent to Amend Alternative Benefit Plan State Plan

Kentucky Medicaid Program Public Notice of Alternative Benefit Plan

The Cabinet for Health and Family Services (CHFS), Department for Medicaid Services (DMS) announces its intent to submit a State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS), amending Kentucky Medicaid Program's alternative benefit plan (ABP). The ABP is the plan by which Kentucky expanded Medicaid coverage to people ages 19 through 64 with income at or below 133% of the Federal Poverty Level as allowed by the Affordable Care Act. ABPs are aligned with the Medicaid State Plan regarding service coverage and must be updated to reflect changes made to that Plan. SPA 25-0009 updates the ABP to reflect the following amendment to the Medicaid State Plan, along with the SPA number and fiscal impact:

KY 24-0018: In compliance with 42 CFR §440.345, individuals under 21 years of age receiving Medicaid benefits will continue to have access to services within the full early and periodic screening, diagnostic and treatment (EPSDT) benefit as defined in Section 1905(r) of the Social Security Act. Updates to provide screening and diagnostic services and targeted case management for eligible juveniles to comply with the Consolidated Appropriations Act (CAA), 2023, Section 5121 guidance for pre-release services. Participating carceral settings within the Commonwealth include state prisons, jails, and youth detention and development or correctional facilities. Although this authority recognizes tribal jails as eligible settings, Kentucky has no federally recognized tribal jails. Consequently, the implementation of this plan is confined to the state and local facilities as defined. (2025: \$1,513,440); (2026: \$2,017,920). These pre-release screening and diagnostic services and targeted case management will be provided to juveniles under 21 years of age and former foster care youth, ages 18-26, who are covered under the state plan as described in section 1902(a)(10)(A) of the Act.

In making this public announcement, DMS is outlining its alternative benefit plan and soliciting public comment regarding the plan. Instructions on how to submit comments are stated at the bottom of this notice.

For a comprehensive list of services and more details please access the DMS member information website listed below:

<https://www.chfs.ky.gov/agencies/dms/member/Pages/default.aspx>

Public Comments

If you wish to submit written comments regarding this notice, please do so by emailing them to medicaidrates@ky.gov or by dropping them off at the Department for Community Based Services (DCBS) office in your county, or by mailing them to the following address:

Department for Medicaid Services
ABP Comments

Commissioner's Office, 6W-A
275 East Main Street
Frankfort, KY 40601

The following website can be used to find the address of your local DCBS office:
https://prd.webapps.chfs.ky.gov/Office_Phone/index.aspx