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State/Territory Name: Kentucky

State Plan Amendment (SPA)#: 21-0002

This file contains the following documents in the order listed

- 1) Approval Letter
- 2) CMS 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

October 29, 2021

Lisa D. Lee
Commissioner
Cabinet for Health and Family Services
Department for Medicaid Services
275 East Main Street 6W-A
Frankfort, KY 40621

Re: Kentucky State Plan Amendment (SPA) KY 21-002

Dear Ms. Lee:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) KY 21-002. This amendment proposes to add medication-assisted treatment (MAT) as a mandatory benefit in the Medicaid state plan.

Section 1006(b) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (“SUPPORT Act”), signed into law on October 24, 2018, amended section 1902(a)(10)(A) of the Social Security Act (the Act) to require state Medicaid plans to include coverage of MAT for all eligible to enroll in the state plan or waiver of the state plan. Section 1006(b) also added a new paragraph 1905(a)(29) to the Act to include the new required benefit in the definition of “medical assistance” and to specify that the new required benefit will be in effect for the period beginning October 1, 2020, and ending September 30, 2025.

Section 1006(b) of the SUPPORT Act also added section 1905(ee)(1) to the Act to define MAT, for purposes of the new required coverage, as:

. . . all drugs approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355), including methadone, and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) to treat opioid use disorders; and[,] . . . with respect to the provision of such drugs and biological products, counseling services and behavioral therapy.

Pursuant to section 1135(b)(5) and 1135(b)(1)(C) of the Act, due to the COVID-19 PHE, CMS issued an approval letter on March 12, 2021 allowing Kentucky to modify the public notice time frames set forth at 42 C.F.R. 447.205, in order to obtain an effective date of October 1, 2020 for its SPA implementing statewide methods and standards for setting payment rates for the benefit described at section 1905(a)(29) of the Act. The state issued public notice on October 25, 2021.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Act and implementing regulations.

This letter is to inform you that Kentucky's Medicaid SPA Transmittal Number KY 21-002 was approved on October 27, 2021 effective October 1, 2020 until September 30, 2025, pursuant to 1905(a)(29) of the Social Security Act and Section 1006(b) of the SUPPORT Act.

If you have any questions, please contact Keri Toback at 312-353-1754 or via email at keri.toback@cms.hhs.gov.

Sincerely,

James G. Scott, Director
Division of Program Operations

cc:
Sharley Hughes
Ann Hollen
Leslie Hoffman

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 1 — 0 0 2

2. STATE

Kentucky

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2020

5. TYPE OF PLAN MATERIAL (Check One)

 NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION
section 1006(b) of the SUPPORT ACT

7. FEDERAL BUDGET IMPACT

a. FFY²⁰²¹ \$ 0
b. FFY²⁰²² \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 4 to Att. 3.1-A, Page 1 - 6
Supplement 4 to Att. 3.1-B, Page 1 - 6
Att. 3.1-A, Page 7.6.x(x)1
Att. 3.1-B, Page 31.5(x)1
4.19B Pages 20.37(e)(1), 20.15(1)(d)(i), and 20.1 (b)9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

4.19B Pages 20.37(e)(1), 20.15(1)(d)(i), and 20.1(b)

10. SUBJECT OF AMENDMENT

Provide mandatory coverage of Medication Assisted Treatment (MAT) pursuant to section 1006(b) of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act and as outlined in the State Health Official letter SHO# 20-005.

