

## **Table of Contents**

**State/Territory Name: Kentucky**

**State Plan Amendment (SPA) #: 24-0018**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Companion Letter
- 3) Form CMS 179
- 4) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services

601 E. 12th St., Room 355

Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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July 18, 2025

Lisa Lee

Commissioner, Department for Medicaid Services

Commonwealth of Kentucky

Cabinet for Health and Human Services

275 East Main Street, 6 West A

Frankfort, KY 40601

Re: Kentucky State Plan Amendment (SPA) 24-0018

Dear Commissioner Lee:

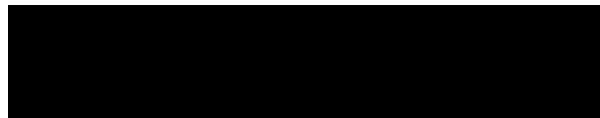
The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0018. This SPA amends the Medicaid State Plan to provide for mandatory coverage in accordance with section 1902(a)(84)(D) of the Social Security Act for eligible juveniles who are incarcerated in a public institution post-adjudication of charges. This SPA is effective on January 1, 2025, and will sunset on December 31, 2026.

We conducted our review of your submission in accordance with the statutory requirements outlined in Title XIX of the Social Security Act and its implementing regulations. This letter informs you that Kentucky's Medicaid SPA TN 24-0018 was approved on July 18, 2025.

Please note that accompanying this SPA approval, along with the CMS-179 and approved State Plan pages, there is an enclosed companion letter describing actions that the state must complete by the December 31, 2026, sunset date.

If you have any questions, please contact Christine Davidson at (312) 886-3642 or via email at [Christine.Davidson@cms.hhs.gov](mailto:Christine.Davidson@cms.hhs.gov).

Sincerely,



Shantrina Roberts, Acting Director  
Division of Program Operations

Enclosures

cc: Erin Bickers, KY DMS

Melissa Cuerdon, CMCS

Becca Nehrt-Flores, CMCS

Ysabel Gavino, CMCS

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

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July 18, 2025

Lisa Lee

Commissioner, Department for Medicaid Services

Commonwealth of Kentucky

Cabinet for Health and Human Services

275 East Main Street, 6 West A

Frankfort, KY 40601

Re: Kentucky State Plan Amendment (SPA) 24-0018 - Companion Letter

Dear Commissioner Lee:

The Centers for Medicare & Medicaid Services (CMS) is sending this companion letter to KY-24-0018, approved on July 18, 2025. This State Plan Amendment (SPA) amends the Medicaid State Plan to provide for mandatory coverage in accordance with section 1902(a)(84)(D) of the Social Security Act (the Act) for eligible juveniles who are incarcerated in a public institution after the adjudication of charges. As noted in the approval letter and State Plan, this SPA is effective January 1, 2025, and will sunset on December 31, 2026. The state must complete the actions identified in this letter by the sunset date. Once these actions are completed, the state should submit a SPA to remove the sunset date from the state plan.

Effective January 1, 2025, section 1902(a)(84)(D) of the Act requires states to have an internal operational plan and, in accordance with such plan, provide for the following for eligible juveniles as defined in section 1902(nn) of the Act (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children under 42 C.F.R. § 435.150 who are at least age 18 but under age 26) who are within 30 days of their scheduled date of release from a public institution following adjudication:

- In the 30 days prior to release (or not later than one week, or as soon as practicable, after release from the public institution), and in coordination with the public institution, the state must provide any screenings and diagnostic services which meet reasonable standards of medical and dental practice, as determined by the state, or as otherwise indicated as medically necessary, in accordance with the Early and Periodic Screening, Diagnostic, and Treatment requirements, including a behavioral health screening or diagnostic service.
- In the 30 days prior to release and for at least 30 days following release, the state must provide targeted case management services, including referrals to appropriate care and

services available in the geographic region of the home or residence of the eligible juvenile, where feasible, under the Medicaid state plan (or waiver of such plan).

We appreciate the state's efforts to implement this mandatory coverage and recognize the progress that has been made as well as the complexities associated with full implementation. However, during the review of KY-24-0018, CMS identified actions that must be completed to fully implement mandatory coverage in accordance with section 1902(a)(84)(D) of the Act. CMS is issuing this companion letter to document these actions and establish a timeframe for their completion.

