

**KENTUCKY MEDICAID PROGRAM  
PUBLIC NOTICE  
SUBSTANCE USE DISORDER**

In accordance with 42 CFR 440.386, the Cabinet for Health and Family Services (CHFS), Department for Medicaid Services (DMS) announces its intention to file a State Plan Amendment with the Centers for Medicare and Medicaid Services (CMS) no later than May 1, 2019, modifying the Kentucky Medicaid Program's Substance Use Disorder benefits. The changes outlined below will become effective July 1, 2019.

Eligible individuals will include ALL eligible Medicaid recipient with a diagnosis of opioid use disorders.

Until July 1, 2019, Medicaid recipients will continue to be eligible for current services and benefits, as currently established in the Kentucky Medicaid Program State Plan.

**Services:**

In addition to the medication assisted treatment in which DMS currently covers for Buprenorphine and Vivitrol, DMS is expanding medication assistance treatment to cover methadone for the treatment of substance use disorders. Eligible individuals will include any Medicaid recipient with a diagnosis of opioid use disorder.

The bundled rate for methadone for substance use disorder treatment administered by a physician, psychiatrist, advanced nurse practitioner registered nurse or a physician assistant will be paid from the Kentucky-specific Medicare Physician Fee Schedule.

Additionally, service planning will also be expanded for any Medicaid recipient with a substance use disorder. DMS has expanded authorized providers for service planning to include licensed clinical alcohol and drug counselors and licensed clinical alcohol and drug counselor associates, which will be paid from the Kentucky-specific Medicare Physician Fee Schedule.

The Kentucky-specific Medicare Physician Fee Schedule can be located on DMS's website at: <https://chfs.ky.gov/agencies/dms/Pages/default.aspx>.

For Peer Support Specialist providing services in a non-clinical therapeutic group setting, the group shall not exceed eight (8) individuals in size. For individuals providing peer support services to recipients, they are permitted a maximum of 120 units per week of direct recipient contact. There are no changes in reimbursement for Peer Support Specialist for these services.

**Fiscal Impact:**

DMS estimates the federal fiscal impact will be \$155,000,000 per year.

**Public Comments**

Copies of this notice are available at each county's Department for Community Based Services (DCBS) office and at <https://chfs.ky.gov/agencies/dms/Pages/default.aspx> and <https://chfs.ky.gov/agencies/dms/Pages/publicnotices.aspx>. For the address of the local office, please see [https://prdweb.chfs.ky.gov/Office\\_Phone/index.aspx](https://prdweb.chfs.ky.gov/Office_Phone/index.aspx). Additional information regarding these proposed actions is available upon request at the address cited below.

A copy of this notice is available for public review at the Department for Medicaid Services at the address listed below. Comments or inquiries may be submitted in writing within thirty (30) days to:

Commissioner's Office  
Department for Medicaid Services, 6W-A  
275 E. Main Street  
Frankfort, Kentucky 40621