

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B
Kentucky - SUD Demonstration, KY HEALTH
DY3 – January 2020 – December 2020
Q1 Y3 – January 2020 – March 2020
Submitted on 05/29/2020

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

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

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State	Kentucky
Demonstration name	SUD Demonstration, Kentucky Helping to Engage and Achieve Long Term Health (KY HEALTH)
Approval date for demonstration	January 12, 2018
Approval period for SUD	January 12, 2018 – September 30 , 2023
Approval date for SUD, if different from above	Enter approval date for the SUD demonstration as listed in the demonstration approval letter if different from above (MM/DD/YYYY).
Implementation date of SUD, if different from above	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

Substance Use Disorder (SUD) 1115 Demonstration continues with a phased rollout. In preparation of for Phase 2 Implementation for 4/1/20, the Department for Medicaid Services (DMS) Behavioral Health (BH) Team continued to conduct monthly SUD Residential Provider Check-In Calls (average of 42 participants) regarding the residential provisional certification process to outreach and educate providers regarding provisional certification. The calls included friendly reminders and “need to knows”, expectations and next steps to gauge readiness for 4/1.

The BH Team reviewed 72 complete residential program attestations from 1/1/20 – 2/15/20 utilizing a state developed monitoring tool. The DMS Team issued 72 Provisional Certification Letters to residential providers during the first week of March.

Vendor joint application design (JAD) sessions continued as needed during this reporting period to facilitate systems changes needed to implement the provisional residential level of care (LOC) certification in preparation of the 4/1/20 effective date.

In addition, DMS hosted a JAD session with the Managed Care Organizations (MCOs) to review Phase 2 Implementation and discuss creation of a new SUD flat file to be distributed to MCOs to share information received from providers regarding American Society of Addiction Medicine (ASAM) LOC provisional attestation or completion of certification and identify service facility or programs within a service facility where SUD services are performed. Following the JAD session, PIT Testing was conducted with the MCOs to ensure correct receipt of the new file beginning 4/1/20. DMS also conducted “operational readiness reviews” with the individual MCOs during this reporting period to ensure readiness for 4/1/20 implementation. These reviews included identifying staff training efforts, readiness to process claims and escalation process. During this period, DMS continued to hold bi-weekly MCO Q&A calls as well to address and questions, concerns or feedback regarding Phase 2 Implementation.

During this reporting period, the Behavioral Health Services Organization (BHSO) and Multi-Specialty Group (MSG) Ordinary Administrative Regulations filed in July 2019 became effective in January 2020.

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

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
1.2 Assessment of Need and Qualification for SUD Services			
1.2.1 Metric Trends			
☐ 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.	Per the 5/22/20 conference call with CMS, metrics will be reported in August 2020.		
☒ 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			
☒ 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 assessment of need and qualification for SUD services			
☒ 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	Per the 5/22/20 conference call with CMS, metrics will be reported in August 2020.		
☒ 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: ☒ 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 11/4/19 Implementation Plan, the DMS BH Team completed desk audit reviews for SUD residential treatment providers whom submitted self-attestations to ASAM Level of Care(s). DMS notified these providers of their “provisional certification” with the requirement to obtain ASAM Certification per regulations. DMS continues to communicate with ASAM regarding LOC Certification launch and distributing information to providers as available. SPA changes were submitted to CMS with effective date 1/1/20 to require Residential Crisis Stabilization Units treating SUD to utilize and meet <i>The ASAM Criteria</i> for Medically Monitored Intensive Inpatient Services, as well as Medically Monitored Intensive Withdrawal Management. These programs are also required to provide care coordination and facilitate Medication Assisted Treatment as appropriate per recipient choice. ii.) Per the 11/4/19 Implementation Plan, SPA changes were submitted to CMS with effective date 1/1/20 to add an inpatient chemical dependency treatment description to require programs to utilize The ASAM Criteria for Medically Monitored Intensive Inpatient Services, as well as Medically Monitored Intensive Withdrawal Management. This requirement was also added to Residential Crisis Stabilization Units treating SUD. These programs are also required to provide care coordination and facilitate Medication Assisted Treatment as appropriate per recipient choice. These programs are also required to provide care coordination and facilitate Medication Assisted Treatment as appropriate per recipient choice.	i. & ii.) 01/01/2020 – 3/31/2020	
☐ 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 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	Per the 5/22/20 conference call with CMS, metrics will be reported in August 2020.		
☒ 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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Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
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 11/4/19 Implementation Plan, DMS continued to work with KORE (Kentucky Opioid Response Effort) to offer in-person and online ASAM trainings and opportunities. These trainings included review of <i>The ASAM Criteria</i> including dimensional assessments to ensure appropriate level of care placement.	i. & ii.) 01/01/2020 – 03/31/2020	
☒ 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.) (b) During the desk audit review, the BH Team reviewed residential programs assessment tools red as a component of the attestation submission to ensure providers are utilizing a multi-dimensional tool for appropriate LOC placement. (c) DMS continues to collaborate with Managed Care Organization (MCO) partners to require the use of ASAM Criteria for authorization regarding Level of Care (LOC) determination for SUD treatment with no predetermined limits of care established for these services, as well as continued involvement in a LOC is based on individual need determined through medical necessity criteria. In preparation for implementation of the ASAM LOC Provisional Certification becoming effective 4/1/20, throughout the monthly Residential Provider Check-In Calls, providers were encouraged to contact MCOs regarding any changes to the review process to ensure smooth transition of services.		
☐ 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.			

