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State/Territory Name: Kentucky

State Plan Amendment (SPA) #: KY-25-0001-CHIP

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850

Children and Adults Health Programs Group

July 9, 2026

Lisa Lee
Commissioner, Department for Medicaid Services
Commonwealth of Kentucky, Cabinet for Health and Family Services
275 East Main Street, 6 West A
Frankfort, KY 40621

Dear Commissioner Lee:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) number KY-25-0001-CHIP, submitted on September 5, 2025, with additional information received on July 6, 2026, has been approved. This SPA has an effective date of July 1, 2025.

Through SPA KY-25-0001-CHIP, Kentucky revises the strategic objectives and performance goals in section 9 of the CHIP state plan. This SPA also removes outdated strategic objectives and performance goals from the state plan that the state no longer includes in the CHIP Annual Report. The state establishes the following new objectives for which the state will measure progress on a number of corresponding performance goals:

- Reduce the number of uninsured children.
- Increase access to care for maternal health.
- Enhance postpartum care.
- Decrease the number of babies born preterm.
- Reduce the number of maternal mortalities.

To measure progress on these objectives and the corresponding performance goals, the state will use managed care quarterly reports, HEDIS measures, claims data, American Community Survey data, and the March of Dimes Report Card.

Your title XXI project officer is Joshua Bougie. He is available to answer questions concerning this amendment and other CHIP-related matters and can be reached at Joshua.Bougie@cms.hhs.gov.

If you have additional questions, please contact Mary Beth Hance, Director, Division of State Coverage Programs, at (410) 786-4299. We look forward to continuing to work with you and your staff.

Sincerely,

/Signed by Jessica Stephens/

Jessica Stephens
Acting Director

Implementation Date: October 24, 2019

SPA # KY-21-0001-CHIP Pregnant Women
Effective Date: July 1, 2021
Implementation Date: July 1, 2021
CS8L PW Eligibility
CS13: Deemed Newborn Eligibility
CS18: Eligibility-Citizenship
CS20: PE Waiting period
CS29: PW Presumptive Eligibility

SPA # KY-21-0002-CHIP **Pregnant Women**
Effective Date: July 1, 2022
Implementation Date: July 1, 2022

SPA #KY-22-0002 **12-month postpartum coverage for pregnant women**
Effective Date: April 1, 2022
Implementation Date: April 1, 2022
CS27: Postpartum coverage for pregnant women

KY-22-0003-CHIP Transition all eligible children in its separate CHIP to a Medicaid expansion program.
CS3: Update Medicaid expansion eligibility levels
CS7, 10, and 14: These templates are now obsolete.
CS18: Eligibility/citizenship~~: Update~~: Update to remove references to children
Effective Date: July 1, 2022
Implementation Date: August 1, 2022

KY-22-0004 CHIP COVID Testing, Treatment and Vaccine Coverage for compliance with American Rescue Plan
Effective Date: March 11, 2021
Implementation Date: March 11, 2021

KY-22-0005 Companion SPA to KY-22-0003. Update entire state plan to specify policies for pregnant individuals and remove policies specific to children in certain sections.
Effective Date: July 1, 2022
Implementation Date: August 1, 2022

KY-25-0001 CHIP Maternal Population Health Objectives
Effective Date: July 1, 2025
Implementation Date: July 1, 2025

8.8.4. ☒ Income and resource standards and methodologies for determining Medicaid eligibility are not more restrictive than those applied as of June 1, 1997. (Section 2105(d)(1)) (42CFR 457.622(b)(5))

8.8.5. ☒ No funds provided under this title or coverage funded by this title will include coverage of abortion except if necessary to save the life of the mother or if the pregnancy is the result of an act of rape or incest. (Section 2105)(c)(7)(B)) (42CFR 457.475)

8.8.6. ☒ No funds provided under this title will be used to pay for any abortion or to assist in the purchase, in whole or in part, for coverage that includes abortion (except as described above). (Section 2105)(c)(7)(A)) (42CFR 457.475)

Section 9. Strategic Objectives and Performance Goals and Plan Administration

Guidance: States should consider aligning its strategic objectives with those discussed in Section II of the CHIP Annual Report.

