

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B
Kentucky - SUD Demonstration, KY HEALTH
DY1 – July 2019 – June 2020,
DY1Q4 – April 2020 – June 2020
Submitted on 09/30/2020

1. Title Page for the State’s SUD Demonstration or SUD Components of Broader Demonstration

The state should complete this Title Page at the beginning of a demonstration and submit as the title page of all SUD Monitoring Reports. The content of this table should stay consistent over time.

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State	Kentucky
Demonstration name	SUD Demonstration, Kentucky Helping to Engage and Achieve Long Term Health (KY HEALTH)
Approval date for demonstration	January 12, 2018
Approval period for SUD	January 12, 2018 – September 30 , 2023
Approval date for SUD, if different from above	Enter approval date for the SUD demonstration as listed in the demonstration approval letter if different from above (MM/DD/YYYY).
Implementation date of SUD, if different from above	07/01/2019
SUD (or if broader demonstration, then SUD - related) demonstration goals and objectives	<p>Effective upon CMS’ approval of the SUD Implementation Protocol, as described in STC 93, the demonstration benefit package for all Medicaid beneficiaries as authorized by this demonstration will include OUD/SUD residential treatment, crisis stabilization and withdrawal management services provided in IMDs, which are not otherwise matchable expenditures under section 1903 of the Act. Medicaid beneficiaries residing in IMDs under the terms of this demonstration will have coverage of all benefits that would otherwise be covered if the beneficiary were not residing in an IMD. Effective upon CMS’ approval of this demonstration, methadone treatment services will be a covered service under the state plan for Medicaid beneficiaries.</p> <p>The coverage of OUD/SUD residential treatment, crisis stabilization, withdrawal management and methadone treatment services will expand Kentucky’s current SUD benefit package available to all Medicaid beneficiaries. Note: room and board costs are not considered allowable costs for residential treatment service providers unless they qualify as inpatient facilities under section 1905(a) of the Act.</p> <p>A waiver of the NEMT assurance is granted for methadone treatment services to allow the state not to provide NEMT for methadone services to all Medicaid beneficiaries, except that NEMT for methadone services will be provided for children under age 21 who are subject to EPSDT, former foster care youth, and for pregnant women. (A waiver of the NEMT assurance for all other Medicaid covered services is granted for beneficiaries eligible through the new adult group, as defined in 42 CFR 435.119, except for beneficiaries in that group who are under age 21 and subject to EPSDT, pregnant, medically frail, survivors of domestic violence, or former foster care youth.)</p>

2. Executive Summary

The executive summary should be reported in the fillable box below. It is intended for summary-level information only. The recommended word count is 500 or less.

Kentucky's Substance Use Disorder (SUD) 1115 Demonstration continues with a phased rollout. Phase 2 Implementation was effective April 1, 2020 with the introduction of new billing codes for American Society of Addiction Medicine (ASAM) Levels of Care (LOC) 3.1, 3.5 and 3.7. Provisionally certified and ASAM LOC certified providers were eligible to render services using these new codes to distinguish the different residential and inpatient LOC. Provisional Certification was effective 4/1/20 for 72 providers who self-attested to their ASAM LOC and underwent a desk audit process reviewed by the DMS Behavioral Health (BH) Team. These providers also received a waiver of the Institute for Mental Disease (IMD) exclusion and are eligible for reimbursement of residential services up to 96 beds per location. The BH Team continues to issue certifications on an ongoing quarterly basis through 4/1/21. The BH Team completed desk audits for an additional 13 provisional certifications during this reporting period with effective date 7/1/20.

Following Phase 2 Implementation, the DMS BH Team continued to conduct monthly SUD Residential Provider Check-In Calls (average of 39 participants) to address any issues/concerns post implementation and provide updates regarding the ASAM LOC Certification launch announced by ASAM/CARF in April 2020, as well as distribute monthly newsletters.

Changes were also implemented 4/1/20 to the Kentucky Medicaid Partner Portal Application (KY MPPA) online provider application system to include residential/inpatient provisional certification. Beginning this date, a new weekly SUD flat file pulled from the KY MPPA began to be distributed to the Managed Care Organizations (MCOs) that includes the provisionally certified and ASAM certified residential/inpatient providers, their ASAM LOC and identifies the service facility and location where services are provided. During this period, the BH Team also continued to hold MCO Q&A calls to address questions, concerns or feedback regarding Phase 2 Implementation.

Chemical Dependency Treatment Center and Residential Crisis Stabilization Unit (RCSU) Ordinary Administrative Regulations were filed in May to incorporate the State Plan Amendment (SPA) changes filed in March 2020. During this reporting period, those SPA changes were approved by CMS with effective date January 1, 2020.

