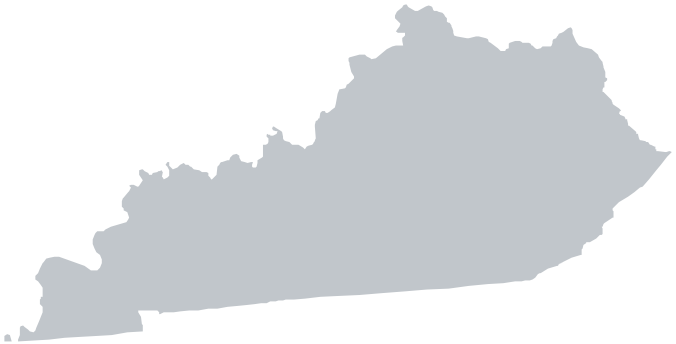
OPEN MINDS

Kentucky Health & Human Services System Market Profile: 2025

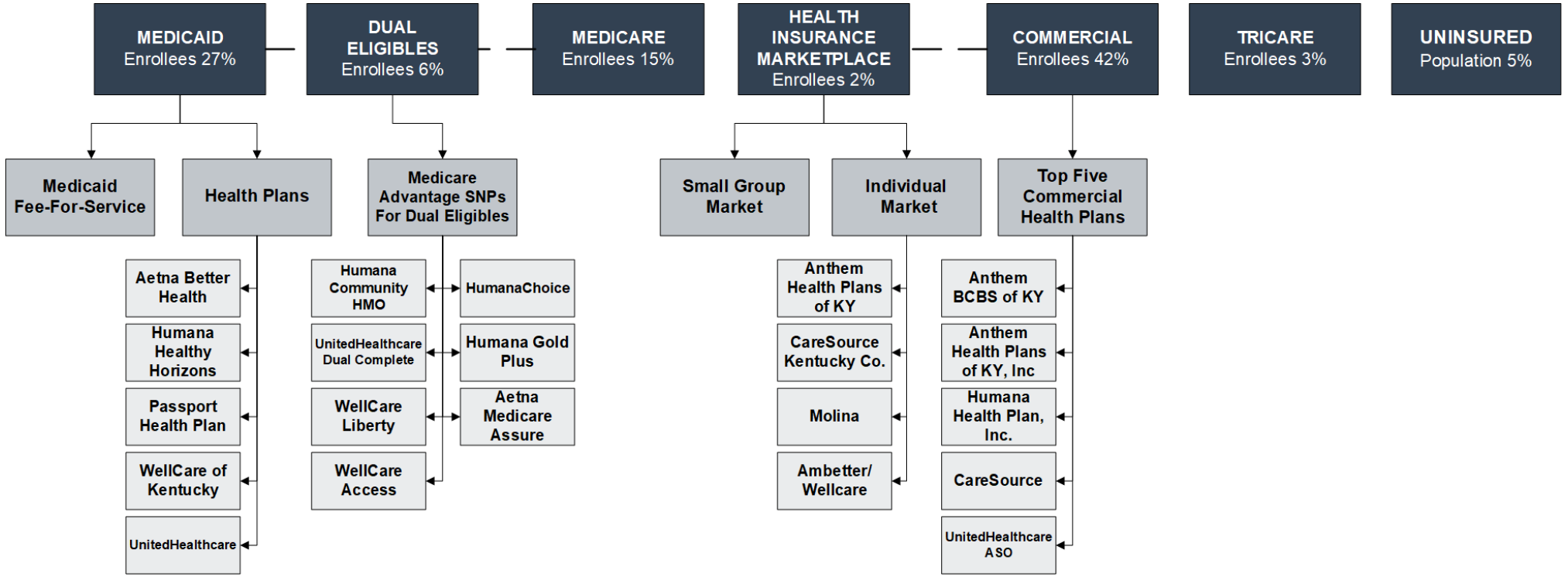


Health & Human Services Market Profile Overview

A. Executive Summary

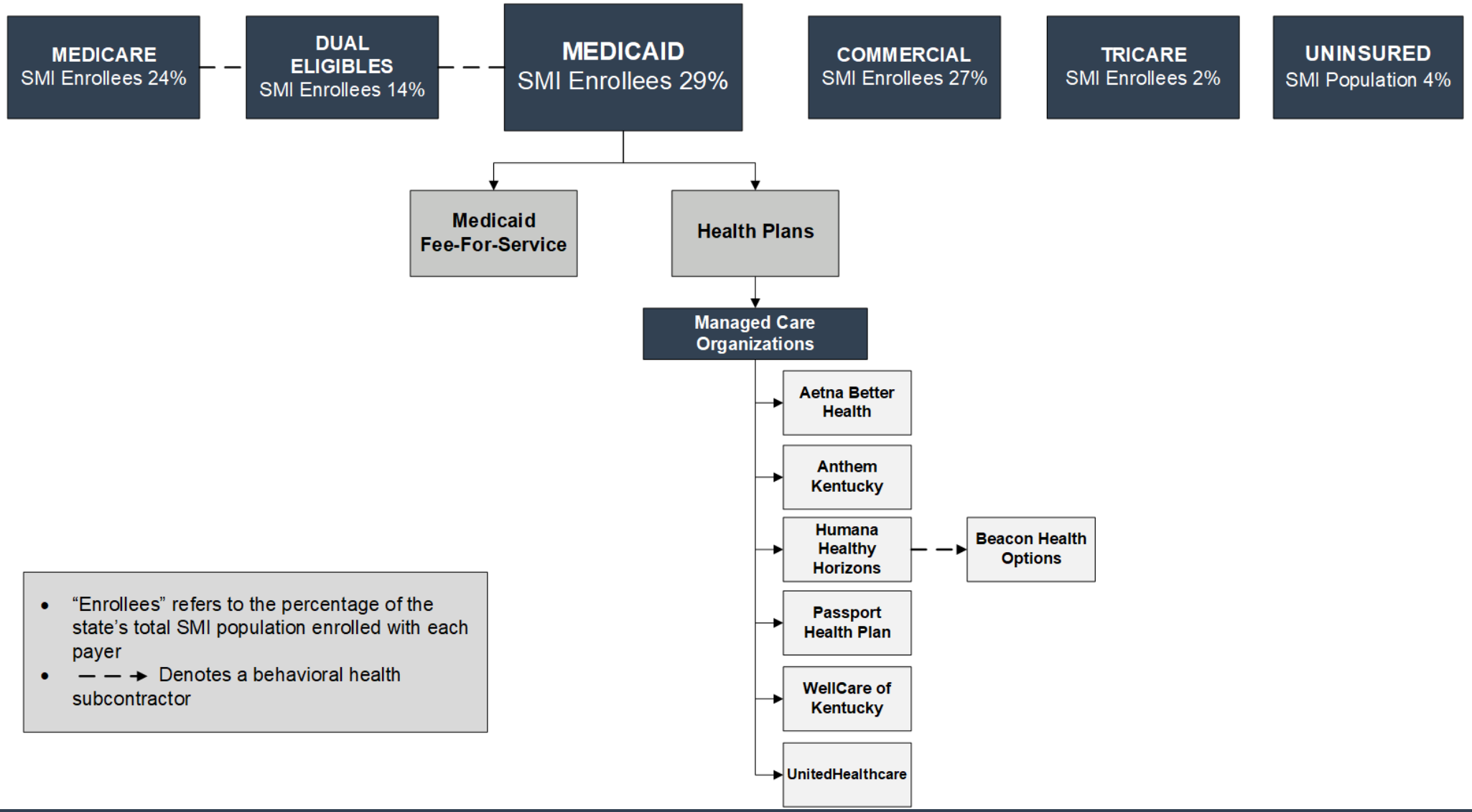
A.1. Kentucky Physical Health Care Coverage by Payer

Total Kentucky Population- 4,512,310
Estimated SMI Population- 360,985



"Enrollees" refers to the percentage of the state's total population enrolled with each payer.

A.1. Kentucky Behavioral Health Care Coverage by Payer



A.2. Health and Human Services Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	**Active Program**	**Description**
Managed Care Health Plan	✓	The state requires the health plans to provide care coordination.
Primary Care Case Management (PCCM)		None
Accountable Care Organization (ACO) Program		None
Affordable Care Act (ACA) Model Health Home		None
Patient-Centered Medical Home (PCMH)		None
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)		None
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	The state operates 7 CCBHCs under federal grants.

A.3. Health Care Safety-Net Delivery System

State Agencies Responsible For Uninsured Citizens & Delivery System Model

Physical Health Services

- The Health Care Access Branch within the Department for Public Health within the Kentucky Cabinet for Health and Family Services administers programs that provide physical health services to the safety-net population.

Mental Health Services

- The Department for Behavioral Health, Developmental and Intellectual Disabilities, provides services to the uninsured population through 14 community mental health centers (CMHCs).

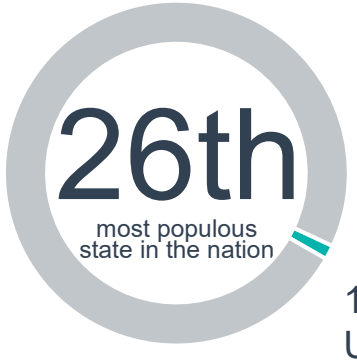
Addiction Treatment Services

- The Department for Behavioral Health, Developmental and Intellectual Disabilities, provides services to the uninsured population through 14 community mental health centers (CMHCs).

