

**Kentucky Medicaid's Section 1115 Waiver Demonstration
Project Nos. 11-W-00306/4 and 21-W-00067/4**

**Request for Extension
Public Comments and Responses**



Date Received	Name/Title/Agency Submitting Comment	Comment	Response
09/13/2022	Krista Brinly Hensel, Chief Executive Officer for United Healthcare Community Plan of Kentucky and Martin H. Rosenzweig, Chief Medical Office for Optum Behavioral Health Solutions	<p>We write today in strong support of the Section 1115(a) demonstration waiver and expenditure authorities extension request by the Kentucky Cabinet of Health and Family Services (CHFS) to the U.S. Center for Medicare and Medicaid Services (CMS) through September 30, 2028.</p> <p>Specifically, we note the request seeks to extend the existing authorities and waivers related to the expenditures for the use of Institutes of Mental Disease (IMD) to treat substance use disorders (SUD), the administration and use of non-emergency transport for methadone treatment and the provision of medical assistance to provide Medicaid coverage to former foster care youth under the age of 26 who were in foster care under the responsibility of another state. These waivers and authorities are, and continue to be, vitally necessary to address the on-going public health emergency (PHE) related to opioid use disorder that has been in place nationally since October 2017. The measures contained in the 1115(a) waiver for which the Commonwealth seeks an extension are critical to maintain access to care and treatment at a time when the demand for care and treatment with qualified evidence-based programs is increasing. These waivers support the access of Kentucky beneficiaries to these vital services and the failure to extend these authorities will lead to loss of access to treatment, lapses in recovery and ultimately higher costs for acute treatment that will be necessary due to the loss of access to on-going care. We continue to press CMS and Congress to act to permanently remove barriers such as the IMD restrictions so that such waivers will not be necessary but in the meantime as we grapple with the on-going opioid crisis the waiver and authorities necessary under the 1115(a) must continue. We stand with you and appreciate your support of the efforts of all stakeholders to address the opioid crisis and health of Kentuckians. Thank you for your time, consideration, and efforts to address this critical issue.</p>	Thank you for your comment and support. No change to the 1115 authority required.
09/13/2022	Alicia Whatley, Policy and Advocacy Director	Kentucky Youth Advocates (KYA) supports the intention of the Department for Medicaid Services to submit an extension request for the Kentucky Medicaid Section 1115(a)	Thank you for your comment and support. No change to the 1115 authority required.

	for Kentucky Youth Advocates	<p>Demonstration to Centers for Medicare and Medicaid Services (CMS). The Substance Use Disorder (SUD) Section 1115 Demonstration ensures a broad continuum of care is available across the Commonwealth for individuals with SUD.</p> <p>We strongly support the continuation of offering extended Medicaid eligibility to former foster care youth who are under 26 years of age and were in foster care under the responsibility of another state. Foster children who were not connected to a family and instead transitioned out of foster care into adulthood have disproportionately high rates of serious physical, mental, behavioral, and oral health issues. They are more likely to have health issues that affect their day-to-day functioning and more likely to need psychological and substance use counseling. Many youth formerly in foster care live at or below the poverty line and often experience homelessness within a year of leaving foster care. Young adults who have aged out of foster care often cannot afford to purchase health coverage or incur medical debt – they need to have access to quality services to address chronic health issues. We applaud DMS’ efforts to ensure Medicaid coverage to former foster care youth under age 26 who were in foster care under the responsibility of another state.</p> <p>Additionally, we support the continuation of exempting children under age 21 who are subject to Early and Periodic Screening, Diagnostic and Treatment (EPSDT), former foster care youth, and pregnant women from the Non-Emergency Medical Transportation (NEMT) waiver to ensure these groups have access to NEMT for methadone treatment.</p> <p>We support the pending incarceration amendment and inclusion of this amendment in the waiver extension request. We believe this pending amendment would help ensure SUD treatment is accessible to those who are incarcerated and strengthen the continuum of care for justice-involved individuals.</p> <p>KYA strongly supports the 1115(a) Waiver extension request to ensure continued access to critical treatment and support for individuals with SUD across the Commonwealth.</p>	
09/14/2022	Melissa Anderson, Director of Public Policy and Advocacy for BrightView Health	<p>BrightView Health, LLC appreciates the opportunity to submit comments on the extension of the Kentucky Medicaid 1115 Waiver for substance use disorder treatment. As one of the Commonwealth’s largest outpatient substance use disorder treatment providers, we have included some recommendations for program changes that will produce a substantial impact on the success and quality of care for our patients.</p> <p>Substance use disorder and escalating incidence of drug overdose deaths remain a critical public health crisis impacting families across the Commonwealth of Kentucky. Apart from an isolated reduction in 2018, the number of overdose deaths has</p>	<p>Thank you for your comments, support, and recommendations. Recommendation (R) 1: DMS currently covers withdrawal management (WDM) to be incorporated into a recipients care at the appropriate level. The Department currently reimburses for and has established billable procedure codes for screenings, assessments, evaluation and</p>

