

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B
Kentucky - SUD Demonstration, KY HEALTH
DY2 – July 2020 – June 2021
Q1 Y2 – July 2020 – September 2020
Submitted on 11/30/2020

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 l table should stay consistent over time.

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B
 Kentucky - SUD Demonstration, KY HEALTH
 DY2 – July 2020 – June 2021
 Q1 Y2 – July 2020 – September 2020
 Submitted on 11/30/2020

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>

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B
Kentucky - SUD Demonstration, KY HEALTH
DY2 – July 2020 – June 2021
Q1 Y2 – July 2020 – September 2020
Submitted on 11/30/2020

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.

The DMS Behavioral Health (BH) Team continues to issue SUD residential provisional certifications on an ongoing quarterly basis through 4/1/21. During this reporting period, an additional 4 provisional certifications were screened, reviewed and issued with effective date 10/1/20.

Chemical Dependency Treatment Center (CDTC) and Residential Crisis Stabilization Unit (RCSU) Ordinary Administrative Regulations filed in May to incorporate the State Plan Amendment (SPA) changes effective 1/1/20 were withdrawn during this reporting period. These regulations will be re-filled as “Emergency” regulations with the intent to become effective the file date.

The BH Team continued to conduct monthly SUD Residential Provider Check-In Calls (average of 33 participants) to address issues/concerns post 4/1/20 Phase 2 Implementation and provide updates regarding the ASAM LOC Certification. BH Team also continues to distribute monthly newsletters to providers with relevant updates as well. During this time, DMS began provider education regarding the importance of including service facility location information on all claims. In addition, the BH Team continues to monitor utilization of Fee-For-Service (FFS) residential claims paid to provisionally certified providers, including the new procedure codes implemented 4/1/20 to ensure access to services at the ASAM LOC 3.1, 3.5 and 3.7 and proper utilization.

An updated Kentucky Medicaid FFS Behavioral Health & Substance Abuse Services Outpatient (Non-Facility) Fee Schedule was published 7/1/20 to include the new weekly Buprenorphine Medication Assisted Treatment (MAT) Bundle, as well as amend the Buprenorphine or Methadone Induction procedure code.

Beginning 7/1/20, Northern Kentucky University (NKU) Institute for Health Innovation assumed the role as the independent evaluator of the SUD 1115 Demonstration. The Office of Health Data and Analytics facilitated a “SUD 1115 Demonstration Project Evaluation Kick-off” meeting on 7/17/20 as an opportunity for the DMS Team to provide an overview of the SUD implementation and discuss the overall Evaluation & Mid-Point Assessment. The BH Team continues to have ongoing communication as needed with NKU regarding any questions or information needed.

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.	The number of “newly initiated” SUD treatment and/or diagnosis varies month over month but consistently averages above 7,000 beneficiaries per month. This results in a net increase in the number of Medicaid beneficiaries with a SUD diagnosis. In March 2020, Kentucky Medicaid served nearly 104,000 beneficiaries with a SUD diagnosis, an increase of 2.25 percent compared to December 2019.	01/01/2020 – 03/31/2020	Metric # 2 & 3
<input type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
1.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: <ul style="list-style-type: none"> <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 			
<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			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B
 Kentucky - SUD Demonstration, KY HEALTH
 DY2 – July 2020 – June 2021
 Q1 Y2 – July 2020 – September 2020
 Submitted on 11/30/2020

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 percent of beneficiaries receiving any SUD treatment continues to increase, improving from approximately 43.5 percent of beneficiaries in DY1Q2 to 45.0 percent in the most recent quarter for which data is available. The principal forms of treatment continue to be largely unchanged; the most frequently used services are outpatient care, used by approximately one third of beneficiaries with an SUD, followed by MAT, used by about a quarter of beneficiaries, although the number of beneficiaries using these services are increasing as more patients are diagnosed and enter treatment. Intensive outpatient and residential care, used by an average of 6,100 and nearly 3,400 beneficiaries, respectively, make up the second tier of treatment in terms of utilization of services. Again, there are marginal increases in the rate (percent) of service utilization but the overall number of beneficiaries using these services increases and therefore relies on greater availability, or access to, providers. The least frequently used services are early intervention and withdrawal treatment.</p>	01/01/2020 – 03/31/2020	Metric #6-12
<input type="checkbox"/> The state has no metrics trends to report for this reporting topic.			

