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

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

State Demonstrations Group

AUG 0 7 2019

Adam Proffitt
Medicaid Director
Kansas Department of Health and Environment
900 SW Jackson, Suite 900 N
Topeka, KS 66612

Dear Mr. Proffitt:

The state of Kansas submitted its Substance Use Disorder (SUD) Implementation Protocol as required by special terms and condition (STC) 19 of the state's section 1115(a) demonstration (11-W-00283/7) entitled "KanCare." The Centers for Medicare & Medicaid Services has reviewed the SUD Implementation Protocol and determined it is consistent with the requirements outlined in the STCs; therefore, with this letter, the state may begin receiving Federal Financial Participation for Kansas Medicaid recipients residing in the Institutions for Mental Disease setting under the terms of this demonstration for the period starting with the date of this approval letter through December 31, 2023. A copy of this approved protocol is enclosed and is also hereby incorporated into the STCs as Attachment P.

If you have any questions, please contact your project officer, Mr. Michael Trieger, at (410) 786-0745 or by email at Michael.Trieger1@cms.hhs.gov.

We appreciate your cooperation throughout the review process.

Sincerely,

[redacted]

Angela D. Garner
Director
Division of System Reform Demonstration

Enclosure

cc: James Scott, Director, Regional Operations Group North
Michala Walker, Kansas State Lead

Section 1115 Substance Use Disorder (SUD) Demonstration: Implementation Plan

Introduction:

Although Kansas is still below the national average rate for drug overdose mortality, Opioid overdose deaths in Kansas have risen significantly in recent years, and the State is acting strategically to address the crisis as reported in the Kansas State Opioid Response Grant to Substance Abuse and Mental Health Services Administration (SAMSHA) (TI-18-015. P. 1) based on Kansas vital statistics data for age adjusted drug poisoning mortality rates, 2012-2016. Based this vital statistics data, some key facts include:

- The age adjusted drug poisoning mortality rate was 10.9 deaths per 100,000 Kansans.
- From 2012 to 2016, there were a total of 1,583 drug poisoning deaths in Kansas. From 1999 to 2014, drug poisoning death rates have tripled-placing deaths from poisoning the leading cause of injury related deaths in Kansas.
- Drugs, including prescription, over the counter and illicit drugs, account for more than 80% of all poisoning deaths.
- Seventy-five percent of the drug poisoning deaths in 2014 were unintentional, 17% were due to suicide and 7% were of an undetermined intent.
- Kansans aged 45 years old had the highest rate of drug poisoning deaths involved a prescription pain reliever such as hydrocodone or oxycodone.
- Almost 85% (84.3%) of those deaths involved either a pharmaceutical opioid (e.g., Oxycodone, Hydrocodone), a Methamphetamine/Amphetamine drug (e.g., illicit meth or Adderall), or a Benzodiazepine (e.g. Xanax, Valium). It is of note that, individuals born between 1955 and 1970 experienced a disproportionately higher drug poisoning mortality rate as compared to younger generations.

In addition to prescription opioid death, Kansas has also seen an increase in heroin related and synthetic opioid deaths since 2010. Specifically:

- In 2014, there were 56 drug deaths involving either heroin or a synthetic opioid, such as fentanyl, (age adjusted rate 2.0 deaths per 1000,000 population) representing about 34% of all drug deaths involving an opioid-a 200% increase since 2010 (age adjusted rate: 1.1 deaths per 100,000 population). These rates are likely under estimates of the drug deaths caused by narcotic agents since there are a number of drug deaths where the deaths do not mention a drug specifically.
- Along with an increase in heroin and synthetic opioid deaths is an estimated increase in the number of Kansans 26 years and older who have misused a prescription opioid pain reliever in the past year from 2010 (3.26% to 2014(3.49%).

This Substance Use Disorders (SUD) Demonstration Implementation Plan outlines the State's strategy to provide a full continuum of services for SUD treatment to KanCare members. This waiver request is consistent with Kansas' current strategy to combat the epidemic and builds off

its system of care in Medicaid to provide more complete services, particularly in areas of limited coverage and service gaps such as higher levels of care. The KanCare Section 1115 Waiver Demonstration Renewal Application, submitted to Center for Medicare and Medicaid Services (CMS) on December 20, 2017 *(Attachment #1, KanCare 2.0 Section 1115 Waiver Demonstration Renewal Application, Final Submission, Dec 2017, page 25)* includes this waiver request.

Kansas' SUD Crisis

National studies suggest that patients with a higher dose of opioids, multiple prescribers and several pharmacies are more likely to die from an opioid overdose.[1] Experts have attributed the rise in opioid use disorders (OUD) and the overdose crisis to the increased rate of prescription opioids dispensed since the 1990s.[2] According to the Centers for Disease Control (CDC), the number of prescription opioids dispensed in the U.S. has nearly quadrupled in the past decade. Concurrently, the rate of opioid-related deaths has more than doubled in the United States since 2005. Opioid overdoses accounted for a considerable number of Kansas's drug poisoning deaths from 2012 to 2016. Though the rate of overdose deaths in Kansas remains below the national average, 2016 Kansas vital statistics data indicates that the age-adjusted drug poisoning mortality rate was 10.9 deaths per 100,000 Kansans. From 2012 to 2016, there were a total of 1,583 drug poisoning deaths in Kansas. Almost eighty-five percent (84.3%) of those deaths involved either a pharmaceutical opioid (e.g., Oxycodone, Hydrocodone), a Methamphetamine/Amphetamine drug (e.g., illicit meth or Adderall), or a Benzodiazepine (e.g. Xanax, Valium).

An important factor associated with the increase in drug poisoning deaths in Kansas is the supply of prescription opioids. Kansas's Prescription Drug Monitoring Program, K-TRACS, tracks and monitors Schedule II through IV controlled substances, such as prescription opioids, and other drugs of concern dispensed in Kansas. K-TRACS provides public health and public safety professionals with dispensation data of these drugs statewide. In 2017, there were at least 2,579,058 opioid prescriptions and 189,525,054 opioid units (i.e., pills, patches, films, or vials) dispensed to Kansas patients. This corresponds to a rate of 88.5 prescriptions per 100 Kansans and 65.1 opioid units per Kansan. This is equivalent to dispensing an approximate 14-day supply of an opioid prescription to 8 out of 10 Kansas residents in 2017. Experts estimate that about 100,000 Kansans, or 3 out of every 10, have misused prescription pain medication in a way other than as directed by a doctor or more than the prescribed amount. There was an approximate 9 percent decrease in opioid dispensing statewide from 2016 to 2017 in Kansas, or approximately 249,942 fewer opioid prescriptions. This reduction is consistent with national trends. However, the use of opioids among young adults is a major concern. The Kansas Communities that Care Student Survey (KCTC) assesses prescription drug misuse among Kansas youth in addition to other health risk and protective factors. According to 2017 KCTC data, 3.7 percent of Kansas youth in grades 6, 8, 10 and 12 report using prescription medications not prescribed to them. Of those, more than 75 percent reported that they received, bought or stole them from a friend or relative. The Kansas

[1] CDC Wonder Online Database, released December 2016. Sourced from: https://www.kmap-state-ks.us/Documents/Content/Bulletins/18027%20-%20General%20-%20Opioid_2.pdf.
[2] National Institute on Drug Abuse, revised January 2019. Available at: https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis.

