

1. Title page for the state’s substance use disorder (SUD) demonstration or the SUD component of the broader demonstration

The state should complete this title page at the beginning of a demonstration and submit as the title page for all monitoring reports. The content of this table should stay consistent over time. Definitions for certain rows are below the table.

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State	Kentucky
Demonstration name	SUD Demonstration, Kentucky Helping to Engage and Achieve Long Term Health (KY HEALTH)
Approval period for section 1115 demonstration	January 12, 2018 – September 30 , 2023
SUD demonstration start date^a	January 12, 2018
Implementation date of SUD demonstration, if different from SUD demonstration start date^b	July 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.)
SUD demonstration year and quarter	DY2Q3, DY2Q1 (Metrics)

Reporting period

1/1/21 - 3/31/21, 7/1/20 – 9/30/20 (Metrics)

^a SUD demonstration start date: For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state’s STCs at time of SUD demonstration approval. For example, if the state’s STCs at the time of SUD demonstration approval note that the SUD demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the SUD demonstration. Note that the effective date is considered to be the first day the state may begin its SUD demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on 12/15/2020, with an effective date of 1/1/2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

^b Implementation date of SUD demonstration: The date the state began claiming federal financial participation for services provided to individuals in institutions for mental disease.

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 words or less.

Kentucky Department for Medicaid Services (KY DMS) reviewed written public comments received in regards to changes filed to the Chemical Dependency Treatment Center (CDTC) and Residential Crisis Stabilization Unit (RCSU) Administrative Regulations to incorporate the State Plan Amendment (SPA) changes effective 1/1/20 to add inpatient coverage for Medically Monitored Intensive Inpatient level of care (LOC) in a CDTC and require CDTC and RCSU programs treating SUD to meet this LOC according to *The American Society for Addiction Medicine (ASAM) Criteria*.

The DMS Behavioral Health (BH) Team continues to review and issue SUD residential provisional certifications as appropriate on an ongoing quarterly basis through 4/1/22. During this reporting period, an additional 4 provisional certifications were screened, reviewed and issued with effective date 4/1/21.

The results of the 25 received SUD provider surveys for residential and inpatient providers to gauge provider readiness for the ASAM LOC Certification was reviewed in January 2021. Based on the provider feedback and due to the constraints of the Public Health Emergency (PHE), DMS granted a one year extension until 7/1/2022 for SUD residential and inpatient treatment providers obtain the ASAM LOC Certification.

Also, per provider feedback, DMS distributed a set of ASAM LOC Certification Preparation materials for enrolled residential and inpatient providers sponsored by the Kentucky Opioid Response Effort (KORE) to help support providers to be successful through the certification process, while supporting access to evidence-based treatment.

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During this reporting period, DMS continued to conduct monthly SUD Residential Provider Check-In Calls to address any issues or concerns providers may have regarding Phase 2 Implementation and provide updates regarding the ASAM Level of Care (LOC) Certification and next steps. During this quarter there were an average of 39 participants; including providers, Managed Care Organizations (MCOs), sister agencies and additional stake holders.

KY DMS continues to monitor utilization of Fee-For-Service (FFS) residential and inpatient 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. The BH Team provided notification to providers and continues to provide education regarding the importance of including service facility location information on all claims to better determine the location of services for providers operating more than one residential facility.

Effective 1/1/21 new Managed Care Organization (MCO) contracts became effective; KY now has six MCOs to deliver care to KY Medicaid recipients. Additionally, effective 1/1/21, KY DMS moved to a single preferred drug list PDL in which all recipients now follow the FFS PDL.

KY DMS continues to support Northern Kentucky University (NKU) Institute for Health Innovation to provide additional information as needed in preparation for the Mid-Point assessment.

3. Narrative information on implementation, by milestone and reporting topic

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1. Assessment of need and qualification for SUD services			
1.1 Metric trends			
1.1.1. 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		Metric 2 & 3	DY2Q1: Metric #2 suggests from July of 2020 (8,651) to September of 2020 (7,882), the number of newly engaged patients in SUD treatment fell by 9% - which, while notable during this period of time, appears to be more a function of a regression to the mean phenomenon. Metric #3 suggests that the number of Kentucky Medicaid beneficiaries with a diagnosed SUD has had a steady month-over-month increase of approximately 1% - including in the third quarter of 2020 (114,022) (this increase was greater than 2% from May to June of 2020). We find this rate of increase in the identification of new SUD diagnoses in spite of the COVID-19 prevention measures in Kentucky to be remarkable – and, consistent with the findings of Hughes and colleagues (2021), possibly a function of the increased access to treatment via telehealth.
1.2 Implementation update			
1.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
1.2.1.i. The target population(s) of the demonstration			
1.2.1.ii. The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.2.2 The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)			
2.1 Metric trends			
2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1		Metric 6 - 12	DY2Q1: Metric #7, displays the number of beneficiaries who received an early intervention service shows a 121% increase from July (273) to September (604). The other measures for Metrics #6, 8-12 show much less pronounced changes over time, yet each one displays a month-over-month increase. It is difficult to determine from these metrics alone whether the true incidence of SUD is increasing in Kentucky or whether a greater proportion of those with existing diagnoses are accessing treatment. What is also notable is that these increases in utilization of treatment services was occurring during a period that contained evidence of increasing overdose cases (see Slavova et al., 2020).
2.2 Implementation update			