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B
 Kentucky - SUD Demonstration, KY HEALTH
 DY2 – July 2020 – June 2021
 Q1 Y2 – July 2020 – September 2020
 Submitted on 11/30/2020

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2.2.2 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) 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>i.) With the expansion of methadone for SUD treatment in July, 2019, Narcotic Treatment Programs (NTP) were eligible to enroll with KY Medicaid as Behavioral Health Service Organizations (BHSO). Effective 7/1/19, DMS also added procedure code H0020, Weekly Methadone Bundle reimbursable for NTPs dispensing methadone. Through further conversation with the NTP providers over the first year of enrollment, DMS was made aware that not only is methadone dispensed in an NTP, but buprenorphine may as well. Effective 7/1/20, DMS implemented a new procedure code H0047, Weekly Buprenorphine MAT Bundle to ensure recipients receiving this treatment in an NTP can continue services without disruption.</p> <p>DMS continues to issue quarterly provisional residential certifications 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, an additional 4 provisional certifications were issued with effective date 10/1/20.</p> <p>ii.) Chemical Dependency Treatment Center (CDTC) and Residential Crisis Stabilization Units (RCSU) regulations filed in May 2020 to incorporate effective 1/1/2020 State Plan Amendment (SPA) changes were withdrawn. These regulations will be re-filled as “emergency” regulations with the intent to become effective the file date.</p>	<p>07/01/2020 – 9/30/2020</p>	<p>i.) Metric #6, 8, 10, 12, 36</p> <p>ii.) Metric #11</p>
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B
 Kentucky - SUD Demonstration, KY HEALTH
 DY2 – July 2020 – June 2021
 Q1 Y2 – July 2020 – September 2020
 Submitted on 11/30/2020

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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 checked="" type="checkbox"/> The state has no trends to report for this reporting topic.			
<input type="checkbox"/> The state is not reporting metrics related to Milestone 2.			

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B
 Kentucky - SUD Demonstration, KY HEALTH
 DY2 – July 2020 – June 2021
 Q1 Y2 – July 2020 – September 2020
 Submitted on 11/30/2020

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3.2.2 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) 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.) During the reporting period, the BH Team continued to review training opportunities sponsored by Kentucky Opioid Response Effort (KORE) for providers that included review of The ASAM Criteria and other topics such as Motivational Interviewing and Cognitive Behavioral Therapy. These models were closed on 8/1/20, however over the course of the year, 317 out of 401 “slots” purchased were used for the ASAM E-Learning Modules.</p> <p>ii.) (a) BH Team continues to monitor utilization of fee-for-service residential claims paid to provisionally certified providers for new codes implemented 4/1/20 to ensure access to services at the ASAM LOC 3.1,3.5 and 3.7 and proper utilization. (b) During the ongoing provisional certification process and desk audit reviews; prior to issuing the new provisional certifications during this reporting period, the BH Team verifies SUD residential providers attested to utilizing a multi-dimensional assessment tool to determine appropriate LOC placement for SUD treatment. (c) DMS continues to require Managed Care Organizations (MCOs) to require the use of <i>The ASAM Criteria</i> for authorization regarding LOC determination for SUD treatment. However, due to the state of emergency and during this reporting period, prior authorizations were continue to be, though medical necessity could still be reviewed if providers requested.</p>	<p>07/01/2020 – 09/30/2020</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			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
<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 checked="" type="checkbox"/> The state has no trends to report for this reporting topic.			
<input type="checkbox"/> The state is not reporting metrics related to Milestone 3.			
4.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: <input checked="" type="checkbox"/> 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	i. CDTC and RCSU regulations filed in May required these programs to utilize <i>The ASAM Criteria</i> for Medically Monitored Intensive Inpatient Services and Medically Monitored Intensive WDM with the requirement to obtain the ASAM LOC Certification by 7/1/21. These regulations were withdrawn during this reporting period and will be re-filled as “emergency” regulations with the intent to become effective the file date. ii. During the residential provisional certification process, the BH Team continues to review provider attestations for state regulated compliance and standards such as licensure, programming and approved behavioral health practitioners during the desk audit process. iii. The desk audit process mentioned in (ii) also includes review of providers attestation related to providing medication assisted treatment (MAT) and whether it is provided on-site; if not explaining how it is facilitated off-site.	07/01/2020 – 09/30/2020	
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B
 Kentucky - SUD Demonstration, KY HEALTH
 DY2 – July 2020 – June 2021
 Q1 Y2 – July 2020 – September 2020
 Submitted on 11/30/2020

