



KY HIV/AIDS Continuum of Care Report 2025

Kentucky Cabinet for Health and Family Services
Department for Public Health
Viral Disease Prevention and Services Branch

Dear Reader:

Improving the morbidity and mortality of persons with HIV disease and reducing transmission to others involves engagement in a continuum of care which includes HIV testing, linkage to care, engagement in continuous care, receiving antiretroviral therapy (ART) and becoming virally suppressed. Without treatment, most people develop acquired immunodeficiency syndrome (AIDS) which compromises their immune system especially if they remain without treatment for extended periods of time. A consistently suppressed viral load is associated with reduced morbidity and mortality, and a lower probability of transmitting HIV to sexual partners¹.

Early initiation of HIV care helps to control levels of the virus during the acute stage when people are seroconverting and have a high viral burden. Following a person's diagnosis, they should immediately be linked to medical care. Initiating ART soon after HIV diagnosis improves individual outcomes including reducing time to viral suppression and decreasing mortality². Kentucky's data shows that 72% of the 372 adults/adolescents newly diagnosed in 2024 were successfully linked to medical care within one month of HIV diagnosis.

There were 9,348 adult/adolescents living in Kentucky and diagnosed with HIV disease from the start of the HIV epidemic in 1982 through 2023, and living at the end of 2024. Of those, in 2023, 80% received medical care, 54% were retained in continuous care and 72% achieved viral suppression.

Of the 7,446 adult/adolescent persons who received medical care in 2024, 68% were retained in continuous care and 89% achieved viral suppression. It is also noteworthy that of the 5,082 adult/adolescents who were retained in care, 93% achieved viral suppression.

Sincerely,

Manny Singh, MBBS, MPH
Epidemiologist Technical Advisor
Viral Disease Prevention and Services Branch

¹Cohen MS, Chen YQ, McCauley M, et al. Prevention of HIV-1 infection with early antiretroviral therapy. *N Engl J Med* 2011;365:493-505.

²Chen, J., Ramendra, R., Lu, H., & Routy, J. P. (2018). The Early Bird Gets the Worm: Benefits and Future Directions With Early Antiretroviral Therapy Initiation in Primary Hiv Infection. *Future Virology*, 13(11), 779–786. <https://doi.org/10.2217/fvl-2018-0110>



Acknowledgements

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We would like to acknowledge and thank the HIV/AIDS Surveillance Program staff that assisted with creating the Kentucky HIV/AIDS Continuum of Care 2025: Mickayla Conner, Destiny Carte, Sydney Richardson, Tara Keegan, Mireille Mwamini, Jeremy Hamon and our surveillance coordinator, Bob Ford.

We thank the staff from HIV/AIDS prevention and services teams for their commitment to improve the care continuum for persons with HIV living in Kentucky. We thank the persons who have been involved in the HIV Community Planning Groups for providing feedback over the years regarding which data are most helpful to their respective planning groups. We continue to solicit their input, as our efforts are only as good as the information on which we base our programmatic decisions.

This report was created under the able guidance of Dr. Tisha Johnson, Kentucky HIV/AIDS medical director.



Data Sets

Data used in this report were reported to the Kentucky Department for Public Health (KDPH) and recorded in the enhanced HIV/AIDS Reporting System (eHARS).

Data used for linkage to care was as of June 30, 2025.

Data used for all other markers on the continuum of care were as follows:

The denominator (overall population included in analysis) was obtained from data as of December 31, 2024.

The numerators (persons engaged at each stage of care, out of the denominator) were calculated using laboratory data as of June 30, 2025 to account for reporting delays.

Since only cases which have been diagnosed with HIV and reported are included in this analysis, comparisons to other jurisdictional reports and to national data should be made with caution as different measures may be utilized.

Methodology and Definitions

This is a diagnosis-based continuum of care. Persons who have not yet been diagnosed and reported to KDPH have not been included.

HIV Diagnosed (denominator) – This includes all persons who were diagnosed with HIV disease by December 31, 2023 and living through December 31, 2024 (persons with HIV [PWH]). Persons included were adult/adolescents (≥ 13 years old) at time of diagnosis and had their most recent known address in Kentucky. Data as of December 31, 2024 were used to calculate the denominator.

Linked to Care – Defined as Kentuckians newly diagnosed in 2024 and successfully linked to HIV-related medical care within one month of their initial HIV diagnosis. Linkage to care was calculated by the number of months between the HIV diagnosis date and initial medical care visit. Medical care visits were defined as having a CD4+ cell count or percent, a viral load test or a nucleotide sequence test. Note that this is a different denominator (372) than the other indicators and data as of June 30, 2025 were used to account for reporting delays for those diagnosed later in 2024.

Receipt of Care – Also known as any evidence of HIV-related medical care. Defined as PWH who had at least one HIV-related medical care visit. Viral load, CD4+ cell count and percent and nucleotide sequence tests collected in 2024 were used as markers for medical care visits.