Young Adult Survey also measures prescription and illicit drug use among Kansas young adults ages 18 to 25. In 2017, 6.8 percent of young adults reported using prescription pain medication at least once in the past 30 days, 40 percent did not have a prescription for it. Of the people that report the misuse of prescription pain medications, more than 91 percent reported that they received, purchased or stole them from a friend or relative.

Kansas' Strategic Response to the Opioid Overdose Crisis

Kansas Department for Aging and Disability Services (KDADS) serves as both the State Mental Health Authority (SMHA) and Single State Agency (SSA) for Substance Abuse in Kansas. The Strategic Opioid Response set forth by the SSA with SAMSHA in the State Opioid Response Grant (SOR TI-18-015) will utilize a statewide strategic plan developed through a multidisciplinary statewide process. The strategic plan builds upon existing opioid efforts and tools to combat the opioid epidemic, including the SAMHSA funded State Targeted Response to the Opioid Crisis (STR) Grant, focused on OUD treatment, prevention, and recovery. Kansas was also a recipient of a Partnership For Success 2015 Grant to strategically address prescription drug misuse and abuse in four sites across the State. The Kansas Department of Health and Environment (KDHE) was the recipient of Prescription Drug Overdose (PDO): Data-Driven Prevention Initiative (DDPI) Grant from the Centers for Disease Control (CDC). The Kansas Foundation for Medical Care (KFMC) is the recipient of funds from CMS to coordinate a pain management project at multiple locations across the State. The Statewide Prescription Drug Workgroup serves as a means of coordination and collaboration for these multiple initiatives and will continue to function in this capacity for the SOR grant as well. As part of these federally funded efforts, Kansas will expand access to medication-assisted treatment (MAT) by using a regional approach. The State will require regional grantees to promote primary care provider enrollment in buprenorphine or buprenorphine/ naloxone combination medication prescribing accompanied by education on evidence-based best practices for prescribing opioids and the importance of behavioral health treatment with MAT. The Opioid SOR Grant Access to Care Project Coordinator in each region will be responsible for the development and expansion of MAT services in partnership with clinics, providers, and hospitals. Regional grantees will identify gaps in care specific to their regions and populations with strategies to address these gaps.

In September 2018, the Governor's Task Force on Substance Abuse set strategic priorities to combat the opioid epidemic. These strategies include expanding access to treatment and recovery support, as well as increasing the use of data and health information technology, particularly in reducing opioid prescribing and opioid dependence. These strategies are consistent with this SUD Demonstration request.

The Current Delivery System

KanCare currently integrates medical, behavioral, and long-term care health delivery systems and covers mandatory and optional services under the approved Medicaid State Plan. KanCare provides access to all critical levels of care for opioid use disorder (OUD) and SUD. KanCare contracts with three MCOs statewide to provide access to the American Society of Addiction Medicine (ASAM) levels. The KanCare criteria for treatment is a fidelity-based adaptation of the ASAM Patient Placement Criteria. The Kansas Department for Aging and Disability

Services (KDADS) provide required licenses to KanCare-enrolled SUD treatment providers. Currently State law also requires licenses for any provider who delivers SUD treatment services in a facility setting.

KanCare delivers the outpatient benefits described below pursuant to the service requirements in the Kansas Medicaid State Plan - Attachment 3.1-A, 13.d. The State Plan requires the provision of inpatient and detoxification (withdrawal management) services in State certified facilities. The Kansas Medical Assistance Program Substance Use Disorder Services Provider Manual (KMAP-SUD-PM) details eligibility and service requirements for all KanCare OUD and SUD services by ASAM level. The Manual (*Attachment #2, KMAP-SUD-PM*) provides eligible Medicaid recipients who need SUD or OUD treatment with the full spectrum of care, including outpatient treatment, peer recovery support, intensive outpatient services, medication assisted treatment (MAT), intensive inpatient services, withdrawal management, and residential treatment. MCO network providers include specialty providers such as Women's Treatment Centers for woman and children, which offers prenatal services and services to meet the developmental needs of children. KanCare requires the provision of Person-Centered Case Management as a one-on-one goal-directed service for individuals with a SUD, to assist individuals in obtaining access to needed family, legal, medical, employment, educational, psychiatric, and other services. For individuals served by an MCO, this service must be a part of the treatment plan developed and determined medically necessary by the MCO.

Access to treatment varies by region; western Kansas, a rural, frontier area has very little access to opioid use disorder treatment, including MAT (methadone clinics and buprenorphine prescribers). There are currently nine Methadone Maintenance Treatment clinics in Kansas located primarily in the largest urban areas of the State. These clinics provide non-residential services of long-term methadone maintenance and other medication assistance to support and sustain recovery. Most patients who access these services pay out of pocket for methadone maintenance treatment. Since KanCare does not pay for methadone as a MAT (it covers methadone only for use in pain management), there is currently only one methadone dispensing provider who is in the KanCare network. KanCare will revisit the issue of covering methadone for MAT and make a recommendation of policy within the first half of 2019. This policy will consider the requirement that all inpatient residential treatment centers (including all those currently excluded as IMDs) provide access to MAT through direct provision of the KanCare approved MAT formularies or by coordinated referral and treatment initiation to a KanCare MAT provider.

SUD Demonstration Goals

Kansas will use this 1115 demonstration authority to pursue the following goals:

1. *Increased rates of identification, initiation, and engagement in treatment for OUD and other SUDs*: Kansas receives federal funds through SAMSHA, including State Opioid Response and Strategic Targeted Response grants, to run awareness campaigns on the availability of treatment. Kansas continues to support expanding screening, brief intervention, and referral to treatment (SBIRT) as a SUD mitigation practice. Increasing outreach and community education efforts will, in turn, increase need for provider capacity for SUD services, particularly for residential treatment services. Kansas will need to engage facilities of 16 beds

or more (IMDs) to have the appropriate capacity for services at the residential and inpatient level.

2. *Reductions in overdose deaths, particularly those due to opioids*: Kansas continues its efforts toward reduction of opioid overdose deaths, and the addition of services under this IMD waiver exclusion is a crucial step in assuring access to treatment at all needed levels of care for Medicaid beneficiaries. KDADS currently provides ongoing certification training to SUD providers for Persons Centered Case Management based on the principals and practices of Strength Based Case Management as developed at the University of Kansas. KanCare delivers this service at all levels of care in SUD programs, and training outcomes reflect increased engagement and retention in services. Beginning in 2019, KanCare plans to require inpatient residential treatment facilities to:

    - Offer and initiate MAT to all patients who would be clinical candidates for MAT; and
    - Improve care coordination and transition of care to the community.

