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September 28, 2021

Jamie Wallen
PG/ SUD Program Coordinator
Behavioral Health Services Commission
Kansas Department for Aging and Disability Services (KDADS)
503 S. Kansas Avenue
Topeka, KS 66603

RE: Mid-Point Assessment of the KanCare 2.0 Section 1115 Substance Use Disorder (SUD) Demonstration

Dear Ms. Wallen:

Enclosed is the Mid-Point Assessment (Activity Period – January 2019 to December 2021) of the KanCare 2.0 Section 1115 Substance Use Disorder Demonstration. Please contact me, lvaldivia@kfmc.org, if you have any questions or concerns.

Sincerely,

[redacted]

Lynne Valdivia, MSW, BSN, RN, CCEP
Vice President, Director of Quality Review, and Compliance Officer

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Shirley Norris, Director of Managed Care, KDHE
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Enclosure(s)

Mid-Point Assessment of the KanCare 2.0 Section 1115 Substance Use Disorder (SUD) Demonstration

Activity Period – January 2019 to December 2021

Contract Number: 46100

Submission Date: September 28, 2021

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Prepared for:

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Background/Objectives

KFMC Health Improvement Partners (KFMC), under contract with the Kansas Department of Health and Environment (KDHE), Division of Health Care Finance (DHCF), serves as the External Quality Review Organization (EQRO) for KanCare, the Medicaid Section 1115 Demonstration Program that operates concurrently with the State's Section 1915(c) Home and Community-Based Services (HCBS) waivers. The State of Kansas submitted the KanCare 2.0 Section 1115 Substance Use Disorder (SUD) Demonstration Implementation Plan to the Centers for Medicare & Medicaid Services (CMS) on June 14, 2019. [1] CMS approved the Implementation Plan on August 20, 2019, for the period of January 1, 2019 through December 31, 2023.[2] The SUD Demonstration Implementation Plan is in alignment with the goals and objectives of the KanCare program, and outlines the State's strategy to provide a full continuum of services for SUD treatment to KanCare members.[1] CMS requires the State to collaborate with an independent assessor to conduct the mid-point assessment of the KanCare 2.0 Section 1115 SUD Demonstration. In response to this CMS requirement, KFMC as the EQRO, has conducted the mid-point assessment of the SUD Demonstration to evaluate the progress toward meeting each milestone and timeframe approved in the SUD Implementation Protocol.

The SUD Demonstration Monitoring Protocol included the following six milestones:

Milestone 1	***Access to Critical Levels of Care for Opioid Use Discorder (OUD) and Other SUDs.***
Milestone 2	***Use of Evidence-based, SUD-specific Patient Placement Criteria.***
Milestone 3	***Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities.***
Milestone 4	***Sufficient Provider Capacity at Critical Levels of Care including Medication Assisted Treatment (MAT) for OUD.***
Milestone 5	***Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD.***
Milestone 6	***Improved Care Coordination and Transitions between Levels of Care.***

The focus of the mid-point assessment conducted by KFMC is to examine whether the State is making sufficient progress towards meeting its demonstration milestones and monitoring metric targets as approved in the SUD Demonstration Monitoring Protocol[3] submitted by the State to CMS on March 3, 2020. For each milestone, the following aspects were assessed and included in this mid-point assessment report:

- Progress towards action items identified by the State in the Implementation Plan
- Improvement in the *"Critical Metrics"* that are a subset of demonstration monitoring metrics selected by CMS as important indicators of demonstration progress
- Findings from stakeholder feedback on demonstration progress, including key stakeholders such as KanCare beneficiaries, providers, and KanCare Managed Care Organizations (MCOs)
- Assessment of the "Level of Risk" for not meeting each milestone (high, medium, or low)

Based on the above findings, KFMC has provided recommendations to the State for adjustments in the State's Implementation Plan and pertinent factors that support or inhibit improvement in the demonstration.

Technical Methods of Data Collection and Analysis and Description of Data Obtained

KFMC used multiple data sources to conduct the mid-point assessment of the SUD Demonstration. Following is the list of SUD Demonstration documents, data reports and workbooks, and SUD Member Satisfaction Survey reports used for the mid-point assessment:

- *SUD Demonstration Year 2 Quarter 2 (DY2 Q2) Report* – 04/01/2020–06/30/2020
- *SUD Demonstration Year 2 Quarter 3 (DY2 Q3) Report* – 07/01/2020–09/30/2020
- *SUD Demonstration Year 2 Quarter 4 (DY2 Q4) Report* – 10/01/2020–12/31/2020
- *SUD Demonstration Year 3 Quarter 1 (DY3 Q1) Report* – 01/01/2021–03/31/2021
- *SUD Demonstration Baseline–Year2 Quarter 2 (Baseline–DY2 Q2) Report* – 1/01/2019–06/30/2020
- KS_RetroBaseline-DY2Q2_Calculated Rates.xlsx
- *KS_1115-DY8Q2_Report*_Part-A_20201030.xlsx (CMS 1115 DY8 = KS SUD Demonstration DY2)
- *KS_1115-DY8Q3_Report*_Part-A_20201130. xlsx (CMS 1115 DY8 = KS SUD Demonstration DY2)
- 1115 Monitoring Report Workbook DY2Q4.xlsx (provided by the Kansas Department of Aging and Disability Services [KDADS])
- *SUD Metrics Workbook Monitoring Report* Part A DY3Q1.xlsx (provided by KDADS)
- *SUD Metrics Workbook Monitoring Report* Part A DY3Q2.xlsx (provided by KDADS)
- *2017, 2019, and 2020 Member Satisfaction Survey, A Collaborative Point in Time Survey of Members Using Substance Use Disorder (SUD) Services* (submitted to the State by MCOs)
- 2019 and 2020 MCO Grievances and Appeals Reporting (GAR) reports (submitted to the State by MCOs)

In addition to above reports and data workbooks, the following information was used:

- Supplemental information on action updates provided by KDADS staff
- Updates on action items of the IT Plan documentation provided by KDADS and Kansas Board of Pharmacy staff

- Provider Feedback Survey results and key themes (responses abstracted by Survey Monkey system; compilation of the results and summarization into key themes by KFMC staff)
- SUD Provider Associations' Feedback Survey results and key themes (responses were collected using Survey Monkey; compilation of the results and summarization into key themes)
- KanCare MCO Feedback Survey results and key themes (responses abstracted by Survey Monkey system; compiled results and summary of key themes by KFMC staff)

Information regarding progress of the demonstration toward meeting its budget neutrality requirements was not available for the mid-point assessment. KFMC is working with KDADS to identify total Medicaid costs attributable to the SUD demonstration, including administrative costs, and will provide the cost analysis in the Interim Evaluation Report due January 1, 2023.

The methods applied to examine the items for this assessment are described below.

Implementation Plan – Action Item Progress

KFMC reviewed the action updates in the quarterly reports submitted by KDADS to CMS and the supplemental information provided by the KDADS staff. From these resources, KFMC evaluated the State's progress towards completing the six Implementation Plan milestones. The detailed information on the action updates is included in Appendix A (Tables A.1–A.6).

SUD Health Information Technology (IT) Plan – Action Item Progress

KFMC reviewed KDADS's quarterly reports to CMS, and the supplemental information provided by the KDADS and Kansas Board of Pharmacy staff. From these resources, KFMC evaluated the State's progress towards completing the planned IT action items. The detailed information on the action updates is included in Appendix B (Tables B.1–B.5).

Assessment of the Metrics

The metric data reported by KDADS for monitoring of the progress of the SUD Demonstration were assessed as a part of the SUD Demonstration's mid-point assessment. KDADS had submitted quarterly reports with data to CMS. These reports and data workbooks were provided to KFMC by KDADS for the mid-point assessment. These data included rates calculated for the demonstration population and several subgroups. These subgroups included three age groups (less than 18 years, 18 to 64 years, and 65 years and older), dual eligible members, Medicaid only members, OUD subpopulations, pregnant women, and non-pregnant women. KFMC performed statistical analyses comparing the rates for the 2020 and 2019 measurement periods. In addition to the comparison of the demonstration's rates, analyses were also conducted to compare the rates for different subgroups of members. The Pearson chi-square test was applied for these comparative analyses. Trend analysis was also conducted to examine the monthly Emergency Department (ED) Utilization rate for SUD from 1/1/2019 through 12/31/2020 by applying the Mantel-Haenszel chi-square test. The *p*-values less than .05 were considered statistically significant for all comparative analyses. Please note, the term "significant" in this report means results obtained by conducting comparative analyses were "statistically significant." The metric data and results of the comparative analyses are described in Appendix C (Tables C.1–C.5).

Stakeholder Feedback on Demonstration's Progress

Feedback from KanCare members, SUD providers and the three KanCare MCOs were collected as a part of the mid-point assessment.

Members' Feedback/Experiences

KanCare member feedback on SUD Demonstration services was gathered from SUD member satisfaction surveys, and members' grievances and appeals. These data are described in Appendix D (Tables D.1–D.5).

The KanCare MCOs conducted 2017, 2019 and 2020 member satisfaction surveys. For each year's survey, the MCOs drew a convenience sample from their membership for that year. Each MCO mailed survey questionnaires to the providers along with postage paid envelopes and instructed providers to distribute to members according to their designated MCO. For each year's survey, the MCOs aggregated the data collected by each of them and conducted the analysis. A total of 252 members completed the 2017 survey conducted by three MCOs; a total of 174 members completed the 2019 survey; and a total of 91 members completed the 2020 survey. The MCOs analyzed the aggregated data and developed the survey report for each year's survey. These reports were submitted to the State. The information on the number of responses provided for each question for the 2019 and 2020 surveys was included in 2019 and 2020 Survey Reports by the MCOs. This information was not included in the 2017 Survey Report. If in the 2019 and 2020 Survey Reports, the numerators and denominators for the individual questions for the year 2019 and 2020 were included in the Appendix D tables.

KFMC reviewed the members' SUD related grievances and appeals during the period of January 01, 2019 through December 31, 2020. During this period, only three grievances and two appeals were noted that were related to SUD issues.

Providers' and SUD Provider Associations' Leadership Feedback

Provider feedback related to SUD Demonstration services was gathered through an online survey conducted from August 18, 2021 through Sept 03, 2021. KFMC developed the survey questions with input from State staff. KFMC emailed the survey link to 233 KanCare providers with a request to complete the survey to provide their feedback on how well KanCare is doing providing substance use treatment services in the following five areas: prevention strategies, access to needed levels of care, medication assisted treatment, help with transitions between levels of care, and coordination between physical health care and behavioral health care. The survey was comprised of twelve open-ended questions. A follow-up reminder email was sent on August 25, 2021. Responses were received from 33 providers.

In addition to collecting feedback from KanCare SUD providers, KFMC also conducted an online survey to obtain feedback from the leadership of the two SUD provider associations from August 18, 2021 through Sept 03, 2021. The survey links were emailed to the chair, vice-chair, secretary and treasurer of the Kansas Association of Addiction Professionals (KAAP) and to the president and two associates of the Behavioral Health Association of Kansas (BHAK) with the request to provide their feedback on how well KanCare is doing providing substance use treatment services in the same six areas as the SUD provider feedback survey. The survey was comprised of eight open-ended questions. A follow-up reminder email was sent on August 25, 2021. Only one recipient of the SUD provider associations' feedback survey provided responses.

KFMC compiled the survey responses from these two stakeholder surveys and summarized the data into key themes. The responses and key themes are included in Appendix E (Tables E1–E6).

KanCare MCOs' Feedback

KanCare MCOs' feedback related to the SUD Demonstration services was gathered through an online survey conducted from August 18, 2021 through Sept 03, 2021. KFMC developed the questions with input from State staff and emailed the survey link to staff from the three KanCare MCOs who were responsible for the implementation of SUD services. The survey was an opportunity to provide feedback on successes and barriers to providing substance use treatment services in the following areas: prevention strategies, access to needed levels of care, medication assisted treatment, help with transitions between levels of care, and coordination between physical health care and behavioral health care. The Survey was comprised of nine open-ended questions. A follow-up reminder email was sent on August 25, 2021. The three MCOs completed the survey. KFMC compiled the survey responses into key themes for inclusion in KFMC's mid-point assessment report. The responses and associated key themes are included in Appendix F (Tables F1–F6).

General Feedback

Another avenue used to collect feedback was through posting a request for public comment on the KDADS website (http://www.kdads.ks.gov/commisions/behavioral-health). The posting included a request to the public to inform the State about how well KanCare is doing providing substance use treatment services in the following areas: prevention strategies, access to needed levels of care, medication assisted treatment, help with transitions between levels of care, and coordination between physical health care and behavioral health care. The email addresses of KFMC and KDADS staff were included with this request on the KDADS website informing the public where they could submit their feedback by August 30, 2021. No feedback was received through this avenue.

Assessment of "Level of Risk" Associated with Not Meeting Each Milestone

To assess whether the State has made sufficient progress at the SUD Demonstration mid-point, KFMC applied the following considerations for assessing risk of not meeting the implementation milestones:

Risk Level	Considerations for Assessing Risk Associated with Not Meeting Milestones	
Low	Implementation Plan Action Items	State fully completed or will complete all/most (75 percent or more) associated action items as scheduled.
	Monitoring Metrics	State is moving in the expected direction for all or nearly all (75 percent or more) of the associated monitoring metrics.
	Stakeholder Feedback	No stakeholders identified risks related to meeting milestone.
Medium	Implementation Plan Action Items	State fully completed or will complete some (25-74 percent) associated action items as scheduled.
	Monitoring of Metrics	State is moving in the expected direction for some (25-74 percent) of the associated monitoring metrics.
	Stakeholder Feedback	Few stakeholders identified risks related to meeting milestone.
High	Implementation Plan Action Items	State fully completed or will complete none or few (less than 25%) of the associated action items as scheduled.
	Monitoring of Metrics	State is moving in the expected direction for few (less than 25% percent) of the associated monitoring metrics.
	Stakeholder Feedback	Few stakeholders identified risks related to meeting milestone.

The risk of non-completion varied among the above-mentioned three items for each milestone. Some discretion on the part of KFMC was applied in assigning a risk level to the milestone.

Conclusions Drawn from the KanCare 2.0 SUD Demonstration Mid-Point Assessment Results

Summary

The onset and continuation of the COVID-19 pandemic during the period of DYQ2 through DY3Q1 presented several challenges and considerably impacted State agency operations, including the SUD program. The delivery of SUD treatment services across the state was significantly impacted. Initial efforts to address the public health crisis (including statewide stay at home orders, the temporary suspension of admissions to residential treatment centers, and the shift away from in-person outpatient services) led to the decrease in SUD service delivery across the system of care. Some planned training and outreach efforts were postponed. In addition, access was limited to frequently referred service providers, including correctional facilities and hospitals. Thus, the pandemic impacted the delivery of SUD treatment services across the state, as well as the program outcomes. These regulatory changes may impact SUD Health IT metrics.

The conclusions based on the assessment of six milestones, and the risk levels for not meeting the milestones, are summarized below.

Milestone 1: Access to Critical Levels of Care for OUD and Other SUDs

For Milestone 1, in addition to existing services, KDADS planned to implement five action items—two related to MAT and three related to intensive levels of care in residential and inpatient settings. The two planned action items for MAT were fully completed. These action items were directed towards developing a KanCare policy to cover methadone for OUD treatment, education of the provider network, and MCO credentialing of plans into the network. The three planned action items related to coverage of intensive levels of care in residential and inpatient settings (revision of policies and contracts, licensing and credintialling of Institutions for Mental Disease [IMDs] as SUD providers, and coverage of SUD services at IMDs) were also fully completed. KDADS reported an increase in beneficiaries with claims for MAT; however, the number of MAT providers is still low and network adequacy is a concern.

The monitoring of the milestone metrics also indicated a similar picture. A significant improvement in the MAT rates among KanCare members with SUD, with a change of 9 per 1,000 beneficiaries in 2020 was seen (Metric # 12). The MAT service use rates were improved for two age groups (less than 18 and 18 to 64 years), Medicaid only members, pregnant women, and non-pregnant women. The metrics for the higher levels of care did not show improvement (Metric #9, Metric #10, and Metric #11). Also, the metrics for the use of early intervention services, such as Screening, Brief Intervention, and Referral to Treatment (SBIRT) services, and the use of outpatient services (Metric 7, and Metric #8) did not show improvement. It should be noted that the COVID 19 pandemic impacted the delivery of SUD treatment services across the state and program outcomes in the year 2020.