3. Narrative Information on Implementation, by Milestone and Reporting Topic

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
1.2 Assessment of Need and Qualification for SUD Services			
1.2.1 Metric Trends			
<input checked="" type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to assessment of need and qualification for SUD services.	<p>The following is a summary and general assessment and of the observed trends for two (2) measurement periods, July – September 2019 (SUD DY1Q1), and October – December 2019 (SUD DY1Q2).</p> <p>SUD DY1Q1: 7/1/2019 – 9/30/2019</p> <p>The first quarter of metrics begins to establish the baseline for the Medicaid Section 1115 SUD Demonstration project. During the period from July 1 through September 30, 2019, an average of 7,690 beneficiaries per month were newly diagnosed and initiated treatment for substance use disorder (SUD). During the same time, the Medicaid program had an average of 101,161 beneficiaries per month with a SUD.</p> <p>SUD DY1Q2: 10/01/2019 – 12/31/2019</p> <p>The number of Medicaid beneficiaries with a diagnosis of substance use disorder (SUD) remains above 101,000 during the last quarter of the calendar year 2019 while the number of newly diagnosed decreased somewhat compared to the preceding quarter with an average of 7,035 new cases per month, a decrease of approximately 8.5 percent.</p>	10/01/2019 – 12/31/2019	#2 Medicaid Beneficiaries with Newly Initiated SUD Treatment/Diagnosis
<input type="checkbox"/> The state has no metrics trends to report for this reporting topic.			

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1.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: <input type="checkbox"/> i) The target population(s) of the demonstration <input type="checkbox"/> ii) The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration		<i>Insert the measurement period in which the update was first reported.</i> <i>EXAMPLE: ii) 01/01/2018-03/31/2018</i>	<i>Insert the metric related to the reported update (if any) or write "N/A".</i> <i>EXAMPLE: ii) N/A</i>
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services	<i>EXAMPLE: The state projects an x% increase in beneficiaries with an SUD diagnosis due to an increase in the FPL limits which will be effective on X date.</i>	<i>EXAMPLE: 01/01/2019-03/31/2019</i>	<i>EXAMPLE: #6 and 7: Medicaid beneficiaries with SUD diagnosis (monthly)</i>
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			

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Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
2.2 Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)			
2.2.1 Metric Trends			
<input checked="" type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1	<p>The following is a summary and general assessment and of the observed trends for two (2) measurement periods, July – September 2019 (SUD DY1Q1), and October – December 2019 (SUD DY1Q2).</p> <p>SUD DY1Q1: 7/1/2019 – 9/30/2019</p> <p>Access to and utilization of treatment services vary greatly across the different levels of care. Overall, approximately 43.3 percent of beneficiaries with a SUD received treatment. Early intervention services were the least utilized while nearly a third received outpatient services. Medication-Assisted Treatment (MAT) was the second most common form of treatment and increased every successive month; more than one out of every five beneficiaries received MAT during the measurement period, an average of 23.4 percent of beneficiaries per month.</p> <p>SUD DY1Q2: 10/01/2019 – 12/31/2019</p> <p>The number of beneficiaries that receive any SUD services, approximately 43.5 percent remained largely unchanged compared to the prior period. The relative utilization of treatment remains the same; outpatient care is the most frequently use service, followed by Medication-Assisted Treatment (MAT).</p> <p>Intensive outpatient, partial hospitalization, residential, and inpatient services constitute the next “layer” of treatment; an average of 5.8 percent of beneficiaries per month were engaged in some form intensive outpatient and/or partial hospitalization services for SUD compared to 3.0 percent of beneficiaries that received residential and/or inpatient services. Early intervention and stand-alone withdrawal management were the least utilized services.</p>	N/A	N/A

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Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
<input type="checkbox"/> The state has no metrics trends to report for this reporting topic.			

