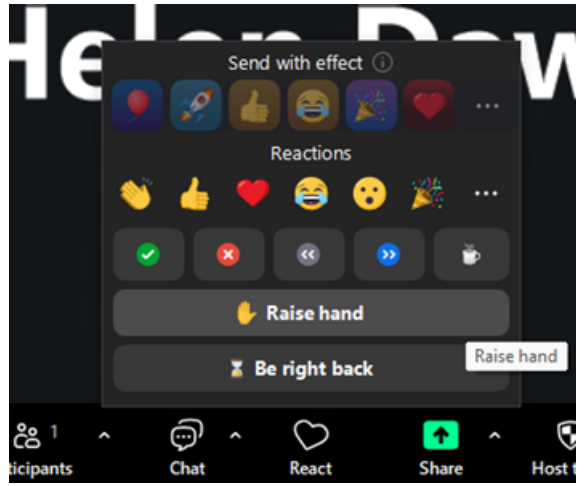
TEAM KENTUCKY®

CABINET FOR HEALTH AND FAMILY SERVICES

Medicaid Advisory Committee
November 3, 2025

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.



TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

Agenda

- Welcome & Roll Call
- MAC Leadership Positions & Voting
- Approval of Minutes of Previous Meeting
- Bylaws Overview & Voting
- DMS Commissioner Report Out
- TAC Recommendations
- New Business
- Public Comment
- Closing

MAC Member Roll Call

Disclosure of Conflicts of Interest

- If you know that you have an existing Conflict of Interest and should not participate in discussion on a specific topic, please disclose so at this time.
- By staying present for all discussions, you are acknowledging that you do not have any known Conflicts of Interest.
- If at any time you believe you have a Conflict of Interest, you may excuse yourself from the discussion.

Welcome & Opening Remarks

Commissioner Lisa Lee

Medicaid Advisory Committee (MAC) Leadership Elections

Officer Positions – General Information

- All officers will serve from November 3, 2025 – June 2026.
- You can run for more than one position. However, if you are elected to a position, you cannot run for another one after.
- **Voting order:**
  - Chair
  - Vice Chair
  - Secretary

Future Elections

- Nominations for officers will be requested at the last meeting of the fiscal year (*April 2026*).
- Nominations will be sent to members 30 days before the meeting when the election will take place.
- The MAC will elect a Chair, Vice Chair, and Secretary at the first meeting of the state fiscal year *(July 2026),* if a quorum is present.
- Officers will serve for a full year term.

MAC Chair Duties

- Lead the MAC meetings.
- Speak for the MAC when needed.
- Work with MAC members to create meeting agendas. Agendas should be sent to the DMS liaison at least two (2) weeks before the meeting date.
- Work with the DMS liaison to finalize the agenda.
- Understand and follow the MAC bylaws.
- Keep communication open between the MAC, the BAC, TACs, and the Medicaid program leaders and staff.
- Help recruit new MAC nominees when needed. The Chair may ask the Vice Chair and Secretary for help.
- Check meeting attendance with the DMS liaison to see if any members are missing too many meetings and may need to be replaced.
- Run discussions during the meeting, starting and ending conversations, and limit discussion if needed to stay on schedule.
- Make sure conversations are respectful and on topic.
- Call for votes and lead when a decision needs to be made.

MAC Vice Chair Duties

- Take over the Chair's duties if the Chair is unable to attend a meeting, cannot finish their term, or resigns.
- Understand and follow the bylaws.
- Help the Chair when asked.

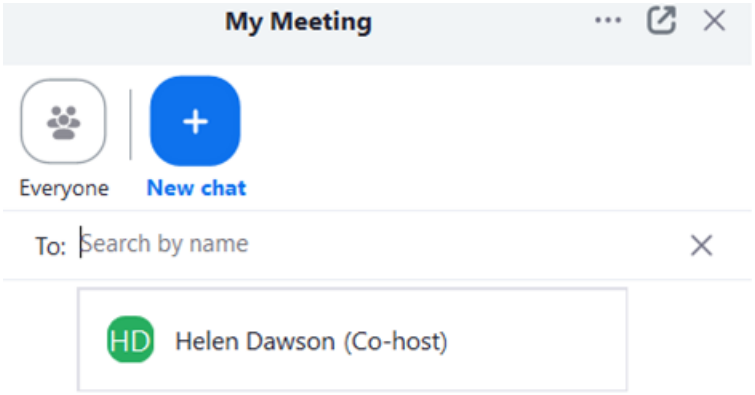
MAC Secretary Duties

- Take attendance at meetings.
- Contact members who are absent and encourage them to attend.
- Write down minutes during meetings.
- Record official votes during meetings, if there is a vote.
- Understand and follow the bylaws.
- Help the Chair and Vice Chair when asked.

Voting Procedure

- **Everyone in the room** must vote for their preferred candidate when prompted using the slip of paper provided. Please write down the candidate you wish to elect and turn that back in for counting.
- **Everyone joining on Zoom** must select their preferred candidate from the poll that will show on the screen.
  - If you cannot vote using the poll, message Helen Dawson **directly** with your preferred candidate.
- The candidate with a **majority vote (50% + 1)** will be moved to be approved for their position.
  - If no one gets majority vote on the first round of voting, the candidate with the least number of votes will be taken off the poll and another round of voting will occur. This will continue until a majority vote it reached.
  - **If only one person is running, there will not be a formal vote.**
- When voting ends, there will be a **motion to approve the member**.
- This process will be **repeated** for each officer position.

Direct Message option on Zoom.



TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

MAC Chair Voting

MAC Vice Chair Voting

MAC Secretary Voting

Congratulations to our 2025-2026 MAC Officers!

Approval of Minutes of Previous Meetings

Helen Dawson

Minutes to be Approved

- May 2025

Bylaws Overview & Voting

Helen Dawson

MAC Bylaw Changes

- **Membership composition** is more thoroughly defined, including the listing of all ex-officio members, organizational representatives, advocacy groups, and the inclusion of 7 BAC members as part of the requirement from 42 CFR § 431.12(d).
- **Current appointment** procedures have changed, and all current appointments are considered new. Current term lengths have been decided by the Commissioner. Subsequent appointments will be 4 years in length. **MAC members may not serve two terms in a row, as part of the requirement from 42 CFR § 431.12(c)**
- **Some officer position descriptions have been enhanced** (i.e. the Chair will work with the DMS liaison to complete some duties, the Secretary will be responsible for tasks such as taking minutes and recording votes during meetings).
- **The role of DMS has been expanded** in compliance with 42 CFR § 431.12, including the addition of helping MAC members create an annual report.

MAC Bylaw Changes Continued

- **Guidelines surrounding public meetings** have been established and written into bylaws, including that at least two MAC meetings per year need to be made public in accordance with 42 CFR § 431.12(f)(4).
- **MAC meeting cadence** has changed to comply with 42 CFR § 431.12(e)(2); BAC must meet in advance of each MAC meeting.
- Other information, including **expanded language around agendas and minutes and workgroups** has been added.
    - ***For awareness:*** *Minutes will now be posted by DMS to the website within 30 calendar days of the MAC meeting to comply with 42 CFR § 431.12(h)(2).*

Member Questions and Comments

- Please raise your hand on Zoom or in the room and you will be called on to speak.

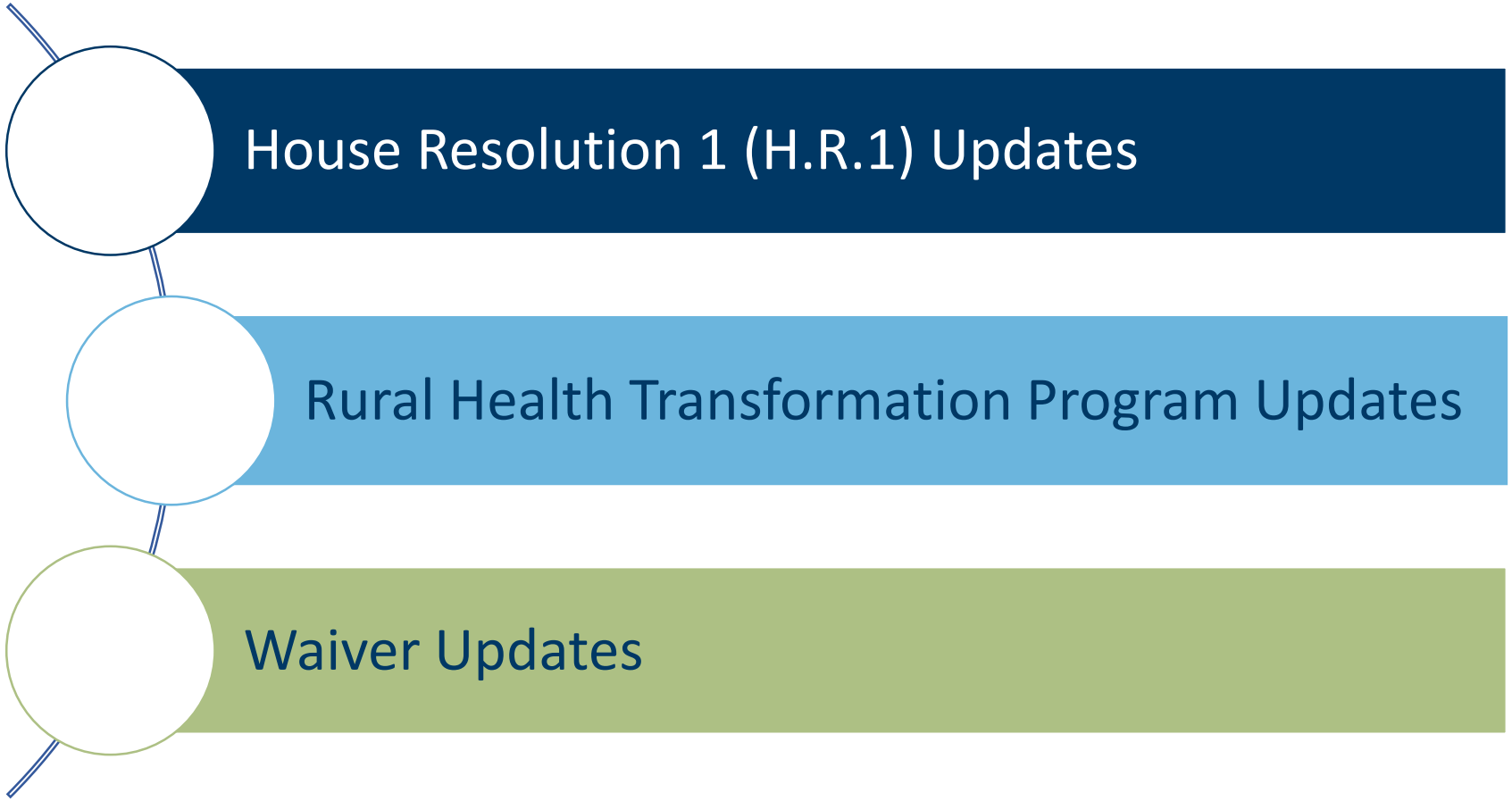
Bylaws Vote

- All members must select “yes” or “no” from the poll on Zoom.
- In the room, please raise your hand for “yes” or “no” when prompted.
- Bylaws will be voted in with a **majority (50% + 1) vote.**

DMS Commissioner Report Out

Commissioner Lisa Lee

Updates from CMS



House Resolution 1 (119th Congress)

House Resolution 1 (119th Congress)

- On July 4, 2025, House Resolution (H.R.) 1 – One Big Beautiful Bill Act (OBBBA) – was signed into law.
- Makes big changes to taxes, health care and social programs.
- Affects Medicaid including who can get it, how it's funded, and how providers are paid.

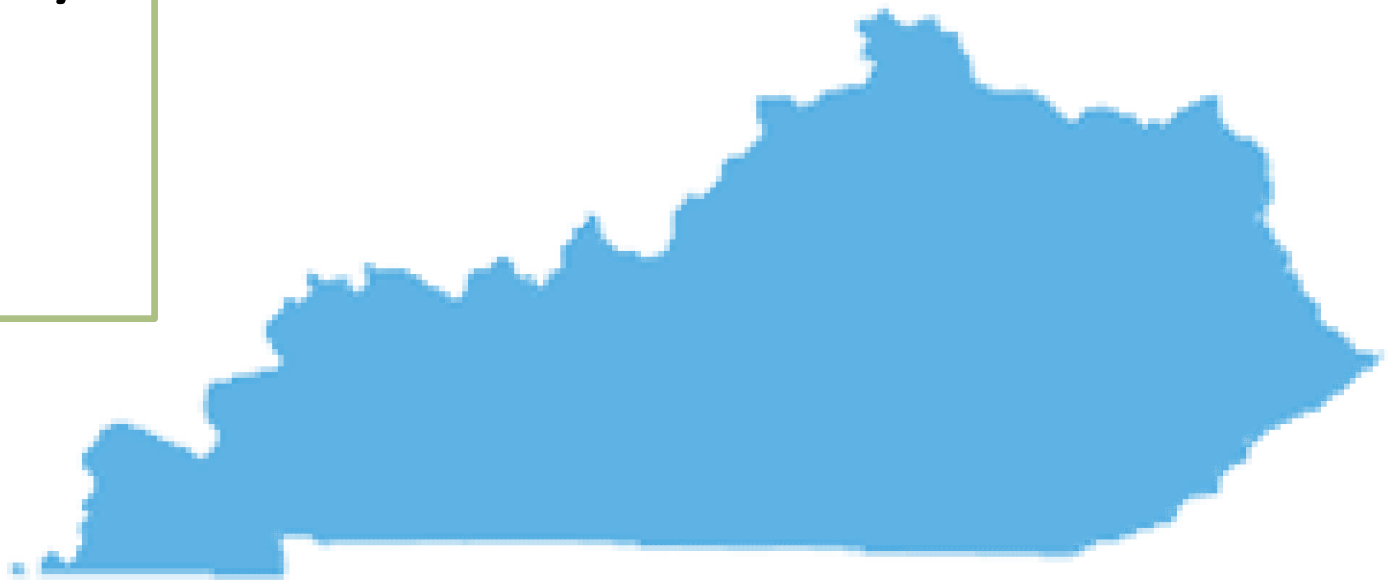
H.R.1 Eligibility Changes

- Limits retro-active coverage from three months to one month for Medicaid expansion members and two months for traditional Medicaid members.
- Limits eligibility for certain lawfully present individuals.
- Requires Medicaid expansion members to have their eligibility reviewed every 6 months beginning January 1, 2027.
- Requires Medicaid expansion members aged 19-64 be subject to work requirements beginning December 31, 2026 – exempts disabled and elderly.
- Requires cost-sharing for Medicaid expansion members beginning October 1, 2028 for individuals with income between 100-138% if FPL (excludes primary care, mental health, substance use disorder services, family planning, hospital ER, long-term care, and services provided by CCBHCs, FQHCs and RHCs).