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<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.			
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			
Compared to the demonstration design and operational details, the state expects to make the following changes to: <ul style="list-style-type: none"> <input type="checkbox"/> Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care 			
<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 4			
<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.			

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B
 Kentucky - SUD Demonstration, KY HEALTH
 DY2 – July 2020 – June 2021
 Q1 Y2 – July 2020 – September 2020
 Submitted on 11/30/2020

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6.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: <input checked="" type="checkbox"/> i) Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD <input type="checkbox"/> ii) Expansion of coverage for and access to naloxone	i. During this reporting period, Sublocade was added to the preferred product on the Kentucky DMS preferred drug list. It was also determined during this period, there will be no Prior Authorization requirements for OUD treatment.	07/01/2020 – 09/30/2020	
<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 5			
<input checked="" 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.			

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B
 Kentucky - SUD Demonstration, KY HEALTH
 DY2 – July 2020 – June 2021
 Q1 Y2 – July 2020 – September 2020
 Submitted on 11/30/2020

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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	CDTC and RCSU regulations filed in May 2020 included 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. These regulations were withdrawn during this reporting period and will be re-filled as “emergency” regulations with the intent to become effective the file date.	07/01/2020 – 09/30/2020	Metric #16
<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.			
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.			

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B
 Kentucky - SUD Demonstration, KY HEALTH
 DY2 – July 2020 – June 2021
 Q1 Y2 – July 2020 – September 2020
 Submitted on 11/30/2020

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8.2.2 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 type="checkbox"/> i) How health IT is being used to slow down the rate of growth of individuals identified with SUD <input type="checkbox"/> ii) How health IT is being used to treat effectively individuals identified with SUD <input type="checkbox"/> iii) How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD <input 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 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>vii. Work continues on the account request and account approval process for the KASPER modernization effort. During this reporting period, Baptist Health, largest healthcare provider in Kentucky, was onboarded for integration data sharing. The technical assistance engagement with SAS, KASPER’s data analytics vendor, continues with the intent to improve the patient matching algorithm and analyze our capacity for future growth. Testing phases continue regarding the paperless application process, which shall introduce efficiencies and faster turnaround time, with a planned implementation rollout in January 2021.</p>	<p>07/01/2020 - 09/30/2020</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 Health IT			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B
 Kentucky - SUD Demonstration, KY HEALTH
 DY2 – July 2020 – June 2021
 Q1 Y2 – July 2020 – September 2020
 Submitted on 11/30/2020

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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 rate of emergency department (ED) utilization for SUD and inpatient stays for SUD per 1,000 beneficiaries appears to nominally decrease since the inception of the demonstration, especially ED utilization, as noted in the previous quarterly report, although the rate has stabilized at approximately 3.46 per thousand in the most recent quarter, while inpatient treatment rates continue to fluctuate between 2.3 to 2.5 episodes of care per 1,000 beneficiaries.</p>	01/01/2020 – 03/31/2020	Metric 23 & 24
<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.			