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2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 2.2.1.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)	Metric 10, 11, 13	DY2Q3: DMS continues to issue quarterly provisional SUD residential certifications. During this reporting period, an additional 4 provisional certifications were issued with effective date 4/1/21. DMS reviewed provider survey results conducted in previous reporting period to gauge provider readiness for the ASAM LOC Certification and identify ways DMS can best support providers during this process. A total of 25 surveys were received; of those 15 indicated they were in the application phase of the certification process and at least 4 had received ASAM LOC Certification. 60% of respondents felt well prepared for the application process, however only 20% felt well prepared for the survey and 65% somewhat prepared. The following comments were included when asked for feedback or barriers providers may have regarding preparing for the certification process: COVID impacts included changes to policies and procedures, administrative staffing focus who would otherwise be leading certification efforts, requesting specific guidance regarding differences in level 3.1 and 3.5, and cost of preparation materials. DMS reviewed results with providers during the January monthly provider call. Based on feedback from the provider survey, in February 2021, providers were notified due to the impacts and constraints the Public Health Emergency (PHE) placed on providers and certifying bodies, DMS has granted an extension for SUD residential and inpatient providers to obtain the ASAM LOC Certification from 7/1/21 to 7/1/22. DMS issued Provisional Certifications will be extended through 6/30/22.
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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			During this reporting period, KY DMS reviewed and responded to written public comments for the Chemical Dependency Treatment Center (CDTC) and Residential Crisis Stabilization Units (RCSU) regulations. DMS responded to 7 public comments related to the RCSU regulation and 11 public comments related to the CDTC regulation. With consideration to received comments, DMS made minimal changes to regulations and filed in February 2021.
2.2.1.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 individual IMDs	X		
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)			
3.1 Metric trends			
3.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2	X		
3.2. Implementation update			
3.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 3.2.1.i. Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria			DY2Q3: The BH Team continues to conduct monthly residential and inpatient provider calls to support providers through the ASAM LOC Certification process and taking a step forward in increasing access to evidence-based treatment and ensuring beneficiaries are receiving the appropriate LOC to meet their needs. During this reporting period, through sponsorship by the Kentucky Opioid Response Effort (KORE), DMS distributed a set of the <i>ASAM LOC Certification Preparation Workbook</i> and <i>ASAM LOC Certification Manual</i> to enrolled residential providers per provider request, as an initiative to help support providers to be successful through the certification process and increase access to evidence-based treatment. DMS will continue to distribute preparation materials with providers requests through the provisional certification period.

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
3.2.1.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		Metrics 10, 11, 13	DY2Q3: (a) BH Team continues to monitor monthly utilization of Fee-For-Service (FFS) residential claims paid to provisionally certified providers for new codes implemented 4/1/20 to ensure access to services for ASAM LOC 3.1, 3.5 and 3.7 and proper utilization. (b) Through the ongoing provisional certification process and desk audit reviews, the BH Team continues to verify providers attestation includes utilizing a multi-dimensional assessment tool to determine appropriate LOC placement for SUD treatment. (c) During this reporting period, the new Managed Care Organization (MCO) contracts became effective 1/1/21. MCOs will continue the use of <i>The ASAM Criteria</i> to determine medical necessity criteria and authorization regarding LOC determination for SUD treatment. Due to the PHE, prior authorizations are not required for SUD services, though medical necessity could still be reviewed if providers requested. Though PAs are not required, providers are encouraged to still provide information to the MCOs regarding recipients, in order to better coordinate ongoing services and meet monitoring requirements.
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)			
4.1 Metric trends			
4.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3 <i>Note: There are no CMS-provided metrics related to Milestone 3. If the state did not identify any metrics for reporting this milestone, the state should indicate it has no update to report.</i>	X		
4.2 Implementation update			
4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 4.2.1.i. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards		Metric 10 & 11	DY2Q3: DMS reviewed written public comments and provided response to the CDTC and RCSU regulations filed in October 2020; these regulations continue to move forward during this reporting period. Once final, the regulations will require 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; increasing capacity at critical levels of care.