9.1. Describe strategic objectives for increasing the extent of creditable health coverage among targeted low-income children and other low-income children: (Section 2107(a)(2)) (42CFR 457.710(b))

~~Historical objectives for the original population covered by KCHIP (formerly separate CHIP children) included the following to increase the extent of coverage:~~

~~1) Improve the health status of Kentucky children with a focus on preventive and early primary care.~~

~~2) Increase the proportion of children in Kentucky who have creditable~~

~~health insurance and therefore a usual source of care.~~

~~3) Reduce the financial barriers to affordable health care coverage for low-income families.~~

~~4) Increase the number of children from birth to 19 who are enrolled in Medicaid.~~

1) Reducing the number of uninsured children.

2) Increasing access to care for maternal health.

3) Enhancing postpartum care.

4) Decreasing the number of babies born preterm.

5) Reducing the number of maternal mortalities.

Guidance: Goals should be measurable, quantifiable and convey a target the State is working towards.

9.2. Specify one or more performance goals for each strategic objective identified: (Section 2107(a)(3)) (42CFR 457.710(c))

~~Historical performance goals for each objective included the following:~~

~~Within two years of plan approval and implementation, increase Medicaid enrollment:~~

~~1) 10,000 new 14 to 19 year old's in families up to 100% FPL will be covered by Medicaid by June 30, 2000, and 17,500 new children from one to 19 years of age in families up to 150% FPL will be covered by Medicaid by June 30, 2000.~~

~~2) An additional 10,000 currently Medicaid eligible children will be enrolled in Medicaid within two years of plan approval and implementation.~~

~~3) Within five years of plan approval and implementation, increase health status of children.~~

~~a) 75% of children under 2 years of age will receive the recommended number of well child visits.~~

~~b) 67% of children from 3 through 5 years of age will receive at least one well child exam (Healthy Kentuckians goal = 80%~~

~~c) 50% of children from 10 through 18 years of age will receive at least one well child exam annually ((Healthy Kentuckians goal = 50%)~~

~~d) 75% children will receive an eye exam by an eye care specialist between 3-6.~~

Strategic Objective 1: Reduce the number of uninsured children.

Performance Goal 1.1: Kentucky is focused on reducing the number of uninsured children in the Commonwealth to less than 5% through:

a. Increasing educational outreach through targeted social media campaigns to promote enrollment of eligible children, with messaging tailored to parents and providers.
b. Increasing community engagement initiatives, with a focus on areas of the Commonwealth with high uninsured rates.
c. Offering virtual and in-person enrollment support through Subject Matter Experts who can answer questions and guide families with language or educational barriers through the application process more successfully.

Strategic Objective 2: Increase access to care for maternal health.

Our strategy focuses on reducing financial barriers to affordable healthcare coverage for low-income families. In Kentucky, we have expanded medical coverage for the Children's Health Insurance Program (CHIP) to families with incomes up to 218% of the federal poverty level (FPL). Additionally, we offer subsidized health plans through the Marketplace, provide outreach and enrollment assistance, and promote access through telehealth and other technological advancements.

Performance Goal 2.1: Increase the number of CHIP eligible pregnant women receiving prenatal care by 5% annually until 90% of the eligible population are receiving prenatal services.

a. This will be tracked through HEDIS reporting metrics and internal data reports.

Performance Goal 2.2: Increase educational outreach through campaigns and community engagement initiatives by 10% annually as measured by annual number of engagements.

a. Increasing educational outreach through targeted social media campaigns to promote prenatal care.
b. Increasing community engagement initiatives, with a focus on maternal care deserts within the Commonwealth.

Performance Goal 2.3: Enhance accessibility to preventive care by promoting telehealth services, ensuring that at least 90% of eligible families are informed of these options.

Performance Goal 2.4: Additionally, achieve an annual 5% increase in the number of pregnant and postpartum women enrolled in KCHIP.

a. Create step-by-step guides, video tutorials, or FAQs to explain the process clearly and address common concerns.
b. Offer virtual and in person enrollment support through Subject Matter Experts who can answer questions and guide families with language or educational barriers through the process more easily.

Strategic Objective 3: Enhance postpartum care.

Support postpartum mental health services by including screening for postpartum depression and substance use disorder (SUD) through:

Performance Goal 3.1: Increasing the number of received Notice of Pregnancy Forms by 5% annually until 90% of pregnancies are reported through the Notice of Pregnancy Form.

