TEAM KENTUCKY®

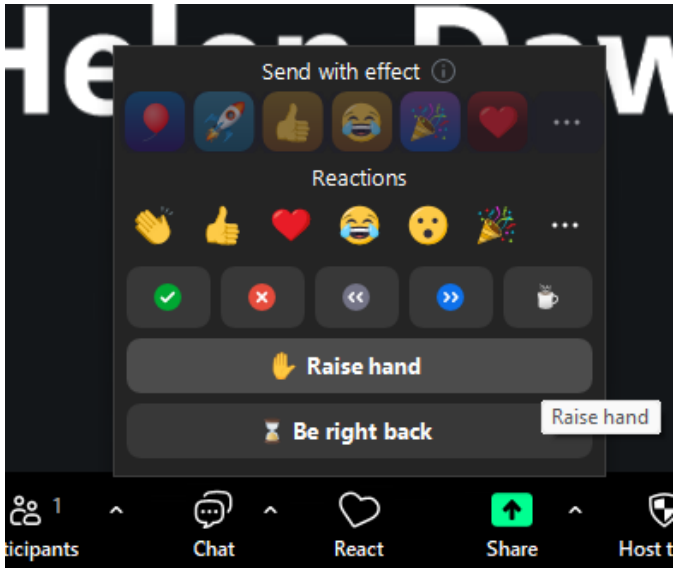
CABINET FOR HEALTH AND FAMILY SERVICES

Medicaid Advisory Committee

October 1, 2026

Housekeeping for Attendees

- Attending via 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.



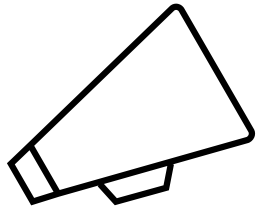
TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

Agenda

Opening, Call to Order & Actions	Dr. Sheila Schuster, Chair; Iesha Elam, Secretary	10 Min
TAC Recommendations & Key Items	Dr. Sheila Schuster, Chair; Technical Advisory Committees	10 Min
Public Comment & Follow Ups	Public Commenters, Dr. Sheila Schuster, Chair	25 Min
BAC Meeting Report	Emily Beauregard, BAC Chair	10 Min
DMS Commissioner Updates & Discussion	Sr. Deputy Commissioner Veronica Judy-Cecil	30 Min
DMS Waiver Updates & Discussion	Carmen Hancock, Ann Hollen, Angela Sparrow	20 Min
Maternal Health Report	Dr. Judy Theriot	15 Min
Rural Health Transformation Program	Dr. John Langefeld	15 Min
MOAB Report	Dr. Sheila Schuster, Chair	10 Min
New Business	Dr. Shelia Schuster, Chair	2 Min
Closing	Dr. Sheila Schuster, Chair	3 Min

Call to Order

Dr. Sheila Schuster, Chair



MAC Member Roll Call

Iesha Elam, Secretary

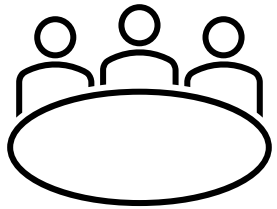
Disclosure of Conflicts of Interest

- 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 discloser 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 August MAC Minutes

Dr. Sheila Schuster, Chair



TAC Recommendations & Key Items

TAC Chairs



Public Comment

Public comment allotment will be 3 minutes per person for a 15-minute public comment period.

Beneficiary Advisory Council Meeting Report

Emily Beauregard, BAC Chair

DMS Commissioner Updates

Sr. Deputy Commissioner Veronica Judy-Cecil

TEAM KENTUCKY®

CABINET FOR HEALTH AND FAMILY SERVICES

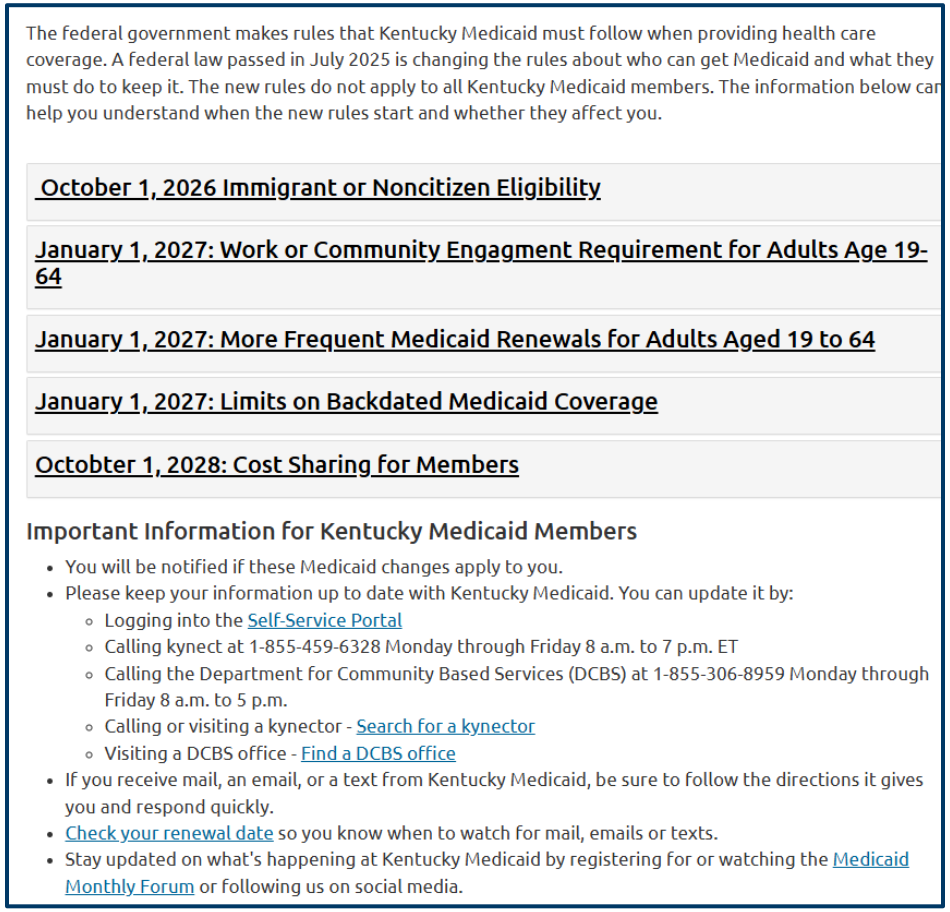
H.R.1 Implementation Update

Medicaid Advisory Committee

October 1, 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
- In June, CHFS published the MEDICAID CHANGES (ENACTED JULY 2025) webpage on the Kentucky Health Benefit Exchange website.
- The webpage contains important information about the changes to Medicaid.