11. GOVERNOR'S REVIEW (Check One)

 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME
Lisa D. Lee14. TITLE
Commissioner15. DATE SUBMITTED
3/5/2021

16. RETURN TO

Sharley Hughes
sharleyj.hughes@ky.gov
275 East Main Street, 6th Floor
Frankfort KY 40601

Please email correspondence as we are working from home

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
03/08/202118. DATE APPROVED
10/27/2021

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
10/01/2020

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

James G. Scott

22. TITLE

Director
Division of Program Operations

23. REMARKS

Pen and ink changes authorized via email 10/25/2021 (MW)

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

Authorized Providers

Withdrawal management may be provided by an individual, provider group or licensed organization that meets the criteria of a licensed organization and be provided by the following:

- A medical professional such as a physician, psychiatrist, physician assistant or advanced practice registered nurse; or
- Other approved behavioral health practitioner or approved behavioral health practitioner under supervision in accordance with 907 KAR 15:005 with the appropriate clinical or medical oversight according to the most current version of *The ASAM Criteria, Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*.

- (v) Medication Assisted Treatment (MAT) TREATMENT OF SUBSTANCE USE ONLY
See Supplement 4, Attachment 3.1-A for dates of service between 10/1/20 – 9/30/25.
Medication Assisted Treatment (MAT) is an evidence based practice with the use of FDA approved medications, in combination with counseling, behavioral therapies, and other supports to provide a “whole patient” approach to the treatment of substance use disorder. The duration of treatment should be based on the individual needs of the person served. Prescribing is limited to Kentucky Medicaid enrolled DEA waived practitioners who have experience with addiction medicine. Licensed Credentialed Addiction Treatment professionals and other support services including but not limited to Targeted Case Management, Drug and Alcohol Peer Support Specialists, and Substance Use specific Care Coordination must be co-located or virtually located at the same practice site as the DEA waived practitioner or have agreements in place for linkage to appropriate behavioral health treatment providers. Staff shall be knowledgeable in the assessment, interpretation, and treatment of the biopsychosocial dimensions of alcohol or other substance use disorders. MAT can be provided in primary care settings with the appropriate treatment linkage agreement, outpatient behavioral health settings, licensed organizations, or within SUD residential treatment programs that have care coordination in place.

The program must:

- Assess the need for treatment which includes a full patient history to determine the severity of the recipient’s substance use disorder
- Identify any underlying or co-occurring diseases or conditions and address as needed.
- Educate the recipient about how the medication works and the associated risks and benefits; as well as education on overdose prevention.
- Evaluate the need for medically managed withdrawal from substances.
- Obtain informed consent prior to integrating pharmacologic and non-pharmacologic therapies.
- Refer patients for higher levels of care, if necessary.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

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Withdrawal management may be provided by an individual, provider group or licensed organization that meets the criteria of a licensed organization and be provided by the following:

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- (v) Medication Assisted Treatment (MAT) TREATMENT OF SUBSTANCE USE ONLY
See Supplement 4, Attachment 3.1-B for dates of service between 10/1/20 – 9/30/25.
Medication Assisted Treatment (MAT) is an evidence based practice with the use of FDA approved medications, in combination with counseling, behavioral therapies, and other supports to provide a “whole patient” approach to the treatment of substance use disorder. The duration of treatment should be based on the individual needs of the person served. Prescribing is limited to Kentucky Medicaid enrolled DEA waived practitioners who have experience with addiction medicine. Licensed Credentialed Addiction Treatment professionals and other support services including but not limited to Targeted Case Management, Drug and Alcohol Peer Support Specialists, and Substance Use specific Care Coordination must be co-located or virtually located at the same practice site as the DEA waived practitioner or have agreements in place for linkage to appropriate behavioral health treatment providers. Staff shall be knowledgeable in the assessment, interpretation, and treatment of the biopsychosocial dimensions of alcohol or other substance use disorders. MAT can be provided in primary care settings with the appropriate treatment linkage agreement, outpatient behavioral health settings, licensed organizations, or within SUD residential treatment programs that have care coordination in place.

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- Assess the need for treatment which includes a full patient history to determine the severity of the recipient’s substance use disorder
- Identify any underlying or co-occurring diseases or conditions and address as needed.
- Educate the recipient about how the medication works and the associated risks and benefits; as well as education on overdose prevention.
- Evaluate the need for medically managed withdrawal from substances.
- Obtain informed consent prior to integrating pharmacologic and non-pharmacologic therapies.
- Refer patients for higher levels of care, if necessary.