The state must complete the following actions by December 31, 2026, to fully implement section 1902(a)(84)(D) of the Act. Once these actions are completed the state should submit a SPA to remove the sunset date from the state plan.

Kentucky is using a phased approach, with a strong emphasis on building a robust and sustainable infrastructure throughout 2025 and 2026, to ensure a successful and comprehensive statewide implementation by December 31, 2026. The initial implementation sites will serve as critical learning centers to inform and refine the broader rollout.

1. **Establish New Provider Type:** Develop and implement a new Medicaid provider type specifically for correctional facilities (state prisons and youth development centers). This provider type will employ case managers to support the delivery of pre-release services according to section 1902(a)(84)(D) of the Act and 1115 Reentry demonstration authorities.
2. **Implement Technology for Medicaid Application/Eligibility Automation:** Develop and deploy technologies aimed at reducing manual processes associated with Medicaid applications and eligibility determinations for the reentry population. The technology implementation will be iterative, with initial phases informed by learnings from the first cohort of facilities and the insights gained from the preparedness assessments. Findings from these assessments, particularly regarding a carceral facility's ability to conduct Medicaid screenings to support the submission of Medicaid applications, will directly influence the prioritization and phased rollout of technological solutions, determining if a facility can go-live, go-live with remediation, or not go-live until foundational technological support is in place or addressed.
3. **Initial Implementation & Monitoring:** Fully implement services within all 14 state prisons and the identified youth development center. Focus on active monitoring and evaluation of these initial sites. Additional system configuration is needed to support provider enrollment for the Department of Corrections (DOC) and the Department of Juvenile Justice (DJJ) facilities, as well as for claims reimbursement. Technology solutions have and will continue to be deployed to support implementation in these settings.
4. **Feasibility Assessment of Remaining Carceral Settings:** Continue the comprehensive assessment of feasibility for pre-release service delivery in other carceral settings, including juvenile detention centers and local jails within Kentucky. Kentucky needs to better understand the current infrastructure of the reentry process in jails to support coordination both before and after release. The Kentucky Department of Medicaid Services

(DMS) will work with jails to assess the feasibility to implement services pre-release and to examine the opportunity to support post-release linkages to case managers where on-site services are not feasible.

5. **Onboarding Additional Participating Facilities:** Based on ongoing assessment and a cohort-based approach, Kentucky will onboard additional carceral facilities that express interest and demonstrate readiness to participate in pre-release service delivery. This will be an iterative process informed by the initial implementation sites. The "readiness" will be determined by a preparedness assessment designed to evaluate each facility's ability to support six critical functional areas during the pre-release engagement.

As always, CMS is available to provide technical assistance on any of these actions. If you have any questions, please contact Christine Davidson at (312) 886-3642 or via email at [Christine.Davidson@cms.hhs.gov](mailto:Christine.Davidson@cms.hhs.gov).

Sincerely,

A large black rectangular redaction box covering the signature of Shantrina Roberts.

Shantrina Roberts, Acting Director  
Division of Program Operations

Enclosures

cc: Erin Bickers, KY DMS  
Melissa Cuerdon, CMCS  
Rebecca Nehrt-Flores, CMCS  
Ysabel Gavino, CMCS

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 4 — 0 0 1 8

2. STATE

KY3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL  
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

1905(a) 42 C.F.R 435.1010

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 1,513,440 1,059,408b. FFY 2026 \$ 2,017,920 1,412,544

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supp. 1 to Att. 3.1-A Pg. 26-26(f) - New

Supp. 1 to Att. 3.1-B Pg. 26-26(f) - New

Att. 3.1-M Pg. 1-2 - New

Att. 4.19-B Pg. 21.1 - New

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT

Updates to comply with CMS CAA guidance for incarcerated youth.

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL



OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Lisa D. Lee

13. TITLE

Commissioner

14. DATE SUBMITTED

12/19/2024

15. RETURN TO

Lisa Lee

275 E. Main St. 6 W-A

Frankfort, KY 40601

**FOR CMS USE ONLY**

16. DATE RECEIVED

December 19, 2024

17. DATE APPROVED

July 18, 2025

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Shantrina Roberts

21. TITLE OF APP

Acting Director, Division of Program Operations

22. REMARKS

The state has granted authorization to CMS for a pen and ink change on CMS form 179, specifically in block 6 regarding the FEDERAL BUDGET IMPACT, to update the budget impact for FFY 2025 and FFY 2026 with the revised figures.