    MCOs will report readmission rates and the State will work with KanCare MCOs to develop incentives and/or financial measures to hold residential treatment providers accountable for demonstrating effective engagement of all patients in long term recovery services and reducing readmissions.

3. *Reduce utilization of emergency departments and inpatient hospital settings for OUD and other SUD treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services:* KDADS contracts with three existing Community Crisis Centers (CCCs) that support and stabilize individuals and engage them in community-based treatment. Services include assessment, sobering, withdrawal management and referral to treatment. Medicaid pays CCCs for crisis intervention and counseling services (but not sobering or withdrawal management) for its beneficiaries. Early data show CCCs have been successful in diverting clients served from incarceration as well as admission to emergency rooms and hospitals. Continued expansion of MAT services, peer supported recovery services, and increased care coordination between community and hospital providers are outlined in the tables below as future actions to be taken in this waiver implementation.

4. *Fewer readmissions to the same or higher level of care where readmissions are preventable or medically inappropriate for OUD and other SUDs:* The KanCare program has taken measures to promote appropriate admissions for OUD and SUD treatment based on ASAM guidelines (see milestone tables below for more information). Beginning in 2019, KanCare MCOs will have to meet additional care coordination requirements for SUD, OUD and behavioral health conditions that specifically require MCOs to coordinate care with an aim toward reducing readmissions (see table 6 below).

5. *Improved access to care for physical health conditions among beneficiaries with OUD or other SUDs*: KanCare has made the integration of physical healthcare and behavioral healthcare a focus for the new contracts in effect in 2019. These provisions will improve care coordination and the physical health of beneficiaries with OUD. The State will require MCOs

to work with inpatient and residential facilities to facilitate care transitions and care coordination. The State is also encouraging new payment models to encourage better health outcomes through integration. *(Attachment, #1, KanCare 2.0 Section 1115 Waiver Demonstration Renewal Application, Final Submission, Dec 2017).*

Milestone 1: Access to Critical Levels of Care for OUD and Other SUDs- The spectrum of care required in Milestone 1 is summarized in the Table below.

Milestone Criteria	Current State	Future State	Summary of Actions Needed
Criteria for completion of milestone	Provide an overview of current SUD treatment services covered by the state in each level of care. For services currently covered in the state plan, list the benefit category and page location; for services currently covered in a demonstration, include the program name and Special Term and Condition number.	Provide an overview of planned SUD treatment services to be covered by the state in each level of care: indicate whether planned services will be added to the state plan or authorized through the 1115.	Provide a list of action items needed to be completed to meet milestone requirements, if any. Include persons or entities responsible for completion of each action item. Include timeframe for completion of each action item.
Coverage of outpatient services	The State covers outpatient non-residential treatment consisting of group, individual, and/or family counseling, community psychiatric support, crisis intervention, and peer support. The State requires an individualized treatment plan, based on ASAM criteria, to be completed within 30 days of admission, updated every 90 days (*Kansas Medicaid State Plan 3.1-A, 13.d. Page I).*	No changes.	None

Milestone Criteria	Current State	Future State	Summary of Actions Needed
Coverage of intensive outpatient services	Covered based on individualized plan and assessment tool that is based on ASAM criteria. Services delivered in regularly scheduled sessions of structured therapeutic activities that may include SUD educational didactic groups, group counseling, and individual counseling. *(Kansas Medicaid State Plan 3.1-A, 13.d. Page I)*	No changes.	None
Coverage of medication assisted treatment (medications as well as counseling and other services with sufficient provider capacity to meet needs of Medicaid beneficiaries in the state)	Coverage includes Buprenorphine products and combo products with naloxone. The State restricts Methadone coverage to pain management. MAT counseling is provided. *(Kansas Medicaid State Plan 3.1-A, 13.d. Page I)*	KanCare will require inpatient and residential providers to offer or facilitate MAT initialization and treatment for all who meet the need criteria and choose treatment. KDADS will provide training and work with MCOs to build network capacity for MAT over the course of 2019. KanCare will study the issue of covering methadone for MAT use by September 30, 2019. The State is currently organizing those discussions currently with new agency leadership and will advise CMS as they progress. If the State decides to cover methadone for MAT use, it will issue a draft policy and begin related	Revision of KanCare MCO contracts and/or payment policies to require MAT care/coordination in residential/ inpatient settings and education of the provider network. MCO credentialing of plans into the network and Payment live by 12-month mark.

Milestone Criteria	Current State	Future State	Summary of Actions Needed
		State Plan amendment process by the end of calendar year 2019.	
Coverage of intensive levels of care in residential and inpatient settings	Coverage of 24-hour medically directed evaluation and treatment services for SUD, with the availability of support services for co-occurring medical and mental disorders. (*Attachment #2, KMAP-SUD-PM)* The State currently covers ASAM levels 1, 2, 3.1, 3.3, 3.5, and 3.7 per the State Plan.	Coverage of SUD treatment includes IMDs with 16 or more beds that: (1) meet KDADS' licensing and certification requirements and (2) participate in MCO provider networks and meet appropriate credentialing requirements. Authorization for services will remain the same as MCOs' current procedure for residential SUD treatment (see Table 2 below).	Revision of Medicaid payment policies, and managed care contracts. Licensing and credentialing of IMDs as SUD residential providers by 12-month mark. Payment live by 12-month mark due to the time needed to license and credential IMDs as SUD providers.
Coverage of medically supervised withdrawal management	Per the Medicaid State Plan, covered for individuals whose withdrawal signs and symptoms are sufficiently severe to require primary medical and nursing care services. Includes 24-hour observation, monitoring, and counseling. *(Attachment #2 KMAP-SUD-PM)*	No changes.	None

2. Use of Evidence-based, SUD-specific Patient Placement Criteria

Milestone Criteria	Current State	Future State	Summary of Actions Needed
Criteria for completion of milestone	Provide an overview of current state use of evidence-based, SUD-specific patient placement criteria and utilization management approach to ensure placement in appropriate level of care and receipt of services recommended for that level of care.	Provide an overview of planned state implementation of requirement that providers use an evidence-based, SUD-specific patient placement criteria and use of utilization management to ensure placement in appropriate level of care and receipt of services recommended for that level of care.	Specify a list of action items needed to be completed to meet milestone requirements. Include persons or entities responsible for completion of each action item. Include timeframe for completion of each action item.
Implementation of requirement that providers assess treatment needs based on SUD-specific, multi-dimensional assessment tools that reflect evidence-based clinical treatment guidelines	The KanCare criteria for treatment is a fidelity-based adaptation of the ASAM Patient Placement Criteria. Contracted KanCare MCOs require their network providers to use ASAM criteria to assess patient treatment needs. Providers submit a common form to the KanCare MCOs to request authorization for residential treatment services. Each MCO uses its own criteria based on ASAM to make a determination to authorize treatment.	KDADS will work with MCOs and providers to develop one standardized placement criteria that has fidelity to the ASAM placement criteria and uses a multi-dimensional assessment by 2021.	Revise the current Kansas State Approved Placement Criteria (currently not in use at the MCOs) with a new KDADS approved criteria, available online to both MCOs and all providers by 2021. All MCOs and providers will be required to use the revised assessment tool.