-
6. The department shall reimburse for drugs at the lesser of:
- Branded Drugs: WAC + 2% (plus dispensing fee) OR
 - Generic Drugs: WAC + 3.2 % (plus dispensing fee) OR
 - FUL + dispense fee OR
 - MAC + dispense fee OR
 - Usual & Customary (U & C)
7. For nursing facility residents meeting Medicaid patient status, an incentive of two (2) cents per unit dose shall be paid to long term care, personal care, and supports for community living pharmacists for repackaging a non-unit dose drug in unit dose form.
8. Medication Assisted Therapy (MAT)
- a. Non-bundled prescribed drugs (at the pharmacy) will be reimbursed at the lowest of logic outlined in Attachment 4.19-B Page 20.1.
 - b. Methadone Medication Assisted Treatment will be paid as outlined in Attachment 4.19-B. Page 20.15(1)(d)(i)
- 91 1905(a)(29) Medication-Assisted Treatment (MAT)

The reimbursement for unbundled prescribed drugs and biologicals used to treat opioid use disorder will be reimbursed using the same methodology as described for prescribed drugs located in in Attachment 4.19-B, pages 20.1-20.1(a), for drugs that are dispensed or administered.

- A. The partial hospitalization daily rate is based on rates currently set for state plan services. The rates for each service are multiplied by the anticipated service frequency per day. Additionally, as this is an outpatient service, these rates do not include costs related to room and board or any other unallowable facility costs.
- B. Any provider delivering Partial Hospitalization services will be paid through the daily payment rate and cannot bill the department separately. Any Medicaid providers delivering separate services outside of the Partial Hospitalization services rate may bill for those separate services in accordance with the state's Medicaid billing procedures.
- C. The state will periodically monitor the actual provisions of partial hospitalization services paid at this daily rate to ensure that beneficiaries receive the types, quantity, and intensity of services required to meet their medical needs. Post payment audits will inform and ensure that this rate remains economic and efficient based on the services that are actually provided for the service.

XVI. Other diagnostic, screening, preventive and rehabilitative services.

Medication Assisted Treatment for Methadone Only

Methadone Medication Assisted Treatment (MAT) must be provided by a licensed organization meeting all qualifications to be approved as a Narcotic Treatment Program. Methadone MAT will be reimbursed a rate of \$105.00 weekly and will this will be the set rate for all governmental as well as private Medicaid providers. Methadone MAT must include at least one of the services (individual, group, and/or family therapies, medication dispensing, and limited laboratory services for drug screening) in order to be reimbursed this rate. The services included in the bundled rate for Methadone MAT for substance use disorder must be administered by a physician, psychiatrist, advanced nurse practitioner registered nurse or a physician assistant and will be paid from the Kentucky Behavioral Health and Substance Abuse Services Outpatient (non-Facility) Fee Schedule. The Fee Schedule can be located at <https://chfs.ky.gov/agencies/dms/DMSFeeRateSchedules/BHOutpatientFFS2021.pdf>.

- A. Kentucky has developed a method for allocating the portion of the rate related to each of the bundled services for purposes of proper reporting on the CMS-64.
- B. Methadone MAT weekly rate is based on rates currently set for state plan services. The rates for each service are multiplied and averaged by the anticipated service frequency per week. Additionally, as this is an outpatient service, these rates do not include costs related to room and board or any other unallowable facility costs.
- C. Any provider delivering Methadone MAT services will be paid through the weekly payment rate and cannot bill the department separately. Any Medicaid providers delivering separate services outside of the Methadone MAT services rate may bill for those separate services in accordance with the state's Medicaid billing procedures.

For dates of services from October 1, 2020, through September 30, 2025, please reference Att. 4.19-B, Page 20.15(1)(d)(i) for all MAT counseling services and behavioral health therapies.