		<p>grown annually among Kentucky residents, with the following devastating statistics:</p> <ul style="list-style-type: none"> ▪ In 2018, 1,247 Kentuckians died secondary to a drug overdose ▪ In 2020, there were 1,964 overdose deaths ▪ In 2021, there were 2,251 overdose deaths <ul style="list-style-type: none"> ○ 80.4% increase in overdose deaths from 2018 through 2021 ▪ At 49.2 deaths per 100,000 citizens, Kentucky ranks 2nd behind West Virginia, for the highest state drug overdose mortality in the United States. <p>Further evaluation into the Commonwealth's 2021 drug overdose deaths has revealed:</p> <ul style="list-style-type: none"> ▪ Fentanyl was involved in 1,562 deaths (69.4%), a 15.4% increase from 2020. ▪ Methamphetamine was involved in 858 deaths (38.1%), a 48.2% increase from 2020. <p>This tragic trend of increased drug overdose deaths year after year is due to multiple contributing factors including the rise in illicit synthetic opioid availability, the widespread socioeconomic devastation imparted by the coronavirus pandemic, and a sustained unmet need for mental health services and substance use disorder treatment.</p> <p>As part of the state's comprehensive public health response, the Kentucky Department of Medicaid Services (DMS) within the Cabinet for Health & Family Services (CHFS) proposed a Section 1115 Substance Use Disorder Demonstration Waiver known as the "Kentucky Helping to Engage and Achieve Long Term Health (<i>Kentucky HEALTH</i>) Project No. 11-W-00306/4." The Center for Medicare and Medicaid Services (CMS) rendered its initial approval of the Kentucky HEALTH project in October 2018, with an amended implementation plan on November 4, 2019. According to the state's application, the purpose of this demonstration was to ensure a broad continuum of care be made available to Kentuckians with a substance use disorder with a primary objective to reduce overdose injuries and deaths. Specific goals of the Kentucky HEALTH project included:</p> <p>Improve access to critical levels of care for SUD treatment for Medicaid beneficiaries</p> <p>Increase utilization of evidence-based SUD patient placement and admission criteria</p> <ul style="list-style-type: none"> ▪ Establish standards for residential treatment provider qualifications to meet nationally recognized SUD treatment standards ▪ Increase provider capacity at critical levels of care, including MOUD for OUD ▪ Implement prescribing guidelines and other treatment and prevention strategies ▪ Improve care coordination and transitions between levels of SUD treatment <p>In April 2021, a midpoint evaluation of the Kentucky HEALTH project was conducted by Northern Kentucky University to assess the demonstration's implementation and to establish a foundation for the project's continued evaluation throughout the lifetime of the waiver. Utilizing a cascade of care model</p>	<p>management services, medications, psychoeducation, laboratory testing, therapy and peer supports; all services that may be provided as a part of WDM process.</p> <p>R2: DMS has received numerous requests from providers to increase rates, including those for behavioral health services. A budget analysis is currently being conducted, and DMS is considering the request to raise behavioral health rates. The Department will keep providers updated about requests as more information becomes available.</p> <p>R3: DMS agrees with the importance of and access to evidence-based treatment. DMS is actively working with CHFS and other KY entities to expand provider types and number of practitioners willing to practice in our state. DMS has a long-standing requirement, including approval of the 1115 waiver to endorse, fund and approve evidence-based treatment. DMS's commitment to evidence-based practice is vital to our expansion of behavioral health services and addressing the increased treatment challenges within our state.</p> <p>R4: Advanced practice registered nurses (APRNs) are considered approved behavioral health practitioners to provide behavioral health services within the scope of their practice in behavioral health settings, including narcotic treatment programs.</p> <p>R5: DMS will amend policy and regulations as necessary to include prescribing of buprenorphine for physician assistants (PAs) as permitted pursuant to PA's state statutes and licensure board.</p> <p>R6: DMS does not control facility and provider licensure requirements. The Department will consult and relay this request to those entities,</p>
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