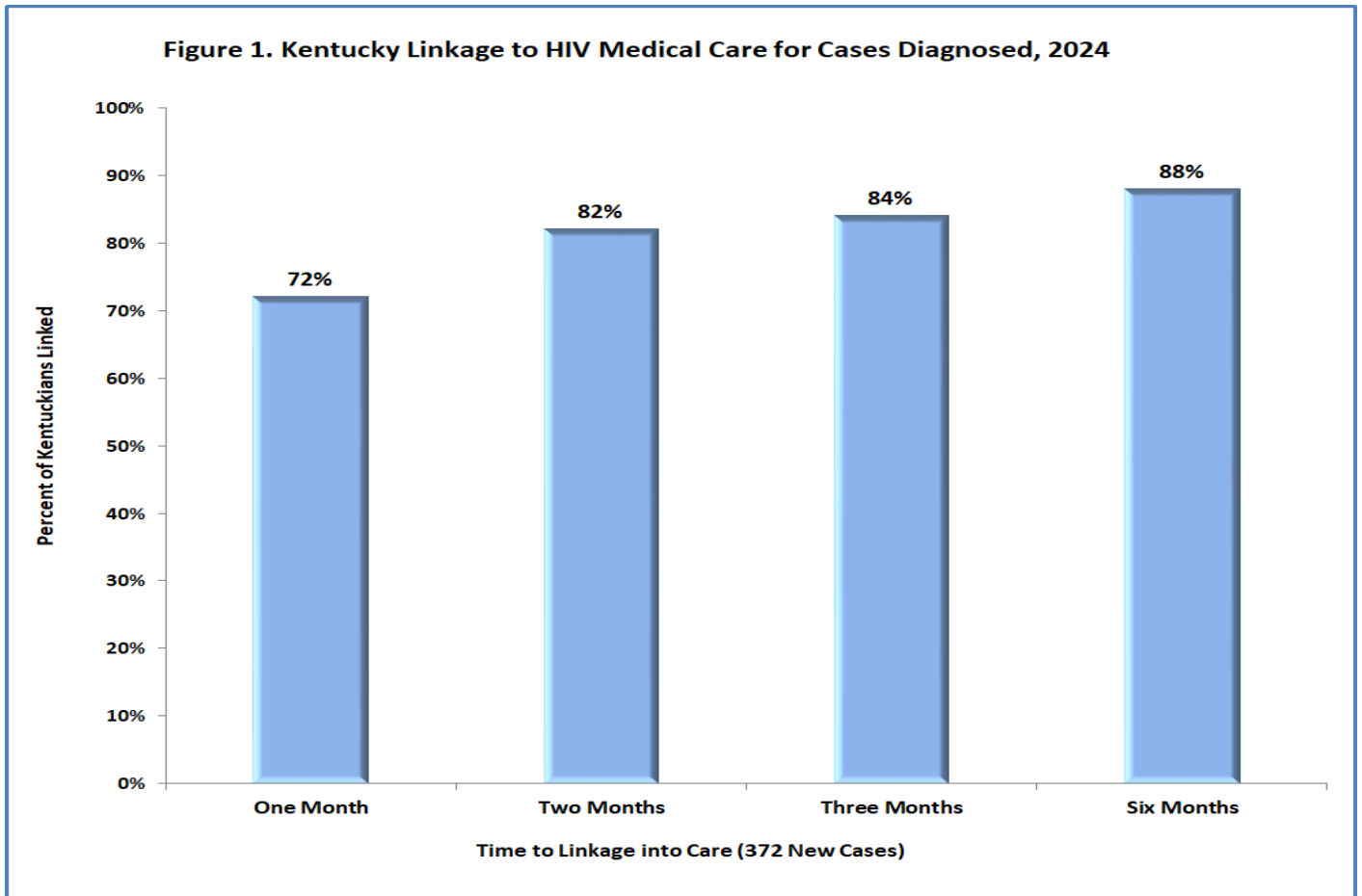
Retained in Care – Defined as PWH who had two or more HIV-related medical care visits performed at least three months apart during a 12-month period. Viral load, CD4+ cell count and percent and nucleotide sequence tests collected in 2024 were used as measures for medical care visits.

Viral Suppression – Defined as the number of PWH whose most recent viral load test in 2024 was < 200 copies/ml. The most recent viral load result collected at any point in 2024 was considered.

Morbidity – Defined as the state of being symptomatic or unhealthy for a disease or condition.

Mortality Rate – Defined as the measure of the frequency of occurrence of death in a defined population during a specified interval.



LINKAGE TO CARE FOR CASES DIAGNOSED IN 2024, KENTUCKY

Entry into the HIV care continuum begins with diagnosis and linkage to care. Figure 1 shows linkage to HIV medical care for Kentuckians newly diagnosed with HIV in 2024 (372 cases) as of June 30, 2025.

The data shows that 72% of Kentuckians diagnosed with HIV during 2024 were linked to HIV related medical care within one month of diagnosis. Eighty-four percent (84%) of newly diagnosed cases were linked to care within three months of HIV diagnosis. Eighty-eight (88) out of every 100 newly diagnosed cases were linked to care within six months of initial HIV diagnosis. Research has shown that viral suppression is achieved more quickly if treatment is started within three months of diagnosis¹.

¹Hall HI, Tang T, Westfall AO, Mugavero MJ. HIV care visits and time to suppression, 19 U.S. jurisdictions, and implications for treatment, prevention and the national HIV/AIDS strategy. Plos ONE. 2013;8(12):e84318. doi: 10.1371/journal.pone.0084318.



Table 1. New HIV Diagnoses in 2024 Showing Linkage to Care Status within One Month of Diagnosis by Sex at Birth, Age at Diagnosis, Race/Ethnicity, Transmission Category and Care Coordinator Region, Kentucky

Characteristics	Linked to Care*		Not Linked to Care**		Total New Diagnoses	
	No.	% (1)	No.	% (1)	No.	% (1)
SEX AT BIRTH						
Male	221	82	78	75	299	80
Female	47	18	26	25	73	20
AGE AT DIAGNOSIS						
13-19	11	4	3	3	14	4
20-29	85	32	29	28	114	31
30-39	97	36	36	35	133	36
40-49	35	13	19	18	54	15
50+	40	15	17	16	57	15
RACE/ETHNICITY						
White, Not Hispanic	121	45	43	41	164	44
Black, Not Hispanic	88	24	35	34	123	33
Hispanic	47	18	17	16	64	17
Other/Unknown	12	5	9	9	21	6
TRANSMISSION CATEGORY						
MMSC ⁽²⁾	148	55	36	35	184	49
IDU ⁽³⁾	20	7	15	14	35	9
MMSC/IDU	12	5	4	4	16	4
Heterosexual ⁽⁴⁾	19	7	11	11	30	8
Undetermined ⁽⁵⁾	69	26	38	37	107	29
CARE COORDINATOR REGION⁽⁶⁾						
Purchase	20	8	3	3	23	6
Barren	45	17	11	17	56	15
Lake Cumberland	13	5	6	6	19	5
Lexington	48	18	24	23	72	19
Louisville	115	43	53	51	168	45
Northern Kentucky	22	8	7	7	29	8
Kentucky River	1	<1	0	0	1	<1
TOTAL⁽¹⁾	268	100	104	100	372	100

* Linked to HIV Care within one month of diagnosis.

**Not linked to HIV Care within one month of diagnosis.

(1) Percentages may not total to 100% due to rounding.

(2) MMSC = Male-to-male sexual contact.