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2.2.2 Implementation Update			

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<p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> i) Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g. outpatient services, intensive outpatient services, medication assisted treatment, services in intensive residential and inpatient settings, medically supervised withdrawal management) <input checked="" type="checkbox"/> ii) SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication assisted treatment services provided to individuals in IMDs 	<p>DY1 Annual Summary:</p> <p>i.) DMS implemented SPA and regulation changes effective 7/1/19 to include extending service planning for SUD treatment, adding partial hospitalization services in a Behavioral Health Service Organization (BHSO) and adding a description of Withdrawal Management (WDM) services within the appropriate levels of care (LOC) for SUD treatment.</p> <p>Per the 11/4/19 Implementation Plan, DMS completed the desk audit reviews for submitted residential provider attestations between 1/1/20 – 2/15/20 utilizing state created forms and issued “provisional certification” effective 4/1/20. During the initial review, the DMS BH Team completed 74 desk audit reviews. Provisional certification was issued for residential levels: 3.1, 3.5 and 3.7 based on provider self-attestation and provider type enrollment. Provisional certification was not issued to level 3.3 during this time, as Kentucky was notified by ASAM they will not be issuing Level 3.3 in their initial launch nationwide. Providers who received provisional certification; in addition to the 6 residential providers who obtained ASAM LOC Certification by participating in the pilot are eligible for waive of the IMD exclusion to receive reimbursement beyond 16 beds, up to 96 beds per location.</p> <p>DMS was made aware of the ASAM LOC Certification launch in April and began distributing information to providers through monthly newsletters, check-in calls and memorandums to help prepare providers on how to obtain.</p> <p>DMS continues to issue provisional certification quarterly through 6/30/21 in which all provisional certifications will be end dated and the ASAM LOC Certification will be required 7/1/21 per regulation changes 7/1/19 and those filed in May 2020. During this reporting period, as additional 13 provisional certifications were issued with effective date 7/1/20.</p>	<p>07/01/2019 – 06/30/2020</p>	
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	<p>Per the 11/4/19 Implementation Plan, State Plan Amendment (SPA) changes were approved by CMS with effective date 1/1/20 to add an Inpatient Chemical Dependency Treatment Center (CDTC) description to allow for programs to provide Medically Monitored Intensive Inpatient Services, and Medically Monitored Intensive Withdrawal Management (WDM).</p> <p>Changes to the CDTC regulations were filed in May to incorporate the above SPA changes.</p> <p>ii.) SPA and regulation changes effective 7/1/19 included adding coverage of Methadone for MAT and allowing Narcotic Treatment Programs (NTP) to enroll as BHSOs to provide methadone treatment for MAT treating SUD. All Kentucky NTPs were enrolled by 2020. These changes also required residential and inpatient SUD treatment providers to provide care coordination and to provide MAT onsite or facilitate off-site.</p> <p>Per the 11/4/19 Implementation Plan, State Plan Amendment (SPA) changes were approved by CMS with effective date 1/1/20 to add an Inpatient Chemical Dependency Treatment Center (CDTC) description and require programs to utilize The ASAM Criteria for Medically Monitored Intensive Inpatient Services, and Medically Monitored Intensive Withdrawal Management (WDM). This requirement was also added to Residential Crisis Stabilization Units (RCSU) treating SUD. CDTC and RCSU programs are also required to provide care coordination and facilitate Medication Assisted Treatment (MAT) as appropriate per recipient choice.</p> <p>Changes to the CDTC and RCSU regulations were filed in May to incorporate the above SPA changes.</p>		
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			

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<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Milestone 1			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
3.2 Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)			
3.2.1 Metric Trends			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2			
<input type="checkbox"/> The state has no trends to report for this reporting topic.			
<input checked="" type="checkbox"/> The state is not reporting metrics related to Milestone 2.			

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3.2.2 Implementation Update			

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<p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> i) Planned activities to improve providers’ use of evidence-based, SUD-specific placement criteria <input checked="" type="checkbox"/> ii) Implementation of a utilization management approach to ensure (a) beneficiaries have access to SUD services at the appropriate level of care, (b) interventions are appropriate for the diagnosis and level of care, or (c) use of independent process for reviewing placement in residential treatment settings 	<p>DY1 Annual Summary</p> <p>i.) SPA and regulation changes effective 7/1/19 and 1/1/20 required SUD providers to utilize <i>The ASAM Criteria</i> and meet the service criteria, including the components for support systems, staffing, and therapies outlined in the most current edition of <i>The ASAM Criteria</i> for intensive outpatient services, partial hospitalization residential and inpatient SUD treatment. SPA and regulation changes effective 7/1/19 also require utilization of ASAM’s six dimension multidimensional assessment tool for SUD treatment providers to determine the most appropriate LOC placement.</p> <p>Per the 11/4/19 Implementation Plan, DMS continued to work with KORE (Kentucky Opioid Response Effort) during this reporting period to offer in-person and online ASAM trainings and opportunities. These trainings include review of The ASAM Criteria including dimensional assessments to ensure appropriate LOC placement. Those who participated in the in-person trainings received a copy of the ASAM Criteria book. In-person trainings scheduled for April and June were cancelled due to COVID-19 and state of emergency. BH Team continued to review online opportunities for trainings during monthly provider calls in this reporting period.</p> <p>ii.) (a) Effective 4/1, DMS Implemented ASAM Residential/Inpatient LOCs (3.1, 3.5 and 3.7) by adding new billing codes to be used per LOC by provisionally certified or ASAM certified programs, ensuring beneficiaries have access to SUD treatment at the appropriate LOC. (b) Per the 11/4/19 Implementation Plan, SPA and regulation changes 7/1/2019 required SUD residential treatment to be provided following an assessment of an individual and a determination that the individual meets the dimensional admission criteria for approval of residential LOC placement in accordance with the most current edition of <i>The ASAM Criteria</i>.</p> <p>During desk audit reviews prior to issuing provisional certification, the BH Team verified SUD residential providers</p>	<p>07/01/2019 – 06/30/2020</p>	
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	<p>attested to utilizing a multi-dimensional assessment tool to determine appropriate LOC placement for SUD treatment. (c) DMS collaborated with Managed Care Organizations (MCOs) to require the use of ASAM Criteria for authorization regarding LOC determination for SUD treatment with no predetermined limits of care established for these services, as well as continued involvement in a LOC is based on individual need determined through medical necessity criteria. In preparation for implementation of the ASAM LOC Provisional Certification becoming effective 4/1/20, throughout the monthly Residential Provider Check-In Calls, providers were encouraged to contact MCOs regarding any changes to the review process to ensure smooth transition of services. All 5 MCOs participated in Phase 2 Implementation effective 4/1/20. However, due to the state of emergency and during this reporting period, prior authorizations were suspended in March 2020, though medical necessity could still be reviewed if providers requested.</p>		
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Milestone 2			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state is not reporting metrics related to Milestone 2.			
4.2 Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)			
4.2.1 Metric Trends			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3			
<input type="checkbox"/> The state has no trends to report for this reporting topic.			
<input checked="" type="checkbox"/> The state is not reporting metrics related to Milestone 3.			