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4.2.1.ii. Review process for residential treatment providers' compliance with qualifications.			DY2Q3: During the residential provisional certification process, the BH Team continues to review provider attestations for state regulated compliance such as licensure, as well as programming, staffing, policy and procedures for ensuring emergency care, care coordination, drug screening, assessments, discharge planning, etc. during the desk audit process. The provisional certification notification also outlines the requirement for the ASAM LOC Certification, which will be required to ensure all residential and inpatient programs are in compliance with ASAM.
4.2.1.iii. Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site		Metric 14	DY2Q3: 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.
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)			
5.1 Metric trends			
5.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4	X		
5.2 Implementation update			
5.2.1 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	X		
5.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4	X		
6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.1 Metric trends			
6.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5		Metric 23 & 24	DY2Q1: Metric #23 (rate per 1,000 Medicaid beneficiaries with an SUD-related Emergency Department (ED) claim) and Metric #24 (rate per 1,000 Medicaid beneficiaries with an SUD-related inpatient hospital stay); it is difficult to draw clinically or programmatically meaningful conclusions based on year-to-date data for these measures. However, notably, between July 2020 and September of 2020, Metric #23 fell by approximately 15% and Metric #24 fell by approximately 18%. Each of these suggests a favorable trend in the direction of fewer cases of severe SUD-related health events that brought Medicaid beneficiaries to ED and requiring inpatient hospital care.

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.2 Implementation update			
6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:			DY2Q3: During the Public Health Emergency (PHE), no prior authorization requirements for medication assisted treatment (MAT) products remains in effect for this reporting period.
6.2.1.i. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD			Effective 1/1/21 DMS moved to a single preferred drug list (PDL) across all six managed care organizations (MCOs). All Kentucky Medicaid members now follow the Fee-for-Service (FFS) PDL. DMS did not implement any utilization management (prior authorization, quantity limits, step therapy) changes to MAT products with the implementation of the single PDL.
6.2.1.ii. Expansion of coverage for and access to naloxone	X		
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5	X		
7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.1 Metric trends			
7.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6	X		
7.2 Implementation update			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7.2.1 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	X		
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6	X		
8. SUD health information technology (health IT)			
8.1 Metric trends			
8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics	X		
8.2 Implementation update			
8.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 8.2.1.i. How health IT is being used to slow down the rate of growth of individuals identified with SUD	X		
How health IT is being used to treat effectively individuals identified with SUD	X		
8.2.1.ii. How health IT is being used to effectively monitor "recovery" supports and services for individuals identified with SUD	X		
8.2.1.iii. 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	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.1.iv. Other aspects of the state's health IT implementation milestones	X		
8.2.1.v. The timeline for achieving health IT implementation milestones	X		DY2Q3: According to the 11/4/19 Implementation Plan: Enhanced Interstate Data Sharing Section 1.2 – Work was begun on Informed Interstate Data Sharing with planning and design meetings held; this work shall continue with a scheduled go-live date of June 2021. Enhanced “ease of use” for prescribers and other state and federal stakeholders Work continues on redevelopment of KASPER through a modern, user friendly interface along with additional functionality to the system. The expected completion is spring 2022.

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.1.vi. Planned activities to increase use and functionality of the state's prescription drug monitoring program			DY2Q3: According to the 11/4/19 Implementation Plan: Facilitate the state's ability to properly match patients receiving opioid prescriptions with patients in the PDMP (i.e. the state's master patient index (MPI) strategy with regard to PDMP query) Section 1.1 – As part of the update to accommodate Kentucky's mandate for electronic prescribing for controlled substances, an edit check was implemented within KASPER to ensure all SSNs are 9 digits in length. Develop enhanced provider workflow / business processes to better support clinicians in accessing the PDMP prior to prescribing an opioid or other controlled substance to address the issues which follow Section 1.1 – Work continued on integration redevelopment to improve the capacity and performance for integration/interstate data sharing; a load balancer and additional web server were added to the integration/interstate process. Additional integration partners have been added through the two national PDMP hubs.
8.2.2 The state expects to make other program changes that may affect metrics related to health IT	X		
9. Other SUD-related metrics			
9.1 Metric trends			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics	X		
9.2 Implementation update			
9.2.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics	X		

4. Narrative information on other reporting topics

Prompts	State has no update to report (Place an X)	State response
10. Budget neutrality		
10.1 Current status and analysis		
10.1.1 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.		DY2Q3: The budget neutrality report for the period ending March 31, 2021, includes the current expenditures, member months, and projections. Total quarterly expenditures and member months continue to increase compared to the preceding waiver year. To date, the average quarterly expenditures increased by 80.1 percent and the average quarterly member months by 50.0 percent in waiver year 04 (WY04) compared to WY03. At the current rates, these trends contribute to the projection of higher program expenditures in the remaining waiver years.
10.2 Implementation update		
10.2.1 The state expects to make other program changes that may affect budget neutrality	X	