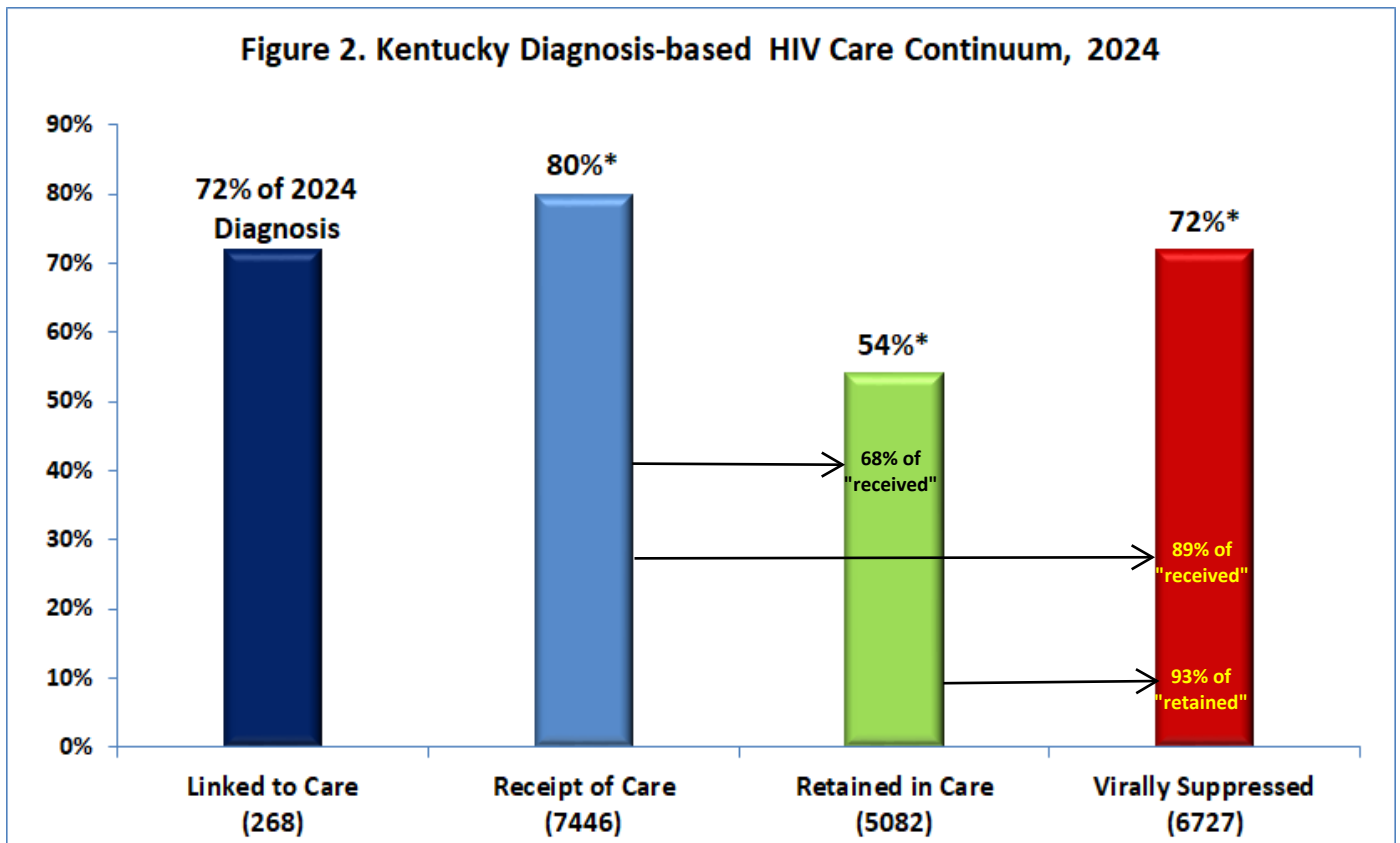
(3) IDU = Injection drug use.

(4) Heterosexual includes persons who have had heterosexual contact with a PWH or at risk for HIV.

(5) Undetermined refers to persons whose mode of exposure to HIV is unknown. This includes persons who are under investigation, dead, lost to investigation or refused interview and persons whose mode of exposure remains undetermined after investigation.

(6) Care coordinator region reflects county of residence at time of initial diagnosis.





*Of persons living with diagnosed HIV disease (Denominator) = 9,348.

Linkage to care among newly diagnosed 372 adult/adolescents in 2024 only; therefore the total of new cases for linkage to care is different than all the other measures presented, and should not be directly compared.

Figure 2 represents the percentage of Kentuckians engaged in selected stages of the HIV care during 2024. The HIV continuum presented only reflects adult/adolescents diagnosed and reported to the HIV Surveillance Program, thereby also referred to as a "Diagnosis-based Continuum". Of the 372 new HIV cases diagnosed in Kentucky during 2024, 268 (72%) were linked to HIV medical care within one month of HIV diagnosis. There were 9,348 adult/adolescents with their most recent address in Kentucky diagnosed with HIV disease (regardless of progression to AIDS) at the end of 2023 and living at the end of 2024. Of those, 80% had a care marker in 2024 and were considered to be in care, 54% were retained in continuous care in 2024 and 72% achieved viral suppression.

Of the 7,446 adult/adolescent PWH who received care in 2024, 68% were retained in continuous care and 89% achieved viral suppression. It is also noteworthy that of the 5,082 adult/adolescents who were retained in continuous care, 93% achieved viral suppression. These data highlight the need to get people linked and engaged in care, as this greatly improves their retention and viral load suppression rates (indicating use of ART). Sustained viral suppression is the key to optimal health outcomes at both the individual and population levels as treatment helps prevent forward transmission¹.

¹Hall HI, Tang T, Westfall AO, Mugavero MJ. HIV care visits and time to suppression, 19 U.S. jurisdictions, and implications for treatment, prevention and the national HIV/AIDS strategy. Plos ONE. 2013;8(12):e84318. doi: 10.1371/journal.pone.0084318.



Table 2. Kentuckians Aged⁽¹⁾ 13+ Years Living with Diagnosed HIV Engaged in Selected Stages of HIV Care in 2024 by Sex at Birth, Current Age, Race/Ethnicity, Transmission Route and Care Coordinator Region, Kentucky

Characteristics	HIV Diagnosed		Received Any HIV Care		Retained in HIV Care		Virally Suppressed	
<u>SEX AT BIRTH</u>	No.	%	No.	%	No.	%	No.	%
Male	7,585	81	6,080	82	4,184	82	5,494	82
Female	1,763	19	1,366	18	898	18	1,233	18
<u>AGE in 2024</u>								
13-19	9	<1	9	<1	7	<1	8	<1
20-29	587	6	491	6	318	6	431	6
30-39	2,151	23	1,733	23	1,146	23	1,528	23
40-49	2,059	22	1,618	22	1,070	23	1,470	22
50+	4,542	49	3,595	49	2,541	50	3,290	49
<u>RACE/ETHNICITY</u>								
White, Not Hispanic	4,816	53	3,969	53	2,738	54	3,639	54
Black, Not Hispanic	2,771	28	2,075	28	1,363	27	1,795	27
Hispanic	1,128	12	864	12	610	12	806	12
Other/Unknown	633	7	538	7	371	7	487	7
<u>TRANSMISSION ROUTE</u>								
MMSC ⁽³⁾	5,192	56	4,351	58	3,008	59	3,995	59
IDU ⁽⁴⁾	861	9	647	9	412	8	542	8
MMSC/IDU	654	7	516	7	360	7	457	7
Heterosexual ⁽⁵⁾	1,265	14	1,013	14	701	14	941	14
Other ⁽⁶⁾	14	<1	11	<1	5	<1	11	<1
Undetermined ⁽⁷⁾	1,362	15	908	12	596	12	781	12
<u>CARE COORDINATOR REGION⁽⁸⁾</u>								
Barren	1,008	11	804	11	589	12	737	11
Kentucky River	60	1	48	1	27	1	45	1
Lake Cumberland	497	5	391	5	247	5	345	5
Lexington	2,237	24	1,860	25	1,388	27	1,714	25
Louisville	4,132	44	3,249	44	2,099	41	2,873	43
Northern Kentucky	839	9	637	9	368	7	584	9
Purchase	575	6	457	6	364	7	429	6
TOTAL⁽²⁾	9,348	100	7,446	100	5,082	100	6,727	100

(1) Current age in 2024.

