

TEAM

KENTUCKY.

CABINET FOR HEALTH
AND FAMILY SERVICES

Kentucky Medicaid 101

Lisa Lee, Commissioner

Kentucky
Medicaid at
a Glance

Approximately 1.6 million members

Over 600,000 children – more than half of
the children in Kentucky

Over 600,000expansion members

Over 69,000 enrolled providers

\$16.8 billion in total SFY 2023 expenditures
(Administrative and Benefits combined)

Background

Medicaid Background

- Medicaid was signed into law July 30, 1965 by President LBJ – Kentucky adopted program in 1966
- Created to provide medical benefits to low-income people who did not have adequate health insurance coverage:
 - ✓ Low income children deprived of parental support and their caretaker relatives
 - ✓ Elderly (age 65 and older)
 - ✓ Blind
 - ✓ Disabled
- Federal-state program. States administer within Federal guidelines. Costs shared between federal and state governments – KY program approx. 70% federally funded
- All covered services and reimbursement methodologies must be approved by the Center for Medicare and Medicaid Services (CMS) and outlined in the state's Medicaid State Plan
- Changes to eligibility, reimbursement, or covered services must be approved by CMS through the submission of a State Plan Amendment (SPA)

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Evolution of Medicaid

- Recognized need to provide health care to additional populations which resulted in changes to system:
 - ✓ 1972 – Elderly and disabled receiving Supplemental Security Income (SSI) added;
 - ✓ 1981 – Home and Community Based Waivers (HCBS) created
 - ✓ 1984 – Children and pregnant women become mandatory groups – FPL undefined
 - ✓ 1989 – Children under age 6 and at 133% of FPL federally mandated under Medicaid (KY covers pregnant women at or below 185% of FPL);
 - ✓ 1997 – Balanced Budget Act of 1997 created the State Children's Health Insurance Program (SCHIP)
 - ✓ 2010 – Affordable Care Act (ACA) created option for states to cover adults up to 138% of FPL
 - ✓ 2010 – ACA mandates Former Foster Youth coverage to age 26
 - ✓ 2014 – Kentucky Expanded Medicaid to the ACA adult population
 - ✓ 2014 – Created Kentucky's State-Based Exchange, kynect

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Medicaid Expansion Population

- Individuals who are:
 - ✓ Between the ages of 19 and 65 (not including age 65)
 - ✓ Not receiving Medicare
 - ✓ Income up to 138% of FPL



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Enrollment

Covered Populations

- Deemed Eligible Newborns
- Low-income Children
- Kentucky Children's Health Insurance Program
- Foster Children
- Adoption Subsidy
- Department of Juvenile Justice
- Low-income Adult
- Parents and Caretaker Relatives
- Pregnant Women
- MAGI Spend Down
- Former Foster Care
- Transitional Medicaid Assistance
- Emergency Time-Limited
- KY Integrated Health Insurance Premium Payment
- Non-SSI Regular Medicaid
- Time-Limited for Aged, Blind or Disabled Immigrants
- Regular SSI
- Ex Parte SSI
- Pass Through Disabled Adult Children
- State Supplementation
- Long Term Care
- Qualified Medicare
- Specified Low-Income Medicare
- Medicare Qualified Individuals
- Qualified Disabled Working Individuals

KY Medicaid Income Eligibility

2023 Federal
Poverty Level
(pre-tax)

# of Persons in Household	2023 Federal Poverty Level for the 48 Contiguous States (Annual Income)			
	100%	138%	150%	200%
1	\$14,580	\$20,120	\$21,870	\$29,160
2	\$19,720	\$27,214	\$29,580	\$39,440
3	\$24,860	\$34,307	\$37,290	\$49,720
4	\$30,000	\$41,400	\$45,000	\$60,000
5	\$35,140	\$48,493	\$52,710	\$70,280
6	\$40,280	\$55,586	\$60,420	\$80,560
7	\$45,420	\$62,680	\$68,130	\$90,840
8	\$50,560	\$69,773	\$75,840	\$101,120

