

Note: These questions were asked during a public Stakeholder Advisory Forum in Owensboro, Kentucky on August 2, 2018

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1. What is the estimated number of individuals who will have a PATH Community Engagement requirement when Kentucky HEALTH begins?

The exact number of beneficiaries with a PATH Community Engagement requirement will change monthly as eligibility statuses change. Recent estimates suggest:

- Approximately 350,000 beneficiaries will be **required** to report PATH Community Engagement hours each month. Recipients of Kentucky HEALTH who are exempt from the PATH Community Engagement are pregnant women, children, former foster care youth up to age 26, Medically Frail individuals, full-time students, a primary caregiver of a child or disabled tax dependent, or residents of Paths 2 Promise counties.
- Approximately half of those beneficiaries (175,000) are **already meeting the PATH Community Engagement requirement** by working full-time (30+ hours) or already meeting SNAP or KTAP requirements. These individuals only need to report their employment or enrollment status once, unless their situation changes.
- Approximately 175,000 Kentuckians will have a **PATH Community Engagement requirement and will need to report activities to meet it**. These individuals need to log their activities in ***CitizenConnect.ky.gov*** to stay eligible for Kentucky HEALTH benefits.

If beneficiaries believe they should be exempt from the PATH Community Engagement requirement, they should check their status on benefind at benefind.ky.gov and report their situation.

2. Do you know which Managed Care Organizations (MCOs) will be sending automatic premium or copayment reimbursements and which will require that beneficiaries reach out for reimbursements for premiums?

As a part of joining Kentucky HEALTH, all Managed Care Organizations (MCOs) were required to put together a process for reimbursing beneficiary payments. All MCOs pledged to complete any reimbursement within 30 days.

All beneficiaries who paid premiums to MCOs before the June 29, 2018 legal decision should have received their reimbursement by now. If beneficiaries have not yet received a reimbursement, they need to request the reimbursement from their MCO.

To contact their MCO, beneficiaries can call the Customer Services phone number on their benefits card. Any communication the MCO sends to members will also include contact information. Finally, MCO contact information is available on each organization's website.

3. What was the criteria to determine the readiness of each Workforce area for the PATH Community Engagement requirement? What was the process for exempting certain counties from the PATH Community Engagement requirement?

All counties will be subject to the PATH Community Engagement requirement, with exception of the 8 Paths to Promise counties which are currently exempted. The PATH Community Engagement requirements will begin on a different date in each county, based on the county's readiness. For example, the PATH Community Engagement requirement will not start in Paths 2 Promise counties until the completion of the Paths 2 Promise study. To determine the readiness of each Workforce area for the PATH Community Engagement requirement, Kentucky HEALTH leadership worked with the 30 Kentucky Career Centers (KCCs) to complete the Kentucky HEALTH Release Readiness Assessment. This assessment of 25 questions considered four readiness criteria: infrastructure readiness, operational readiness, preparedness, and project goals and commitment.

- **Infrastructure readiness** questions assessed if each KCC had the necessary equipment to be successful, including sufficient and updated computers, scanners, and phones.
- **Operational readiness** questions assessed if the office could withstand the necessary increase in cases.
- **Preparedness** questions assessed if the staff had received the necessary training and experience to handle the incoming cases.
- **Project goals and commitment** questions assessed if the staff understood their role in Kentucky HEALTH.

4. How does the point system help determine if a beneficiary with a Substance Use Disorder is considered Medically Frail?

There are two Substance Use Disorder-related situations that **automatically** qualify someone as Medically Frail based on provider attestation:

- First, a beneficiary has had at least one inpatient or residential Substance Use Disorder (SUD) treatment episode, at least one Intensive Outpatient Program (IOP) service, **or** a partial hospitalization service for SUD treatment within the last 6 months.
- Second, a beneficiary has had at least one drug overdose requiring medical care within the last 6 months.

The Commonwealth has also developed a tool to determine if someone in Kentucky HEALTH may be considered Medically Frail. The tool assigns point values to certain qualifying situations or conditions. For example, participating in a voluntary Substance Use Disorder recovery program within the last 6 months counts as three points. To be considered Medically Frail due to a Substance Use Disorder, beneficiaries must have five points based on qualifying situations or conditions.

For now, if the beneficiary meets the Medically Frail criteria, the beneficiary will be considered Medically Frail for 12 months, starting when the Kentucky HEALTH program begins.

5. How many beneficiaries are currently identified as Medically Frail?

As of mid-August 2018, approximately 58,000 potential Kentucky HEALTH beneficiaries are considered Medically Frail. Beneficiaries who believe they should be considered Medically Frail should talk to their primary care provider about completing and submitting the [Medically Frail Attestation Form](#). Providers who want to learn more about the Medically Frail attestation process

should consult the [Medically Frail Attestation Guide](#). Both documents are available at KentuckyHEALTH.ky.gov.