



CABINET FOR HEALTH
AND FAMILY SERVICES

**Early and Periodic Screening, Diagnostic, &
Treatment (EPSDT)
and
School Based Services (SBS)**

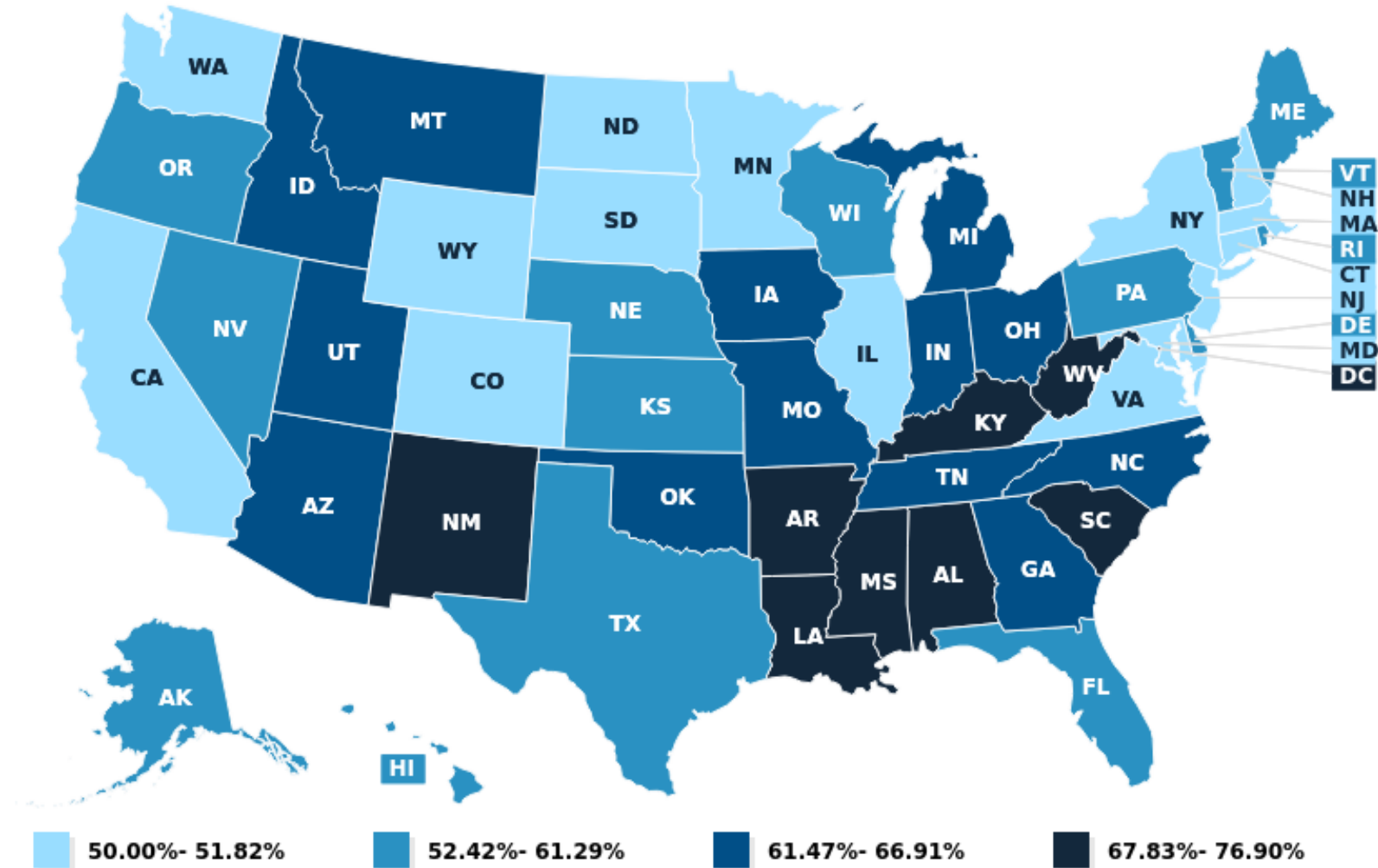
Medicaid

- Largest program that provides medical and health-related services to low-income individuals
- Governed by Title XIX of the Social Security Act
- Partnership between federal government and states
- Federal government sets broad guidelines:
 - Populations, Mandatory and Optional
 - Benefits, Mandatory and Optional
 - Guaranteed minimum of 50% match for qualified services
- State responsible for administering program and has some flexibility regarding:
 - Enrollment Eligibility
 - Covered Services
 - Provider Payment Methodology and Rate
 - Care Delivery

Kentucky Federal Medical Assistance Percentage (FMAP)

- Traditional Medicaid
 - Benefits: 71.48%
 - Administration – 50%
 - Personnel – 50%
 - Nurses – 75%
 - Information Technology
 - 90% for Design and development
 - 75% for Maintenance and Operations
- Expansion Population Benefits – 90%
- KCHIP Benefits and Administration – 80.04%
- Based on State's Per Capita Income
- States with Lower Per Capita Income Have Higher FMAP

Federal Medical Assistance Percentage (FMAP) for Medicaid and Multiplier: FMAP Percentage, FY 2026



SOURCE: KFF's State Health Facts.