XXX 1905 (a)(29) Medication-Assisted Treatment (MAT)

The reimbursement for unbundled prescribed drugs and biologicals used to treat opioid use disorder will be reimbursed using the same methodology as described for prescribed drugs located in Attachment 4.19-B, pages 20.1-20.1(a), for drugs that are dispensed or administered.

Enclosure ____

Supplement 4 to Attachment 3.1-A

Page 1

State of Kentucky

1905(a)(29) Medication-Assisted Treatment (MAT)

Citation: 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy (Continued)

1905(a)(29) X MAT as described and limited in Supplement 4 to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy.

For the period of December 1, 2020 – September 30, 2025 MAT for OUD is covered exclusively under 1905(a)(29).

TN No: 21-002

Supersedes

TN No: NEW

Approved: 10/27/2021

Effective October 1, 2020

State of __Kentucky_____

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

i. General Assurance

MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020, and ending September 30, 2025.

ii. Assurances

- a. The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).
- b. The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.
- c. The state assures coverage for all formulations of MAT drugs and biologicals for OUD that are approved under section 505 of the Federal Food, Drug and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

iii. Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT.

- a) Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

For the period of December 1, 2020 – September 30, 2025 MAT for OUD is covered exclusively under 1905(a)(29).

State of __Kentucky_____

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

| <u>Service Component</u> | <u>Service Component Description</u> |
|--------------------------------------|---|
| Assessment | Means the individualized, person-centered, biopsychosocial performed face-to-face, in which the provider obtains comprehensive information from the individual. |
| Individual Service Plan | Development of a person-centered, recovery-focused treatment plan that is in collaboration with the individual and reflective of the patient's personal goals for recovery. Treatment plans are re-evaluated at least every three months. |
| Individual, Group and Family Therapy | A range of cognitive, behavioral and other substance use disorder-focused therapies that includes evidenced-based counseling on addiction, treatment, recovery and associated health risks which is provided on an individual, group or family basis. |
| Medication administration | The administration of medication related to opioid use disorder treatment and/or the monitoring for adverse side effects or results of medication; continued intervention based on the level of progress and outcome of recovery. |

b) Please include each practitioner and provider entity that furnishes each service and component service.

| <u>Service Component</u> | <u>Type of Practitioner</u> |
|--------------------------------------|--|
| Assessment | Behavioral Health Practitioner |
| Individual Service Plan | Behavioral Health Practitioner |
| Individual, Group and Family Therapy | Behavioral Health Practitioner |
| Medication administration | Physician, Nurse Practitioner, Physician Assistant is DATA-waived to dispense or write prescriptions for buprenorphine or any new FDA-approved products requiring a waiver and have experience or knowledge in addiction medicine. |

State of __Kentucky_____

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

- c) Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

Behavioral Health Practitioner means: Licensed Clinical Social Worker, Licensed Certified Social Worker, Licensed Marriage and Family Therapist, Licensed Marriage and Family Therapist Associate, Licensed Professional Clinical Counselor, Licensed Professional Clinical Counselor Associate, Licensed Psychologist, Licensed Psychological Association, Licensed Psychological Practitioner, Licensed Clinical Alcohol and Drug Counselor, Licensed Clinical Alcohol and Drug Counselor Associate, Licensed Physicians, Licensed Psychiatrists, Licensed Physician Assistants and Licensed Advanced Practice Registered Nurses.

Certified Alcohol and Drug Counselor (CADC): A Certified Alcohol and Drug Counselor shall:

- (a) Be at least eighteen (18) years of age;
- (b) Have obtained a baccalaureate degree;
- (c) Have completed six thousand (6,000) hours of board-approved experience working with alcohol or drug dependent persons, three hundred (300) hours of which shall have been under the direct supervision of a certified alcohol and drug counselor who has at least two (2) years of post-certification experience; (4) Have completed at least two hundred seventy (270) classroom hours of board-approved curriculum;

Certified Psychologist with autonomous functioning: A Certified Psychologist with autonomous functioning shall be:

- (a) A person currently authorized to use the title "certified psychologist with autonomous functioning" may continue to function with that title or may choose to permanently change this title to "licensed psychological practitioner" and notify the board of this choice. The board shall issue a license at the time of renewal to the credential holder with the title of choice.
- (b). A certified psychologist with autonomous functioning or a licensed psychological practitioner may continue to function without supervision unless the board revokes his or her license. He or she shall not supervise certified psychologists, licensed psychological practitioners, or licensed psychological associates.