The member experience was similar to observations made by KDADS and other stakeholders. The increase in the rate for “getting first appointment as soon as wanted” and a decline in the waitlist

placement rate indicated an improvement in the access to care. Members' experiences indicating areas of improvement included accessing care for their urgent problems, such as ability to be seen by the counselor right away for an urgent problem, and time to be seen for the urgent problem being longer than 48 hours. The feedback from surveyed providers and the KanCare MCOs was similar to the observations made by KDADS. These stakeholders reported changes in KanCare which resulted in an increase in the access to MAT services and improved processes related to prior authorizations for placing members in appropriate levels of care. However, they reported their concerns regarding provider network adequacy and capacity of the care delivery system. They indicated issues with the access to higher levels of care due to insufficient availability of residential and inpatient services, social detoxification services, and rapid access to medical detoxification services.

Milestone 2: Use of Evidence-based, SUD-specific Patient Placement Criteria

For Milestone 2, in addition to existing services, KDADS planned one action item for meeting the requirement that providers assess treatment needs based on SUD-specific, multi-dimensional assessment tools that reflect evidence-based clinical treatment guidelines. KDADS replaced the old system with a new Kansas Substance Use Reporting Solution (KSURS), and the State is working to implement a new Electronic Health Record (EHR) system.

KFMC was able to conduct the comparative analysis of only one of the two metrics for Milestone 2 due to issues identified in the data provided by KDADS. The assessment of Metric #5 showed no improvement in the rate for Medicaid beneficiaries treated in IMD for SUD. As mentioned in the description of the Milestone 1 assessment, KDADS implemented SUD IMD coverage in the first year of the demonstration, which will improve the rates of treatment in IMDs for SUD in future years. Also, COVID 19 pandemic's impact on the delivery of SUD services might have affected this metric in the year 2020.

Members reported positive experience with regard to outcomes of service and patient-centered care at residential facilities. Feedback provided by the providers was similar to the feedback provided by the MCOs. These stakeholders indicated the use of revised SUD-specific Patient Placement Criteria had improved the process of placing the members with an SUD in the appropriate level of care. The providers appreciated the use of the same form for the three MCOs, simplicity of the new forms, ease of implementation, and assistance in better access to outpatient and residential care. However, they indicated it led to added work. They also mentioned inadequate capacity of the system and availability of the services as barriers encountered in implementing the revised criteria. The MCOs also commented positively on the use of standardized criteria across all MCOs.

Milestone 3: Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities

For Milestone 3, in addition to existing services, KDADS planned five action items to meet three criteria of completion for the milestone. The State completed one action item which was directed towards KanCare 2.0 contract implementation. KDADS indicated another action item will be completed; a policy to require inpatient and residential providers to offer or facilitate MAT initialization and treatment for all who meet the need criteria and choose treatment is being developed.

Members reported positive experience regarding overall quality of service from counselors. Feedback from providers and the KanCare MCOs were similar. Several of these stakeholders indicated they did not

encounter challenges in meeting new licensure and contract requirements for providers of SUD services, including IMDs and MATs. The MCOs indicated noticing positive changes due to new requirements, such as an increased number of providers and increased engagement of the providers. The lack of clarity of requirements was indicated by some providers and by one MCO. The provider network inadequacies were reported as a concern by the MCOs and several providers.

Milestone 3 was evaluated primarily through accomplishment of the action items and stakeholder feedback; a metric to monitor progress over time was not included in KDADS' monitoring protocol.

Milestone 4: Sufficient Provider Capacity at Critical Levels of Care Including for Medication Assisted Treatment for OUD

For Milestone 4, in addition to existing services, KDADS planned to implement one of two planned action items to achieve the milestone's completion criteria. KDADS implemented the MAT access assessment, training, and network development according to the Kansas State Opioid Response (SOR) plan, thus fully completing one of the planned action items. The action item directed towards revision and placement of network adequacy standards for MAT was not completed.

The milestone metrics (Metric #13, and Metric #14) indicated provider network inadequacy with too few qualified SUD and MAT providers in the system, and they did not show any improvement in 2020 from 2019.Thus, these metrics were confirming the issues identified by the stakeholders.

Member experience was not assessed for this milestone. The feedback from providers and the KanCare MCOs were similar. The stakeholders indicated inadequate capacity and financial/billing issues as the main challenges encountered in offering MAT or referring KanCare members with an OUD to a MAT provider. MCOs indicated similar challenges being encountered in increasing access to MAT providers. The providers also indicated transportation issues faced by the members due to lack of MAT providers in rural parts of the state. The MCOs did indicate that they had seen an increase in methadone clinics in the network, and providers and members are appreciative of adding MAT services under Medicaid.

Milestone 5: Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD

For Milestone 5, in addition to existing services, KDADS planned and fully completed two additional action items to achieve the milestone's completion criteria. As planned, the regulation for mandatory K-TRACS registration was passed and updated, and expansion of K-TRACS capabilities occurred through a statewide integration initiative which linked K-TRACS to electronic health records and pharmacy management systems.

The two metrics showed improvement; Emergency Department (ED) Utilization for SUD and Overdose Death rates bothdecreased in 2020 compared to the baseline year. No improvement was seen in metric #18 (Use of Opioids at High Dosage in Persons Without Cancer).

Member experience was not assessed for this milestone. Providers mentioned several positive comments regarding use of K-TRACS. The providers indicated use of K-TRACS helped with continuity of care, referral of members for SUD assessment by psychiatric teams, and availability of information from other states. They mentioned only a couple of challenges, namely encountering some technical issues

and K-TRACS access being limited to MD providers. Only one MCO reported accessing K-TRACS for case management or performance monitoring and indicated using it for review and referral.

Milestone 6: Improved Care Coordination and Transitions Between Levels of Care

For Milestone 6, in addition to existing services, KDADS planned to implement two action items. To improve care coordination and transitions between levels of care, one action item was focused on implementating a coordinated approach by KDHE and KDADS to increase service coordination across the spectrum of care, according to activities outlined in the State Opioid Response Grant and the KanCare 1115 waiver. The second action item indicated KDADS will conduct activities in accordance with the 1115 waiver implementation to ensure coordination of care for co-occurring physical and mental health conditions. KDADS reported both action items were not completed and did not provide updates for the work done in this regard.

The milestone metrics also indicated areas of improvement. Only two of eight indicators of the Metric #15 (Initiation and Engagement of Alcohol, Opioid and Other Drug Abuse or Dependence Treatment for Ages 18 and Over [IET-AD]) showed significant improvement. These two indicators were Initiation of Other Drug Abuse or Dependence Treatment, and Initiation of Alcohol, Opioid and Other Drug Abuse or Dependence Treatment. The two Follow-up after Emergency Department Visit for Mental Illness for Ages 18 and Over [FUM-AD] indictors for Metric #17 were assessed, and both showed improvement. These were the Follow-up Within 7 Days and the Follow-up Within 30 days indicators. The third metric assessed for this milestone was Metric #25 (Readmissions Among Beneficiaries with SUD), an all-cause readmission rate. No improvement was seen in Metric #25 for 2020.

The members' experience with coordination of care among substance use counselors and with coordination of care for co-occurring physical and mental health conditions indicated areas for improvement. The feedback from providers also indicated several areas for improvement regarding case management by MCO staff and coordination of care between physical and behavioral health for KanCare members with an SUD. The providers indicated underutilization of coordination of care for patients with SUD. Several also indicated a lack of knowledge about MCO case management on coordination of care. Other concerns included no impact of MCO case management, lack of follow through by the MCO case managers and the member's other provider, untrained MCO staff, slowing down of care, and unavailability of case management by Federally Qualified Health Center (FQHC) designated facilities. Barriers experienced by providers in coordinating care with other providers included: difficulty in getting appointments for their clients, lack of communication, lack of interest from doctors, inadequate staffing at the Community Mental Health Centers (CMHCs), and transportation to appointments. However, the MCOs provided positive comments with regard to their efforts for coordinating care for members with an SUD and co-occurring physical or mental health conditions among those with an SUD. The MCOs' staff indicated their teams were able to coordinate care with physicians, fill the gaps between service needs, and connect members to appropriate physical, psychiatric, and SUD treatment. They indicated concerns related to the lack of availability of SUD providers to concurrently address co-occurring physical or mental health conditions and difficulty in conducting care coordination for the homeless and or transient members. Thus, providers and members' experiences indicated several areas for improvement related to the coordination of care, whereas MCOs indicated few concerns in this regard.

Summary of the Assessment of Level of Risk Associated with Not Meeting Milestones at the Mid-Point:

SUD Demonstration Milestone	Level of Risk Associated with Not Meeting the Milestone at the Mid-Point
Milestone 1	Medium
Milestone 2	Low
Milestone 3	Medium
Milestone 4	Medium
Milestone 5	Low
Milestone 6	High

Note: Detailed description of assessment of risk level for each milestone is described below in the Mid-Point assessment Results for KanCare 2.0 SUD Demonstration Milestones Section.

Mid-Point Assessment Results for KanCare 2.0 SUD Demonstration Milestones

In this section, a more detailed description of the mid-point assessment results for each milestone, and an assessment of risk associated with not meeting the milestone at mid-point is described.

Milestone 1: Access to Critical Levels of Care for OUD and Other SUDs

Implementation Plan Action Updates:

The progress towards the five criteria for completion of Milestone 1 was assessed by examining the information on the actions implemented by the State. KDADS had mentioned in the demonstration's Implementation Plan that no changes will be made in the provision of current services for three levels of care, which include outpatient services, intensive outpatient services, and medically supervised withdrawal management. For the other two levels of care, which include medication assisted treatment (MAT), and intensive level of care in residential and inpatient settings, the State described additional action steps to be implemented. For coverage of MAT, two action steps were planned, and both were fully met. Of the three action steps planned for coverage of intensive levels of care in residential and inpatient settings, all were fully met. Updates regarding the implementation of the planned actions for these two levels of care are summarized below:

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Milestone Criteria	Actions Planned	Action Update Summary	Status of Action
Coverage of medication assisted treatment.	1. Revision of KanCare MCO contracts and/or payment policies to require MAT care/ coordination in residential/inpatient settings and education of the provider network.	• Policy developed to establish methadone for OUD as a covered medication by KanCare. • A state plan amendment was completed and approved and the MCOs were notified of the coverage changes via bulletin. • MCO contracts were not modified. • Outreach done to existing opioid treatment providers regarding KanCare program enrollment. • Provider training done. • Significant changes made to the State Opioid Response program, expanding the network of providers with access to grant funding for MAT.	Fully Completed
	2. MCO credentialing of plans into the network and payment live by 12-month mark.	• MCO credentialing of plans into the network and payment was live by 12 month-mark. • An increase in beneficiaries with claims for MAT was seen, but the number of MAT providers is still low and network adequacy concerns exist. • KanCare will require inpatient and residential providers to offer or facilitate MAT initialization and treatment for all who meet the need criteria and choose treatment. KDADS working on a draft policy, will implement when completed	Fully Completed

Milestone Criteria	Actions Planned	Action Update Summary	Status of Action
Coverage of intensive levels of care in residential and inpatient settings.	1. Revision of Medicaid payment policies, and managed care contracts.	• Revision done.	Fully Completed
	2. Licensing and credentialing of IMDs as SUD residential providers by 12-month mark.	• SUD IMD coverage was completed in DY1	Fully Completed
	3. Payment live by 12-month mark due to the time needed to license and credential IMDs as SUD providers.	• SUD IMD coverage was completed in DY1	Fully Completed

Assessment of the Metrics:

Seven metrics were included in the State's monitoring protocol for Milestone 1. Metrics data were available for two measurement periods (2019 and 2020). Improvement in the 2020 rate compared to baseline was seen for one metric (MAT per 1,000 beneficiaries, Metric #12), whereas five metrics did not show improvement (rates for Metric #7 and Metric #11 did not show change, whereas rates for Metric #8, Metric #9, and Metric #10 showed decline compared to the baseline). These utilization metrics were impacted by the COVID-19 pandemic. KFMC identified a potential issue in the 2019 data for Metric #22 (Continuity of Pharmacotherapy for OUD); therefore, comparative analysis could not be conducted to assess its status in 2020. KDADS is reviewing the potential issue. The results of the comparative analyses for six metrics are summarized in Table 1.

Table 1. Metrics for Milestone 1					
Metric #	**Metric Description**	**2020 Rate**	**2019 Rate**	**Analysis Results***	**Metric Status of Measurement Year 2020**
7	Early Intervention (per 1,000)	0.05 per 1,000 beneficiaries	0.09 per 1,000 beneficiaries	• The difference between 2020 and 2019 Early Intervention Service Use rates was not statistically significant. • The differences in rates for age groups (less than 18, 18 to 64, 65 and older), dual eligible, Medicaid only, pregnant women, non-pregnant women, OUD subpopulations were not significant.	• No improvement seen in Early Intervention Service Use among KanCare members with SUD (Demonstration and all subgroups).
8	Outpatient Services (per 1,000)	164.67 per 1,000 beneficiaries	172.39 per 1,000 beneficiaries	• The Outpatient Service Use rate was significantly lower in 2020 compared to 2019. • The rates were also significantly lower in 2020 than 2019 for three age groups, dual eligible, Medicaid only, non-pregnant women, and OUD subpopulations. The difference was not significant for pregnant women.	• No improvement seen in Outpatient Service Use among KanCare members with SUD (Demonstration and all subgroups).
9	Intensive Outpatient and Partial Hospitalization Services (per 1,000)	14.20 per 1,000 beneficiaries	23.33 per 1,000 beneficiaries	• The Intensive Outpatient and Partial Hospitalization Service Use rate was significantly lower in 2020 compared to 2019. • The rates were also significantly lower in 2020 compared to 2019 for three age groups, dual eligible, Medicaid only, OUD subpopulation, and non-pregnant women. The difference was not statistically significant for pregnant women.	• No improvement seen in Outpatient and Partial Hospitalization Service Use among KanCare members with SUD (Demonstration and all subgroups).
10	Residential and Inpatient Services (per 1,000)	15.50 per 1,000 beneficiaries	18.89 per 1,000 beneficiaries	• The Residential and Inpatient Service Use rate was significantly lower in 2020 compared to 2019. • The rates were also significantly lower in 2020 compared to 2019 for two age groups (less than 18, and 18 to 64 years), Medicaid only, pregnant women, non-pregnant women, and OUD subpopulations. The difference was not statistically significant for age group 65 and older, and dual eligible.	• No improvement seen in Residential and Inpatient Service Use among KanCare members with SUD (Demonstration and all subgroups).
* A *p*-value less than .05 was considered statistically significant.					

Table 1. Metrics for Milestone 1 – *Continued*					
Metric #	**Metric Description**	**2020 Rate**	**2019 Rate**	**Analysis Results***	**Metric Status of Measurement Year 2020**
11	Withdrawal Management (per 1,000)	0.27 per 1,000 beneficiaries	0.24 per 1,000 beneficiaries	• The difference between 2020 and 2019 Withdrawal Management Service Use rates was not statistically significant. • The differences in rates for 18 to 64 year age group, dual eligible, Medicaid only, OUD subpopulation, pregnant, and non-pregnant women were not statistically significant. • Due to very few numbers in less than 18, and 65 and older age group, comparative analysis could not be conducted.	• No improvement seen in Withdrawal Management Service Use among KanCare members with SUD (Demonstration and subgroups).
12	Medication-Assisted Treatment (MAT) (per 1,000)	37.68 per 1,000 beneficiaries	28.79 per 1,000 beneficiaries	• The MAT rate was significantly higher in 2020 compared to 2019. • The rates were also significantly higher in 2020 compared to 2019 for two age groups (less than 18, and 18 to 64 years), Medicaid only, pregnant, and non-pregnant women. • The differences in rates were not statistically significant for age group 65 and older, dual eligible, and OUD subpopulation.	• Improvement seen in MAT rates among KanCare members with SUD, with a change of 9 per 1,000 beneficiaries in 2020 (Demonstration). • Improvement in rates was also seen for two age groups (less than 18, and 18 to 64 years), Medicaid only, pregnant, and non-pregnant women. • Improvement was not seen for 65 and older, dual eligible, and OUD subpopulation.
* A *p*-value less than .05 was considered statistically significant.					

