Medicaid and CHIP State Plan, Waiver, and Program Submissions

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

State	**Kansas**
Demonstration Name	**KanCare**
Approval Date	**August 7, 2019**
Approval Period	**January 1, 2019 – December 31, 2023**
SUD (or if broader demonstration, then SUD Related) Demonstration Goals and Objectives	**Under this SUD Demonstration, KanCare beneficiaries will have access to high quality, evidence-based OUD and other SUD treatment services ranging from medically supervised withdrawal management to on-going chronic care for these conditions cost-effective settings while also improving care coordination and care for comorbid physical and mental health conditions.**

2. Executive Summary

Despite the COVID-19 pandemic related challenges, Kansas continued to make progress on Demonstration implementation activities during DY3Q1. Highlights include:

- State Opioid Response program trained 891 total accumulative attendees and purchased 759 Naloxone kits. In addition to supplying Naloxone, the State Opioid Response program provided other materials: overdose pocket guides, treatment referral cards, and instructions for administering Naloxone following training.
- Public marketing campaign called "It Matters" to inform Kansans about available Opioid Use Disorders treatment.
- Additionally, the Kansas University and Kansas State are participating in a media campaign during basketball season to promote Opioid Use Disorder treatment available.
- Kansas Partners in Opioid Safety is providing educational sessions by KUMC AHEC staff via an academic framework to Kansas healthcare providers in high burden areas based on opioid prescribing/ overdoses. These educational series consist of 3-4 brief sessions and topics may include the CDC prescribing guidelines (which encompasses K-TRACS use, naloxone co-prescribing, starting low and going slow re opioid prescribing, tapering, etc.) MAT, linkage to care, and screening processes.
- Continued development of policy to include coverage of Methadone for Medication Assisted Treatment for KanCare beneficiaries.
- Kansas Department for Health and Environment under their CDC Overdose Data to Action (OD2A) grant has been developing written and online material for prescribing guidelines. K-TRACS has developed best practice guidelines for prescribers and pharmacists to implement in their clinical workflows. These best practices include prescribing and dispensing scenarios in which a check of patient prescription history can help ensure patient safety. To date, these best practices have been disseminated to K-TRACS users, Kansas Board of Pharmacy licensees, Kansas Hospital Association members, Kansas Dental Association members and through the K-TRACS website.

3. Narrative Information on Implementation, by Reporting Topic

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
1.2 Assessment of Need and Qualification for SUD Services			
1.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.	DY2Q1	*Metric 6*	The number of beneficiaries enrolled in the measurement period in the last quarter decreased by 4% due to the impact COVID-19 has had with creating barriers for beneficiaries.
	DY2Q1	*Metric 7*	The number of beneficiaries who used early intervention services in the last quarter decreased by 100% because no services were reported in the last quarter which resulted in the drastic drop.
	DY2Q1	*Metric 8*	The number of beneficiaries who used outpatient services for SUD services in the last quarter decreased by 4% due to the impact COVID-19 has had with decrease in staff to patient ratio and limited outpatient spaces.
	DY2Q1	*Metric 9*	The number of beneficiaries who used outpatient and/ or partial hospitalization service for SUD in the last quarter decreased by 4% due to the impact COVID-19 has had with decrease in staff to patient ratio and limited outpatient spaces.
	DY2Q1	*Metric 10*	The number of beneficiaries who use residential and/ or inpatient services for SUD in the measurement period in the last quarter decreased by 5% to the impact COVID-19 has had with decrease in staff to patient ratio and limited outpatient spaces.
	DY2Q1	*Metric 11*	The number of beneficiaries who use withdrawal management services in the last quarter decreased by 13% due to limited staff because of COVID-19.

☐ The state has no metrics trends to report for this reporting topic.			
1.2.2 Implementation Update			
Compared to the demonstration design details outlined in the STCs and implementation plan, have there been any changes or does the state expect to make any changes to: A) the target population(s) of the demonstration? B) the clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration?			
Are there any other anticipated program changes that may impact metrics related to assessment of need and qualification for SUD services? If so, please describe these changes.			
☒ The state has no implementation update to report for this reporting topic.			
2.2 Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)			
2.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.	DY2Q1	*Metric 6*	The number of beneficiaries enrolled in the measurement period in the last quarter decreased by 4% due to the impact COVID-19 has had with a decrease in staff to patient ratio and limited outpatient spaces.
	DY2Q1	*Metric 7*	The number of beneficiaries who used early intervention services in the last quarter decreased by 100% because no services were reported in the last quarter which resulted in the drastic drop.