Add \$5,140 for each person in household over 8 persons

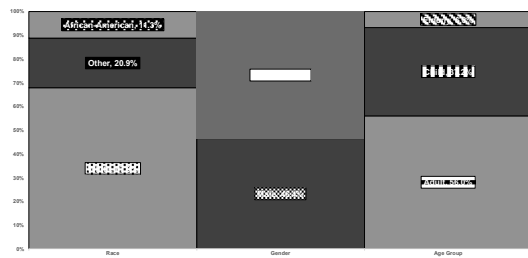
Average Kentucky Expenses

Family of 4		
Medicaid Income Limit	\$41,400.00	
Taxes	\$12,420.00	
Housing	\$11,664.00	Cost of Living in Kentucky (2023) SoFi
Utilities	\$ 4,812.00	
Food and Groceries (non restaurant)	\$14,324.16	
Total Expenses	\$43,220.16	

Additional expenses not considered in above calculation: Clothing, transportation, auto insurance, telephone, misc. expenses related to school-aged children

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KY Medicaid Enrollment Demographics



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KY Medicaid Enrollment Percentage by County



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Covered Services

Covered Services

- Medically Necessary (mandatory and optional)
- Non-Emergency Medical Transportation
 - Administered by Office of Transportation Delivery within Transportation Cabinet
- School Based Services
 - Billed through KY Department of Education and includes admin and services
- Health Access Nurturing and Development Services (HANDS)
 - Administered by Department of Public Health
- First Steps
 - Administered by Department of Public Health

Covered Services

Mandatory	Optional*
<ul style="list-style-type: none">• Inpatient hospital services• Outpatient hospital services• EPSDT: Early and Periodic Screening, Diagnostic, and Treatment Services• Nursing Facility Services• Home health services• Physician services• Rural health clinic services• Federally qualified health center services• Laboratory and X-ray services• Family planning services• Nurse-Midwife services• Certified Pediatric and Family Nurse Practitioner services• Transportation to medical care• Tobacco cessation counseling for pregnant women	<ul style="list-style-type: none">• Prescription Drugs• Clinic services• Physical therapy• Occupational therapy• Speech, hearing and language disorder services• Respiratory care services• Other diagnostic, screening, preventive and rehabilitative services• Podiatry services• Optometry services• Dental Services• Dentures• Prosthetics• Eyeglasses• Chiropractic services• Other practitioner services• Private-duty nursing services• Personal Care• Hospice• Case management• Services for Individuals Age 65 or Older in an Institution for Mental Disease (IMD)• Services in an Intermediate care facility for individuals with Intellectual Disability

* Optional services must be provided to children under age 21 when medically necessary

2020-2023 Notable Program Changes

- Single prescription drug list and PBM for all Medicaid members enrolled in MCO
- Program of All-inclusive Care for the Elderly (PACE)
- 12 months coverage for postpartum
- 12 months continuous coverage for children
- Vision, hearing, and dental for adults
- Created Persons Returning to Society from Incarceration Technical Advisory Council
- Community Health Workers effective 07/01/2023
- Treat no transport

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CHW Provider Eligibility

- Legal US resident;
- Resident of Kentucky or employed as a CHW in the state of Kentucky;
- At least 18 years of age; and
 - Complete a competency-based CHW training and mentorship program offered by an organization approved by Department for Public Health (DPH); or
 - Meet requirements established by DPH for certification based on relevant and verifiable past community health worker experience
- Certifications must be renewed annually

CHW Covered Services

Must be ordered by a:

- Physician
- Physician Assistant
- Nurse Practitioner
- Certified Nurse Midwife
- Dentist

Services must be delivered according to plan of care and may include:

- Health system navigation
- Health promotion and coaching
- Health education and training

Managed Care

Fee-for-Service (FFS)
vs. Managed Care

FFS

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

MCO

- Predominantly children and adults other than elderly or individuals with disabilities
- Operated under a 1915(b) Waiver
- Must cover all services outlined in Medicaid regulations and state plan
- Can negotiate rates with providers
- Flexibilities to deliver value-added services