The federal government makes rules that Kentucky Medicaid must follow when providing health care coverage. A federal law passed in July 2025 is changing the rules about who can get Medicaid and what they must do to keep it. The new rules do not apply to all Kentucky Medicaid members. The information below can help you understand when the new rules start and whether they affect you.

October 1, 2026 Immigrant or Noncitizen Eligibility

January 1, 2027: Work or Community Engagment Requirement for Adults Age 19-64

January 1, 2027: More Frequent Medicaid Renewals for Adults Aged 19 to 64

January 1, 2027: Limits on Backdated Medicaid Coverage

Octobter 1, 2028: Cost Sharing for Members

Important Information for Kentucky Medicaid Members

- You will be notified if these Medicaid changes apply to you.
- Please keep your information up to date with Kentucky Medicaid. You can update it by:
  - Logging into the Self-Service Portal
  - Calling kynect at 1-855-459-6328 Monday through Friday 8 a.m. to 7 p.m. ET
  - Calling the Department for Community Based Services (DCBS) at 1-855-306-8959 Monday through Friday 8 a.m. to 5 p.m.
  - Calling or visiting a kynector - Search for a kynector
  - Visiting a DCBS office - Find a DCBS office
- If you receive mail, an email, or a text from Kentucky Medicaid, be sure to follow the directions it gives you and respond quickly.
- Check your renewal date so you know when to watch for mail, emails or texts.
- Stay updated on what's happening at Kentucky Medicaid by registering for or watching the Medicaid Monthly Forum or following us on social media.

H.R. 1 Major Impacts to Medicaid Eligibility

October 2026: Non-Citizen Eligibility Changes

January 2027: 6-Month Medicaid Renewals

January 2027: Changes to Medicaid Retroactive Coverage

January 2027: Medicaid Work or Community Engagement Requirement

Non-Citizen Eligibility

Non-Citizen Eligibility: What is changing?

ELIGIBLE	NON-ELIGIBLE
Beginning October 1, 2026, full Medicaid coverage will generally be limited to: • U.S. Citizens and Nationals • Lawful Permanent Residents (LPRs / green card holders) • Cuban-Haitian Entrants • Compact of Free Association (COFA) migrants • In KY, lawfully residing pregnant women and children regardless of immigration status	Many groups that previously qualified will no longer be eligible for federally funded full Medicaid, including: • Refugees • Asylees • Individuals with humanitarian parole • Survivors of trafficking or domestic violence • Amerasian • Granted withholding of deportation • Conditional entry prior to April 1, 1980

MARKETPLACE: The same limits apply to Advance Premium Tax Credits (APTCs) for Marketplace coverage, meaning individuals losing Medicaid under these changes may not qualify for subsidized Marketplace plans either.

Non-Citizen Eligibility: What to do?

WHAT KENTUCKY DID

- Updated the eligibility system to receive new federal immigration-status codes through the Verify Lawful Presence (VLP) interface.
- Rechecked current non-citizen members using federal data ***excluding SSI population***.
- Sent a Request for Information (RFI) when eligibility could not be verified in late June 2026.
- For SSI population, RFIs sent late September 2026.

WHAT MEMERS SHOULD DO

- Respond if you receive an RFI.
- Submit the requested documents to verify your immigration status.
- Review the Non-Citizen Eligibility FAQs and the USCIS list of acceptable documents.
- Respond by the deadline. If you do not respond, you may lose full Medicaid coverage.

Resources: Non-Citizen FAQs | USCIS acceptable documents

6-Month Medicaid Renewals and Medicaid Retroactive Coverage

6-Month Medicaid Renewals

Starting January 1, 2027, adults enrolled in the Medicaid Expansion population will renew Medicaid every 6 months instead of once a year.



NEW APPLICANTS

The 6-month renewal schedule begins January 1, 2027.



CURRENT MEMBERS

The change begins at the next scheduled renewal in 2027.



AT RENEWAL

Confirm eligibility and respond to notices or requests for information.

If renewal information is not completed, coverage may end.

Medicaid Retroactive Coverage

Starting January 1, 2027, Medicaid will cover a shorter period before the application month.



UP TO 1 MONTH

Adults ages 19–64 enrolled in the Medicaid expansion population



UP TO 2 MONTHS

All other Medicaid applicants or members

What this means: Individuals should apply promptly after receiving care to cover medical bills.

Medicaid Work or Community Engagement (MACE) Requirement

MACE: What is it?

Starting on January 1, 2027, to apply for or keep Medicaid, some adults must do the following to meet the Medicaid work or community engagement (MACE) requirement:

- ✓ Complete at least 80 hours per month of:
  - Work; or
  - Job training or a work program; or
  - Volunteering or community service; or
  - Going to school part-time; or
  - Any combination of the activities above that adds up to 80 hours; or
- ✓ Go to school at least half-time including high school, college, or career and technical education; or
- ✓ Earn $580 a month, or if your work is seasonal, earn an average of $580 over the last 6 months.



MACE: Who needs to meet it?

Individuals will need to meet the work or community engagement requirement if they are:



Age 19 to 64;



Enrolled in the Medicaid expansion population (qualify based *only* on income)



Not exempt*.

***Note:** Some individuals may be exempt from the MACE requirement based on specific eligibility criteria, health conditions, or a short-term hardship.*

MACE: When must individuals meet it?

Application

- If applying for Medicaid, you must show you met the requirement in the **one month before application**.
- *Example:*
  - You are applying for Medicaid in February 2027.
  - You must show that you met the requirement in January 2027 to qualify.

Renewal

- If already enrolled, you must show at each renewal you met the requirement for any **three months in the period between renewals**.
- *Example:*
  - Your renewal is due in September 2027, and your last renewal was in March 2027.
  - You must show that you met the requirement in any three months from April through September 2027.

MACE: Who is exempt?

