

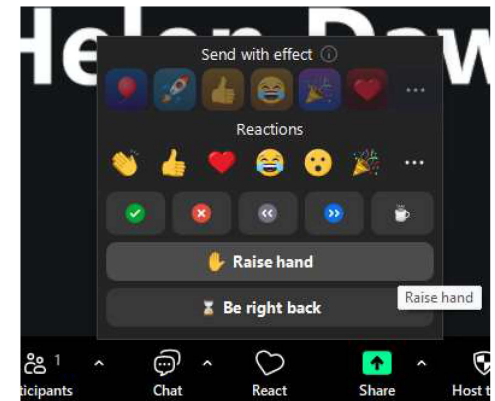


CABINET FOR HEALTH  
AND FAMILY SERVICES

**Medicaid Advisory Committee**  
**April 2, 2026**

# Housekeeping for Attendees

- For those in person:
  - Please keep side conversations to a minimum.
  - Please raise hand when you wish to speak.
  - Please speak loudly and clearly so that all may hear you.
- For those on the Zoom:
  - Please stay muted unless you wish to speak.
  - Please use the raise hand reaction when you wish to speak.
  - If possible, please have your camera turned on.
  - If you have any questions during the meeting, you can put your question in the chat.



# Agenda

<b>Opening, Call to Order &amp; Actions</b>	Dr. Beth Partin, Vice Chair; Iesha Elam, Secretary	10 Min
<b>BAC Meeting Report</b>	Emily Beauregard, BAC Chair	10 Min
<b>DMS Commissioner Updates</b>	Commissioner Lisa Lee; Senior Deputy Director Veronica Judy-Cecil	30 Min
<b>DMS Updates: Waivers</b>	Deputy Commissioner Dr. Leslie Hoffmann; LTSS Division Director Carmen Hancock	40 Min
<b>TAC Recommendations</b>	TAC Chairs; Dr. Beth Partin, Vice Chair	10 Min
<b>New Business</b>	Dr. Beth Partin, Vice Chair	5 min
<b>Public Comment</b>	Dr. Beth Partin, Vice Chair	15 min
<b>Closing</b>	Dr. Beth Partin, Vice Chair	1 min

# MAC Member Roll Call

Ilesha Elam, Secretary

# Disclosure of Conflicts of Interest

- If you know that you have an existing Conflict of Interest, please feel free to raise your hand now.
- We will share the appropriate process for formal disclosure and support you to excuse yourself from appropriate discussions.
- By staying present for all discussions, you are acknowledging that you do not have any known Conflicts of Interest.