Kentucky Medicaid at a Glance

Approximately 1.4 million members

Over 600,000 children – more than half of the children in Kentucky (includes KCHIP)

485,000 expansion members

Over 69,000 enrolled providers

\$18.5 billion in total SFY 2024 expenditures (Administrative and Benefits combined)

ORGANIZATIONAL STRUCTURE

OFFICE OF THE COMMISSIONER

Division of Quality & Population Health

Division of Program Integrity

Division of Long-Term Services & Supports

Division of Fiscal Management

Division of Health Care Policy

Division of Health Plan Oversight

Division of Information Systems

MEDICAID POPULATIONS

Aetna - plus SKY for foster population

Humana

Passport by Molina

United Healthcare

WellCare

Fee for Service (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

Managed Care Organization (MCO)

- **Predominantly children and adults other than elderly or individuals with disabilities**
- **Must cover all services outlined in Medicaid regulations and state plan**
- **Can negotiate rates with providers**
- **Flexibilities to deliver value-added services**
- **Some provide transportation to job interviews, educational classes or other services not covered under Medicaid NEMT**

Medicaid Spend by Provider Type SFY2024 – Top 20

Provider Type Description	Claim Count	Members Served	FFS Paid Amount	MCO Paid Amount	Total Paid Amount	% Paid out of Total
Hospital	3,906,400	987,335	\$274,275,628.14	\$3,539,748,410.44	\$3,814,024,038.58	26.47%
Pharmacy	26,018,007	1,196,417	\$127,032,826.76	\$2,919,016,302.28	\$3,046,049,129.04	21.14%
Nursing Facility	400,467	24,797	\$1,398,629,121.92	\$477,268.30	\$1,399,106,390.22	9.71%
Support for Community Living (SCL)	2,242,773	16,233	\$915,135,186.74	\$2,264,820.25	\$917,400,006.99	6.37%
Physician - Group	8,769,212	1,133,162	\$33,020,490.26	\$633,953,602.65	\$666,974,092.91	4.63%
Adult Day Care	1,907,837	16,661	\$582,529,984.27	\$0.00	\$582,529,984.27	4.04%
Primary Care Center/Federally Qualified Health Ctr	4,967,148	469,949	\$351,854,628.03	\$106,573,844.16	\$458,428,472.19	3.18%
Behavioral Health Service Organization (BHSO)	2,623,595	69,869	\$3,673,414.07	\$426,396,418.06	\$430,069,832.13	2.98%
Rural Health Clinic	5,317,533	467,868	\$289,800,402.19	\$124,545,015.42	\$414,345,417.61	2.88%
Behavioral Health Multi-Specialty Group	2,491,282	139,925	\$11,899,238.98	\$309,510,376.27	\$321,409,615.25	2.23%
MSEA Supplier	1,023,873	198,411	\$36,193,134.96	\$149,135,095.29	\$185,328,230.25	1.29%
ICF/IID	6,359	440	\$169,823,539.91	\$0.00	\$169,823,539.91	1.18%
Net (Capitation)	3,562,782	57,355	\$0.00	\$164,672,446.42	\$164,672,446.42	1.14%
Psychiatric Hospital	21,976	13,321	\$4,235,641.44	\$143,185,395.34	\$147,421,036.78	1.02%
Certified Nurse practitioner	2,474,910	683,710	\$7,032,890.67	\$132,494,973.40	\$139,527,864.07	0.97%
Community Mental Health Center	1,069,782	71,990	\$5,164,716.32	\$126,717,047.94	\$131,881,764.26	0.92%
Independent Laboratory	1,663,247	465,613	\$3,146,289.64	\$125,657,831.57	\$128,804,121.21	0.89%
Certified Community Behavioral Health Clinic	919,613	49,997	\$65,678,700.39	\$51,607,673.28	\$117,286,373.67	0.81%
Dental - Group	447,749	234,973	\$2,885,582.99	\$103,192,145.69	\$106,077,728.68	0.74%
Dentist - Individual	456,727	238,264	\$1,098,050.44	\$103,821,736.74	\$104,919,787.18	0.73%

Early and Periodic Screening, Diagnostic, & Treatment Services

Medicaid's comprehensive and preventive child health program for individuals under the age of 21 as specified in Section 1905(r) of the Social Security Act.

EPSDT guarantees health care resources are available and accessible and helps Medicaid recipients and their caregivers use them.