You do **not** have to meet the work or community engagement requirement if you are one of the following:

- Former foster care child under age 26
- Member of a federally recognized tribe (American Indian or Alaska Native)
- Parent, guardian or caregiver of a child age 13 or younger; or a disabled individual of any age
- Veteran with a total disability rating
- Receiving Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI), or Social Security Retirement (SSR) due to disability
- Entitled to or Enrolled in Medicare Part A or Part B
- Pregnant or in the 12-month postpartum period
- Have a serious medical condition or medically frail
- An inmate of a public institution now or in the past 3 months
- In a drug/alcohol or mental health treatment program
- Meet Temporary Assistance for Needy Families (TANF) work requirements
- Meet and not exempt from Supplemental Nutrition Assistance Program (SNAP) work requirements
- Enrolled in a 1915(c) Home and Community-Based Waiver or the Program for All-Inclusive Care for the Elderly (PACE)

MACE: What is medical frailty?

Medical frailty applies when a qualifying condition significantly affects a person's ability to complete MACE activities.



Qualifying Condition

- Members must have a qualifying condition to be considered medically frail.
- Examples may include disability, substance use disorder, disabling mental health conditions, or serious and complex medical conditions.



Functional Impact

- Being medically frail is based on a two-part determination.
- Members must have a qualifying condition, and the condition must significantly affect the person's ability to complete 80 hours of approved activities.



Verification

- Kentucky will check claims and service data first to identify medical frailty.
- If data are not enough, the member may **self-attest** in 2027 or submit supporting documentation in 2028.*

**Note that beginning January 1, 2028, Kentucky will reverify medical frailty status at the individual's next renewal for individuals who previously self-attested to being medically frail.*

MACE: What are short-term hardships?

You may **not** have to meet the work or community engagement requirement for the month(s) the following applies:



Inpatient care – in a hospital or other medical facility at some time during the month



Federal Emergency or Disaster – live in a county covered by a federally declared emergency or disaster during the month



High Unemployment Rate – live in a county where the unemployment rate exceeds the federal threshold during the month



Extended Travel for Specialized Medical Care – you or your dependent must travel from their home for an extended time to receive specialized medical treatment

MACE: How will it be verified?

Kentucky will use available information first.
Member action is needed only when information cannot be verified.

1

FIRST STEP

CHECK AVAILABLE DATA

Kentucky checks available state and federal data to determine whether a member meets MACE or qualifies for an exemption.

2

2027

SELF-ATTESTATION

If information cannot be verified, members may attest to an activity, exemption, or short-term hardship.

3

2028+

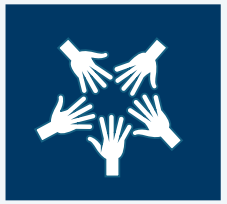
DOCUMENTATION

If information cannot be verified, members may need to submit a MACE form or other supporting documentation.

MACE: Forms

Kentucky will first check available data to see if you meet or are exempt from the requirement. If that information cannot be verified, you may need to complete one of the forms below.

IMPORTANT: In 2027, you may self-attest that you meet or are exempt from the MACE requirement.



MACE 100: Verification of Community Engagement Non-Wage Activity*

- Verifies community service, work programs, or education.
- Completed by the member and the organization verifying the activity.



MACE 200: Verification of Medical Condition Exemption

- Verifies a medical condition that may qualify a member for an exemption.
- Completed by the member and a health care provider.



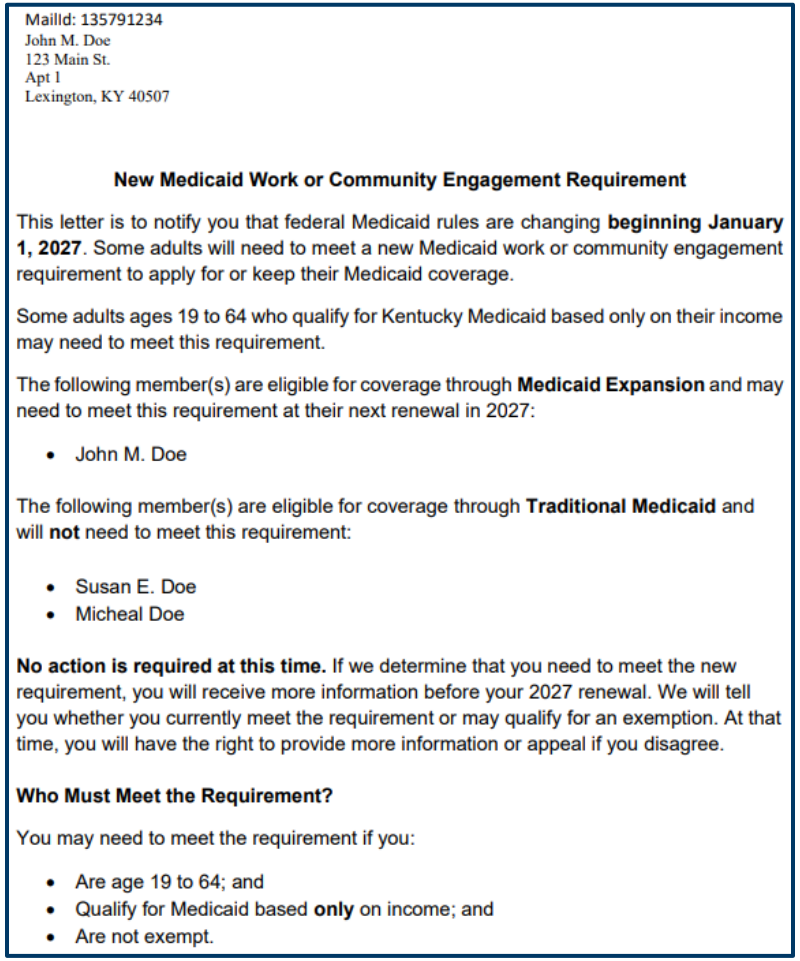
MACE 300: Short-Term Hardship Exemption Request Form

- Requests an exemption for a temporary hardship, such as inpatient care, medical travel, a disaster, or high unemployment.
- Completed by the member.

Note that **PAFS-700: Verification of Employment and Wages should be used to verify paid activities.*

MACE: Member Outreach Notice

- Kentucky Medicaid will send notices to members who may need to meet the MACE requirement.
- Notices will explain what the member needs to know, any action that may be required, important deadlines, and where to get help.
- Members should keep their contact information current and read each notice carefully.
- An example of the original outreach notice is available on the MEDICAID CHANGES (ENACTED JULY 2025) webpage.



