1. Title Page for the State's SUD Demonstration or SUD Components of Broader DemonstrationThe 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 l table should stay consistent over time.

State Demonstration name SUD Demonstration, Kentucky Helping to Engage and Achieve Long Term Health (KY HEALTH) January 12, 2018 January	Kentucky
Approval date for demonstration Approval period for SUD Approval date for SUD, if different from above Implementation date of SUD, if different from above 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. SUD (or if broader demonstration goals and objectives SUD (as described in STC 93, the demonstration benefit package for all 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 to allow the state not to provide NEMT for methadone services to allow the state not to provide NEMT for methadone services to allow the state not to provide NEMT for methadone services to allow the state not to provide NEMT for methadone services to allow the state not to provide NEMT for methadone services to allow the state not to provide NEMT for methadone services to allow the state not to provide NEMT for methadone services to allow the state not to	Remucky
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Approval date for SUD, if different from above Implementation date of SUD, if different from above Implementation date of SUD, if different from above [MM/DD/YYYY). 7/1/2019 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 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	January 12, 2018
demonstration approval letter if different from above (MM/DD/YYYY). 7/1/2019 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 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 allow the state not to provide NEMT for methadone services to allow the state not to provide NEMT for methadone services to allow the state not to provide NEMT for methadone services to allow the state not to provide NEMT for methadone services to allow the state not to provide 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	January 12, 2018 – September 30, 2023
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that group who are under age 21 and subject to EPSDT, pregnant, medically frail, survivors of domestic violence, or former foster care	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,

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 or less.

Substance Use Disorder (SUD) component of KY HEALTH continues with a phased rollout. The Department for Medicaid Services (DMS) Behavioral Health (BH) Team continued Phase 2 Implementation Planning, including development of a Provisional Certification Policy utilizing a nationally recognized SUD program standard to set provider qualifications for residential treatment to allow all enrolled SUD residential treatment providers to obtain a provisional residential level of care (LOC) certification by self-attestation with the requirement to obtain the American Society for Addiction Medicine (ASAM) LOC Certification by July 1, 2021. Per the Implementation Plan, all facilities whom receive ASAM certification are eligible to receive a waiver of the IMD exclusion to provide up to 96 treatment beds per location, in addition to an enhanced rate for residential services rendered during the provisional period.

The BH Team held a webinar (68 participants) and conducted bi-weekly SUD Residential Provider Calls (average of 53 participants) prior to and throughout the attestation process to outreach and educate providers regarding Provisional Certification. This included outlining the submission process, tools and forms, as well as the DMS desk audit review and notification of provisional certification. Residential provider attested from November 15 – December 31 with 72 complete attestations received. Vendor joint application design (JAD) sessions continued during this reporting period to facilitate systems changes needed to implement the provisional residential LOC certification.

The BH team participated in 8 Managed Care Organization (MCO) Forums across the state from 9/30 – 10/16 to provide an SUD Update including Phase 1 Implementation and anticipated Phase 2 Implementation. DMS also hosted a MCO specific forum for all 5 partnered MCOs in November 2019 to provide details regarding SUD Phase 2 Implementation planned for 4/1/2020. This forum included anticipated SPA, regulation and fee schedule changes, in addition to outlining the provisional certification process and expectation of the MCOs during this time. During this reporting period, DMS continued to hold bi-weekly MCO Q&A calls to address and questions, concerns or feedback regarding Phase 2 Implementation.

The Behavioral Health Service Organization (BHSO) and Multi-Specialty Group (MSG) Administrative Regulations filed in July 2019 during Phase 1 Implementation were reviewed November 15 at the Administrative Regulation Review Subcommittee (ARRS) Hearing in which no comments were made and passed by the Committee.

During this reporting period, a request to rescind the Kentucky HEALTH 1115 Waiver was sent to CMS. Later a clarification of termination was sent to CMS requesting the termination request not apply to the Kentucky SUD 1115. At this time, Kentucky continues to operate under the authority of the SUD 1115 Waiver.

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 S	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 rep	orting 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	r 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 fo	or this reporting topic.		
2.2 Access to Critical Levels of Care for OUD and o	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 rep	orting topic.		