Milestone Criteria	Current State	Future State	Summary of Actions Needed
Implementation of a utilization management approach such that (a) beneficiaries have access to SUD services at the appropriate level of care	KanCare MCO contracts require the implementation of a utilization management approach than ensures timely access to necessary services at the appropriate level of care. KanCare requires assessment, individual treatment plans and documentation of services. State monitoring of compliance is regular and ongoing. (*Attachment #3-Current KanCare Contract EVT 0001028, Sections 2.2.40- 2.2.40.14)*	No changes.	None
Implementation of a utilization management approach such that (b) interventions are appropriate for the diagnosis and level of care	MCOs must have in place and follow, written policies, procedures, and practice guidelines for processing requests for prior authorization and authorization for requests for continuing services. The policies, procedures, and practice guidelines shall include requirements for use of the Kansas medical necessity definition and the ASAM criteria. (*Attachment #3-Current KanCare Contract EVT 0001028, Sections 2.2.40- 2.2.40.16)*	No changes.	None
Implementation of a utilization management approach such that (c) there is an	MCOs are responsible for the development of utilization management for residential treatment. The State reviews and	No changes.	None

Milestone Criteria	Current State	Future State	Summary of Actions Needed
independent process for reviewing placement in residential treatment settings	approves MCO utilization management policies. The State also monitors grievances and appeals. The decision or request shall be made by a health care professional who has appropriate clinical expertise in treating the Member's condition or disease. (*Attachment #3-Current KanCare Contract EVT 0001028, Sections 2.2.40- 2.2.40.16)*		

3. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities

Milestone Criteria	Current State	Future State	Summary of Actions Needed
Criteria for completion of milestone	Provide an overview of current provider qualifications for residential treatment facilities and how these compare to nationally recognized SUD-specific program standards, e.g., the ASAM Criteria	Provide an overview of planned use of nationally recognized SUD-specific program standards in improving provider qualifications for residential treatment facilities.	Specify a list of action items needed to be completed to meet milestone requirements. Include persons or entities responsible for completion of each action item. Include timeframe for completion of each action item
Implementation of residential treatment provider qualifications in licensure requirements, policy manuals,	KDADS licenses all provider organizations delivering SUD services, including all residential treatment facilities (IMD and others). Licensing regulations include standards for program	KanCare contracts effective in on 1/1/19 and in subsequent years will specify ASAM program compliant (or other national standards i.e. CARF) as the credentialing	Implementation of KanCare contracts effective on January 1, 2019. Development and use of ASAM program criteria compliant

Milestone Criteria	Current State	Future State	Summary of Actions Needed
managed care contracts, or other guidance. Qualification should meet program standards in the ASAM Criteria or other nationally recognized, SUD-specific program standards regarding, in particular, the types of services, hours of clinical care, and credentials of staff for residential treatment settings	management, clinical hours, clinical and supportive services, staffing ratios, staff qualifications, facility regulations, medication control, treatment planning, record keeping, client rights, confidentiality, and quality improvement. *(Attachment #4 Standards for Licensure/ Certification of Alcohol and/or Other Drug Abuse Programs, rev. 1/1/06).* The standards need to be reviewed and revised to meet ASAM program criteria and other national standards (i.e. CARF). See Future State for goals regarding revision. The Kansas Behavioral Sciences Regulatory Board (KSBSRB) licenses individual (non-agency) Addiction Counselors as Licensed Addiction Counselors or Licensed Masters Addiction Counselors. Standards and procedures are set forth in KAS 65-6607-6620 and KSBSRB regulations 102-7-1:12. *(see https://ksbsrb.ks.gov)* Under KanCare contracts, MCOs are responsible for assuring	standards for MCO provider agreements *(Attachment #5, Kansas Medicaid Managed Care (KanCare 2019) RFP EVT0005464 p.66-67).* The State will revise licensing standards within 12-24 months. To complete this step, the State will review MCO contract requirements for credentialing and is in the process of comparing current state licensing regulations to ASAM criteria to identify the extent of changes that will be required. Subsequently, the State will need to draft regulations for public comment and follow relevant state requirements before they are effective.	credentialing standards for residential care by all MCOs within 12 months. Revision (as needed) of licensing standards for residential care to comply with ASAM program criteria and other national standards within 12-24 months.

Milestone Criteria	Current State	Future State	Summary of Actions Needed
	the licensure and qualifications of providers according to the above established State licensure standards and Medicaid credentialing policies. *(Attachment #6 KanCare 2.0 RFP EVT 0005464-Attachment C- 3.0-SUD Services p. 11-13 and section 4.3.1.1.2-SUD Treatment and MAT p.14)*		
Implementation of a state process for reviewing residential treatment providers to ensure compliance with these standards	KDADS completes initial and periodic licensing surveys every 1-3 years, depending on compliance. *(Attachment #4 Standards for Licensure/ Certification of Alcohol and/or Other Drug Abuse Programs, rev. 1/1/06 and Attachment #7 KDADS Licensing Surveyor Tool)*	KDADS reviews and licenses IMDs in accordance with the Current State column of this row. By the 12-month mark, MCOs will credential them in their networks according to credentialing policies that conform to ASAM program criteria or other national standards for staffing, hours, access, training, and other relevant standards.	Development and use of ASAM program criteria compliant credentialing standards for residential care by all MCOs within 12 months. Update of licensing survey tool to examine provider compliance with any new program standards (e.g., types of services offered, hours of clinical care, staff credentials) within 12-18 months.
Implementation of requirement that residential treatment facilities offer MAT on-site or facilitate access off site	There is currently no requirement that residential treatment facilities offer MAT on-site. The State requires them to assess and refer as appropriate.	KanCare will require residential treatment providers to assess clients and initiate MAT onsite for willing clients. To complete this step, the State will review MCO contract requirements for	The State will update the licensing requirements within 12-24 months to require residential treatment providers to assess clients and initiate MAT onsite for willing clients.

Milestone Criteria	Current State	Future State	Summary of Actions Needed
		credentialing and is in the process of comparing current state licensing regulations to ASAM criteria to identify the extent of changes that will be required. Subsequently, the State will need to draft regulations for public comment and follow relevant state requirements before they are effective.	MCOs will implement provision by 18-month mark.

4. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD

Milestone Criteria	Current State	Future State	Summary of Actions Needed
Criteria for completion of milestone	Provide an overview of current provider capacities throughout the State to provide SUD treatment at each of the critical levels of care listed in Milestone 1.	Provide an overview of planned improvements to provider availability and capacity intended to improve Medicaid beneficiary access to treatment throughout the State at each of the critical levels of care listed in Milestone 1.	Specify a list of action items needed to be completed to meet milestone requirements. Include persons or entities responsible for completion of each action item. Include timeframe for completion of

Milestone Criteria	Current State	Future State	Summary of Actions Needed
			each action item.
Completion of assessment of the availability of providers enrolled in Medicaid and accepting new patients in the following critical levels of care throughout the state (or at least in participating regions of the state) including those that offer MAT: Outpatient Services; Intensive Outpatient Services; Medication Assisted Treatment (medications as well as counseling and other services); Intensive Care in Residential and Inpatient Settings; Medically Supervised Withdrawal Management.	The MCOs submit Geo Mapping reports to the State each quarter. The reports include sub-reports by specialty (including SUD providers), provider access and availability reports, including distance to nearest provider, urgent access standards, county breakdowns, and trended access data. KDHE has established processes to monitor and manage the Reports. Provider network access standards require the MCOs to meet requirements for licensed outpatient, inpatient, intensive outpatient, residential treatment, and withdrawal management. (*Attachment #8 KanCare Network Adequacy Standards revised 8/6/18, p.9)* If the State identifies a provider network deficiency, the State will work with the MCO to develop a plan of action to meet the standards and/or if an exception is necessary. The State may also issue a corrective action plan or liquidated damages, as appropriate. KDADS has assessed the needs and gaps in access to treatment, particularly MAT.	The State will require MCOs to expand the existing infrastructure of MAT providers to improve member access to MAT, particularly in rural areas. The State will use Geo Mapping reports to monitor compliance. MCO will provide semi-annual reports outlining the network adequacy of each MCO for all levels of SUD service, by geographic region. These semi-annual reports will also include the number of providers accepting new patients for each level of care. Where Geo mapping does not provide this level of granularity, MCOs will be required to gather data for credentialing and provider network databases and report it to the State.	The State will revise the provider network standards to include MAT by the 12-month mark. KDADS will implement MAT access assessment, training, and network development according to the SOR State plan submitted to SAMSHA for the 2019 project period.

Milestone Criteria	Current State	Future State	Summary of Actions Needed
	Gaps vary by region and are most severe in rural and frontier regions of the State.	*(Attachment #5 Kansas Medicaid Managed Care (KanCare 2019) RFP EVT0005464 section 5.5.7 and section 5.8.3.2)* The KDADS SOR coordinator will work closely with KDHE and its contracted MCOs to address MAT service gaps in rural and western regions of the State using its assessment summary for each region. KDADS will provide training to providers for increasing MAT capacity.	

5. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD

Milestone Criteria	Current State	Future State	Summary of Actions Needed
Criteria for completion of milestone	Provide an overview of current treatment and prevention strategies to reduce opioid abuse and OUD in the State.	Provide an overview of planned strategies to prevent and treat opioid abuse and OUD.	Specify a list of action items needed to be completed to meet milestone requirements as detailed above. Include persons or entities responsible for

Milestone Criteria	Current State	Future State	Summary of Actions Needed
			completion of each action item. Include timeframe for completion of each action item.
Implementation of opioid prescribing guidelines along with other interventions to prevent opioid abuse	KDHE issued KMAP General Bulletin 18101- effective June 1, 2018, to amend its prescribing guidelines for Opioid Products Indicated for Pain Management to require prior authorization for all patients covered under Kansas Medicaid for any prescription of long acting opioids and any prescription of short acting opioids exceeding a 7-day supply, with exceptions. *(Attachment #9 KMAP General Map Bulletin 18101)*	Though the Governor's SUD task force recommends requiring use of the prescription drug monitoring program (PDMP) K-TRACS by all clinicians authorized to prescribe medications subject to abuse and recommends all pharmacists register with K-TRACS, use is currently voluntary. Mandatory Registration with K-TRACS is currently under review by the KS AG as an administrative regulation. Once approved, the Board will implement the regulation. K-TRACS is integrating with the EHRs of large group providers, hospitals and pharmacies (Walmart and Sam's pharmacies are currently linked). K-TRACS is working to have 100% of all pharmacies in the system.	Final review of mandatory K-TRACS registration (currently before the AG) by 06/19. Implementation of regulation by 12/19.
Expanded coverage of, and access to, naloxone for overdose reversal	Medicaid covers Naloxone in certain forms without prior authorization and it is available at pharmacies without a prescription *(K.A.R. 68-7-23)*	No changes.	None

Milestone Criteria	Current State	Future State	Summary of Actions Needed
Implementation of strategies to increase utilization and improve functionality of prescription drug monitoring programs	Kansas remains a national leader for PDMPs. The Board created and hosted the first PDMP Administrators Roundtable in August 2017. K-TRACS includes all retail and outpatient dispensing records for any controlled substance or drug of concern dispensed in Kansas or to a Kansas resident, regardless of whether the pharmacy is in Kansas. The only exception is for quantities dispensed in the emergency room for 48 hours or less. The software accommodates large chains, independent and small pharmacies, and works seamlessly with the NABP PMP Interconnect® at no charge by NABP. PMPi facilitates the transfer and availability of PDMP data to all 41 participating states. Kansas is currently sharing data with 30 states. Prescriber E-Recap (PERx) is a convenient way for the PDMP to provide prescribers with a snapshot of their prescribing practices regarding controlled substances.	K-TRACS is expanding capabilities to provide interoperability services for all prescribers and pharmacists in Kansas to access K-TRACS through the PDMP Gateway®. This Statewide integration increases availability, ease of access, and use of a patient's controlled substance prescription history for making critical and informed prescribing and dispensing decisions. This integration creates one-stop-shop making K-TRACS data directly available in the patient's electronic record. Increase utilization of K-TRACS for surveillance and intervention.	None

6. Improved Care Coordination and Transitions between Levels of Care

Milestone Criteria	Current State	Future State	Summary of Actions Needed
Criteria for completion of milestone	Provide an overview of current care coordination services and transition services across levels of care.	Provide an overview of planned improvements to care coordination services and transition services across levels of care.	Specify a list of action items needed to be completed to meet milestone requirements. Include persons or entities responsible for completion of each action item. Include timeframe for completion of each action item.
Implementation of policies to ensure residential and inpatient facilities link beneficiaries with community-based services and supports following stays in these facilities.	The State Opioid Response Grant includes activities of a State Opioid Coordinator to work with providers on care coordination and transition services across levels of care. MCOs are responsible to link beneficiaries with community-based services and providers that will coordinate transitions of care.	The current 1115 waiver expands the responsibilities of MCOs to ensure individualized care coordination and links with community-based recovery support for beneficiaries. *(Attachment #1 KanCare 2.0 Section 1115 Waiver Demonstration Renewal Application, Final Submission, Dec 2017)*	KDHE and KDADS will implement at coordinated approach to increasing service coordination across the spectrum of care, according to activities outlined in the State Opioid Response Grant and the KanCare 1115 wavier. These activities will be completed in a 12-month timeframe.