Rural Health Transformation Program Updates

Waiver Updates

1915(c) HCBS Waiver Programs in Kentucky



What are 1915(c) HCBS Waivers?

- HCBS waivers **complement** the coverage available under the Medicaid state plan.
- 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 in the community 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 (cost-neutral).
- 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.

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)

Waiver Services Offered in Kentucky

Traditional

- Participants use agencies to deliver all their waiver services.

Participant-Directed (PDS)

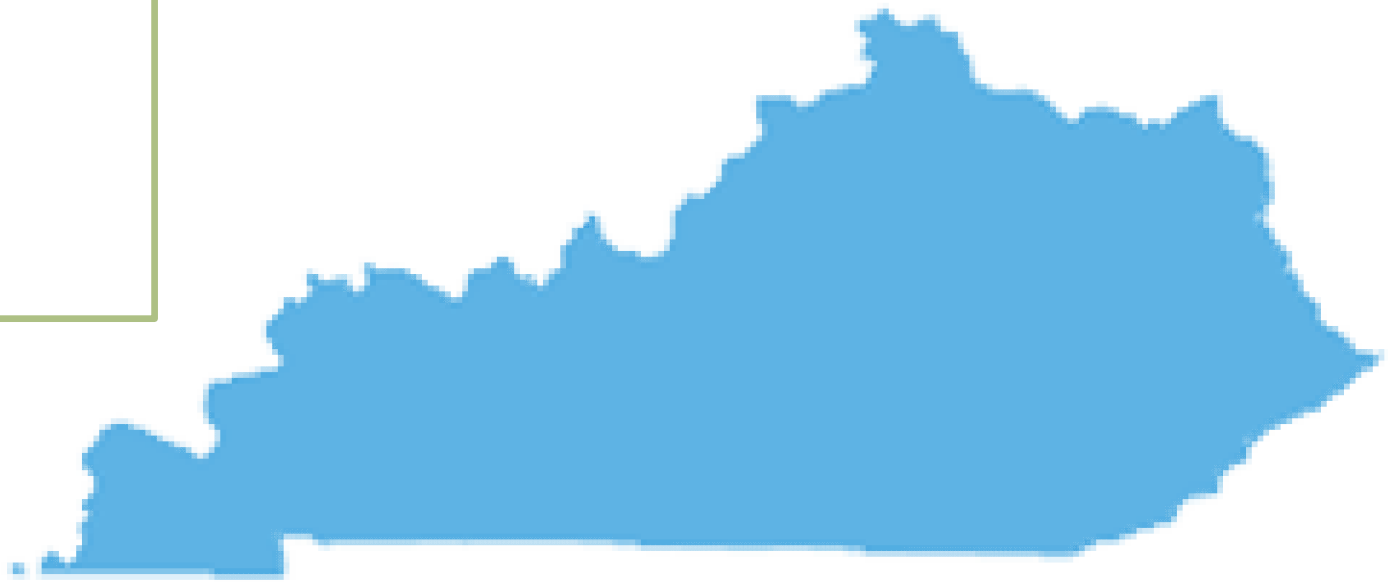
- Participants hire their own employees, including friends, family, or natural supports. Family members who are also **legally responsible** for the participant must undergo a review before hire.

Blended

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

As of June 2025, **14,467 participants** across all waivers (except MIIW) use PDS or Blended services.

1915c CHILD Waiver



What is the 1915(c) CHILD Waiver?

Community Health for Improved Lives and Development (CHILD)

The CHILD Waiver is a new Kentucky Medicaid program designed to help Kentucky children and youth with significant behavioral health or developmental challenges get the services they need, while staying at home, in school, and in their communities.

Anticipated January 2026

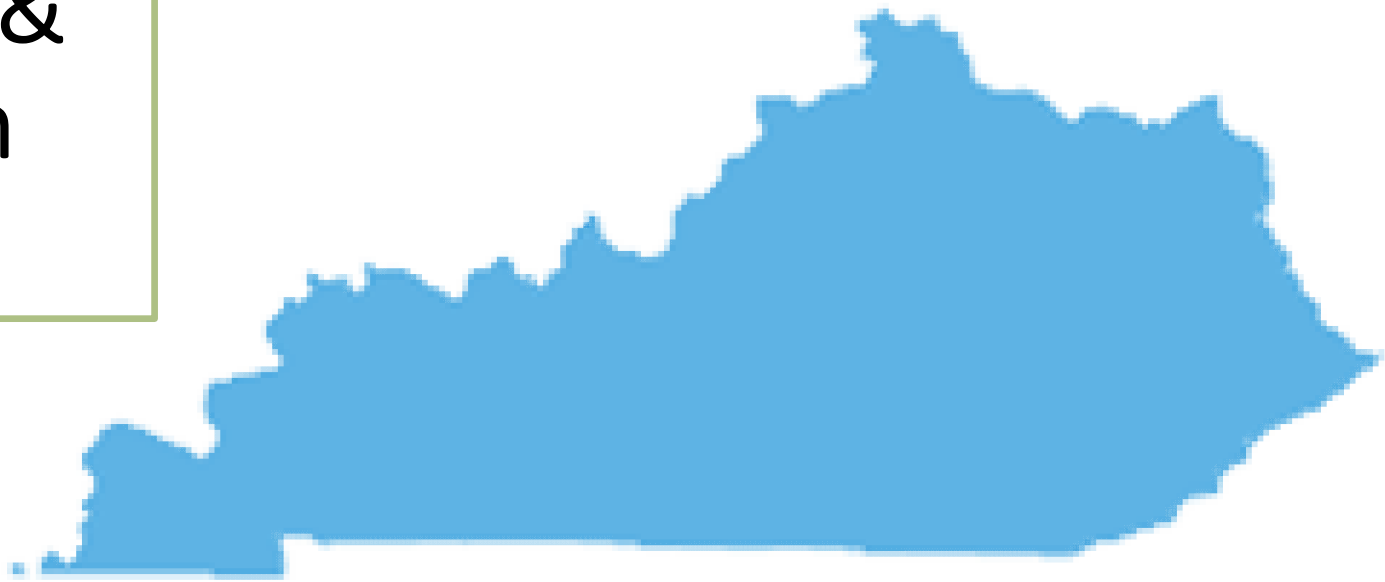
Serving Children & Youth with Most Complex Needs

- Focused for children and youth stepping out of acute inpatient care or at risk of out-of-home placement due requiring intensive behavioral health and residential supports.
- CHILD waiver includes clinical therapeutic services designed to foster a step-down approach, coming from the highest level of care in order to return to home and the community.

Who the 1915(c) CHILD Waiver Helps?

- **Children and Youth**
  - Under age 21
  - With significant behavioral health or developmental needs
  - Kentucky children and youth who:
    - Need a level of care similar to what would be provided in an inpatient facility, intermediate care facility for individuals with intellectual disabilities (ICF/IID), or hospital
    - Can be safely supported at home or in the community with the right services

1915(i) Offering in Kentucky
Division of Quality & Population Health



Kentucky's HCBS 1915(i) SPA – The RISE Initiative

- RISE stands for **recovery, independence, support, and engagement.**
- The 1915(i) RISE Initiative provides services to adults with a primary diagnosis of SMI or co-occurring SMI with addiction.
- The 1915(i) RISE initiative is a Medicaid HCBS SPA that is administered and by the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID).

The 1115 SMI is a companion waiver to the RISE- This was necessary to meet SJR 72.

1915(i) RISE Initiative Eligibility Criteria – Medicaid Enrolled

Age and Diagnosis
18+ with a primary diagnosis of SMI or SMI with co-occurring addiction with specific duration and functional need criteria.

Assessed Level of Need
Determined by the interRAI Community Mental Health (CMH) functional assessment tool.

Housing-Related Services
To be eligible for housing-related services, a participant must demonstrate one of the following homelessness risk factors:

- Homeless.
- At risk of homelessness (per 24 CFR § 578.3).
- History of frequent (i.e., more than one per year) stays in nursing home/inpatient settings.
- Experienced homelessness in the past 24 months or formerly homeless; now residing in U.S. Department of Housing and Urban Development assisted housing.

1915(i) RISE Initiative Services

1. Assistive Technology

2. Case Management

3. Housing and Tenancy Supports

4. In-Home Independent Living Supports

5. Medication Management

6. Planned Respite for Caregivers

7. Supervised Residential Care

8. Supported Education

9. Supported Employment

10. Transportation

Maternal & Infant Health Update

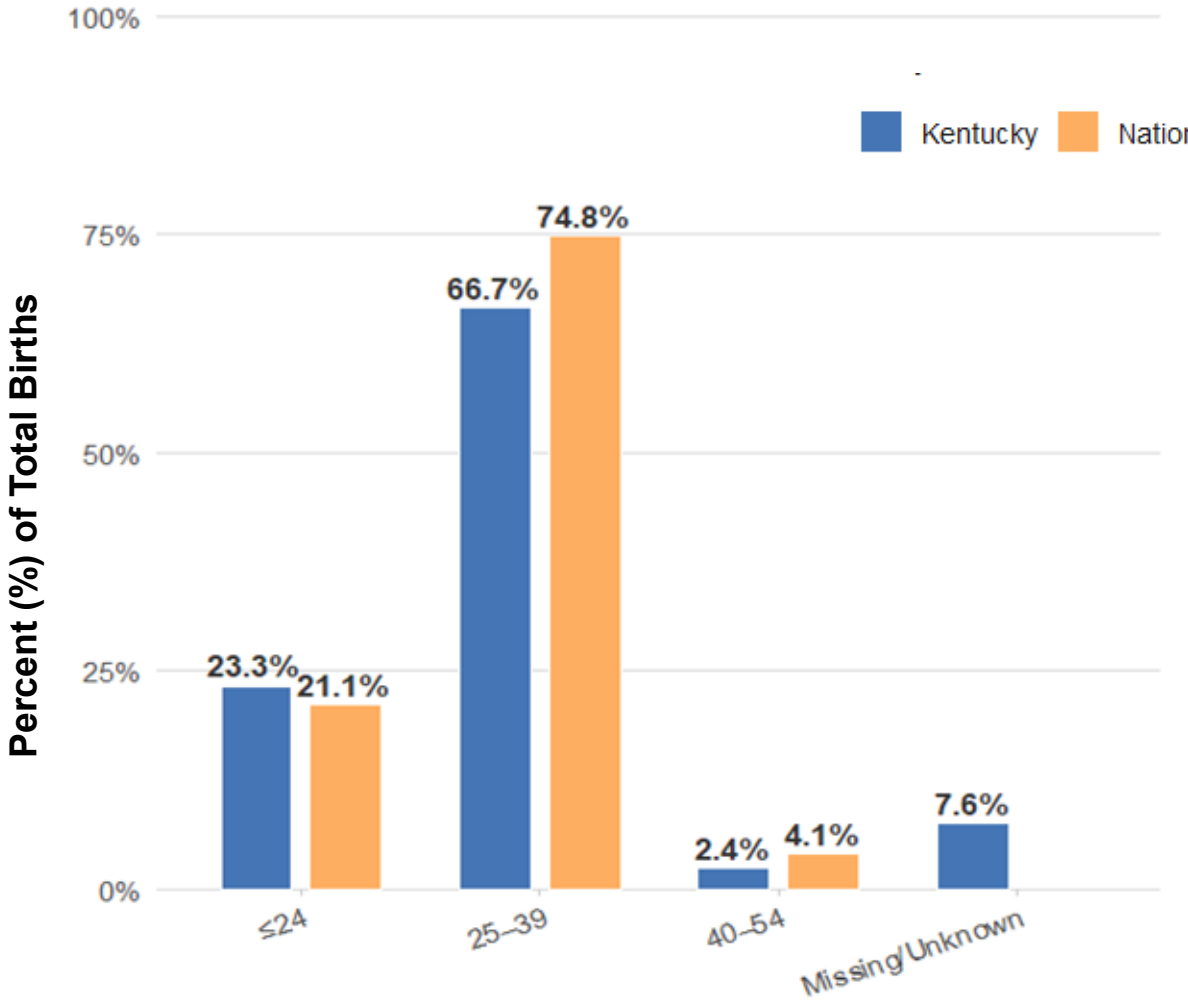
Dr. Judy Theriot

Medical Director, Department for Medicaid Services

Overview

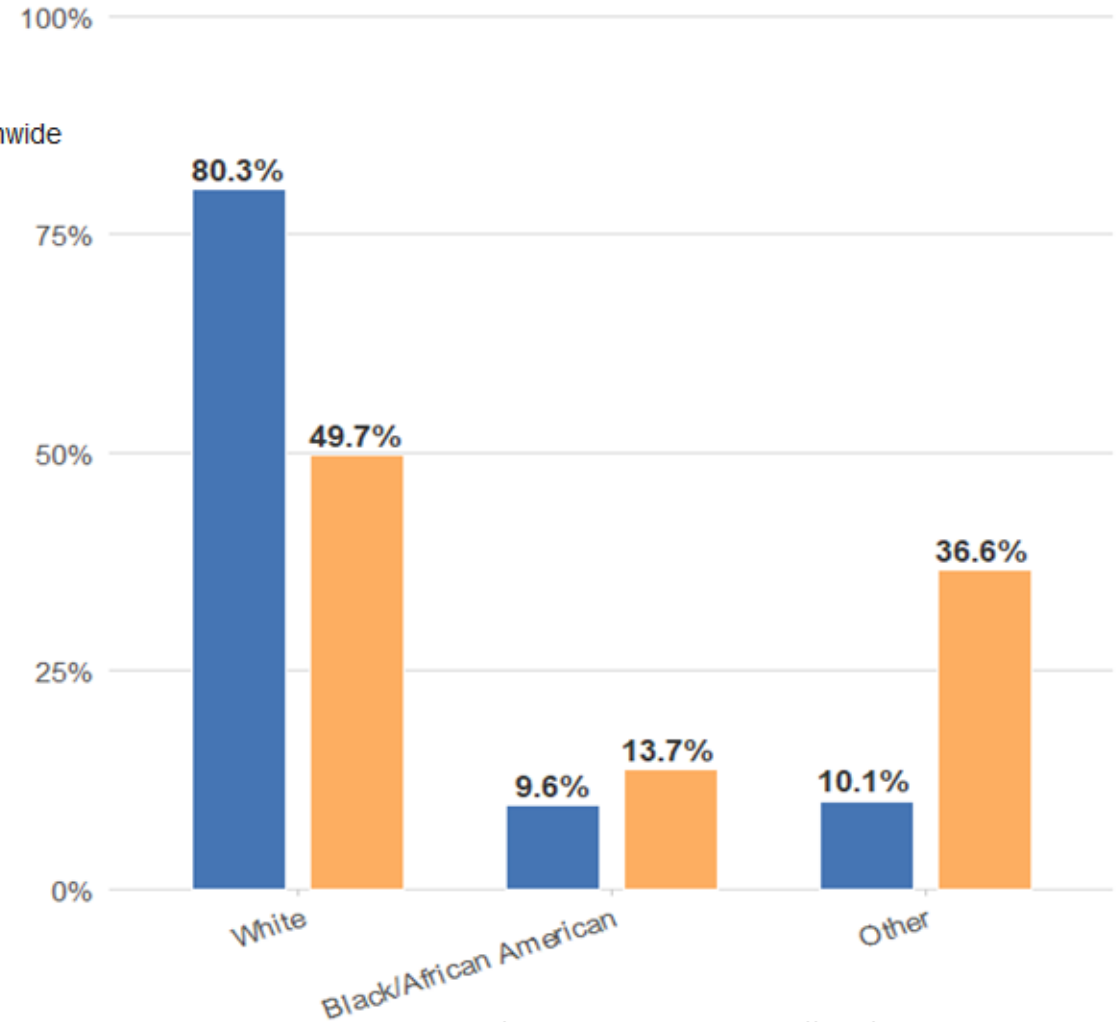
- Birth data – Who is giving birth and how
- Access to maternity care
- KY Maternal Mortality Review: 2024 Report
- Infant Mortality
- Current Initiatives