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
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	i.) Per the 11/4/19 Implementation Plan, DMS developed a provisional residential level of care certification (LOC) program with the expectation providers obtain the ASAM LOC Certification per the 7/1/19 regulation changes. DMS is utilizing the "provisional" period to provide outreach and support opportunities for providers to prepare for the ASAM LOC Certification. Kentucky conducted provider education to SUD residential treatment providers regarding the "provisional certification" process through bi-weekly provider calls and webinars.	i.)10/01/2019 – 12/31/2019	
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.) DMS implemented State Plan Amendment and regulation changes effective 7/1/19 to include service planning for SUD treatment, added partial hospitalization services in a Behavioral Health Service Organization (BHSO) and added description of withdrawal management (WDM) services within the appropriate levels of care. Regulation changes also required residential and inpatient SUD treatment providers to obtain the ASAM Level of Care Certification. ii.) Kentucky implemented State Plan Amendment changes and regulation changes effective 7/1/19 to include coverage of Methadone for Medication Assisted Treatment (MAT) and allowed Narcotic Treatment Programs to enroll as BHSOs to provide methadone treatment for MAT treating SUD. All Kentucky NTPs were enrolled in 2019. SPA and regulations changes also required residential and inpatient SUD treatment providers to provide care coordination and to provide MAT onsite or facilitate off-site. 	Y2 2019 Annual Summary: 01/01/2019 – 12/31/2019	
\Box The state has no implementation update to report fo	r this reporting topic.		

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
☐ 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	or this reporting topic.		
3.2 Use of Evidence-based, SUD-specific Patient Pla	ncement 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 to	opic.		
☐ The state is not reporting metrics related to Milesto	ne 2.		

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 continues to collaborate 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.)10/01/2019 – 12/31/2019	
⊠ 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	i.) SPA and regulation changes effective 7/1/19 required SUD providers to utilize The ASAM Criteria and meet the service criteria, for intensive outpatient services, partial hospitalization and residential treatment. DMS continue to work with KORE and ASAM regarding ASAM training opportunities for providers to help educate providers on The ASAM Criteria and how to utilize in their programs for SUD treatment. ii.) (a & b) SPA and regulation changes effective 7/1/19 required SUD treatment providers to utilize the ASAM's six dimension multidimensional assessment tool to determine the most appropriate level of care. (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.	Y2 2019 Annual Summary: 01/01/2019 – 12/31/2019	
☐ The state has no implementation update to report for	or this reporting topic.		
☐ The state expects to make other program changes that may affect metrics related to Milestone 2			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
☐ The state has no implementation update to report for	r this reporting topic.		
☐ The state is not reporting metrics related to Mileston	ne 2.		
4.2 Use of Nationally Recognized SUD-specific Prog	ram Standards to Set Provider Qualifications for Residential Treatment Faci	llities (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 to	opic.		
☐ The state is not reporting metrics related to Mileston	ne 3.		

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
4.2.2 Implementation Update			