B. Kentucky Health Financing System Overview

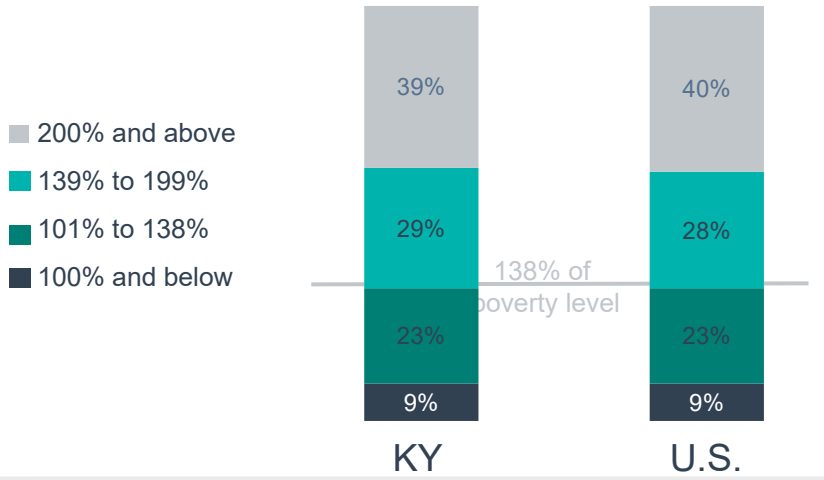
B.1. Population Demographics

Total Kentucky Population- 4,526,154
Estimated SMI Population- 271,569



1% of the
U.S. population

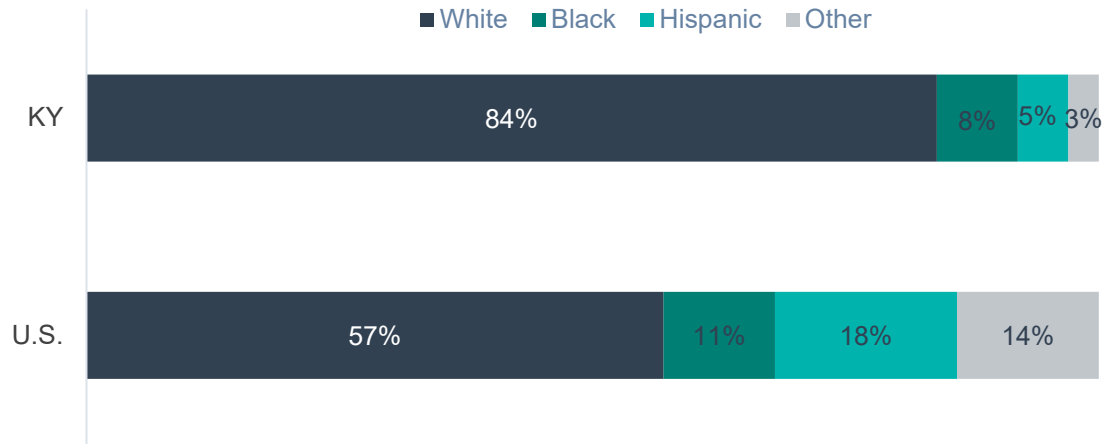
Population Distribution By Income To Poverty Threshold Ratio



Median Household Income	
KY	$61,118
U.S.	$77,719

Population Distribution By Age

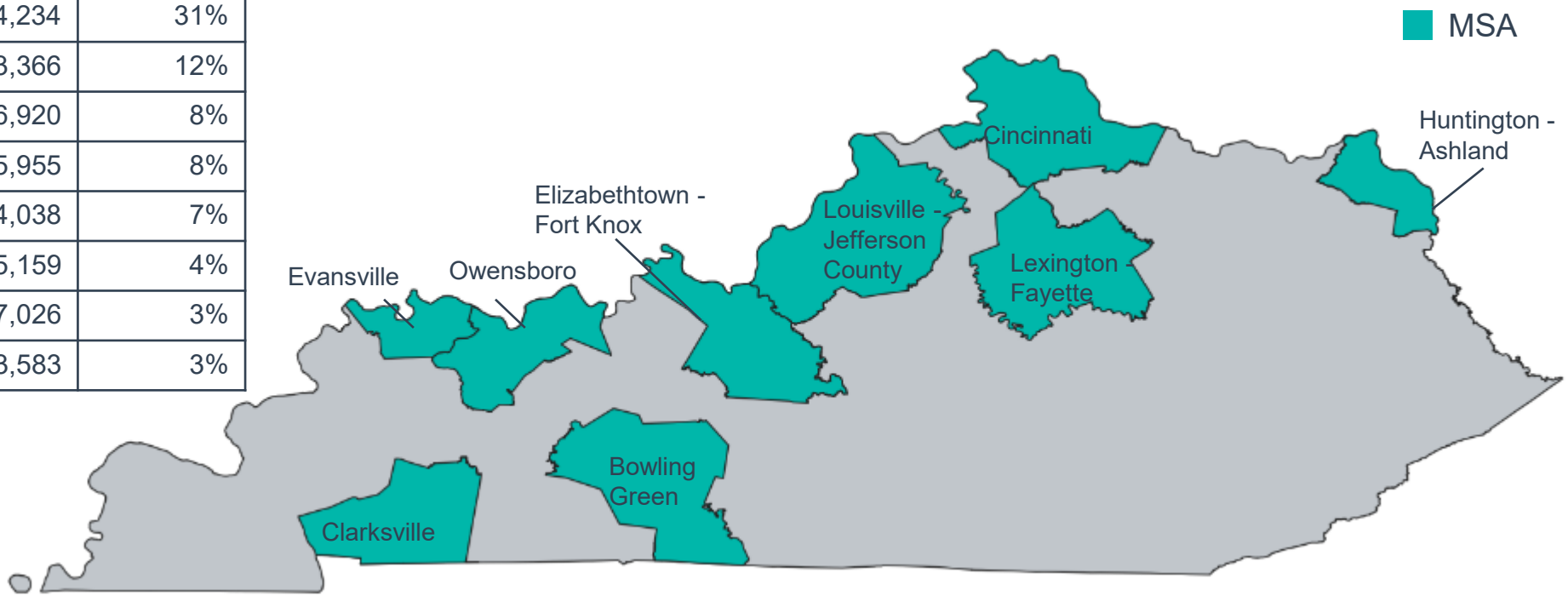
Kentucky & U.S. Racial Composition



Totals may not equal 100% due to rounding

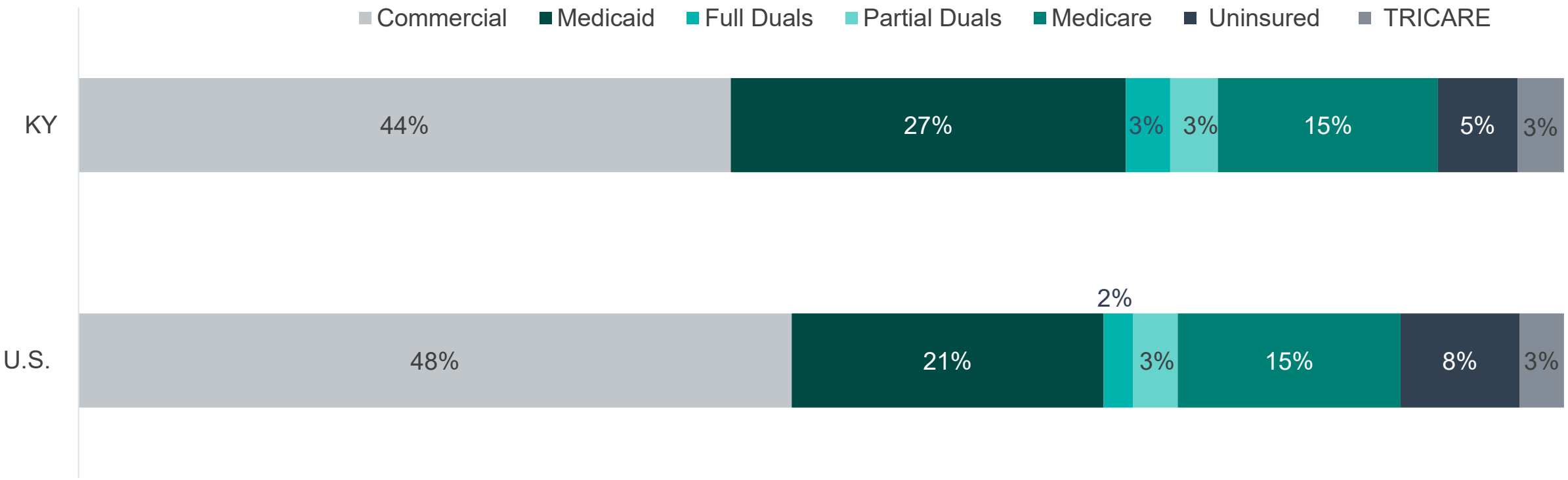
B.2. Population Centers

Metropolitan Statistical Areas (MSAs)		
MSA	**MSA Residents***	**Percent Of Population**
Total MSA Population	**5,723,096**	**N/A**
Cincinnati, OH-KY-IN	2,302,815	51%
Louisville-Jefferson County, KY-IN	1,394,234	31%
Lexington-Fayette, KY	533,366	12%
Huntington-Ashland, WV-KY-OH	366,920	8%
Clarksville, TN-KY	345,955	8%
Evansville, IN-KY	314,038	7%
Bowling Green, KY	195,159	4%
Elizabethtown-Fort Knox, KY	157,026	3%
Owensboro, KY	113,583	3%

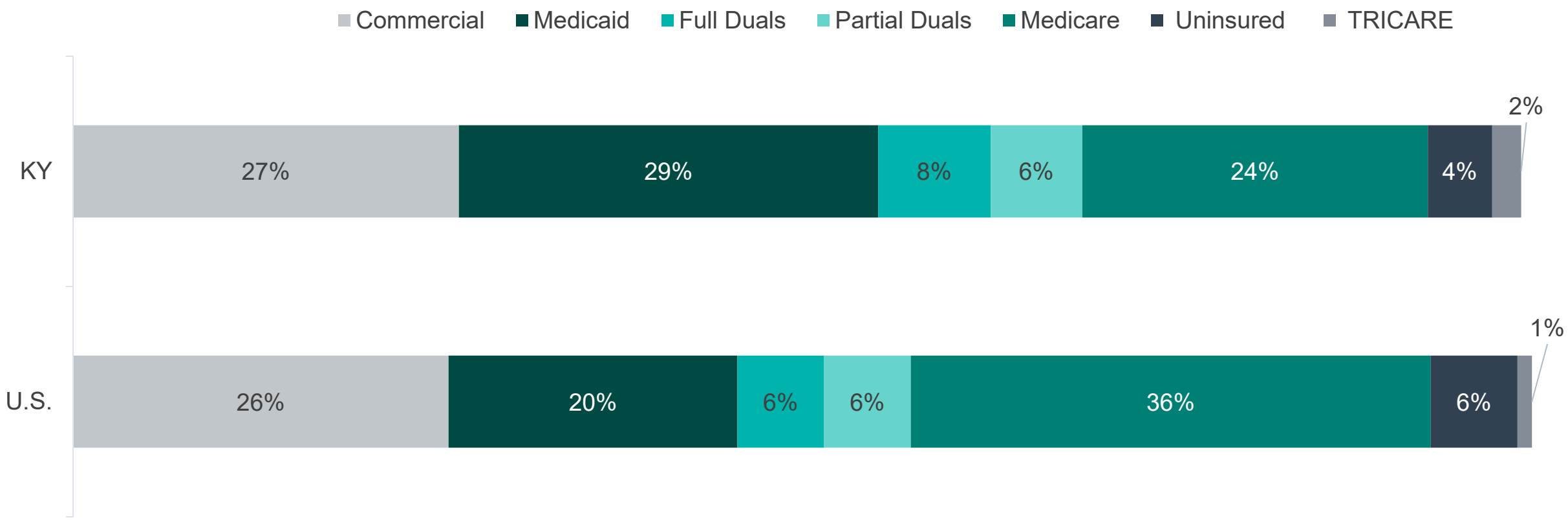


*MSA total exceeds state population due to MSA crossing state lines.