Percent (%) of Total Births by Age Group



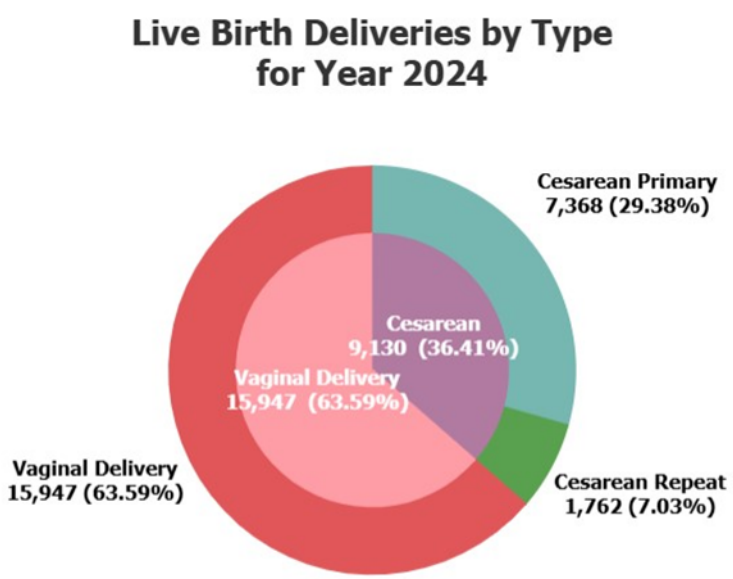
KY Data: Combined Counts for 2023 – 2024 Birth Certificate Data. US Data: 2023 Birth Certificate Data

Percent (%) of Total Births by Single Race

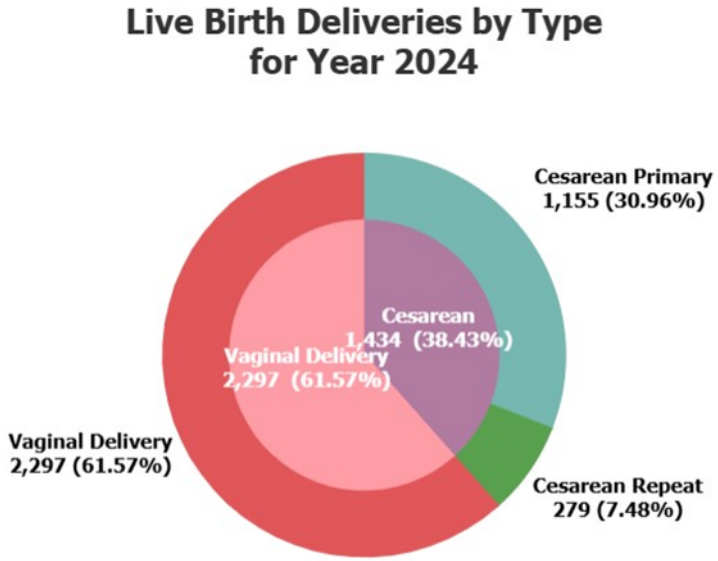


KY Source: Kentucky Birth Certificate Database, Kentucky Office of Vital Statistics. 2023 – 2024
US Source: National Vital Statistics Reports, Volume 74, Number 1 March 18, 2025. Births: Final Data for 2023