Compared to the demonstration design and		ii. 10/01/2019 –
operational details, the state expects to make the	ii.) Per the 11/4/19 Implementation Plan, SUD residential programs	12/31/2019
following changes to:	completed a second attestation process to identify the appropriate	
☐ i) Implementation of residential treatment	ASAM LOC(s) by completing a "survey" of service they provide	iii. 10/01/2019 –
provider qualifications that meet the ASAM	including staffing, co-occurring capacity, and programming to	12/31/2019
Criteria or other nationally recognized, SUD-	receive "provisional certification". Attestations will be reviewed	
specific program standards	to ensure compliance with state guidelines and standards are	
⊠ ii) State review process for residential treatment	being met prior to issuing "provisional certification".	
providers' compliance with qualifications standards	iii.) As described in "ii", the second SUD residential "survey" or	
⊠ iii) Availability of medication assisted treatment	attestation asked providers if MAT is provided on-site, if not to	
at residential treatment facilities, either on-site or	explain how it is facilitated off-site.	
through facilitated access to services off site		
	Y2 2019 Annual Summary	Y2 2019 Annual
	i.) SPA and regulation changes effective 7/1/19 required residential	Summary:
	SUD providers to meet the service criteria according to <i>The</i>	01/01/2019 –
	ASAM Criteria. DMS also participated in a Cabinet wide initiative to enhance licensure and quality standards for SUD	12/31/2019
	providers. Alcohol and Other Drug Entity (AODE) regulations	
	were updated and effective 2019 to require utilization of ASAM	
	standards for substance use disorder treatment and recovery in	
	AODEs to include residential, outpatient and medication-assisted	
	treatment (MAT) services.	
	ii.) SUD residential providers completed a attestation process to	
	identify the appropriate ASAM LOC(s) by completing a "survey"	
	of service they provide to receive "provisional certification".	
	DMS will review provider attestations to ensure compliance with	
	state guidelines and standards are being met prior to issuing	
	"provisional certification".	
	iii.) SPA and regulation changes effective 7/1/19 added coverage of	
	Methadone for MAT for SUD treatment; as well as care	
	coordination in residential treatment to include facilitating MAT	
	off-site, if not offered on-site per recipient choice.	
☐ The state has no implementation update to report for	this reporting topic.	
\Box The state expects to make other program changes		
that may affect metrics related to Milestone 3		
oxtimes The state has no implementation update to report fo	r this reporting topic.	

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
☐ The state is not reporting metrics related to Milesto			
	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 to	opic.		
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	SUD Residential programs completed a second attestation process by 12/31/2019 to identify the appropriate ASAM LOC(s) by completing a "survey" of service they provide. The "survey" or attestation asked providers if MAT is provided on-site, if not to explain how it is facilitated off-site. Y2 2019 Annual Summary: Narcotic Treatment Programs were eligible to enroll as BHSOs to provide methadone treatment for MAT treating SUD effective 7/1/2019. By the end of 2019, all Kentucky NTPs were enrolled with DMS as a BHSO, Tier 2 NTP provider.	10/01/2019 – 12/31/2019 Y2 2019 Annual Summary: 01/01/2019 – 12/31/2019	
☐ The state has no implementation update to report for	or 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	or this reporting topic.		
	nd 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.		
oximes The state has no trends to report for this reporting to	ppic.		

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
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	 i. Per the 11/4/19 Implementation Plan, following opioid prescribing guidelines established by DMS in 2018, prior authorizations for buprenorphine (up to 24 mg) and Vivitrol were removed in 2019. DMS also expanded coverage, to include methadone for SUD treatment without a prior authorization, as well as coverage for Sublocade. ii. Per the 11/4/19 Implementation Plan, DMS continues to collaborate with KORE on treating SUD and recovery across the state. In 2019 KORE distributed 18,000 free Naloxone kits. Also, Dr. Connie White, with the Department for Public Health has agreed to be the ordering physician for the state protocol developed to allow state pharmacies across the state to dispense naloxone prescriptions with permission to be the provider. Dr. White is partnering with DMS to ensure these pharmacies are enrolled as Medicaid providers. 	Y2 2019 Annual Summary: 01/01/2019 – 12/31/2019	
☐ The state has no implementation update to report for	r 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	r this reporting topic.		
7.2 Improved Care Coordination and Transitions b	etween 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.		
$oxed{\boxtimes}$ The state has no trends to report for this reporting to	ppic.		

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
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	DMS created a "Provisional Certification" policy outlining the process for SUD residential providers to obtain "provisional certification" by self-attesting to their ASAM LOC(s). DMS created an attestation form outlining ASAM Criteria at different ASAM Residential LOCs for providers to complete and provide supporting documentation. The attestation and supporting documentation included programs care coordination, referral and discharge planning policy and procedures.	10/01/2019 – 12/31/2019	
	Y2 2019 Annual Summary Per the 11/4/19 Implementation Plan, the State Plan and BHSO regulation was amended effective 7/1/19 to include care coordination requirements within SUD residential treatment to include 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 off-site for residential recipients as necessary, per recipient choice.	Y2 2019 Annual Summary: 01/01/2019 – 12/31/2019	
☐ The state has no implementation update to report fo	r this reporting topic.		
☐ The state expects to make other program changes that may affect metrics related to Milestone 6			
☑ The state has no implementation update to report fo	1 0 1		
8.2 SUD Health Information Technology (Health IT	T)		
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.		
oximes The state has no trends to report for this reporting to	ppic.		