Enclosure ____

Supplement 4to Attachment 3.1-A

Page 5 ____

State of __Kentucky_____

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

Certified Psychologist: A Certified Psychologist shall be:

- (a) A person currently authorized to use the title "certified psychologist" may continue to function with that title or may choose to permanently change this title to "licensed psychological associate" and notify the board of this choice. The board shall issue a license at the time of renewal to the credential holder with the title of choice.
- (b) A certified psychologist or a licensed psychological associate may continue to function under the supervision of a licensed psychologist unless the board revokes his certificate.
- (c) A certified psychologist, whether functioning under that title or as a licensed psychological associate, may perform certain functions within the practice of psychology only under the supervision of a licensed psychologist approved by the board, and shall not employ or supervise other certified psychologists, licensed psychological practitioners, or licensed psychological associates.

TN No: 21-002

Supersedes

TN No: NEW

Approved: 10/27/2021

Effective October 1, 2020

State of Kentucky

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

iv. Utilization Controls

- The state has drug utilization controls in place. (Check each of the following that apply)
- Generic first policy
- Preferred drug lists
- Clinical criteria
- Quantity limits

The state does not have drug utilization controls in place.

v. Limitations

Describe the state’s limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.

The state has applied appropriate utilization management and day supply limits on MAT drugs. Limitations are dependent on drug product and vary based on formulation. All limitations are evidence based and certain class limitations are reviewed by the state’s Pharmacy & Therapeutics Committee. Individual therapy, family therapy and group therapy services shall be limited to a maximum of a combined three (3) hours per day, per recipient which can be exceeded based on Medical Necessity.

Enclosure ____

Supplement 4 to Attachment 3.1-B

Page 1

State of Kentucky

1905(a)(29) Medication-Assisted Treatment (MAT)

Citation: 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy (Continued)

1905(a)(29) X MAT as described and limited in Supplement 4 to Attachment 3.1-B.

ATTACHMENT 3.1-B identifies the medical and remedial services provided to the categorically needy.

For the period of December 1, 2020 – September 30, 2025 MAT for OUD is covered exclusively under 1905(a)(29).”

TN No: 21-002

Supersedes

TN No: NEW

Approved: 10/27/2021

Effective October 1, 2020

State of __Kentucky_____

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

i. General Assurance

MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020, and ending September 30, 2025.

ii. Assurances

- a. The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).
- b. The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.
- c. The state assures coverage for all formulations of MAT drugs and biologicals for OUD that are approved under section 505 of the Federal Food, Drug and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

iii. Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT.

- a) Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

For the period of December 1, 2020 – September 30, 2025 MAT for OUD is covered exclusively under 1905(a)(29).”

State of __Kentucky_____

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

| <u>Service Component</u> | <u>Service Component Description</u> |
|--------------------------------------|---|
| Assessment | Means the individualized, person-centered, biopsychosocial performed face-to-face, in which the provider obtains comprehensive information form the individual. |
| Individual Service Plan | Development of a person-centered, recovery-focused treatment plan that is in collaboration with the individual and reflective of the patient’s personal goals for recovery. Treatment plans are re-evaluated at least every three months. |
| Individual, Group and Family Therapy | A range of cognitive, behavioral and other substance use disorder-focused therapies that includes evidenced-based counseling on addiction, treatment, recovery and associated health risks which is provided on an individual, group or family basis. |
| Medication administration | The administration of medication related to opioid use disorder treatment and/or the monitoring for adverse side effects or results of medication; continued intervention based on the level of progress and outcome of recovery. |

b) Please include each practitioner and provider entity that furnishes each service and component service.