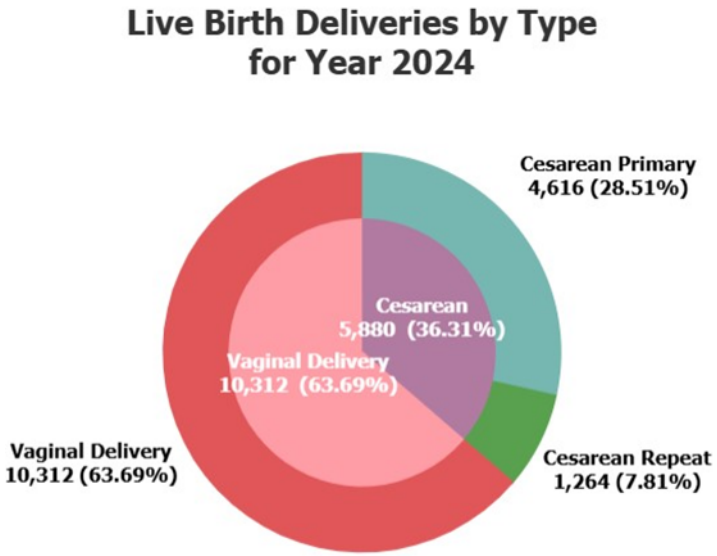
Cesarean Births in KY Medicaid in 2024



Total Births

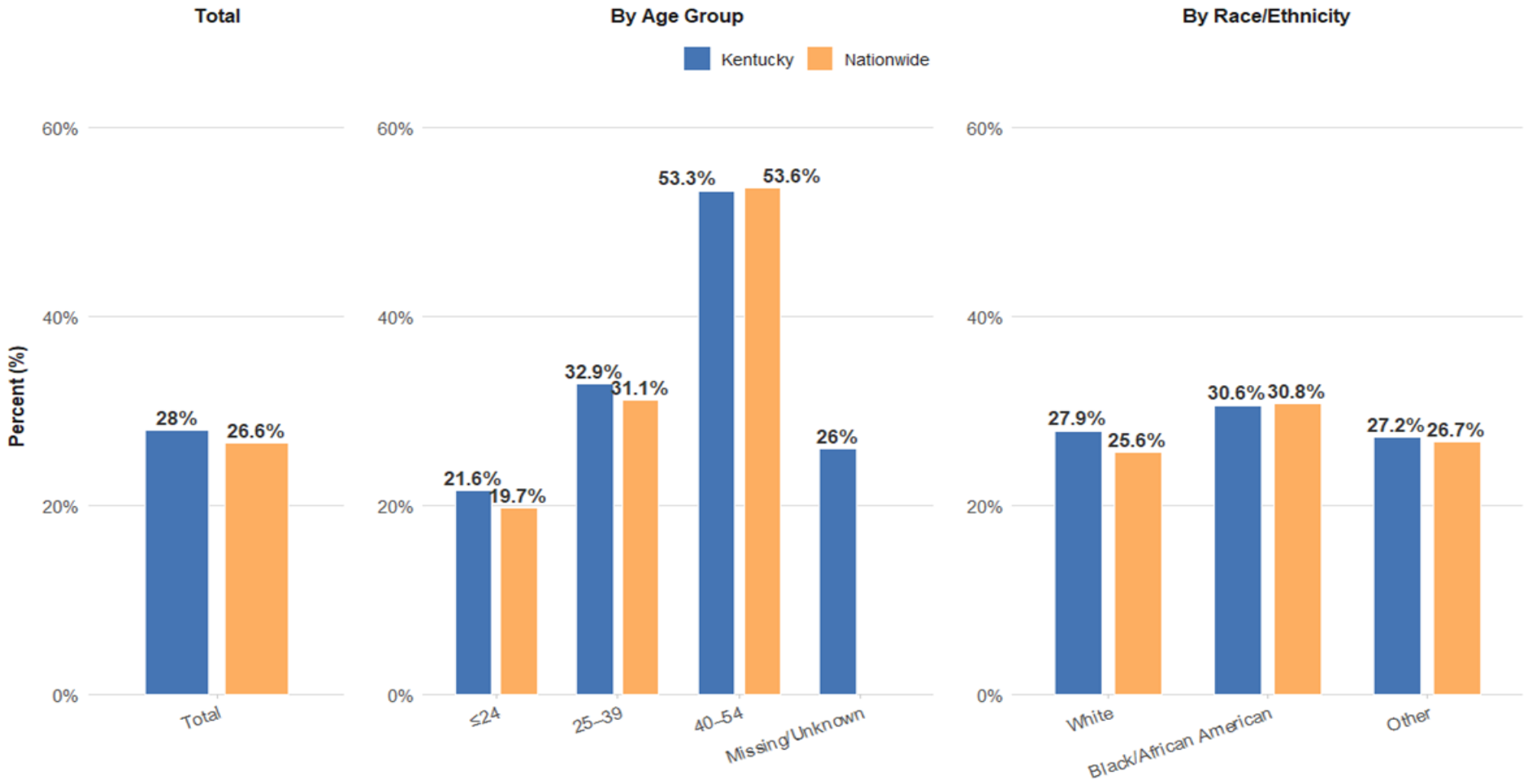


Black Births



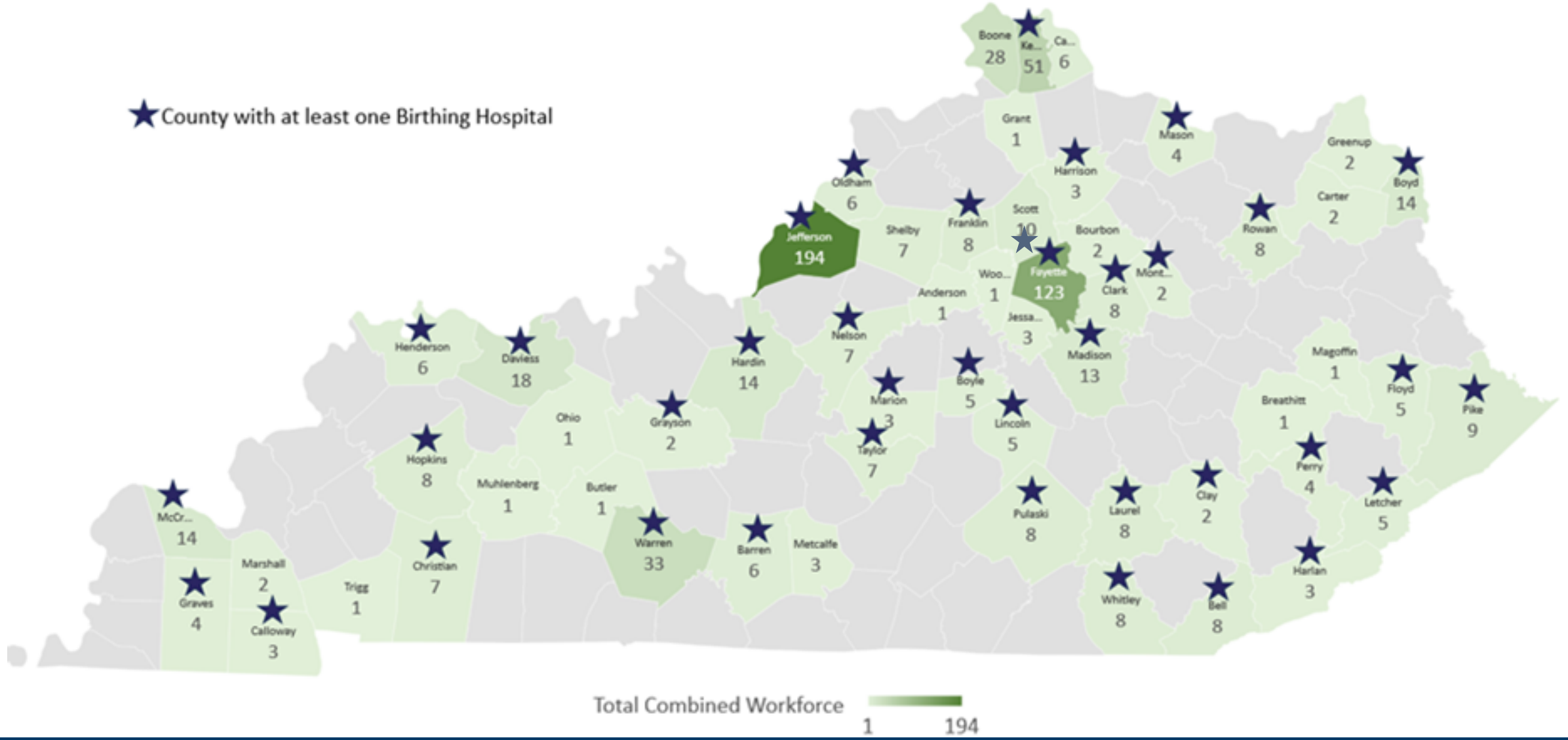
White Births

Cesarean Rates in NTSV Births

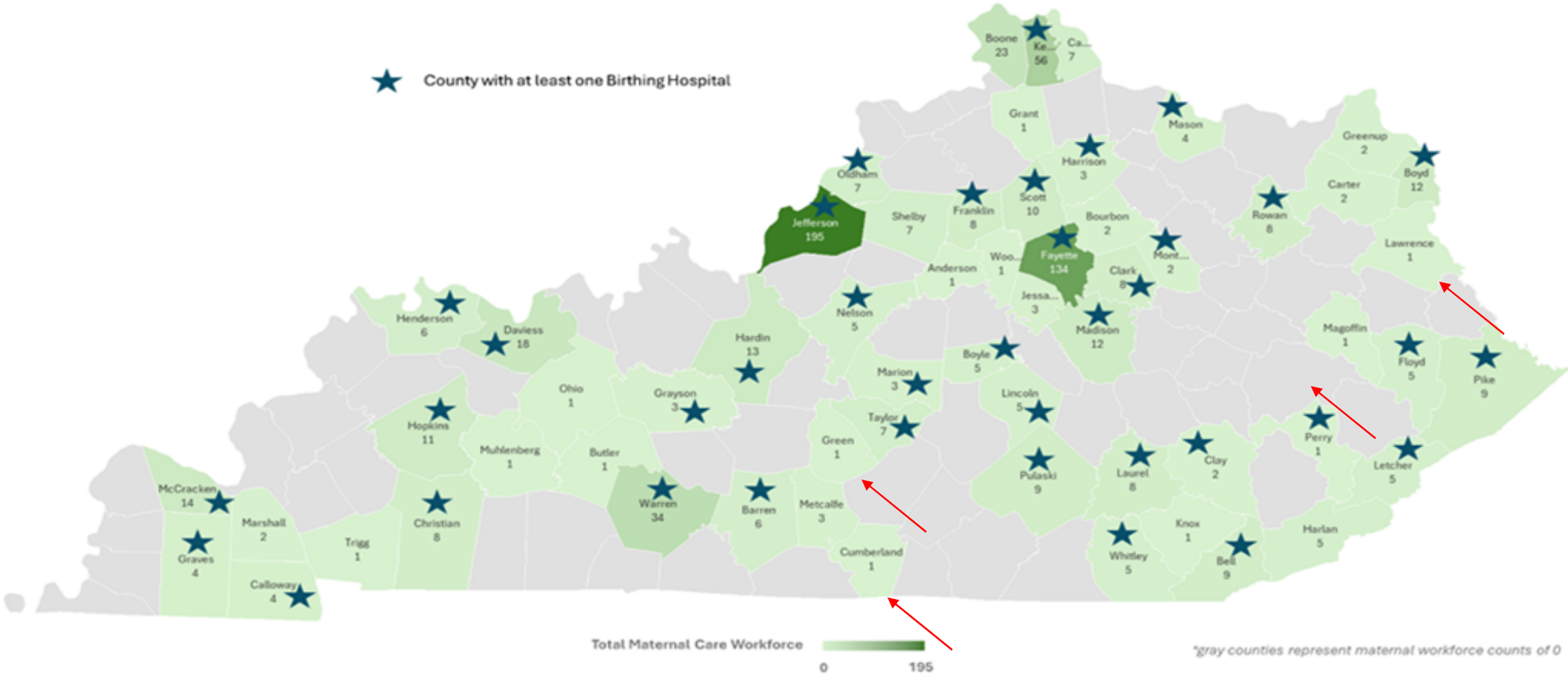


KY Data: Combined Counts for 2023 – 2024 Birth Certificate Data. US Data: 2023 Birth Certificate Data

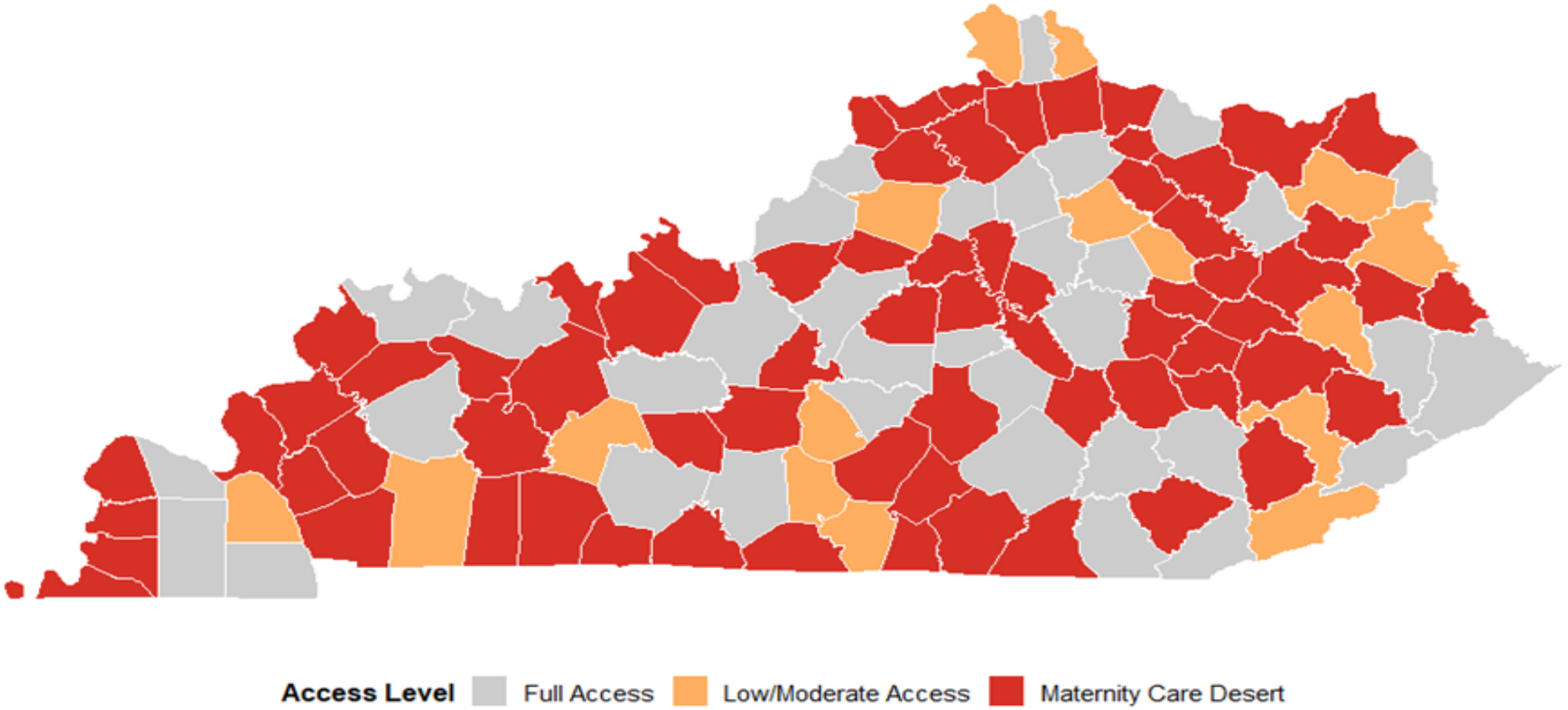
2024 Kentucky Combined Maternal Care Work Force (OB+MFM+APRN-CNM+LCPM) Map



2025 Kentucky Combined Maternal Care Workforce (OB + MFM + CNM + LCPM) Map



Maternity Care Access by County — Kentucky (2025)



Full Access counties have ≥1 birthing hospital *and* >60 maternal care providers per 10,000 live births

Low/Moderate Access counties have 1 birthing hospital *or* >60 providers per 10,000 live births

Maternity Care Deserts have no birthing hospitals *and* <60 providers per 10,000 live births

Distance to birthing hospital by County

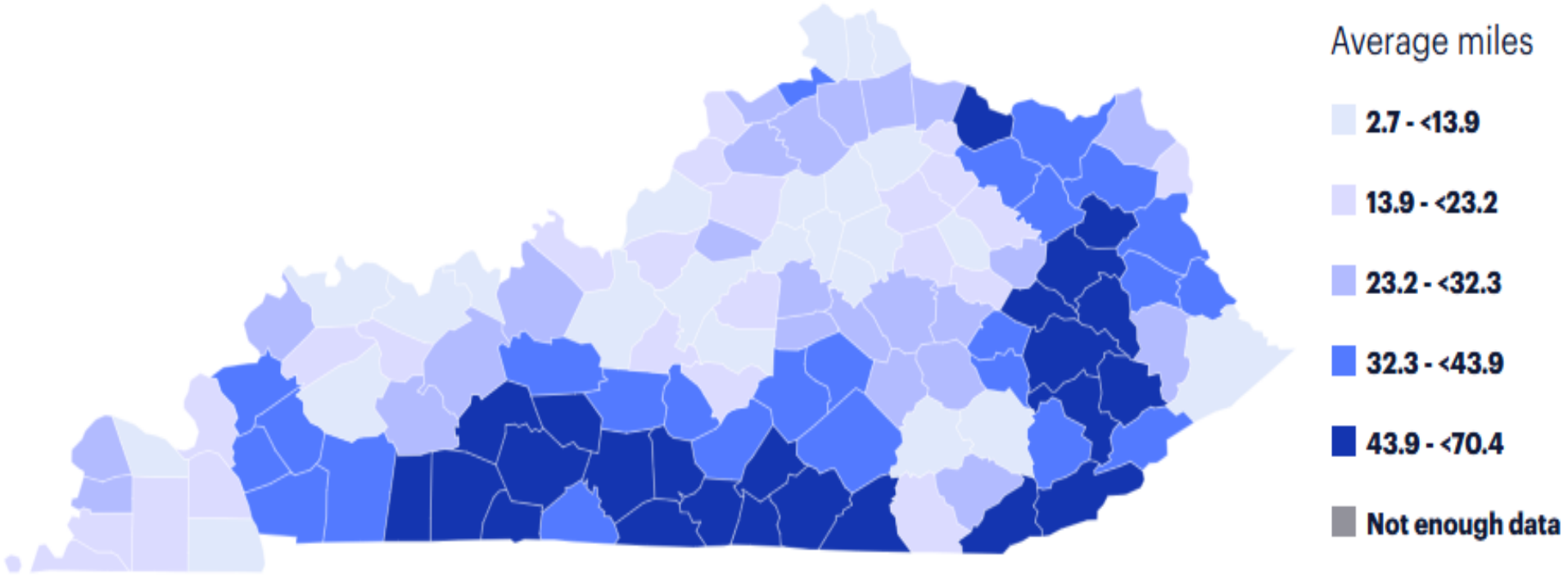
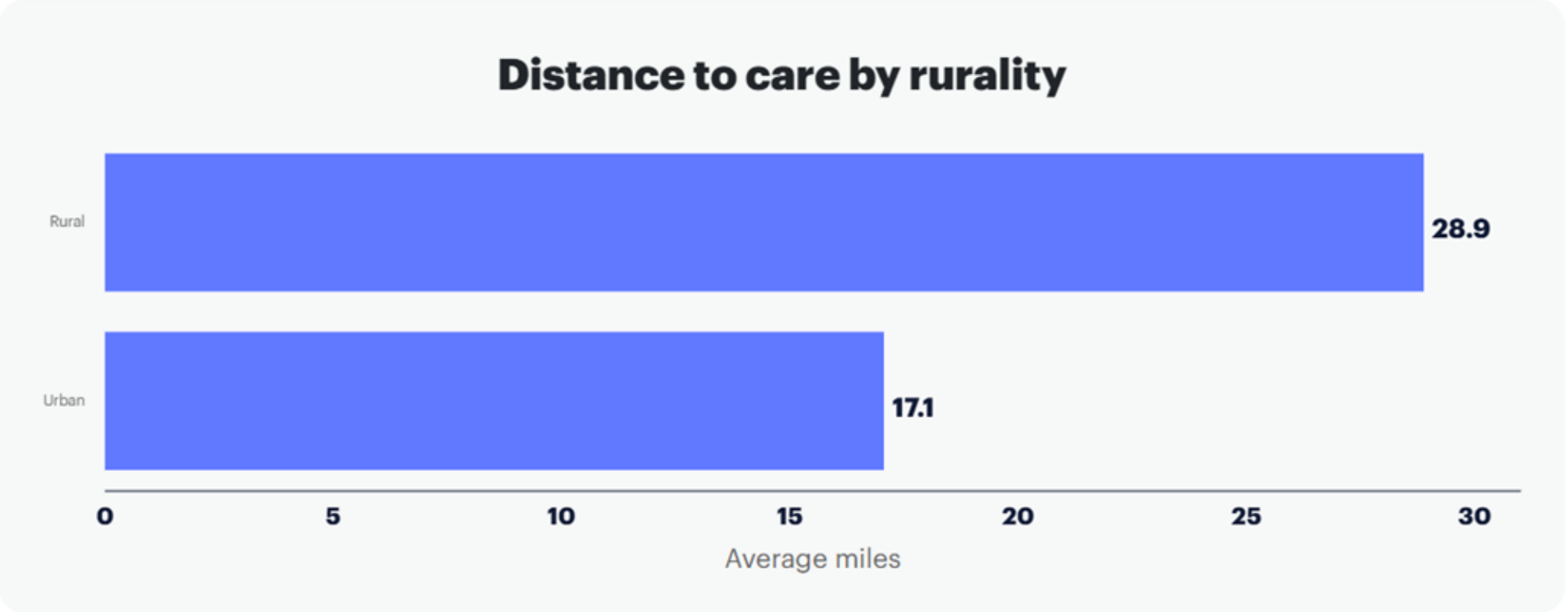


***Image Source**: March of Dimes, Peristats (2023)*
***Sources**: United States Census Bureau. "S1301 : Fertility." American Community Survey. 2017-2021. Web. 1 Nov 2022. American Hospital Association, 2021; American Board of Family Medicine, 2017-2020; U.S. Health Resources and Services Administration (HRSA), Area Health Resources Files, 2022.*

Distance to care by rurality

On average, women in Kentucky travel 20.3 miles to the nearest birthing hospital.