B.3. Population Distribution By Payer: National vs. State



B.3. SMI Population Distribution By Payer: National vs. State



Totals may not equal 100% due to rounding

B.4. Largest Kentucky Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
Anthem Blue Cross Blue Shield in Kentucky	Commercial	1,500,373
Anthem Health Plans of Kentucky Inc	Commercial	1,419,769
Medicare Fee-for-service (FFS)	Medicare	455,485
WellCare of Kentucky	Medicaid managed care	411,036
Passport Health Plan	Medicaid managed care	278,094
Aetna Better Health of Kentucky	Medicaid managed care	226,543
Humana-CareSource	Medicaid managed care	216,799
Humana Health Plan	Commercial	205,186
UnitedHealthcare Community Plan of Kentucky	Medicaid managed care	157,808
Medicaid FFS	Medicaid	150,687

*Medicaid enrollment as of June 2025; TRICARE as of December 2023 Commercial as of October 2023; Medicare enrollment as of May 2024

B.4. Largest Kentucky Health Plans By Estimated SMI Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Anthem Blue Cross and Blue Shield in Kentucky	Commercial	1,500,373	73,518
Anthem Health Plans of Kentucky Inc	Commercial	1,419,769	69,569
Medicare FFS	Medicare	455,485	59,213
WellCare of Kentucky	Medicaid managed care	411,036	36,171
Passport Health Plan	Medicaid managed care	278,094	24,472
Aetna Better Health of Kentucky	Medicaid managed care	226,543	19,936
Humana-CareSource	Medicaid managed care	216,799	19,078
Compcare Health Services Insurance Corp	Medicare Advantage	115,071	14,959
UnitedHealthcare Community Plan	Medicaid managed care	157,808	13,887
Medicaid FFS	Medicaid	150,687	13,260

*Medicaid enrollment as of June 2025; TRICARE as of December 2023 Commercial as of October 2023; Medicare enrollment as of May 2024

B.5. Health Insurance Marketplace

Health Insurance Marketplace	
Health Insurance Market Place Percentage	2%
Type of Marketplace	State-based
Individual Enrollment Contact	https://www.healthcare.gov/
	1-800-318-2596
Small Business Enrollment Contact	No small group plans are available through the marketplace. Employers must purchase coverage directly from an insurance carrier or through an insurance broker.

2025 Individual Market Health Plans
1. Anthem 2. CareSource 3. Molina 4. Ambetter/Wellcare

2025 Small Group Market Health Plans
None

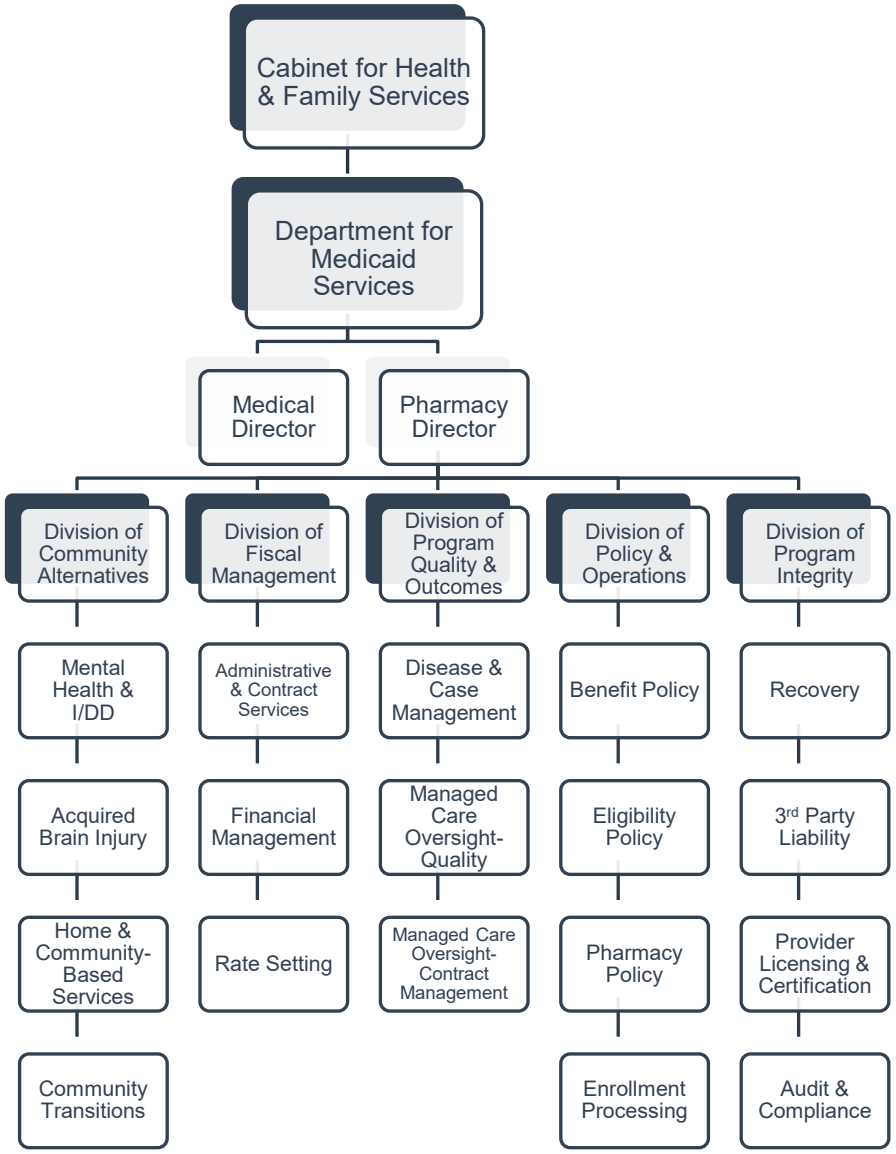
B.6. Accountable Care Organizations

Commercial Model ACO	
ACO	**Parent Company**
Norton Healthcare	Humana

Medicare Shared Savings ACOs	
1. AdvantagePoint Health Alliance - Bluegrass, LLC	1. Main Street Rural Health Hawthorn ACO LLC
2. Agilon Health Kentucky ACO, Inc	2. Main Street Rural Health Juniper ACO LLC
3. Ascension Care Management	3. Main Street Rural Health Magnolia ACO LLC
4. Baptist Health Care Partners, LLC	4. Main Street Rural Health Maple ACO LLC
5. CHI Saint Joseph Health Partners	5. Mercy Health Select, LLC
6. CHSPSC ACO 15, LLC	6. Aledade 93 National MSSP Enhanced
7. Connected Care of West Tennessee, LLC	7. Southern Kentucky Health Care Alliance
8. Health Choice Community Partners, LLC	8. The Accountable Care Organization, Ltd
9. Healthcare Solutions Network	9. The Rural Advantage LLC
10. IHCI ACO LLC	10. Aledade 37n VA MSSP Enhanced
11. Imperium Clinical Partners	
12. Main Street Rural Health Dogwood ACO LLC	

C. Medicaid Administration, Governance & Operations

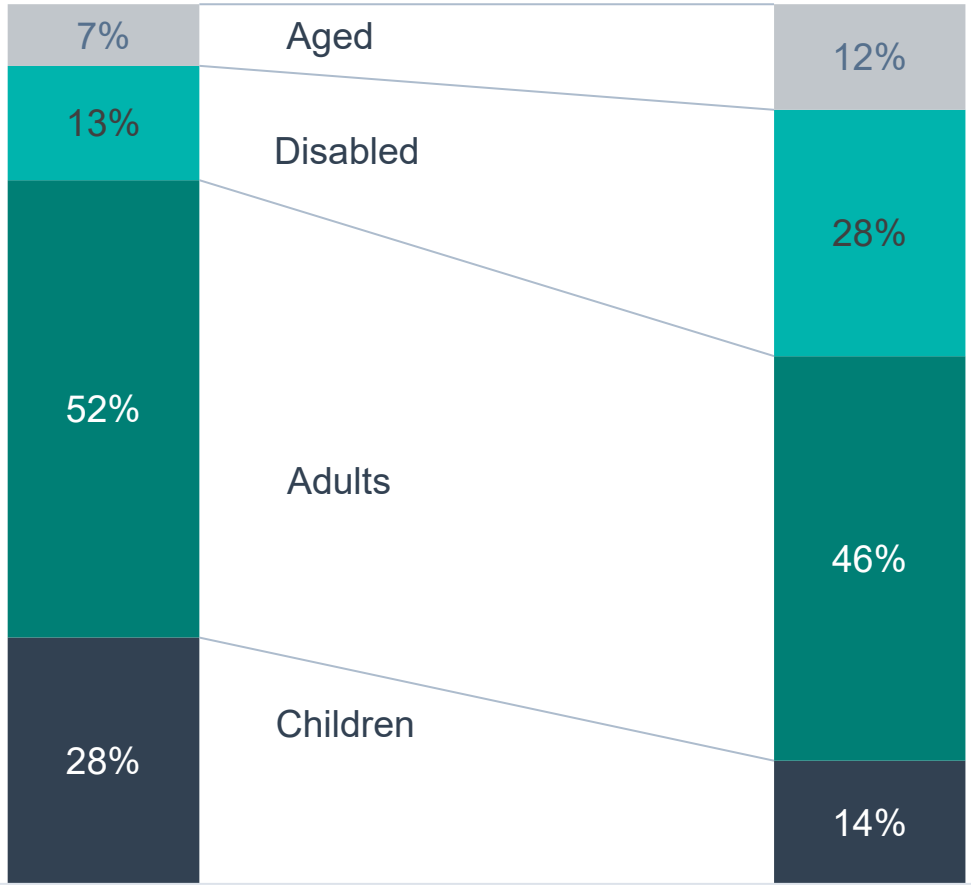
C.1. Medicaid Governance: Organizational Chart



C.1. Medicaid Governance: Key Leadership

Name	Position	Department	Email
Steven Stack, MD	Secretary	Cabinet for Health and Family Services	steven.stack@ky.gov
Lisa Lee	Commissioner, State Medicaid Director	Department for Medicaid Services	lisa.lee@ky.gov
Veronica Cecil	Deputy Commissioner	Department for Medicaid Services	veronica.cecil@ky.gov

C.2. Medicaid Program Spending By Eligibility Group



Medicaid Spending Per Enrollee, FY 2022		
	U.S.	KY
All populations	$8,813	$9,077
Children	$3,786	$4,543
Adults	$5,443	$7,844
Expansion adults	$7,569	$8,092
Blind and disabled	$25,483	$19,402
Aged	$19,191	$15,540