EPSDT Services

- As EPSDT suggests, services provided must be focused on the early detection of disease or abnormality.
- Immunizations must be appropriate for age and health history.
- Should referral services be necessary, covered by Medicaid or not, and meet all EPSDT special services requirement, they will be covered.

- **Early:** Assess and identify problems early. Prevention can help ensure the early identification, diagnosis, and treatment of conditions before they become more complex and costly to treat. Children should receive all recommended preventive services, and any medical treatment needed to promote healthy growth and development.
- **Periodic:** Have children's health checked at periodic, age-appropriate intervals by medical providers following a periodicity schedule, which shows the check-ups recommended at each age. Children and adolescents can also receive additional check-ups when a condition or problem is suspected.

- **Screening:** Provide physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems. All infants, children, and adolescents should receive regular well-child check-ups that include:
 - Comprehensive health and developmental history, including both physical and mental health development assessments
 - Physical exam
 - Age-appropriate immunizations
 - Vision and hearing tests
 - Dental exam
 - Laboratory tests, including blood lead level assessments at certain ages
 - Health education, including anticipatory guidance

- **Diagnostic:** Perform diagnostic tests to follow up after identifying a risk. This includes diagnosis of mental health, substance use, vision, hearing, and dental problems. Also, include any necessary referrals so that the child or adolescent receives all needed treatment.
- **Treatment:** Control, correct, or reduce health problems found. In general, states and territories must provide and pay for any treatment that is considered “medically necessary” for the child or adolescent. This includes treatment for any vision and hearing problems, including eyeglasses and hearing aids. For children’s oral health, coverage includes regular preventive dental care and treatment to relieve pain and infections, restore teeth, and maintain dental health. Some orthodontia is also covered.

	INFANCY								EARLY CHILDHOOD								MIDDLE CHILDHOOD						ADOLESCENCE										
AGE ¹	Prenatal ²	Newborn ³	3-5 d ⁴	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y	
HISTORY	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Initial/Interval																																	
MEASUREMENTS																																	
Length/Height and Weight		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Head Circumference		●	●	●	●	●	●	●	●	●	●	●																					
Weight for Length		●	●	●	●	●	●	●	●	●	●																						
Body Mass Index ⁵												●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Blood Pressure ⁶		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
SENSORY SCREENING																																	
Vision ⁷		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	★	●	★	●	★	★	●	★	★	★	★	★	★	★	★	
Hearing		● ⁸	● ⁹	→	★	★	★	★	★	★	★	★	★	★	★	●	●	★	●	★	●	●	←	● ¹⁰	→	←	●	→	←	→	●	→	
DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH																																	
Maternal Depression Screening ¹¹				●	●	●	●																										
Developmental Screening ¹²								●			●		●																				
Autism Spectrum Disorder Screening ¹³											●	●																					
Developmental Surveillance		●	●	●	●	●	●		●	●		●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Behavioral/Social/Emotional Screening ¹⁴		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Tobacco, Alcohol, or Drug Use Assessment ¹⁵																						★	★	★	★	★	★	★	★	★	★	★	
Depression and Suicide Risk Screening ¹⁶																							●	●	●	●	●	●	●	●	●	●	
PHYSICAL EXAMINATION¹⁷		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
PROCEDURES¹⁸																																	
Newborn Blood		● ¹⁹	● ²⁰	→																													
Newborn Bilirubin ²¹		●																															
Critical Congenital Heart Defect ²²		●																															
Immunization ²³		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Anemia ²⁴					★				●	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	
Lead ²⁵						★	★	● or ★ ²⁶	★		★	● or ★ ²⁶	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	
Tuberculosis ²⁷			★			★			★			★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	
Dyslipidemia ²⁸												★		★	★	★	★	★	★	←	●	→	★	★	★	★	★	★	←	→	●	→	
Sexually Transmitted Infections ²⁹																						★	★	★	★	★	★	★	★	★	★	★	
HIV ³⁰																						★	★	★	★	●	→	→	→	→	→	→	
Hepatitis B Virus Infection ³¹		★	→																													→	
Hepatitis C Virus Infection ³²																													●	→	→	→	
Sudden Cardiac Arrest/Death ³³																						★	→	→	→	→	→	→	→	→	→	→	
Cervical Dysplasia ³⁴																																●	
ORAL HEALTH³⁵							● ³⁶	● ³⁶	★		★	★	★	★	★	★	★																
Fluoride Varnish ³⁷							←	→			●	→				→																	
Fluoride Supplementation ³⁸							★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★						
ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	

Origin of EPSDT

- • 1962- Half of all men drafted into the military were rejected
 - • 1963- President Kennedy established Taskforce on Manpower Conservation
- • Taskforce found that 1/3 of young men turning 18 would be ineligible for service
- • About ½ ineligible due to medical reasons; the others because of failing mental test
 - • Taskforce recommended a nationwide program to ensure health, education, training of youth to become “effective and self-supporting citizens”.
- 1967- Legislation enacted; authorization and funding for EPSDT

