

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.

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B
Kentucky - SUD Demonstration, KY HEALTH
DY2 – January 2019 – December 2019
Q3 Y2 – July 2019 – September 2019
Submitted on 11/29/2019

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	7/1/2019

SUD (or if broader demonstration, then SUD - related) demonstration goals and objectives

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.

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.

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.)

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.

During this reporting period the state awaited the oral arguments with the appellate court and an ultimate court ruling on the program. Kentucky HEALTH did continue to maintain courses designed for the My Rewards account. These courses are housed in a learning management system accessible to beneficiaries. Course topics include health, life skills and employment focused subjects. Conducted a My Rewards webinar on August 29, 2019 to connect with stakeholders who may have courses to submit.

The program has maintained the Community Forum platform to connect with stakeholders to announce program updates and host local community partners and other key information about support programs. During this reporting period, forums were held in person as well as virtually in Frankfort, Covington, Louisville, and Hazard, Kentucky.

Participated in the Kentucky Nonprofit Leadership forum, Kentucky Health Benefit Exchange monthly meetings, KWIB Board Meetings, DCBS Change Agent meetings to provide an update on the Kentucky HEALTH program.

Maintained bi-weekly Program Status and communication meetings to manage activity within the SUD component, and support communication needs and effort program wide.

Substance Use Disorder (SUD) component of KY HEALTH continues with a phased rollout. Phase one was implemented July 1, 2019 with effective State Plan Amendment and Administrative Regulation changes. These changes included adding coverage of methadone for Medication Assisted Treatment (MAT) in Narcotic Treatment Program, allowing service planning for SUD treatment, requiring utilization of the ASAM Criteria across the continuum, incorporated withdrawal management when at the appropriate levels, allow partial hospitalization in a Behavioral Health Service Organization (BHSO), and require care coordination within residential treatment.

SUD Phase One system changes were deployed 6/20/19 to allow providers to perform maintenance updates in Partner Portal, self-identifying SUD providers and newly enrolling Narcotic Treatment Programs. These maintenance updates were reviewed by the DMS Provider Licensing and Certification Branch before being transmitted to MCOs to facilitate claims processing. Beginning 7/1/2019 providers began submitting claims for SUD treatment in outpatient and residential facilities.

SUD Phase Two planning began July 1, 2019 to include Administrative Regulations changes and implementing the DMS Residential Provisional Certification for ASAM Level of Care. The residential provisional certification process was designed during this reporting period, as well as vendor joint application design (JAD) sessions to facilitate systems changes needed to implement the provisional residential LOC certification.

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			
☐ 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.	<i>EXAMPLE: The number of beneficiaries with a SUD diagnoses treated in an IMD in the last quarter decreased by 5% due to the closure of one IMD in the state.</i>	<i>Insert the first measurement period in which the current trend (+ or -) was reported.</i> <i>EXAMPLE: 01/01/2018-03/31/2018</i>	<i>Insert the metric related to the trend reported.</i> <i>EXAMPLE: #8: Medicaid beneficiaries with SUD diagnosis treated in an IMD</i>
☒ 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: ☐ i) The target population(s) of the demonstration ☐ 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>
☒ The state has no implementation update to report for this reporting topic.			

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☐ 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>
☒ 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			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1			
☒ The state has no metrics trends to report for this reporting topic.			

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2.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to:		07/01/2019 – 09/30/2019	
☒ 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) ☒ 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	i.) Per the updated 8/11/19 implementation plan, the state implemented State Plan Amendment changes effective 7/1/19 to include service planning for SUD treatment. The state implemented regulation changes effect 7/1/19 to include service planning for SUD treatment, as well as adding partial hospitalization services allowable in a BHSO. ii.) Per the updated 8/11/19 implementation plan, the state implemented State Plan Amendment changes effective 7/1/19 to include coverage of Methadone for MAT, utilizing the ASAM Criteria for residential treatment and description of withdrawal management services. The state implemented BHSO regulations changes effective 7/1/19 to include Narcotic Treatment Programs for coverage of methadone for MAT, as well as applying ASAM Criteria for residential treatment to include ASAM Level of Care Certification and include service description of withdrawal management within the appropriate levels of care.		
☐ The state has no implementation update to report for this reporting topic.			
☐ The state expects to make other program changes that may affect metrics related to Milestone 1			
☒ 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			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2			
☒ The state has no trends to report for this reporting topic.			
☒ The state is not reporting metrics related to Milestone 2.			