Stakeholder Feedback:

Members' Experience

Members' experience with access to care was assessed by examining responses to six questions asked in the 2017, 2019 and 2020 Member Satisfaction Surveys. Out of these six measures, members indicated positive experience with four measures, including getting first appointment as soon as wanted, distance travelled to see the counselor was not a problem, being placed on waiting list, and being satisfied with the time it took to be seen for an urgent problem. The rates for getting first appointment as soon as wanted, and distance travelled to see the counselor was not a problem, were 93% or higher in the most recent two years and showed improvement from the baseline year (2017). As compared to the baseline year, the rate for being placed on a waiting list declined, showing improvement in the measure. Though no improvement was seen from the baseline year for being satisfied with the time it took to be seen for an urgent problem, its rate was 90% in 2019 indicating positive feedback from the members. The

measures indicated by members as areas for improvement included choosing first available appointment, and the time taken was longer than 48 hours to be seen for the urgent problem. The rates for these measures either did not significantly change from the baseline year or moved in the wrong direction. The 2019 rate for the time taken was longer than 48 hours to be seen for the urgent problem, among those who needed to be seen for an urgent problem in the last year, was significantly higher than the baseline, showing movement in the wrong direction. Members' experience for access to care is summarized in Table 2.

Table 2. Members' Experience Related to Milestone 1

	2020 Rate	2019 Rate	2017 Rate	Analysis Results*		Status of the Measure
				2020-2019	2019-2017	
Focus Area: Access to Care						
Got first appointment as soon as wanted	94.1%	93.3%	84.0%	NS	S	• In recent two years, more than 90% of the respondents got first appointment as soon as wanted. • 2019 rate significantly improved from baseline year, with a nine percentage point increase.
Chose first available appointment	78.8%	77.6%	80.4%	NS	NS	• In 2020, 79% of the respondents chose first available appointment. • Rates did not significantly change over three years and ranged between 78% and 80%.
Placed on waiting list	14.5%	9.1%	15.2%	NS	S	• In 2020, 15% of the respondents reported being placed on waiting list. • 2019 rate significantly reduced from baseline year, with a nine percentage point decline.
Distance traveled to counselor not a problem	92.9%	93.5%	85.0%	NS	S	• In recent two years, more than 90% of the respondents reported distance traveled to counselor was not a problem for them. • The 2019 rate was significantly higher than the 2017 rate, with a nine percentage point increase.
Focus Area: Access to Care – Urgent Problems						
Satisfied with the time it took to be seen for an urgent problem (among those who needed to be seen by the counselor for an urgent problem)	88.5%^	89.7%	90.5%	NS	NS	• Rates did not significantly change over three years and ranged between 89% and 91%.
Took longer than 48 hours to be seen for the urgent problem (among those who needed to be seen by the counselor for urgent problem)	14.3%^	11.1%	9.8%	NS	S	• In 2019, 11% of respondents reported it took longer than 48 hours to be seen for the urgent problem, and the rate significantly increased from baseline with a one percentage point increase. In 2020, the rate was 14%, and did not show significant difference from 2019 rate; however; 2020 results should be interpreted with caution as they are based on fewer than 30 members responding to the question.

* A *p*-value less than .05 was considered statistically significant; S = Statistically Significant; NS= Statistically Not Significant.
^ Denominator less than 30 respondents; result should be interpreted with caution.

SUD Providers' and SUD Provider Associations' Leadership Staff Feedback

SUD Providers' Feedback: Feedback was obtained from providers on two aspects of the milestone. Their comments were summarized into key themes.

How have changes in the KanCare program since January 2019 affected the access to critical levels of care for Opioid Use Disorder (OUD) and other SUDs, for KanCare members?	***Positive Comments by the Providers – Key Themes*** • Improvement in care. • Increased access to MAT services due to the Opioid grant. • Increased access to MAT services due to few prior authorizations for buprenorphine. • Getting services is easy. • Less paperwork and no waiting needed for authorizations for outpatient and intensive outpatient service. • Improved providers' options by allowing more freedom. ***Neutral Comments/Areas of Opportunities Identified by the Providers – Key Themes*** • No effects or improvement seen. • Barriers to treatment exist. • Need access to a specific medicine (Sublocade). • More providers needed. • Authorization and service approval issues: ○ Many steps for seeking service approval and short timeline for authorization of services. ○ Something like KCPC (Kansas Client Placement Criteria) is needed. ○ Difficulties in being paid for services due to not meeting the deadline for the authorization of services. ○ Approval of inadequate number of days for residential treatment. ○ KDADS had exemption status for health care entities, yet, exemption requests are not approved.
What challenges or barriers did you encounter within the last year in getting KanCare members who are identified as having an OUD or other SUD into the right level of care?	***Neutral Comments by the Providers – Key Themes*** • No challenges or barriers (12 responses out of total of 25 responses). ***Challenges or Barriers Identified by the Providers – Key Themes*** • Inadequate capacity of the system: ○ Lack of availability of inpatient services. ○ Few willing/waivered providers. ○ Limited availability of beds. ○ Limited access to higher levels of care. Very few residential services. ○ Lack of sufficient Inpatient SUD treatment, Social Detox services, and rapid access to medical detox. ○ No state hospital services. ○ Long wait times for higher levels of care including long waiting list for residential treatment. • Cumbersome service approval system. • COVID -19 issues: Increase in anxiety and substance abuse among members for coping. • Payment issues: ○ Inability of FQHC to bill for case management services. ○ Lack of reimbursement through block grant funding for stimulant use disorder.

SUD Provider Associations' Leadership Staff Feedback: Feedback was obtained from the leadership staff of two SUD provider associations. The following responses were provided on two aspects of the milestone and comments were summarized into key themes.

How have changes in the KanCare program since January 2019 impacted the access to critical levels of care for Opioid Use Disorder (OUD) and other Substance Use Disorders (SUDs) for KanCare members?	***Key Theme***
	• Not aware of any effects on the access to critical levels of care for OUD and other SUDs for KanCare members due to the changes made in the KanCare program since January 2019.

What successes or barriers have providers (members of your Association) experienced in getting KanCare members who are identified as having an OUD or other SUD into the right level of care?	***Successes – Key Themes***
	• Due to availability of the full continuum of care, it is easy to get KanCare members who are identified as having an OUD or other SUD into the right level of care.
	Barriers – Key Theme
	• Use of only one medicine.

KanCare Managed Care Organizations' Feedback

Feedback was obtained from the three KanCare MCOs and comments were summarized into key themes.

How have changes in the KanCare program since January 2019 affected the access to critical levels of care for Opioid Use Disorder (OUD) and other Substance Use Disorders (SUDs), for KanCare members?	*Comments Provided by the MCOs – Key Themes*

	• Access improved with the coverage of MAT.
	• Impact of telehealth services:
	  ○ Addition of "OTO" and "OBOT" codes improved members getting the MAT services they need through Medicaid.
	  ○ Addition of telehealth services for SUD peer support, counseling, and Intensive Outpatient Programs (IOP) allowed continued access to these services.
	• The new SUD Service Request Form improved consistency in clinical information provided by SUD IOP and residential providers.

What successes or barriers have your MCO encountered in getting KanCare members who are identified as having an OUD or another SUD into the right level of care?	*Successes Identified by the MCOs – Key Themes*
	• Telehealth pilot anticipated to address barriers. • Advocacy for the appropriate level of care with providers. • Collaboration and partnership with our SUD providers. • Use of innovative approaches to treatment to overcome barriers.
	Barriers Identified by the MCOs – Key Themes

	• Inadequate capacity:
	  ○ Thin network for SUD treatment at certain levels of care.
	  ○ Lack of adequate staffing.
	  ○ Lack of MAT certified providers.
	  ○ Shortage of beds.
	  ○ Waiting lists for urgently needed services.
	  ○ SUD services remained not connected to other areas (physical health, dual diagnosis) of the member's care.

Assessment of Level of Risk Associated with Not Meeting Milestone 1 at the Mid-Point

Factors Examined for the Assessment of Level of Risk Associated with Not Meeting Milestone 1 at the Mid-Point		
Implementation Plan Protocol Action Items	Total Planned	5
	Fully Completed/Will be completed	5 (Fully Completed)
	Percent Fully Completed/Will be completed	100%
Monitoring of Metrics	Total Assessed*	6
	Improved from Baseline Year	1
	Percent Improved	17%
Stakeholder Feedback	**Providers, SUD Provider Association Staff, KanCare MCOs** • Improvement in care. • Increased access to MAT services due to few prior authorizations for MAT medication. • Less paperwork and no waiting needed for authorizations for outpatient and intensive outpatient service. • Network inadequacy concerns. • Inadequate capacity of the system for high level of care. **Members Experience** • Members reported getting first appointment as soon as wanted. • Decline in the waiting list placement rate. • Members reported time to be seen for the urgent problem being longer than 48 hours.	
Risk Level: Medium		

* Due to issue identified in the reported data, KFMC assessed 6 of the 7 metrics for the mid-point assessment.

Milestone 2: Use of Evidence-based, SUD-specific Patient Placement Criteria

Implementation Plan Action Updates

Progress towards the four criteria for completion of Milestone 2 was assessed by examining the State's information on implementation of the action items. KDADS had mentioned in the Demonstration's Implementation Plan that no changes will be made in the provision of current services for three of the four criteria for completion (implementation of a utilization management approach for: a) access to necessary services at the appropriate level of care; b) interventions that are appropriate for the diagnosis and level of care; and c) an independent process for reviewing placement in residential treatment settings). KDADS planned one action item for meeting the requirement that providers assess treatment needs based on SUD-specific, multi-dimensional assessment tools that reflect evidence-based clinical treatment guidelines. KDADS reported the activities are in progress and the action item will be completed after 2021. The updates on the work done towards the implementation of the planned action item are summarized below.

Milestone Criteria	Actions Planned	Action Update Summary	Status of Action
Implementation of requirement that providers assess treatment needs based on SUD-specific, multi-dimensional assessment tools that reflect evidence-based clinical treatment guidelines	Revise the current Kansas State Approved Placement Criteria (currently not in use at the MCOs) with a new KDADS approved criteria, available online to both MCOs and all providers by 2021. All MCOs and providers will be required to use the revised assessment tool.	• The Kansas Client Placement Criteria (KCPC) system was replaced with the Kansas Substance Use Reporting Solution (KSURS) system. Providers and MCOs were required to use American Society of Addiction Medicine (ASAM) criteria, while the state works to implement a new EHR system which will replace KCPC's assessment tool.	Will be Completed

Assessment of the Metrics

Two metrics (Metrics #5 and #36) were included in the State's monitoring protocol for Milestone 2. The metrics data were available for two measurement periods (2019 and 2020). KFMC identified a potential issue in the 2020 data for Metric #36 (Average Length of Stay in IMDs); therefore, comparative analysis could not be done. KDADS is reviewing the potential data issue. The comparative analysis of Metric #5, as summarized below, did not show improvement (rate declined compared to the baseline).

Table 3. Metrics for Milestone 2

Metric #	Metric Description	2020 Rate	2019 Rate	Analysis Results*	Metric Status of Measurement Year 2020
5	Medicaid Beneficiaries Treated in IMD for SUD (per 1,000)	23.23 per 1,000 beneficiaries	27.11 per 1,000 beneficiaries	• The rate for the Medicaid beneficiaries treated in IMD for SUD was significantly lower in 2020 compared to 2019. • The differences in rates for OUD subpopulation was not statistically significant.	• No improvement seen in Medicaid Beneficiaries Treated in IMD for SUD (Demonstration and OUD subpopulation).

* A *p*-value less than .05 was considered statistically significant.

Stakeholder Feedback

Members' Experience

Members' experiences with outcome of service and access to care for residential services were assessed by examining responses to six questions asked in the 2017, 2019 and 2020 Member Satisfaction Surveys. The results for four measures indicated positive member experience, including feeling better since treatment, being satisfied with the number of treatment sessions with counselor, being involved by the facility in discharge planning, and being satisfied with the discharge planning (last two were assessed among those who stayed overnight in a treatment facility in the past year). The rates for all four measures were 91% or higher in the most recent two years. Compared to the baseline year, the rate for feeling better since treatment improved significantly, with a seven percentage point increase in 2019. The rate for being satisfied with the number of treatment sessions with counselor also improved significantly since baseline, with a six percentage point increase in 2019. Though no improvement was

seen from the baseline year for being involved by the facility in discharge planning, and being satisfied with the discharge planning, the rates for both measures were 91% or higher indicating positive member experience. The measures indicated by members as areas for improvement were among those who reported an overnight stay in a treatment facility in the past year. These measures included being told how many days they were going to stay in treatment facility program, and rating number of days stayed overnight as "Just Right." The rates for these measures did not change from the baseline. Members' experiences with outcome of service and access to care in the residential facility are summarized in Table 4.

Table 4. Members' Experience Related to Milestone 2

	2020 Rate	2019 Rate	2017 Rate	Analysis Results*		Status of the Measure
				2020-2019	2019-2017	
Focus Area: Outcome of Service						
Feeling better since treatment	95.3%	90.9%	84.0%	NS	S	• In recent two years, more than 90% of the respondents reported feeling better since treatment. • 2019 rate significantly improved from baseline year, with a seven percentage point increase.
Satisfied with the number of treatment sessions with counselor	94.2%	98.1%	91.7%	NS	S	• In three years, more than 90% respondents reported being satisfied with the number of treatment sessions with counselor. • 2019 rate significantly improved from baseline year, with a six percentage point increase.
Focus Area: Access to SUD Services at the Appropriate Level of Care – Residential Services (among those who stayed in the treatment facility in the last year)						
Told how many days they were going to stay in treatment facility program	82.5%	86.0%	80.4%	NS	NS	• In 2020, 83% of the reported being told how many days they were going to stay in treatment facility program. • No statistically significant differences were seen in these rates in past three years.
Facility involved you in discharge planning	97.4%	90.6%	N/A	NS	N/A	• In recent two years, more than 90% respondents reported being involved by the facility in the discharge planning. • The 2019 and 2020 rates were not statistically different.
Satisfied with discharge planning	100%	98.0%	N/A	NS	N/A	• In recent two years, 98% or more respondents reported being satisfied with discharge planning. • The 2019 and 2020 rates were not statistically different.
Number of days stayed overnight rated as "Just Right"	70.3%	68.1%	64.6%	NS	NS	• In 2020, 70% of the rated the number of days stayed overnight as "Just Right". • No statistically significant differences were seen in these rates in past three years.

* A *p*-value less than .05 was considered statistically significant; S = Statistically Significant; NS= Statistically Not Significant; N/A= Data Not Available (questions were not asked in the 2017 survey).

<u>SUD Providers' and SUD Provider Associations' Leadership Staff Feedback</u>

SUD Providers' Feedback: Feedback was obtained from providers on two aspects of the milestone and comments were summarized into key themes.

Has the use of the revised SUD-specific Patient Placement Criteria improved the process of placing the members with an SUD in the appropriate level of care?	***Positive Comments by the Providers – Key Themes*** • Yes, it has improved (8 responses). • Use of same authorization request form for the three MCOs. ***Neutral Comments/Areas of Opportunities Identified by the Providers – Key Themes*** • No effects or improvement seen. • Slowing of the process. • Added extra work as additional form needed to be filled. • Absence of residential care makes the placement criteria unusable. • Inconsistency in the process to get client into services across MCOs and agencies. • KCPC tool was better.

Are you using the revised Patient Placement Criteria?	***Key Theme*** • More than half of the respondents indicated using the revised Patient Placement Criteria (54%).