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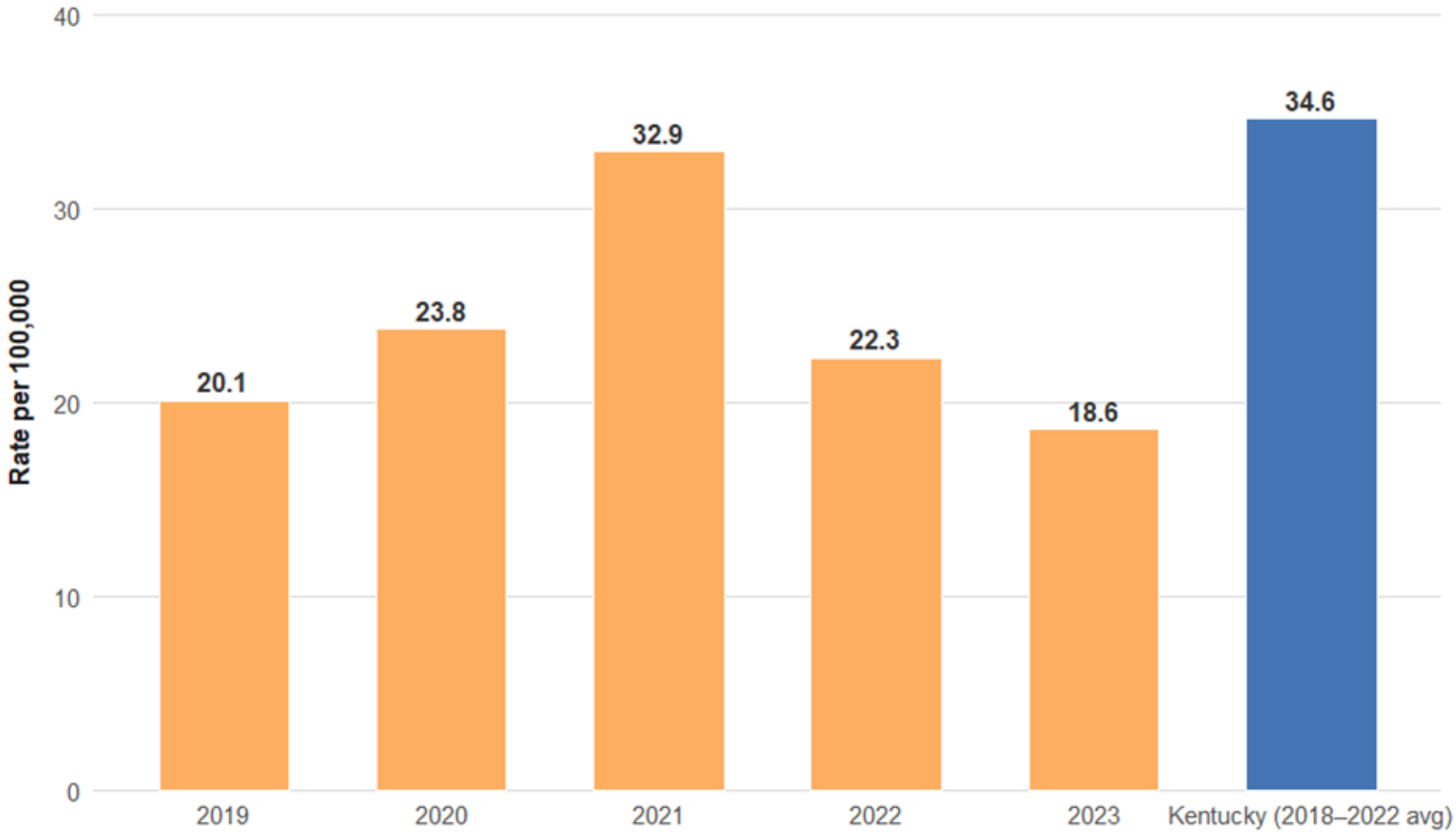
KY Maternal Mortality Review

- All maternal deaths during pregnancy and within 365 days from the end of pregnancy are reviewed by the Maternal Mortality Review Committee (MMRC)
- Committee is made up of practicing physicians, DPH, DCBS, DMS, Doulas, Midwives, March of dimes.
- The annual report comes out in November
- Report is posted on the DPH website
  - www.chfs.ky.gov/agencies/dph/dmch/Documents/MMRAnnualReport2024.pdf

Maternal Mortality Rate per 100,000 Live Births

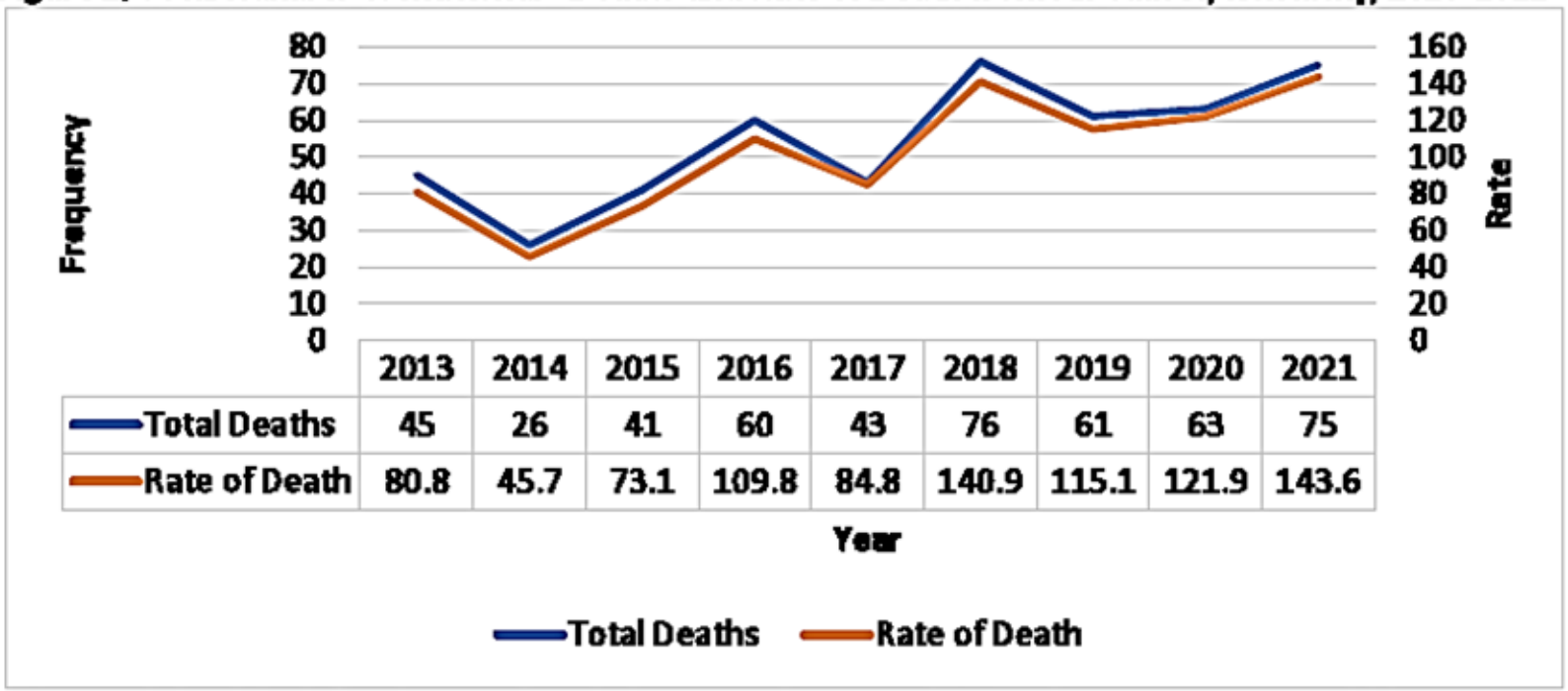
U.S. (2019–2023) and Kentucky (2018–2022 average)



***Data Source**: March of Dimes, Peristats (2023) – US average maternal mortality rate, KY Average Maternal Mortality Rate*

KY Maternal Mortality Review: 2024 Report

Figure 1: Total Number of Maternal* Deaths and Rate of Death from All Causes; Kentucky, 2013-2021



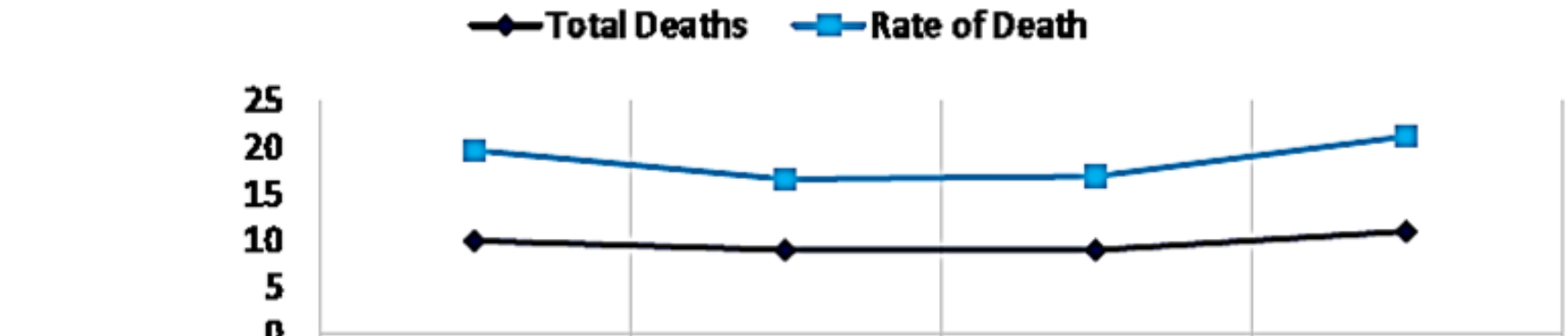
	2013	2014	2015	2016	2017	2018	2019	2020	2021
Total Deaths	45	26	41	60	43	76	61	63	75
Rate of Death	80.8	45.7	73.1	109.8	84.8	140.9	115.1	121.9	143.6

*Maternal death is defined as any female between the ages of 15-55 that was pregnant within one year prior to death or pregnant at death and died from any cause.

Data Sources: KY Vital Statistics files, linked live birth, and death certificate files years 2013-2021.

KY Maternal Mortality Review: 2024 Report, continued

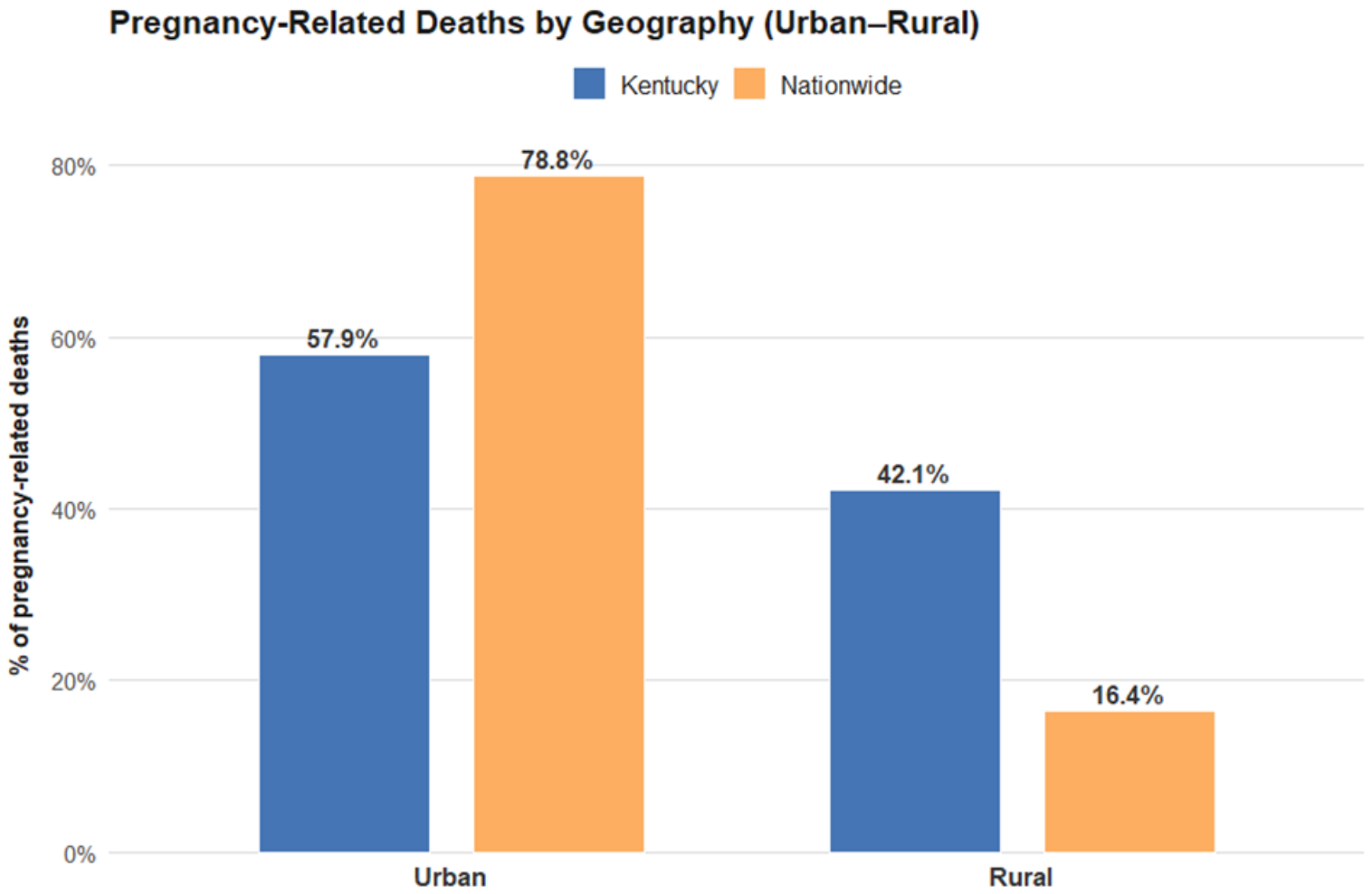
Figure 6: Total Number of MMRC Pregnancy-Related Deaths and Rate of Deaths; Kentucky MMR 2017-2020[a]



	2017	2018	2019	2020
Total Deaths	10	9	9	11
Rate of Death	19.7	16.6	16.9	21.2

KY data contain PROVISIONAL combined counts from 2023 and 2024

Nationwide data contain finalized counts from 2021



Kentucky data are provisional and subject to change pending review of pregnancy-related deaths

Pregnancy Related Deaths (2017 – 2021), Kentucky

Cardiac Conditions

- Accounted for 14.6% of maternal deaths (*pregnancy-related and pregnancy-associated combined*, 2017–2021)
- Diagnoses included: cardiomyopathy, endocarditis, myocardial infarction (STEMI), congestive heart failure, and mitral valve prolapse

Sepsis

- Contributed to 5% of maternal deaths (2017–2021 combined)