# Approval of Minutes

Dr. Beth Partin, Vice Chair

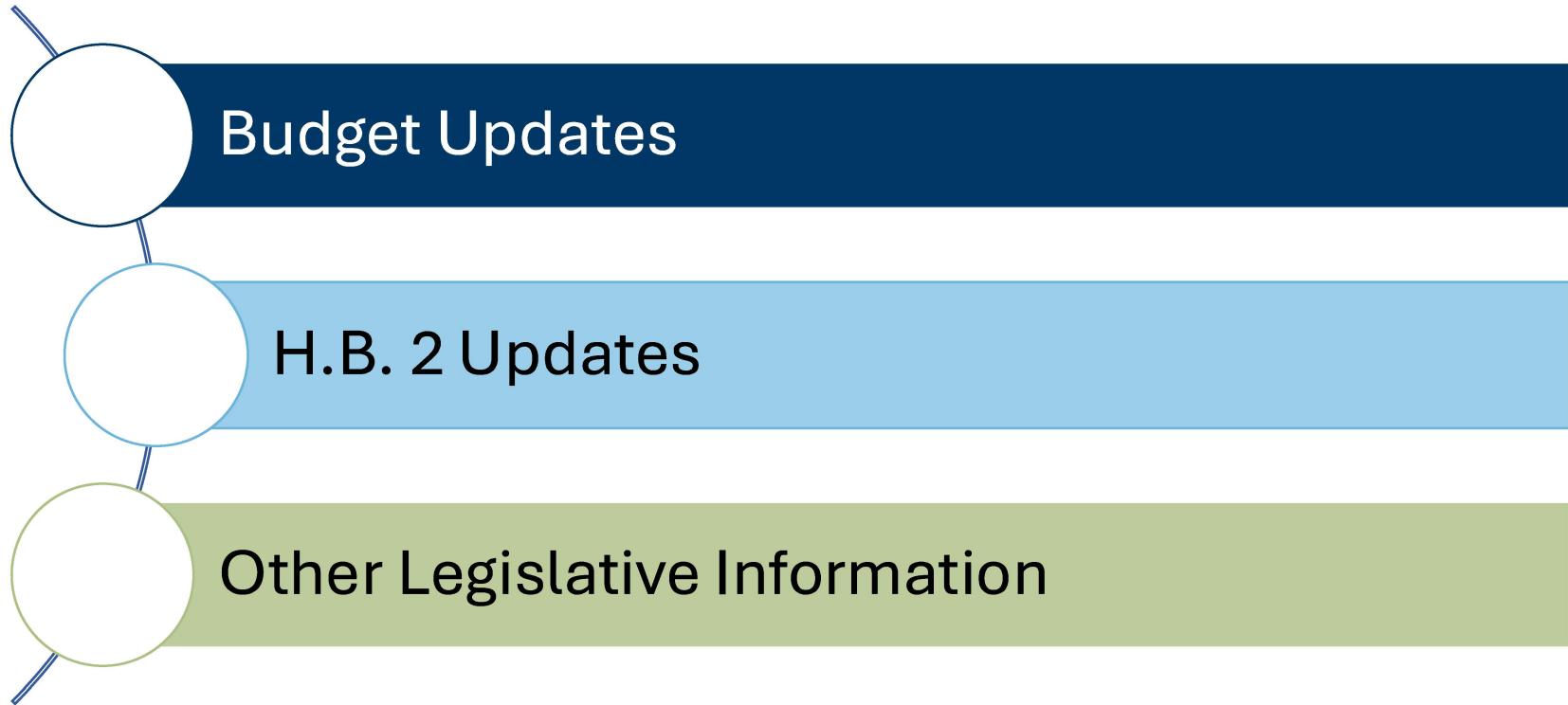
# BAC Meeting Report

Emily Beauregard, BAC Chair

# DMS Commissioner Updates

Commissioner Lisa Lee

# Legislative Updates



# H.R.1 Updates

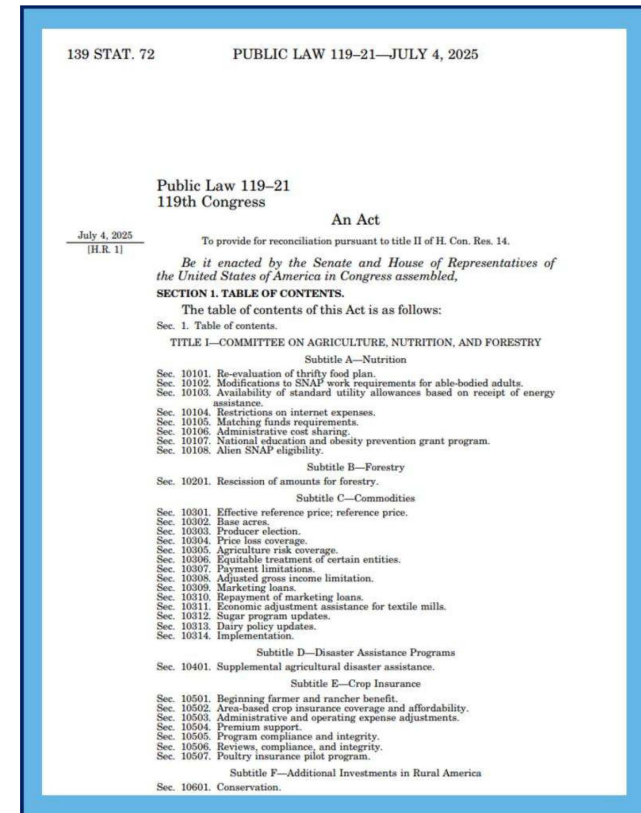


CABINET FOR HEALTH  
AND FAMILY SERVICES

**MAC H.R. 1 Presentation**  
**KY CHFS DMS**  
***April 2, 2026***

# 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
- What are the H.R. 1 Medicaid impacts?
  - Requires adults on Medicaid to work, go to school, or volunteer
  - States must check Medicaid eligibility more often
  - Implements new Medicaid cost sharing requirements