Milestone Criteria	Current State	Future State	Summary of Actions Needed
Additional policies to ensure coordination of care for co-occurring physical and mental health conditions	KanCare requires the provision of Person-Centered Case Management as a one-on-one goal-directed service for individuals with a SUD, to assist individual in obtaining access to needed family, legal, medical, employment, educational, psychiatric, and other services. For individuals served by an MCO, this service must be a part of the treatment plan developed and determined medically necessary by the MCO or by the contracted ASO for all others.	The current 1115 waiver under review at CMS *(Attachment #1 KanCare 2.0 Section 1115 Waiver Demonstration Renewal Application, Final Submission, Dec 2017)* increases support for individuals with behavioral health needs (including SUD) and expands MCO service coordination to assist individuals with accessing housing, food, employment, and other social needs. MCOs will also manage transitions of care between hospital and emergency room admissions to reduce readmission and adverse outcomes. *(Attachment #5 Kansas Medicaid Managed Care (KanCare 2019) RFP EVT0005464 p.11,31-35,56, 59-63)*	KDHE will implement Future State activities in accordance with the 1115 waiver implementation timetable within 12 months of waiver approval.

Section II – Implementation Administration

Please provide the contact information for the state's point of contact for the Implementation Plan.

Name and Title Andy Brown, Commissioner of Behavioral Health Services
Telephone Number: 785-291-3359
Email Address: Andrew.Brown@ks.gov

Section III – Relevant Documents

Please provide any additional documentation or information that the state deems relevant to successful execution of the implementation plan.

Included under a separate cover are the following attached documents, referenced throughout this text:

1. KanCare Section 2.0 1115 Waiver Demonstration Renewal Application, Final Submission, Dec 2017
2. The Kansas Medical Assistance Program Substance Use Disorder Services Provider Manual (KMAP-SUD-PM)
3. Current KanCare MCO Contract EVT 0001028
4. Standards for Licensure/Certification of Alcohol and/or Other Drug Abuse Programs, rev. 1/1/06
5. Kansas Medicaid Managed Care (KanCare 2019) RFP EVT0005464
6. KanCare 2.0 RFP EVT 0005464 - Attachment C- 3.0-SUD Services
7. KDADS Licensing Surveyor Tool
8. KanCare Network Adequacy Standards revised 8/6/18
9. KMAP General Map Bulletin 18101

Attachment A –SUD Health Information Technology (IT) Plan

The Kansas State Board of Pharmacy is responsible for administration of the Kansas Prescription Drug Monitoring Program (PDMP), known as K-TRACS, which tracks and monitors Schedule II through IV controlled substances and other drugs of concern in Kansas. The goal of the PDMP is to prevent the misuse, abuse, and diversion of controlled substances and drugs of concern, while ensuring continued availability of these medications for legitimate medical use. The Board requires each dispenser (pharmacy) to electronically submit information to the central data collection system for each controlled substance prescription or drug of concern dispensed in an outpatient setting. Prescribers and pharmacists may register for K-TRACS through the Board prior to utilizing the system. K-TRACS is a real-time, web-based system, and users can obtain patient information instantly from any location at any time with the proper login credentials.[3]

The Board employs a Director and a program manager to oversee and administer the PDMP and an epidemiologist in a grant-funded position through August 2019 to analyze K-TRACS data and provide necessary reporting under the federal grants. Additional administrative support is provided by Board of Pharmacy licensing staff.

The Board contracts directly with Appriss for the K-TRACS software. Appriss is the PDMP vendor for 44 other states and provides a strong PDMP solution. The software accommodates large chains, independent and small pharmacies, and works seamlessly with the National Association of Boards of Pharmacy (NABP) - PMP Interconnect® (PMPi) which facilitates the transfer of PDMP data to the 47 participating states. Kansas is currently sharing data with 31 states, including Colorado, Oklahoma, and Texas and recently began sharing with the St. Louis, Missouri PDMP which covers 71 participating jurisdictions. Together these include 84% of the population of Missouri and 85% of the pharmacies.

The Board received a grant in 2012 from the Substance Abuse and Mental Health Services Administration (SAMSHA) through the U.S. Department of Health and Human Services which funded integration of K-TRACS data into the Lewis and Clark Information Exchange (LACIE) and Via Christi Health Systems, enabling a single sign-on for access to a patient's medical record and K-TRACS history. The Board, in conjunction with KDHE, is now expanding that project to provide interoperability services for all prescribers and pharmacists in Kansas to access K-TRACS through the PDMP Gateway®. The project is funded by a grant from the Centers for Disease Control awarded to KDHE. INTEGRx.8 makes K-TRACS data directly available in the patient's electronic record. As of January 2019, 33 hospital corporations (with multiple sites statewide) 130 pharmacy chains and independent pharmacies (with multiple locations statewide) and 11 physicians' offices are integrated with K-TRACS in Kansas.

NarxCare is the newest upgrade to the K-TRACS system beginning January 2019. NarxCare provides patient and clinical decision support beyond the state produced patient's prescription

[3]January 2018 Report to Legislature: https://pharmacy.ks.gov/docs/default-source/ktracs/reports/2018-pdmp-legislative-report---final.pdf?sfvrsn=d9caa501_2

history by: 1) Compiling multiple state reports into one cohesive profile; 2) Analyzing data to provide reports, use scores, predictive scores, red flags, visualizations, and K TRACS data including narcotics, sedatives, and stimulants; 3) Including Medication Assisted Treatment (MAT) locators and CDC printable educational handouts; and finally 4) The Care Team Communications, a powerful tool within NarxCare for the prevention and treatment of substance use disorder provides coordination of care.

K-TRACS was implemented and operated using federal grant funds through June 30, 2016. The Board has now exhausted available grant funding to sustain the program, and the only remaining grant funding is for program enhancements. While the Board continues to pursue grant opportunities, funding presents the largest obstacle to maintaining a PDMP in Kansas. A permanent funding solution will be required prior to July 1, 2019 to ensure program continuation.