EPSDT Covered Services

ANY MEDICAL SERVICE THAT IS AVAILABLE THROUGH MEDICAID IS AVAILABLE THROUGH EPSDT

- **EXAMPLES OF SERVICES INCLUDE:**
 - PHYSICIAN AND CLINIC SERVICES
 - INPATIENT AND OUTPATIENT HOSPITAL SERVICES
 - LABORATORY AND X-RAY SERVICES
 - HOME HEALTH SERVICES
 - PRIVATE DUTY NURSING
 - PERSONAL CARE SERVICES
 - CARE COORDINATION OR CASE MANAGEMENT SERVICES
 - PHYSICAL THERAPY
 - OCCUPATIONAL THERAPY
 - SPEECH THERAPY
 - DURABLE MEDICAL EQUIPMENT AND SUPPLIES
 - DENTAL SERVICES
 - RESPIRATORY CARE SERVICES
 - NURSING FACILITIES
 - PSYCHIATRIC HOSPITALS
 - NURSE PRACTITIONER SERVICES
 - PRESCRIBED PEDIATRIC EXTENDED CARE

EPSDT Covered Dental Services

Medicaid covers dental services for all enrolled children as part of the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. Among the services covered are:

- **PREVENTIVE SERVICES:**
 - Cleanings
 - Fluoride Treatments (fluoride varnish)
 - Sealants
 - Space Maintainers
- **DIAGNOSTIC SERVICES:**
 - Oral Health Screening
 - Dental Examination
 - Assessment of Tooth Decay Risk
 - X-rays
- **TREATMENT SERVICES:**
 - Anti-microbial Treatment
 - Fillings
 - Crowns/Caps
 - Root Canal
 - Periodontal Therapy
 - Dentures
 - Orthodontics
 - Oral Surgery
 - TMJ Treatment
 - Anesthesia

Special Services Treatment Services under EPSDT

***Early Periodic Screening Diagnosis
Treatment which require a review
and Prior Authorization***

Federal Guidance for States' EPSDT

- Health care must be made available for treatment or other measures to prevent, correct, improve, or ameliorate illnesses or conditions discovered by the screening service. All Medicaid coverable, **medically necessary**, services must be provided even if the service is not available under the State plan to other Medicaid members.
- All EPSDT Special Services requests must be prior authorized, meaning a review of the documented need submitted by a provider is required to make this determination.

Federal Guidance of EPSDT Coverage for States', cont'd

- Such other necessary health care, diagnostic services, treatment, and other measures described in Section 1905(a)(4)(b) –list of services to correct or ameliorate defects and
- Any treatment needed for physical and mental illnesses and conditions discovered by the screening services, whether such services are covered under the state plan or not.

Medical Necessity

- It is a reasonable, appropriate, and effective method for meeting the client's medical need.
- The expected use is in accordance with current medical standards or practices (clinical guidelines exist)
- It is cost effective; and
- It provides for a safe environment or situation for the client.
- The State Medicaid agency defines medical necessity criteria - there is no federal definition.

Medical Necessity is NOT

- Experimental or investigational
- To enhance the personal comfort of the client
- To provide convenience for the client or the client's caretaker
- To take the place of clinical guidelines or evidence-based medicine
- A single provider cannot write an order and override the lack of evidence-based medicine.

**Accessing These Services:

- Parents should collaborate with their prescribing provider or physicians' offices when a service might require a Prior Authorization
- The following website contains links to Prior Authorization forms to be used by the prescribers and sent to CAREWISE -
<https://www.chfs.ky.gov/agencies/dms/provider/Pages/epsdtservice.aspx>
- Questions may be submitted to email box: dms.epsdt@ky.gov

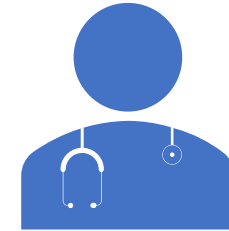
What Are School Based Health Services?



The School-Based Health Services (SBHS) program was first introduced in the late 1980's.



SBHS authorizes local education agencies (School Districts) in Kentucky to enroll as a Medicaid Health service provider (Provider Type 21)



The Medicaid SBHS program is designed specifically to allow school districts to act as health care providers and be reimbursed under Medicaid.

In November 2019, the Centers for Medicare and Medicaid Services (CMS) approved a State Plan Amendment from Kentucky which permitted expansion of school-based health services.

Expanded Access allows Local Education Agencies (LEAs or school districts) to bill Medicaid for eligible services provided to a Medicaid member without requiring the student to have an Individualized Education Plan (IEP).