Managed Care

Aetna - also has contract to serve foster children

Anthem

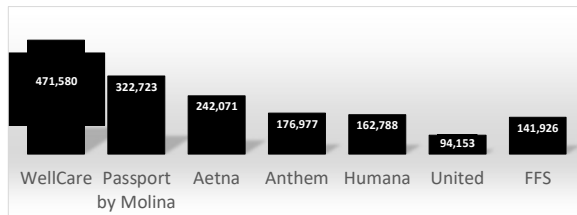
Humana

Passport by Molina

United

WellCare

KY Medicaid Enrollment



NOTE: Aetna includes 23,349 SKY members www.chfs.ky.gov/agencies/dms/stats/KYDWMCC032023.pdf

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Waivers

Purpose of Waivers

- Allows states to test and develop ways it delivers services
- Allows states to "waive" certain rules that apply to the Medicaid program
- Must be budget neutral
- Must promote Medicaid objectives:
 - Improve access to high-quality, person-centered services that produce positive health outcomes for individuals;
 - Promote efficiencies that ensure Medicaid's sustainability for beneficiaries over the long term;
 - Support coordinated strategies to address certain health determinants that promote upward mobility, greater independence, and improved quality of life among individuals;
 - Strengthen beneficiary engagement in their personal healthcare plan, including incentive structures that promote responsible decision-making;
 - Enhance alignment between Medicaid policies and commercial health insurance products to facilitate smoother beneficiary transition; and
 - Advance innovative delivery system and payment models to strengthen provider network capacity and drive greater value for Medicaid.

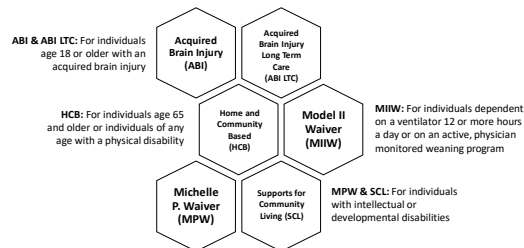
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Types of Waivers

- **Section 1115 waivers** – Often referred to as research and demonstration waivers, these allow states to temporarily test out new approaches to delivering Medicaid care and financing.
- **Section 1915(c) waivers** – Home and Community-Based Services (HCBS) waivers are designed to allow states to provide home and community-based services to people in need of long-term care. This means they can stay in their own home or a community setting (such as a relative's home or a supported living community) instead of going into a nursing facility.
- **Section 1915(b) waivers** – “Freedom of choice waivers” allow states to provide care via managed care delivery systems. These organizations contract with state Medicaid agencies, and are paid from the state Medicaid fund for providing health care services to the beneficiaries, thus limiting the individual's ability to choose their own providers.

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Kentucky's 1915(c) HCBS Waivers



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Participant Directed Services (PDS)

- Participant Directed Services (PDS) allows individuals receiving 1915(c) HCBS Medicaid waiver services to hire their own providers for non-medical, non-residential waiver services. These providers can be friends, neighbors, or certain family members. This option gives waiver participants more choice, flexibility and control over their supports and services. PDS used to be known as the Consumer-Directed Option (CDO).
- **Eligibility**
 - Individuals receiving services through the Acquired Brain Injury and Acquired Brain Injury Long-Term Care, Home and Community Based, Michelle P. or Supports for Community Living waivers may participate in the PDS program.

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1915(c) Waiver Enrollment

WAIVER	MEMBERS
ABI Acute	261
ABI LTC	412
HCB	15,371
Model II	20
Michelle P	9,911
SCL	4,799

Total: 30,774

Kentucky Medicaid 1915(b) Waivers

• Managed Care

• Allows KY to use MCOs to deliver care to enrollees

• Risk based capitated payment model

• Non-Emergency Transportation (NEMT)

• Operated through a contract with the Kentucky Department of Transportation (DOT)

• DOT contracts with Brokers

• Brokers contract with transportation providers

• Risk based capitated payment model

Behavioral Health

Behavioral Health Services (not an inclusive list)

- No prior-authorizations except for inpatient and residential services for SUD treatment
- No prior-authorization for SUD medications
- Community Mental Health Centers
- Certified Community Behavioral Health Centers
- Behavioral Health Services Organizations
- School Based Services
- Psychiatrists
- Psychologists