What successes or barriers did you encounter in implementing the revised Patient Placement Criteria? (Among those using the revised Patient Placement Criteria).	***Successes – Key Themes***
	• Same criteria for all MCOs.
	• Revised Patient Placement Criteria forms are shorter, less complicated, faster to complete and easy to implement.
	• Easy access to outpatient care, timely responses when seeking residential care.
	• Improved communication between entities.
	• Federal funding for MAT.
	Barriers – Key Theme
	• Most of the respondents indicated they did not encounter barriers in implementing the revised Patient Placement Criteria.
	• Specific barriers indicated by providers included:
	  ○ Issues related to availability of care:
	  ▪ Lack of inpatient care availability.
	  ▪ Most all facilities who provided SUD treatment are full.
	  ▪ Not enough group, residential, inpatient or detox services.
	  ▪ Few programs in rural and frontier parts of the state.
	  ▪ Few youth/adolescent services.
	  ▪ Wait lists.
	  ○ Inconsistency among agencies and MCOs in their processes for request information or services.
	  ○ Inconsistency in process of sending approvals back to providers. Some are faxed back, some are a phone call and others are online.
	  ○ Comorbid psychiatric illness.

SUD Provider Associations' Leadership Staff Feedback: Feedback was obtained from the leadership staff of two SUD provider associations, and comments were summarized into key themes.

Has KanCare program's revised SUD-specific Patient Placement Criteria improved the process of placing the members with an SUD in the appropriate level of care?	***Key Theme***
	• No issues identified in use of ASAM criteria for placement and acceptance of their recommendation for placement.
What challenges or barriers have KanCare providers encountered in implementing the revised Patient Placement Criteria?	***Barriers – Key Theme***
	• No response.

KanCare Managed Care Organizations' Feedback

Feedback was obtained from the three KanCare MCOs and comments were summarized into key themes.

Has the use of the revised SUD-specific Patient Placement Criteria improved the process of placing the members with an SUD in the appropriate level of care?	*Comments Provided by the MCOs – Key Themes*
	• Two MCOs indicated the use of the revised SUD-specific Patient Placement Criteria had improved the process of placing the members with an SUD in the appropriate level of care, whereas one MCO responded as unsure. • Prior authorization request that was part of the Patient Placement Criteria is removed. • The ASAM levels of care criteria for determining medical necessity are retained.
Describe any successes or barriers in implementing the revised Patient Placement Criteria.	*Successes Identified by the MCOs – Key Themes*
	• Two MCOs indicated successes in implementing the revised Patient Placement Criteria, whereas one MCO responded as unsure. • The reported successes included: ○ Revised Patient Placement Criteria achieved the goal it was designed for. ○ The criteria across all MCOs and Block grant managed care are standardized.
	Barriers Identified by the MCOs – Key Themes
	• The responses of MCOs with regard to the barriers encountered in implementing the revised Patient Placement Criteria were very different. One MCO indicated not encountering any barriers, one MCO reported barriers, whereas one MCO reported to be unsure. • The reported barriers included: ○ Use of different formats by the providers for requesting services. ○ Inability to collect data required in the contract.

Assessment of Level of Risk Associated with Not Meeting Milestone 2 at the Mid-Point

Factors Examined for the Assessment of Level of Risk Associated with Not Meeting Milestone 2 at the Mid-Point		
Implementation Plan Protocol Action Items	Total Planned	1
	Fully Completed/Will be completed	1 (Will be Completed)
	Percent Fully Completed/Will be completed	100%
Monitoring of Metrics	Total Assessed*	1
	Improved from Baseline Year	0
	Percent Improved	0%
Stakeholder Feedback	**Providers, SUD Provider Association Staff, KanCare MCOs** • Several stakeholders indicated improvement in placing members in appropriate levels of care (all three groups of (Stakeholders). • Standardization across three MCOs. • Easy and faster to use. • Network inadequacy concerns. • Inadequate capacity of the system for high level of care. **Members' Experience** • Members reported feeling better after treatment. • Highly satisfied with the number of treatment sessions with counselor. • Highly satisfied with the person-centered care in residential facilities. • Members' experience with getting information about the number of days they will be staying in the residential treatment needed improvement. • Members' satisfaction with the number of days they needed to stay overnight needed improvement.	
Risk Level: Low		

* Due to issue identified in the reported data, KFMC assessed 1 of the 2 metrics for the mid-point assessment.

Milestone 3: Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities

Implementation Plan Action Updates

Progress towards the three criteria for completion of Milestone 3 was assessed by examining the updates for the action items implemented by the State. KDADS planned three action items for implementation of residential treatment provider qualifications in licensure requirements, policy manuals, managed care contracts, or other guidance; two action items (one was also an action item in the previous criteria) for Implementation of a State process for reviewing residential treatment providers to ensure compliance with these standards; and one action item for implementation of a requirement that residential treatment facilities offer MAT on-site or facilitate access off site. Out of the

five unduplicated action items, one was fully completed, a second item will be completed and three were not completed, as summarized below.

Milestone Criteria	Actions Planned	Action Update Summary	Status of Action
Implementation of residential treatment provider qualifications in licensure requirements, policy manuals, managed care contracts, or other guidance. Qualification should meet program standards in the ASAM Criteria or other nationally recognized, SUD-specific program standards regarding, in particular, the types of services, hours of clinical care, and credentials of staff for residential treatment settings	1. Implementation of KanCare contracts effective on January 1, 2019.	• KanCare 2.0 contracts initiated on January 1, 2019.	Fully Completed
	2. Development and use of ASAM program criteria compliant credentialing standards for residential care by all MCOs within 12 months.	• No action update provided by KDADS.	Not Completed
	3. Revision (as needed) of licensing standards for residential care to comply with ASAM program criteria and other national standards within 12-24 months.	• No action update provided by KDADS.	Not Completed

Milestone Criteria	Actions Planned	Action Update Summary	Status of Action
Implementation of a state process for reviewing residential treatment providers to ensure compliance with these standards.	1. Development and use of ASAM program criteria compliant credentialing standards for residential care by all MCOs within 12 months. Note: this action item is same as the action item 2 for the first criterium.	• No action update provided by KDADS.	Not Completed
	2. Update of licensing survey tool to examine provider compliance with any new program standards (e.g., types of services offered, hours of clinical care, staff credentials) within 12-18 months.	• No action update provided by KDADS.	Not Completed

Milestone Criteria	Actions Planned	Action Update Summary	Status of Action
Implementation of requirement that residential treatment facilities offer MAT on-site or facilitate access off site	1. The State will update the licensing requirements within 12-24 months to require residential treatment providers to assess clients and initiate MAT onsite for willing clients. MCOs will implement provision by 18-month mark.	• KanCare will require inpatient and residential providers to offer or facilitate MAT initialization and treatment for all who meet the need criteria and choose treatment. KDADS has created a draft policy that is addressing this. Once policy exits, this process it will be implemented.	Will be Completed

Assessment of the Metrics

There were no metrics reported to monitor the progress of Milestone 3.

Stakeholder Feedback

Members' Experience

Members' experience with counselors was assessed by examining responses to one question asked in the 2017, 2019 and 2020 member satisfaction surveys. Members indicated positive experience with this measure, with 96% or more rating overall quality of service from counselor as "Good" and "Very Good" in the most recent two years. Compared to the baseline year, this rate also improved significantly, with an eight percentage point increase in 2019.

Table 5. Members' Experience Related to Milestone 3

Focus Area: Counselor Experiences and Rating

	2020 Rate	2019 Rate	2017 Rate	Analysis Results*		Status of the Measure
				2020-2019	2019-2017	
Overall quality of service from counselor as "Good" and "Very Good"	97.8%	95.9%	88.2%	NS	S	• In 2020, 98% of the respondents reported overall quality of service from counselor as "Good" and "Very Good" • The 2019 rate was significantly higher than 2017 rate, with an eight percentage point increase.

* A *p*-value less than .05 was considered statistically significant; S = Statistically Significant; NS= Statistically Not Significant.

SUD Providers' and SUD Provider Associations' Leadership Staff Feedback

SUD Providers' Feedback: Feedback obtained from providers was summarized into key themes.

What are the challenges in meeting new licensure and contract requirements for providers of SUD services, including Institute of Mental Disorders (IMDs) and Medication-Assisted Treatments (MATs)?	***Positive Comments by the Providers – Key Themes*** • Several providers indicated they did not encounter any challenges (7 responses). ***Challenges Identified by the Providers – Key Themes*** • Inconsistency of auditors across the state. • Funding issues. • Delays in issuing licenses by Kansas Behavioral Sciences Regulatory Board (BSRB). • Delays in credentialing by MCOs. • Lack of Information and clarifications. • Lack of providers.

SUD Provider Associations' Leadership Staff Feedback: Feedback obtained from the leadership staff of two SUD provider associations was summarized into a key theme.

What are the challenges in meeting new KanCare licensure and contract requirements for providers of SUD services, including Institute of Mental Disorders (IMDs) and Medication-Assisted Treatments (MATs)?	***Key Theme*** • No challenges were encountered in meeting new licensure and contract requirements for providers of SUD services, including IMDs and MATs.

KanCare Managed Care Organizations' Feedback

Feedback obtained from the three KanCare MCOs was summarized into key themes.

Describe any barriers or challenges to implementing and monitoring compliance with new licensure requirements for providers of SUD services, including Institute of Mental Disorders (IMDs) and Medication-Assisted Treatments (MATs)?	*Barriers or Challenges Identified by the MCOs – Key Themes*
	• One MCO indicated not encountering any barriers, one MCO reported barriers, whereas one MCO reported to be unsure. • Lack of clarification on IMD capacity and use of Medicaid as payment for IMD services.

What changes have you noticed due to the new requirements. For example, has it brought new or different kinds of providers into the market?	*Key Themes*
	• Two MCOs indicated noticing positive changes due to the new requirements, whereas one MCO reported being unsure. • Reported changes include: ○ Small increase in providers seen. ○ New providers specific to outpatient services added. ○ Increased engagement of providers.

Assessment of Level of Risk Associated with Not Meeting Milestone 3 at the Mid-Point

Factors Examined for the Assessment of Level of Risk Associated with Not Meeting Milestone 3 at the Mid-Point		
Implementation Plan Protocol Action Items	Total Planned	5
	Fully Completed/Will be Completed	2 (1 Fully Completed; 1 Will be Completed)
	Percent Fully Completed/Will be Completed	40%
Monitoring of Metrics	Total Assessed*	0
	Improved from Baseline Year	-
	Percent Improved	-
Stakeholder Feedback	**Providers, SUD Provider Association Staff, KanCare MCOs** • Stakeholders indicated they did not encounter any challenges in meeting new licensure and contract requirements for providers of SUD services, including IMDs and MATs. • MCOs also noticed positive changes such as increase in number of providers and increased engagement of providers due to new requirements. • Stakeholders indicated lack of clarifications on requirement as challenge. • Inadequacy of network was again indicated as a challenge. **Members Experience** • Members rated overall quality of counselors as good/very good.	
Risk Level: Medium		

* There were no metrics reported for Milestone 3.

Milestone 4: Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD

Implementation Plan Action Updates

Progress towards the one criteria for completion of Milestone 4 was assessed by examining the information on the actions implemented by the State. KDADS planned two action items for completion of assessment of the availability of providers enrolled in Medicaid and accepting new patients in the following critical levels of care throughout the state. KDADS reported one of these action items was fully completed, while other was not completed, as summarized below:

Milestone Criteria	Actions Planned	Action Update Summary	Status of Action
Completion of assessment of the availability of providers enrolled in Medicaid and accepting new patients in the following critical levels of care throughout the state (or at least in participating regions of the state) including those that offer MAT	1. The State will revise the provider network standards to include MAT by the 12-month mark.	• Currently, network adequacy standards for MAT are not in place.	Not Completed
	2. KDADS will implement MAT access assessment, training, and network development according to the SOR State plan submitted to the Substance Abuse and Mental Health Services Administration (SAMHSA) for the 2019 project period.	• KDADS implemented MAT access assessment, training, and network development according to the SOR State plan	Fully Completed

Assessment of the Metrics

Two metrics (Metrics #13 and #14) were were included in the State's monitoring protocol for Milestone 4. The metrics data were available for two measurement periods (2019 and 2020). Both metrics were based on counts; therefore, KFMC did not conduct comparative statistical analysis. The counts for both measurement periods for these metrics (2019 and 2020) are summarized below:

Table 6. Metrics for Milestone 4

Metric #	Metric Description	2020 Count	2019 Count	Analysis Results*	Metric Status of Measurement Year 2020
13	SUD Provider Availability. (# of providers qualified to deliver SUD services).	153	152	• The counts for both years were almost same with the addition of only one provider qualified to deliver SUD services in 2020. • Comparative statistical analysis was not done as only counts were available.	• Only one provider was added in 2020.
14	SUD Provider Availability – MAT. (# of providers qualified to deliver SUD services and provide buprenorphine or methadone as part of MAT).	8	8	• The counts for both measurement periods, indicating no increase in the number of qualified providers who could provide buprenorphine or methadone as part of MAT to the Medicaid beneficiaries. • Comparative statistical analysis was not done as only counts were available.	• The number of providers who can provide MAT was very low and did not increase in 2020.

Stakeholder Feedback

Members' Experience

Members' experiences were not assessed for Milestone 4.

SUD Providers' and SUD Provider Associations' Leadership Staff Feedback

SUD Providers' Feedback: Feedback obtained from providers was summarized into key themes.

Describe any challenges in offering Medication-Assisted Treatment (MAT) or referring KanCare members with an OUD to a MAT provider.	***Positive Comments by the Providers – Key Themes***
	• Few providers indicated they did not encounter any challenges (5 responses).
	Challenges in Offering MAT – Key Themes
	• Lack of providers. • Transportation issues for members in rural areas. • Financial issues. • Access to medicine.
	Challenges in Referring KanCare Members with an OUD to a MAT Provider - Key Themes
	• Lack of providers. • Cost. • Transportation issues. • Stigma.

SUD Provider Associations' Leadership Staff Feedback: Feedback obtained from the leadership staff of two SUD provider associations was summarized into key themes.

Describe any successes or barriers regarding KanCare increasing access to MAT providers.	***Successes – Key Themes***
	• Support for certain medicine (Vivitrol).
	Barriers – Key Theme
	• Lack of support for certain medicine (Suboxone) .

KanCare Managed Care Organizations' Feedback

Feedback was obtained from the three KanCare MCOs and summarized into key themes.

Describe any successes or barriers to increasing access to MAT providers.	***Successes – Key Themes***
	• Increasing number of methadone clinics in network. • Providers and members are appreciative of adding services under Medicaid.
	Barriers – Key Theme
	• Inadequate capacity. • Billing issues – complexity of measuring MAT as full service.