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4.2.2 Implementation Update			

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<p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> i) Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards <input checked="" type="checkbox"/> ii) State review process for residential treatment providers' compliance with qualifications standards <input checked="" type="checkbox"/> iii) Availability of medication assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site 	<p>DY1 Annual Summary</p> <ul style="list-style-type: none"> i. Per the 11/4/19 Implementation Plan, SPA and regulation changes 7/1/2019 required SUD residential treatment programs meet the service criteria for the appropriate residential LOC including the components for support systems, staffing, and therapies outlined in the most current edition of <i>The ASAM Criteria</i>; and obtain the ASAM LOC Certification by 7/1/2021. <p>SPA changes approved during this reporting period for inpatient CDTC and RCSUs treating SUD, along with regulations filed in May require these programs to utilize <i>The ASAM Criteria</i> for Medically Monitored Intensive Inpatient Services and Medically Monitored Intensive WDM. The requirement for CDTC and RCSUs treatment SUD to obtain the ASAM LOC Certification by 7/1/21 was also added to the regulations.</p> <ul style="list-style-type: none"> ii. Per the 11/4/19 Implementation Plan, the BH Team developed a Provisional Certification Policy utilizing a nationally recognized SUD program standard to set provider qualifications for residential treatment to allow all enrolled SUD residential treatment providers to obtain a provisional residential level of care (LOC) certification by self-attestation with the requirement to obtain the American Society for Addiction Medicine (ASAM) LOC Certification by July 1, 2021. The BH Team held a webinar and conducted bi-weekly SUD Residential Provider Calls prior to and throughout the attestation process to outreach and educate providers regarding Provisional Certification. From November – December 2019, SUD residential programs completed a second attestation process to identify the appropriate ASAM LOC(s) by completing a “survey” of service they provide to receive “provisional certification”. DMS completed desk audit reviews for submitted attestations between 1/1/20 – 2/15/20 utilizing state created forms and issued “provisional certification” effective 4/1/20. During the initial review, the DMS BH Team completed 74 desk audit reviews and issued provisional certification for residential levels: 3.1, 3.5 and 3.7 based on provider self-attestation and provider type enrollment. Provisional 	<p>07/01/2019 – 06/30/2020</p>	
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	<p>certification was not issued to level 3.3 during this time, as Kentucky was notified by ASAM they will not be issuing Level 3.3 in their initial launch nationwide. Providers who received provisional certification; in addition to the 6 residential providers who obtained ASAM LOC Certification by participating in the pilot are eligible for waive of the IMD exclusion to receive reimbursement beyond 16 beds, up to 96 beds per location.</p> <p>DMS continues to issue provisional certification quarterly through 6/30/21 in which all provisional certifications will be end dated and the ASAM LOC Certification will be required 7/1/21 per regulation changes 7/1/19 and those filed in May 2020. During this reporting period, as additional 13 provisional certifications were issued with effective date 7/1/20.</p> <p>iii. SPA and regulation changes effective 7/1/19 added coverage of Methadone for MAT for SUD treatment in a NTP. SPA and regulations changes also required care coordination in residential and inpatient SUD treatment programs to include facilitating MAT off-site, if not offered on-site per recipient choice. As described in “ii”, the second residential “survey” or attestation on going asks providers if MAT is provided on-site, if not to explain how it is facilitated off-site. Results, or answers are reviewed by DMS during the desk audit process.</p>		
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Milestone 3			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state is not reporting metrics related to Milestone 3.			