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B
 Kentucky - SUD Demonstration, KY HEALTH
 DY2 – July 2020 – June 2021
 Q1 Y2 – July 2020 – September 2020
 Submitted on 11/30/2020

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10.2 Budget Neutrality			
10.2.1 Current status and analysis			
<input checked="" 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.	<p>Kentucky’s first submission of the SUD-related budget neutrality report is included during this quarterly monitoring report and includes <u>cumulative data through September 30, 2020</u>. The spending and member months projections are based on year-over-year changes between demonstration year (DY) ‘03’ and the first quarter of DY ‘04’ (7/01/2020 – 9/30/2020), holding the current year constant, and project spending and member months for DY ‘05’ and ‘06’. Subsequent reports will include any necessary prior period adjustments and correct projections based on the newest available data.</p> <p>The expenditures reported on the CMS-64 and used for the budget neutrality report are based on the date of service (DOS) for the reporting period. Unlike fee-for-services expenditures which are directly attributed to the demonstration, the full monthly capitation rate for beneficiaries enrolled in a managed care organization (MCO), if they use a SUD waiver service during the month, is allocated to the demonstration and potentially overstates the demonstration expenditures since beneficiaries are eligible for many other services not provided by the demonstration. Furthermore, the member months figures only include those individuals that received a waiver service during the reporting period, not all beneficiaries eligible for waiver services, increasing the perceived cost of the demonstration project on a “per member, per month” (PMPM) basis.</p>		
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.			

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B
 Kentucky - SUD Demonstration, KY HEALTH
 DY2 – July 2020 – June 2021
 Q1 Y2 – July 2020 – September 2020
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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>During this reporting period, due to the national public health emergency (PHE) CARF International was not scheduling surveys for the ASAM LOC Certification. Due to this delay, DMS anticipates needing to adjust the 7/1/21 requirement for residential/inpatient providers to obtain the ASAM LOC Certification and will continue to monitor the PHE to make necessary adjustments as needed.</p> <p>Furthermore, during the Kentucky 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, KY has seen a significant increase in Fee For Service (FFS) beneficiaries.</p>	07/01/2020 – 09/30/2020	
<input type="checkbox"/> The state has no related considerations to report for this reporting topic.			
11.1.2 Implementation Update			
<p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <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 type="checkbox"/> iii) Partners involved in service delivery			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B
 Kentucky - SUD Demonstration, KY HEALTH
 DY2 – July 2020 – June 2021
 Q1 Y2 – July 2020 – September 2020
 Submitted on 11/30/2020

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<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.			
<input checked="" type="checkbox"/> The state is working on other initiatives related to SUD or OUD	<p>During this reporting period, Kentucky completed and submitted the State Technical Assistance Needs Assessment -- Regarding housing-related supports and services and care coordination services under Medicaid to individuals with substance use disorders to MATHEMATICA.</p> <p>Kentucky also submitted an Expression of Interest form to participate in the “Advancing Housing-Related Supports for Individuals with Substance Use Disorders State Medicaid Learning Collaborative”.</p>	07/01/20 – 09/30/2020	
<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.			

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B
 Kentucky - SUD Demonstration, KY HEALTH
 DY2 – July 2020 – June 2021
 Q1 Y2 – July 2020 – September 2020
 Submitted on 11/30/2020

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12. SUD Demonstration Evaluation Update			
12.1. Narrative Information			
<input checked="" 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>Northern Kentucky University (NKU) assumed responsibility for the SUD evaluation on 7/1/2020. Their team consists of three existing NKU staff members, a newly hired program evaluator, and a newly hired graduate research assistant.</p> <p>In addition to reviewing documents and meeting with key stakeholders, the NKU team had two immediate priorities:</p> <ol style="list-style-type: none"> 1. Initiate the process of becoming familiar with and gaining access to the data warehouse of the KY Department for Medicaid Services. This work is still in progress. 2. Start the Midpoint Assessment. In conjunction with key stakeholders, the NKU team decided that they would work with stakeholders to develop a conceptual framework for how the 1115 Demonstration would affect key metrics (e.g., overdose deaths). This framework would then serve as a basis for ongoing interviews with key stakeholders to gain insight into what impact the 1115 Demonstration was having and where the impact was being delayed, and why. 	07/01/2020 – 09/30/2020	
<input type="checkbox"/> The state has no SUD demonstration evaluation update to report for this reporting topic.			