Assessment of Level of Risk Associated with Not Meeting Milestone 4 at the Mid-Point

Factors Examined for the Assessment of Level of Risk Associated with Not Meeting Milestone 4 at the Mid-Point		
Implementation Plan Protocol Action Items	Total Planned	2
	Fully Completed/Will be Completed	1 (Fully Completed)
	Percent Fully Completed/Will be Completed	50%
Monitoring of Metrics	Total Assessed	2
	Improved from Baseline Year*	0
	Percent Improved	0%
Stakeholder Feedback	**Providers, SUD Provider Association Staff, KanCare MCOs** • Increasing number of methadone clinics in network. • Providers and members are appreciative of adding services under Medicaid. • Support for certain medicine. • Inadequate capacity – few SUD and MAT providers. • Financial/Billing issues. **Members Experience** • Not assessed.	
Risk Level: Medium		

* A *p*-value less than .05 was considered statistically significant

Milestone 5: Sufficient Provider: Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD

Implementation Plan Action Updates

Progress towards three criteria for the completion of the Milestone 5 was assessed by examining the updates for the planned action items. KDADS had mentioned in the Demonstration's Implementation Plan that no changes will be made in the expanded coverage of, and access to, naloxone for overdose reversal. The State described its plans to implement two action items, one directed towards requiring the use of the prescription drug monitoring program (PDMP) K-TRACS by all clinicians authorized to prescribe medications subject to abuse and by pharmacists; and the other was directed towards the implementation of strategies to increase utilization and improve functionality of PDMPs. KDADS fully completed both action items. The updates on these action items are summarized below:

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Milestone Criteria	Actions Planned	Action Update Summary	Status of Action
Implementation of opioid prescribing guidelines along with other interventions to prevent opioid abuse.	Final review of mandatory K-TRACS registration (currently before the AG) by 06/19. Implementation of regulation by 12/19.	• Final review of mandatory K-TRACS registration completed. The regulation was passed and updated – KAR 68-21-7 (5/11/2018).	Fully completed

Milestone Criteria	Actions Planned	Action Update Summary	Status of Action
Implementation of strategies to increase utilization and improve functionality of prescription drug monitoring programs.	K-TRACS is expanding capabilities to provide interoperability services for all prescribers and pharmacists in KS to access K-TRACS through the PDMP Gateway®.	• In DY2 Q2, Implementation planning for program was done to provide targeted training to high-burden regions that integrates K-TRACS use. • K-TRACS continues to solicit statewide prescriber and dispenser participation in "Integr8," a K-TRACS statewide integration initiative. Currently K-TRACS has integrated with over 1000 health systems, prescribers, and pharmacy management systems through Integr8. This initiative links K-TRACS to electronic health records and pharmacy management systems.	Fully completed

Assessment of the Metrics

Four metrics (Metric #18, Metric #21, Metric #23, and Metric #27) were included in the State's monitoring protocol for Milestone 5. The metrics data were available for two measurement periods (2019 and 2020). Improvement in the 2020 rate compared to baseline was seen for two metrics (ED Utilization for SUD and Overdose Deaths), whereas one metric did not show any improvement (Use of Opioids at High Dosage in Persons Without Cancer). An issue was identified in the 2019 data for metric #21 (Concurrent Use of Opioids and Benzodiazepines); therefore, comparative analysis could not be conducted to assess its status in 2020. KDADS is reviewing the potential data issue. The results of comparative analyses of three metrics are summarized in Table 7:

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Table 7. Metrics for Milestone 5					
Metric #	**Metric Description**	**2020 Rate**	**2019 Rate**	**Analysis Results***	**Metric Status of Measurement Year 2020**
18	Use of Opioids at High Dosage in Persons Without Cancer.	95.94 per 1,000 beneficiaries	102.58 per 1,000 beneficiaries	• The difference between 2020 and 2019 rates for the metric, Use of Opioids at High Dosage in Persons Without Cancer, was not statistically significant.	• No improvement seen in Use of Opioids at High Dosage in Persons Without Cancer.
23	Emergency Department (ED) Utilization for SUD per 1,000 Medicaid Beneficiaries.	2.11 per 1,000 beneficiaries	2.56 per 1,000 beneficiaries	• ED Utilization rate for SUD was significantly lower in 2020 compared to 2019. • A statistically significant downward trend was seen in monthly ED Utilization rate for SUD for 24 months • Rates were also significantly lower in 2020 compared to 2019 for two age groups (<18 and 18-64 years) and OUD subpopulation.	• An improvement was seen in ED Utilization for SUD among Medicaid beneficiaries as indicated by the decline in 2020 rate and downward trend in the rates for 24 months period.
27	Overdose Death rate among adult Medicaid beneficiaries.	0.12 per 1,000 beneficiaries	0.21 per 1,000 beneficiaries	• Overdose Death rate among adult Medicaid beneficiaries was significantly lower in 2020 compared to 2019. Also, for age group 18-64.	• An improvement was seen in Overdose Death rate among adult Medicaid beneficiaries.
* A *p*-value less than .05 was considered statistically significant.					

Stakeholder Feedback

Members' Experience

Members' experience was not assessed for Milestone 5.

SUD Providers' and SUD Provider Associations' Leadership Staff Feedback

SUD Providers' Feedback: Feedback obtained from providers was summarized into key themes.

Are you registered with K-TRACS?	*Key Theme*
	• Most of the respondents were not registered with K-TRACS.

Describe any successes or barriers you have encountered in using K-TRACS within the last 12 months. (Asked from those respondents who indicated they are registered with K-TRACS).	***Successes – Key Themes***
	• Ability to see patients' controlled treatment. • Availability of information from other States. • Helpful for continuity of care. • Use of K-TRACS helps providers in not over prescribing or crossing prescriptions with other providers. • Use of K-TRACS helps psychiatric team to see and refer for SUD assessments.
	Barriers – Key Theme
	• Technical difficulties. • Access to doctor of medicine (MD) provider only.

SUD Provider Associations' Leadership Staff Feedback: No response was provided.

KanCare Managed Care Organizations' Feedback

Feedback obtained from the three KanCare MCOs was summarized into a key theme.

How is your MCO accessing K-TRACS for case management or performance monitoring?	***Key Theme***
	• Only one MCO reported accessing K-TRACS for case management or performance monitoring and indicated utilizing for review and referral related to member restriction/lock in program and opioid management.

Assessment of Level of Risk Associated with Not Meeting Milestone5 at the Mid-Point

Factors Examined for the Assessment of Level of Risk Associated with Not Meeting Milestone 5 at the Mid-Point		
Implementation Plan Protocol Action Items	Total Planned	2
	Fully Completed/Will be Completed	2 (Fully Completed)
	Percent Fully Completed/Will be Completed	100%
Monitoring of Metrics	Total Assessed*	3
	Improved from Baseline Year	2
	Percent Improved	67%
Stakeholder Feedback	**Providers and SUD Provider Association Staff, KanCare MCOs** • Improved quality of care with less over or across prescriptions. • Helpful in continuity of care. • Referral for SUD assessment by psychiatry teams • Availability of information from other states and patients' controlled prescriptions. • Technical issues • Limited access. • SUD Provider Association Staff did not provide any response. **Members Experience** • Not assessed.	
Risk Level: Low		

* Due to issue identified in the reported data, KFMC assessed 3 of the 4 metrics for the mid-point assessment.

Milestone 6: Improved Care Coordination and Transitions between Levels of Care

Implementation Plan Action Updates

Progress towards the two criteria for the completion of the Milestone 6 was assessed by examining updates for the planned action items. The State described in the Implementation Plan to implement two action items to meet to milestone's criteria for completion. One action item was directed towards implementation of policies to ensure residential and inpatient facilities link beneficiaries with community-based services and supports following stays in these facilities; and the other action item focused on establishing additional policies to ensure coordination of care for co-occurring physical and mental health conditions. KDADS reported both action items were not completed.

Milestone Criteria	Actions Planned	Action Update Summary	Status of Action
Implementation of policies to ensure residential and inpatient facilities link beneficiaries with community-based services and supports following stays in these facilities.	KDHE and KDADS will implement a coordinated approach to increasing service coordination across the spectrum of care, according to activities outlined in the State Opioid Response Grant and the KanCare 1115 wavier. These activities will be completed in a 12-month timeframe.	• No updates provided by KDADS.	Not Completed

Milestone Criteria	Actions Planned	Action Update Summary	Status of Action
Additional policies to ensure coordination of care for co-occurring physical and mental health conditions	KDHE will implement Future State activities in accordance with the 1115 waiver implementation timetable within 12 months of waiver approval.	• No updates provided by KDADS.	Not completed

Assessment of the Metrics

Three metrics were included to monitor the progress of Milestone 6 (Metric #15, Metric #17, and Metric #25). Two of these three metrics had multiple indicators (i.e., submeasures). Metric #15 has eight indicators and Metric #17 has four. Metric data were available for two measurement periods (2019 and 2020). The 2020 rate improved from the 2019 baseline rate for two indicators of Metric #15 (IET-AD): Initiation of Other Drug Abuse or Dependence Treatment; and Initiation of Alcohol, Opioid and Other Drug Abuse or Dependence Treatment. No improvement was seen in the remaining six indicators (Initiation of Alcohol Abuse or Dependence Treatment; Initiation of Opioid Abuse or Dependence Treatment; and the four IET-AD engagement indicators). For Metric #17, the two FUM-AD indicators improved from 2019 to 2020: Follow-up Within 7 Days and Follow-up Within 30 days. An issue was identified in the 2019 data for the two Follow-up after ED Visit for Alcohol or Other Drug Dependence [FUA-AD] indicators of Metric #17; therefore, comparative analysis could not be conducted on the FUA-AD indicators. KDADS is reviewing the potential data issue. Improvement was not seen in the 2020 all-cause readmissions rate for beneficiaries with SUD compared to baseline. The results of the statistical analysis for comparison of 2019 and 2020 rates are summarized in Table 8.

Table 8. Metrics for Milestone 6

Metric #	Metric Description	2020 Rate	2019 Rate	Analysis Results*	Metric Status of Measurement Year 2020
15 (Initiation)	Initiation of Alcohol Abuse or Dependence Treatment for ages 18 years and older.	44.09%	43.56%	• The difference between 2020 and 2019 rates for this component of the metric was not statistically significant.	• No improvement seen in the Initiation of Alcohol Abuse or Dependence Treatment rate for ages 18 years and older.
15 (Initiation)	Initiation of Opioid Abuse or Dependence Treatment for ages 18 years and older.	41.43%	37.31%	• The difference between 2020 and 2019 rates for this component of the metric was not statistically significant.	• No improvement seen in the 2020 Initiation of Opioid Abuse or Dependence Treatment rates for beneficiaries ages 18 years.

* A *p*-value less than .05 was considered statistically significant.

Table 8. Metrics for Milestone 6 – *Continued*					
Metric #	**Metric Description**	**2020 Rate**	**2019 Rate**	**Analysis Results***	**Metric Status of Measurement Year 2020**
15 (Initiation)	Initiation of Other Drug Abuse or Dependence Treatment for ages 18 years and older.	44.69%	40.90%	• The Initiation of Other Drug Abuse or Dependence Treatment rate for beneficiaries ages 18 years and older was significantly higher in 2020 compared to 2019.	• An improvement was seen in the 2020 Initiation of Other Drug Abuse or Dependence Treatment rate for beneficiaries ages 18 years and older.
15 (Initiation)	Initiation of Alcohol, Opioid and Other Drug Abuse or Dependence Treatment for ages 18 years and older.	43.37%	40.25%	• The Initiation of Alcohol, Opioid and Other Drug Abuse or Dependence Treatment rate for beneficiaries ages 18 years and older was significantly higher in 2020 compared to 2019.	• An improvement was seen in the 2020 Initiation of Alcohol, Opioid and Other Drug Abuse or Dependence Treatment rate for beneficiaries ages 18 years and older.
15 (Engagement)	Engagement of Alcohol Abuse or Dependence Treatment for ages 18 years and older.	10.56%	10.84%	• The difference between 2020 and 2019 rates for this component of the metric was not statistically significant.	• No improvement seen in the Engagement of Alcohol Abuse or Dependence Treatment rate for ages 18 years and older.
15 (Engagement)	Engagement of Opioid Abuse or Dependence Treatment for ages 18 years and older.	11.97%	9.38%	• The difference between 2020 and 2019 rates for this component of the metric was not statistically significant.	• No improvement seen in the Engagement of Opioid Abuse or Dependence Treatment rates for beneficiaries ages 18 years.
15 (Engagement)	Engagement of Other Drug Abuse or Dependence Treatment for ages 18 years and older.	12.53%	13.06%	• The difference between 2020 and 2019 rates for this component of the metric was not statistically significant.	• No improvement seen in the Engagement of Other Drug Abuse or Dependence Treatment rates for beneficiaries ages 18 years.
15 (Engagement)	Engagement of Alcohol, Opioid and Other Drug Abuse or Dependence Treatment for ages 18 years and older.	11.72%	11.95%	• The difference between 2020 and 2019 rates for this component of the metric was not statistically significant.	• No improvement seen in the Engagement of Alcohol, Opioid and Other Drug Abuse or Dependence Treatment rates for beneficiaries ages 18 years.
17 (2)	Follow-up after Emergency Department Visit for Mental Illness for Ages 18 and Over (FUM-AD) – Within 7 Days.	63.88%	60.19%	• FUM-AD – Within 7 Days was significantly higher in 2020 compared to 2019.	• An improvement was seen in the 2020 rate for follow-up within 7 days after an ED visit for mental illness for beneficiaries ages 18 years and older.
* A *p*-value less than .05 was considered statistically significant.					

Table 8. Metrics for Milestone 6 – *Continued*					
Metric #	**Metric Description**	**2020 Rate**	**2019 Rate**	**Analysis Results***	**Metric Status of Measurement Year 2020**
17 (2)	Follow-up after Emergency Department Visit for Mental Illness for Ages 18 and Over (FUM-AD) – Within 30 Days.	76.16%	71.38%	• FUM-AD – Within 30 Days was significantly higher in 2020 compared to 2019..	• An improvement was seen in the 2020 rate for follow-up within 30 days after an ED visit for mental illness for beneficiaries ages 18 years and older.
25	Readmissions Among Beneficiaries with SUD: The rate of all-cause readmissions during the measurement period among beneficiaries with SUD.	0.17 Readmissions per index admissions	0.17 Readmissions per index admissions	• The difference between 2020 and 2019 All-cause Readmissions rates for beneficiaries with SUD was not statistically significant.	• No improvement seen in the All-cause Readmissions rates for beneficiaries with SUD.
* A *p*-value less than .05 was considered statistically significant.					

Stakeholder Feedback

Members' Experience

Members' experience with coordination of care among substance use counselors, and coordination of care for co-occurring physical and mental health conditions, was assessed by examining responses to three questions asked in the 2017, 2019 and 2020 Member Satisfaction Surveys. Members' responses for all of these questions indicated areas for improvement. These experiences included being asked by the counselor for release of information for outside providers to share details about the visit with other Substance use treatment program; having a primary care provider; and being asked by the counselor to sign a release of information form to discuss the member's treatment with their primary care provider or medical doctor. Members' experiences are summarized in Table 9:

Table 9. Members' Experience Related to Milestone 6						
Focus Area: Coordination of Care among Substance Use Counselors						
	2020 Rate	**2019 Rate**	**2017 Rate**	**Analysis Results***		**Status of the Measure**
				2020-2019	**2019-2017**	
Counselor asked for release of information for outside providers to share details about visit with other Substance use treatment program	78.6%^	84.6%	81.4%	NS[ł]	NS	• In 2019, 85% reported being asked by the counselor for release of information for outside providers to share details about visit with other substance use treatment program. • No statistically significant difference was seen in 2019 compared to 2017.
Have a primary care provider or Medical Doctor	80.2%	71.1%	67.2%	NS	NS	• In 2020, 80% s with SUD reported having a primary care provider. • The rates for past three years were not statistically different.
* A *p*-value less than .05 was considered statistically significant; S = Statistically Significant; NS= Statistically Not Significant; ^ Denominator less than 30 respondents; [ł]Result should be interpreted with caution as based on denominator less than 30 respondents.						

Table 9. Members' Experience Related to Milestone 6 – *Continued*						
Focus Area: Coordination of Care among Substance Use Counselors						
	2020 Rate	**2019 Rate**	**2017 Rate**	**Analysis Results***		**Status of the Measure**
				2020-2019	**2019-2017**	
Counselor asked member to sign a release of information form to discuss member's treatment with your primary care provider.	79.3%	72.5%	65.8%	NS	NS	• In 2020, 79% reported being asked by the counselor to sign a release of information form to discuss member's treatment with your primary care provider. • The rates in past three years were not statistically different.
* A *p*-value less than .05 was considered statistically significant; S = Statistically Significant; NS= Statistically Not Significant; ^ Denominator less than 30 respondents; [!] Result should be interpreted with caution as based on denominator less than 30 respondents.						

SUD Providers' and SUD Provider Associations' Leadership Staff Feedback

SUD Providers' Feedback: The feedback obtained was summarized into key themes.

What has been the impact of case management by MCO staff on coordination of care for physical health or mental health co-morbidities among your KanCare patients with an SUD?	*Key Theme* • Lack of knowledge about the use of case management by MCO staff on coordination of care for patients with SUD among several respondents. • Some indicated case management by MCO staff is helpful. • OneCare Kansas initiative has been helpful. • No impact. • Lack of coordination. • Lack of follow through. • MCO staff not knowledgeable. • Slow down care and micromanaging. • Lack of case management for FQHC designated facilities.