Table 1. State Health IT / PDMP Assessment & Plan

Milestone Criteria	Current State	Future State	Summary of Actions Needed
Implementation of comprehensive treatment and prevention strategies to address Opioid Abuse and OUD, that is: *--Enhance the state's health IT functionality to support its PDMP; and* *--Enhance and/or support clinicians in their usage of the state's PDMP.*	*Provide an overview of current PDMP capabilities, health IT functionalities to support the PDMP, and supports to enhance clinicians' use of the state's health IT functionality to achieve the goals of the PDMP.*	*Provide an overview of plans for enhancing the state's PDMP, related enhancements to its health IT functionalities, and related enhancements to support clinicians' use of the health IT functionality to achieve the goals of the PDMP.*	*Specify a list of action items needed to be completed to meet the HIT/PDMP milestones identified in the first column. Include persons or entities responsible for completion of each action item. Include timeframe for completion of each action item.*
Prescription Drug Monitoring Program (PDMP) Functionalities			
Enhanced interstate data sharing to better track patient specific prescription data.	K-TRACS accommodates large chains, independent and small pharmacies, and works seamlessly with the NABP PMP Interconnect® (PMPi), provided by the National Association of Boards of Pharmacy at no charge. PMPi is a system which facilitates the transfer and availability of	Since Missouri has not been able to pass statewide legislation establishing a PDMP, Kansas is actively working connect St. Louis county and the other counties that have established a PDMP. St. Louis	Staff at the State Board of Pharmacy is responsible for K-TRACS coordinating with neighboring states. It is in the process of establishing PMPi links with PDMP active counties in

Milestone Criteria	Current State	Future State	Summary of Actions Needed
	PDMP data to all participating states (48 available). Kansas is currently sharing data with 32 states.	County launched its PDMP in April 2017. Fourteen other jurisdictions participate, and more are joining. Currently 84% of Missouri's population live in county participating the PDMP program. Kansas will be sharing data with those PDMPs by October 2019.	Missouri and will go live with data exchange by October 2019. Kansas will continue to support efforts with the Nebraska legislature to share PDMP data, but no timeframe for completion can be established yet.
Enhanced "ease of use" for prescribers and other state and federal stakeholders.	K-TRACS disseminates materials, created under CDC guidelines, to healthcare providers and students as well as NGOs and academic instructors. MAT and pain management trainings also includes K-TRACS materials. An enhancement generates a "pop-up" in K-TRACS when a prescriber or pharmacist queries a threshold patient. Threshold patients are individuals who received at least five controlled substance prescriptions from prescribers and visited at least five pharmacies to fill those prescriptions in a 90-day period. The Board also maintains a website for K-TRACS at www.ktracs.ks.gov, with updated forms, frequently asked questions/answers, and other helpful resources for healthcare workers and the public. In addition, the Board publishes articles on best practices and	K-TRACS is in the process of implementing ease of use functionality for specialists. Specialists will be able to see prescribing patterns for other specialists in the same field, which will provide them with decision support on prescribing. and this enhanced feature is going live soon, funded by KDHE. NarxCare went live in January 2019, and provides patient and clinical decision support through reports, use scores, predictive scores, red flags and visualizations and	The Board of Pharmacy staff is responsible for adding functionality to the K-TRACS system, working with the State's vendor(s). The enhanced features for specialists will be live by August 31, 2019.

Milestone Criteria	Current State	Future State	Summary of Actions Needed
	reminders in a quarterly newsletter available on the Board website.	care coordination tools. It also includes MAT locators and CDC handouts.	
Enhanced connectivity between the state's PDMP and any statewide, regional, or local health information exchange.	In 2012, K-TRACS integrated with the Lewis and Clark Information Exchange (LACIE) and Via Christi Health Systems, enabling a single sign-on for access to a patient's medical record and K-TRACS history. The project, known as INTEGRx8, has expanded to provide interoperability services for all prescribers and pharmacists in Kansas to access K-TRACS through the PDMP Gateway®. The Kansas Health Information Network is actively pursuing a K-TRACS connection through the PDMP Gateway®.	K-TRACS is currently integrated with 33 hospital corporations (which have multiple additional locations statewide) 130 pharmacies and pharmacy chains (with multiple additional locations statewide), and 11 physician offices. K-TRACS will continue to work on integrating with more pharmacies (including CVS, which is not currently integrated) and more outpatient practices (including dentists and specialists).	The Board of Pharmacy staff is responsible for adding any new functionality to the K-TRACS system, working with the State's vendor(s).
Enhanced identification of long-term opioid use directly correlated to clinician prescribing patterns[4] (see also "Use of PDMP" #2 below).	In December 2017, the Board announce the first Prescriber E-Recap (PERx). PERx is a quick, convenient way for K-TRACS to provide prescribers with a snapshot of their prescribing practices regarding controlled substances. The PERx covers the previous six-month period and includes: (1) How many patients the prescriber has	The Board recently received additional CDC grant funding through KDHE to add advanced clinical alerts to the K-TRACS system. The system provides clinical alerts directly to K-TRACS users and use indicators	The Board of Pharmacy staff will continue to pursue future funding opportunities with the Federal agencies (in conjunction with KDADS and KDHE as appropriate), but Kansas' efforts have been limited by

[4] Shah A, Hayes CJ, Martin BC. Characteristics of Initial Prescription Episodes and Likelihood of Long-Term Opioid Use — United States, 2006–2015. MMWR Morb Mortal Wkly Rep 2017;66:265–269. DOI: http://dx.doi.org/10.15585/mmwr.mm6610a1.

Milestone Criteria	Current State	Future State	Summary of Actions Needed
	prescribed opioids to, as well as a comparison to other prescribers within the prescriber's specialty; (2) Morphine Milligram Equivalent (MME) information is broken out so the prescriber can readily see where their opioid prescribing falls within multiple MME ranges; (3) Opioid treatment duration shows the percentage of their patients who have been prescribed opioids for fewer than 7 days, 7 to 28 days, 29 to 90 days, or more than 90 days; (4) K-TRACS usage shows how much the prescriber and their delegate(s) are using K-TRACS; (5) Multiple Provider Episodes (MPE) provide a look at the number of the prescriber's patients who have met or exceeded the K-TRACS threshold – five prescribers and five pharmacies within 90 days; and (6) Dangerous Combination Therapy provides the prescriber with details of their patients' combination therapies that may increase a patient's risk for overdose.[5]	that a patient may have multiple provider episodes, previous overdose history, prescriptions for dangerous drug combinations, or high prescription milligram morphine equivalents. INTEGRx8 delivers a more efficient and patient-oriented program, saves users 4.22 minutes per patient on average, and increases the utilization of K-TRACS by a factor of seven. A supplemental FY2019 CDC grant award will allow the Board to deploy the NARxCARE® enhancement, which provides additional metrics, tools, and risk scores for patients prescribed controlled substances and drugs of concern.	recent requirements of several federal agencies to use RX Check (the Federal PDMP data hub being used by BJA, CDC and other Federal Agencies). The terms and conditions for RX Check are in conflict with Kansas' data use policy. Until such issues are resolved, (i.e. RX Check conforms its data disclosure policy with law enforcement to conform with the more restrictive policies in most states), Kansas will not seek federal funds for new grant initiatives that require use of RX Check.
Current and Future PDMP Query Capabilities			

[5] January 2018 Report to Legislature: https://pharmacy.ks.gov/docs/default-source/ktracs/reports/2018-pdmp-legislative-report---final.pdf?sfvrsn=d9caa501_2