| <u>Service Component</u> | <u>Type of Practitioner</u> |
|--------------------------------------|--|
| Assessment | Behavioral Health Practitioner |
| Individual Service Plan | Behavioral Health Practitioner |
| Individual, Group and Family Therapy | Behavioral Health Practitioner |
| Medication administration | Physician, Nurse Practitioner, Physician Assistant is DATA-waived to dispense or write prescriptions for buprenorphine or any new FDA-approved products requiring a waiver and have experience or knowledge in addiction medicine. |

State of __Kentucky_____

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

- c) Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

Behavioral Health Practitioner means: Licensed Clinical Social Worker, Licensed Certified Social Worker, Licensed Marriage and Family Therapist, Licensed Marriage and Family Therapist Associate, Licensed Professional Clinical Counselor, Licensed Professional Clinical Counselor Associate, Licensed Psychologist, Licensed Psychological Association, Licensed Psychological Practitioner, Licensed Clinical Alcohol and Drug Counselor, Licensed Clinical Alcohol and Drug Counselor Associate, Licensed Physicians, Licensed Psychiatrists, Licensed Physician Assistants and Licensed Advanced Practice Registered Nurses.

Certified Alcohol and Drug Counselor (CADC): A Certified Alcohol and Drug Counselor shall:

- (a) Be at least eighteen (18) years of age;
- (b) Have obtained a baccalaureate degree;
- (c) Have completed six thousand (6,000) hours of board-approved experience working with alcohol or drug dependent persons, three hundred (300) hours of which shall have been under the direct supervision of a certified alcohol and drug counselor who has at least two (2) years of post-certification experience; (4) Have completed at least two hundred seventy (270) classroom hours of board-approved curriculum;

Certified Psychologist with autonomous functioning: A Certified Psychologist with autonomous functioning shall be:

- (a) A person currently authorized to use the title "certified psychologist with autonomous functioning" may continue to function with that title or may choose to permanently change this title to "licensed psychological practitioner" and notify the board of this choice. The board shall issue a license at the time of renewal to the credential holder with the title of choice.
- (b). A certified psychologist with autonomous functioning or a licensed psychological practitioner may continue to function without supervision unless the board revokes his or her license. He or she shall not supervise certified psychologists, licensed psychological practitioners, or licensed psychological associates.

State of Kentucky

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

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- (a) A person currently authorized to use the title "certified psychologist" may continue to function with that title or may choose to permanently change this title to "licensed psychological associate" and notify the board of this choice. The board shall issue a license at the time of renewal to the credential holder with the title of choice.
- (b) A certified psychologist or a licensed psychological associate may continue to function under the supervision of a licensed psychologist unless the board revokes his certificate.
- (c) A certified psychologist, whether functioning under that title or as a licensed psychological associate, may perform certain functions within the practice of psychology only under the supervision of a licensed psychologist approved by the board, and shall not employ or supervise other certified psychologists, licensed psychological practitioners, or licensed psychological associates.

TN No: 21-002

Supersedes

TN No: NEWApproved: 10/27/2021

Effective October 1, 2020

State of Kentucky

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

iv. Utilization Controls

- The state has drug utilization controls in place. (Check each of the following that apply)
- Generic first policy
- Preferred drug lists
- Clinical criteria
- Quantity limits

The state does not have drug utilization controls in place.

v. Limitations

Describe the state’s limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.

The state has applied appropriate utilization management and day supply limits on MAT drugs. Limitations are dependent on drug product and vary based on formulation. All limitations are evidence based and certain class limitations are reviewed by the state’s Pharmacy & Therapeutics Committee. Individual therapy, family therapy and group therapy services shall be limited to a maximum of a combined three (3) hours per day, per recipient which can be exceeded based on Medical Necessity.