State Plan under Title XIX of the Social Security Act  
State/Territory: Kentucky

**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

Eligible juveniles as defined in §1902(nn) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution **following adjudication**, and for at least 30 days following release.

Post Release TCM Period beyond 30 day post release minimum requirement:

☒ State will provide TCM beyond the 30 day post release requirement. **[explain]:**  
When determined to be medically necessary.

Areas of State in which services will be provided (§1915(g)(1) of the Act):

☒ Entire state

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

☒ Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management (TCM) services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services.

Targeted Case Management includes the following assistance:

- ❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include:
  - taking client history;
  - identifying the individual's needs and completing related documentation; and
  - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 24-018

Supersedes TN: NEW

Approval Date: 07/18/2025

Effective Date: 01/01/2025

State Plan under Title XIX of the Social Security Act  
State/Territory: Kentucky

**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

The periodic reassessment is conducted every (check all that apply):

- ☐ 1 month
- ☒ 3 months
- ☐ 6 months
- ☐ 12 months
- ☐ Other frequency **[explain]:**

- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that:
  - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
  - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
  - identifies a course of action to respond to the assessed needs of the eligible individual;
- ❖ Referral and related activities, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including:
  - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
- ❖ Monitoring and follow-up activities are:  
activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:

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State Plan under Title XIX of the Social Security Act  
State/Territory: Kentucky

**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

- services are being furnished in accordance with the individual's care plan;
- services in the care plan are adequate; and
- changes in the needs or status of the individual are reflected in the care plan.

Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

Frequency of additional monitoring:

Specify the type and frequency of monitoring (check all that apply)

- ☒ Telephonic. Frequency: Consist of a minimum of four (4) service contacts and may be a combination of telephone and face-to-face contacts with, or on behalf of, the individual.
- ☒ In-person. Frequency: Consist of a minimum of four (4) service contacts and may be a combination of telephone and face-to-face contacts with, or on behalf of, the individual.
- ☐ Other **[explain]**:

☒ Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. For instance, a case manager might also work with state children and youth agencies for children who are involved with the foster care system.

(42 CFR 440.169(e))

☒ If another case manager is involved upon release or for case management after the 30-day post release mandatory service period, states should ensure a warm hand off to transition case management and support continuity of care of needed services that are documented in the person-centered care plan. A warm handoff should include a meeting between the eligible juvenile, and both the pre-release and post-release case manager. It also should include a review of the person-centered care plan and next steps to ensure continuity of case management and follow-up as the eligible juvenile transitions into the community.

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State Plan under Title XIX of the Social Security Act  
State/Territory: Kentucky

**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

**[Specify provider qualifications that are reasonably related to the population being served and the case management services furnished.]**

All providers must meet the requirements of 42 CFR 440.130, and must enroll in Kentucky's Medicaid program as required by CFR 455.410.

Reentry Organization Providers that provide pre-release services are the carceral facilities within Kentucky, including but not limited to, State Prisons, Local County Jails, and Juvenile Detention and Youth Correctional Facilities, and community providers with an agreement to provide services.

Post-Release Services will be provided by community providers with experience working with previously incarcerated individuals.

Targeted Case Managers are employed by or under contract with the same billing provider.

Each targeted case manager shall be required to meet the following minimum requirements:

Bachelor of Arts or Sciences degree in a behavioral science (including psychology, sociology, social work, family studies, human services, counseling, nursing or another human service degree program approved by the Department for Medicaid Services); and

- a. A minimum of one (1) year of full-time employment working directly with adolescents or adults in a human service setting after completion of educational requirements or a master's degree in a behavioral science, as defined above, may substitute for the one (1) year of experience;
- b. Successful completion of case management training approved by the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (KBHDID) within six (6) months of employment, and completion of recertification requirements approved by KBHDID every three (3) years; and
- c. Supervision by a behavioral health professional, who has completed case management training approved by KBHDID.

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State Plan under Title XIX of the Social Security Act  
State/Territory: Kentucky

**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

Freedom of choice (42 CFR 441.18(a)(1)):

☒ The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

☐ Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

**[Identify any limitations to be imposed on the providers and specify how these limitations enable providers to ensure that individuals within the target groups receive needed services below.]**

Click or tap here to enter text.

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**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

☒ The state assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plans.
- Delivery of TCM and the policies, procedures, and processes developed to support implementation of these provisions are built in consideration of the individuals release and will not effectuate a delay of an individual's release or lead to increased involvement in the juvenile and adult justice systems.