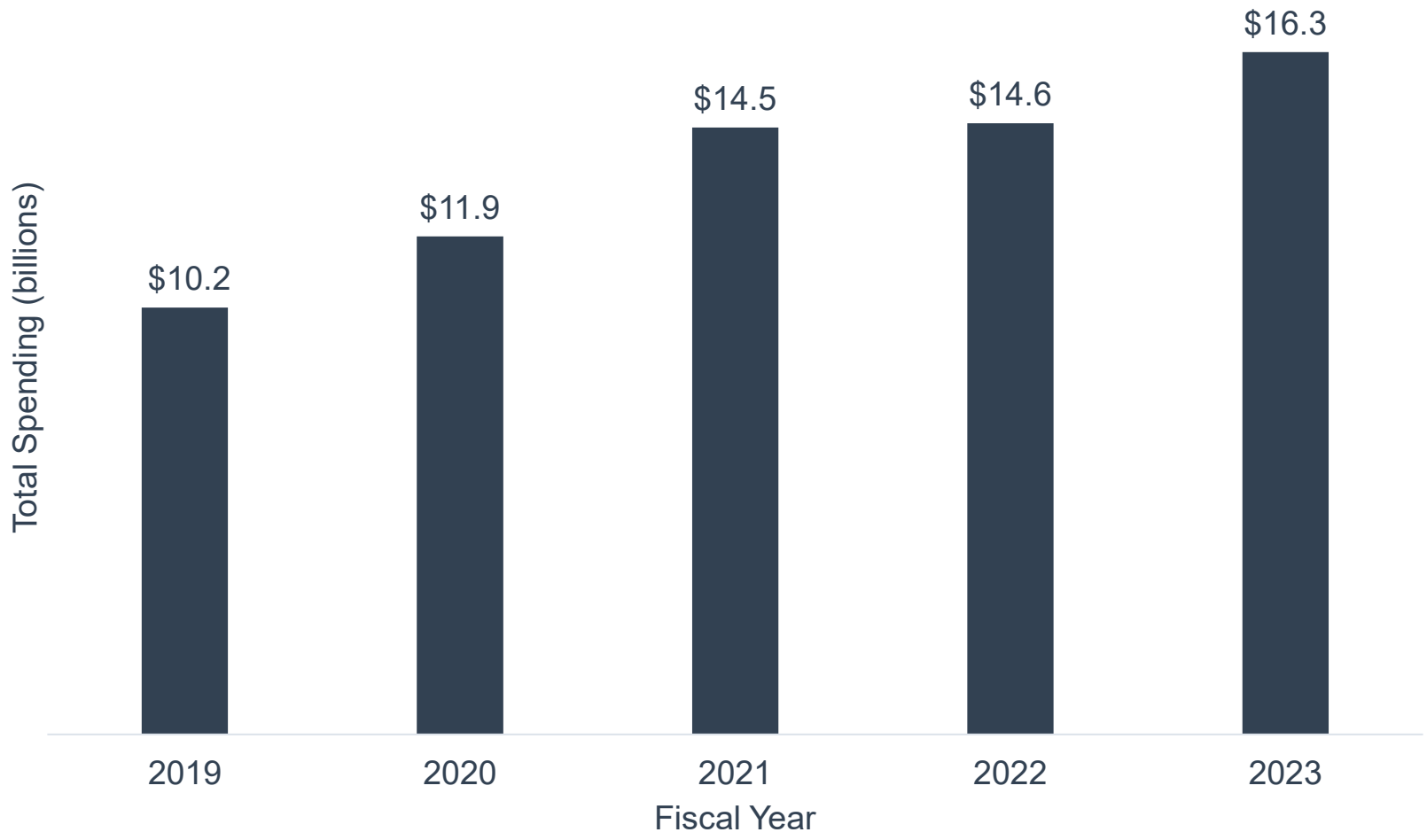
Based on FY 2022 data

C.2. Medicaid Program Spending: Budget

Budget Item	SFY 23 Spending	Percent Of Budget
Managed care and premium assistance	$11,612,000,000	71%
Home- and community-based LTSS	$1,559,000,000	10%
Institutional LTSS	$1,534,000,000	9%
Other acute	$534,000,000	3%
Clinic and health center	$406,000,000	2%
Medicare premiums and coinsurance	$337,000,000	2%
Hospital	$227,000,000	1%
Drugs	$57,000,000	<1%
Physician	$39,000,000	<1%
Other practitioner	$12,000,000	<1%
Dental	$3,000,000	<1%
Budget Total: $16,320,000,000		

Federal & County Financial Participation	
FY 2025 Federal Medical Assistance Percentage (FMAP)	71.5%
CY 2025 Newly Eligible FMAP (expansion population)	88%
Counties contribute to state Medicaid share	No

C.2. Medicaid Program Spending: Change Over Time



C.3. Medicaid Expansion Status

Medicaid Expansion	
Participating In Expansion	Yes
Date Of Expansion	January 2014
Medicaid Eligibility Income Limit For Able-Bodied Adults	133% of the federal poverty level (FPL) Note: The Patient Protection and Affordable Care Act of 2010 (PPACA) requires that 5% of income be disregarded in eligibility determination.
Legislation Used To Expand Medicaid	None. Medicaid expansion was authorized by the governor in 2013 through an executive order.
Number Of Individuals Enrolled In The Expansion Group (June 2025)	488,080
Number Of Enrollees Newly Eligible Due To Expansion	488,080
Benefits Plan For Expansion Population	• Currently, the Kentucky alternative benefit plan (ABP) is identical to the state plan. The state plans to submit a revised ABP so that the state that does not include dental, vision, or over-the-counter medications. • Medically frail individuals must be offered the full array of state plan services. • Individuals with SMI or chronic addiction are medically frail.

C.4. Medicaid Program Benefits

Federally Mandated Benefits

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Outpatient hospital services
3. Rural Health Clinic services
4. Federally Qualified Health Center (FQHC) services
5. Laboratory and x-ray services
6. Nursing facilities for individuals age 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies
9. Free standing birth centers
10. Pregnancy-related and postpartum services
11. Nurse midwife services
12. Tobacco cessation programs for pregnant women
13. Physician services
14. Medical and surgical services of a dentist
15. Home health services
16. Nurse practitioner services
17. Non-emergency transportation to medical care

Kentucky's Optional Benefits

1. Podiatry services
2. Chiropractic services
3. Other practitioner services
4. Private duty nursing
5. Home health services
6. Clinic services
7. Dental services
8. Physical and occupational therapy
9. Services for individuals with speech, hearing, and language disorders
10. Prescribed drugs
11. Prosthetics and eyeglasses
12. Diagnostic, screening, and preventive services
13. Rehabilitative services
14. Services for individuals ages 65 or older in IMDs
15. Services in an ICF/IDD
16. Inpatient psychiatric facilities for individuals under age 22
17. Hospice care

D. Medicaid Financing & Service Delivery System

D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics		
Characteristics	**Medicaid Fee-For-Service (FFS)**	**Medicaid Managed Care**
Enrollment (June 2025)	150,687	1,290,280
SMI Enrollment	• Kentucky does not specifically preclude individuals with SMI from enrolling in managed care; therefore, the majority of the SMI population is enrolled in managed care. • *OPEN MINDS* estimates 10% of the SMI population in FFS, 90% in managed care.	
Management	Department of Medicaid Services	Five health plans
Payment Model	FFS	Capitated rate
Geographic Service Area	Statewide	Statewide

Total Medicaid: 1,440,967 | Total Medicaid With SMI: 126,805

D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment	
Total Medicaid population distribution	As of June 2025: 10% in fee-for-service (FFS), 90% in managed care.
SMI population inclusion in managed care	• Kentucky does not specifically preclude individuals with SMI from enrolling in managed care; therefore, most of the SMI population is enrolled in managed care. • Estimated 10% of population in FFS, 90% in managed care
Dual eligible population inclusion in managed care	• Managed care is mandatory for dual eligibles receiving long-term services and supports (LTSS). • Estimated 10% of population in FFS, 90% in managed care

Medicaid Financing & Risk Arrangements: Behavioral Health		
Service Type	**FFS Population**	**Managed Care Population**
Traditional behavioral health	Covered FFS by the state	Included in the health plan's capitation rate
Specialty behavioral health	Covered FFS by the state	Included in the health plan's capitation rate
Pharmaceuticals	Covered FFS by the state	Included in the health plan's capitation rate
Long-term services and supports (LTSS)	Covered FFS by the state	Covered FFS by the state

D.1. Medicaid Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	**Active Program**	**Description**
Managed Care Health Plan	✓	The state requires the health plans to provide care coordination.
Primary Care Case Management (PCCM)		None
Accountable Care Organization (ACO) Program		None
Affordable Care Act (ACA) Model Health Home		None
Patient-Centered Medical Home (PCMH)		None
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)		None
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	The state operates 7 CCBHC under federal grants.

D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Parents and caretakers			✓
Children			✓
Blind and disabled individuals			✓
Aged individuals			✓
Dual eligibles	✓ (partial benefit)		✓ (full benefit)
Medicaid expansion			✓
Individuals residing in nursing homes	✓		
Individuals residing in ICF/IDD	✓		
Individuals in foster care			✓
Other populations	• Enrolled in another managed care program • Participate in state's home- and community-based services (HCBS) waivers • Recipients in the Breast and Cervical Cancer program • Individuals on spenddown • Working disabled • Time limited aliens		Adults between the ages of 19 and 26 who were receiving Medicaid benefits as children.

D.1. Medicaid Financing & Service Delivery System: Kentucky Integrated Health Insurance Premium Payment (KI-HIPP)

- The Kentucky Finance and Administration Cabinet announced a new program to assist individual enrolled in Medicaid with costs associated with health care. The Kentucky Integrated Health Insurance Premium Payment (KI-HIPP) started in June 2025.
- Individuals qualify for KI-HIPP if a member of their household is eligible for Medicaid and have access to health care that is considered cost-effective and comprehensive through employment.
- When an individual enrolls in the program, their share of the insurance program will be distributed to them.
- This program will allow individuals in the KI-HIPP program to have the same health plan for their entire family.
- Individuals enrolled in the program must submit proof of premium payment when notified.
  - Some individuals may be required to submit additional proof of payment.

D.2. Medicaid FFS Program: Overview

- As of June 2025, FFS enrollment was 150,687.