Pulmonary Embolism

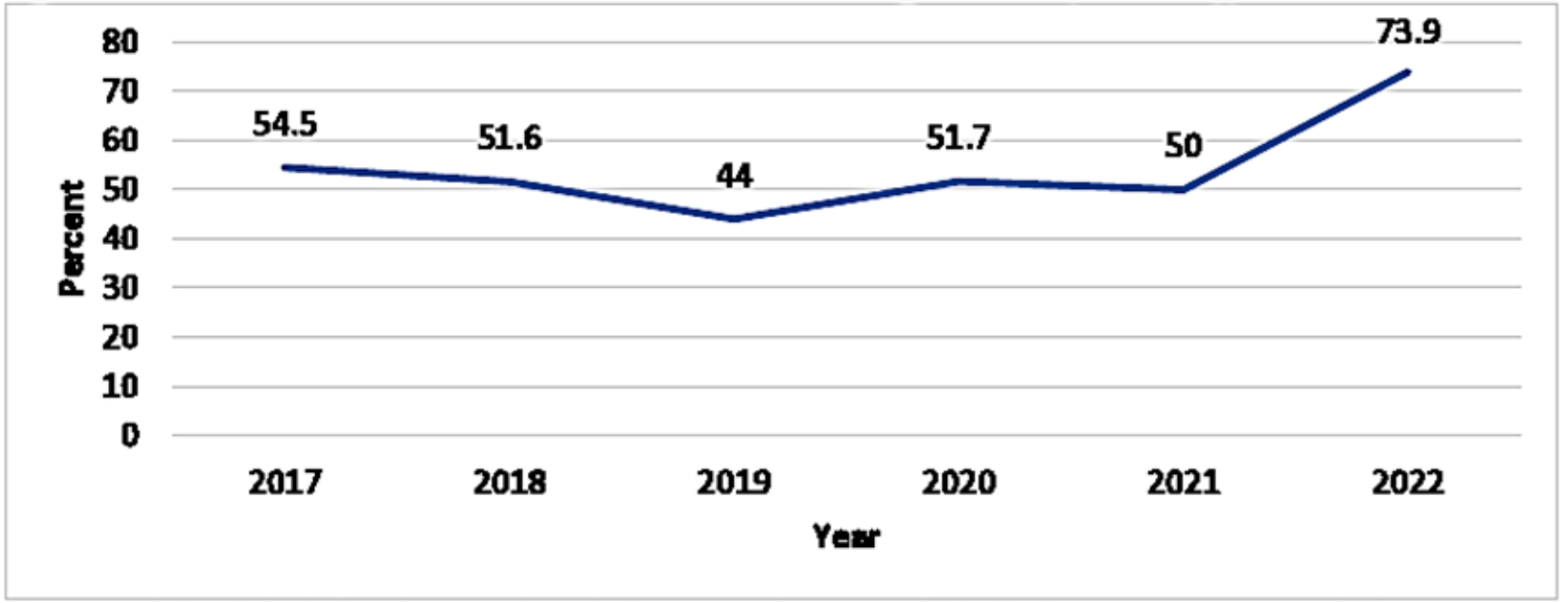
- Contributed to 3% of maternal deaths (2017–2021 combined)

Pregnancy-Related Deaths (2020–2021, MMRIA data only)

- Cardiovascular conditions (Codes 90.1–90.9) were the most common individual diagnoses (n = 5)
- Gestational hypertensive disease contributed to 10 cases
- All other causes had cell counts <5

KY Maternal Mortality Review: 2024 Report, Accidental Death due to Drug Overdose

Figure 3: Percent of Accidental Maternal Deaths due to Drug Overdose, Kentucky, 2017-2022*

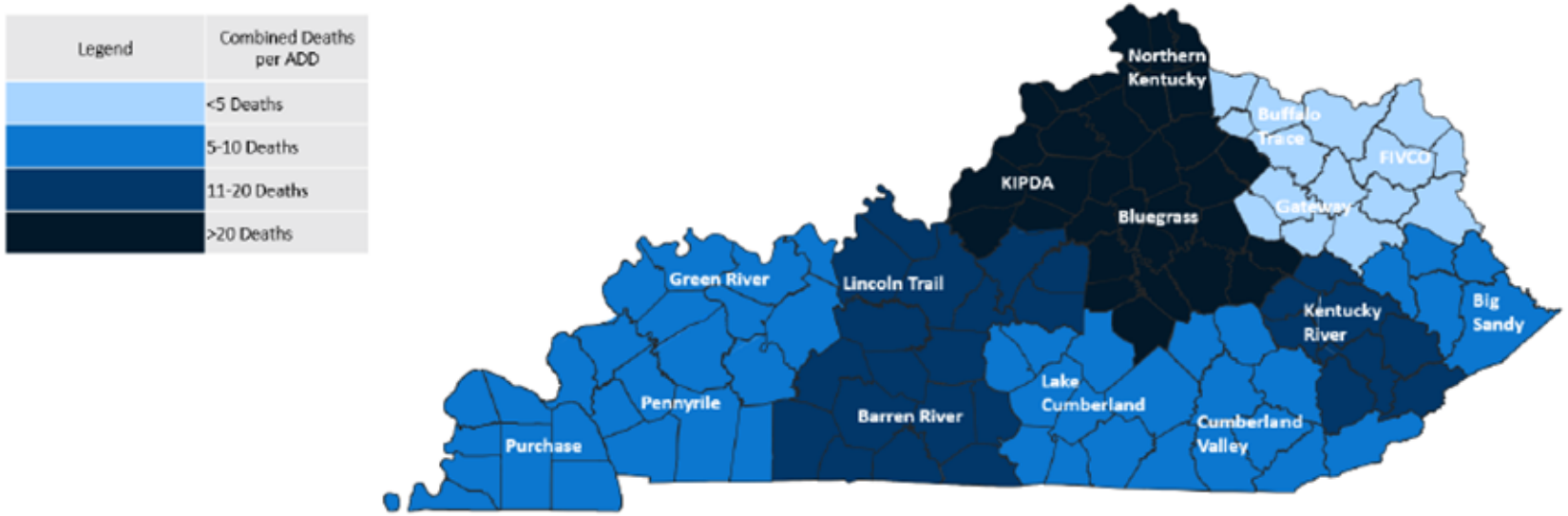


*Maternal death is defined as any female between the ages of 15-55 that was pregnant within one year prior to death or pregnant at death and died from any cause. Drug overdose is defined by the ICD-10 code X40-X49. The 2020-2022 data is preliminary, and numbers may change.

Data Source: KY Vital Statistics files, linked live birth, and death certificate files years 2017-2022.

KY Maternal Mortality Review: 2024 Report, Maternal Deaths by Area

Figure 10: Kentucky Maternal Deaths by Area Development District; Kentucky MMRC 2017-2021*



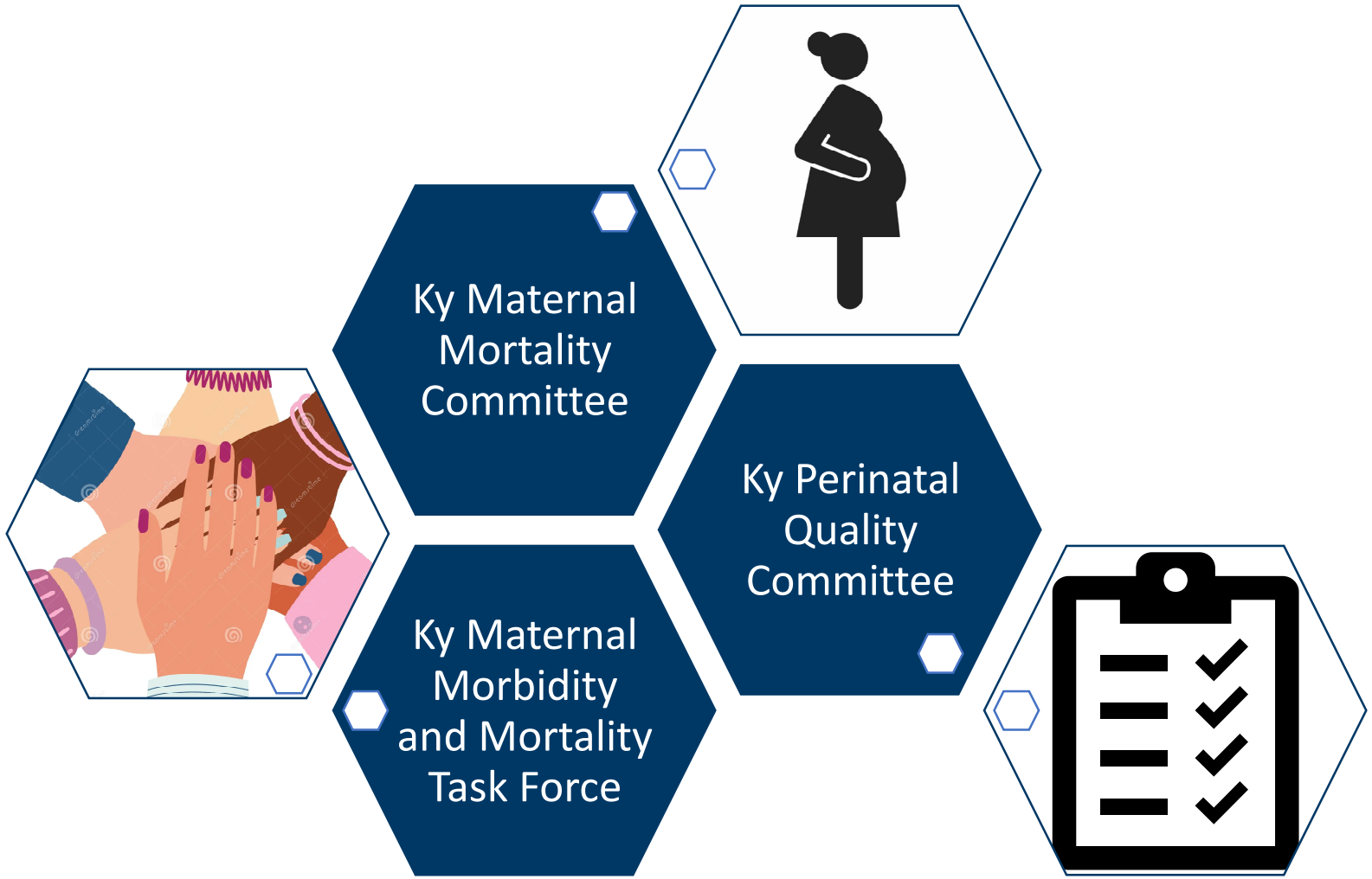
*Any values with a count less than 5 are suppressed due to data sharing limitations. *Preliminary data from the 2021 cohort is included in these findings. Eight cases are still under review and will impact final reporting.

KY Maternal Mortality Review: 2024 Report
Key Findings

Key Findings to Date (2017-2021 cohorts combined)

- 90% of maternal mortality cases were deemed to be preventable.
- 17% of maternal deaths were pregnancy-related deaths.
- 58% of maternal deaths occur within 43 days to a year of end of pregnancy (late maternal deaths).
- 74% of mothers had Medicaid funded healthcare.
- 51% of all deaths had substance use as a contributing factor.

Action Organizations: KyPQC and KyMMM Task Force



KyCOMPASS

Kentucky Consultation & Outreach for Maternal Psychiatry and Support Services

The Role of Teamwork in Addressing Maternal Mental Health

Audrey Summers, M.D.

DPH – New website

[Perinatal & Maternal Mental Health - Cabinet for Health and Family Services]

International Comparisons of Infant Mortality and Related Factors: United States and Europe

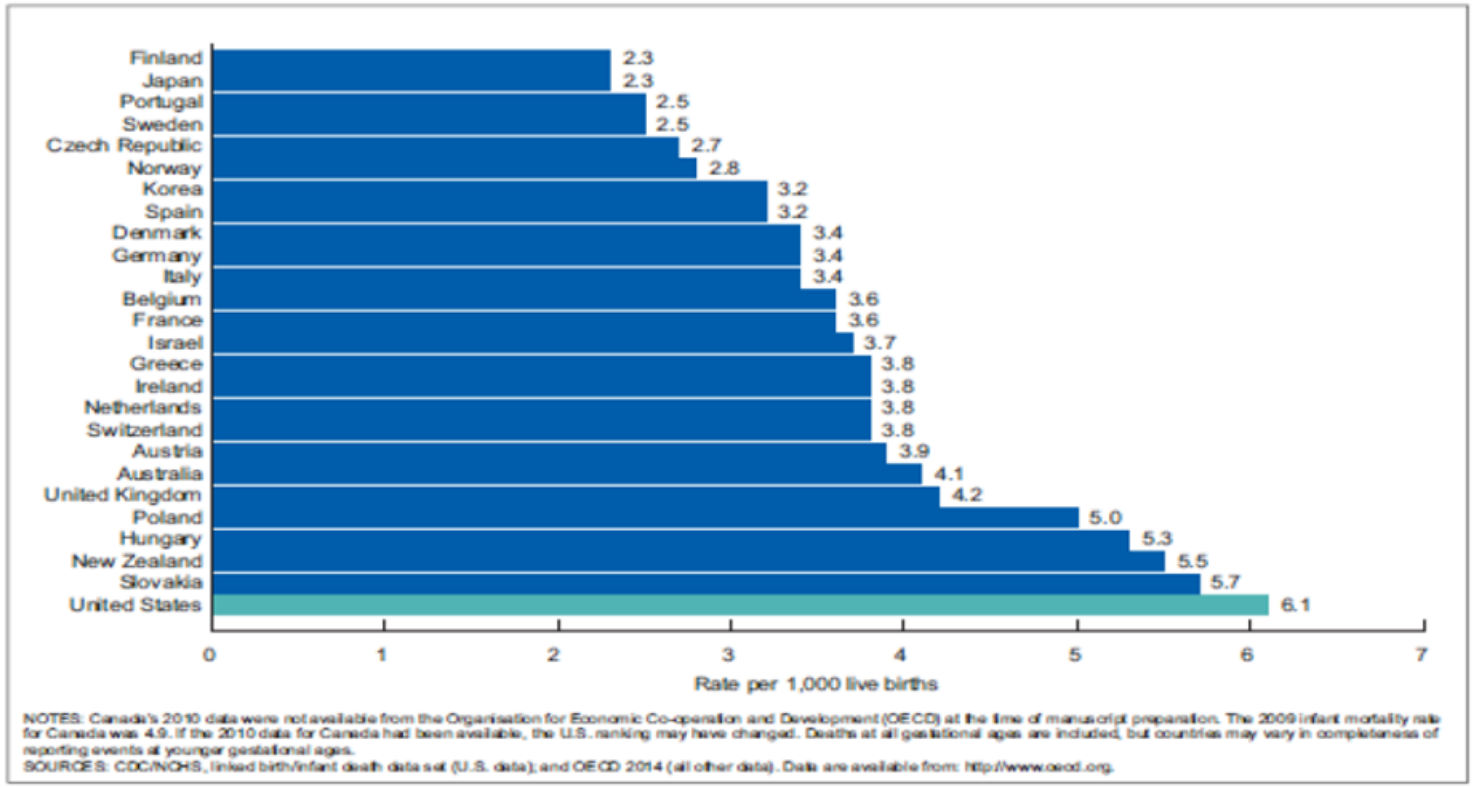


Figure 1. Infant mortality rates: Selected Organisation for Economic Co-operation and Development countries, 2010