Payment (42 CFR 441.18(a)(4)):

☒ The state assures payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

☒ The state assures providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

☒ The state assures that case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

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**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

☐ State has additional limitations **[Specify any additional limitations.]**

Click or tap here to enter text.

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State/Territory: Kentucky

**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

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Post Release TCM Period beyond 30 day post release minimum requirement:

☒ State will provide TCM beyond the 30 day post release requirement. **[explain]:**  
When determined to be medically necessary.

Areas of State in which services will be provided (§1915(g)(1) of the Act):

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☒ Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management (TCM) services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services.

Targeted Case Management includes the following assistance:

- ❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include:
  - taking client history;
  - identifying the individual's needs and completing related documentation; and
  - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

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TN: 24-018  
Supersedes TN: NEW

Approval Date: 07/18/2025  
Effective Date: 01/01/2025



State Plan under Title XIX of the Social Security Act  
State/Territory: Kentucky

**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

The periodic reassessment is conducted every (check all that apply):

- ☐ 1 month
- ☒ 3 months
- ☐ 6 months
- ☐ 12 months
- ☐ Other frequency **[explain]:**

- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that:
  - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
  - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
  - identifies a course of action to respond to the assessed needs of the eligible individual;
- ❖ Referral and related activities, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including:
  - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
- ❖ Monitoring and follow-up activities are:  
activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:

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- services are being furnished in accordance with the individual's care plan;
- services in the care plan are adequate; and
- changes in the needs or status of the individual are reflected in the care plan.

Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

Frequency of additional monitoring:

Specify the type and frequency of monitoring (check all that apply)

- ☒ Telephonic. Frequency: Consist of a minimum of four (4) service contacts and may be a combination of telephone and face-to-face contacts with, or on behalf of, the individual. Additional monitoring may be provided, as needed, based on the needs of the individual.
- ☒ In-person. Frequency: Consist of a minimum of four (4) service contacts and may be a combination of telephone and face-to-face contacts with, or on behalf of, the individual. Additional monitoring may be provided, as needed, based on the needs of the individual.
- ☐ Other **[explain]**:
- ☒ Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. For instance, a case manager might also work with state children and youth agencies for children who are involved with the foster care system.  
(42 CFR 440.169(e))

☒ If another case manager is involved upon release or for case management after the 30-day post release mandatory service period, states should ensure a warm hand off to transition case management and support continuity of care of needed services that are documented in the person-centered care plan. A warm handoff should include a meeting between the eligible juvenile, and both the pre-release and post-release case manager. It also should include a review of the person-centered care plan and next steps to ensure continuity of case management and follow-up as the eligible juvenile transitions into the community.

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**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):  
**[Specify provider qualifications that are reasonably related to the population being served and the case management services furnished.]**

All providers must meet the requirements of 42 CFR 440.169, and must enroll in Kentucky's Medicaid program as required by CFR 455.410.

Reentry Organization Providers that provide pre-release services are the carceral facilities within Kentucky, including but not limited to, State Prisons, Local County Jails, and Juvenile Detention and Youth Correctional Facilities, and community providers with an agreement to provide services.

Post-Release Services will be provided by community providers with experience working with previously incarcerated individuals.

Targeted Case Managers are employed by or under contract with the same billing provider.

Each targeted case manager shall be required to meet the following minimum requirements:

Bachelor of Arts or Sciences degree in a behavioral science (including psychology, sociology, social work, family studies, human services, counseling, nursing or another human service degree program approved by the Department for Medicaid Services); and

- a. A minimum of one (1) year of full-time employment working directly with adolescents or adults in a human service setting after completion of educational requirements or a master's degree in a behavioral science, as defined above, may substitute for the one (1) year of experience;
- b. Successful completion of case management training approved by the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (KBHDID) within six (6) months of employment, and completion of recertification requirements approved by KBHDID every three (3) years; and
- c. Supervision by a behavioral health professional, who has completed case management training approved by KBHDID.

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**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

Freedom of choice (42 CFR 441.18(a)(1)):

☒ The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

☐ Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

**[Identify any limitations to be imposed on the providers and specify how these limitations enable providers to ensure that individuals within the target groups receive needed services below.]**

Click or tap here to enter text.