	DY2Q1	*Metric 8*	The number of beneficiaries who used outpatient services for SUD services in the last quarter decreased by 4% due to the impact COVID-19 has had with limited staff to patient ratio and limited outpatient spaces.
	DY2Q1	*Metric 9*	The number of beneficiaries who used outpatient and/ or partial hospitalization service for SUD in the last quarter decreased by 4% due to the impact COVID-19 has had with limited staff to patient ratio and limited outpatient spaces.
	DY2Q1	*Metric 10*	The number of beneficiaries who use residential and/ or inpatient services for SUD in the measurement period in the last quarter decreased by 5% to the impact COVID-19 has had with limited staff to patient ratio and limited outpatient spaces.
	DY2Q1	*Metric 11*	The number of beneficiaries who use withdrawal management services in the last quarter decreased by 13% due to limited staff because of COVID-19.

☐ The state has no metrics trends to report for this reporting topic.

2.2.2 Implementation Update

Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to: a. 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)? b. 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?			
Are there any other anticipated program changes that may impact metrics related to access to critical levels of care for OUD and other SUDs? If so, please describe these changes.			

☒ The state has no implementation updates to report for this reporting topic.			

3.2 Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)

3.2.1 Metric Trends

Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. Changes (+ or -) greater than two percent should be described.	*DY2Q1* *DY2Q1*	*Metric 5* *Metric 36*	*The number of beneficiaries with a claim for residential or inpatient treatment for SUD in IMD decreased by 19% in the past year because COVID-19 has limited space for residential care.* *The average length of stay for beneficiaries discharged from IMD inpatient/residential treatment for SUD decreased by 61% because COVID-19 has limited the space for inpatient/residential which has limited the amount of individuals for stay and discharge.*

☐ The state is reporting metrics related to Milestone 2, but has no metrics trends to report for this reporting topic.			
☐ The state is not reporting any metrics related to this reporting topic.			
3.2.2 Implementation Update			

Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to:
a. Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria?
b. Implementation of a utilization management approach to ensure:
   i. Beneficiaries have access to SUD services at the appropriate level of care?
   ii. Interventions are appropriate for the diagnosis and level of care?
   iii. Use of independent process for reviewing placement in residential treatment settings?			

Are there any other anticipated program changes that may impact metrics related to the use of			

evidence-based, SUD-specific patient placement criteria (if the state is reporting such metrics)? If so, please describe these changes.			

☒ The state has no implementation updates to report for this reporting topic.

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

Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. Changes (+ or -) greater than two percent should be described.			

☒ The state is reporting metrics related to Milestone 3, but has no metrics trends to report for this reporting topic.

☐ The state is not reporting any metrics related to this reporting topic.

4.2.2 Implementation Update

Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to: a. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards? b. State review process for residential treatment			

providers' compliance with qualifications standards? c. Availability of medication assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site?			
Are there any other anticipated program changes that may impact metrics related to the use of nationally recognized SUD-specific program standards to set provider qualifications for residential treatment facilities (if the state is reporting such metrics)? If so, please describe these changes.			

☒ The state has no implementation updates to report for this reporting topic.

5.2 Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)

5.2.1 Metric Trends

Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.			

☒ The state has no metrics trends to report for this reporting topic.

5.2.2 Implementation Update

Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care?			
Are there any other anticipated program changes that may impact metrics related to provider capacity at critical levels of care, including for medication assisted treatment (MAT) for OUD? If so, please describe these changes.			

⊠ The state has no implementation updates 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

Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.			

⊠ The state has no metrics trends to report for this reporting topic.

6.2.2 Implementation Update

Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to: a. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD? b. Expansion of coverage for and access to naloxone?			
Are there any other anticipated program changes that may impact metrics related to the implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD? If so, please describe these changes.			
[Add rows as needed]			
☒ The state has no implementation updates to report for this reporting topic.			
7.2 Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.	*DY2Q1*	*Metric 25*	*The rate of all-cause readmissions during the measurement period among beneficiaries with SUD decreased 81% is because beneficiaries are not seeking readmissions during COVID-19 with limited spaces and longer treatment wait times.*

☐ The state has no metrics trends to report for this reporting topic.			
7.2.2 Implementation Update			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports?			
Are there any other anticipated program changes that may impact metrics related to care coordination and transitions between levels of care? If so, please describe these changes.			
☒ The state has no implementation updates to report for this reporting topic.			
8.2 SUD Health Information Technology (Health IT)			
8.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. Changes (+ or -) greater than two percent should be described.	*DY2Q2*	*Q2*	*The number of beneficiaries that used telehealth visits with an SUD diagnosis increased by 600% due to COVID-19 temporarily closing many facilities and having providers switching to telehealth visits to accommodate beneficiaries.*
☐ The state has no metrics trends to report for this reporting topic.			