(2) Percentages may not total 100% due to rounding.

(3) MMSC = Male-to-male sexual contact.

(4) IDU = Injection drug use.

(5) Heterosexual includes persons who have had heterosexual contact with a PWH or at risk for HIV.

(6) Other includes persons who had exposure through hemophilia/coagulation disorder, transfusion/transplant or perinatal, but diagnosed as an adult.

(7) Undetermined refers to persons whose route of exposure to HIV is unknown. This includes persons who are under investigation, deceased, lost to investigation or refused interview and persons whose route of exposure remains undetermined after investigation.

(8) Care coordinator region reflects county of residence at time of initial diagnosis.



Table 3. Kentuckians Aged⁽¹⁾ 13+ Years Living with Diagnosed HIV Not Engaged in Selected Stages of HIV Care in 2024 by Sex at Birth, Current Age, Race/Ethnicity, Transmission Route and Care Coordinator Region, Kentucky

Characteristics	HIV Diagnosed		No Receipt of Any HIV Care		Not Retained in HIV Care		Not Virally Suppressed	
	No.	%	No.	%	No.	%	No.	%
<u>SEX AT BIRTH</u>								
Male	7,585	81	1,505	79	3,401	80	2,091	80
Female	1,763	19	397	21	865	20	530	20
<u>AGE in 2024</u>								
13-19	9	<1	0	0	2	<1	1	<1
20-29	587	6	96	5	269	6	156	6
30-39	2,151	23	418	22	1,005	24	623	24
40-49	2,059	22	441	23	989	23	589	22
50+	4,542	49	947	50	2,001	47	1,252	48
<u>RACE/ETHNICITY</u>								
White, Not Hispanic	4,816	53	847	45	2,078	49	1,177	45
Black, Not Hispanic	2,771	28	696	37	1,408	33	976	37
Hispanic	1,128	12	264	14	518	12	322	12
Other/Unknown	633	7	95	5	262	6	146	6
<u>TRANSMISSION ROUTE</u>								
MMSC ⁽³⁾	5,192	56	841	44	2,184	51	1,197	46
IDU ⁽⁴⁾	861	9	214	11	449	11	319	12
MMSC/IDU	654	7	138	7	294	7	197	8
Heterosexual ⁽⁵⁾	1,265	14	252	13	564	13	324	12
Other ⁽⁶⁾	14	<1	3	<1	9	<1	3	<1
Undetermined ⁽⁷⁾	1,362	15	454	24	766	18	581	22
<u>CARE COORDINATOR REGION⁽⁸⁾</u>								
Barren	1008	11	204	11	419	10	271	10
Kentucky River	60	1	12	<1	33	1	15	<1
Lake Cumberland	497	5	106	6	250	6	152	6
Lexington	2,237	24	377	20	849	20	523	20
Louisville	4,132	44	883	46	2,033	48	1,259	48
Northern Kentucky	839	9	202	11	471	11	255	10
Purchase	575	6	118	6	211	5	146	6
TOTAL⁽²⁾	9,348	100	1,902	100	4,266	100	2,621	100

(1) Current age in 2024.

(2) Percentages may not total 100% due to rounding.

(3) MMSC = Male-to-male sexual contact.

(4) IDU = Injection drug use.

(5) Heterosexual includes persons who have had heterosexual contact with a PWH or at risk for HIV.

(6) Other includes persons who had exposure through hemophilia/coagulation disorder, transfusion/transplant or perinatal, but diagnosed as an adult.

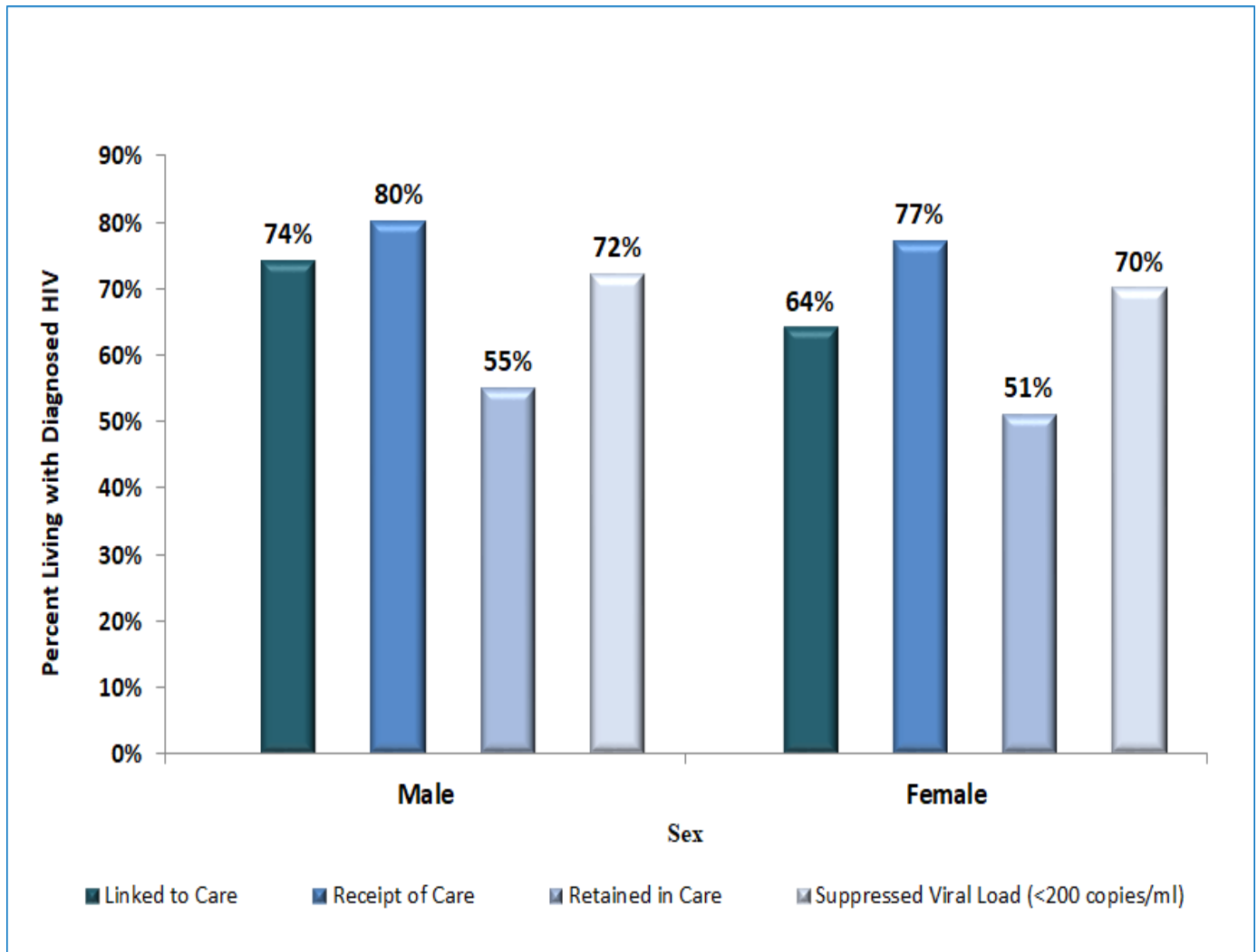
(7) Undetermined refers to persons whose route of exposure to HIV is unknown. This includes persons who are under investigation, deceased, lost to investigation or refused interview and persons whose route of exposure remains undetermined after investigation.