# Major Impacts of H.R.1: Community Engagement

- *What does “community engagement” mean?*
  - To keep Medicaid, some adults must spend 80 hours each month doing one or more of these:
    - Working at a job (paid work)
    - Job training or workforce programs
    - Going to school
    - Volunteering in the community
  - These rules are required by federal law
  - States cannot choose to skip them
  - Kentucky must start by January 1, 2027

# Community Engagement Requirements

- Who **must meet** requirements?
  - Adults (age 19-64) that have Medicaid based only on income, also known as “expansion” population.
- Who is **excluded** and does not have to meet requirements?
  - People with a disability
  - Pregnant people and some postpartum individuals
  - People who are medically frail or have serious health conditions
  - People caring for a dependent child or disabled adult
  - People already receiving certain benefits
  - Others to be defined

# Major Impacts of H.R. 1: Medicaid Eligibility Changes

- **Eligibility Renewals:** People on Medicaid solely based on income will have their eligibility checked every 6 months. This used to happen once a year.
  - Affects adults ages 19-64 that have Medicaid based only on income (expansion population)
  - Begins January 1, 2027
- **Coverage Start Date:** Medicaid will be limited on how far back they can be covered before a person applies. Currently may go back 3 months.
  - 1 month for expansion population and 2 months for everyone else
  - Begins January 1, 2027
- **Non-Citizen Eligibility:** Medicaid eligibility will be limited to fewer non-citizen groups. Some lawfully present immigrants who previously qualified may no longer be eligible.
  - Begins October 1, 2027

# Major Impacts of H.R. 1: Cost Sharing Requirements

- *What is cost sharing?*
  - Cost sharing means members pay part of the cost for some health care services.
  - This can include copays when you visit a provider or get certain services.
  - Cost sharing is in addition to meeting eligibility or community engagement rules.
- *Who is impacted?*
  - Adults (age 19-64) that have Medicaid based only on income, or expansion population.
- *What is the impact?*
  - Some members may have to pay out-of-pocket for certain services.
  - Providers may require patients to pay copays or other approved costs before receiving certain services.
  - Cost sharing is limited by federal rules and cannot exceed 5% of a member's income, and some services, like primary care and mental health, are exempt.
  - H.R.1 cost sharing requirements begin October 1, 2028.

# CHFS H.R.1 Priorities

★ January 1, 2027



January – February – March – April - May – June – July – August – September – October – November – December

## January – March Priorities

- Engage internal stakeholders
- Review and prioritize H.R. 1 impacts
- Draft communications and IT system updates

## April – June Priorities

- Engage external stakeholders
- Finalize communications
- Plan and develop IT system updates
- Regulations drafting

## July – September Priorities

- Share communication materials externally
- Further engage stakeholders
- Develop and test IT system updates
- Regulations drafting

## October – November Priorities

- Final IT system updates
- Continued communications and stakeholder engagement
- Finalized regulations

# Key Process Steps

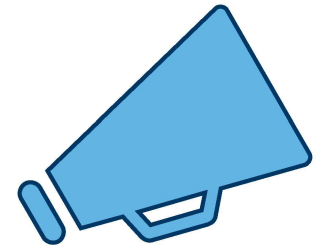
Policy



IT Systems



Communications



**Stakeholder Engagement**

# Process for Implementing Policy Changes

- Review and understand H.R. 1 - **Complete**
- Compare state law with H.R. 1 to see what is different - **Complete**
- Decide which state rules need to be updated - **Complete**
- Create a timeline for writing and approving changes - **Complete**
- Decide where the state has choices or flexibility – *In Progress*
- Write new language and update existing language – *In Progress*
- Follow required approval and enactment steps – [Next Step](#)



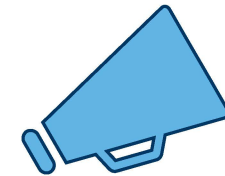
# Process for Implementing System Changes

- Create an H.R. 1 IT workgroup – **Complete**
- Identify system changes needed based on policy decisions – ***In Progress***
- Hold design sessions to plan system updates and business rules – ***In Progress***
- Gather and use feedback from stakeholders – **Next Step**
- Build and update system changes – **Next Step**
- Test system changes to make sure they work correctly and follow the rules – **Next Step**
- Launch system updates and put changes into use – **Next Step**