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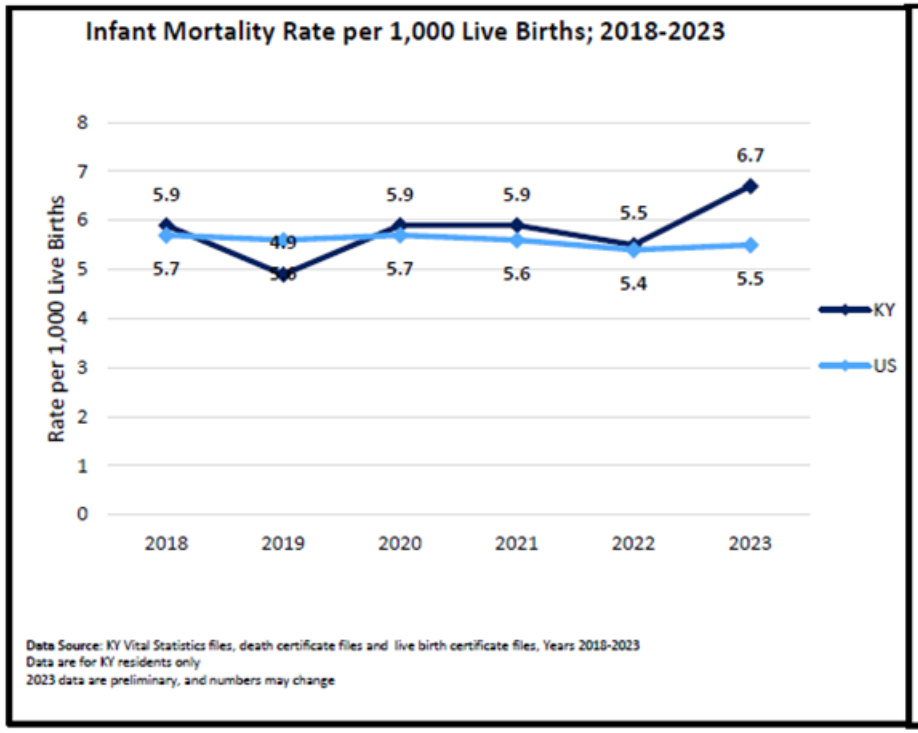
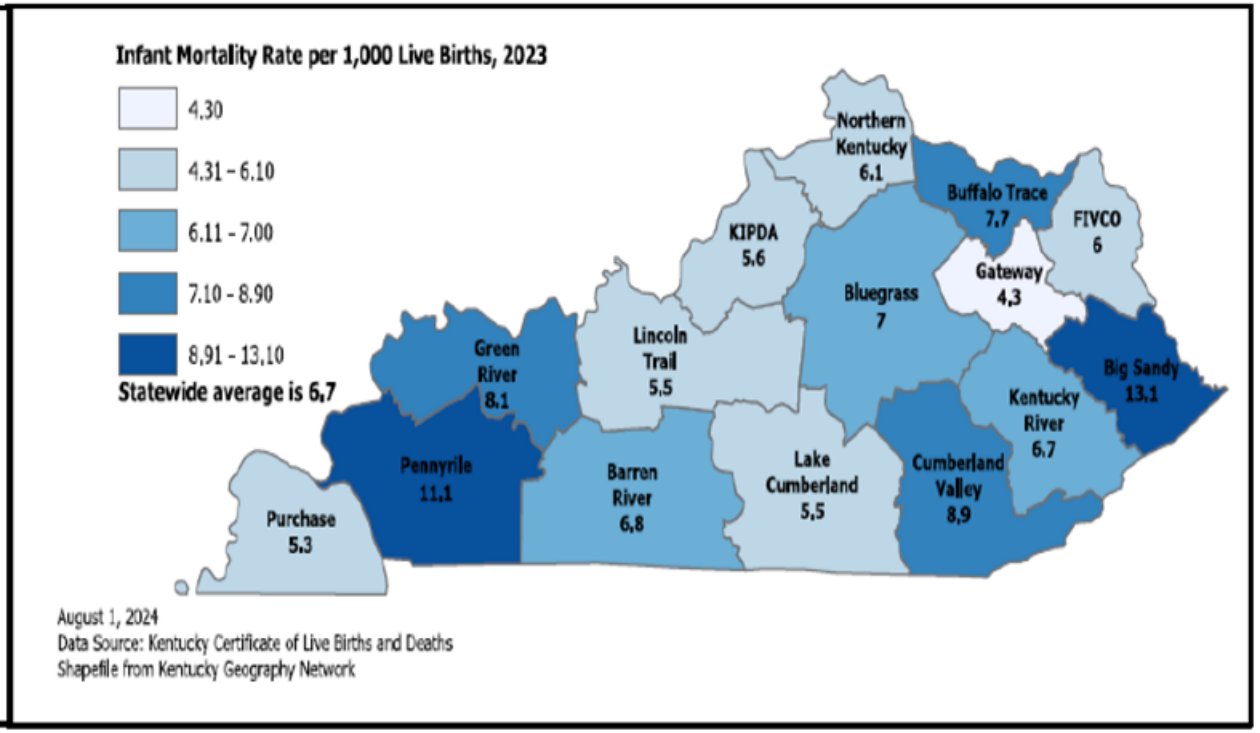
Infant Mortality





https://www.chfs.ky.gov/agencies/dph/dmch/Documents/CFR%20Annual%20Report%202024.docx.pdf

Leading Causes of Infant Mortality

United States

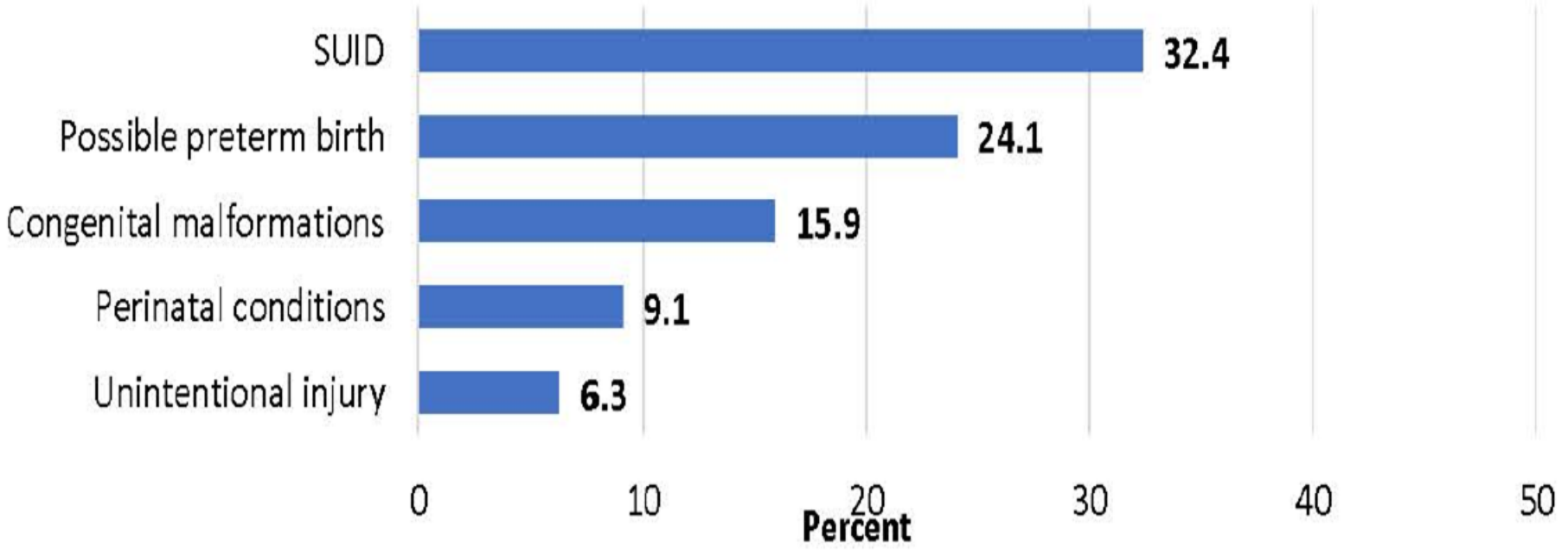
- Congenital malformations
- Preterm births
- SIDS
- Unintentional injuries
- Perinatal conditions

Kentucky

- SUID*
- Preterm births
- Congenital malformations
- Perinatal conditions
- Unintentional injuries

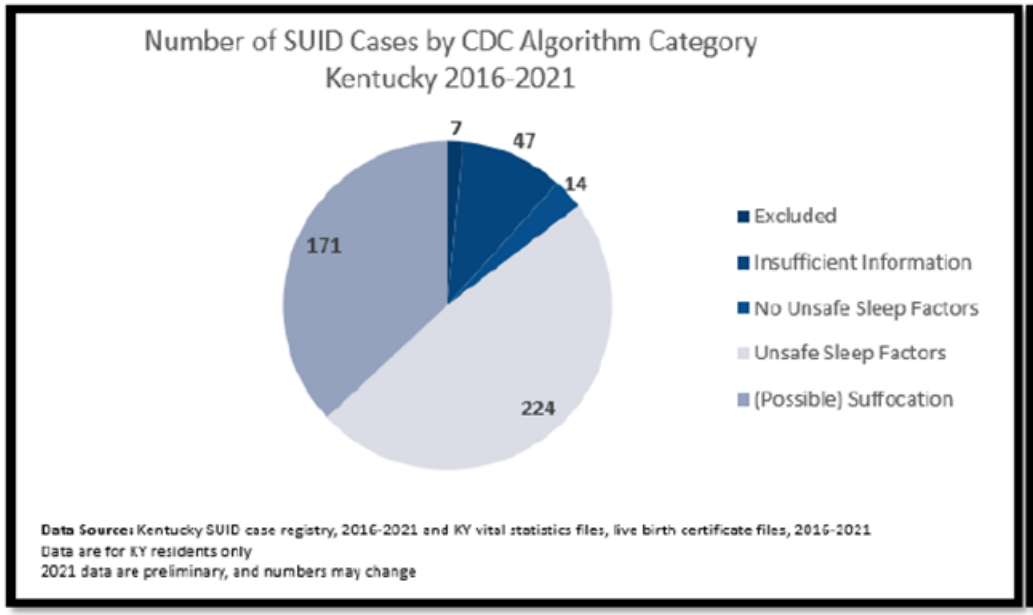
*SUID – includes SIDS, suffocation, unsafe sleep, and unknown causes after investigation.

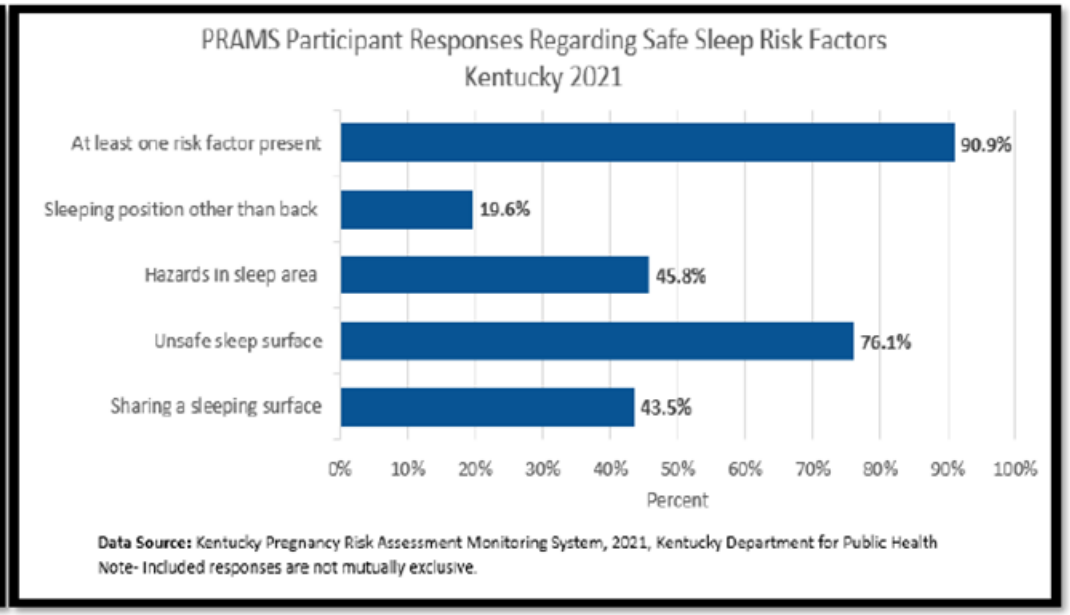
Top Causes of Infant Mortality 2023



https://www.chfs.ky.gov/agencies/dph/dmch/Documents/CFR%20Annual%20Report%202024.docx.pdf

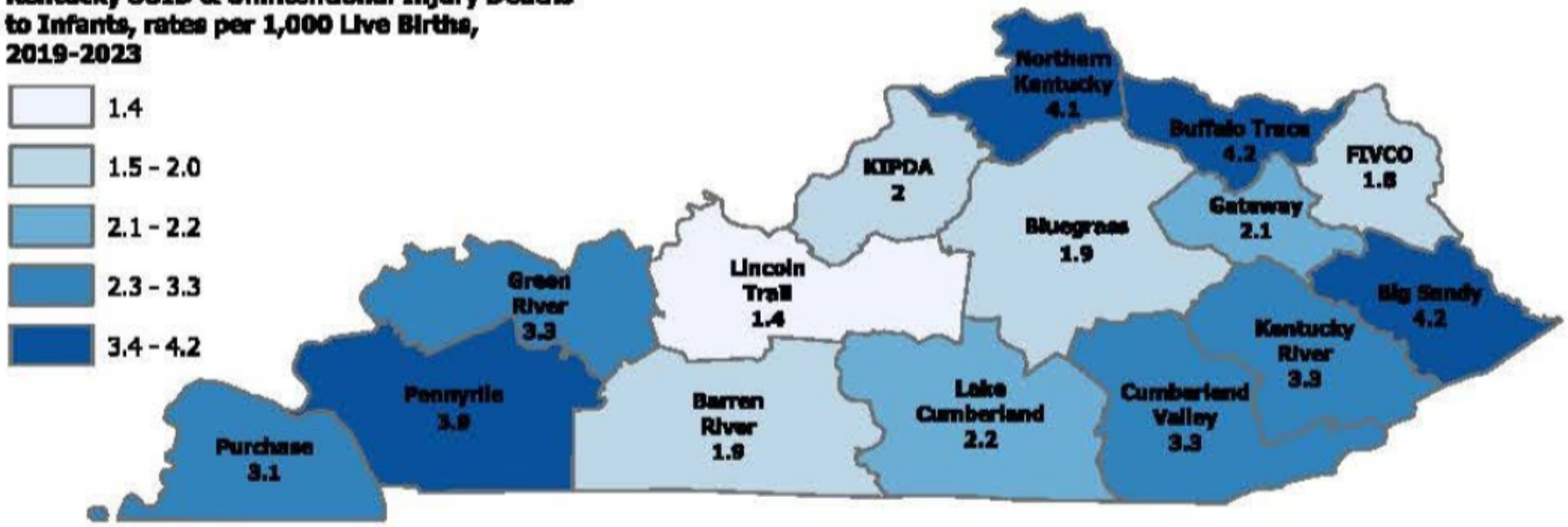
Perinatal/Infant Health
Safe Sleep (PRAMS)