MailId: 135791234
John M. Doe
123 Main St.
Apt 1
Lexington, KY 40507

New Medicaid Work or Community Engagement Requirement

This letter is to notify you that federal Medicaid rules are changing **beginning January 1, 2027**. Some adults will need to meet a new Medicaid work or community engagement requirement to apply for or keep their Medicaid coverage.

Some adults ages 19 to 64 who qualify for Kentucky Medicaid based only on their income may need to meet this requirement.

The following member(s) are eligible for coverage through **Medicaid Expansion** and may need to meet this requirement at their next renewal in 2027:

- John M. Doe

The following member(s) are eligible for coverage through **Traditional Medicaid** and will **not** need to meet this requirement:

- Susan E. Doe
- Micheal Doe

No action is required at this time. If we determine that you need to meet the new requirement, you will receive more information before your 2027 renewal. We will tell you whether you currently meet the requirement or may qualify for an exemption. At that time, you will have the right to provide more information or appeal if you disagree.

Who Must Meet the Requirement?

You may need to meet the requirement if you:

- Are age 19 to 64; and
- Qualify for Medicaid based **only** on income; and
- Are not exempt.

MACE: Member Renewal Journey

Kentucky Medicaid will provide multiple reminders and opportunities to complete renewal requirements. This timeline illustrates the key member touchpoints and actions.

Days Before Renewal	Action
Preparation phase	Prepare, track activities, gather documents
120 days	Written notice / awareness nudge
90 days	MACE awareness nudge
55 days	Passive renewal outcome issued: Notice of Eligibility (NOE), Request for Information (RFI), Renewal Packet, and/or MACE Noncompliance Notice
25 days	MACE renewal reminder
15 days	Final MACE renewal reminder
Due date	Renewal and requested MACE information due
Post-due date	Coverage may be discontinued with reinstatement and appeal rights

Steps for Medicaid Members to Prepare

A few simple steps can help members prepare for upcoming Medicaid eligibility changes.

1 Update Contact Information

Make sure Kentucky Medicaid has a current address, phone number, and email address.

2 Check Mail and Email

Watch for letters or emails from Kentucky Medicaid about whether the changes apply.

3 Track Activities

Keep a monthly record of work, volunteer, job training, or school hours.

4 Gather Documents

Keep important medical or other records that may help show an exemption applies.

5 Ask for Help

Contact Kentucky Medicaid, kynect, DCBS, or a kynector with questions about next steps.

Keep contact information current and respond promptly to notices from Kentucky Medicaid.

MACE: Resources

Kentucky is developing a dedicated MACE webpage to help members, providers, community organizations, and other stakeholders understand the new requirement.



MACE Overview

- Easy-to-understand information about who may be affected, key requirements, exemptions, and important dates.



MACE Screening Tool

- An interactive tool to help individuals understand whether the MACE requirement may apply to them.



Resource Library

- One-page summaries, fact sheets, and guidance on topics such as activities, exemptions, and renewals.



Frequently Asked Questions (FAQs)

- Answers to common questions about eligibility, reporting activities, exemptions, documentation, notices, and renewals.

MACE: Other Outreach & Support

Kentucky is also providing outreach and support through multiple channels to help ensure members receive important information about the new requirement.



Public awareness campaign

- Radio, television, newspaper, and other advertising about MACE.



Social media

- Posts and videos providing high-level information about MACE posted to the Cabinet's social media pages.



Partner toolkits and targeted outreach

- Stakeholder toolkits, MCO guidance, and other targeted outreach will be conducted to support awareness.



Frontline support

- kynectors and DCBS workers are being trained to support individuals requiring additional help.

MACE: Key Upcoming Dates

Kentucky is preparing for MACE through outreach, educational resources, and system updates. The timeline below shows what members can expect between October 2026 and February 2027.

OCT 2026	NOV 2026	DEC 2026	JAN 2027	FEB 2027
Member reminders, partner forums, and public awareness activities	Targeted resources and coordinated outreach continue	Members can begin providing MACE information	MACE begins for new Medicaid applicants	First member renewals are subject to MACE

Questions?



DMS Waiver Updates

Carmen Hancock, LTSS Division Director

Ann Hollen, 1915i RISE Initiative Director

Angela Sparrow

HCBS 1915(c) Waitlist Data

Current HCBS 1915c Waiver Enrollment and WL Data as of 09/28/2026 (SFY27)					
Waiver	**Funded Slots**	**Filled Slots**	**Allocated Slots**	**Available**	**Total on WL**
ABI Acute	383	270	38	75	-
ABI LTC*	488	476	9	3	22
CHILD	100	24	12	64	-
HCB*	17,915	16,699	755	461	8,717
Model II	100	14	24	62	-
MP	11,415	10,358	974	83	9,959
SCL	5,506	5,212	68	226	3,908
Total	***35,907***	***33,053***	***1,880***	***974***	***22,606***
Total Number on Waitlist Across All Waivers - Unduplicated					**19,034**
*Filled and Allocated Slots may also include MFP Transitions Allocations					

HCBS 1915(c) Waitlist Data by Age

Waitlist Data by Age

Waiver	Ages under 5	Ages 5 to 12	Ages 13 to 17	Ages 18 to 21	Ages 22 to 40	Ages 41 to 54	Ages 55 to 64	Ages 65 and Older
ABI Acute	-	-	-	-	-	-	-	-
ABI LTC*	-	-	-	-	9	6	5	2
CHILD	-	-	-	-	-	-	-	-
HCB*	654	1,041	246	171	483	893	1,552	3,677
Model II	-	-	-	-	-	-	-	-
MP	1,129	4,751	1,316	861	1,388	283	156	75
SCL	4	310	474	589	1,837	432	174	88
Total	***1,787***	***6,102***	***2,036***	***1,621***	***3,717***	***1,614***	***1,887***	***3,842***

