



CABINET FOR HEALTH
AND FAMILY SERVICES

Nursing Facility Technical Advisory Committee

Public Health Emergency Unwinding Update

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Department for Medicaid Services

Renewal Caseload Distribution

Renewal Due Date	Caseload Distribution Count	Percent of Renewals
5/31/2023	72,430	8%
6/30/2023	79,533	8%
7/31/2023	48,490	6%
8/31/2023	48,461	6%
9/30/2023	80,369	9%
10/31/2023	78,498	9%
11/30/2023	58,604	7%
12/31/2023	58,065	7%
1/31/2024	83,087	10%
2/28/2024	89,097	10%
3/31/2024	88,492	10%
4/30/2024	87,477	10%
Total	874,602	100.00%

May Renewal Data as of 6/2/23

Individual renewal count – 74,004

Medicaid Approvals : 37,182

- Passively renewed – 26,835
- Actively renewed – 10,347

• Pending: 2,698

Medicaid Terminations: 34,124

- Determined ineligible – 9,404
 - QHP/APTC eligible – 5,967
 - QHP enrolled – 460
- Procedural reasons – 24,720

• Reinstated w/in 90 days: 0

State Actions – Extended Coverage

Team KY took specific action for individuals living in Nursing Facilities and receiving Waiver services to avoid gaps in services!

Total Individuals moved to June	6,669
NF/Waiver individuals moved	2,686
MSP individuals moved	3,983
Individuals having MSP present on case	2,158
Other individuals moved	1825

June and July Renewals as of 6/12/23

**79,555 Medicaid Renewals
due 6/30/2023**

**57,196
Passive Cases**

**22,359 Active
Cases**

4,461 Active Renewals Completed for June

Determined Eligible	3,198
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Determined Eligible for QHP/APTC	272
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Eligibility Terminations	991
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52% of passive cases automatically renewed

**48,473 Medicaid Renewals
due 7/31/2023**

**35,877
Passive Cases**

**12,596 Active
Cases**

209 Active Renewals Completed for July

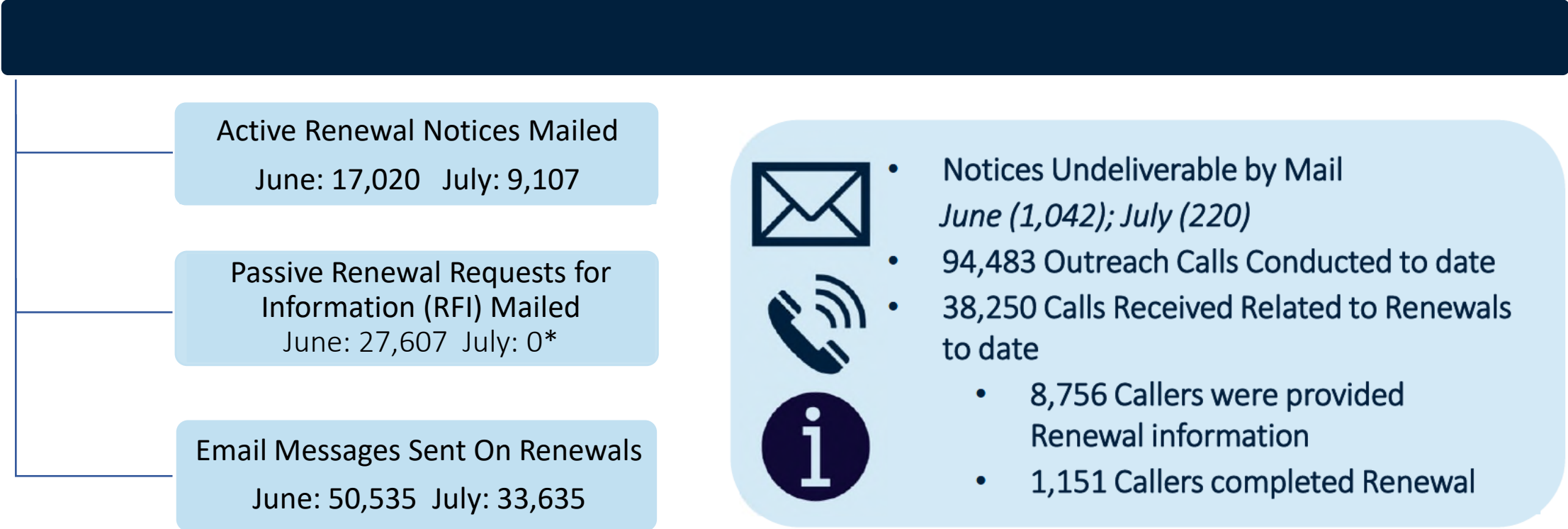
Determined Eligible	162
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Determined Eligible for QHP/APTC	28
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Eligibility Terminations	19
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60% of passive cases automatically renewed

June and July Renewal Outreach as of 6/12/23



* July passive cases ran on 6/10/23 and are being processed

Current Priorities: Efforts to Ensure Continued Coverage

Nursing facility residents continued coverage

Follow up on non-response cases

Ongoing messaging and communications

Coordination with facilities with high renewal volume

Providers Supporting Patients Through Renewals

Waiver Participant & Provider Information

- [1915\(c\) HCBS COVID-19 and Appendix K FAQ](#)
- Kentucky Level of Care System (KLOCS) Report
 - **Nursing facilities** and intermediate care facility providers can access the Medicaid Renewal Report in [KLOCS](#).
 - See [the KLOCS Provider Medicaid Renewal Report Quick Reference Guide](#) to learn how to access a report of Medicaid Eligible Individuals who are due for renewal.