Goals

- Increase student access to health services
 - Decrease administrative burden

Qualifying Criteria

- Medically necessary
- A covered service
- Provided by a credentialed practitioner
- Provided to a Medicaid member
- Offered to all students at no cost to the students

Parental Consent

- Parents may deny access for billing.
- Should they later wish to allow billing, a new consent form must be sent to the parent.
- This is a legally required document to offer services.
- Consent forms are not retroactive, and services performed must be after the signed consent date.

Parental Consent needs to only be obtained once unless:

- The child's custody arrangement changes
- A child moves foster homes; a consent must be obtained for each household
- The child leaves the district for any amount of time
- Should the child's arrangements not change, an annual notification only is required.

SHINE KY

- In July of 2024, the Centers for Medicare & Medicare Services (CMS) awarded 18 states with a total of \$50 million dollars in grants to assist in implementation, enhancement, and expansion of the use of school-based health services through Medicaid and the Children's Health Insurance Program (CHIP).
- Kentucky has been awarded \$2.5 million for enhancing health services in the school setting, including increasing access to and provision of behavioral health services.
- The project name is SHINE KY, an acronym for Strengthening Health Integration in Education for Kentucky.
- SHINE KY is a collaborative effort of the Department for Medicaid Services; Lieutenant Governor's Office; Department for Behavioral Health, Developmental and Intellectual Disabilities; Division of Family Resource Centers; and the Department of Education.
- SHINE KY is a 3-year project, commencing in July 2024.

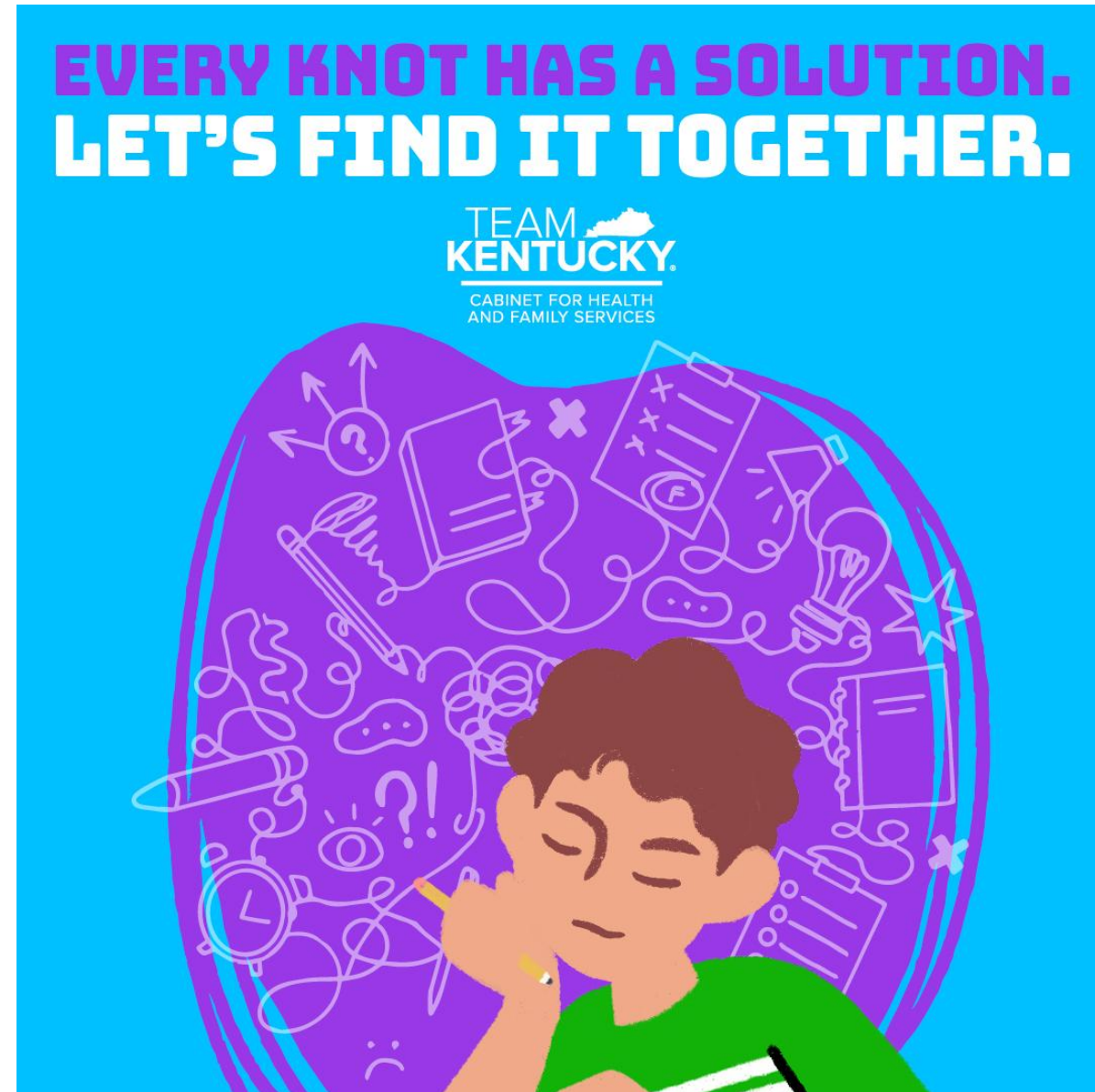
National Alliance on Mental Illness – NAMI