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Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
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	Per the 5/22/20 conference call with CMS, metrics will be reported in August 2020.		
☒ 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: ☒ 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. SPA changes were submitted to CMS with effective date 1/1/20 to add an inpatient chemical dependency treatment description to require programs to utilize The ASAM Criteria for Medically Monitored Intensive Inpatient Services, as well as Medically Monitored Intensive Withdrawal Management. This requirement was also added to Residential Crisis Stabilization Units treating SUD. ii. Per the 11/4/19 Implementation Plan, residential programs completed a second attestation process to identify the appropriate ASAM LOC(s) by completing a “survey” of service they provide to receive “provisional certification”. DMS completed the desk audit reviews of the attestations between 1/1/20 – 2/15/20 utilizing state created forms and issued “provisional certification” beginning of March 2020. During this time, the DMS BH Team completed 72 desk audit reviews. Provisional certification was issued for residential levels: 3.1, 3.5 and 3.7 based on provider self-attestation and provider type enrollment. Provisional certification was not issued to level 3.3 during this time, as Kentucky was notified by ASAM they will not be issuing Level 3.3 in their initial launch nationwide. Providers who received provisional certification are eligible for reimbursement of residential services up to 96 beds in an IMD per residential location. iii. As described in “iii”, the second residential “survey” or attestation asked providers if MAT is provided on-site, if not to explain how it is facilitated off-site. Results, or answers were reviewed by DMS during the desk audit process.	i. – iii.) 01/01/2020 – 3/31/2020	
☒ 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	Per the 5/22/20 conference call with CMS, metrics will be reported in August 2020.		

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☒ 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	Per the 5/22/20 conference call with CMS, metrics will be reported in August 2020.		
☒ 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: ☒ Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care	Per the 11/4/19 Implementation Plan, SUD residential programs completed a second attestation process to identify the appropriate ASAM LOC(s) by completing a “survey” of service they provide. The second residential “survey” or attestation asked providers if MAT is provided on-site, if not to explain how it is facilitated off-site. Results, or answers were reviewed by DMS during the desk audit process during 1/1/20 – 2/15/20. BH Team reviewed 72 residential program attestations during this time.	01/01/2020 – 03/31/2020	
☐ 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			
☒ 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	Per the 5/22/20 conference call with CMS, metrics will be reported in August 2020.		
☒ The state has no trends to report for this reporting topic.			