PROVIDER INFORMATION AND RESOURCES

Kentucky Level of Care System

What It Is

The Kentucky Level of Care System (KLOCS), introduced in 2020, streamlines and automates the level-of-care (LOC) process across the spectrum of Long-Term Services and Supports. The following provider types use KLOCS for Medicaid members and individuals pending Medicaid eligibility:

- Nursing Facilities;
- Institutionalized Hospice Providers;
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID); and
- Program of All-Inclusive Care for the Elderly (PACE).

KLOCS is not used for non-Medicaid members who do not plan to apply for Medicaid. Review the [KLOCS Common Scenarios Quick Reference Guide \(QRG\)](#) for detailed examples of when the usage of KLOCS is and is not required.

Helpful Links

Related Pages

- [Division of Long-Term Services and Supports](#)
- [Nursing Facility Provider Information](#)
- [Hospice Provider Information](#)
- [ICF/IID Provider Information](#)
- [PACE Provider Information](#)

KLOCS Training Materials

- [KLOCS Provider Webinar Part 1 - Presentation](#)
- [KLOCS Provider Webinar Part 2 - Presentation](#)
- [KLOCS Provider Webinar Part 1 - Recording](#)
- [KLOCS Provider Webinar Part 2 - Recording](#)
- [KLOCS Provider Webinar Frequently Asked Questions](#)

[KLOCS Medicaid Renewal Report QRG](#)

<https://www.chfs.ky.gov/agencies/dms/dca/Documents/COVIDAppendixKCombinedFAQ.pdf>

KLOCS Medicaid Renewal Reports

- On the Dashboard screen, under *Quick Links* section on the left, click *View Reports*.
- On the Reports screen, click *Medicaid Renewal Report*.
- Enter the appropriate start date and end date, then click *View Report* to generate *Medicaid Renewal Report*.

Dashboard

Time Travel Date: 06/13/2023 [Change Time Travel Date](#)

Quick Links

- [Start New Application](#)
- [Message Center](#)
- [View Announcements](#)
- [View Appointments](#)
- [Quick Search](#)
- LOC Management**
- [Manage Discharge](#)
- View Reports**
- Other Links**
- [Member View](#)
- [FAQ](#)
- [MAP Forms](#)
- [Policy Documents](#)
- [CHFS Website](#)
- [Page Help](#)
- [Help Desk](#)

	My Tasks	Group Tasks
Tasks Assigned	0	0
Due	0	0

Tasks [Search Tasks](#)

Select Queue: Filter Columns: [Filter](#)

Task Name	App #	Action	Provider #	Individual Name	Program
No tasks available for this queue					

[View History](#) [Mark As New](#) [Mark As Closed](#)

Applications

Date Initiated	App #	Individual Name	Application Status	Action
No Applications Available				

Reports

- [Medicaid Renewal Report](#)

Medicaid Renewal Report * = Required field

* From Month/Year * To Month/Year

[Back](#) [Reset](#) [View Report](#)

PHE Flexibilities

This is not a full list of all flexibilities. Please reference the [KY PHE Flexibility Tracker](#) for full information.

Ended May 11, 2023

- Suspension of provider revalidations
- Use of unlicensed facilities as alternative locations
- Nursing Facility \$270 per diem add-on
- Second Presumptive Eligibility (PE) period in CY

Extended through PHE Unwinding

- LTC Resource disregard
- 90-day period to file an appeal and for the state to make a decision
- Telehealth audio-only
- Non-HIPAA platforms extended through 8/9/23*
- Re-enrollment of member MCO if within 120 days

Permanently Implemented

- Nurse Aide applicants' use of I-9 instead of Social Security Card (907 KAR 1:250)
- Expanded telehealth (907 KAR 3:170)

**Following [CMS guidance released on April 11, 2023](#), the Office of Civil Rights is providing a 90-calendar day transition period for covered health care providers to come into compliance with the HIPAA rules with respect to their provision of telehealth (ends August 9, 2023).*

PHE Flexibilities

Extension Pending CMS Approval

- Increased bed hold days from 14 to 30 days
- Increased bed reserve reimbursement to 75% of facility's rate if occupancy rate is below 95%

How to Stay Informed...

Kentucky's Medicaid Renewals and PHE Unwinding Website -
[MedicaidUnwinding.ky.gov](https://www.MedicaidUnwinding.ky.gov)

CHFS Social Media

- [Facebook](#),
- [Twitter](#), and
- [Instagram](#)

Stakeholder Meetings

- Ongoing Stakeholder Meetings – 3rd Thursday @ 11:00 ET

Reports

- [KLOCS Report](#)
- [KYHealthNet Renewal Information](#)



Questions