- 1 out of 6 U.S. youth aged 6-17 experience a mental health disorder each year.
- ½ of all mental health conditions begin by age 14.
- Children spend much of their productive time in educational settings,
- Schools offer a unique opportunity for early identification, prevention, and interventions that serve students where they already are.
- In 2019, 15% of adolescents aged 12-17 reported receiving mental health services at school.

In March of 2024, the Child & Maternal Health Branch, DMS' Communications Team, and the CHFS Secretary's Office collaborated to create a campaign centered on school-based mental health services.

The project initiated in Jefferson County Public Schools, with the goal of incremental statewide rollout as the capacity to provide these services increases within school districts.



SCHOOL-BASED MENTAL HEALTH

Campaign Creative



SCHOOL-BASED MENTAL HEALTH

GOAL

Raise awareness about the school-based mental health program.

HIGHLIGHTS

We've reached 377K+ consumers digitally and delivered 9.4M+ impressions.

- 53% of audio impressions and 27% of FB impressions have been delivered to Spanish parents as well, showing that our targeting strategy is effective.

Further, the campaign is earning fair engagement, with multiple tactics (display, CTV) meeting 2024 benchmarks so far.

We're pacing on track to exceed estimated impression goals.

TAKEAWAYS

We do not see anything that necessitates adjustments at this point.

MAGI Medicaid and KCHIP

The Kentucky Children's Health Insurance Program (KCHIP) is free health insurance for families without health insurance with an annual household gross income at or less than 218 percent of the federal poverty level for the following qualifications:

- Children under the age of 19
- Currently pregnant women
- Women within 1 year postpartum

Financial eligibility is determined using the MAGI methodology of taxable income minus specific deductions and then compared to the Federal Poverty Limit (FPL) for that individual's Eligibility Determination Group (EDG).

- Must also meet citizenship or qualified immigrant requirements.
- Resources are not considered.

KCHIP Income Limits

2025 Medicaid Table (April 2025 ongoing)										
Household Size	Baseline FPL		Eligible for MAGI Medicaid		Children (Under 19 Years Old) and Pregnant Women Eligible for Medicaid (Five Year Bar Does Not Apply for Lawfully Present Children or Pregnant Immigrants)					
	100%		138%*		147%*		200%*		218%**	
	Monthly	Yearly	Monthly	Yearly	Monthly	147%	Monthly	200%	Monthly	218%
1	1,305	15,660	1,800	21,600	1,918	23,016	2,609	31,308	2,844	34,128
2	1,763	21,156	2,433	29,196	2,591	31,092	3,525	42,300	3,843	46,116
3	2,221	26,652	3,065	36,780	3,265	39,180	4,442	53,304	4,842	58,104
4	2,680	32,160	3,698	44,376	3,939	47,268	5,359	64,308	5,841	70,092
5	3,138	37,656	4,330	51,960	4,613	55,356	6,275	75,300	6,840	82,080
6	3,596	43,152	4,963	59,556	5,286	63,432	7,192	86,304	7,839	94,068
7	4,055	48,660	5,595	67,140	5,960	71,520	8,109	97,308	8,839	106,068
8	4,513	54,156	6,228	74,736	6,634	79,608	9,025	108,300	9,838	118,056
Each Additional	459	5,508	633	7,596	674	8,088	917	11,004	1,000	12,000

Non-MAGI Medicaid for Children

- Medicaid for aged, blind, and disabled individuals.
- Individuals must meet certain technical requirements:
 - Provide or apply for a Social Security Number (SSN)
 - Be a Kentucky Resident
 - Agree to cooperate with Third Party Liability (TPL)
 - Determined blind or disabled by either the Social Security Administration (SSA) or Medical Review Team (MRT)
 - US Citizen or Qualified Immigrant
- Individuals must meet certain financial requirements:
 - Countable Income equal to or less than \$235 a month.
 - Countable resources equal to or less than \$2000 for a one-parent home or \$3000 for a two-parent home.
 - Liquid Assets (Checking/Savings account, CDs, cash on hand, etc.);
 - Life Insurance;
 - Annuities and Trusts;
 - Vehicles; and
 - Non-home property.