*Duplicate counts remain to accurately reflect each WL total per age group

1915i RISE Initiative Update

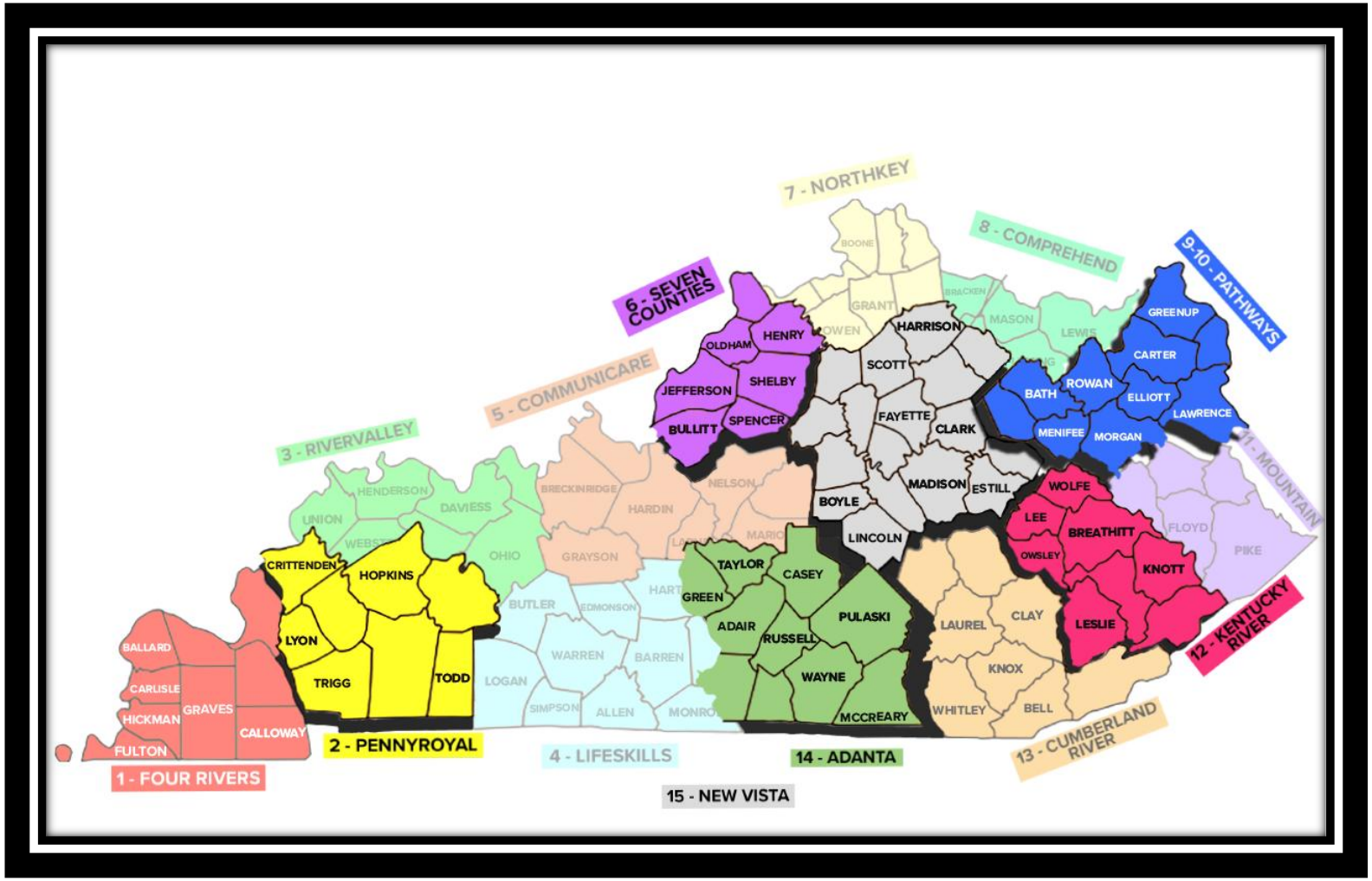
Ann Hollen, 1915i RISE Initiative Director

Provider and Participant Metrics

PROVIDER APPLICATIONS:	
Downloaded Application	**155**
Packet Submitted Currently in Process	**13**
Provider Certified	**27**
Provider Enrolled in Medicaid	**24**
Active Providers (staff training complete)	**20**
MWMA Enrolled	**24**

PARTICIPANT APPLICTIONS FOR SERVICE:	
Enrolled Active Person-Centered Service Plans	**276** 163
Pending/Not Enrolled	**3**