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5.2 Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)			
5.2.1 Metric Trends			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4			
<input checked="" type="checkbox"/> The state has no trends to report for this reporting topic.			
5.2.2 Implementation Update			
<p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <input checked="" type="checkbox"/> Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care	<p>Per the 11/4/19 Implementation Plan and not previously reported, DMS developed and conducted with providers to determine types of SUD services across the continuum, including MAT they provide. Survey participation was low; 9 Community Mental Health Centers (CMHCs) completed the survey out of 22 sent and 7 BHSOs completed the survey out of 33 sent.</p> <p>DY1 Annual Summary: System changes implemented 7/1/19 to Kentucky Medicaid Partner Portal Application (KY MPPA) online provider enrollment application system required Physicians and Advanced Practitioner Registered Nurses to enter SAMHSA X Waiver DEA license, required for prescribing buprenorphine if applicable; whereas this field was optional before. This information will now be required for these practitioners and available if linking to other behavioral health provider types in which they are providing SUD services. DMS can use this information to determine prescriber capacity across the state.</p> <p>Provider Enrollment and KY MPPA has shared reporting data with the BH Team on an ongoing, as needed basis, regarding amount of providers enrolled with DMS across the behavioral health and SUD provider types in order to track trends, identify gaps in, as well as expansion of enrolled providers.</p>	07/01/2019 – 06/30/2020	
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Milestone 4			

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<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
6.2 Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.2.1 Metric Trends			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5			
<input checked="" type="checkbox"/> The state has no trends to report for this reporting topic.			
6.2.2 Implementation Update			
<p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> i) Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD <input checked="" type="checkbox"/> ii) Expansion of coverage for and access to naloxone 	<p>DY1 Annual Summary</p> <ul style="list-style-type: none"> i. Per the 11/4/19 Implementation Plan, following opioid prescribing guidelines established by DMS in 2018, prior authorizations for buprenorphine (up to 24 mg) and Vivitrol were removed in 2019. DMS also expanded coverage, to include methadone for SUD treatment without a prior authorization, as well as coverage for Sublocade. Prior authorization for these services lifted in March 2020. ii. Per the 11/4/19 Implementation Plan, DMS continues to collaborate with KORE on treating SUD and recovery across the state. In FY2019, KORE distributed 33,133 free Naloxone kits. Also, Dr. Connie White, with the Department for Public Health has agreed to be the ordering physician for the state protocol developed to allow state pharmacies across the state to dispense naloxone prescriptions with permission to be the provider. Dr. White is partnering with DMS to ensure these pharmacies are enrolled as Medicaid providers. 	<p>07/01/2019 – 06/30/2020</p>	
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			

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<input checked="" type="checkbox"/> The state expects to make other program changes that may affect metrics related to Milestone 5	House Bill 135 passed during this reporting period extended prescriptive authority for Physician Assistants (PA) for Schedule III-V controlled substances. DMS expects to make regulation changes needed to allow PA's to exercise this authority related to MAT.	04/01/2020 – 06/30/2020	
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			
7.2 Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.2.1 Metric Trends			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6			
<input checked="" type="checkbox"/> The state has no trends to report for this reporting topic.			
7.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: <input checked="" type="checkbox"/> Implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports	DY1 Annual Summary Per the 11/4/19 Implementation Plan, the SPA and regulations were amended to include care coordination requirements within SUD residential and inpatient treatment facilities to include referring the recipient to appropriate community services, facilitating medical and behavioral health follow ups and linking to appropriate level of substance use treatment within the continuum in order to provide ongoing support for recipients. Care coordination shall also include facilitating medication assisted treatment off-site for residential recipients as necessary, per recipient choice.	07/01/2019 – 06/30/2020	
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Milestone 6			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			

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8.2 SUD Health Information Technology (Health IT)			
8.2.1 Metric Trends			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its Health IT metrics			
<input checked="" type="checkbox"/> The state has no trends to report for this reporting topic.			