In the last 12 months, what successes or barriers have you had with coordinating care between physical and behavioral health for your KanCare patients with an SUD?	***Successes – Key Themes***
	• Primary care provider appointments.
	• Helped in extra care of the clients.
	• Success with internal coordination.
	• Improved crisis response.
	Barriers – Key Theme
	• Issues related to providers:
	  ○ Not easy to get appointments.
	  ○ Lack of communication with external coordination.
	  ○ Lack of interest from doctors.
	  ○ No follow-up from doctors.
	• Lack of adequate staffing at CMHCs.
	• Transportation to appointments.
	• Common Health Information Systems, issues with health exchanges.

SUD Provider Associations' Leadership Staff Feedback: Feedback obtained from the leadership staff of two SUD provider associations was summarized into key themes.

What successes or barriers do providers experience participating in coordination of care for KanCare members with an SUD and co-occurring physical or mental health condition?	***Successes – Key Theme***
	• Availability of full service facility for referral for mental health and physical health needs.
	Barriers – Key Theme
	• No response provided.

KanCare Managed Care Organizations' Feedback

Feedback obtained from the three KanCare MCOs was summarized into key themes.

What are the successes or barriers to coordinating care for members with an SUD and co-occurring physical or mental health conditions among those with an SUD?	***Successes – Key Themes***
	• MCO's internal teams coordinated care with MDs and continued to fill the gaps between service needs and connect members to appropriate physical, psychiatric, and SUD treatment. • Increased work with case management and discussion at rounds. • Get prior authorization requests for higher levels of care only. • Focus on populations for higher levels of care.
	Barriers – Key Theme
	• Lack of SUD providers available to concurrently address co-occurring physical or mental health conditions leading to following issues: ○ Members usually asked to get physical health concerns addressed before addressing SUD concerns and vice versa. ○ The presence of addiction issues or active drug use makes determining effective treatment difficult in a psychiatric and/or inpatient context. • Issues seen in providing care to members who are transient or homeless.

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Assessment of Level of Risk Associated with Not Meeting Milestone 1 at the Mid-Point

Factors Examined for the Assessment of Level of Risk Associated with Not Meeting Milestone 6 at the Mid-Point		
Implementation Plan Protocol Action Items	Total Planned	2
	Fully Completed/Will be Completed	0
	Percent Fully Completed/Will be Completed	0%
Monitoring of Metrics	Total Assessed*	11 (including 10 components of 2 metrics)
	Improved from Baseline Year	4
	Percent Improved	36%
Stakeholder Feedback	**Providers and SUD Provider Association Staff,** • Case management by MCO staff is helpful. • Kansas One Care initiative has been helpful. • Lack of knowledge among providers about the of case management by MCO staff on coordination of care for patients with SUD. • Lack of coordination; Lack of follow through. • MCO staff not knowledgeable. • Lack of providers' interest, no follow through, difficulty in getting appointments. • Inadequate staffing at CMHCs. • Transportation issues. **KanCare MCOs** • Case management efforts of MCO staff were filling the gaps between service needs and connect members to appropriate physical, psychiatric, and SUD treatment. • Focus on populations for higher levels of care. • Lack of SUD providers available to concurrently address co-occurring physical or mental health conditions. • Difficulty in care coordination for homeless and transient members. **Members Experience** • No improvement in members being asked by the counselor: for release of information for outside providers to share details about visit with other substance use treatment program; and to sign a release of information form to discuss member's treatment with your primary care provider. • All members do not have a primary care provider.	
Risk Level: High		

* Due to issue identified in the reported data for two components of one of the metrics for Milestone 6, KFMC assessed 10 components of the two metrics for the mid-point assessment.

SUD Demonstration's Health Information Technology (IT) Plan Action Updates – Summary

KDADS worked with the Kansas Board of Pharmacy to implement the work outlined in the SUD Demonstration's IT Plan for its five focus areas. The planned action items and key updates for these focus areas and the completion status of the planned action items are summarized below:

Focus Area 1: Prescription Drug Monitoring Program (PDMP) Functionalities

The IT Plan's focus area directed towards the PDMP functionalities had four criteria for completion: 1) Enhanced interstate data sharing to better track patient specific prescription data; 2) Enhanced "ease of use" for prescribers and other state and federal stakeholders; 3) Enhanced connectivity between the state's PDMP and any statewide, regional, or local health information exchange; and 4) Enhanced identification of long-term opioid use directly correlated to clinician prescribing patterns. Five action items were planned to accomplish these four criteria. The Kansas Board of Pharmacy and KDADS indicated three of these action items were fully completed. Information was not provided to clarify whether one of these action items was implemented or not; therefore, it could not be assessed. KDADS and Kansas Board of Pharmacy staff indicated that one of the planned action items will not be pursued due to a conflict between Kansas' data use policy and the federal PDMP data hub use requirements.

Action Items Fully Completed

The three action items that were fully completed were ensuring K-TRACS coordinated with neighboring states; adding functionality to the K-TRACS system, working with the State's vendor(s); and integration of a new functionality by participating in "Integr8," the K-TRACS statewide integration initiative.

The Kansas Board of Pharmacy reported that K-TRACS participates in interstate data sharing using two connect hubs, PMPI and RxCheck, and Kansas is connected with all jurisdictions that comply with Kansas Board of Pharmacy terms and conditions. Kansas is currently connected with 37 other jurisdictions through the PMPI hub, and with three additional states (Delaware, Nebraska, and Pennsylvania) via the RxCheck hub. KDHE, under their Centers for Disease Control and Prevention (CDC) Overdose Data to Action (OD2A) grant, developed written and online material for prescribing guidelines. K-TRACS had developed best practice guidelines for prescribers and pharmacists to implement in their clinical workflows. The best practices were disseminated to K-TRACS users through the K-TRACS website. K-TRACS continues to solicit statewide prescriber and dispenser participation in Integr8. Currently K-TRACS has integrated with over 1000 health systems, prescribers, and pharmacy management systems through Integr8. This initiative links K-TRACS to electronic health records and pharmacy management systems.

Action Item Not Assessed

One action item mentioned in the IT Plan was making the enhanced features for specialists live by August 31, 2019. KDADS or the Kansas Board of Pharmacy did not clarify whether this action item was implemented or not; therefore, KFMC could not assess the completion status of this action item.

Action Item Not Pursued by KDADS and the Kansas Board of Pharmacy

The terms and conditions for RxCheck (federal PDMP data hub) are in conflict with Kansas' data use policy. KDADS indicated that Kansas will not seek federal funds for new grant initiatives that require use of RxCheck. This action item was not pursued.

Focus Area 2: Current and Future PDMP Query Capabilities

The IT Plan's focus area directed towards the current and future PDMP query capabilities had one criteria for completion: Facilitate the state's ability to properly match patients receiving opioid prescriptions with patients in the PDMP. One action item was planned for this focus area, and the Kansas Board of Pharmacy and KDADS indicated the work related to the action item is in the exploratory phase.

Action Item in Progress

The Kansas Board of Pharmacy indicated the best way to increase use and allow providers to properly match opioid prescriptions for their patients in the PDMP is the expansion of the PDMP Gateway®. interface service. The State has also planned to explore feasibility and options of developing a shared Master Patient Index. The Kansas Board of Pharmacy has reported that the work for this action item is in progress and is in the exploration phase.

Focus Area 3: Use of PDMP – Supporting Clinicians with Changing Office Workflows/Business Processes

The IT Plan's focus area directed towards the use of PDMP by supporting clinicians with changing office workflows/business processes had two criteria for completion: 1) Develop enhanced provider workflow/business processes to better support clinicians in accessing the PDMP prior to prescribing an opioid or other controlled substance to address the issues which follow; and 2) Develop enhanced supports for clinician review of the patients' history of controlled substance prescriptions provided through the PDMP—prior to the issuance of an opioid prescription. Two action items were planned to accomplish these two criteria. The Kansas Board of Pharmacy and KDADS indicated both action items were fully completed.

Action Items Fully Completed

KDADS described in the IT Plan that the K-TRACS statewide integration initiative, Integr8, makes K-TRACS data directly available in the patient's electronic record and indicated that the Kansas Board of Pharmacy will be responsible for adding this new functionality to the K-TRACS system. As mentioned above, Kansas Board of Pharmacy staff indicated that currently K-TRACS has integrated with over 1000 health systems, prescribers, and pharmacy management systems through Integr8. Also, K-TRACS has developed best practice guidelines for prescribers and pharmacists to implement in their clinical workflows. The best practices were disseminated to K-TRACS users, Kansas Board of Pharmacy licensees, members of Kansas Hospital Association, and Kansas Dental Association and through the K-TRACS website. The Kansas Partners in Opioid Safety is providing educational sessions by University of Kansas Medical Center (KUMC) Area Health Education Center (AHEC) staff via an academic framework to Kansas healthcare providers in high burden areas based on opioid prescribing/overdoses. These educational series consist of 3-4 brief sessions and topics include the CDC prescribing guidelines, which encompasses K-TRACS use. KDADS mentioned in the IT Plan that the Kansas Board of Pharmacy will continue to expand the use of Prescriber E-Recap (PERx) with clinicians using the PDMP and will establish daily morphine milligram equivalents (MME) guidelines and compliance with those guidelines to providers using the PDMP. The implementation planning for program was done to provide targeted training to high-burden regions that integrates K-TRACS use.

Focus Area 4: Master Patient Index (MPI)/Identity Management

The IT Plan's focus area directed towards the MPI/identity management had one criteria for completion: Enhance the Master Patient Index (or master data management service, etc.) in support of SUD care delivery. One action item was planned to accomplish this criteria. The Kansas Board of Pharmacy and KDADS indicated the action item as fully completed.

Action Items Fully Completed

Kansas Board of Pharmacy staff reported that K-TRACS has integrated Intrg8, which has linked electronic health records and pharmacy management systems across the state for greater ease of access to K-TRACS.

Focus Area 5: Overall Objective for Enhancing PMDP Functionality and Interoperability

The IT Plan's focus area directed towards the overall objective for enhancing PMDP functionality and interoperability had one criteria for completion: Leverage the above functionalities/capabilities/ supports (in concert with any other state health IT, technical assistance, or workflow effort) to implement effective controls to minimize the risk of inappropriate opioid overprescribing—and to ensure that Medicaid does not inappropriately pay for opioids. One action item was planned to accomplish this criteria, and KDADS indicated the action item was fully completed.

Action Items Fully Completed

KDADS indicated that Board of Pharmacy staff will continue to pursue future funding opportunities with federal agencies (in conjunction with KDADS and KDHE as appropriate), but Kansas' efforts have been limited by recent requirements of several federal agencies to use RxCheck (the Federal PDMP data hub being used by the Bureau of Justice Assistance [BJA], CDC and other Federal Agencies). KDADS reported in its quarterly reports that during DY2 Q3 and Q4, the Overdose Data to Action funding provided DATA waiver training to interested medical providers through local health departments. During DY2 Q3 and Q4, KDHE continued to plan for additional DATA waiver trainings to be offered across the state.

Recommendations for Adjustments in the State's Implementation Plan or to Pertinent Factors to Support Improvement in Demonstration

1. Strategies should be identified and implemented for provider network expansion, capacity building among providers by establishing the avenues for trainings and skill building opportunities, and improving the system processes associated with provider licensing and credentialling.
2. Strategies should be identified and implemented to improve the use of early intervention services (SBIRT) and outpatient services among members with SUD. The improvement in the appropriate use of these levels of care will assist in reducing the burden on providers and facilities providing higher levels of care.
3. KDADS reported that three out of five planned action items for Milestone 3 were not completed yet. Also, no updates were provided indicating any progress was made in this regard. These action items are the development and use of ASAM program criteria compliant credentialing standards for residential care by all MCOs within 12 months; revision (as needed) of licensing standards for residential care to comply with ASAM program criteria and other national standards within 12-24 months; and update of licensing survey tool to examine provider compliance with any new program standards (e.g., types of services offered, hours of clinical care, staff credentials) within 12-18 months. Review of these actions items, identifying barriers and challenges in their implementation and progress, and development of activities along with a timeline for their completion is needed to ensure their completion by December 31, 2023. If the KDADS review of these action items indicated the need for replacing these action items with others to make progress towards completion of the milestone, then these adjustments in the Implementation Plan should be made as soon as possible.
4. Providers reported concerns with the delays in issuing licenses by the licensing agency and credentialing by the MCOs. KDADS and the MCOs should evaluate the licensing and credentialing procedures to address identified issues. This will also help in reducing burden on providers and issues with network adequacy.

5. One MCO respondent indicated lack of clarification on IMD capacity definition and reason for use of Medicaid as payment for IMD services. A discussion with MCOs to improve their understanding in this regard will assist KDADS in ensuring availability of services in IMDs for members with SUD issues.
6. The action item planned for Milestone 4 directed towards revision and placement of network adequacy standards for MAT was not completed. KDADS should develop collaborative activities with KDHE along with a timeline for their implementation to address this action item for completion of the milestone by December 31, 2023.
7. Only one MCO indicated accessing K-TRACS for case management or performance monitoring and indicated utilizing it for review and referral. KDADS review is needed to assess the issues or challenges encountered by the MCOs to ensure the optimal use of K-TRACS by all three MCOs across the state.
8. Some providers have reported encountering technical difficulties in using K-TRACS. A process should be developed to assist providers in resolving these issues in a timely manner. Also, the existing training process should be reviewed to ensure providers receive needed training to use K-TRACS.
9. KDADS reported not completing the planned action items for Milestone 6. These action items are directed towards implementation of policies to ensure residential and inpatient facilities link beneficiaries with community-based services and supports following stays in these facilities, and establishing additional policies to ensure coordination of care for co-occurring physical and mental health conditions. The action items mentioned in the Implementation Plan are vague and need to be redesigned in a detailed and clear manner with measurable objectives and process indicators for monitoring their progress. The review of these actions items, identifying barriers and challenges in their implementation and progress, and development of detailed activities along with a timeline for their completion is needed. The needed adjustments in the action items for this milestone in the Implementation Plan should be made as soon as possible to ensure the completion of the milestone by December 31, 2023.
10. Providers indicated concerns with inadequate MCO case management processes for members with an SUD, untrained MCO staff, lack of coordination between physical health and mental health providers and SUD providers, and lack of information regarding the case management and coordination of care processes that are in place as a part of the KanCare Program. Improvement of the MCOs' case management systems are needed. Measures should be developed and applied to ensure the MCOs address issues related to their care coordination strategies for members receiving SUD services.
11. The MCOs are currently conducting Performance Improvement Projects (PIPs) focused on food security, waiver employment, housing, and diabetes monitoring in members with schizophrenia to explore expansion of MCO care coordination to assist individuals with accessing housing, food, employment, and other social needs. The interventions designed for implementation of these PIPs could provide insights for assisting members receiving SUD services with accessing housing, food, employment, and other social needs. The possibility of stratifying the outcomes of interventions and overall PIPs' outcomes for the member population should be explored with the MCOs and KDHE to evaluate the impact of these PIPs for members with SUD.
12. KFMC noticed issues in the data provided by KDADS for some of the metrics. These issues have been conveyed to KDADS for review. The resolution of these data issues is needed as soon as possible for analysis of these metrics for the SUD Demonstration's Interim Evaluation Report due January 1, 2023.

References

1. *Kansas Department for Aging and Disability Services. Section 1115 Substance Use Disorder (SUD) Demonstration: Implementation Plan. KDADS: Topeka, KS.* Submitted June 14, 2019; approved August 07, 2019.
2. Garner A. *Approval letter for Kansas' Section 1115 Substance Use Disorder (SUD) Implementation Protocol.* CMS: Baltimore, MD; 2019.
3. *Medicaid Section 1115 SUD Demonstration Monitoring Protocol – Part B. Kansas – KanCare.* Submitted on March 3, 2020.

End of written report

Appendix A

Mid-Point Assessment of the KanCare 2.0 Section 1115 Substance Use Disorder (SUD) Demonstration

Activity Period – January 2019 to December 2021

Action Update

Mid-Point Assessment of the KanCare 2.0 Section 1115 Substance Use Disorder (SUD) Demonstration Implementation Plan – Action Updates

The *action updates* for the specific criteria for the completion of the program milestones abstracted from the quarterly reports, the SUD Demonstration Baseline-Year2 Quarter 2 Report and the information provided by SUD Program staff are described below in Table A1-A6.