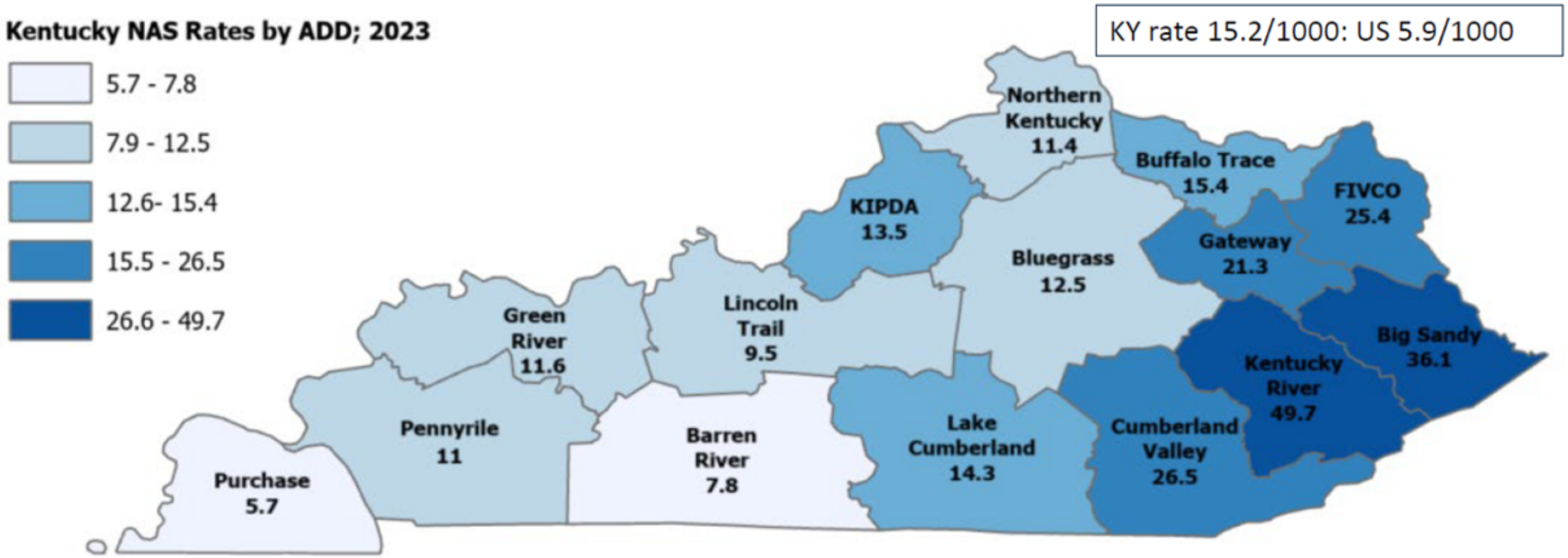
Kentucky Cabinet for Health and Family Services (CHFS). (2024). Child Fatalities in Kentucky: Annual Report on 2023 Child Fatality Data Reviews and Reports; KY PRAMS 2021;

Kentucky SUID & Unintentional Injury Deaths to Infants, rates per 1,000 Live Births, 2019-2023



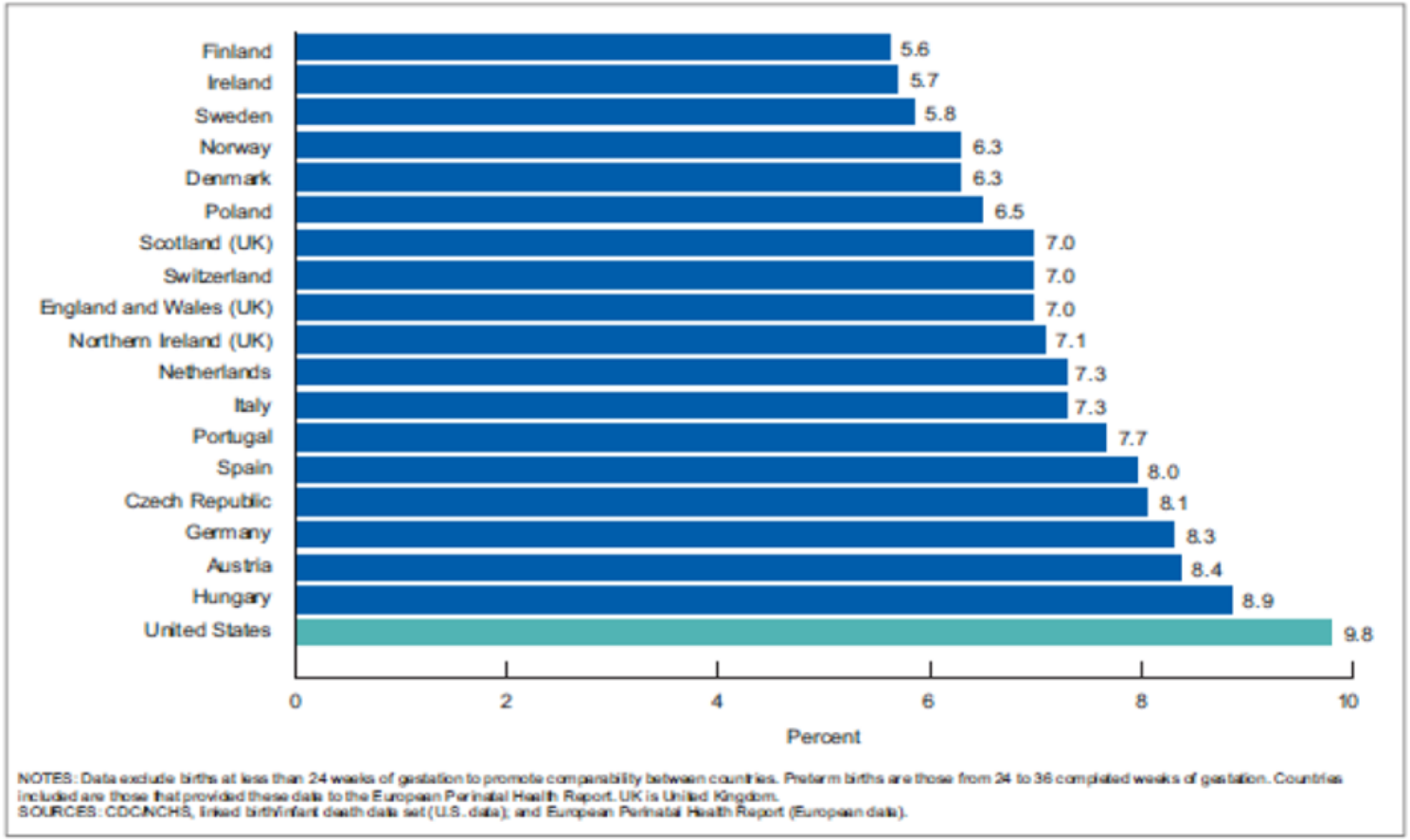
Data Source: Kentucky Office of Vital Statistics, Death Certificate Data, Years 2019-2023
*All data is preliminary and subject to change

Neonatal Abstinence by Region



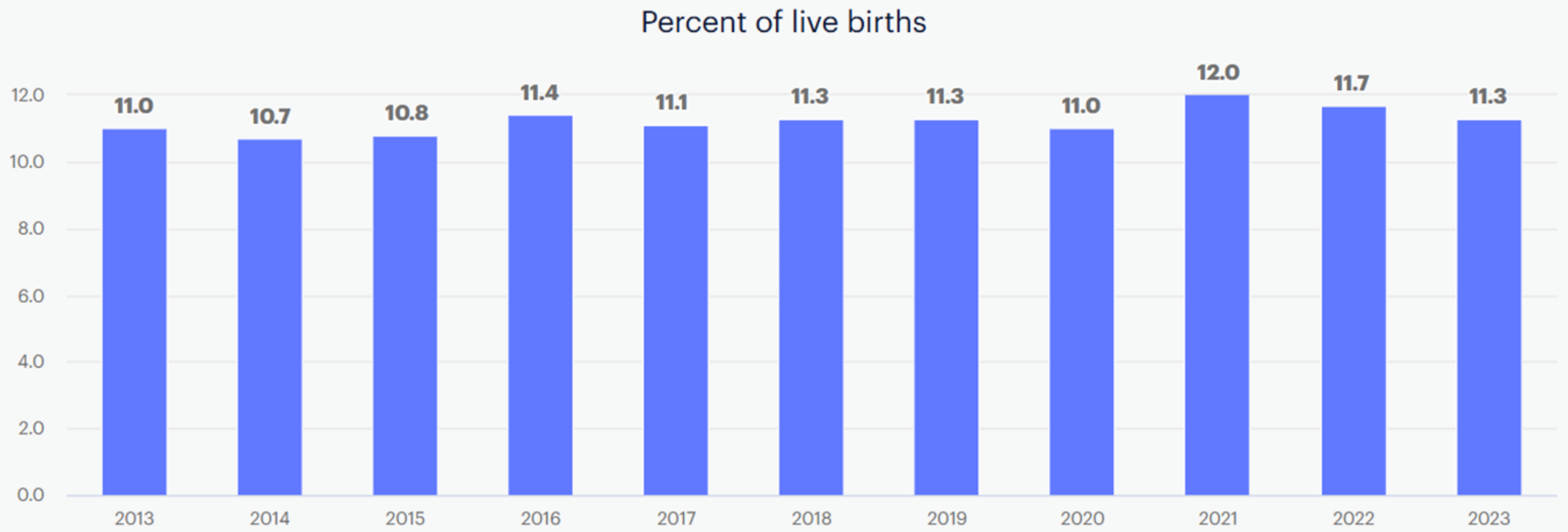
Kentucky Cabinet for Health and Family Services (CHFS). (2024). Neonatal Abstinence Syndrome in Kentucky: Annual Report on 2023 Public Health Neonatal Abstinence Syndrome (NAS) Reporting Registry.

Percentage of Preterm Births

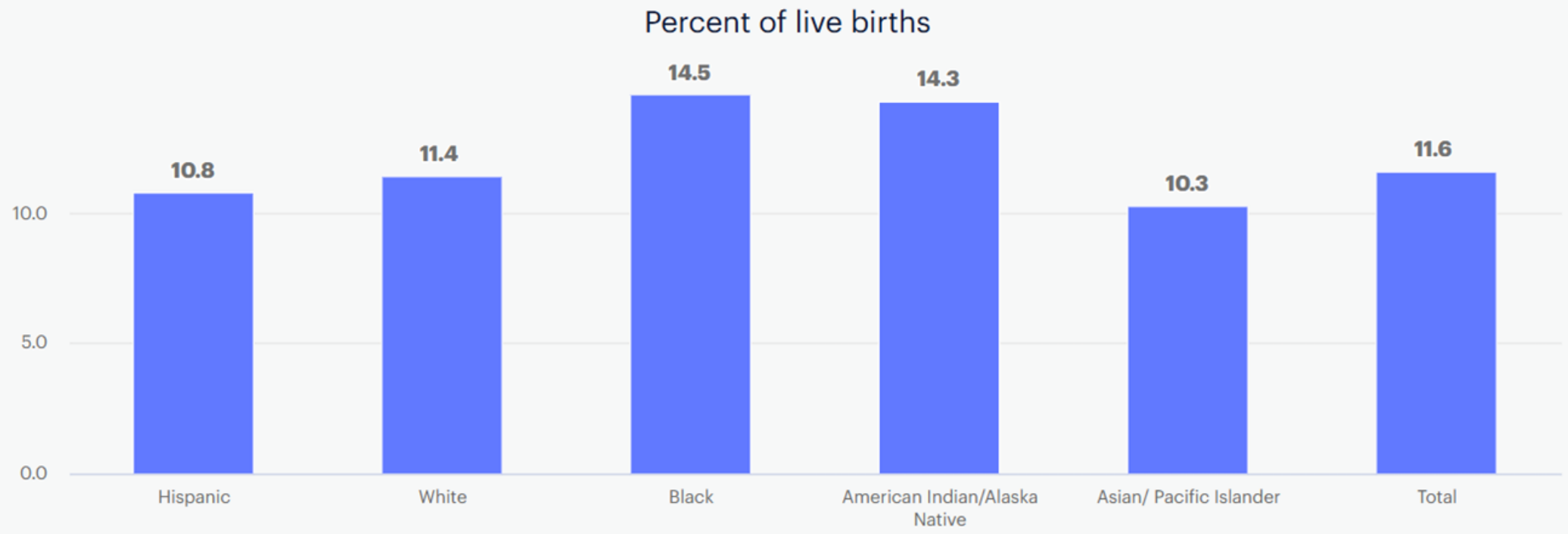


MacDorman MF NVSR 63 (5) 2014

Preterm birth rate: Kentucky, 2013-2023



Preterm birth rate by race/ethnicity: Kentucky, 2021-2023 Average



Current Medicaid Activities

- CMS Maternal Health Affinity Group, Fall 2024-Fall 2026
  - Mindi Gathof – Lead
  - Increasing the use of the Notification of pregnancy form, increasing the screening for High blood pressure and mental health issues pre and post partum, high risk pregnancy definition
- Maternal Mental Health Government Fellows
  - Improving screening, diagnosis and treatment of Depression and anxiety
- MCO's value-based purchasing program
  - Improving postpartum care HEDIS measure
- Maternal Desert Policy Academy – improving access to care
- 2024 Focus Study: Disparities in Postpartum care, access, and outcomes
- Medicaid Maternal Health Annual report
- Annual Maternal Health Resource Guide

TAC Recommendations

TAC Chairs

New Business

Public Comment

Speakers will have three minutes to provide their public comment.
The public comment period will last for 15 minutes.

Future Meeting Planning

Helen Dawson

Meeting Schedule Considerations

BAC Schedule:

- January 12
- March 9
- May 11
- July 13
- September 14
- November 16

All meetings are on Mondays from 2:00 – 4:00 pm ET

Option:

- Meet bi-monthly, alternating months with BAC.
- Continuing with first Monday same time or shift to previous Thursday morning cadence.

Considerations

- MAC must meet after BAC.
- MAC meetings will be 2 hours.
- Members on MAC that also serve on BAC will be attending monthly meetings.
- Attendance will be closely monitored.

Feedback Request

We would like to ensure these meetings continue to meet MAC member needs and expectations.

We ask that you complete the feedback survey linked here.

It will also be sent in an email following the meeting to all MAC Members.

Kentucky MAC Meeting Feedback Survey QR Code

Closing

Lisa Lee

Commissioner

Thank you!