

**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.*

<b>State</b>	<i>Kansas</i>
<b>Demonstration name</b>	<i>KanCare</i>
<b>Approval period for section 1115 demonstration</b>	<i>01/01/2019-12/31/2023</i>
<b>SUD demonstration start date<sup>a</sup></b>	<i>01/01/2019</i>
<b>Implementation date of SUD demonstration, if different from SUD demonstration start date<sup>b</sup></b>	<i>Enter SUD demonstration implementation date (MM/DD/YYYY).</i>
<b>SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives</b>	<b>Under this SUD Demonstration, KanCare beneficiaries will have access to high quality, evidence-based OUD and other SUD treatment services ranging from medically supervised withdrawal management to on-going chronic care for these conditions cost-effective settings while also improving care coordination and care for comorbid physical and mental health conditions.</b>
<b>SUD demonstration year and quarter</b>	<i>SUD DY3Q3</i>
<b>Reporting period</b>	<i>07/01/2021-09/30/2021</i>

<sup>a</sup> **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.

**<sup>b</sup> 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.*

- Older Adult Medication Safety media campaign which works with the following agencies for implementation: Pottawatomie County Sheriff's Office, Hesston Pharmacy, Harvey Drug and Gifts, and Chase County Sheriff's Office. This media campaign has a total of 13 presentations and a promotional flyer and slide were created to promote this program and the training across the state.
- The Kansas Opioid and Stimulant Conference will be held virtually on Wednesday, November 10, 2021. Speakers and proposals for presentations are currently being recruited and accepted; call closes on August 31.
- Naloxone program is now in place with the Prairie Band Potawatomie Nation Behavioral Health Center. The media campaign has begun featuring billboards, banners, posters, flyers, social media and other educational materials. Safe use storage and disposal initiatives are in place. Cultural treatment support and resources are available to the people including treatment packets and transportation. Another tribal community, the Iowa Tribe at White Cloud, is now participating in the SOR efforts.
- Just recently, in August, an order for 2,800 naloxone kits have been submitted. We have 1,000 on a wait list to fill as soon as these are received.
- Johnson County Dept of Health and Environment, through OD2A, hosted one DATA waiver training on August 27, 2021.
- The University of Kansas Medical Center Area Health Education Center (KUMC AHEC) staff are still providing education via an academic detailing framework to Kansas healthcare providers in high burden areas based on opioid prescribing/overdose prevention. During that timeframe, 17 individuals participated.

**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
<b>1. Assessment of need and qualification for SUD services</b>			
<b>1.1 Metric trends</b>			
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		#3 Medicaid Beneficiaries with SUD Diagnosis (monthly)	<i>The number of Medicaid beneficiaries with SUD diagnosis in the last quarter increased by 5% due to an increase in SUD within Kansas and an overall increase in SUD services. As COVID-19 decreased and the increase in COVID-19 immunization, SUD providers expanded their practices to more patients.</i>
<b>1.2 Implementation update</b>			
1.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to: 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			
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			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)</b>			
<b>2.1 Metric trends</b>			

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<p>2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1</p>		<p>#6 Any SUD Treatment</p>	<p>The number of any SUD treatment in the last quarter increased by 6% due to COVID-19 decreasing, increase in COVID-19 immunization and SUD providers opening their practices to more patients.</p>
		<p>#7 Early Intervention</p>	<p>The number of early interventions in the last quarter decreased by 50% due to less providers utilizing SBIRT codes within this last period.</p>
		<p>#8 Outpatient Services</p>	<p>The number of outpatient services in the last quarter increased by 4% due to COVID-19 decreasing, increase in COVID-19 immunization and SUD providers opening their practices to more patients. In addition, we had an outpatient SUD program open in central Kansas which has increased the number of services and claims.</p>
		<p>#9 Intensive Outpatient and Partial Hospitalization Services</p>	<p>The number of intensive outpatient and partial hospitalization services in the last quarter increased by 29% due to COVID-19 decreasing, increase in COVID-19 immunization and SUD providers opening their practices to more patients. In addition, we had an intensive outpatient SUD program open in central Kansas which has increased the number of services and claims.</p>
		<p>#10 Residential and Inpatient Services</p>	<p>The number of residential and inpatient services in the last quarter increased by 14% due to COVID-19 decreasing, increase in COVID-19 immunization and SUD providers opening their practices to more patients.</p>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
		#11 Withdrawal Management  #12 Medication Assisted Treatment	<p><i>The number of withdrawal management claims in the last quarter increased by 41% since we had an additional clinic open in western Kansas which provides outpatient services and is in a high-demand area.</i></p> <p><i>The number of medication assisted treatment claims in the last quarter increased by 7% due to more providers trainings, State-wide SUD provider training featuring MAT awareness, and awareness within the community concerning MAT in SUD programs.</i></p>
<b>2.2 Implementation update</b>			
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)			
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			
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)</b>			
<b>3.1 Metric trends</b>			
3.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2			
<b>3.2. Implementation update</b>			
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			
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			
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)</b>			
<b>4.1 Metric trends</b>			
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>			
<b>4.2 Implementation update</b>			
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			
4.2.1.ii. Review process for residential treatment providers' compliance with qualifications.			
4.2.1.iii. Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site			
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3			



Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)</b>			
<b>5.1 Metric trends</b>			
5.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4			
<b>5.2 Implementation update</b>			
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			
5.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4			
<b>6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)</b>			
<b>6.1 Metric trends</b>			
6.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5			
<b>6.2 Implementation update</b>			
6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 6.2.1.i. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD			
6.2.1.ii. Expansion of coverage for and access to naloxone			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5			
<b>7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)</b>			
<b>7.1 Metric trends</b>			
7.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6			
<b>7.2 Implementation update</b>			
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			
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6			
<b>8. SUD health information technology (health IT)</b>			
<b>8.1 Metric trends</b>			
8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics			
<b>8.2 Implementation update</b>			
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			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
How health IT is being used to treat effectively individuals identified with SUD			
8.2.1.ii. How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD			
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			
8.2.1.iv. Other aspects of the state’s health IT implementation milestones			
8.2.1.v. The timeline for achieving health IT implementation milestones			
8.2.1.vi. Planned activities to increase use and functionality of the state’s prescription drug monitoring program			
8.2.2 The state expects to make other program changes that may affect metrics related to health IT			
<b>9. Other SUD-related metrics</b>			
<b>9.1 Metric trends</b>			

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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		#23 Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries  #33 Grievances Related to SUD Treatment Services  #34 Appeals Related to SUD Treatment Services	<p><i>The number of Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries in the last quarter increased by 15% due to our change in metric evaluation. Working with CMS we discovered an error in our metric calculation which was reporting total SUD population and the correct metric calculation should have been capturing OUD subpopulation.</i></p> <p><i>The grievances related to SUD treatment services in the last quarter increased by 200% because in the last quarter there was 0 claims and this quarter there is 2 claims.</i></p> <p><i>The appeals related to SUD treatment services in the last quarter increased by 67% because in the last quarter there was 3 claims and this quarter there is 5 claims.</i></p>
<b>9.2 Implementation update</b>			
9.2.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics			

**4. Narrative information on other reporting topics**

Prompts	State has no update to report (Place an X)	State response
<b>10. Budget neutrality</b>		
<b>10.1 Current status and analysis</b>		

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Prompts	State has no update to report (Place an X)	State response
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.		
<b>10.2 Implementation update</b>		
10.2.1 The state expects to make other program changes that may affect budget neutrality		
<b>11. SUD-related demonstration operations and policy</b>		
<b>11.1 Considerations</b>		
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.		
<b>11.2 Implementation update</b>		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:		
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)		
11.2.1.iii. Partners involved in service delivery		

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Prompts	State has no update to report (Place an X)	State response
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		
11.2.3 The state is working on other initiatives related to SUD or OUD		
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)		
<b>12. SUD demonstration evaluation update</b>		
<b>12.1 Narrative information</b>		
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.		
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		The state conducted an independent mid-point assessment in June 30,2021 of the demonstration. The state was required to have the independent assessor to collaborate with key stakeholders, including representatives MCOs, SUD treatment providers, beneficiaries, and other key partners in the design, planning and conducting of the mid-point assessment.
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates		Mid-point Assessment- June 30, 2021

Prompts	State has no update to report (Place an X)	State response
<b>13. Other demonstration reporting</b>		
<b>13.1 General reporting requirements</b>		
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		
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		
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		
13.1.3.ii. The content or completeness of submitted reports and/or future reports		
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation		
<b>13.2 Post-award public forum</b>		
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.		

Prompts	State has no update to report (Place an X)	State response
<b>14. Notable state achievements and/or innovations</b>		
<b>14.1 Narrative information</b>		
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.		

\*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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