(8) Care coordinator region reflects county of residence at time of initial diagnosis.



Kentucky Engagement in Selected Stages of Care by Sex at Birth, 2024

Figure 3. Percentage of HIV-Diagnosed Adult/Adolescent Kentuckians Engaged in Selected Stages of HIV Care by Sex at Birth, 2024



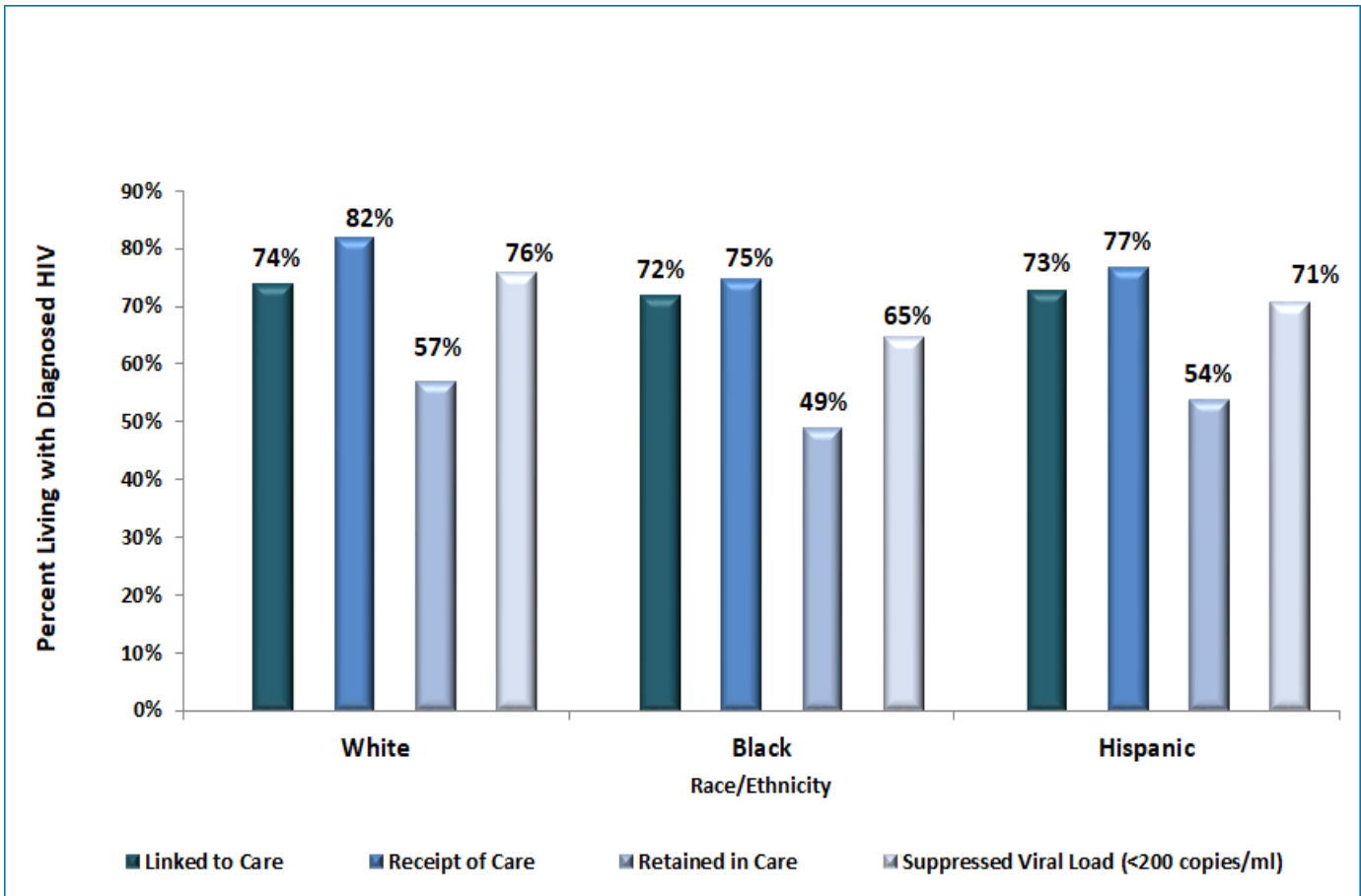
Linkage to care among newly diagnosed adult/adolescents in 2024 only. Therefore the total of new cases for linkage to care is different than all the other measures presented, and should not be directly compared.

Figure 3 shows the percentages of adult/adolescent Kentuckians engaged in the care continuum by sex at birth. Adult/adolescent males in Kentucky performed better than females for linkage to care (74% for males vs. 64% for females). Males attained higher level for receipt of care at 80% compared to 77% for females. Males also achieved higher levels of retention in care at 55% vs 51% for females and viral suppression at 72% compared to females at 70%.



Kentucky Engagement in Selected Stages of Care by Race/Ethnicity, 2024

Figure 4. Percentage of HIV-Diagnosed Adult/Adolescent Kentuckians Engaged in Selected Stages of HIV Care by Race/Ethnicity, 2024



Linkage to care among newly diagnosed adult/adolescents in 2024 only. Therefore the total of new cases for linkage to care is different than all the other measures presented, and should not be directly compared.