11.2.2 Implementation Update			
Compared to the demonstration design and operational details outlined in STCs and implementation plan, have there been any changes or does the state expect to make any changes to: a. How health IT is being used to slow down the rate of growth of individuals identified with SUD? b. How health IT is being used to treat effectively individuals identified with SUD? c. How health IT is being used to effectively monitor "recovery" supports and services for individuals identified with SUD? d. 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? e. Other aspects of the state's health IT implementation milestones? f. The timeline for achieving health IT implementation milestones?			

g. Planned activities to increase use and functionality of the state's prescription drug monitoring program?			
Are there any other anticipated program changes that may impact metrics related to SUD Health IT (if the state is reporting such metrics)? If so, please describe these changes.			Expanded access to telehealth services related to the COVID-19 pandemic continued through this quarter.

☐ The state has no implementation updates to report for this reporting topic.

9.2 Other SUD-Related Metrics

9.2.1 Metric Trends

Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.			
[Add rows as needed]			

☒ The state has no metrics trends to report for this reporting topic.

9.2.2 Implementation Update

Are there any anticipated program changes that may impact the other SUD-related metrics? If so, please describe these changes.			
[Add rows as needed]			

☒ The state has no implementation updates to report for this reporting topic.

10.2 Budget Neutrality

10.2.1 Current status and analysis			
Discuss the current status of budget neutrality and provide an analysis of the budget neutrality to date. If the SUD component is part of a comprehensive demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole.			
☒ The state has no metrics trends to report for this reporting topic.			
10.2.2 Implementation Update			
Are there any anticipated program changes that may impact budget neutrality? If so, please describe these changes.			
☒ The state has no implementation updates to report for this reporting topic.			
11.1 SUD-Related Demonstration Operations and Policy			
11.1.1 Considerations			
Highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively impact beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any			The onset of the COVID-19 pandemic may have significant impact on Demonstration outcomes this reporting period. Public health measures including stay-at-home orders and gathering restrictions may delay some demonstration goals to have been achieved by training and outreach activities. The impact of these events on the demonstration will be more evident once future quarterly metrics are reported.

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.			
[Add rows as needed]			
☐ The state has no related considerations to report for this reporting topic.			
11.1.2 Implementation Update			
Compared to the demonstration design and operational details outlined in STCs and the implementation plan, have there been any changes or does the state expect to make any changes to: a. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)? b. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)? c. Partners involved in service delivery?			

Has the state experienced any significant challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers)? Has the state noted any performance issues with contracted entities?			
What other initiatives is the state working on related to SUD or OUD? How do these initiatives relate to the SUD demonstration? How are they similar to or different from the SUD demonstration?			Kansas also engaged in planning and distribution of additional federal funding to Substance Use Disorder programs across the state from CARES Act funding. This funding will be available to those not eligible for KanCare benefits but will continue to support expanded access of services across the state.
[Add rows as needed]			

☐ The state has no implementation updates to report for this reporting topic.

12.1 SUD Demonstration Evaluation Update

12.1.1 Narrative Information

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.			
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.			
List anticipated evaluation-related deliverables related to this demonstration and their due dates.			Outstanding evaluation-related deliverables: • Draft Interim Evaluation Report – due January 1, 2023 • Final Interim Evaluation Report – due 60 days after receipt of CMS comments • Draft Summative Evaluation Report – due June 30, 2025 • Final Summative Evaluation Report – due 60 calendar days after receipt of CMS comments
[Add rows as needed]			

☐ 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

Have there been any changes in the state's implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol?			
Does the state foresee the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes?			
Compared to the details outlined in the STCs and the monitoring protocol, has the state formally requested any changes or does the			

state expect to formally request any changes to: a. The schedule for completing and submitting monitoring reports? b. The content or completeness of submitted reports? Future reports?			
Has the state identified any real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation?			

☒ The state has no updates on general reporting requirements to report for this reporting topic.

13.1.2 Post Award Public Forum

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.			

☒ There was not a post-award public forum 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 reporting topic.

14.1 Notable State Achievements and/or Innovations

14.1 Narrative Information

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.			
☒ The state has no notable achievements or innovations to report for this reporting topic.			