D.2. Medicaid FFS Program: Behavioral Health Benefits

FFS Mental Health Benefits
1. Inpatient services
2. Service planning
3. Assertive community treatment
4. Comprehensive community support services
5. Therapeutic rehabilitation program
6. Screening
7. Assessment
8. Psychological testing
9. Crisis intervention
10. Mobile crisis
11. Residential crisis stabilization
12. Day treatment
13. Peer support
14. Intensive outpatient program
15. Individual, group, and family outpatient therapy
16. Partial hospitalization

FFS Addiction Treatment Benefits
1. Inpatient services
2. Residential services
3. Screening, Brief Intervention and Referral to Treatment (SBIRT)
4. Screening
5. Assessment
6. Psychological testing
7. Crisis intervention
8. Mobile crisis
9. Residential crisis stabilization
10. Day treatment
11. Peer support
12. Intensive outpatient program
13. Individual, group, and family outpatient therapy
14. Partial hospitalization
15. Medication assisted treatment, including methadone
16. Withdrawal management

D.2. Medicaid FFS Program: SMI Population

- Kentucky does not specifically preclude individuals with SMI from enrolling in managed care; therefore, most of the SMI population is enrolled in managed care.
- As of June 2025, *OPEN MINDS* estimates 10% of the SMI population was enrolled in FFS.

D.2. Medicaid FFS Program: Pharmacy Benefit

Kentucky FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	Yes
Responsible For Financing General Pharmacy Benefit	MedImpact
Responsible For Financing Mental Health Pharmacy Benefit	MedImpact
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes, the state has moved to a single unified PDL for both FFS and managed care.
State Uses A PDL For Mental Health Drugs	Yes, anxiolytics, antidepressants, anticonvulsants, and antipsychotics are included on the pharmacy PDL.
State Uses A PDL For Addiction Treatment Drugs	Yes, opioid dependence, tobacco cessation, and alcohol dependence drugs are included on the pharmacy PDL.
Coverage Of Antipsychotic Injectable Medications	The state includes antipsychotic injectables on the state PDL.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	The state places age limits, clinical criteria, quantity limits, and maximum duration for medication on mental health and addiction drugs.
State Has A Pharmacy Lock-In Program Or Other Restriction Program	Yes, the state may lock-in individuals to a single pharmacy, a single clinical professional, or both.

D.3. Medicaid Managed Care Program: Overview

- As of June 2025, managed care enrollment was 1,290,280.
- The health plans deliver physical health and behavioral health benefits for most populations, including families and children, aged and disabled adults, and Medicaid expansion adults.
- There are five health plans available statewide, and individuals have their choice of plan.

D.3. Medicaid Managed Care Program: Health Plan Characteristics

Aetna Better Health

1. **Profit status:** For-profit
2. **Parent company:** Aetna/CVS
3. **Behavioral health subcontractor:** None
4. **Pharmacy benefits manager:** MedImpact
5. **Enrollment share:** 18%

Humana Healthy Horizons

1. **Profit status:** For-profit
2. **Parent company:** Humana, Inc
3. **Behavioral health subcontractor:** Carelon Behavioral Health
4. **Pharmacy benefits manager:** MedImpact
5. **Enrollment share:** 17%

Passport Health Plan

1. **Profit status:** Non-profit
2. **Parent company:** Molina
3. **Behavioral health subcontractor:** None
4. **Pharmacy benefits manager:** MedImpact
5. **Enrollment share:** 22%

UnitedHealthcare Community Plan

1. **Profit status:** For-profit
2. **Parent company:** UnitedHealthcare
3. **Behavioral health subcontractor:** None
4. **Pharmacy benefits manager:** MedImpact
5. **Enrollment share:** 12%

WellCare Of Kentucky

1. **Profit status:** For-profit
2. **Parent company:** Centene-WellCare
3. **Behavioral health subcontractor:** None
4. **Pharmacy benefits manager:** MedImpact
5. **Enrollment share:** 32%

Totals may not equal 100% due to rounding.

D.3. Medicaid Managed Care Program: Behavioral Health Benefits

All behavioral health and pharmacy benefits are included in the health plan's capitation rate.

Managed Care Mental Health Benefits
1. Inpatient services
2. Service planning
3. Assertive community treatment
4. Comprehensive community support services
5. Therapeutic rehabilitation program
6. Screening
7. Assessment
8. Psychological testing
9. Crisis intervention
10. Mobile crisis
11. Residential crisis stabilization
12. Day treatment
13. Peer support
14. Intensive outpatient program
15. Individual, group, and family outpatient therapy
16. Partial hospitalization

Managed Care Addiction Treatment Benefits
1. Inpatient services
2. Residential services
3. Screening, brief intervention, and referral to treatment
4. Screening
5. Assessment
6. Psychological testing
7. Crisis intervention
8. Mobile crisis
9. Residential crisis stabilization
10. Day treatment
11. Peer support
12. Intensive outpatient program
13. Individual, group, and family outpatient therapy
14. Partial hospitalization
15. Medication assisted treatment, including methadone
16. Withdrawal management

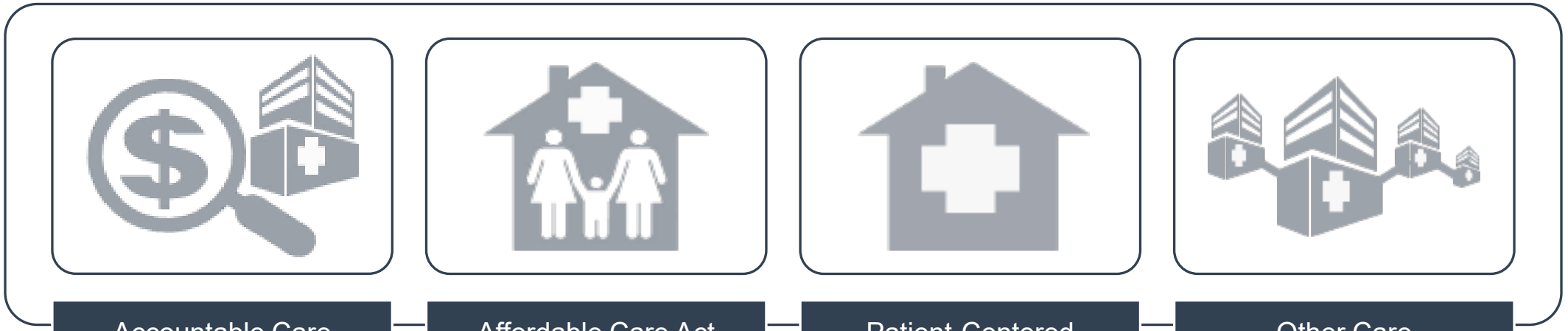
D.3. Medicaid Managed Care Program: SMI Population

- Kentucky does not specifically preclude individuals with SMI from enrolling in managed care; therefore, most of the SMI population are enrolled in managed care.
- As of June 2025, *OPEN MINDS* estimates that 90% of the SMI population was enrolled in managed care.

D.3. Medicaid Managed Care Program: Pharmacy Benefit

Kentucky Managed Care Program Pharmacy Benefit	
Responsible For Financing General Pharmacy Benefit	MedImpact
Responsible For Financing Mental Health Pharmacy Benefit	MedImpact
Health Plan Uses A Preferred Drug List (PDL) For General Pharmacy	The state has moved forward with a unified PDL between FFS and managed care.
Health Plan Uses A PDL For Mental Health Drugs	
Health Plan Uses A PDL For Addiction Treatment Drugs	
Health Plan Use Of Utilization Restrictions For Mental Health & Addiction Treatment Drugs	The health plans can set their own utilization restrictions for mental health and addiction drugs. These restrictions vary by health plan.
Health Plan Allowed To Implement Pharmacy Lock-In Program	The health plans are required to develop lock-in programs; however, each health plan may design their own program, subject to approval by the state.

D.4. Medicaid Program: Care Coordination Initiatives



Accountable Care Organization (ACO) Program	Affordable Care Act Health Home	Patient-Centered Medical Home (PCMH)	Other Care Coordination Initiatives
None	None	None	The state currently operates seven CCBHCs under federal grants.

D.5. Medicaid Program: Demonstration & Care Management Waivers

Waiver Title	Waiver Description	Waiver Type	Enrollment Cap	Effective Date	Expiration Date
TEAMKY (Formerly Kentucky HEALTH)	• Aims to transform the Kentucky Medicaid program to empower beneficiaries and improve their overall health. • Demonstration also includes aligning Medicaid beneficiary annual redetermination with their employer-sponsored insurance open enrollment period and extends eligibility for Medicaid to former foster care youth younger than 26 and who were in foster care under the responsibility of another state.	1115	None	07/01/2019	09/30/2029
Kentucky MCO (KY-07)	Authorizes the state to provide Medicaid services through health plans.	1915 (b)	None	01/01/2021	12/31/2025
Kentucky HSTD (NEMT) (KY-06)	Provide non-emergency, non-ambulance medical transportation services to eligible Medicaid, Vocational Rehabilitation and Department of the Blind recipients.	1915 (b)	None	01/01/2023	12/31/2024*

*This waiver is listed as pending on CMS.

D.5. Medicaid Program: Section 1915 (c) HCBS Waivers

Waiver Title	Target Population	2025 Enrollment Cap	Operating Unit	Concurrent Management Authority
KY Model Waiver II (40146.R07.00)	Individuals who are technology dependent ages 0 - no max age	100	Department for Medicaid Services	No
KY Acquired Brain Injury-Long Term Care Waiver (0477.R03.00)	Individuals with brain injury ages 18 or older who meet a nursing facility level of care	488	Department of Aging and Independent Living	No
KY Acquired Brain Injury Waiver (0333.R05.00)	Individuals with brain injury ages 18 or older who meet a nursing facility level of care	383	Division of Long-Term Services and Supports	No
KY Michelle P Waiver (0475.R03.00)	Individuals with brain injury ages 18 or older who meet a nursing facility level of care	11,350	Department of Behavioral Health, Developmental and Intellectual Disabilities	No
KY Home and Community Based Waiver (0144.R07.00)	Individuals with physical or other disabilities ages 0-64 years and individuals ages 65 or older who meet a nursing facility level of care	17,300	Department of Aging and Independent Living	No
KY Supports for Community Living Waiver (0314.R05.00)	Individuals with intellectual disabilities or developmental disabilities ages 3 or older who meet an ICF/IID level of care	5,416	Department of Behavioral Health, Developmental and Intellectual Disabilities	No

D.6. Medicaid Program: New Initiatives

- There are no new or pending initiatives currently.

E. Medicare Financing & Service Delivery System

E.1. Medicare Financing & Service Delivery System

Medicare System Characteristics		
Characteristics	**Traditional Medicare (FFS)**	**Medicare Advantage**
Enrollment (February 2025)	450,251	543,145
SMI Enrollment	• *OPEN MINDS* estimates 55% of the population in Medicare Advantage, 45% in Traditional Medicare.	
Management	• Part A: Inpatient hospital, skilled nursing facility care, nursing home care, hospice and home health care • Part B: Clinical research, ambulance services, durable medical equipment, mental health and limited outpatient prescription drugs	• Medicare Advantage Plans provide Part A and Part B benefits, plus additional benefits based on plan chosen
Payment Model	• Part A & B cover up to 80%, remaining costs can be paid out of pocket	• Fixed amounts paid based on health plan chosen
Geographic Service Area	Statewide	Statewide

Total Medicare: 993,497 | Total Medicare With SMI: 129,154

E.1. Medicare Financing & Service Delivery System

Medicare Financial Delivery System Enrollment	
Total Medicare population distribution	As of February 2025: 55% Medicare Advantage, 45% in traditional Medicare.
SMI population inclusion in managed care	Estimated 55% of population in Medicare Advantage, 45% in traditional Medicare.
Medicare population inclusion in Chronic special needs plan or (C-SNP).	Estimated that less than 1% of population is enrolled in C-SNP plans.
Medicare population inclusion in Institutional Special Needs Plan (I-SNP).	Estimated that less than 1% of population is enrolled in I-SNP plans.