# Process for Communicating Changes

- Identify and prioritize needed materials – *In Progress*
- Drafting communication materials – *In Progress*
- Create communication plan – [Next Step](#)
- Stakeholder review of communications – [Next Step](#)
- Final approval of materials – [Next Step](#)
- Upload materials and share publicly – [Next Step](#)



## Communications may include:

- Frequently Asked Questions (FAQs)
  - Fact Sheets
  - Topic-Specific One-Pagers
    - Stakeholder Toolkits
- Social Media and Promotional Materials
- Member Outreach and Notices

# Stakeholder Engagement Plan

## Communications

- *Medicaid Beneficiary Advisory Council (BAC) and Medicaid Advisory Committee (MAC)*
  - We will share communication materials as they are developed with the BAC and MAC.
  - This allows members to review materials early and share feedback before they are finalized
- *Notice Improvement Workgroup*
  - CHFS intends to create a Notice Improvement Work Group
  - This group will review letters, notices, and other materials similar to the group used during the Public Health Emergency unwinding.
  - The goal is to make materials clearer, easier to understand, and more helpful.

## IT Systems Update

- *Medicaid IT System Update Focus Group*
  - For IT system updates, we plan to create a standalone focus group.
  - This group will provide feedback during a pause in system design and development.
  - Feedback will help ensure system changes are user-friendly and work well for members.



# KY CHFS Immediate Next Steps



Draft state policies, regulations, and laws needed for H.R. 1



Continue IT system design sessions to put policies into place



Create public-facing materials to explain changes clearly



Engage key stakeholders to review communications and system updates

# Questions?

# DMS Updates: Waivers

Deputy Commissioner Dr. Leslie Hoffmann  
Carmen Hancock, LTSS Division Director

# Kentucky Medicaid at a Glance



**1.4 Million** enrolled in Medicaid



**660,000** Children covered by Medicaid



**≈ 440,000** Expansion Members



**65,000+** Providers serving Medicaid Members



**20.3 Billion** in total expenditures in SFY2025

# Medicaid Background

- President Lyndon B. Johnson signed Medicaid into law on July 30, 1965. Kentucky adopted the program in 1966.
- Medicaid was created to provide medical benefits to low-income people without adequate health coverage, including children without parental support or caretaker relatives, the elderly (65+), the blind, and the disabled.



Federal-state program. States administer within Federal guidelines. Costs shared between federal and state governments – Kentucky program approx. 70% federally funded.



All covered services and reimbursement methodologies must be approved by the Center for Medicare and Medicaid Services and outlined in the state's Medicaid State Plan.



Changes to eligibility, reimbursement, or covered services must be approved by the Centers for Medicare and Medicaid Services through the submission of a State Plan Amendment.

# Evolution of Medicaid

**1972:** Elderly and disabled receiving Supplemental Security Income (SSI) added.

**1981:** Home and Community Based Services (HCBS) waivers created.

**1984:** Children & pregnant women become mandatory groups – Federal Poverty Level undefined.

**1989:** Children under age six and at 133% of Federal Poverty Level are federally mandated.  
*(KY covers pregnant women at or below 185% FPL)*

**1997:** Balanced Budget Act created the State Children's Health Insurance Program (SCHIP).  
*(KCHIP children cannot have other insurance and are covered up to 200% FPL)*

**2010:** Affordable Care Act created options for states to cover adults up to 138% of Federal Poverty Level and mandated former foster youth coverage to age 26.

**2014:** Kentucky expanded Medicaid to the Affordable Care Act adult population and created Kentucky's state-based exchange (kynect).

# Kentucky Medicaid Delivery System

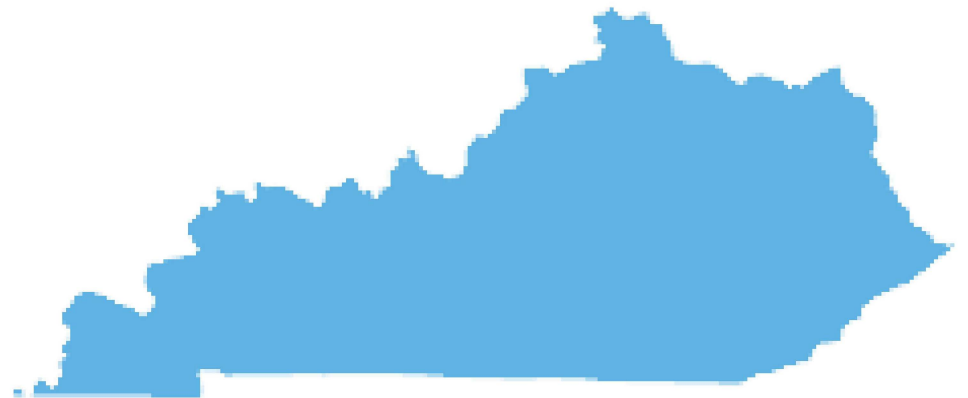
## Fee for Service (FFS)