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
8.2.2 Implementation Update			

Compared to the demonstration design and operational details, the state expects to make the following changes to: ☑ 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	 i) Kentucky continues to use the services of an epidemiologist to analyze Prescription Drug Monitoring Programs (PDMP) and other data sources to study correlations between initial opioid use and patient misuse and abuse patterns, and to identify geographic areas that may need additional patient and provider SUD education and treatment resources. v.) Kentucky continues to work to enhance interstate data sharing in order to better track patient specific prescription data and has connectivity with 16 states. Drug toxicity screen results from a non-fatal drug overdose are currently 	i. 10/01/2019 - 12/31/2019 v. 10/01/2019 - 12/31/2019 vii. 10/01/2019 - 12/31/2019
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	reported by hospital Emergency Departments (ED) to the Kentucky Health Information Exchange (KHIE). During this quarter Kentucky implemented the capability for health care providers to use the PDMP to automatically request information regarding whether a patient experienced a non-fatal drug overdose in an ED. vii.) Kentucky engaged the services of a business analyst dedicated to a project to rewrite and modernize the PDMP, and began developing the detailed system functional specifications. Y2 2019 Annual Summary: 1. Implemented an interface between the PDMP and the Administrative Office of the Courts, the CourtNet system, that allows PDMP users to obtain information on a patient's Class A misdemeanor or felony drug convictions on the PDMP patient profile report. 2. Implemented the interface between the PDMP and Kentucky Health Information Exchange that provides the capability for health care providers to use the PDMP to automatically request information regarding whether a patient experienced a non-fatal drug overdose in an ED 3. Completed integrating PDMP data into the Kentucky Health Information Exchange, allowing authorized KHIE users to view the PDMP data in KHIE without having to leave their clinical workflow to access the PDMP.	Y2 2019 Annual Summary: 01/01/2019 – 12/31/2019

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
☐ The state has no implementation update to report fo	· ·	NINI/DD/1111)	(II dily)
☐ The state expects to make other program changes that may affect metrics related to Health IT			
☐ ☐ The state has no implementation update to report fo	r this reporting topic.		
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 to	opic.		
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 fo	r 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 fo	r this reporting topic.		

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
11.1 SUD-Related Demonstration Operations and I	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.	A request to rescind the Kentucky HEALTH 1115 Waiver was sent to CMS on 12/16/2019. A clarification of termination was sent to CMS on 12/18/2019 requesting the termination request not apply to the Kentucky SUD 1115. Kentucky continues to operate under the SUD 1115 Waiver at this time.	10/01/2019 – 12/31/2019	
☐ 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			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
☐ 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 fo	r this reporting topic.		
☑ The state is working on other initiatives related to SUD or OUD	Y2 2019 Annual Summary: DMS participated in a Cabinet (Cabinet for Health and Family Services) wide initiative to enhance licensure and quality standards for SUD providers and treatment across the state. DMS participated in workgroups focused on updating the Alcohol and Other Drug Entity (AODE) regulations as well as creating statewide standards and outcome measures to ensure quality services. The AODE regulations were updated and effective 2019 to require utilization of ASAM standards for SUD treatment and recovery in AODEs which include residential, outpatient and medication-assisted treatment (MAT) services.	01/01/2019 – 12/31/2019	
\Box The state has no implementation update to report fo	r 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 fo	r this reporting topic.		

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
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 previous monitoring report indicated that the state was preparing the DUA for Penn to gain access to the encounter, vital statistics, provider enrollment, and Kentucky Treatment Outcome Study (KTOS/KORTOS) survey data required for the evaluation. It now is the state's understanding that a new DUA will not be required, given the original DUA signed between Penn and the state for the general waiver. Penn is implementing the plan, reported in the previous monitoring report, for recruitment of subjects for the qualitative beneficiary survey: National Opinion Research Center (NORC), Penn's survey partner, has contacted KY clinics that will be the sites for recruitment. Penn, in collaboration with NORC, has completed a draft of the interview guide for the qualitative survey. NORC will be submitting the interview guide for Internal Review Board (IRB) approval in the next quarter. 	10/1/2019 - 12/31/2019	
☐ The state has no SUD demonstration evaluation upon	late to report for this reporting topic.		
☐ 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 state has no SUD demonstration evaluation upon	late 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 upon	late to report for this reporting topic.		