1915i RISE Referral Map



TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

CHILD Waiver Update

Carmen Hancock, LTSS Division Director

Re-entry Waiver Update

Angela Sparrow

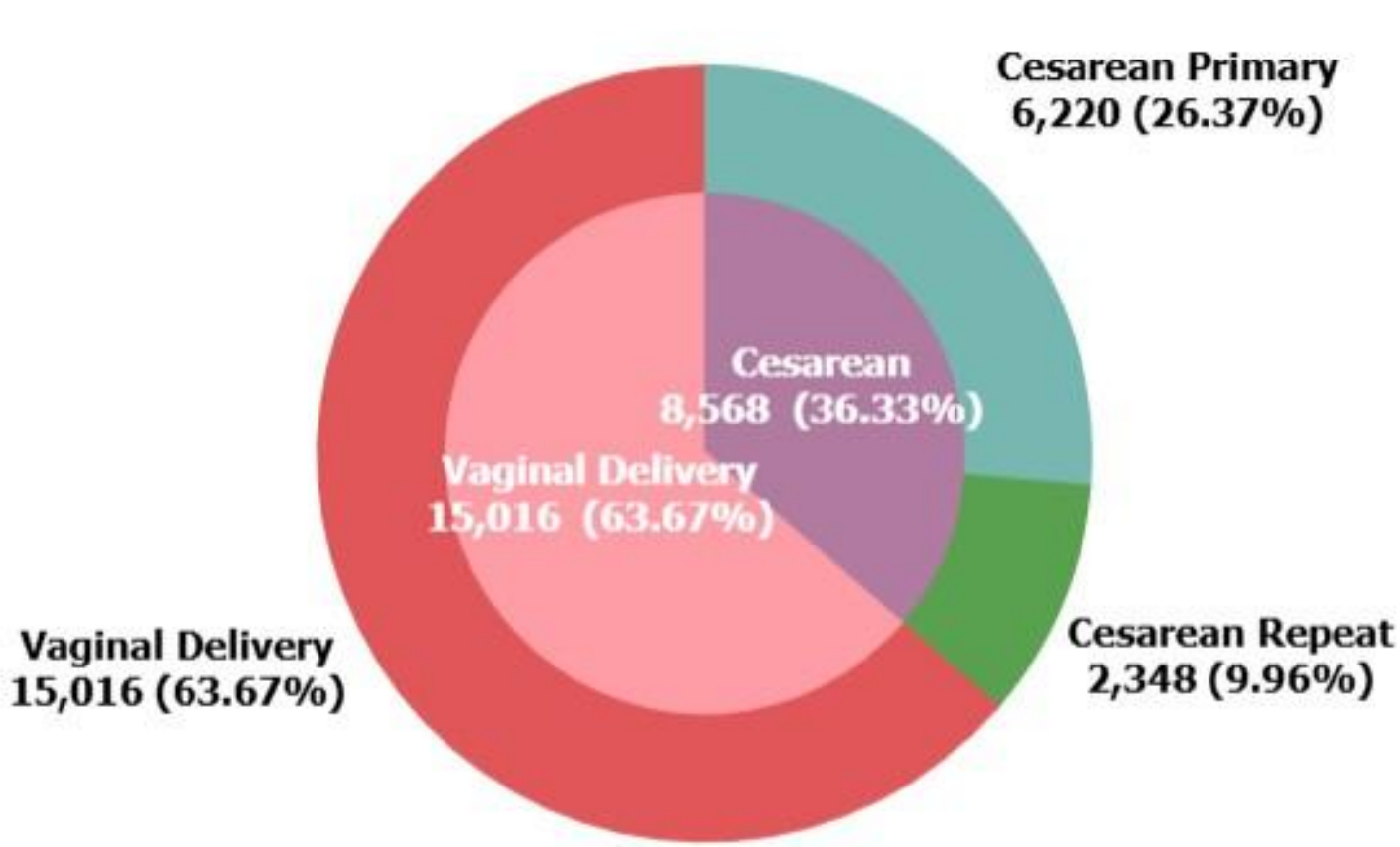
Maternal Health Update

Dr. Judy Theriot

Maternal Health Update

- Overview of Medicaid Births
  - C-section births
  - Prematurity rates
- March of Dimes Maternity Care Deserts report
- Maternal Morbidity and Mortality Review 2025
  - Mental Health

Live Birth Deliveries by Type for Year 2025



Medicaid Births in 2025 C-section rates

C-section rate varies by hospital

- Highest KY hospital 40.0%
- Lowest KY hospital 20.8%

Race	Total Births	Percent c-section
White	15,354	35.96%
Black	3,506	38.13%
Hispanic	2,584	36.96%

Medicaid Births in 2025 Prematurity rates

Race, Ethnicity	Total Births	% Term	% Preterm
All	23,695	85.42%	10.33%
White	15,354	85.93%	10.46%
Black	3,506	81.58%	11.54%
Hispanic	2,584	87.52%	8.53%



March of Dimes
Maternity Care Access in Kentucky

Designation criteria

Counties were classified into four mutually exclusive categories using the following criteria:

Maternity care desert: no labor and delivery hospitals, no birth centers, and no obstetric clinicians.

Low access: fewer than 2 hospitals or birth centers offering labor and delivery services, fewer than 60 obstetric clinicians per 10,000 births, and the proportion of women aged 19-54 without health insurance was 10 percent or greater.

Moderate access: fewer than 2 hospitals or birth centers offering labor and delivery services, fewer than 60 obstetric clinicians per 10,000 births, and the proportion of women aged 19-54 without health insurance was less than 10 percent.

Full access: two or more hospitals or birth centers offering labor and delivery services *or* 60 or more obstetric clinicians per 10,000 births.

1 in 2 counties in Kentucky are maternity care deserts, affecting nearly 137,000 women and 9,000 births annually

Limited access to maternity care can impact health outcomes for both mom and baby.

Counties

49.2%

of counties are maternity care deserts (MCDs)

Women

137K

women ages 15 to 44 live in MCDs

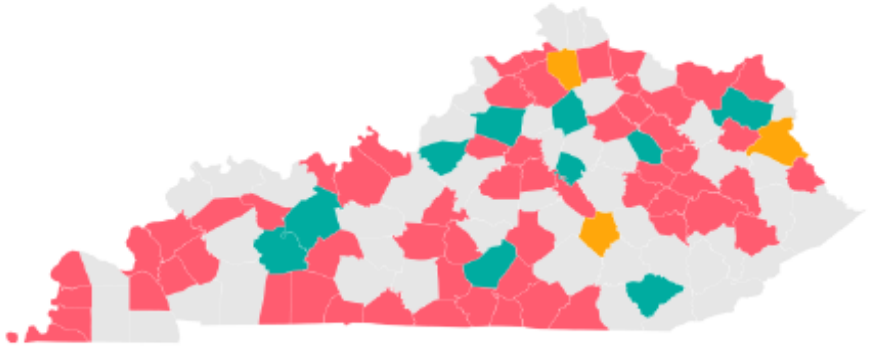
Babies

9K

births annually to MCD residents

Data reflects access to maternity care as of 2024. For more information on designations and data sources, see the full report.

Maternity care access designations



Maternity care desert

Low access

Moderate access

Full access

U.S. Percent

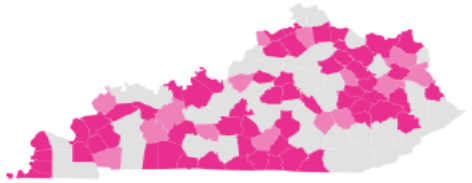


TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

What is Driving Access in Kentucky?

Clinicians

Number of obstetric clinicians



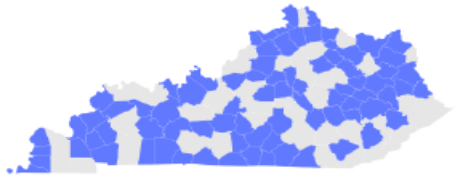
Clinicians (n): 0 1 >1

Key insights

- 49.2% of counties have no obstetric clinician
- 12.5% of counties have a single obstetric clinician

Birthing facilities

Number of birthing facilities



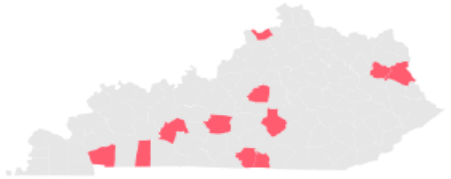
Birthing facilities (n): 0 ≥1

Key insights

- 67.5% of counties have no birthing facility
- 76.2% of rural counties lack a birthing facility

Insurance

Insurance coverage for women



Uninsured (%): ≥ 10.9% < 10.9

Key insights

- 71K women ages 19 to 54 are uninsured in Kentucky
- 9.2% of counties have an uninsured rate higher than 10.9%

March of Dimes
Maternity Care Access in Kentucky

Travel time to hospitals with labor and delivery services

Long travel times to care can increase risk for adverse outcomes during delivery and obstetric emergencies.