- Long-term care
- Program of All-Inclusive Care for the Elderly (PACE)
- Home and Community Based Services (HCBS) 1915(c) waivers
- Intellectual or developmental disabilities
- Receive supports to remain in their home or community
  - Personal care supports
  - Activities of daily living

## Managed Care (MCO)

- Predominantly children and adults other than elderly or individuals with disabilities
- Must cover all services outlined in Medicaid regulations and state plan
- Can negotiate rates with providers
- Flexibilities to deliver value-added services
- Some provide transportation to job interviews, educational classes or other services not covered under Medicaid Non-Emergency Medical Transportation
- Current MCOs: \*Aetna, Humana, Passport by Molina, United, WellCare.  
*\*Also holds contract to serve foster children.*

# Long-Term Services and Supports (LTSS)



# What are Long-Term Services and Supports?

- Care can be institutional or home and community-based.
- LTSS is needed by individuals of all ages with different types of physical or cognitive disabilities or complex conditions.
- Kentucky offers both institutional and home and community-based options.



# Long-Term Services and Supports in Kentucky

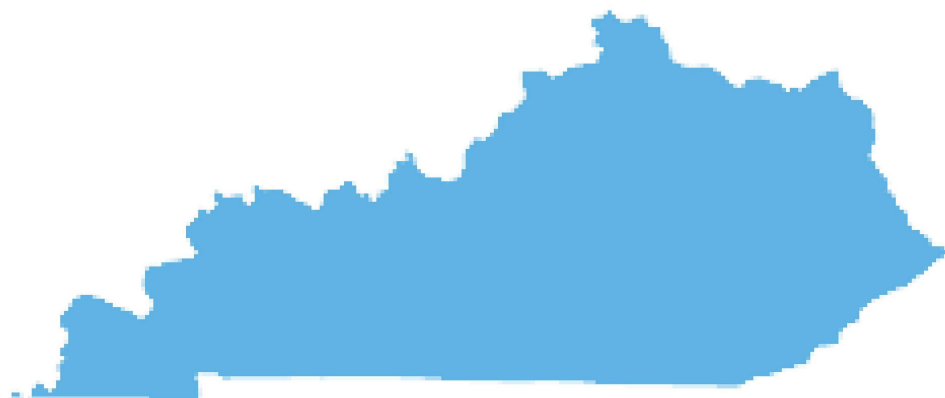
## Home and Community Based

- 1915(c) Home and Community Based Services (HCBS) Waivers
- Kentucky Transitions
- Program of All-Inclusive Care for the Elderly (PACE)
- Home Health & Private Duty Nursing
- Hospice

## Institutional

- Nursing Facilities
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)
- Intermediate Care Clinic
- Institutional Hospice

# 1915(c) HCBS Waiver Programs in Kentucky



# What are 1915(c) HCBS Waivers?

- HCBS waivers **complement** the coverage available under the Medicaid state plan as well as natural supports.
- HCBS waivers offer the services individuals who are aged or have a disability need to live in the community. **“In the community”** means the individual lives at home or in a non-institutional setting, such as a residential home.



# State Requirements for 1915(c) HCBS Programs



## To offer HCBS programs, states must:

- Determine who is eligible, services and settings offered and set rates and payment for providers.
- Provide a **level of care** equal to what an individual would receive in an institution.
- Demonstrate the cost of care in the community is **equal to or less than** the cost of institutional care.
- States must assure the quality of services and supports individuals receive.

States receive federal dollars to pay for 1915(c) HCBS waiver programs by meeting these requirements.