E.2. Medicare System: Overview

- Medicare enrollment as of February 2025 was 993,497.
- About 15% of the state's population is enrolled in Medicare, the same as the total U.S. population.
  - *OPEN MINDS* estimates approximately 24% of the state's SMI population is enrolled in a Medicare plan.
- About 54% of Kentucky Medicare beneficiaries were enrolled in private Medicare Advantage plans as of August 2024, which was a little higher than the national average of roughly 50%.
  - There are 110 Medicare Advantage plans available for purchase in 2025, with an average monthly premium of $15.15.
- As of July 2025, there are 40 insurers offering Medigap plans in Kentucky.
- As of mid-2024, 352,298 beneficiaries of Medicare in Kentucky were enrolled in stand-alone Medicare Part D plans. Another 463,134 had Medicare Part D incorporated with their Medicare Advantage coverage, with the Advantage plan providing coverage for their prescription drugs.
  - For 2025 coverage, there are 16 stand-alone Medicare Part D plans available in Kentucky, with premiums starting at $0 per month.
- Many Medicare beneficiaries receive financial assistance through Medicaid with the cost of Medicare premiums, prescription drug expenses, and services not covered by Medicare–such as long-term care.

E.3. Medicare ACOs

Medicare Shared Savings ACOs	
1. AdvantagePoint Health Alliance - Bluegrass, LLC	1. Main Street Rural Health Hawthorn ACO LLC
2. Agilon Health Kentucky ACO, Inc	2. Main Street Rural Health Juniper ACO LLC
3. Ascension Care Management	3. Main Street Rural Health Magnolia ACO LLC
4. Baptist Health Care Partners, LLC	4. Main Street Rural Health Maple ACO LLC
5. CHI Saint Joseph Health Partners	5. Mercy Health Select, LLC
6. CHSPSC ACO 15, LLC	6. Aledade 93 National MSSP Enhanced
7. Connected Care of West Tennessee, LLC	7. Southern Kentucky Health Care Alliance
8. Health Choice Community Partners, LLC	8. The Accountable Care Organization, Ltd
9. Healthcare Solutions Network	9. The Rural Advantage LLC
10. IHCI ACO LLC	10. Aledade 37n VA MSSP Enhanced
11. Imperium Clinical Partners	
12. Main Street Rural Health Dogwood ACO LLC	

E.4. Medicare System: New Initiatives

- There are no new or pending initiatives currently.

F. Dual Eligible Financing & Service Delivery System

F.1. Dual Eligible Medicaid Financing & Service Delivery System

Dual Eligible* Medicaid System Characteristics		
Characteristics	**Medicaid Fee-For-Service (FFS)**	**Managed Care**
Enrollment (March 2024)	8,819	79,367
Estimated SMI Enrollment	1,851	16,646
Management	Department of Medicaid Services	Five health plans
Payment Model	FFS	Capitated rate
Geographic Service Area	Statewide	Statewide

Total Dual Eligible Enrollment: 88,186 | Total Dual Eligible Enrollment With SMI: 18,519

*Unless otherwise noted, the term *dual eligibles* in this section refers to Medicare enrollees with full Medicaid benefits

F.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

Health Plans	Parent Company	Plan Type	March 2024 Enrollment	Estimated SMI Enrollment
UnitedHealthcare Dual Complete	UnitedHealthcare	Medicare Advantage D-SNP	12,777	2,683
WellCare Liberty	Centene	Medicare Advantage D-SNP	10,376	2,179
WellCare Access	Centene	Medicare Advantage D-SNP	6,471	1,359
HumanaChoice	Humana, Inc	Medicare Advantage D-SNP	5,869	1,232
Aetna Medicare Assure	Aetna/CVS Health	Medicare Advantage D-SNP	2,953	620
Passport Advantage	Molina Healthcare	Medicare Advantage D-SNP	1,805	379
Humana Gold Plus	Humana, Inc	Medicare Advantage D-SNP	959	201
Gateway Health Medicare Assured Ruby	Highmark	Medicare Advantage	147	31
Horizon PACE	Horizon Adult Health Care, Inc.	PACE	67	14

F.3. Dual Eligible Medicaid Financing & Delivery System: Overview

- As of March 2024, dual eligible enrollment was 88,186.
- Medicare covers most acute services (which may include psychiatric care), while Medicaid, the payer of last resort, covers LTSS and non-physician behavioral health services.
- Dual eligibles are mandatorily enrolled in Medicaid managed care unless they meet one of the other qualifications for FFS.
- D-SNP enrollment as of March 2024 was 42,420, D-SNP SMI enrollment was 8,908.

F.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

- Kentucky does not have any initiatives related to dual eligibles.

G. Long-Term Services & Supports Financing & Service Delivery System

G.1. LTSS Financing & Service Delivery System

- Kentucky does not operate a managed long-term services and supports system. All beneficiaries in need of LTSS are enrolled in FFS.

LTSS Medicaid System Characteristics	
Characteristics	**Medicaid Managed Care**
Enrollment	N/A
Estimated SMI Enrollment	N/A
Management	FFS
Payment Model	FFS
Geographic Service Area	Statewide

Total LTSS Enrollment: N/A | Total LTSS Enrollment With SMI: N/A

G.1. Medicaid LTSS Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Disabled adults			✓
Disabled children			✓
Blind individuals			✓
Aged individuals			✓
Dual eligibles	✓ (partial benefit)		✓ (full benefit)
Individuals with I/DD	✓		
Individuals residing in nursing homes	✓		
Individuals residing in ICF/IDD	✓		
Other HCBS Recipients	✓		
Other populations	• Enrolled in another managed care program • Recipients in the Breast and Cervical Cancer program • Individuals on spenddown • Working disabled • Time limited aliens		Children between the ages of 19 and 26 who were receiving Medicaid benefits

G.2. LTSS Medicaid Financing & Delivery System: Overview

- Kentucky does not operate a managed long-term services and supports (MLTSS) system.

G.3. Medicaid LTSS Program: Health Plan Characteristics

- Kentucky does not operate a MLTSS program. All beneficiaries in need of MLTSS receive services FFS.

G.4. Medicaid LTSS Program: Program Benefits

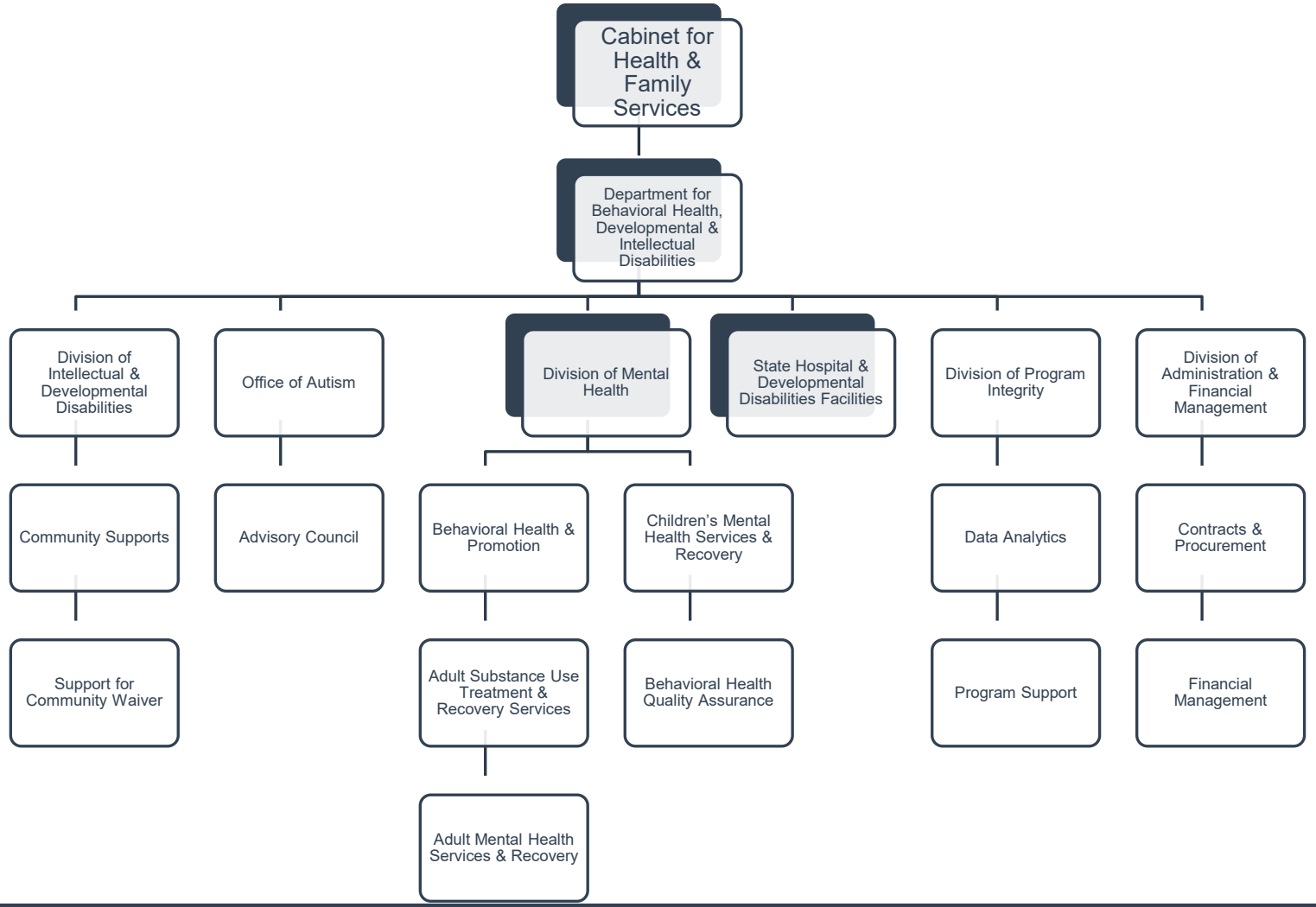
- Kentucky does not operate a MLTSS program. All benefits are the same as the FFS and managed care program.

G.5. LTSS Medicaid Financing & Delivery System: New Initiatives

- The state does not currently have any new initiatives that would affect a MLTSS program at this time.