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Prompts	State has no update to report (Place an X)	State response
11. SUD-related demonstration operations and policy		
11.1 Considerations		
11.1.1 The state 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.		DY2Q3: Due to impacts related to the PHE, and based on provider survey results, DMS granted an extension to the requirement for residential/inpatient providers to obtain the ASAM LOC Certification from 7/1/21 to 7/1/22. During the PHE, individuals who do not have medical insurance that pays for doctors, pharmacy, and hospital visits can apply for Presumptive Eligibility (PE) under the Kentucky Medicaid program; during the PHE, PE has been extended and as a result, KY has seen a significant increase in PE and FFS population. New MCO contracts become effective 1/1/21, during this time all PE beneficiaries are managed by United Healthcare (UHC) who was one of the new awarded MCO contracts. DMS anticipates to see a decline in the FFS population over the next quarters with PE moving to the UHC plan. Prior to 1/1/21, FFS member count totaled 249,709, ending this reporting period FFS member count totaled 137,268. Due to the PHE, there remains no PA requirements for behavioral health and SUD services (FFS or MCO) to ensure access to critical services. Furthermore, due to the impacts of the ongoing PHE and no PA requirements, DMS anticipates seeing an increase in utilization of SUD services.

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Prompts	State has no update to report (Place an X)	State response
11.2 Implementation update		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:	X	
11.2.1.i. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)		
11.2.1.ii. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)	X	
11.2.1.iii. Partners involved in service delivery		DY2Q3: New MCO contracts became effective 1/1/21, during which time KY went from 5 to 6 MCOs to provide services to KY Medicaid recipients. MCO readiness was completed prior to 1/1/21.
11.2.2 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	X	
11.2.3 The state is working on other initiatives related to SUD or OUD		DY2Q3: During this reporting period, Kentucky continues to participate in the “Advancing Housing-Related Supports for Individuals with Substance Use Disorders State Medicaid Learning Collaborative”. The KY Team continues to explore opportunities to expand housing supports and care coordination to those with SUD or OUD and how to partner with non-Medicaid funding sources to support these initiatives. The Team is currently reviewing what opportunities are available to expand these services under waiver and state plan authorities.
11.2.4 The initiatives described above are related to the SUD or OUD demonstration (The state should note similarities and differences from the SUD demonstration)	X	

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Prompts	State has no update to report (Place an X)	State response
12. SUD demonstration evaluation update		
12.1 Narrative information		
12.1.1 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. There are specific requirements per Code of Federal Regulations (CFR) for annual reports. See report template instructions for more details.		DY2Q3: Northern Kentucky University (NKU) continues working with staff of the KY DMS and others in the Cabinet for Health and Family Services (CHFS) to create access to data needed to monitor and determine progress toward outcomes. This issue was resolved shortly after the end of the reporting period. NKU developed data queries and other analytical approaches necessary to support the evaluation work. NKU finalized plans for the Midpoint Assessment. It will consist of three parts: (a) a Cascade of Care approach to summarizing the many initiatives underway in Kentucky and how the 1115 Demonstration fits into that statewide context, (b) a description of the specific mechanisms the 1115 Demonstration affords the state, and whether these were already underway at the time the waiver was approved, and (c) a summary of the strengths, weaknesses, opportunities, and threats (SWOT) associated with Kentucky's implementation to date of the 1115 Demonstration.

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Prompts	State has no update to report (Place an X)	State response
12.1.2 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		DY2Q3: Due to the timeline of approval of a Data Use Agreement between the CHFS and NKU, the analysis of Medicaid claims data was delayed until the first quarter of the calendar year. This delay is not material to meeting the requirements of the evaluation plan. The Midpoint Evaluation is on course. Interviewing will be largely complete in January 2021 and various internal review processes can be conducted in February and March 2021. At this time there are no planned or anticipated changes to the Evaluation Plan.
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates		SUD Mid-Point Assessment due April 12th, 2021 SUD Interim Evaluation Report due September 2022 SUD Final Evaluation Report due March 2025
13. Other demonstration reporting		
13.1 General reporting requirements		
13.1.1 The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol	X	
13.1.2 The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes	X	
13.1.3 Compared to the demonstration design and operational details, the state expects to make the following changes to: 13.1.3.i. The schedule for completing and submitting monitoring reports	X	

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Prompts	State has no update to report (Place an X)	State response
13.1.3.ii. The content or completeness of submitted reports and/or future reports	X	
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation	X	
13.2 Post-award public forum		
13.2.2 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.	X	
14. Notable state achievements and/or innovations		
14.1 Narrative information		
14.1.1 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.		DY2Q3: To date of this reporting period, 102 SUD residential programs received a waiver of the IMD exclusion including reimbursement beyond 16 beds, up to 96 beds per location with provisional certification or by obtaining the ASAM LOC Certification increasing access to treatment.

*The state should remove all example text from the table prior to submission.

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

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