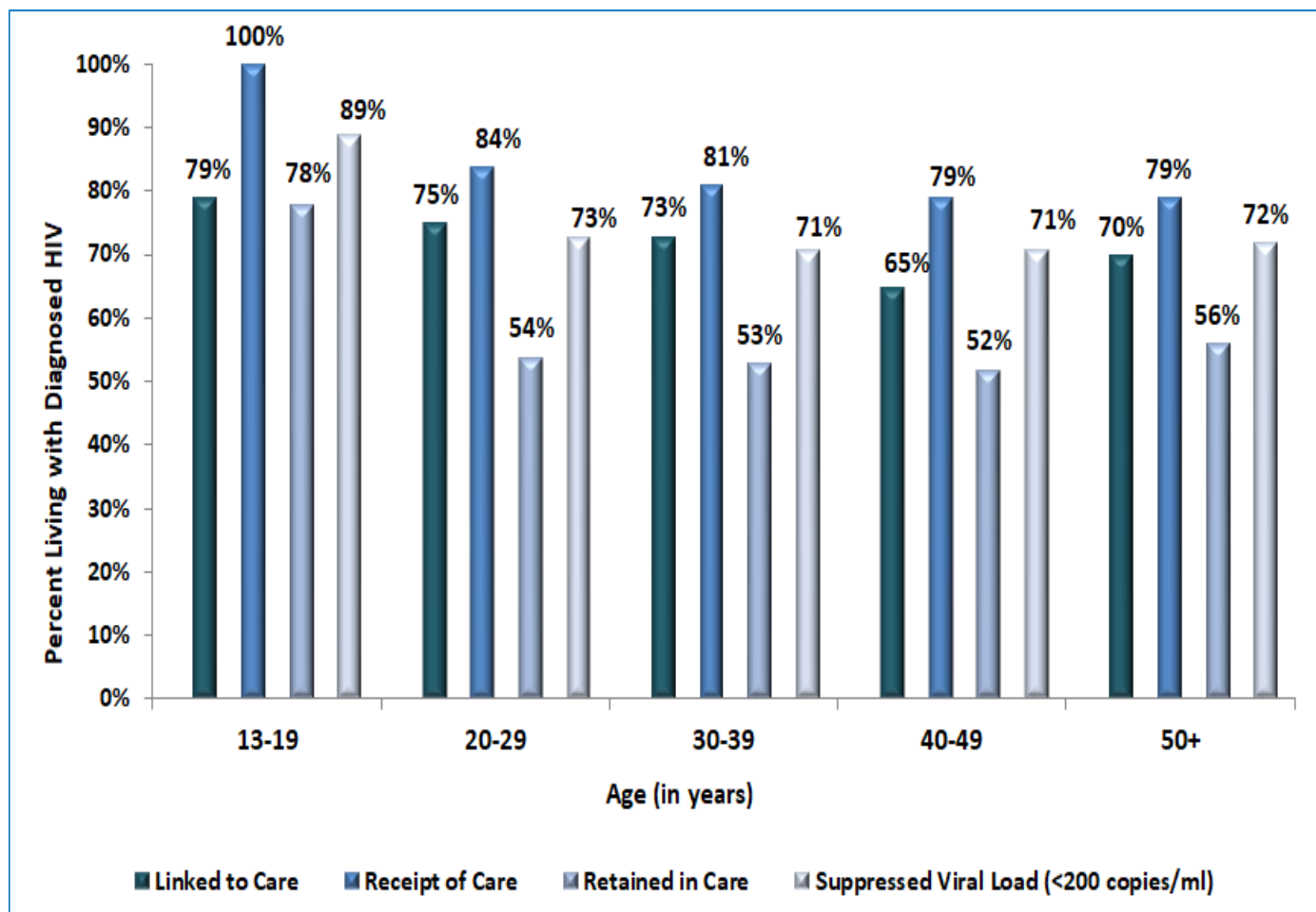
Figure 4 shows the percentages of adult/adolescent Kentuckians engaged in the HIV care continuum by race/ethnicity. In 2024, White adult/adolescent Kentuckians newly diagnosed with HIV attained higher levels of linkage to HIV medical care (74%) compared to Hispanic population at 73% and Black population at 72%. White adult/adolescents attained higher rates compared to Black and Hispanic adult/adolescents for receipt of care, retention in care and viral suppression. Seventy-six percent (76%) of White adult/adolescents were virally suppressed in 2024, compared to 65% of Black and 71% of Hispanic adult/adolescents.

In order for PWH to attain viral suppression, they need to be linked to care and remain engaged or re-engaged if they fall out of care. The figure highlights that PWH who are less likely to be retained in care are ultimately less likely to be virally suppressed.



Kentucky Engagement in Selected Stages of Care by Current Age, 2024

Figure 5. Percentage of HIV-Diagnosed Adult/Adolescent Kentuckians Engaged in Selected Stages of HIV Care by Current Age, 2024



Linkage to care among newly diagnosed adult/adolescents in 2024 only. Therefore the total of new cases for linkage to care is different than all the other measures presented, and should not be directly compared.

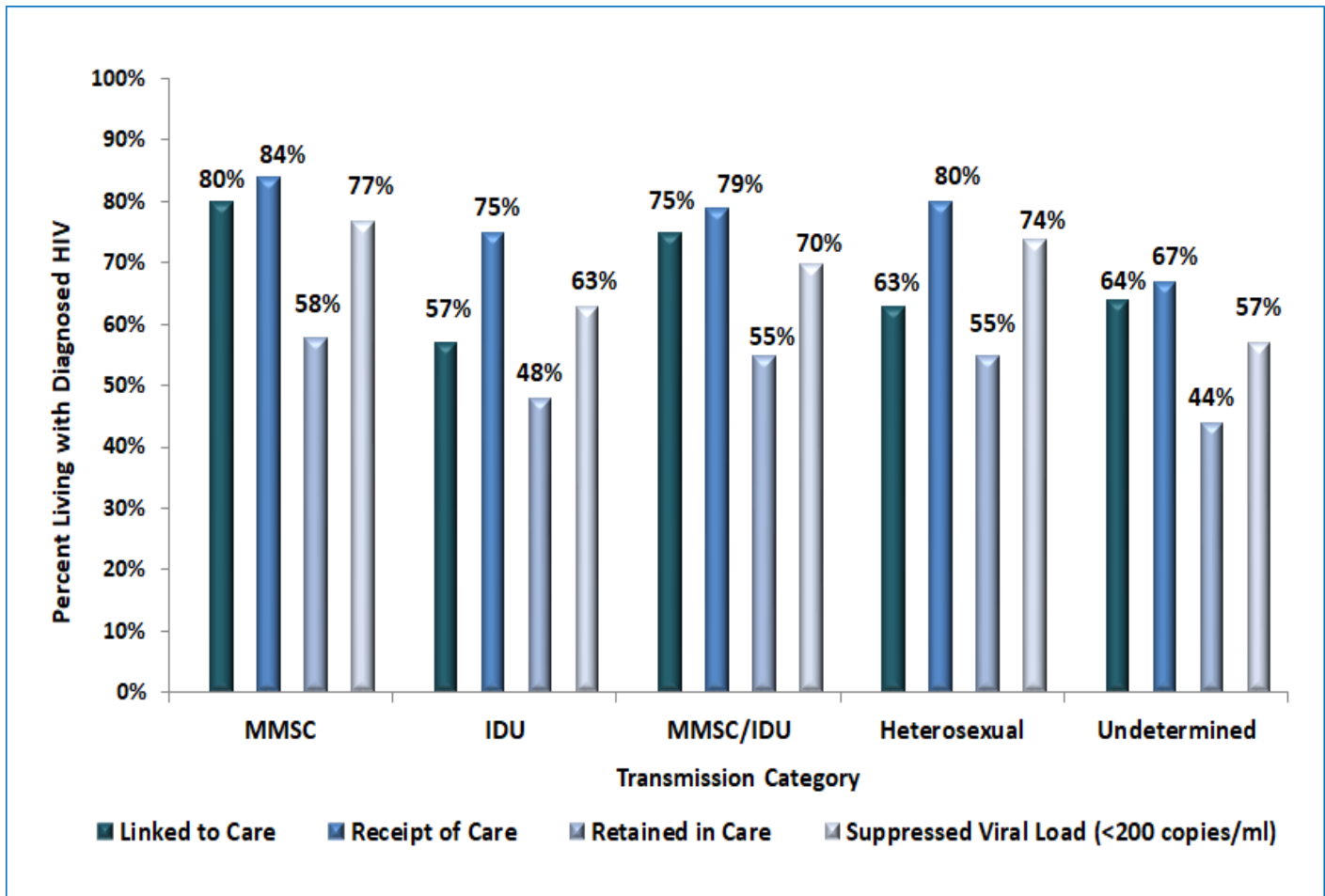
Figure 5 shows the percentages of adult/adolescent Kentuckians engaged in the HIV care continuum by their current age in 2024 – the analysis year. The figure shows that 13-19 year olds were most likely (79%) to get linked to care, when compared to the other current age categories. Receipt of care was highest among those aged 13-19 years old (100%), while 40-49 and 50+ year old categories were least likely to receive care at 79% each.