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
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.		
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			
☐ 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.		

Issues. A summary of the period during which the forum was held and in the annual report. According to the forum was held and in the annual report. Security of the forum was held and in the annual report.	Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
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. The forum schedule and agenda was posted on the DMS website, as well as registration prior to forums being held. During the forums the BH Team provided an SUD 1115 update including an outline of the overall demonstration goals, overview of Phase 1 Implementation and regulation changes, as well as review of Phase 2 Implementation including regulation changes and the residential provisional certification process. Questions and concerns were addressed during each forum. Following the conclusion of the forums, the BH team made changes regulations filed based on public comment and feedback received during that time. Y2 2019 Annual Summary: In addition to the above MCO Forums, Kentucky hosted a community forum on July 11, 2019 at the Gateway Community and Technical College in Covington, Kentucky. The forum was open to the public, as well as viewable on Kentucky HEALTH's Facebook Live and audio listening with a "dial-in" option. Van Ingram, Executive Director of Kentucky Office of Drug Control Policy and Ann Hollen, DMS Senior Behavioral Health Policy Advisor presented SUD 1115 Updates including Phase 2 Implementation. A panel with Q&A session was also conducted at the forum during which time attendees'	13.1.2 Post-Award Public Forum			
avantions and concount view addressed	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 schedule and agenda was posted on the DMS website, as well as registration prior to forums being held. During the forums the BH Team provided an SUD 1115 update including an outline of the overall demonstration goals, overview of Phase 1 Implementation and regulation changes, as well as review of Phase 2 Implementation including regulation changes and the residential provisional certification process. Questions and concerns were addressed during each forum. Following the conclusion of the forums, the BH team made changes regulations filed based on public comment and feedback received during that time. Y2 2019 Annual Summary: In addition to the above MCO Forums, Kentucky hosted a community forum on July 11, 2019 at the Gateway Community and Technical College in Covington, Kentucky. The forum was open to the public, as well as viewable on Kentucky HEALTH's Facebook Live and audio listening with a "dial-in" option. Van Ingram, Executive Director of Kentucky Office of Drug Control Policy and Ann Hollen, DMS Senior Behavioral Health Policy Advisor presented SUD 1115 Updates including Phase 2 Implementation. A panel with	12/31/2019 Y2 2019 Annual Summary: 01/01/2019 –	

Prompt	State response	(MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
4.1 Notable State Achievements and/or Innovation	s		
4.1 Narrative Information			
Provide any relevant summary of achievements nd/or innovations in demonstration enrollment, enefits, operations, and policies pursuant to the ypotheses of the SUD (or if broader demonstration, nen SUD related) demonstration or that served to rovide better care for individuals, better health for opulations, and/or reduce per capita cost. Achievements should focus on significant impacts to eneficiary outcomes. Whenever possible, the ummary should describe the achievement or anovation in quantifiable terms, e.g., number of empacted beneficiaries.	Kentucky expanded medication assistance treatment to cover methadone for the treatment of substance use disorders beginning 7/1/2019. With the expansion of methadone coverage, from 7/1/19 – 12/31/19, 1,528 beneficiaries received methadone for SUD treatment. With the coverage of methadone for SUD, Narcotic Treatment Programs were eligible to enroll with DMS to provide MAT services in a BHSO as an outpatient NTP provider. By the end of 2019, all NTP's (24) within the state were enrolled with DMS. Kentucky also expanded partial hospitalization services to allow services to be provided in BHSOs effective 7/1/19. From 7/1/19 – 12/31/19, 118 beneficiaries received partial hospitalizations for SUD treatment across. Effective 7/1/19, service planning was expanded from a mental health only service to include SUD and co-occurring treatment. From 7/1/19 – 12/31/19, 3,324 beneficiaries received service planning for SUD treatment.	01/01/2019 — 12/31/2019	

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

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