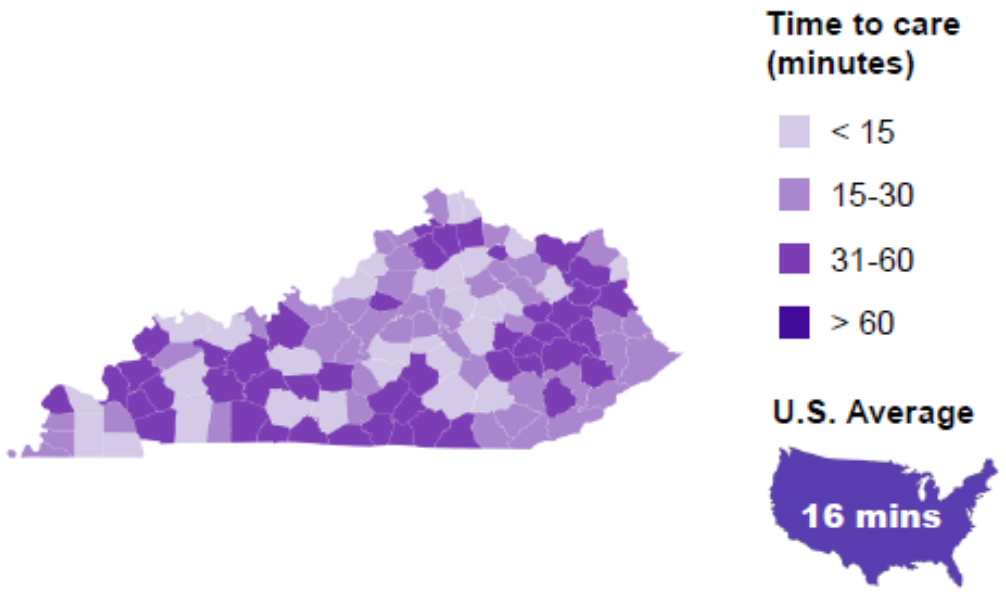
Key insights

On average, women in Kentucky travel 19 minutes to reach their closest hospital with labor and delivery services

Women in maternity care deserts travel 2.2 times longer than those in full access counties

110K women in Kentucky live more than 30 minutes from a hospital with labor and delivery services

Travel time to care



Maternal Mortality Review Report 2025

- 89% were deemed preventable
- 33% of all maternal deaths had mental health as a contributing factor
- 57% of maternal deaths occur within 43 days to a year of the end of pregnancy (late maternal deaths)
- Greater than 50% of all deaths had SUD as a contributing factor
- 76% of all decedents had Medicaid-funded healthcare.

Pregnant and Postpartum Individuals

1 in 8

Experience postpartum depression

1 in 5

Experience a mental health or substance use disorder during pregnancy or in the first year after delivery. These conditions are one of the most common pregnancy complications.

Pregnant and Postpartum Individuals

20%

Maternal suicide causes 20 percent of postpartum deaths among women with depression. Mental health and substance use disorders are a leading preventable cause of maternal death

75%

Of women who screen positive for depression most did not receive treatment

Primary admission diagnosis up to 12 months postpartum

2025	1	O1415-Severe pre-eclampsia, complicating the puerperium
	2	O1495-Unspecified pre-eclampsia, complicating the puerperium
	3	O99345-Other mental disorders complicating the puerperium
	4	F332-Major depressv disorder, recurrent severe w/o psych features
	5	A419-Sepsis, unspecified organism
	6	O34211-Matern care for low transverse scar from prev cesarean del
	7	O115-Pre-existing htn with pre-eclampsia, comp the puerperium
	8	O8612-Endometritis following delivery
	9	O85-Puerperal sepsis
	10	F319-Bipolar disorder, unspecified

Primary admission diagnosis up to 12 months postpartum

2025	1	O1415-Severe pre-eclampsia, complicating the puerperium
	2	O1495-Unspecified pre-eclampsia, complicating the puerperium
	3	O99345-Other mental disorders complicating the puerperium
	4	F332-Major depressv disorder, recurrent severe w/o psych features
	5	A419-Sepsis, unspecified organism
	6	O34211-Matern care for low transverse scar from prev cesarean del
	7	O115-Pre-existing htn with pre-eclampsia, comp the puerperium
	8	O8612-Endometritis following delivery
	9	O85-Puerperal sepsis
	10	F319-Bipolar disorder, unspecified

Supporting Providers to Support Moms

Connecting providers with timely, expert support to improve maternal mental health outcomes statewide.



KyCOMPASS

TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

KY Compass: When to Call

Starting or adjusting psychiatric medications during pregnancy or breastfeeding.

Managing postpartum depression, anxiety, bipolar disorder, PTSD, OCD, or psychosis.

Interpreting screening scores such as EPDS, PHQ-9, or GAD-7.

Guidance on diagnostic protocols for perinatal mental health disorders.

Risk assessment and safety planning for suicidal thoughts.

Co-occurring substance use disorders (SUD) and perinatal mental health concerns.

Evidence-based therapy and treatment recommendations.

Access to provider resources: screening tools, diagnostic protocols, and patient education materials.

Requesting regional referral directories (after consultation).

Training & education opportunities: webinars, CME, practice-based training, outreach tools, peer learning, or grand rounds.

Connections to therapists or SUD treatment centers in your region.