Retention in care was highest among 13-19 year olds at 78%, and lowest among 40-49 year old category at 52%. Adults/adolescent Kentuckians aged 13-19 years old were most likely to be virally suppressed at 89% when compared to other age categories, while the 30-39 and 40-49 years age categories were least likely to be virally suppressed at 71%.



Kentucky Engagement in Selected Stages of Care by Mode of Transmission, 2024

Figure 6. Percentage of HIV-Diagnosed Adult/Adolescent Kentuckians Engaged in Selected Stages of HIV Care by Mode of Transmission, 2024



Linkage to care among newly diagnosed adult/adolescents in 2024 only. Therefore the total of new cases for linkage to care is different than all the other measures presented, and should not be directly compared.

MMSC = Male-to-male sexual contact.

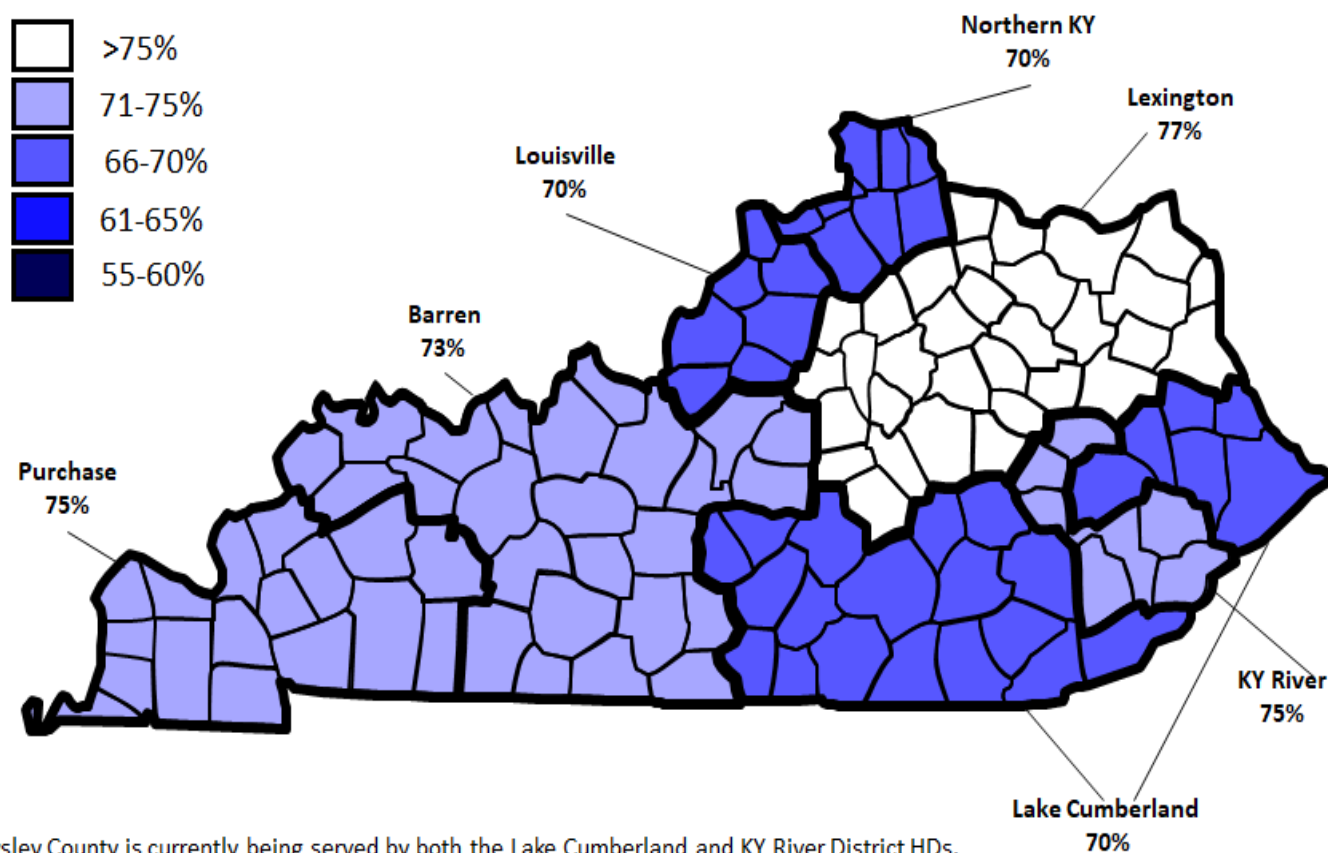
IDU = Injection drug use.

Figure 6 shows the percentages of adult/adolescent Kentuckians engaged in the care continuum by mode of transmission. Persons with IDU as category of transmission had the lowest percentages of linkage to care at 57%. Persons with undetermined risk factor had the lowest percentages of receipt of care, retention in care and viral load suppression. Conversely, those who reported MMSC as category of transmission had the highest rates of linkage to care at 80% and receipt of HIV care at 84%. Persons with MMSC as category of HIV transmission also had the highest level of retention in care (58%) and viral suppression (77%).