H. State Behavioral Health Administration & Finance System

H.1. Department For Behavioral Health, Developmental & Intellectual Disabilities Governance: Organization Chart



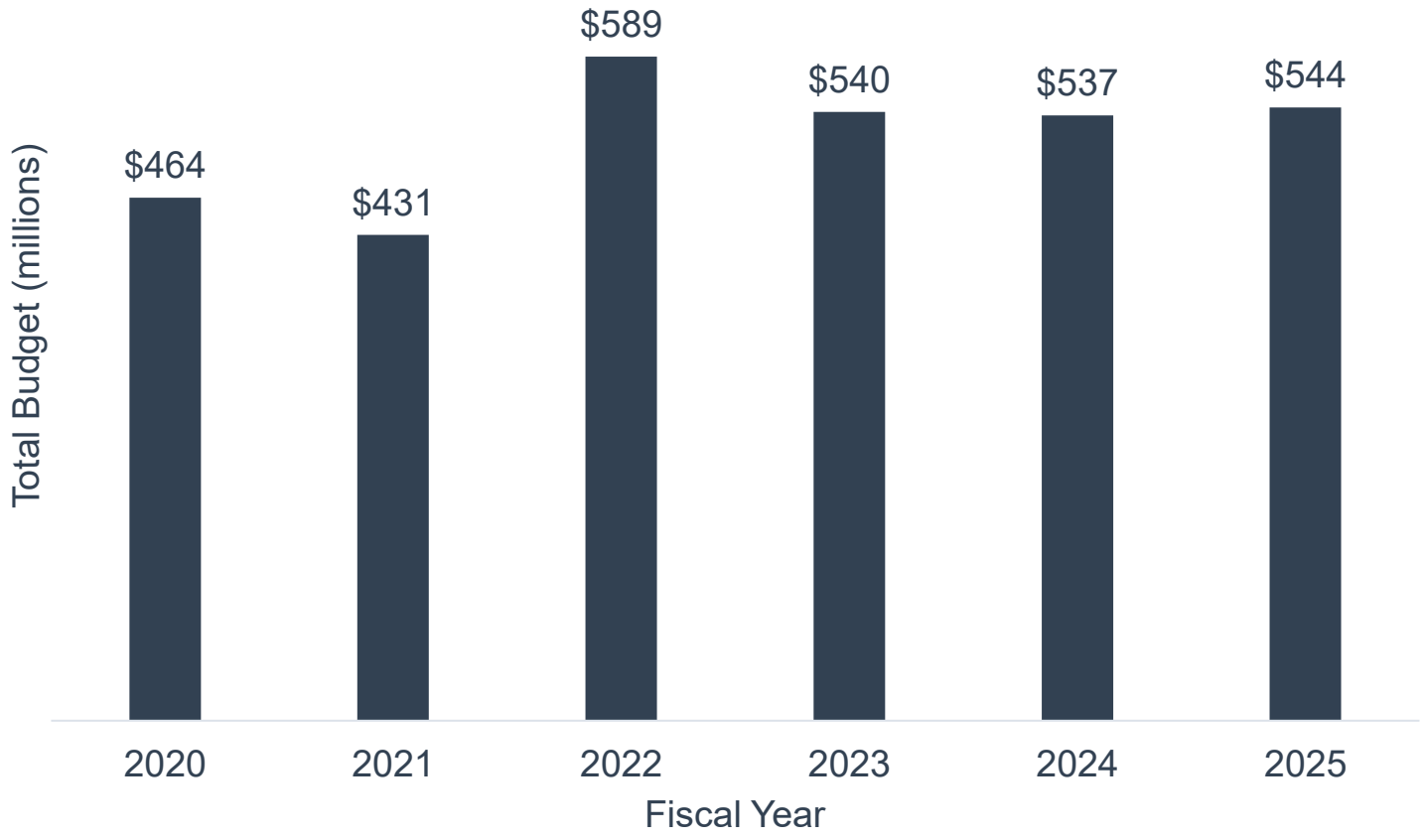
H.1. Department For Behavioral Health, Developmental & Intellectual Disabilities Governance: Key Leadership

Name	Position	Department	Email
Steven Stack, MD	Acting Secretary	Cabinet for Health and Family Services	steven.stack@ky.gov
Katherine Marks	Commissioner	Department for Behavioral Health, Developmental & Intellectual Disabilities	katherine.marks@ky.gov
Allen Brenzel, M.D.	Clinical Director	Department for Behavioral Health, Developmental & Intellectual Disabilities	allen.brenzel@ky.gov
Patti Clark, EdD	Director	Division of Mental Health	patti.clark@ky.gov
Crystal Adams	Director	Division of Developmental & Intellectual Disabilities	crystal.adams@ky.gov
Sarah Johnson, MSW, CSW, LCADC	Director	Division of Substance Use Disorder	sarah.johnson@ky.gov
Tal Curry	Director	Office of Autism	tal.curry@ky.gov
Tiffany Hall	System Director	ARH Psychiatric Center – Hazard	thall8@arh.org
Matt Mooring	Director	Central State Hospital	matt.mooring@ky.gov
Lindsey Jasinski	CAO	Eastern State Hospital	lindsey,jasinski@ky.gov
Rebecca Frost	Director	Western State Hospital	rebeccaj.frost@ky.gov
Koleen Slusher	Director	Kentucky Correctional Psychiatric Center	koleen.slusher@ky.gov

H.2. Department For Behavioral Health, Developmental & Intellectual Disabilities: Budget

Budget Item	SFY 2025 Budget	Percent Of Budget
Residential	$318,834,900	59%
Community Behavioral Health	$98,704,300	18%
Community Mental Health Services	$92,928,100	17%
Community Developmental and Intellectual Disabilities	$23,981,900	4%
General Support	$9,136,100	2%
Budget Total: $543,585,300		

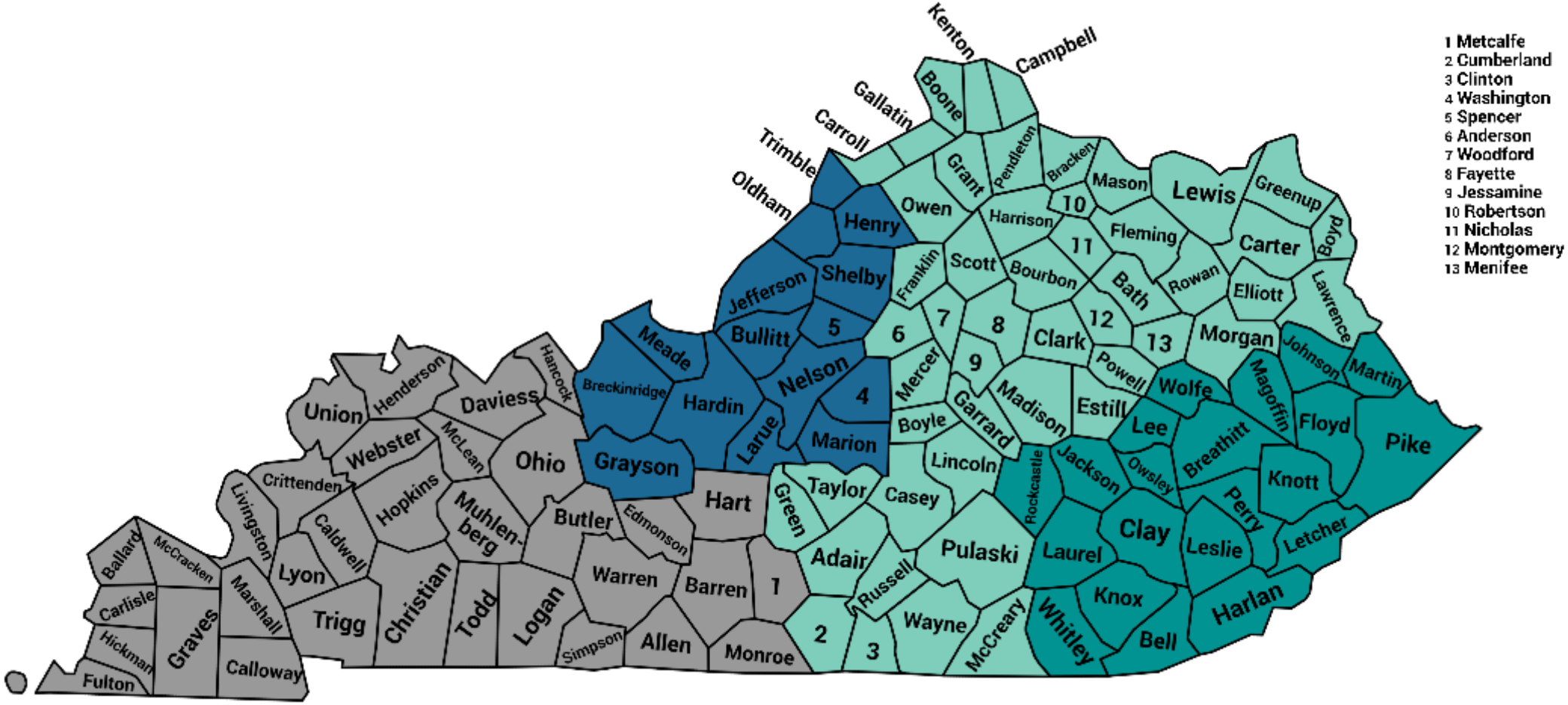
H.2. Department For Behavioral Health, Developmental & Intellectual Disabilities: Budget Over Time



H.3. State Psychiatric Institutions

State Psychiatric Institutions				
Institution	**Location**	**Licensed Beds**	**2025 Clients Served (Unduplicated)**	**2024 Average Daily Census**
Appalachian Regional Hospital Psychiatric Center	Hazard	242	1,495	86
Central State Hospital	Louisville	192	564	51
Eastern State Hospital	Lexington	196	2,449	162
Kentucky Correctional Psychiatric Center (forensic)	LaGrange	97	411	57
Western State Hospital	Hopkinsville	495	1,130	144
Total		**1,222**	**6,049**	**500**