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B
 Kentucky - SUD Demonstration, KY HEALTH
 DY2 – July 2020 – June 2021
 Q1 Y2 – July 2020 – September 2020
 Submitted on 11/30/2020

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
<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>At present, the NKU team is optimistic about progress toward scheduled delivery of the Interim Evaluation Report, although it should be noted that data access is starting to loom as a high priority.</p> <p>The Midpoint Evaluation is on course. After the end of the reporting quarter, a reasonably complete conceptual framework for the 1115 Demonstration has been prepared and presented to about 40 stakeholders, six of whom have provided extensive contributions to its form. Between now and the end of the next quarter, the NKU team will seek stakeholder assessments as to the progress being made to implement the framework.</p>	07/01/2020 – 09/30/2020	
<input type="checkbox"/> The state has no SUD demonstration evaluation update to report for this reporting topic.			
<input checked="" type="checkbox"/> List anticipated evaluation-related deliverables related to this demonstration and their due dates.	<p>SUD Mid-Point Assessment due April 12th, 2021 SUD Interim Evaluation Report due September 2022 SUD Final Evaluation Report due March 2025</p>	07/01/2020 – 09/30/2020	
<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 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			
<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.			

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B
 Kentucky - SUD Demonstration, KY HEALTH
 DY2 – July 2020 – June 2021
 Q1 Y2 – July 2020 – September 2020
 Submitted on 11/30/2020

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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) The schedule for completing and submitting monitoring reports <input type="checkbox"/> ii) The content or completeness of submitted reports and/or future reports 	<p>KY DMS is working to align the following components and their evaluation designs requested to keep through the boarder Kentucky HEALTH 1115 Demonstration: (1) to extend coverage to former foster care youth who are under 26 years of age, who were in foster care under the responsibility of another state or tribe on the date of attaining 18 years of age (or such higher age as the state has elected), and who were enrolled in Medicaid on that date, (2) for a substance use disorder (SUD) program available to all Kentucky Medicaid beneficiaries and former foster care youth from another state, (3) for a waiver of Non-Emergency Medical Transportation (NEMT) to and from providers for all Medicaid beneficiaries to the extent the NEMT is for methadone treatment services, and (4) to align a beneficiary’s annual redetermination with their employer-sponsored insurance open enrollment.</p> <p>For this reporting period: (1&2) Coverage has been extended to 116 Adult Former Foster Care Out-Of-State beneficiaries. (3) 5,539 Beneficiaries received methadone treatment for SUD treatment, not all beneficiaries were eligible for NEMT. (4) 217 beneficiaries where approved for KI-HIPP enrollment and recertification.</p> <p>DMS continues to work with contractors at The Department of Transportation DOT) to obtain cost related to NEMT, but after further discussion determined additional figuration to calculate exact cost will be needed. DMS will provide the cost savings related to waive of NEMT for methadone treatment during the next reporting period. Currently DMS is working on aligning the KI-HIPP individuals who have the Policy Holders as Head of the Household applicable for the Renewal Alignment; this has been postponed until after 1/1/21 and will be reported upon completion the following quarter.</p>	<p>07/01/2020 – 09/30/2020</p>	
<p><input type="checkbox"/> The state has no updates on general requirements to report for this reporting topic.</p>			

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B
 Kentucky - SUD Demonstration, KY HEALTH
 DY2 – July 2020 – June 2021
 Q1 Y2 – July 2020 – September 2020
 Submitted on 11/30/2020

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
<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 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.			
<input checked="" 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.			
14.1 Notable State Achievements and/or Innovations			
14.1 Narrative Information			
<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.	To date, 93 SUD residential programs have received a waive 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. All Narcotic Treatment Programs (NTP) remain enrolled with KY DMS as BHSO Tier 2 providers (or as a Community Mental Health Center operating a NTP).	07/01/2020 – 09/30/2020	
<input type="checkbox"/> The state has no notable achievements or innovations to report for this reporting topic.			

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

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B
Kentucky - SUD Demonstration, KY HEALTH
DY2 – July 2020 – June 2021
Q1 Y2 – July 2020 – September 2020
Submitted on 11/30/2020

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