Kentucky Viral Suppression Attainment by Care Coordinator Region, 2024

Figure 7. Percentage of Kentuckians Living with HIV as of December 31, 2024 Who were Virally Suppressed in 2024 by Care Coordinator Region



Owsley County is currently being served by both the Lake Cumberland and KY River District HDs.
 Todd County is covered by both the Todd County Health Department and Purchase Region.
 Graves County is covered by both Graves County Health Department and Purchase Region.

Note: The percentages presented in Figure 7 represent the proportion of persons achieving viral suppression out of the total for each individual region. Total numbers of persons diagnosed for each region are presented in Table 2. Care coordinator region reflects county of residence at time of initial diagnosis.

Figure 7 shows the percentage of adult/adolescent Kentuckians who achieved viral suppression within each individual care coordinator region. Lexington Care Coordinator region had the highest percentage of persons achieving viral suppression at 77%, followed by Purchase and Kentucky River Care Coordinator regions at 75% each.

In Barren Care Coordinator region 73 out of every 100 PWH were virally suppressed during 2024. Louisville, Lake Cumberland and Northern Kentucky regions had the lowest percentage of viral suppression in the state at 70%.



Limitations

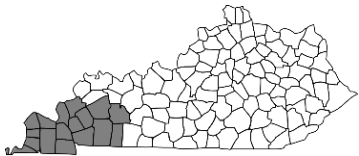
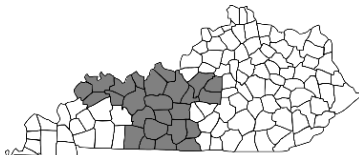
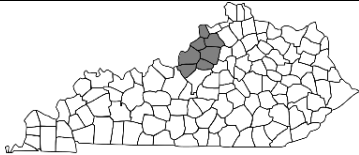
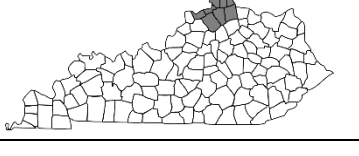
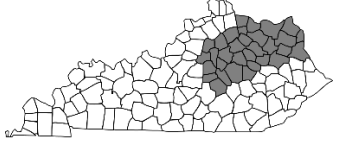
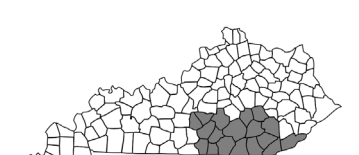
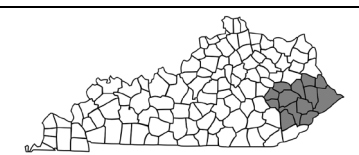
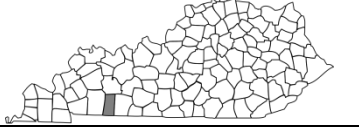
The analysis presented uses a diagnosis-based continuum, therefore it's noteworthy that Kentuckians living with HIV who have not been diagnosed and reported to the KDPH's HIV/AIDS Surveillance Program were not included.

Most recent known address was used to determine persons (Kentuckians) in the denominator. Only about two-third of PWH had a current address listed within the most recent two years. The other one-third had more dated addresses listed.

These estimates do not account for in-and-out migration to/from the jurisdiction. This means the estimate may exclude those who have moved into the area and may also include those who have moved out of the area if immediate notification is not received at KDPH. The Surveillance Program participates in the Routine Interstate Duplication Resolution (RIDR) which helps to account for some of the information on migration, but isn't always complete or timely.

The current continuum only used HIV surveillance data, therefore any laboratory reports that may not be reported therein but may be in other data sources such as the care coordinator and drug assistance programs have not been utilized. Additionally, as per guidance from Centers for Disease Control and Prevention the last two years of data is considered preliminary due to reporting delays.



Map for Counties Covered	Region Name and Address	Counties Covered			
	Purchase Region: LivWell Community Health Services 1903 Broadway Street Paducah, KY 42001 (270) 444-8183, (877) 444-8183 Fax: (270) 444-8147	Ballard Caldwell Calloway Carlisle Christian	Crittenden Fulton Graves* Hickman	Hopkins Livingston Lyon Marshall	McCracken Muhlenberg Todd** Trigg
	Barren Region: Matthew 25 452 Old Corydon Road Henderson, KY 42420 (270) 826-0200, (866) 607-6590 Fax: (270) 826-0212	Allen Barren Breckinridge Butler Daviess Edmonson Grayson	Hancock Hardin Hart Henderson Larue Logan Marion	McLean Meade Metcalf Monroe Nelson Ohio Simpson	Union Warren Washington Webster
	Louisville Region: ULSD KCCP 1212 S. 4 th Street Suite 101 Louisville, KY 40203 (502) 852-2008 Fax: (502) 852-2510	Bullitt Henry	Jefferson Oldham	Shelby Spencer	Trimble
	Northern Kentucky Region: Northern KY Distt HD 8001 Veterans Memorial Drive Florence, KY 41042 (859) 341-4264 Fax: (859) 578-3689	Boone Campbell	Carroll Gallatin	Grant Kenton	Owen Pendleton
	Lexington Region: UK Bluegrass Care Clinic 3101 Beaumont Ctr Circle Suite 300 Lexington, KY 40513 (859) 323-5544, (866) 761-0206 Fax: (859) 257-3477	Anderson Bath Bourbon Boyd Boyle Bracken Carter Clark	Elliott Estill Fayette Fleming Franklin Garrard Greenup Harrison	Jessamine Lawrence Lewis Lincoln Madison Mason Menifee Mercer	Montgomery Morgan Nicholas Powell Robertson Rowan Scott Woodford
	Lake Cumberland Region: Lake Cumberland Distt HD 500 Bourne Avenue Somerset, KY 42501 (606) 678-4761, (800) 928-4416 Fax: (606) 678-2708	Adair Bell Breathitt Casey Clay Clinton Cumberland	Floyd Green Harlan Jackson Johnson Knox	Laurel Magoffin Martin McCreary Pike Pulaski	Rockcastle Russell Taylor Wayne Whitley
	Kentucky River Region: Kentucky River Distt HD 441 Gorman Hollow Road Hazard, KY 41701 (606) 439-2361 Fax: (606) 439-0870	Knott Lee	Leslie Letcher	Owsley Perry	Wolfe
	Graves County HD 416 Central Ave Mayfield, KY 42066 (270) 247-3553	Graves			
	Todd County HD 205 Public Square Elkton, KY 42220 (270) 265-2362	Todd			
	Mountain Comprehensive Care PO Box Whitesburg, KY 41858 606-633-4823	Bell Clay Floyd Harlan Jackson Johnson	Knott Knox Leslie Letcher Magoffin Owsley	Perry Pike	

*Graves County is currently being served by both LivWell and the Graves County HD. **Todd County is currently being served by both LivWell and the Todd County HD. For more information, contact the nearest Care Coordinator or the Care Coordinator Program Administrator: (502) 564-6539 or (800) 420-7431.