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Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

☒ The state assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plans.
- Delivery of TCM and the policies, procedures, and processes developed to support implementation of these provisions are built in consideration of the individuals release and will not effectuate a delay of an individual's release or lead to increased involvement in the juvenile and adult justice systems.

Payment (42 CFR 441.18(a)(4)):

☒ The state assures payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

☒ The state assures providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

☒ The state assures that case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

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Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

☐ State has additional limitations **[Specify any additional limitations.]**

Click or tap here to enter text.

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Supersedes TN: NEW

Approval Date: 07/18/2025  
Effective Date: 01/01/2025

**Mandatory Coverage for  
Eligible Juveniles who are  
Inmates of a Public Institution  
Post Adjudication of Charges**

**State/Territory:** Kentucky

General assurances. State must indicate compliance with all four items below with a check.

☒ In accordance with section 1902(a)(84)(D) of the Social Security Act, the state has an internal operational plan and, in accordance with such plan, provides for the following for eligible juveniles as defined in 1902(n) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution following adjudication:

☒ In the 30 days prior to release (or not later than one week, or as soon as practicable, after release from the public institution), and in coordination with the public institution, any screenings and diagnostic services which meet reasonable standards of medical and dental practice, as determined by the state, or as otherwise indicated as medically necessary, in accordance with the Early and Periodic Screening, Diagnostic, and Treatment requirements, including a behavioral health screening or diagnostic service.

☒ In the 30 days prior to release and for at least 30 days following release, targeted case management services, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible, under the Medicaid state plan (or waiver of such plan).

☒ The state acknowledges that a correctional institution is considered a public institution and may include prisons, jails, detention facilities, or other penal settings (e.g., boot camps or wilderness camps).

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Additional information provided (optional):

☐ No

☒ Yes [provide below]

The authority to provide for mandatory coverage for eligible juveniles who are inmates of a public institution post adjudication of charges will cease on December 31, 2026.

The state may determine that it is not feasible to provide the required services during the pre-release period in certain carceral facilities (e.g., identified local jails, youth correctional facilities, and state prisons) and/or certain circumstances (e.g. unexpected release or short-term stays). The state will maintain clear documentation in its internal operational plan regarding each facility and/or circumstances where the state determines that it is not feasible to provide for the required services during the pre-release period. This information is available to CMS upon request. Services will be provided post-release, including the mandatory 30-days of targeted case management, screening, and diagnostic services.

The state will maintain clear documentation in its internal operational plan indicating which carceral facility/ facilities are furnishing required services during the pre-release period but not enrolling in or billing Medicaid. This information is available to CMS upon request.

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TN: 24-018

Supersedes TN: NEW

Approval Date: 07/18/2025

Effective Date: 01/01/2025

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Payment Methodology for Targeted Case Management Services for Youth in the Custody of Carceral Facilities, Including State Prisons, Local County Jails, Prisons, and Juvenile Detention and Youth Correctional Facilities, thirty (30) Days Prior and at least 30 days Post Release, as determined to be medically necessary.

1. Targeted case management services for youth thirty (30) days prior to and at least thirty (30) days post release, as determined to be medically necessary, from a carceral setting, shall be provided to individuals who:
  - a) are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution following adjudication, and for at least 30 days following release.

#### Unit of Service

A unit of service in the pre-release period shall:

- a) Occur in a period up to thirty (30) days prior to release.
- b) Consist of a minimum of four (4) service contacts and may be either by telephone or face-to-face with, or on behalf of, the individual.

Payment will be limited to one (1) unit of service during the pre-release period.

A unit of service in the post-release period shall:

- a) Be at least thirty (30) days, as determined to be medically necessary.
- b) Consist of a minimum of four (4) service contacts and may be either by telephone or face-to-face with, or on behalf of, the individual.

#### Providers

The targeted case management services shall be performed by either a state agency during the pre-release period or a community provider during the post release period. Providers must be enrolled as a reentry organization provider.

#### Payments to Providers

- a) The reimbursement rate for providers is based on the Kentucky specific Medicaid fee-schedule, which can be found at <https://www.chfs.ky.gov/agencies/dms/Pages/feesrates.aspx>.
- b) Rates were determined based on salary and fringe benefit costs of a Bachelors-level practitioner, consistent with the minimum case manager qualifications for this service and adjusted for overhead costs. Assumptions regarding case load and hour per visit were applied to derive a monthly rate per visit which was adjusted for inflation. These rates are effective as of 1/1/2025.