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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: ☐ i) Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD ☐ ii) Expansion of coverage for and access to naloxone			
☒ 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 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	Per the 5/22/20 conference call with CMS, metrics will be reported in August 2020.		
☒ 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 11/4/19 Implementation Plan, State Plan amendments were submitted to CMS with request of 1/1/20 effective date to include care coordination requirements in inpatient chemical dependency treatment and residential crisis stabilization units treating SUD. Care coordination requirements included 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 for inpatient recipients as necessary, per recipient choice.	1/01/2020 – 3/31/2020	
☐ 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 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	Per the 5/22/20 conference call with CMS, metrics will be reported in August 2020.		
☒ 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:	iv.) Kentucky All Schedule Prescription Electronic Reporting (KASPER) modernization is ongoing with requirements signed off and development efforts beginning. Office of Inspector General (OIG) and Office of Application Technology Services (OATS) completed functional specifications on revising the prescriber report card to streamline and add patient level detail for prescribers to reference	iv. 01/01/2020 – 03/31/2020 vii. 01/01/2020 – 03/31/2020	
☐ 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	vii.) The team made corrections to the Prescriber Report Card, Phase 2.0. Efforts for integration/interstate continue with 16 states on boarded, including all the border states.		
☒ 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	Per the 5/22/20 conference call with CMS, metrics will be reported in August 2020.		
☒ 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.	As agreed upon with CMS, budget neutrality reporting has been postponed until the required training webinar has been scheduled and completed with CMS and DMS.		
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.	Kentucky Governor Andy Beshear declared a state of emergency on March 6, 2020 in response to the novel coronavirus (COVID-19) and later on March 16, 2020 President Donald Trump declared the coronavirus pandemic a national emergency. DMS received notice from ASAM in March 2020 regarding the anticipated nationwide launch of the ASAM LOC Certification. Due to the COVID-19 Pandemic, ASAM informed DMS the April launch would be delayed for a later date due to the inability to conduct necessary on-site visits. DMS has scheduled a call with ASAM in April to discuss Criteria questions, as well as the LOC Certification. DMS anticipates needing to adjust the 7/1/21 requirement for residential ASAM LOC Certification. DMS will continue to monitor the national and state of emergency to make necessary adjustments as needed.	01/01/2020 – 3/31/2020	
☐ 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) 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.	The team at the University of Pennsylvania, at the request of CMS, reviewed the proposed evaluation design and made several minor revisions, corrected dates in the project plan, and submitted an updated document dated February 18, 2020 to the Commonwealth. The Commonwealth notified its independent evaluators of the cancellation of the contract on March 13, 2020, with an effective date of April 13, 2020, thirty (30) days after written notification, and began closeout procedures. The Commonwealth intends to award a new contract for an independent evaluation effective July 1, 2020.	01/01/2020 – 03/31/2020	
☐ 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 team at the University of Pennsylvania, at the request of CMS, reviewed the proposed evaluation design and made several minor revisions, corrected dates in the project plan, and submitted an updated document dated February 18, 2020 to the Commonwealth. The Commonwealth notified its independent evaluators of the cancellation of the contract on March 13, 2020, with an effective date of April 13, 2020, thirty (30) days after written notification, and began closeout procedures. The Commonwealth intends to award a new contract for an independent evaluation effective July 1, 2020	01/01/2020 – 03/31/2020	
☐ 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	i. The DRAFT monitoring protocol identified the May 31, 2020 quarterly report as the due date for the first submission of “performance metrics,” capturing the demonstration project period of July 1 – September 30, 2019. However, on a conference call between CMS and the Commonwealth on Friday, May 22nd, it was mutually agreed to delay metric reporting until August 31st to complete a review process, align measures with the most recent reporting guidance, transition to the current reporting templates, and issue formal approval of the monitoring protocol for the SUD demonstration project.	01/01/2020 – 3/31/2020	
☒ 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 BH Team issued 72 SUD Residential Provisional Certifications for residential levels 3.1, 3.5 and 3.7 based on provider self-attestation and provider type enrollment during this period. Providers who received provisional certification are eligible for reimbursement of residential services up to 96 beds in an IMD per residential location; giving the state the potential for substantial increase in bed capacity for SUD treatment.		
☒ 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:

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