# Who is Eligible for Waiver Services?

Individuals must meet the appropriate level of care. Their need for assistance must be due to their disability and unrelated to any age-appropriate dependencies. *NF and ICF level of care is defined in [907 KAR 1:022](#). Hospital – Inpatient Psychiatric Facility is defined in [907 KAR 10:016](#).*

## Nursing Facility (NF)

- Requires high-intensity nursing care or rehabilitation services.
- Complex medical needs that can only be performed or supervised by a professional.
- Unstable medical condition with at least two care needs in specific areas.
- Stable medical condition with at least two care needs in specific areas.

## Intermediate Care Facility (ICF)

- Intellectual disability or related condition diagnosed prior to age 18 or 22 (depending on condition).
- Has deficits in at least one activity of daily living.
- Requires a planned treatment program or protected environment to live safely in the community.

## Hospital – Inpatient Psychiatric Facility for Individuals Aged 21 and Under

- Under 21 years of age.
- Requires inpatient psychiatric services under the direction of a physician and on a daily basis.
- Treatment needed to improve and individual's condition or prevent further regression.

# Financial Eligibility

- Individuals must meet the financial qualifications for Medicaid; however, special financial considerations are made when applying for 1915(c) HCBS waivers.



# How to Apply for Waiver Services

## Medicaid Eligibility

Apply online, by phone, or in person

- [Kynect.ky.gov](https://kynect.ky.gov)
- [Kynect user guides link](#)
- Call DCBS: 855-306-8959
- In person at a DCBS Office
  - [Online Office Search](#)
  - *The Department for Community Based Services (DCBS) conducts financial eligibility reviews for Medicaid.*

## Waiver Services

Apply online or in person

- [Kynect.ky.gov](https://kynect.ky.gov)
- [Kynect user guides link](#)
- In person at a Community Mental Health Center (CMHC) or Aging and Disability Recourse Center (ADRC)
  - [Online CMHC Search](#)
  - [Online ADRC Search](#)

# Kentucky's 1915(c) HCBS Waiver Programs

Acquired Brain Injury (ABI)

Home and Community Based (HCB)

Michelle P. Waiver (MPW)

Acquired Brain Injury Long Term Care (ABI LTC)

Model II Waiver (MIIW)

Supports for Community Living (SCL)

Community Health for Improved Lives and Development (CHILD)

# Waiver Service Eligibility – ABI and ABI LTC

## ABI

- Age 18 or older
- Have a brain injury
- Meet NF level of care
- Need **acute** rehabilitation

## ABI LTC

- Age 18 or older
- Have a brain injury
- Meet NF level of care
- Need **long-term, intensive support**

# Waiver Service Eligibility – HCB and MIIW

## HCB

- Age 65 or older and/or physically disabled
- Meet NF level of care

## MIIW

- Ventilator dependent 12 or more hours a day
- On an active, physician-monitored weaning program
- Meet NF level of care

# Waiver Service Eligibility – MPW and SCL

## MPW

- Have an intellectual or developmental disability
- Meet NF or ICF level of care

## SCL

- Have an intellectual or developmental disability
- Meet ICF level of care

# Waiver Service Eligibility – CHILD

## CHILD

- Younger than 21
- Have high-intensity behavioral health, intellectual, or developmental disability
- Meet ICF or inpatient Psychiatric Hospital Level of Care
- Can be safely supported at home or in the community with the right services.

# Waiver Services Offered in Kentucky

**Services vary by waiver and may include, but are not limited to:**

- Goods and Services
- Environmental and Minor Home Modifications
- Respite
- Personal Care and Homemaking
- Adult Day Health or Adult Day Training
- Counseling and Behavior Services
- Residential Services
- Supported Employment
- Skilled Services (MIIW only)
- Community Access or Community Living Supports
- A full listing of services is available [here](#).

Waiver participants also have access to services offered by Kentucky's Medicaid state plan. **A combination** of Medicaid, waiver services, community programs, and natural supports should be used to assist the individual.