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8.2.2 Implementation Update			

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<p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> i) How health IT is being used to slow down the rate of growth of individuals identified with SUD <input checked="" type="checkbox"/> ii) How health IT is being used to treat effectively individuals identified with SUD <input checked="" type="checkbox"/> iii) How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD <input checked="" type="checkbox"/> iv) Other aspects of the state’s plan to develop the health IT infrastructure/capabilities at the state, delivery system, health plan/MCO, and individual provider levels <input checked="" type="checkbox"/> v) Other aspects of the state’s health IT implementation milestones <input type="checkbox"/> vi) The timeline for achieving health IT implementation milestones <input checked="" type="checkbox"/> vii) Planned activities to increase use and functionality of the state’s prescription drug monitoring program 	<p>DY1 Annual Summary: During DY1, KASPER implemented an interface between the Performance Management Database and Analytics System (PDMP) and the Administrative Office of the Courts, the CourtNet system, that allows PDMP users to obtain information on a patient’s Class A misdemeanor or felony drug convictions on the PDMP patient profile report.</p> <p>KASPER also implemented the interface between the PDMP and Kentucky Health Information Exchange that provides the capability for health care providers to use the PDMP to automatically request information regarding whether a patient experienced a non-fatal drug overdose in an emergency department.</p> <p>KASPER completed integrating PDMP data into the Kentucky Health Information Exchange (KHIE), allowing authorized KHIE users to view the PDMP data in KHIE without having to leave their clinical workflow to access the PDMP. Integration provides real time, fast, reliable and simplified access to KASPER report information within the user's workflow to provide on the spot information needed to treat and serve those with SUD.</p> <p>During this reporting period, screencasting software was acquired to produce brief topical videos on help topics of interest to Kentucky All Schedule Prescription Electronic Reporting (KASPER) users. This software will allow production of annotated videos for KASPER users to assist them with utilizing the features of the software. The videos will be hyperlinked within the KASPER application screens for easy accessibility and to promote use. KASPER modernization continues with development efforts focused on account profile management and report generation.</p> <p>Efforts for integration/interstate data sharing with 17 states now on boarded and additional health systems included for integration.</p> <p>A technical assistance (TA) engagement is underway with SAS, a Kentucky data analytics vendor, to improve the patient matching algorithm and analyze our capacity for future growth.</p>	<p>07/01/2019 - 06/30/2020</p>	
<p><input type="checkbox"/> The state has no implementation update to report for this reporting topic.</p>			

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<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Health IT			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
9.2 Other SUD-Related Metrics			
9.2.1 Metric Trends			
<input checked="" type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics	<p>The following is a summary and general assessment and of the observed trends for two (2) measurement periods, July – September 2019 (SUD DY1Q1), and October – December 2019 (SUD DY1Q2).</p> <p>SUD DY1Q1: 7/1/2019 – 9/30/2019</p> <p>Emergency department and inpatient utilization for SUD during the quarter average 4.24 and 2.47 per 1,000 beneficiaries, respectively. These measures in particular will require prolonged monitoring to discern difference merely due to seasonality and an actual uptake in service utilization.</p> <p>SUD DY1Q2: 10/01/2019 – 12/31/2019</p> <p>Compared to the preceding quarter, emergency department utilization for SUD decreased notably, from an average of 4.24 to 3.68 per 1,000 beneficiaries, a decrease of approximately 13.2 percent although seasonality and other factors may contribute to the change. Inpatient utilization remained largely unchanged, although the observed decrease from an average of 2.47 to 2.37 per 1,000 beneficiaries does constitute a decrease of 3.9 percent.</p>	10/01/2019 – 12/31/2019	#23 Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries, #24 Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries
<input type="checkbox"/> The state has no trends to report for this reporting topic.			
9.2.2 Implementation Update			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to other SUD-related metrics			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			

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10.2 Budget Neutrality			
10.2.1 Current status and analysis			
<input type="checkbox"/> If the SUD component is part of a broader demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole. Describe the current status of budget neutrality and an analysis of the budget neutrality to date.	As agreed upon by CMS and DMS, Budget Neutrality reporting is currently on hold during this reporting period until KY has completed the 1115 Budget Neutrality Training. Training is scheduled for 7/2/20.	07/01/2019 – 06/30/2020	
10.2.2 Implementation Update			
<input type="checkbox"/> The state expects to make other program changes that may affect budget neutrality			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			

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11.1 SUD-Related Demonstration Operations and Policy			
11.1.1 Considerations			
<input checked="" type="checkbox"/> States should highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively affect beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SUD demonstration’s approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.	<p>DY1 Annual Summary:</p> <p>Due to the national emergency related to the coronavirus pandemic, ASAM delayed their nationwide launch of the ASAM LOC Certification from April to June 2020. Though the certification did launch during this reporting period, CARF International is not conducting on-site surveys at this time required for certification determination. DMS anticipates needing to adjust the 7/1/21 requirement for residential/inpatient ASAM LOC Certification and will continue to monitor the national and state of emergency to make necessary adjustments as needed.</p> <p>Also, during the state of emergency, individuals who do not have medical insurance that pays for doctors, pharmacy, and hospital visits can apply for Presumptive Eligibility under the Kentucky Medicaid program. Presumptive Eligibility Medicaid during the state of emergency has been extended; as a result of this, during Q3 and Q4, KY has seen an increase in Fee For Service (FFS) beneficiaries.</p> <p>With the clarification of termination sent to CMS on 12/18/2019 requesting the termination request not apply to the Kentucky SUD 1115, Kentucky also requested to keep the following component: (3) for a waiver of NEMT to and from providers for all Medicaid beneficiaries to the extent the NEMT is for methadone treatment services. On June 16, 2020, Kentucky received the re-issued special terms and conditions (STCs) for the SUD 1115 and will include reporting for waiver of NEMT for methadone treatment services under the SUD 1115 beginning the next reporting period (DY2 Q1).</p>	07/01/2019 – 06/30/2020	
<input type="checkbox"/> The state has no related considerations to report for this reporting topic.			