H.3. State Psychiatric Institutions

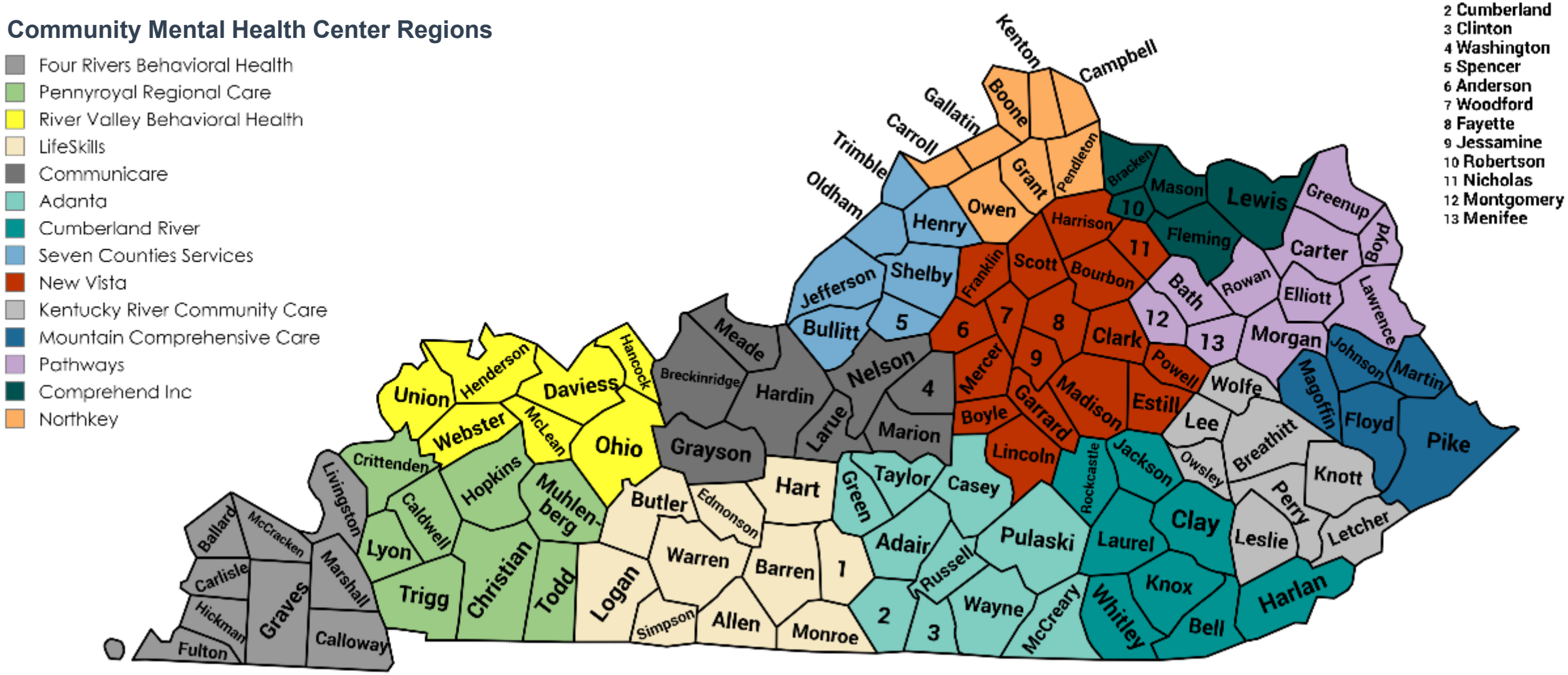


ARH Psychiatric Center Central State Hospital Eastern State Hospital Western State Hospital

H.4. Behavioral Health Safety-Net Delivery System

- Kentucky Revised Statutes 210 (KRS 210) established 14 regional boards, called Boards for Mental Health or Individuals With an Intellectual Disability (MHID), to provide mental health, addiction disorder, and developmental disability services to uninsured populations.
- MHID boards are private, non-profit organizations, which serve residents of designated multi-county regions through community mental health centers (CMHCs).
- CMHC services include the following:
  - Inpatient services
  - Outpatient services
  - Therapeutic rehabilitation services
  - Emergency services
- CMHCs operate through a combination of state, local, and federal funds, and accept both Medicaid and sliding-scale fees as payment.

H.4. Behavioral Health Safety-Net Delivery System: Community Mental Health Center Regions



H.4. Behavioral Health Safety-Net Delivery System: Community Mental Health Center Regions

Community Mental Health Center	Counties
Adanta	Adair, Casey, Clinton, Cumberland, Green, McCreary, Pulaski, Russell, Taylor, Wayne
Communicare, Inc.	Breckinridge, Grayson, Hardin, Larue, Marion, Meade, Nelson, Washington
Comprehend, Inc.	Bracken, Fleming, Lewis, Mason, Robertson
Cumberland River Behavioral Health, Inc.	Bell, Clay, Harlan, Jackson, Knox, Laurel, Rockcastle, Whitley
Four Rivers Behavioral Health	Ballard, Calloway, Carlisle, Fulton, Graves, Hickman, Livingston, Marshall, McCracken
Kentucky River Community Care	Breathitt, Knott, Lee, Leslie, Letcher, Owsley, Perry, Wolfe
LifeSkills, Inc.	Allen, Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson, Warren
Mountain Comprehensive Care Center	Floyd, Johnson, Magoffin, Martin, Pike
New Vista	Anderson, Bourbon, Boyle, Clark, Estill, Fayette, Franklin, Garrard, Harrison, Jessamine, Lincoln, Madison, Mercer, Nicholas, Powell, Scott, Woodford
NorthKey Community Care	Boone, Campbell, Carroll, Gallatin, Grant, Kenton, Owen, Pendleton
Pathways, Inc.	Bath, Boyd, Carter, Elliott, Greenup, Lawrence, Menifee, Montgomery, Morgan, Rowan
Pennyroyal Regional Center	Caldwell, Christian, Crittenden, Hopkins, Lyon, Muhlenberg, Todd, Trigg
River Valley Behavioral Health	Daviess, Hancock, Henderson, McLean, Ohio, Union, Webster
Seven Counties Services	Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer, Trimble

H.5. Behavioral Health System: New Initiatives

- There are no new or pending initiatives currently.

I. Appendices

I.1. *OPEN MINDS* Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.9% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2024). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved December 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt47100/NSDUHDetailedTabs2023_v1/NSDUHDetailedTabs2023_v1/2023-nsduh-detailed-tables-toc.htm
Medicaid	8.8% of persons enrolled in traditional Medicaid	Substance Abuse and Mental Health Services Administration. (2024). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved December 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt47100/NSDUHDetailedTabs2023_v1/NSDUHDetailedTabs2023_v1/2023-nsduh-detailed-tables-toc.htm
Medicare	13% of persons in the Medicare population, not dually eligible for Medicaid	Figueroa, J. F., Phelan, J., Orav, E. J., Patel, V., & Jha, A. K. (2020). Association of mental health disorders with health care spending in the Medicare population. Retrieved July 2023 from https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2762948#:~:text=Results%20Of%204%20358%20975,had%20no%20known%20mental%20illness

I.1. *OPEN MINDS* Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Medicare-Medicaid Dual Eligibility	21% of persons in the Medicare population dually eligible for full Medicaid benefits	ATI Advisory. (2022). A Profile of Medicare-Medicaid Dual Beneficiaries. Retrieved March 2023 from https://atiadvisory.com/wp-content/uploads/2022/06/A-Profile-of-Medicare-Medicaid-Dual-Beneficiaries.pdf
Other Public	4.5% of persons served by the Veterans Administration health care system or the TRICARE military health system	U.S. Census Bureau (2022). Table HHI-01. Health Insurance Coverage Status and Type of Coverage--All Persons by Sex, Race and Hispanic Origin: 2017 to 2021. Retrieved March 2023 from https://www2.census.gov/programssurveys/demo/tables/health-insurance/time-series/hic/hhi01.xlsx
No Health Care Insurance	6.7% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2024). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved December 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt47100/NSDUHDetailedTabs2023_v1/NSDUHDetailedTabs2023_v1/2023-nsduh-detailed-tables-toc.htm

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Alternative Benefit Plan	ABP	State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP.
Accountable Care Organizations	ACO	ACOs are groups of provider organizations—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of individuals. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial).
Administrative Services Organization	ASO	An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The ASO is not at-risk.
Capitation		A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Capitation can cover the cost of all health care services or subset of services, such as care coordination or home- and community-based services.
Carve-out		A carve-out is a Medicaid managed care financing model where some portion of Medicaid benefits—dental services, pharmacy services, behavioral health services, etc.—are separately managed and/or financed. Carve-out services can be financed on an at-risk basis by another organization or retained by the state Medicaid agency on a fee-for-service basis.
Certified Community Behavioral Health Clinic	CCBHC	Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Community Mental Health Center	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(I) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC's mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services.
Dual Eligible		An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs).
Federal Poverty Level	FPL	The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2025, the FPL is $15,060 for an individual and $31,200 for a family of four.
Fee-For-Service	FFS	A system where the payer, in this case Medicaid, contracts directly with provider organizations and pays for providing care on a unit by unit basis. Health plans may also reimburse provider organizations on a FFS basis meaning they pay for each unit of care or test.
Health Home		A "whole person" care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services. Health homes were originally developed as a Medicaid program, but have been adopted by other payers. For a state to have an official health home program they must have an approved state plan amendment.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Health Insurance Marketplace	HIM	Created by the PPACA, the health insurance marketplace is an online platform where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL.
Home- & Community-Based Services	HCBS	Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care.
Institutions For Mental Disease	IMD	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals age 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive addiction and mental health treatment in IMDs.
Long-Term Services & Supports	LTSS	Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions, and/or age.
Managed Care		A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicaid		Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states.
Medicaid Waiver		Granted by CMS, waivers allow states to make temporary changes to their Medicaid program in order to test out new ways to deliver health coverage.
Medicaid Waiver Section 1115	1115 waiver	Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
Medicaid Waiver Section 1915(b)	1915(b) waiver	States can apply for waivers to provide services through managed care delivery systems, or otherwise limit an individual's choice of health plan or provider organization.
Medicaid Waiver Section 1915(c)	1915(c) waiver	States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings.
Medical Home		A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers.
Medicare		Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care), but does not cover LTSS or non-physician behavioral health services.
Medicare Advantage	MA	Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicare Advantage Special Needs Plan	SNP	A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination.
Medicare Part A		Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term.
Medicare Part B		Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level.
Medicare Part C		Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.
Medicare Part D		Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income.
Metropolitan Statistical Area	MSA	An urbanized area with a population of at least 50,000 plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties.
Patient-Centered Medical Home	PCMH	See Medical Home.
Patient Protection & Affordable Care Act	PPACA or ACA	U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Primary Care Case Management	PCCM	A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination, and is reimbursed fee-for-service for all medical services provided.
Program Of All Inclusive Care For The Elderly	PACE	PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states.
Serious Mental Illness	SMI	A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.
Supported Employment		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment, and retain that employment.
Supported Housing		Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participants, but are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible.
Value-Based Reimbursement	VBR	Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments.

I.3. Sources

A. Executive Summary

1. Information compiled from sources provided throughout the profile.

B.1. Population Demographics

1. United States Census Bureau. (2022). 2023 American Community Survey 1-Year Estimates S0101 Population By Age and Sex. Retrieved June 2025 from https://data.census.gov/cedsci/table?q=S0101
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