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3.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to:			
☒ i) Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria	i.) Per the updated 8/11/19 implementation plan, SPA and regulation changes effective 7/1/19 required SUD providers to meet the service criteria, including the components for support systems, staffing, and therapies outlined in the most current edition of The ASAM Criteria for intensive outpatient services, partial hospitalization and residential treatment.	07/01/2019 – 09/30/2019	
☒ 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	ii.) (a & b) Per the updated 8/11/19 implementation plan, the state implemented SPA and regulation changes effective 7/1/19 to require utilization of ASAM's six dimension multidimensional assessment tool for SUD treatment providers to determine the most appropriate level of care.		
☐ The state has no implementation update to report for this reporting topic.			
☐ The state expects to make other program changes that may affect metrics related to Milestone 2			
☐ The state has no implementation update to report for this reporting topic.			
☒ 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			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3			
☒ The state has no trends to report for this reporting topic.			
☒ The state is not reporting metrics related to Milestone 3.			

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4.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to:		07/01/2019 – 09/30/2019	
☒ i) Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards ☐ ii) State review process for residential treatment providers' compliance with qualifications standards ☒ iii) Availability of medication assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site	i.) Per the updated 8/11/19 implementation plan, SPA and regulation changes effective 7/1/19 required residential SUD providers to meet the service criteria, including the components for support systems, staffing, and therapies outlined in the most current edition of The ASAM Criteria. ii.) No updates to report for this topic. iii.) Per the updated 8/11/19 implementation plan, SPA and regulation changes effective 7/1/19 added coverage of Methadone for MAT. Care coordination in residential treatment was added to include facilitating MAT off-site, if not offered on-site per recipient choice.		
☐ The state has no implementation update to report for this reporting topic.			
☐ The state expects to make other program changes that may affect metrics related to Milestone 3			
☐ The state has no implementation update to report for this reporting topic.			
☒ 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			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4			
☒ The state has no trends to report for this reporting topic.			

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5.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to:		07/01/2019 – 09/30/2019	
☐ Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care			
☒ The state has no implementation update to report for this reporting topic.			
☒ The state expects to make other program changes that may affect metrics related to Milestone 4	Per the updated 11/04/19 implementation plan, providers will self-attest to a residential LOC. This attestation will verify MAT in residential treatment and capacity in which is provided.		
☐ 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			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5			
☒ The state has no trends to report for this reporting topic.			
6.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to:		07/01/2019 – 09/30/2019	
☒ i) Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD	Prior authorizations for buprenorphine were removed up to 24 mg in February 2019. In July 2019, Vivitrol's prior authorization was removed. Also in July 2019, reimbursement for methadone administration began at the Department.		
☐ ii) Expansion of coverage for and access to naloxone			
☐ The state has no implementation update to report for this reporting topic.			

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☐ The state expects to make other program changes that may affect metrics related to Milestone 5 ☒ 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			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6 ☒ 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: ☒ Implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports	Per the updated 8/11/19 implementation plan, the State Plan and BHSO regulation was amended effective 7/1/19 to include care coordination requirements within SUD residential treatment.	07/01/2019 – 09/30/2019	
☐ The state has no implementation update to report for this reporting topic. ☐ The state expects to make other program changes that may affect metrics related to Milestone 6 ☒ 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			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its Health IT metrics ☒ The state has no trends to report for this reporting topic.			