Performance Goal 3.2: Increasing the number of prenatal women screened for mental health issues and whom receive follow-up care within 30 days of a positive diagnosis by 5% annually until 90% of women received follow-up care.

Strategic Objective 4: Decrease the number of babies born preterm.

Performance Goal 4.1: Implement evidence based maternal health programs and community outreach initiatives to reduce preterm deliveries among CHIP enrolled mothers by 5% annually, focusing on the improvement to early access and consistent prenatal care over the next 5 years.

a. Recognizing the unique needs of different population groups which can significantly reduce complications and negative outcomes during childbirth.
b. By reducing the number of elective C-Sections and other unnecessary interventions CHIP aims to lower overall healthcare costs for both families and the state.
c. Trained individuals offering vital emotional and physical support during labor, as well as assistance with breastfeeding and postpartum recovery, will thereby enrich the overall experience for mothers and infants.
d. Promoting supportive birth experiences can also strengthen family relationships and encourage positive parenting practices.

Strategic Objective 5: Reduce the number of maternal mortalities.

Performance Goal 5.1: Implement evidence based maternal health programs and community outreach initiatives to reduce maternal mortalities among CHIP enrolled mothers by 3% annually, focusing on the improvement to early access and consistent prenatal care over the next 5 years.

a. Developing targeted initiatives aimed at reducing maternal mortality focusing on high-risk pregnancies for women with hypertension and other identified cardiovascular conditions.

Guidance: The State should include data sources to be used to assess each performance goal. In addition, check all appropriate measures from 9.3.1 to 9.3.8 that the State will be utilizing to measure performance, even if doing so duplicates what the State has already discussed in Section 9.

It is acceptable for the State to include performance measures for population subgroups chosen by the State for special emphasis, such as racial or ethnic minorities, particular high-risk or hard-to-reach populations, children with special needs, etc.

HEDIS (Health Employer Data and Information Set) 2008 contains performance measures relevant to children and adolescents younger than 19. In addition, HEDIS 3.0 contains measures for the general population, for which breakouts by children's age bands (e.g., ages < 1, 1-9, 10-19) are required. Full definitions, explanations of data sources, and other important guidance on the use of HEDIS measures can be found in the HEDIS 2008 manual published by the National Committee on Quality Assurance. So that State HEDIS results are consistent and comparable with national and regional data, states should check the HEDIS 2008 manual for detailed definitions of each measure, including definitions of the numerator and denominator to be used. For states that do not plan to offer managed care plans, HEDIS measures may also be able to be adapted to organizations of care other than managed care.

9.3. Describe how performance under the plan will be measured through objective, independently verifiable means and compared against performance goals in order to determine the State's performance, taking into account suggested performance indicators as specified below or other indicators the State develops: (Section 2107(a)(4)(A),(B)) (42CFR 457.710(d))

~~**(1) Performance Measurement:**~~

~~The following measurements will be used to measure progress towards performance objectives:~~

~~The Kentucky Department of Medicaid Services will use quarterly reports submitted by Managed Care Organizations, HEDIS measures, and claims data to assess progress in meeting goals and completing objectives. Additionally, Kentucky will use the March of Dimes Report Card that is state specific to gauge the state's efforts in improving outcomes.~~

~~The managed care entities are required to submit UM 06 Activities related to EPSDT, Pregnant women and maternal and infant death quarterly reports. Administrative data on prenatal and postpartum visits and pre-term birth rates as well as mental health and substance use disorder screening will be collected and analyzed on pregnant and postpartum individuals covered by KCHIP.~~

~~Additionally, the following means will be used to evaluate performance objective progress.~~

~~1) **Increase Medicaid Enrollment:**~~

~~Medicaid Eligibility System Report~~

~~2) **Increase Health status of children:**~~

~~HEDIS 3.0 or identified performance measures will be tracked trough administrative data.~~

~~Percentage of well child care and adolescent well care visits will be determined through administrative data. The established claims data system will enable KCHIP to track for the percentage of visits. It is possible to track for periodicity, but the data is not readily available.~~

~~(2) **Increase numbers of kids with creditable coverage:**~~

~~1) Medicaid and KCHIP enrollment data benchmarks.~~

~~2) Legislative Research Commission annual insurance studies.~~

~~a) The study uses calculated averages from a three year average, March supplement to the CPS produced by Bureau of Census and augmented by LRC household survey.~~

~~(3) **Reduce barriers to affordable health coverage:**~~

~~KCHIP will report on enrollees by family income level. Clients who disenroll before their eligibility expires will be asked for a reason. Responses to that question will be tracked and analyzed to evaluate the extent that KCHIP has reduced financial barriers to affordable health care coverage.~~

Strategic Objective 1: Reduce the number of uninsured children:

Performance Goal 1.1: The American Community Survey, HI11_ACS report.