Behavioral Health Services

- Screening
- Assessment
- Psychological Testing
- Crisis Intervention
- Mobile Crisis
- Residential Crisis Stabilization
- Day Treatment
- Peer Support
- Intensive Outpatient Program

Behavioral Health Services

- Individual Therapy
- Group Outpatient Therapy
- Family Outpatient Therapy
- Collateral Outpatient Therapy
- Partial Hospitalization
- Service Planning
- Residential Services for Substance Use Disorders
- Screening, Brief Intervention and Referral to Treatment (SUD only)
- Assertive Community Treatment (mental health only)

Behavioral Health Services

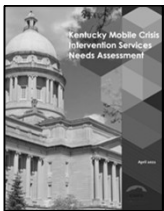
- Assertive Community Treatment (mental health only)
- Comprehensive Community Support Services (mental health only)
- Therapeutic Rehabilitation Program (mental health only)

Behavioral Health and Substance Use Disorder - Cabinet for Health and Family Services ([ky.gov](https://www.ky.gov))

Institutions for Mental Disease (IMDs)

- IMD definition: Psychiatric hospitals with more than 16 beds
- Current federal law prohibits Medicaid from paying for care for individuals aged 21 - 64 who are in IMDs
- MCOs can pay for up to 15 days per month for members
- Medicaid FFS can pay up to 30 days on average for all members during the year – example, Tom stays for 45 days and John stays for 15 days for a total of 60 days total – average stay per person is 30 days

Kentucky Mobile Crisis Continuum




- **September 30, 2021:** DMS Awarded CMS **Mobile Crisis Intervention Services Planning Grant**, \$796,894
- **January – March 2022:** MCI Stakeholder Engagement & Research
- **April 2022:** MCI Needs Assessment Completed
- **October 2021 – December 2022:** Design & develop crisis intervention models
 - **Commonwealth Model** in accordance with CMS requirements for enhanced funding
 - **Community Crisis Co-response Model** to close the loop in the crisis continuum – on-going development.
- **November 2022:** HRSA Grant Application Submitted to Support Rural Co-Response Implementation
- **January – March 2023:** Co-Response Stakeholder Engagement & Research

Diversion from Jails and Hospitals

Behavioral Health
Crisis Services for
anyone, anywhere,
anytime.
No Wrong Door

Building a comprehensive crisis continuum for all Kentuckians


SAMHSA's National Guidelines for Behavioral Health Crisis Care



Someone to Talk to

Crisis lines accepting all calls and dispatching support based on the assessed need of the caller.


- 988
- Regional Crisis Call Centers
- Public Safety Access Points (PSAP) i.e., 911



Someone to Respond

Mobile crisis teams dispatched to wherever the need is in the community.

- Regional Mobile Crisis Providers (CMHC, CCBHC, and BHSO)
- MRSS for children/youth response
- Community Paramedicine
- Co-Response and Law Enforcement
- Prevention/Deflection/Diversion/Inclusion



A Place to Go

Crisis receiving and stabilization facilities that serve everyone that comes through their doors from all referral sources.

- Least restrictive next level of care
- 23-Hour Short-Term Crisis Observation and Stabilization
- First Responder Drop-Off Options
- Post-Crisis Follow-up

Source: SAMHSA's National Guidelines for Behavioral Health Crisis Care: Core services and best practices


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Transportation

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Non-Emergency Medical Transportation (NEMT)

- NEMT is eligible to Medicaid recipients of all ages who lack their own transportation
- To every home in Kentucky, no matter how far to their nearest healthcare provider
- At no cost to the rider
- To get to and from any Medicaid appointment or Medicaid related service
- NEMT claims were linked to the corresponding Medicaid claim on that same day



*2022 Data is through 9/30/22

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Medicaid Non-Emergency Transportation

