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State/Territory Name: Kentucky

State Plan Amendment (SPA) #: 19-0007

This file contains the following documents in the order listed:

- 1) RO Follow-Up Approval Letter
- 2) Pharmacy Approval Letter
- 3) CMS 179 Form
- 4) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

February 21, 2020

Lisa Lee
Commissioner, Department for Medicaid Services
Commonwealth of Kentucky
Cabinet for Health and Family Services
275 East Main Street, 6 West A
Frankfort, KY 40621

Re: Kentucky State Plan Amendment 19-0007

Dear Ms. Lee:

This is to affirm approval of the above-referenced state plan amendment, which was submitted to the Atlanta Regional Operations Group on November 27, 2019. The state's requested effective date of October 1, 2019 has been accepted.

Enclosed for your records are:

1. a copy of the approval letter dated February 20, 2020 that was submitted to the state by Cynthia R. Denmark, Director, Division of Pharmacy;
2. the original signed 179; and
3. the approved plan pages.

If you have any additional questions or need further assistance, please contact Melanie Benning at (404) 562-7414 or Melanie.Benning@cms.hhs.gov.

Sincerely,

/s/

James Scott
Division Director
Division of Program Operations

Enclosures

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Center for Medicaid and CHIP Services

Disabled and Elderly Health Programs Group

February 20, 2020

Ms. Carol Steckel
The Commissioner
Department for Medicaid Services
275 East Main Street
Frankfort, KY 40601

Dear Ms. Steckel:

The CMS Division of Pharmacy team has reviewed Kentucky's State Plan Amendment (SPA) 19-0007 received in the Atlanta Regional Operations Group on November 27, 2019. This SPA proposes to allow the state to comply with the Medicaid Drug Utilization Review (DUR) provisions included in Section 1004 of the Substance Use-Disorder Prevention that promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (P.L. 115-271).

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 19-0007 is approved with an effective date of October 1, 2019. A copy of the signed CMS-179 form, as well as the pages approved for incorporation into Kentucky's state plan will be forwarded by the Atlanta Regional Operations Group.

If you have any questions regarding this amendment, please contact Charlotte Amponsah at (410) 786-1092 or charlotte.amponsah@cms.hhs.gov

Sincerely,

/s/

Cynthia R. Denemark, R.Ph.
Deputy Director
Division of Pharmacy

cc: Sharley Hughes, Federal Program Specialist, Department for Medicaid Services
Shantrina Roberts, Acting Associate Regional Director
Melanie Benning, CMS Atlanta Regional Operations Group
Keri Toback, CMS Atlanta Regional Operations Group

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER _____	2. STATE
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE	

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (*Check One*)

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT a. FFY _____ \$ _____ b. FFY _____ \$ _____
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>)

10. SUBJECT OF AMENDMENT

11. GOVERNOR'S REVIEW (*Check One*)

- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL /s/	16. RETURN TO
13. TYPED NAME	
14. TITLE	
15. DATE SUBMITTED	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 11/27/19	18. DATE APPROVED 02/18/20
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 10/01/19	20. SIGNATURE OF REGIONAL OFFICIAL /s/
21. TYPED NAME James G. Scott	22. TITLE Division Direct Division of Program Operations

23. REMARKS
Approved with following change to block # 4 as authorized by state agency in email dated 02/03/20.

Block # 4 Charged to read: 10/01/19.

Revision: HCFA-PM- (MB)

OMB No.

State/Territory: Kentucky**Citation**

1927(g)(3)(D)
 42 CFR 456.703
 1902(a)(85) and Section
 1004 of the Substance
 Use-Disorder
 Prevention that
 Promotes Opioid
 Recovery and
 Treatment for Patients
 and Communities Act
 (SUPPORT Act)

- K. The Commonwealth of Kentucky has implemented Section 1004 of the Substance Use-Disorder Prevention that Promote Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act as follows:
1. Claims Review Requirements
 - Safety Edits and Retrospective Claim Reviews On Opioid Prescriptions to Address:
 - Duplicate fills
 - Therapeutic duplication (TD) denials cannot be overridden at the POS between two (2) opioids (including buprenorphine-containing products for MAT)
 - Early refills (Percent to refill limits)
 - Quantity limits
 - Days' supply limits
 - Maximum daily morphine milligram equivalents (MME) on opioids prescriptions to limit the daily morphine milligram equivalent Concurrent Utilization Alerts
 - Opioid and Benzodiazepine Concurrent Fill Reviews
 - The Commonwealth monitors concomitant use of opioids and benzodiazepines
 - Appropriate counseling and education is required by prescribers
 - The state confirms retrospective review on this requirement
 - Opioids and Antipsychotic Concurrent Fill Reviews
 - The Commonwealth monitors concurrent opioid and antipsychotic utilization use via ongoing retrospective reports.

* U.S. G.P.O.: 1993—342—239:80043

TN No. 19-007
 Supersedes
 TN No. New

Approval Date 02/18/20Effective Date October 1, 2019

Revision: HCFA-PM- (MB)

OMB No.

State/Territory: Kentucky

2. Program to Monitor Antipsychotic Medications in Children
 - The Commonwealth has in place a program to monitor antipsychotic medication use in all children, including foster children, with the following mechanisms:
 - Quantity limits
 - Diagnosis code requirements on prescriptions
 - Therapeutic duplication hard edits at point of sale
 - Retrospective monitoring
 - The states confirms compliance of monitoring for all children, including foster children.

3. Fraud and Abuse Identification Requirements
 - The Commonwealth will identify and respond to potential fraud and abuse through the following mechanisms. These mechanisms are not all inclusive:
 - Kentucky's All Scheduled Prescription Electronic Reporting (KASPER) System ad hoc checks
 - Referrals made by the Medicaid and Welfare Fraud and Abuse hotline
 - Pharmacy claim audits
 - Drug Utilization reviews
 - The Commonwealth program has established a process that identifies and responds to potential fraud and abuse by enrolled individuals, health care providers and pharmacies.

* U.S. G.P.O.: 1993—342—239:80043

TN No. 19-007
 Supersedes
 TN No. New

Approval Date 02-18-20Effective Date October 1, 2019