Psychologist support for education on diagnoses and screening tools

KY Compass

- KyCOMPASS offers training and educational resources to help providers and staff deliver high-quality care for pregnant and postpartum patients
- Offerings include webinars, workshops, toolkits, and screening guides, along with guidance on best practices in perinatal mental health
- Also provide individualized trainings for clinics and hospitals on topics such as peripartum depression and suicide prevention
- Occasional continuing education opportunities are available to support professional growth

KY Compass

- Increase access to mental health care for pregnant and postpartum individuals
- Increase the number of heath care providers that can address mental health issues for perinatal individuals
- This may ultimately lead to more integration of mental health and physical health into perinatal care settings

kycompass.org

Rural Health Transformation Program

Dr. John Langefeld, Commissioner

Kentucky Rural Health Transformation
Medicaid Advisory Council

John Langefeld, MD
Commissioner, KDPH
Executive Sponsor, KY RHT

October 1, 2026

Kentucky Public Health
Prevent. Promote. Protect.

Accredited Health Department
PHAB
Advancing Public Health Performance
Public Health Accreditation Board

TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

The Rural Health Transformation Program is a cooperative agreement between CMS and the Commonwealth of Kentucky

Rural Health Transformation Program

The Commonwealth of Kentucky has been awarded funding through the Centers for Medicare & Medicaid Services (CMS) Rural Health Transformation Fund (RHTF). This investment will empower Kentucky to launch and implement its Rural Health Transformation Plan (RHTP) — a community-driven strategy to expand access and improve health outcomes for rural residents across the Commonwealth. Read Governor Beshear's press release.

About the Program

This project is 100% funded by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) for a total of $212.9 million in budget year 1 with 100% by CMS/HHS. The Rural Health Transformation (RHT) grant spans five budget periods aligned with federal fiscal years (FY2026–FY2030). Funding is disbursed annually by CMS based on achievement of performance metrics. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government. View the Notice of Funding Opportunity at https://grants.gov/search-results-detail/360442

Activities awarded in the first 9 months

Rural Community Hubs

Rural Health Ambassadors

CTC (EMS)

PoWER (Maternal & Infant)

PoWER teams

HANDS Expansion

RRR (Behavioral Health)

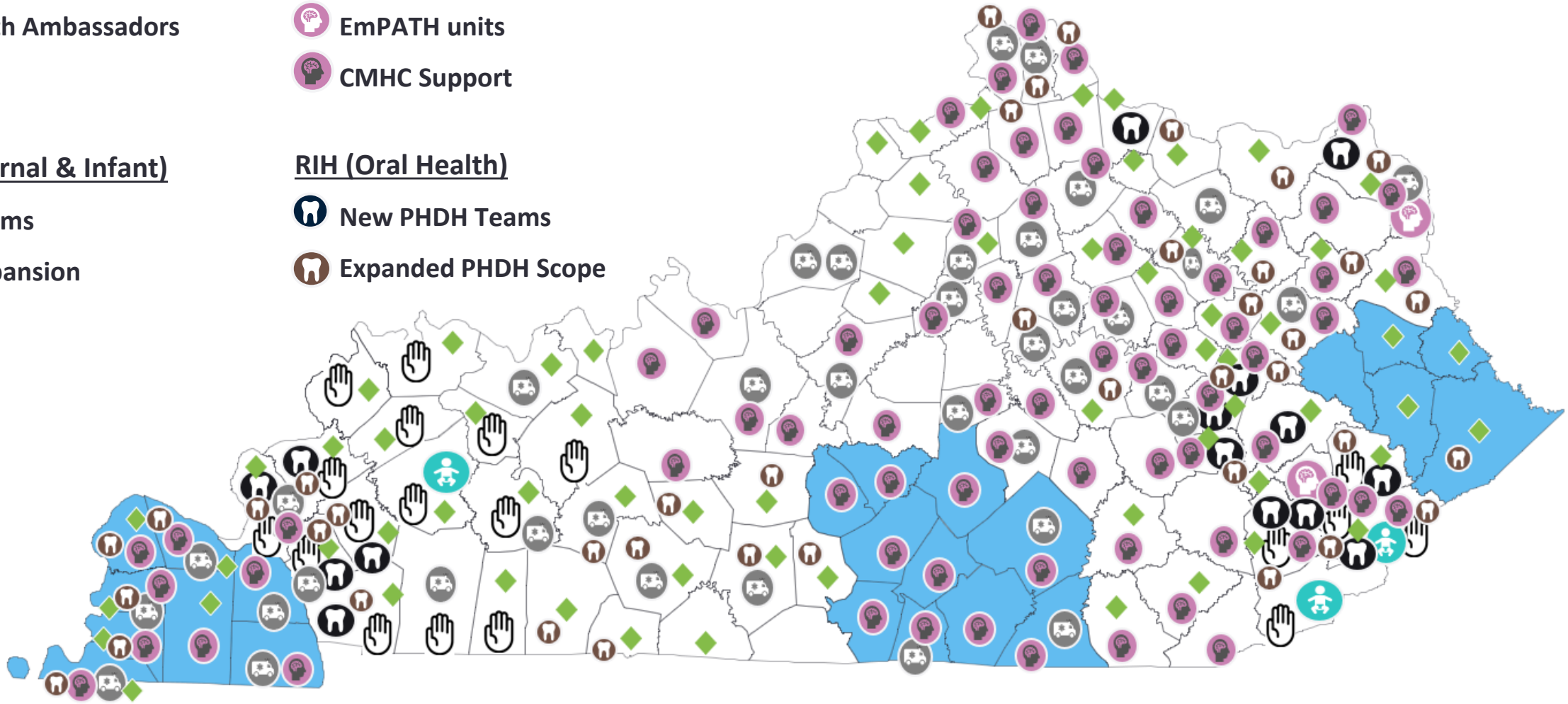
EmPATH units

CMHC Support

RIH (Oral Health)

New PHDH Teams

Expanded PHDH Scope



Medicaid Oversight & Advisory Board (MOAB) Report

Dr. Sheila Schuster, Chair

New Business

Tentative 2027 MAC Meeting Dates

1. Thursday, February 4, 2027
2. Thursday, April 1, 2027
3. Thursday, June 3, 2027
4. Thursday, August 5, 2027
5. Thursday, October 7, 2027
6. Thursday, December 2, 2027

Closing Items

Next Meeting Date: Thursday, December 3, 2026, at 10AM - 12:30PM EST

Please complete the meeting feedback survey linked to this slide.

The meeting feedback survey also be sent in an email following the meeting to all MAC members.

Kentucky MAC Meeting Feedback Survey QR Code