Strategic Objective 2: Increasing access to care for maternal health:

Performance Goal 2.1: Medicaid Eligibility System Report

a. Medicaid and KCHIP enrollment data benchmarks.
b. Legislative Research Commission annual insurance studies.
    i. The study uses calculated averages from a three-year average, March supplement to the CPS produced by Bureau of Census and augmented by LRC household survey.

Performance Goal 2.2: Increase educational outreach

a. PHM-08, Notice of Pregnancy Report
b. UM-06, Activities related to EPSDT, Pregnant Women, Maternal and Infant Death

Performance Goal 2.3: Enhanced accessibility to preventative care by promoting telehealth services

a. PHM-08, Notice of Pregnancy Report
b. UM-06, Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death.

Performance Goal 2.4: Increase the number of pregnant and postpartum women enrolled in KCHIP

a. The American Community Survey, H11_ACS report.

Strategic Objective 3: Enhancing postpartum care:

Performance Goal 3.1: Increase the number of received Notice of Pregnancy forms

a. PHM-08, Notice of Pregnancy Report
b. Microsoft SharePoint, Electronic Notice of Pregnancy Submissions

Performance Goal 3.2: Increasing the number of prenatal women screened for mental health issues who receive follow-up care within 30 days of a positive diagnosis.

a. UM-06 Activities related to EPSDT, Pregnant women and maternal and infant death quarterly reports or identified performance measures will be tracked trough administrative data.
b. Percentage of pregnant and postpartum visits will be determined through administrative data. The established claims data system will enable KCHIP to track for the percentage of visits.

Strategic Objective 4: Decreasing the number of babies born preterm:

Performance Goal 4.1:

a. UM-06 Activities related to EPSDT, prenatal and postpartum visits and pre-term birth rates will be tracked through administrative data.
b. The Kentucky Department for Medicaid Services will use quarterly reports submitted by Managed Care Organization and HEDIS measures.
c. Additionally, Kentucky will use the March of Dimes Report Card to gauge the state's efforts in improving outcomes.

Strategic Objective 5: Reducing the number of maternal mortalities:

Performance Goal 5.1:

a. Utilizing Kentucky's Notice of Pregnancy (NOP) to ensure pregnant women are being properly screened for hypertension, other cardiovascular conditions, and mental health conditions.
b. Tracking the number of pregnant women that receive follow-up care for any identified

cardiovascular and/or mental health diagnoses.

Check the applicable suggested performance measurements listed below that the State plans to use:- (Section 2107(a)(4))

9.3.1. ☒ The increase in the percentage of Medicaid-eligible children enrolled in Medicaid.

9.3.2. ☒ The reduction in the percentage of uninsured children.

9.3.3. ☒ The increase in the percentage of children with a usual source of care.

9.3.4. ☒ The extent to which outcome measures show progress on one or more of the health problems identified by the state.

9.3.5. ☒ HEDIS Measurement Set relevant to children and adolescents younger than 19.

9.3.6. ☒ Other child appropriate measurement set. List or describe the set used: Child Core Set

9.3.7. ☐ If not utilizing the entire HEDIS Measurement Set, specify which measures will be collected, such as:

- **9.3.7.1.** ☒ ☐ Immunizations
- **9.3.7.2.** ☒ ☐ Well childcare
- **9.3.7.3.** ☒ ☐ Adolescent well visits
- **9.3.7.4.** ☒ ☐ Satisfaction with care
- **9.3.7.5.** ☒ ☐ Mental health
- **9.3.7.6.** ☒ ☐ Dental care
- **9.3.7.7.** ☐ Other, list:

9.3.8. ☒ Performance measures for special targeted populations.

9.4. ☒ The State assures it will collect all data, maintain records and furnish reports to the