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11.1.2 Implementation Update			
<p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> i) How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service) <input type="checkbox"/> ii) Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes) <input checked="" type="checkbox"/> iii) Partners involved in service delivery 	<p>DY1 Annual Summary:</p> <p>iii.) May 2020, KY announced the Commonwealth has awarded the state’s Medicaid Managed Care Organization (MCO) contract to five health care companies that will manage benefits for the state’s Medicaid enrollees through 2024. Two of the companies announced will be new MCO contracts for KY and will be effective 1/1/21. The BH Team will work with the 2 new MCOs to onboard regarding the KY SUD Demonstration over the next several months.</p>	<p>07/01/19 – 06/30/2020</p>	
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			

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<input checked="" type="checkbox"/> The state is working on other initiatives related to SUD or OUD	<p>DY1 Annual Summary:</p> <p>As a result of House Bill 124, DMS participated in a Cabinet (Cabinet for Health and Family Services) wide initiative to enhance licensure and quality standards for SUD providers and treatment across the state. DMS participated in workgroup subcommittees focused on updating the Alcohol and Other Drug Entity (AODE) regulations as well as creating statewide standards and outcome measures to ensure quality services. The AODE regulations were updated and effective 2019 to require utilization of ASAM standards for SUD treatment and recovery in AODEs which include residential, outpatient and medication-assisted treatment (MAT) services. Regulation changes effective 7/1/19 required BHSO and Multi-Specialty Groups (MSGs) providing SUD to acquire the appropriate AODE license for enrollment with DMS in one of these provider types.</p>	07/01/19 – 06/30/2020	
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The initiatives described above are related to the SUD or OUD demonstration (States should note similarities and differences from the SUD demonstration)			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			

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12. SUD Demonstration Evaluation Update			
12.1. Narrative Information			
<input type="checkbox"/> Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. See report template instructions for more details.	<p>DY1 Annual Summary:</p> <p>October 2019 University of Pennsylvania (UPenn) implemented proposed evaluation plan and began recruitment of subjects for the qualitative beneficiary survey outlined in the plan; National Opinion Research Center (NORC), Penn's survey partner, has contacted KY clinics that will be the sites for recruitment. UPenn, in collaboration with NORC, completed a draft of the interview guide for the qualitative survey and submitted the interview guide for Internal Review Board (IRB) approval.</p> <p>The team at UPenn, at the request of CMS, reviewed the proposed evaluation design and made several minor revisions, corrected dates in the project plan, and submitted an updated document dated February 18, 2020 to Kentucky. Kentucky notified its independent evaluator of the cancellation of their contract on March 13, 2020, with an effective date of April 13, 2020, thirty (30) days after written notification, and began closeout procedures.</p> <p>June 16, 2020, Kentucky received approval documents from CMS for the KY HEALTH evaluation design.</p> <p>Kentucky will be awarding a new contract for an independent evaluation effective July 1, 2020.</p>	07/01/2019 – 06/30/2020	
<input type="checkbox"/> The state has no SUD demonstration evaluation update to report for this reporting topic.			
<input checked="" type="checkbox"/> Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs.	<p>The contract for UPenn ended on April 13, 2020. Kentucky will be awarding a new contract effective 7/1/20. Kentucky has developed a plan for onboarding the new contractor and will be implanting 7/1/20 and anticipates being able to meet expected timelines.</p>	07/01/2019 – 06/30/2020	
<input type="checkbox"/> The state has no SUD demonstration evaluation update to report for this reporting topic.			