Non-MAGI Medicaid Eligibility

Income eligibility is \$235 a month and determined using the Non-MAGI methodology.

- All countable income belonging to the parent(s) and child are used to determine the disabled child's eligibility when they are considered living together
- Deductions allowed:
 - \$20 General Exclusion
 - \$65 and ½ the remainder from earned income of each parent
 - Parental
 - Ineligible Sibling Allocation.

2025 Parental allocations:

- Unearned income (or combination of earned and unearned income):
 - One Parent - \$987
 - Two parent - \$1,470
- Earned income:
 - One parent - \$2,019
 - Two parent - \$2,985

2025 Ineligible Sibling Allocation for each sibling under 18 residing in the home:

- \$484

Non-MAGI Medicaid Eligibility Example

Mary and John are married with two children, Chris and Catherine. Chris is disabled and currently on a waiver waiting list and not eligible for MAGI or KCHIP due to his John's income of \$7,400 a month.

- $\$7,400 - \$20 \text{ General Exclusion} = \$7,380$
- $(\$7,380 - \$65)/2 = \$3,657.50$
- $\$3657.50 - \$2985 \text{ (earned income parental allocation for 2 parents)} = \672.50
- $\$672.50 - \$484 \text{ (ineligible sibling allocation)} = \188.50
- $\$190 < \$235 = \text{Income Eligible.}$

How to Apply

Four ways:

- 1) Self-Service Portal (<https://kynect.ky.gov>) ;
- 2) Local DCBS Office;
- 3) DCBS Contact Center (855-306-8959);
- 4) Paper application (MAP-205 for Non-MAGI and KHBE-I10 and KHBE-I11 for MAGI).

Who can apply:

- ☐ Client;
- ☐ Spouse;
- ☐ Authorized Representative (requires form MAP-14);
- ☐ Legal Guardian/POA (requires documentation); or
- ☐ Statutory Payee.

In 1995, Dolly launched her Imagination Library in Sevier County, TN, where she was born and raised. Inspired by her own father's inability to read or write, she determined that there had to be a way to help children fall in love with books. The program sent free books to children from birth to age five and helped inspire a love of reading in the lives of the children in the mountains of her youth

KY DMS has decided to put more efforts into the awareness and utilization of the DPIL. You may visit imaginationlibrary.com to sign up for this program!



"YOU CAN NEVER GET ENOUGH
BOOKS
INTO THE HANDS
OF ENOUGH
CHILDREN"
Dolly



INSPIRE A LOVE OF READING

Enroll your child in Dolly Parton's Imagination Library and get a **FREE BOOK** every month until their 5th birthday.

“ Our daughter **LOVES READING** and being read to, and the **VARIETY** she receives from the Imagination Library is a **SIGNIFICANT** part of this ”

Dolly Parton's Imagination Library is dedicated to inspiring a love of reading by gifting books free of charge to children from birth to age five, through funding shared by Dolly Parton and local community partners in the United States, United Kingdom, Canada, Australia and Republic of Ireland.

TEAM KENTUCKY.
CABINET FOR HEALTH AND FAMILY SERVICES

IMAGINATIONLIBRARY.COM



School Based Services Reimbursement

Three Programs:

- Billing Agent
- SBAC – School-Based Administrative Claiming
- Cost Reporting Cost Settlement

Parental consent is required

Schools cannot bill legally if they don't have it

Billing Agent

An entity that offers claims submission services to providers/An entity that has an agreement with a provider to submit Medicaid claims on behalf of the provider.

Billing Agents enters claims into their system after verified released to Gainwell.

Billing Agents in Ky.

- Infohandler
- Public Consulting Group (**PCG**)
- Sivic Solution Group (**SSG**)

SBAC

(School-Based Administrative Claiming)

Program offers reimbursement for the costs of administrative activities, such as outreach, that support the Medicaid program.

1. KDE contracts with PCG.



2. PCG use their data to do the Random Moments Time Study (Data collected from Infinite Campus)



3. Independent School data receives report from DMS

*****To participate in SBAC LEA's must participate in cost settlement.*****

Cost Reporting Cost Settlement

Compare FFS (Fee-For-Service) “interim” payments received throughout the year to actual costs collected on the Cost Report.

Checks and Balance

- Schools under paid, will receive the difference.
- Schools over paid, school will repay the overage.