# Types of Waiver Services Offered in Kentucky

- **Traditional**

- Participants use agencies to deliver all their waiver services

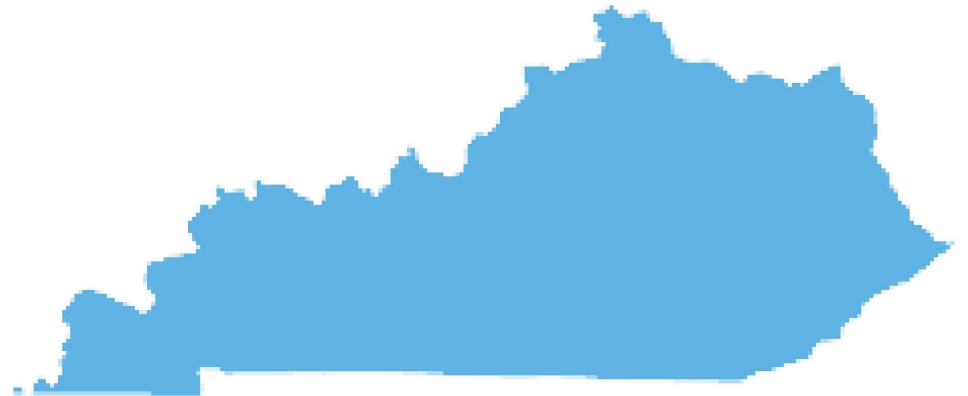
- **Participant-Directed (PDS)**

- Participants hire their own employees, including friends, family or natural supports.

- **Blended**

- Participants use agencies for some services but hire their own employees for others.

# Additional Long-Term Services and Supports Programs



# Kentucky Transitions

- Kentucky Transitions is funded by the federal Money Follows the Person grant.
- Individuals must:
  - Be elderly, have a physical disability, a mental illness, an intellectual and/or developmental disability, or an acquired brain injury.
  - Reside in a nursing facility and have been there 60 days or more.
  - Be able to live safely in the community with support and services.
  - Eligible for Medicaid and receiving Medicaid-paid services for at least one day before referral.



# Program of All-Inclusive Care for the Elderly

- PACE provides comprehensive services to individuals age 55 and older who need nursing facility level of care but prefer to continue living at home. Enrollees receive services through a PACE organization which works to meet all preventive care, acute care, long-term care and social needs.
- Individuals must:
  - Be 55 and older
  - Meet nursing facility level of care (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

# Home Health & Private Duty Nursing

*\*Both services must be physician-ordered and follow a written plan of care*

## Home Health

- In-home medical care due to illness or injury
- Short-term in duration
- Can be nursing care, PT, OT or ST, medical supplies, or teaching the member/family about their care needs

## Private Duty Nursing

- In-home nursing care due to disease, illness or injury
- Continuous in duration
- Provided by a Registered Nurse or Licensed Practical Nurse
- May be covered when member needs care while participating in normal life activities outside the home

# Hospice & Institutional Hospice

- Provided in-home, in a nursing facility, or in an intermediate care facility for individuals with intellectual disability.
- For individuals with a terminal diagnosis and a life expectancy of six months or less as certified by a physician.
- Range of services such as nursing care, home health, mental health services, medical supplies, physician services, and short in-patient stays for pain control and symptom management.
- Available to 1915(c) HCBS waiver participants if services received are not already offered in the waiver program.

# Institutional Care

## Nursing Facilities

- Covers per diem rate for individuals who need high intensity nursing care or rehabilitation services.
- Includes room/board, equipment and facilities, nursing care and other services and supplies.
- Medicaid oversees the Nurse Aide Training Program administered by Kentucky Community and Technical College System.

## Intermediate Care Facilities for Individuals with Intellectual Disabilities

- Covers 24/7 facility-based care for individuals who meet ICF/IID level of care.
- Includes medical, social, behavioral, and therapeutic services.

## Intermediate Care Clinic

- Covers services provided at an Intermediate Care Clinic.
- Provides medically necessary preventive, diagnostic, therapeutic, rehabilitative, and/or palliative services.
- Individuals must have mental illness, intellectual disability or developmental disability and meet the ICF/IID level of care.

# LTSS Resources

## Visit Us Online

<https://bit.ly/KYMedicaidLTSSInfo>



- Program information and updates.
- Links to regulations and related DMS programs.
- Program brochures and information.
- Community resources.
- How to contact us.