Milestone Criteria	Current State	Future State	Summary of Actions Needed
Facilitate the state's ability to properly match patients receiving opioid prescriptions with patients in the PDMP (i.e. the state's master patient index (MPI) strategy regarding the PDMP query).	The use of K-TRACS is not mandatory in Kansas. As the Board launches statewide integration of K-TRACS data into hospital and pharmacy electronic health records systems, use of the Gateway is expected to increase queries substantially. These systems can check a patient's controlled substance prescription history more than one time per second and counts may represent multiple checks per patient.	The K-TRACS staff will continue to work closely with State partners from other agencies and providers to increase utilization of the system. The Board envisions that expansion of the Gateway is the best way to increase use and allow providers to properly match opioid prescriptions for their patients in the PDMP. The State will explore feasibility and options of developing a shared Master Patient Index.	The Board of Pharmacy staff is responsible for adding any new functionality to the K-TRACS system, working with the State's vendor(s).
Use of PDMP – Supporting Clinicians with Changing Office Workflows / Business Processes			
Develop enhanced provider workflow/ business processes to better support clinicians in accessing the PDMP prior to prescribing an opioid or other controlled substance to address the issues which follow.	The integration of K-TRACS, LACIE, and Via Christi Health Systems enabling a single sign-on for patient medical record access in conjunction with the PDMP Gateway® gives Kansas an opportunity to deliver a more efficient and patient-oriented program. This integration allows prescribers and pharmacists to log into one program instead of separate system to query patient data which takes valuable time away from patient care and interaction. This integration simplifies the process by	INTEGRx.8 makes K-TRACS data directly available in the patient's electronic record. As of January 2019, 33 hospital corporations (with multiple sites statewide) 130 pharmacy chains and independent pharmacies (with multiple locations statewide) and 11 physicians' offices are integrated with K-TRACS in Kansas.	The Board of Pharmacy staff is responsible for adding any new functionality to the K-TRACS system, working with the State's vendor(s).

Milestone Criteria	Current State	Future State	Summary of Actions Needed
	creating a one-stop-shop making K-TRACS data directly available in the patient's electronic record and saving 4.22 minutes per patient, on average and up to 10 minutes per patient in rural areas.		
Develop enhanced supports for clinician review of the patients' history of controlled substance prescriptions provided through the PDMP—prior to the issuance of an opioid prescription.	In December 2017, the Board announce the first Prescriber E-Recap (PERx). PERx is a quick, convenient way for the PDMP to provide prescribers with a snapshot of their prescribing practices regarding controlled substances. The PERx covers the previous six-month period and includes: (1) How many patients the prescriber has prescribed opioids to, as well as a comparison to other prescribers within the prescriber's specialty. (2) The system provides Morphine Milligram Equivalent (MME) information broken out so the prescriber can readily see where their opioid prescribing falls within multiple MME ranges. (3) Opioid treatment duration shows prescribers the percentage of their patients prescribed opioids for fewer than 7 days, 7 to 28 days, 29 to 90 days, or more than 90 days. (4) K-TRACS usage, which shows how much the prescriber and their delegate(s) are using K-TRACS. (5) Multiple Provider Episodes (MPE) provide a look at the number of the prescriber's patients who	The Board will continue to expand the use of PERx with clinicians using the PDMP and will establish daily MME guidelines and compliance with those guidelines to providers using the PDMP. INTEGRx.8 makes K-TRACS data directly available in the patient's electronic record. As of January 2019, 33 hospital corporations (with multiple sites statewide) 130 pharmacy chains and independent pharmacies (with multiple locations statewide) and 11 physicians' offices are integrated with K-TRACS in Kansas.	The Board of Pharmacy staff will be responsible for adding functionality to the K-TRACS system, working with the State's vendor(s).

Milestone Criteria	Current State	Future State	Summary of Actions Needed
	have met or exceeded the K-TRACS threshold of 5/5/90 – five prescribers and five pharmacies within 90 days. (6) Dangerous Combination Therapy provides the prescriber with details of their patients' combination therapies that may increase a patient's risk for overdose.[6]		
Master Patient Index / Identity Management			
Enhance the master patient index (or master data management service, etc.) in support of SUD care delivery.	The Kansas Eligibility Enforcement System (KEES) system includes a master person index (MPI) for each person that applies for Medicaid. The MPI serves as the system of record for all person-based information throughout KEES. The MPI issues a "client ID number" that identifies a person throughout KEES. The State recognizes limitations in currently supported patient matching in the PDMP and intends to find ways to link this issue to improve data linkage and identity mapping.	The State will explore feasibility and options of developing a shared Master Patient Index.	The Board of Pharmacy staff will be responsible for adding this functionality to the K-TRACS system, working with the State's vendor(s). The Board will identify: (1) facilitators and barriers, and (2) options to link Patient Identifiers and across different systems.
Overall Objective for Enhancing PDMP Functionality & Interoperability			

[6] January 2018 Report to Legislature: https://pharmacy.ks.gov/docs/default-source/ktracs/reports/2018-pdmp-legislative-report---final.pdf?sfvrsn=d9caa501_2

Milestone Criteria	Current State	Future State	Summary of Actions Needed
Leverage the above functionalities / capabilities / supports (in concert with any other state health IT, TA, or workflow effort) to implement effective controls to minimize the risk of inappropriate opioid overprescribing—and to ensure that Medicaid does not inappropriately pay for opioids.	Through the integration described in milestone objectives above, K-TRACS providers, including those treating Medicaid beneficiaries are using the tools and methods supported in the PDMP to minimize inappropriate opioid prescribing.	Continuation of all initiatives stated in the milestones above.	. The Board of Pharmacy staff will continue to pursue future funding opportunities with the Federal agencies (in conjunction with KDADS and KDHE as appropriate), but Kansas' efforts have been limited by recent requirements of several federal agencies to use RX Check (the Federal PDMP data hub being used by BJA, CDC and other Federal Agencies).

Attachment A, Section II – Implementation Administration

Please provide the contact information for the state's point of contact for the SUD Health IT Plan.

Name and Title: Lori K. Haskett, Assistant Director, K-TRACS
Telephone Number: 785-296-4040
Email Address: lori.k.haskett@ks.gov

Attachment A, Section III – Relevant Documents

Please provide any additional documentation or information that the state deems relevant to successful execution of the implementation plan.

1. January 2018 Report to Legislature: https://pharmacy.ks.gov/docs/default-source/ktracs/reports/2018-pdmp-legislative-report---final.pdf?sfvrsn=d9caa501_2
2. Presentation by Board of Pharmacy in December 2017 (contains great background on the PDMP): https://qioprogram.org/sites/default/files/editors/141/KS_PDMP_Recording_508.pdf
3. Presentation by Board of Pharmacy in March 2017: https://www.deadiversion.usdoj.gov/mtgs/pharm_awareness/conf_2017/march_2017/wichita/kenton.pdf

4. 2nd Quarter 2018 K-TRACS Quarterly Review: https://pharmacy.ks.gov/docs/default-source/ktracs/reports/july-20-2018.pdf?sfvrsn=ecba501_2