- For members who do not have access to free transportation for their specific medical needs
- NEMT provided outside of a member's service area requires a referral from primary care physician, physician assistant, APRN, or qualified mental health professional
- Operated through a brokerage system
- Medicaid contracts with Office of Transportation Delivery (OTD)
- OTD administers NEMT and issues requests for proposals for brokers on routine basis – 1-year contracts with four 1-year option for renewal
- Brokers schedule trips <https://transportation.ky.gov/TransportationDelivery/Pages/Human-Services-Transportation.aspx>

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NEMT Criteria

- Medicaid eligible, excluding qualified Medicare beneficiary (QMB)
- Going to a medically necessary visit
- Parent, guardian, or escort shall not be charged a fee
- Vehicle in household is reason for denial unless:
 - Driver is medically unable to operate vehicle – requires physician's statement which is good for 6 months
 - Vehicle is mechanically inoperable – requires a mechanic's note which is good for 30 days –limit of 3 notes per one year period
 - Vehicle is used for school or work during time transportation is needed – employer statement valid for 3 months and can be renewed each month and school statement only valid during current school semester

Scheduling

- Call at least 72 hours in advance
- Weekends and holidays are included in determining 72 hour period
- Scheduling services provided between 8 a.m. through 4:30 p.m. Monday through Friday and 8 a.m. to 1 p.m. on Saturday
- Transportation provided 6 a.m. through 8 p.m. Monday through Friday and 8 a.m. to 1 p.m. on Saturday
- Closed for holidays
- Paging services available after normal operating hours for urgent care transportation needs
- Urgent care transportation to be provided 24/7 including holidays

Modes of Transportation



TAXI



COMMUNITY OR CITY BUS



PRIVATE AUTO

MAY TRANSPORT MULTIPLE
MEMBERS DEPENDING ON
TYPE OF VEHICLE

Subcontractors

- Brokers use subcontractors to deliver the majority of the services but brokers can also be providers
- Type of providers
 - Ambulatory (for profit)
 - Ambulatory bus (non-profit)
 - Common carrier – ambulatory for disoriented members who may require an escort
 - Common carrier – non-ambulatory for members who use wheelchairs

Private Auto Transportation Provider

- Must be a private individual (non business) using a private vehicle to transport a Medicaid eligible member to a Medicaid covered service
- Reimbursed a set mileage for trips
- Must meet transportation eligibility requirements and be approved by the Regional Broker before transporting individuals
- Cannot be a family member and cannot live in the same household of the member – exception is foster parents
- Must have an approved vehicle

[Become a Private Auto Transportation Provider | KYTC](#)

Exclusions

QMB – Medicaid covers Medicare Part A and Part B premiums and cost sharing for Medicare beneficiaries – no Medicaid benefits

Methadone clinics

- Medicaid began covering methadone for substance use treatment effective July 1, 2019
- Coverage was contingent upon waiving NEMT for the service

Kentucky's PHE Unwinding Goals

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Renewals: How to respond to a notice

Complete and return the form

- Fax to 502-573-2005 or 502-573-2007
- Mail PO Box 2104, Frankfort, KY 40602

Use the online Self Service Portal

- Log in at <https://kynect.ky.gov/benefits>
- Click on **Renew Benefits** or **upload requested information from RFI**

Call 1-855-459-6328 (kynect) or 1-855-306-8959 (DCBS)

- Monday through Friday from 8:00 am to 4:30 pm ET
- Saturday from 9:00 am to 2:00 pm ET (1-855-306-8959 only)


Visit a kynector, insurance agent or DCBS office


- Monday through Friday 8:00 am to 4:30 pm local time
- DCBS office: https://grd.webapps.chfs.ky.gov/Office_Phone/index.aspx
- Kynector/insurance agent: https://kynect.ky.gov/benefits/auth-rep-repisters?language=en_US

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Renewals: What's Next? Priorities and Next

What to expect and what you can do!






Members should keep their contact information updated so Kentucky Medicaid is able to reach them when it is their time to renew!


Update your information as soon as possible!

Visit kynect.ky.gov or call kynect at 855-4kynect (855-459-6328) with questions and to update your mailing address, phone number, and email!



Be on the look out for any mail or outreach from Kentucky Medicaid and be sure to respond!

Lisa.lee@ky.gov



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