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8.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: ☒ i) How health IT is being used to slow down the rate of growth of individuals identified with SUD ☐ ii) How health IT is being used to treat effectively individuals identified with SUD ☐ iii) How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD ☐ 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 ☒ v) Other aspects of the state’s health IT implementation milestones ☐ vi) The timeline for achieving health IT implementation milestones ☒ vii) Planned activities to increase use and functionality of the state’s prescription drug monitoring program	i.) Kentucky continues to study correlations between initial opioid use and patient misuse and abuse patterns. v.) Kentucky continues to work to enhance interstate data sharing in order to better track patient specific prescription data and has connectivity with approx.. 15 states. Drug toxicity screen results began being reported by EDs to KHIE beginning _____. Beginning October 30, 2019 KASPER users could see a flag for drug toxicity issues. vii.) Kentucky is currently hiring staff and beginning the planning including requirements gathering	07/01/2019 – 09/30/2019	
☐ The state has no implementation update to report for this reporting topic.			
☐ The state expects to make other program changes that may affect metrics related to Health IT			
☒ The state has no implementation update to report for this reporting topic.			

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9.2 Other SUD-Related Metrics			
9.2.1 Metric Trends			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics			
☒ The state has no trends to report for this reporting topic.			
9.2.2 Implementation Update			
☐ The state expects to make other program changes that may affect metrics related to other SUD-related metrics			
☒ The state has no implementation update to report for this reporting topic.			
10.2 Budget Neutrality			
10.2.1 Current status and analysis			
☐ 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.			
10.2.2 Implementation Update			
☐ The state expects to make other program changes that may affect budget neutrality			
☒ 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			
☐ 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.			
☒ 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, the state expects to make the following changes to:	<i>i.)</i> The majority of SUD services are delivered through the managed care organization system with a small percentage of fee for service.	07/01/2019 – 09/30/2019	
☒ i) How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service) ☐ ii) Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes) ☐ iii) Partners involved in service delivery			
☐ The state has no implementation update to report for this reporting topic.			

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☐ 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			
☒ The state has no implementation update to report for this reporting topic.			
☐ The state is working on other initiatives related to SUD or OUD			
☒ The state has no implementation update to report for this reporting topic.			
☐ The initiatives described above are related to the SUD or OUD demonstration (States should note similarities and differences from the SUD demonstration)			
☒ The state has no implementation update to report for this reporting topic.			
12. SUD Demonstration Evaluation Update			
12.1. 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.	1. The state is preparing the DUA for the independent evaluator (Penn) to gain access to the encounter, vital statistics, provider enrollment, and KTOS/KORTOS survey data required for the evaluation. 2. Penn has developed a plan for recruitment of subjects for the qualitative beneficiary survey. 3. Penn has contacted potential KY partner who will assist Penn in gaining access to clinics for survey recruitment. 4. Penn has prepared a draft of the flier to be distributed at survey clinics. 5. Penn is developing an interview guide for the qualitative survey.	7/2/2019-9/30/2019	
☐ The state has no SUD demonstration evaluation update to report for this reporting topic.			

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☐ 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.			
☒ The state has no SUD demonstration evaluation update to report for this reporting topic.			
☐ List anticipated evaluation-related deliverables related to this demonstration and their due dates.			
☒ 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			
☐ The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol			
☒ The state has no updates on general requirements to report for this reporting topic.			
☐ The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes			
☒ The state has no updates on general requirements to report for this reporting topic.			

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Compared to the demonstration design and operational details, the state expects to make the following changes to: ☐ i) The schedule for completing and submitting monitoring reports ☐ ii) The content or completeness of submitted reports and/or future reports			
☒ The state has no updates on general requirements to report for this reporting topic.			
☐ The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation			
☒ The state has no updates on general 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.			
☒ 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			
☐ 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.			

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

The IET-AD, FUA-AD, FUM-AD, and AAP measures (metrics #15, 17 (1), and 17 (2), and 32) are Healthcare Effectiveness Data and Information Set ("HEDIS®") measures that are owned and copyrighted by the National Committee for Quality Assurance ("NCQA"). NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measures or specifications.

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