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<input checked="" type="checkbox"/> List anticipated evaluation-related deliverables related to this demonstration and their due dates.	SUD Mid-Point Assessment due April 12th, 2021 SUD Interim Evaluation Report due September 2022 SUD Final Evaluation Report due March 2025	07/01/2019 – 06/30/2020	
<input type="checkbox"/> The state has no SUD demonstration evaluation update to report for this reporting topic.			
13.1 Other Demonstration Reporting			
13.1.1 General Reporting Requirements			
<input checked="" type="checkbox"/> The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol	DY1 Annual Summary: A request to rescind the Kentucky HEALTH 1115 Waiver was sent to CMS on 12/16/2019. A clarification of termination was sent to CMS on 12/18/2019 requesting the termination request not apply to the Kentucky SUD 1115. On June 16, 2020, Kentucky received the re-issued special terms and conditions (STCs) for the SUD 1115.	07/01/2019 – 06/30/2020	
<input checked="" type="checkbox"/> The state has no updates on general requirements to report for this reporting topic.			
<input type="checkbox"/> The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes			
<input checked="" type="checkbox"/> The state has no updates on general requirements to report for this reporting topic.			
Compared to the demonstration design and operational details, the state expects to make the following changes to: <input checked="" type="checkbox"/> i) The schedule for completing and submitting monitoring reports <input type="checkbox"/> ii) The content or completeness of submitted reports and/or future reports	DY1 Annual Summary: With the rescission of the Kentucky HEALTH 1115 and following the re-issued STCs on 6/16/20 for the KY SUD 1115, Kentucky continued to communicate with CMS regarding the “Updated Medicaid Section 1115 Substance Use Disorder (SUD) Demonstration Monitoring Tools: Monitoring Protocol Alignment Form” to align the DY Broader 1115 reporting with the DY SUD 1115 which KY requested to keep. This form is completed and submitted during this submission.	07/01/2019 – 06/30/2020	
<input type="checkbox"/> The state has no updates on general requirements to report for this reporting topic.			

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<input type="checkbox"/> The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation			
<input checked="" type="checkbox"/> The state has no updates on general requirements to report for this reporting topic.			
13.1.2 Post-Award Public Forum			
<input checked="" type="checkbox"/> If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual report.	<p>DY1 Annual Summary:</p> <p>Kentucky hosted a community SUD forum on July 11, 2019 at the Gateway Community and Technical College in Covington, Kentucky. The forum was open to the public, as well as viewable on Kentucky HEALTH’s Facebook Live and audio listening with a “dial-in” option. Van Ingram, Executive Director of Kentucky Office of Drug Control Policy and Ann Hollen, DMS Senior Behavioral Health Policy Advisor presented SUD 1115 Updates including Phase 2 Implementation. A panel with Q&A session was also conducted at the forum during which time attendees’ questions and concerns were addressed.</p> <p>Kentucky hosted 8 MCO Public Forums across the state from 9/30 – 10/16/19. The forum schedule and agenda was posted on the DMS website, as well as registration prior to forums being held. During the forums the BH Team provided an SUD 1115 update including an outline of the overall demonstration goals, overview of Phase 1 Implementation and regulation changes, as well as review of Phase 2 Implementation including regulation changes and the residential provisional certification process. Questions and concerns were addressed during each forum. Following the conclusion of the forums, the BH team made changes regulations filed based on public comment and feedback received during that time.</p>	07/01/2019 – 6/30/2020	
<input type="checkbox"/> No post-award public forum was held during this reporting period and this is not an annual report, so the state has no post-award public forum update to report for this topic.			

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14.1 Notable State Achievements and/or Innovations			
14.1 Narrative Information			
<p><input checked="" type="checkbox"/> Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (or if broader demonstration, then SUD related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.</p>	<p>DY1 Annual Summary:</p> <p>Kentucky expanded medication assistance treatment to cover methadone for the treatment of substance use disorders beginning 7/1/2019. With the expansion of methadone coverage, from 7/1/19 – 6/30/20, 5,061 beneficiaries received methadone for SUD treatment. With the coverage of methadone for SUD, Narcotic Treatment Programs were eligible to enroll with DMS to provide MAT services in a BHSO as an outpatient NTP provider. By 1/1/20, all 24 NTP's within the state were enrolled with DMS.</p> <p>Kentucky also expanded partial hospitalization services to allow services to be provided in BHSOs effective 7/1/19. From 7/1/19 – 6/30/20, 617 beneficiaries received partial hospitalizations for SUD treatment, in which 483 of those beneficiaries were treated in a BHSO.</p> <p>Effective 7/1/19, service planning was expanded from a mental health only service to include SUD and co-occurring treatment. From 7/1/19 –6/30/20, 13, 157 beneficiaries received service planning for SUD treatment.</p> <p>89 providers have received a waiver of the IMD exclusion to receive reimbursement beyond 16 beds, up to 96 beds per location with provisional certification or by obtaining the ASAM LOC Certification. Effective 4/1/20, DMS added new procedures codes to distinguish the different ASAM residential/inpatient LOCs; these 89 programs are eligible to render services using these new codes. With expansion of reimbursement from 16 bed, up to 96 beds on 4/1/20, from 4/1 – 6/30/20, 5,698 beneficiaries have received residential/inpatient services at the ASAM 3.1, 3.5 or 3.7 LOC.</p>	<p>07/01/2019 – 06/30/2020</p>	
<p><input type="checkbox"/> The state has no notable achievements or innovations to report for this reporting topic.</p>			

Note: Licensee and states must prominently display the following notice on any display of Measure rates:

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