Basic Requirements for Billing:

1. Child must have Medicaid
2. Child must have a current evaluation
3. Child must have a reimbursable service listed in the IEP and/or the service must be medically necessary
4. Practitioner must not be paid 100% federally funded
5. If they are split funded, only claim the non-federal portion
6. Parental Consent

Current Billing Models Used Within KY Districts

- Schools hire staff and bill for their services

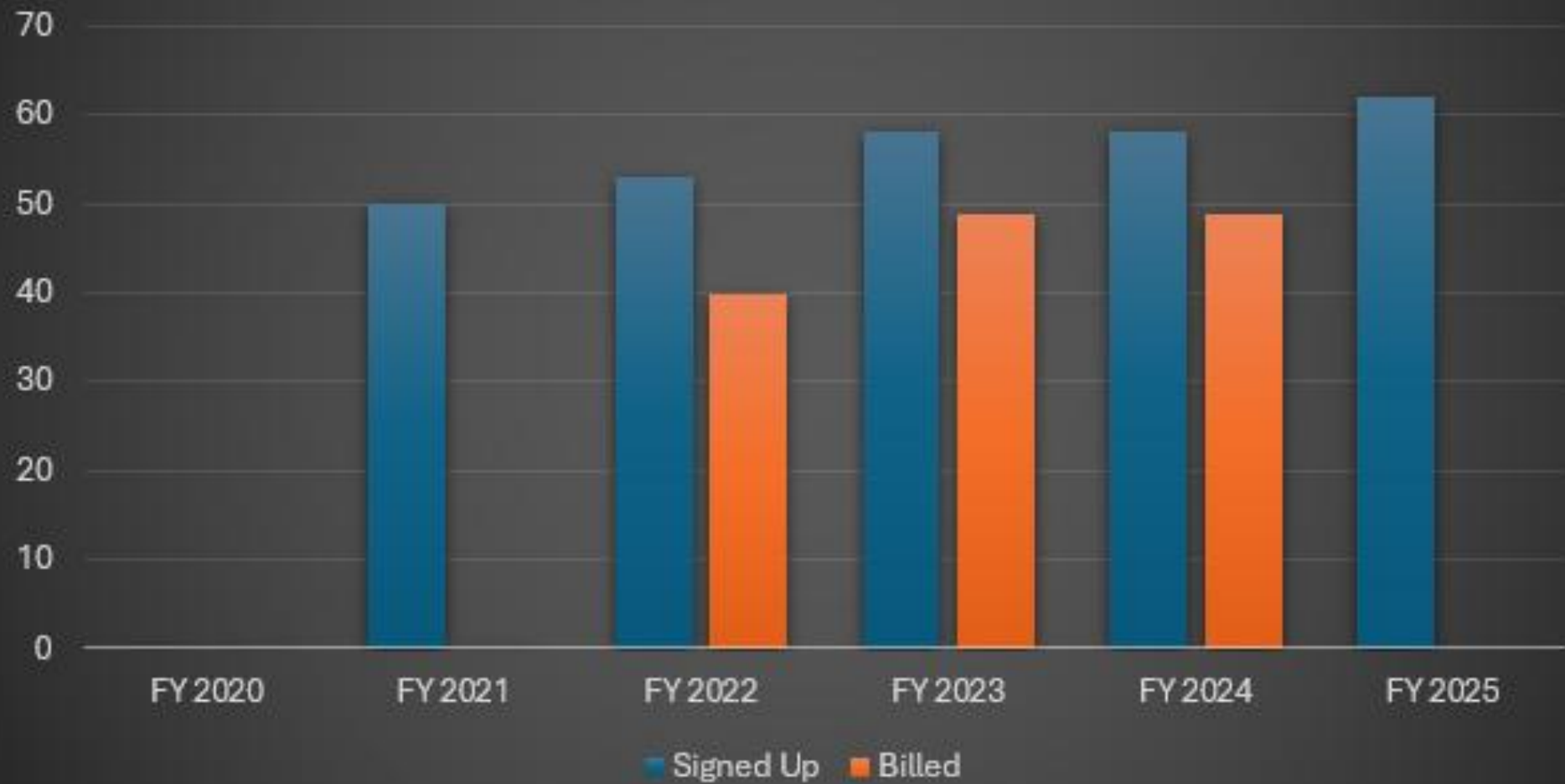
OR

- Schools contract with providers and those providers bill for their own services

OR

- Schools contract with providers and the school bills for services

Growth of Expanded Access/Free Care



	FY 2020 (2019 – 2020)	FY 2021 (2020 – 2021)	FY 2022 (2021 – 2022)	FY 2023 (2022 – 2023)	FY 2024 (2023 – 2024)	FY 2025 (2024 – 2025)
School Districts	171	171	171	169	171	171
School-Based Services	161	161	161	163	163	163
Not participating or have not been approved	10	10	10	6	8	8
Expanded Access/Free Care	Didn't track	50	53	58	58	62
School Districts billed			40	49	49	No record yet

Thank you

Contacts:

Annette Newsome, SBS Coordinator, Medicaid/Medicare Specialist II
Annette.newsome@ky.gov

Justin Shaw, Maternal and Child Health Branch Manager
Justin.shaw@ky.gov

Erica Jones, Health Care Policy Division, Assistant Director II
Erica.jones@ky.gov