# Contact Us

<b>ABI, ABI LTC, MIIW or CHILD</b>	Department for Medicaid Services at (844) 784-5614 or <a href="mailto:1915cWaiverHelpDesk@ky.gov">1915cWaiverHelpDesk@ky.gov</a>
<b>HCB or PDS (all waivers)</b>	Department for Aging and Independent Living at (877) 315-0589 or <a href="mailto:HCBInquiries@ky.gov">HCBInquiries@ky.gov</a>
<b>MPW or SCL</b>	Department for Behavioral Health, Developmental and Intellectual Disabilities at (502) 564-7700 or <a href="mailto:DDID.Info@ky.gov">DDID.Info@ky.gov</a>
<b>Kentucky Transitions</b>	(502) 564-0660 or <a href="mailto:kentuckytransitions@ky.gov">kentuckytransitions@ky.gov</a>
<b>PACE</b>	(888) 804-0884 or <a href="mailto:PACE@ky.gov">PACE@ky.gov</a>
<b>All other LTSS Programs</b>	(502) 564-7540

**Online** [KY Medicaid LTSS Info Website](#)  
**Facebook:** KYMedicaidServices  
**Instagram:** @kentuckymedicaid  
**X:** @kentuckydms

**To Receive email updates** [MedicaidPublicComment@ky.gov](mailto:MedicaidPublicComment@ky.gov)

**Apply for Medicaid Financial Eligibility** [kynect.ky.gov](http://kynect.ky.gov), call DCBS at (855) 306-8959, or in-person at a DCBS Office  
[DCBS Office Search](#)

**Apply for Waiver** [kynect.ky.gov](http://kynect.ky.gov) or in person at a CMHC or ADRC  
[CMHC Search](#)  
[ADRC Search](#)

# Wait List Numbers as of March 30, 2026

Waiver	Funded Slots***	Filled Slots	Allocated Slots	Available	Total on WL
ABL Acute	383	269	65	49	0
ABI LTC*	488	460	24	4	1
HCB*	17,800	16,806	883	103	6,958
Model II	100	14	18	68	0
MP	11,350	10,157	1,072	121	9,688
SCL	5,416	5,121	144	151	3,841
<b>Total</b>	<b>35,537</b>	<b>32,827</b>	<b>2,206</b>	<b>496</b>	<b>20,488</b>
Total Number on Waitlist Across All Waivers – Unduplicated					<b>16,486</b>

*\*Filled and Available Slots may also include MFP transitions allocations*

## Wait List Updates

- **17.5%** of people on the waiting lists are on **more than one** waiting list.
- **30%** of people on the waiting lists have allocation in another waiver.
- **78%** of people on the waiting list have an active **Medicaid Benefit** that would allow them to access services.

# Waiver Questions?

# New TAC Submission Process, TAC Recommendations and Key Items

TAC Chairs

Dr. Beth Partin, Vice Chair

# New Business

Dr. Beth Partin, Vice Chair

# Public Comment

- Speakers will be called on in the order in which they signed up.
- Speakers will have **up to three minutes** to provide their public comment.
- The public comment period will last for **15 minutes**.

# DMS / Kentucky Contact Information

## Rural Health Transformation Program

[ruralhealthplan@ky.gov](mailto:ruralhealthplan@ky.gov)

### 1915(c) Helpdesk

844-784-5614

[1915cwaiverhelpdesk@ky.gov](mailto:1915cwaiverhelpdesk@ky.gov)

### Kynect

855-459-6328

[Kynect.ky.gov](http://Kynect.ky.gov)

## Department for Community Based Services

855-306-8959

### Kentucky Ombudsman

866-596-6283

### General Assistance

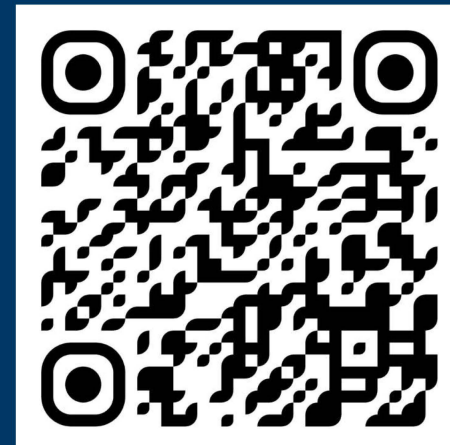
833-372-0004

[CHFS.Listens@ky.gov](mailto:CHFS.Listens@ky.gov)

# Closing & Feedback Request

- Next MAC Meeting:
  - Thursday June 4 @ 10:00AM to 12:00PM
- To ensure meetings continue to meet MAC member needs, **please complete the feedback survey** linked to this slide.
  - It will also be sent in an email following the meeting to all MAC members.

## Kentucky MAC Meeting Feedback Survey QR Code



**Thank you!**