Table A.1. Action Updates for Milestone 1: Access to Critical Levels of Care for OUD and Other SUDs

Milestone Criteria	Current State	Future State	Summary of Actions Needed	Action Update	Status of Action Items
Criteria for completion of milestone	*Provide an overview of current SUD treatment services covered by the state in each level of care. For services currently covered in the state plan, list the benefit category and page location; for services currently covered in a demonstration, include the program name and Special Term and Condition number.*	*Provide an overview of planned SUD treatment services to be covered by the state in each level of care.*	*Provide a list of action items needed to be completed to meet milestone requirements, if any.*		• *Fully completed* • *Will be completed* • *May be completed* • *Not completed* • *Not Applicable*
Coverage of outpatient services	The State covers outpatient non-residential treatment consisting of group, individual, and/or family counseling, community psychiatric support, crisis intervention, and peer support. The State requires an individualized treatment plan, based on ASAM criteria, to be completed within 30 days of admission, updated every 90 days (*Kansas Medicaid State Plan 3.1-A, 13.d. Page I).*	No changes.	None	• Not Applicable. • Access to telehealth services were significantly expanded during DY2 Q2 through DY3 Q1 to accommodate public health measures related to the COVID-19 pandemic. • Implementation planning for program was done to provide targeted training to high-burden regions that integrates CDC best practices, K-TRACS (Kansas' prescription drug monitoring program) use and SBIRT.	• Not Applicable
Coverage of intensive outpatient services	Covered based on individualized plan and assessment tool that is based on ASAM criteria. Services delivered in regularly scheduled sessions of structured therapeutic activities that may include SUD educational didactic groups, group counseling, and individual counseling. *(Kansas Medicaid State Plan 3.1-A, 13.d. Page I)*	No changes.	None	• Not Applicable.	• Not Applicable

Table A.1. Action Updates for Milestone 1: Access to Critical Levels of Care for OUD and Other SUDs – *Continued*					
Milestone Criteria	**Current State**	**Future State**	**Summary of Actions Needed**	**Action Update**	**Status of Action Items**
Criteria for completion of milestone	*Provide an overview of current SUD treatment services covered by the state in each level of care.*	*Provide an overview of planned SUD treatment services to be covered by the state in each level of care: indicate whether planned services will be added to the state plan or authorized through the 1115.*	*Provide a list of action items needed to be completed to meet milestone requirements, if any.*		• *Fully completed* • *Will be completed* • *May be completed* • *Not completed* • *Not Applicable*
Coverage of medication assisted treatment (medications as well as counseling and other services with sufficient provider capacity to meet needs of Medicaid beneficiaries in the state)	Coverage includes Buprenorphine products and combo products with naloxone. The State restricts Methadone coverage to pain management. MAT counseling is provided. *(Kansas Medicaid State Plan 3.1-A, 13.d. Page I)*	KanCare will require inpatient and residential providers to offer or facilitate MAT initialization and treatment for all who meet the need criteria and choose treatment. KDADS will provide training and work with MCOs to build network capacity for MAT over the course of 2019. KanCare will study the issue of covering methadone for MAT use by September 30, 2019. The State is currently organizing those discussions currently with new agency leadership and will advise CMS as they progress. If the State decides to cover methadone for MAT use, it will issue a draft policy and begin related State Plan amendment process by the end of calendar year 2019.	Revision of KanCare MCO contracts and/or payment policies to require MAT care/ coordination in residential/ inpatient settings and education of the provider network. MCO credentialing of plans into the network and Payment live by 12-month mark.	• In DY2 Q2-DY3 Q1, focus was on increasing access to MAT through policy development: ○ The work done to develop policy establishing Methadone for OUD as a covered medication by KanCare. ○ A state plan amendment was completed, approved and the MCOs were notified of the coverage changes via bulletin. ○ MCO contracts were not modified. ○ Currently, State is reviewing the MCOs' contracts. ○ Outreach to existing opioid treatment providers regarding KanCare program enrollment done. • MCO credentialing of plans into the network and payment live by 12 month-mark. An increase in beneficiaries with claims for MAT seen. The number of MAT providers is still low and network adequacy concerns exist. • Activities done to increase access to MAT through provider training. Project ECHO series trainings developed on pain management and the early identification of SUD and referral processes. The trainings done for SUD primary care providers. • KanCare will require inpatient and residential providers to offer or facilitate MAT initialization and treatment for all who meet the need criteria and choose treatment. KDADS has created a draft policy. Once policy exits this, process will be implemented. • The state made significant changes to the State Opioid Response program, expanding the network of providers with access to grant funding for MAT. This initiative shares the demonstration goal of improving the continuum of care, but targets populations with different eligibility requirements than KanCare beneficiaries.	• Fully Completed

Table A.1. Action Updates for Milestone 1: Access to Critical Levels of Care for OUD and Other SUDs – *Continued*					
Milestone Criteria	**Current State**	**Future State**	**Summary of Actions Needed**	**Action Update**	**Status of Action Items**
Criteria for completion of milestone	*Provide an overview of current SUD treatment services covered by the state in each level of care.*	*Provide an overview of planned SUD treatment services to be covered by the state in each level of care: indicate whether planned services will be added to the state plan or authorized through the 1115.*	*Provide a list of action items needed to be completed to meet milestone requirements, if any.*		• *Fully completed* • *Will be completed* • *May be completed* • *Not completed* • *Not Applicable*
Coverage of intensive levels of care in residential and inpatient settings	Coverage of 24-hour medically directed evaluation and treatment services for SUD, with the availability of support services for co-occurring medical and mental disorders. (*Attachment #2, KMAP-SUD-PM)* The State currently covers ASAM levels 1, 2, 3.1, 3.3, 3.5, and 3.7 per the State Plan.	Coverage of SUD treatment includes IMDs with 16 or more beds that: (1) meet KDADS' licensing and certification requirements and (2) participate in MCO provider networks and meet appropriate credentialing requirements. Authorization for services will remain the same as MCOs' current procedure for residential SUD treatment (see Table 2 below).	Revision of Medicaid payment policies, and managed care contracts. Licensing and credentialing of IMDs as SUD residential providers by 12-month mark. Payment live by 12-month mark due to the time needed to license and credential IMDs as SUD providers.	• Revision of policies done. • SUD IMD coverage was completed in DY1.	• Fully Completed
Coverage of medically supervised withdrawal management	Per the Medicaid State Plan, covered for individuals whose withdrawal signs and symptoms are sufficiently severe to require primary medical and nursing care services. Includes 24-hour observation, monitoring, and counseling. *(Attachment #2 KMAP-SUD-PM)*	No changes.	None	• Not Applicable	• Not Applicable

Table A.2. Action Updates for Milestone 2: Use of Evidence-based, SUD-specific Patient Placement Criteria					
Milestone Criteria	**Current State**	**Future State**	**Summary of Actions Needed**	**Action Update**	**Status of Action Items**
Criteria for completion of milestone	*Provide an overview of current SUD treatment services covered by the state in each level of care. For services currently covered in the state plan, list the benefit category and page location; for services currently covered in a demonstration, include the program name and Special Term and Condition number.*	*Provide an overview of planned SUD treatment services to be covered by the state in each level of care: indicate whether planned services will be added to the state plan or authorized through the 1115.*	*Provide a list of action items needed to be completed to meet milestone requirements, if any. Include persons or entities responsible for completion of each action item. Include timeframe for completion of each action item.*		• *Fully completed* • *Will be completed* • *May be completed* • *Not completed* • *Not Applicable*
Implementation of requirement that providers assess treatment needs based on SUD-specific, multi-dimensional assessment tools that reflect evidence-based clinical treatment guidelines	The KanCare criteria for treatment is a fidelity-based adaptation of the ASAM Patient Placement Criteria. Contracted KanCare MCOs require their network providers to use ASAM criteria to assess patient treatment needs. Providers submit a common form to the KanCare MCOs to request authorization for residential treatment services. Each MCO uses its own criteria based on ASAM to make a determination to authorize treatment.	KDADS will work with MCOs and providers to develop one standardized placement criteria that has fidelity to the ASAM placement criteria and uses a multi-dimensional assessment by 2021.	Revise the current Kansas State Approved Placement Criteria (currently not in use at the MCOs) with a new KDADS approved criteria, available online to both MCOs and all providers by 2021. All MCOs and providers will be required to use the revised assessment tool.	• The Kansas Client Placement Criteria (KCPC) system was replaced with the Kansas Substance Use Reporting Solution (KSURS) system. Providers and MCOs were required to use ASAM, while the state works to implement a new EHR system which will replace KCPC's assessment tool.	• Will be Completed, (but not in 2021).
Implementation of a utilization management approach such that (a) beneficiaries have access to SUD services at the appropriate level of care	KanCare MCO contracts require the implementation of a utilization management approach that ensures timely access to necessary services at the appropriate level of care. KanCare requires assessment, individual treatment plans and documentation of services. State monitoring of compliance is regular and ongoing. (*Attachment #3-Current KanCare Contract EVT 0001028, Sections 2.2.40-2.2.40.14)*	No changes.	None	• Not Applicable. • The ongoing and regular compliance review was done by the State.	• Not Applicable

Table A.2. Action Updates for Milestone 2: Use of Evidence-based, SUD-specific Patient Placement Criteria – *Continued*					
Milestone Criteria	**Current State**	**Future State**	**Summary of Actions Needed**	**Action Update**	**Status of Action Items**
Criteria for completion of milestone	*Provide an overview of current SUD treatment services covered by the state in each level of care.*	*Provide an overview of planned SUD treatment services to be covered by the state in each level of care: indicate whether planned services will be added to the state plan or authorized through the 1115.*	*Provide a list of action items needed to be completed to meet milestone requirements, if any.*		• *Fully completed* • *Will be completed* • *May be completed* • *Not completed* • *Not Applicable*
Implementation of a utilization management approach such that (b) interventions are appropriate for the diagnosis and level of care	MCOs must have in place and follow, written policies, procedures, and practice guidelines for processing requests for prior authorization and authorization for requests for continuing services. The policies, procedures, and practice guidelines shall include requirements for use of the Kansas medical necessity definition and the ASAM criteria. (*Attachment #3-Current KanCare Contract EVT 0001028, Sections 2.2.40- 2.2.40.16)*	No changes.	None	• Not Applicable.	• Not Applicable
Implementation of a utilization management approach such that (c) there is an independent process for reviewing placement in residential treatment settings	MCOs are responsible for the development of utilization management for residential treatment. The State reviews and approves MCO utilization management policies. The State also monitors grievances and appeals. The decision or request shall be made by a health care professional who has appropriate clinical expertise in treating the Member's condition or disease. (*Attachment #3-Current KanCare Contract EVT 0001028, Sections 2.2.40- 2.2.40.16)*	No changes.	None	• Not Applicable	• Not Applicable

Table A.3. Action Updates for Milestone 3: Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities

Milestone Criteria	Current State	Future State	Summary of Actions Needed	Action Update	Status of Action Items
Criteria for completion of milestone	*Provide an overview of current SUD treatment services covered by the state in each level of care.*	*Provide an overview of planned SUD treatment services to be covered by the state in each level of care:*	*Provide a list of action items needed to be completed to meet milestone requirements, if any.*		• *Fully completed* • *Will be completed* • *May be completed* • *Not completed* • *Not Applicable*
Implementation of residential treatment provider qualifications in licensure requirements, policy manuals, managed care contracts, or other guidance. Qualification should meet program standards in the ASAM Criteria or other nationally recognized, SUD-specific program standards regarding, in particular, the types of services, hours of clinical care, and credentials of staff for residential treatment settings	KDADS licenses all provider organizations delivering SUD services, including all residential treatment facilities (IMD and others). Licensing regulations include standards for program management, clinical hours, clinical and supportive services, staffing ratios, staff qualifications, facility regulations, medication control, treatment planning, record keeping, client rights, confidentiality, and quality improvement. *(Attachment #4 Standards for Licensure/ Certification of Alcohol and/or Other Drug Abuse Programs, rev. 1/1/06).* The standards need to be reviewed and revised to meet ASAM program criteria and other national standards (i.e. CARF). See Future State for goals regarding revision. The Kansas Behavioral Sciences Regulatory Board (KSBSRB) licenses individual (non-agency) Addiction Counselors as Licensed Addiction Counselors or Licensed Masters Addiction Counselors. Standards and procedures are set forth in KAS 65-6607-6620 and KSBSRB regulations 102-7-1:12. *(see https://ksbsrb.ks.gov).* Under KanCare contracts, MCOs are responsible for assuring the licensure and qualifications of providers according to the above established State licensure standards and Medicaid credentialing policies. *(Attachment #6 KanCare 2.0 RFP EVT 0005464- Attachment C- 3.0-SUD Services p. 11-13 and section 4.3.1.1.2-SUD Treatment and MAT p.14).*	KanCare contracts effective in on 1/1/19 and in subsequent years will specify ASAM program compliant (or other national standards i.e. CARF) as the credentialing standards for MCO provider agreements *(Attachment #5, Kansas Medicaid Managed Care (KanCare 2019) RFP EVT0005464 p.66-67).* The State will revise licensing standards within 12-24 months. To complete this step, the State will review MCO contract requirements for credentialing and is in the process of comparing current state licensing regulations to ASAM criteria to identify the extent of changes that will be required. Subsequently, the State will need to draft regulations for public comment and follow relevant state requirements before they are effective.	Implementation of KanCare contracts effective on January 1, 2019. Development and use of ASAM program criteria compliant credentialing standards for residential care by all MCOs within 12 months. Revision (as needed) of licensing standards for residential care to comply with ASAM program criteria and other national standards within 12-24 months.	• KanCare contracts implemented. • No action updates are available for other two action items.	• First Action Item: Fully Completed • Second Action Item: Not Completed • Third Action Item: Not Completed

Table A.3. Action Updates for Milestone 3: Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities – *Continued*

Milestone Criteria	Current State	Future State	Summary of Actions Needed	Action Update	Status of Action Items
Criteria for completion of milestone	*Provide an overview of current SUD treatment services covered by the state in each level of care.*	*Provide an overview of planned SUD treatment services to be covered by the state in each level of care:*	*Provide a list of action items needed to be completed to meet milestone requirements, if any.*		• *Fully completed* • *Will be completed* • *May be completed* • *Not completed* • *Not Applicable*
Implementation of a state process for reviewing residential treatment providers to ensure compliance with these standards	KDADS completes initial and periodic licensing surveys every 1-3 years, depending on compliance. *(Attachment #4 Standards for Licensure/ Certification of Alcohol and/or Other Drug Abuse Programs, rev. 1/1/06 and Attachment #7 KDADS Licensing Surveyor Tool)*	KDADS reviews and licenses IMDs in accordance with the Current State column of this row. By the 12-month mark, MCOs will credential them in their networks according to credentialing policies that conform to ASAM program criteria or other national standards for staffing, hours, access, training, and other relevant standards.	Development and use of ASAM program criteria compliant credentialing standards for residential care by all MCOs within 12 months. Update of licensing survey tool to examine provider compliance with any new program standards (e.g., types of services offered, hours of clinical care, staff credentials) within 12-18 months.	• No updates available for both action steps.	• First Action Item: Not Completed • Second Action Item: Not Completed
Implementation of requirement that residential treatment facilities offer MAT on-site or facilitate access off site	There is currently no requirement that residential treatment facilities offer MAT on-site. The State requires them to assess and refer as appropriate.	KanCare will require residential treatment providers to assess clients and initiate MAT onsite for willing clients. To complete this step, the State will review MCO contract requirements for credentialing and is in the process of comparing current state licensing regulations to ASAM criteria to identify the extent of changes that will be required. Subsequently, the State will need to draft regulations for public comment and follow relevant state requirements before they are effective.	The State will update the licensing requirements within 12-24 months to require residential treatment providers to assess clients and initiate MAT onsite for willing clients. MCOs will implement provision by 18-month mark.	• KanCare will require inpatient and residential providers to offer or facilitate MAT initialization and treatment for all who meet the need criteria and choose treatment. KDADS created a draft policy that is addressing this. Once policy exits, this process it will be implemented.	• Will be Completed

Table A.4. Action Updates for Milestone 4: Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD

Milestone Criteria	Current State	Future State	Summary of Actions Needed	Action Update	Status of Action Items
Criteria for completion of milestone	*Provide an overview of current SUD treatment services covered by the state in each level of care.*	*Provide an overview of planned SUD treatment services to be covered by the state in each level of care:*	*Provide a list of action items needed to be completed to meet milestone requirements, if any.*		• *Fully completed* • *Will be completed* • *May be completed* • *Not completed* • *Not Applicable*
Completion of assessment of the availability of providers enrolled in Medicaid and accepting new patients in the following critical levels of care throughout the state (or at least in participating regions of the state) including those that offer MAT: Outpatient Services; Intensive Outpatient Services; Medication Assisted Treatment (medications as well as counseling and other services); Intensive Care in Residential and Inpatient Settings; Medically Supervised Withdrawal Management.	The MCOs submit Geo Mapping reports to the State each quarter. The reports include sub-reports by specialty (including SUD providers), provider access and availability reports, including distance to nearest provider, urgent access standards, county breakdowns, and trended access data. KDHE has established processes to monitor and manage the Reports. Provider network access standards require the MCOs to meet requirements for licensed outpatient, inpatient, intensive outpatient, residential treatment, and withdrawal management. (*Attachment #8 KanCare Network Adequacy Standards revised 8/6/18, p.9)* If the State identifies a provider network deficiency, the State will work with the MCO to develop a plan of action to meet the standards and/or if an exception is necessary. The State may also issue a corrective action plan	The State will require MCOs to expand the existing infrastructure of MAT providers to improve member access to MAT, particularly in rural areas. The State will use Geo Mapping reports to monitor compliance. MCO will provide semi-annual reports outlining the network adequacy of each MCO for all levels of SUD service, by geographic region. These semi-annual reports will also include the number of providers accepting new patients for each level of care. Where Geo mapping does not provide this level of granularity, MCOs will be required to gather data for credentialing and provider network databases and report it to the State. *(Attachment #5 Kansas Medicaid Managed Care (KanCare 2019) RFP EVT0005464 section 5.5.7 and section 5.8.3.2)*	The State will revise the provider network standards to include MAT by the 12-month mark. KDADS will implement MAT access assessment, training, and network development according to the SOR State plan submitted to SAMSHA for the 2019 project period.	• Currently, network adequacy standards for MAT are not in place, and to date, none have been requested by KDADS. • KDHE has added information on number of IMDs and DEAs contracted to the quarterly unmapped provider report. • KDHE recently worked with MCOs on information on IMDs for accurate reporting. • KDADS implemented MAT access assessment, training, and network development according to the SOR State plan • Kansas Partners in Opioid Safety is providing educational sessions via an academic framework to providers in high burden areas based on opioid prescribing/overdoses. These educational series consist of 3-4 brief sessions and topics included the CDC prescribing guidelines (which encompasses K-TRACS use, naloxone co-prescribing, starting low and going slow re opioid prescribing, tapering, etc.) MAT, linkage to care, and screening processes.	• First Action Item: Not Completed • Second Action Item: Fully Completed

Table A.4. Action Updates for Milestone 4: Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD – *Continued*					
Milestone Criteria	**Current State**	**Future State**	**Summary of Actions Needed**	**Action Update**	**Status of Action Items**
Criteria for completion of milestone	*Provide an overview of current SUD treatment services covered by the state in each level of care.*	*Provide an overview of planned SUD treatment services to be covered by the state in each level of care:*	*Provide a list of action items needed to be completed to meet milestone requirements, if any.*		• *Fully completed* • *Will be completed* • *May be completed* • *Not completed* • *Not Applicable*
	or liquidated damages, as appropriate. KDADS has assessed the needs and gaps in access to treatment, particularly MAT. Gaps vary by region and are most severe in rural and frontier regions of the State.	The KDADS SOR coordinator will work closely with KDHE and its contracted MCOs to address MAT service gaps in rural and western regions of the State using its assessment summary for each region. KDADS will provide training to providers for increasing MAT capacity.		• Kansas also engaged in planning and distribution of additional federal funding to SUD programs across the state from CARES Act funding. This funding will be available to those not eligible for KanCare benefits but will continue to support expanded access of services across the state.	

Table A.5. Action Updates for Milestone 5: Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD

Milestone Criteria	Current State	Future State	Summary of Actions Needed	Action Update	Status of Action Items
Criteria for completion of milestone	*Provide an overview of current SUD treatment services covered by the state in each level of care.*	*Provide an overview of planned SUD treatment services to be covered by the state in each level of care:*	*Provide a list of action items needed to be completed to meet milestone requirements, if any.*		• *Fully completed* • *Will be completed* • *May be completed* • *Not completed* • *Not Applicable*
Implementation of opioid prescribing guidelines along with other interventions to prevent opioid abuse	KDHE issued KMAP General Bulletin 18101- effective June 1, 2018, to amend its prescribing guidelines for Opioid Products Indicated for Pain Management to require prior authorization for all patients covered under Kansas Medicaid for any prescription of long acting opioids and any prescription of short acting opioids exceeding a 7-day supply, with exceptions. *(Attachment #9 KMAP General Map Bulletin 18101)*	Though the Governor's SUD task force recommends requiring use of the prescription drug monitoring program (PDMP) K-TRACS by all clinicians authorized to prescribe medications subject to abuse and recommends all pharmacists register with K-TRACS, use is currently voluntary. Mandatory Registration with K-TRACS is currently under review by the KS AG as an administrative regulation. Once approved, the Board will implement the regulation. K-TRACS is integrating with the EHRs of large group providers, hospitals, and pharmacies (Walmart and Sam's pharmacies are currently linked). K-TRACS is working to have 100% of all pharmacies in the system.	Final review of mandatory K-TRACS registration (currently before the AG) by 06/19. Implementation of regulation by 12/19.	• Final review of mandatory K-TRACS registration completed. The regulation was passed and updated – KAR 68-21-7 (5/11/2018). • KDHE under their CDC Overdose Data to Action (OD2A) grant has been developing written and online material for prescribing guidelines. • K-TRACS has developed best practice guidelines for prescribers and pharmacists to implement in their clinical workflows. These best practices include prescribing and dispensing scenarios in which a check of patient prescription history can help ensure patient safety. • The best practices were disseminated to K-TRACS users, Kansas Board of Pharmacy licensees, members of Kansas Hospital Association and Kansas Dental Association and through K-TRACS website. • Kansas Partners in Opioid Safety provided educational sessions via an academic framework to Kansas healthcare providers in high burden areas based on opioid prescribing/overdoses. These educational series consist of 3-4 brief sessions and topics may include the CDC prescribing guidelines (which encompasses K-TRACS use), MAT, linkage to care, and screening processes.	• Fully Completed

Table A.5. Action Updates for Milestone 5: Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD – *Continued*					
Milestone Criteria	**Current State**	**Future State**	**Summary of Actions Needed**	**Action Update**	**Status of Action Items**
Criteria for completion of milestone	*Provide an overview of current SUD treatment services covered by the state in each level of care.*	*Provide an overview of planned SUD treatment services to be covered by the state in each level of care:*	*Provide a list of action items needed to be completed to meet milestone requirements, if any.*		• *Fully completed* • *Will be completed* • *May be completed* • *Not completed* • *Not Applicable*
				• The Overdose Data to Action funding provided DATA waiver training to interested medical providers through local health departments. Data waiver trainings provided by KDHE for physicians to become licensed to prescribe MAT. Once they become licenses, the MAT they prescribed entered into KTRACS. • KDHE continued to plan for additional DATA waiver trainings to be offered across the state. • Public marketing campaign used billboards to inform Kansans about available OUD treatment. • Public marketing campaign called *"It Matters"* was conducted to inform Kansans about available OUD treatment. • Two KS universities also participated in a media campaign during basketball season to inform about available OUD treatment. • Kansas participated in the 1115 SUD Demonstration Performance Metrics Database and Analytics System (PMDA) pilot. The pilot involved updating the generated monitored report templates and improving data accuracy.	•

Table A.5. Action Updates for Milestone 5: Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD – *Continued*

Milestone Criteria	Current State	Future State	Summary of Actions Needed	Action Update	Status of Action Items
Criteria for completion of milestone	*Provide an overview of current SUD treatment services covered by the state in each level of care.*	*Provide an overview of planned SUD treatment services to be covered by the state in each level of care:*	*Provide a list of action items needed to be completed to meet milestone requirements, if any.*		• *Fully completed* • *Will be completed* • *May be completed* • *Not completed* • *Not Applicable*
Expanded coverage of, and access to, naloxone for overdose reversal	Medicaid covers Naloxone in certain forms without prior authorization and it is available at pharmacies without a prescription *(K.A.R. 68-7-23)*	No changes.	None	• Not Applicable • During DY Q3 and Q4, State Opioid Response program funded training and purchase of Naloxone across the state. • State Opioid Response program trained 891 total accumulative attendees and purchased 759 Naloxone kits. • In addition to supplying Naloxone, the State Opioid Response program provided other materials: overdose pocket guides, treatment referral cards, and instructions for administering Naloxone following training.	• Not Applicable
Implementation of strategies to increase utilization and improve functionality of prescription drug monitoring programs	Kansas remains a national leader for PDMPs. The Board created and hosted the first PDMP Administrators Roundtable in August 2017. K-TRACS includes all retail and outpatient dispensing records for any controlled substance or drug of concern dispensed in Kansas or to a Kansas resident, regardless of whether the pharmacy is in Kansas. The only exception is for quantities dispensed in the ER for 48 hours or less. The software accommodates large chains, independent and small pharmacies, and works	K-TRACS is expanding capabilities to provide interoperability services for all prescribers and pharmacists in KS to access K-TRACS through the PDMP Gateway®. This Statewide integration increases availability, ease of access, and use of a patient's controlled substance prescription history for making critical and informed prescribing and dispensing decisions. This integration creates one-stop-shop making K-TRACS data directly available in the patient's	None	• In DY2 Q2, Implementation planning for program was done to provide targeted training to high-burden regions that integrates K-TRACS use. • K-TRACS continues to solicit statewide prescriber and dispenser participation in "Integr8", a K-TRACS' statewide integration initiative. Currently K-TRACS has integrated with over 1000 health systems, prescribers, and pharmacy management systems through Integr8. This initiative links K-TRACS to electronic health records and pharmacy management systems.	• Fully Completed

Table A.5. Action Updates for Milestone 5: Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD – *Continued*					
Milestone Criteria	**Current State**	**Future State**	**Summary of Actions Needed**	**Action Update**	**Status of Action Items**
Criteria for completion of milestone	*Provide an overview of current SUD treatment services covered by the state in each level of care.*	*Provide an overview of planned SUD treatment services to be covered by the state in each level of care:*	*Provide a list of action items needed to be completed to meet milestone requirements, if any.*		• *Fully completed* • *Will be completed* • *May be completed* • *Not completed* • *Not Applicable*
	seamlessly with the NABP PMP Interconnect® at no charge by NABP. PMPi facilitates the transfer and availability of PDMP data to all 41 participating states. Kansas is currently sharing data with 30 states. Prescriber E-Recap (PERx) is a convenient way for the PDMP to provide prescribers with a snapshot of their prescribing practices regarding controlled substances.	EMR. Increase utilization of K-TRACS for surveillance & intervention.			

Table A.6. Action Updates for Milestone 6: Improved Care Coordination and Transitions between Levels of Care					
Milestone Criteria	**Current State**	**Future State**	**Summary of Actions Needed**	**Action Update**	**Status of Action Items**
Criteria for completion of milestone	*Provide an overview of current SUD treatment services covered by the state in each level of care.*	*Provide an overview of planned SUD treatment services to be covered by the state in each level of care:*	*Provide a list of action items needed to be completed to meet milestone requirements, if any.*		• *Fully completed* • *Will be completed* • *May be completed* • *Not completed* • *Not Applicable*
Implementation of policies to ensure residential and inpatient facilities link beneficiaries with community-based services and supports following stays in these facilities.	The State Opioid Response Grant includes activities of a State Opioid Coordinator to work with providers on care coordination and transition services across levels of care. MCOs are responsible to link beneficiaries with community-based services and providers that will coordinate transitions of care.	The current 1115 waiver expands the responsibilities of MCOs to ensure individualized care coordination and links with community-based recovery support for beneficiaries. *(Attachment #1 KanCare 2.0 Section 1115 Waiver Demonstration Renewal Application, Final Submission, Dec 2017)*	KDHE and KDADS will implement a coordinated approach to increasing service coordination across the spectrum of care, according to activities outlined in the State Opioid Response Grant and the KanCare 1115 wavier. These activities will be completed in a 12-month timeframe.	• No updates are available for the action item.	• Not Completed

Table A.6. Action Updates for Milestone 6: Improved Care Coordination and Transitions between Levels of Care – *Continued*					
Milestone Criteria	**Current State**	**Future State**	**Summary of Actions Needed**	**Action Update**	**Status of Action Items**
Criteria for completion of milestone	*Provide an overview of current SUD treatment services covered by the state in each level of care.*	*Provide an overview of planned SUD treatment services to be covered by the state in each level of care:*	*Provide a list of action items needed to be completed to meet milestone requirements, if any.*		• *Fully completed* • *Will be completed* • *May be completed* • *Not completed* • *Not Applicable*
Additional policies to ensure coordination of care for co-occurring physical and mental health conditions	KanCare requires the provision of Person-Centered Case Management as a one-on-one goal-directed service for individuals with a SUD, to assist individual in obtaining access to needed family, legal, medical, employment, educational, psychiatric, and other services. For individuals served by an MCO, this service must be a part of the treatment plan developed and determined medically necessary by the MCO or by the contracted ASO for all others.	The current 1115 waiver under review at CMS *(Attachment #1 KanCare 2.0 Section 1115 Waiver Demonstration Renewal Application, Final Submission, Dec 2017)* increases support for individuals with behavioral health needs (including SUD) and expands MCO service coordination to assist individuals with accessing housing, food, employment, and other social needs. MCOs will also manage transitions of care between hospital and emergency room admissions to reduce readmission and adverse outcomes. *(Attachment #5 Kansas Medicaid Managed Care (KanCare 2019) RFP EVT0005464 p.11,31-35,56, 59-63)*	KDHE will implement Future State activities in accordance with the 1115 waiver implementation timetable within 12 months of waiver approval.	• Update on action item was not available • MCOs are conducting Performance Improvement Projects (PIPs) that are focusing on food security, Waiver employment, housing, and diabetes monitoring in members with schizophrenia to explore expansion of MCO service coordination to assist individuals with accessing housing, food, employment, and other social needs.	• Not Completed

Appendix B

Mid-Point Assessment of the KanCare 2.0 Section 1115 Substance Use Disorder (SUD) Demonstration

Activity Period – January 2019 to December 2021

SUD Health Information Technology Plan Action Update

Mid-Point Assessment of the KanCare 2.0 Section 1115 Substance Use Disorder (SUD) Demonstration Implementation Plan: SUD Health Information Technology (IT)/Prescription Drug Monitoring Program (PDMP) Assessment & Plan – Action Update

The *action updates* for the SUD Health Information Technology (IT) Plan abstracted from the quarterly reports, the SUD Demonstration Baseline-Year2 Quarter 2 Report and the information provided by SUD Program staff are described below in Table B1-B5.

Table B.1. Action Updates for Focus Area 1: Prescription Drug Monitoring Program (PDMP) Functionalities

Milestone Criteria	Current State	Future State	Summary of Actions Needed	Action Update	Status of Action Items
Implementation of comprehensive treatment and prevention strategies to address Opioid Abuse and OUD,	*Provide an overview of current PDMP capabilities, health IT functionalities to support the PDMP, and supports to enhance clinicians' use of the state's health IT functionality to achieve the goals of the PDMP.*	*Provide an overview of plans for enhancing the state's PDMP, related enhancements to its health IT functionalities, and related enhancements to support clinicians' use of the health IT functionality to achieve the goals of the PDMP.*	*Specify a list of action items needed to be completed to meet the HIT/PDMP milestones identified in the first column. Include persons or entities responsible for completion of each action item. Include timeframe for completion of each action item.*		• *Fully completed* • *Will be completed* • *May be completed* • *Not completed* • *Not Applicable*
Enhanced interstate data sharing to better track patient specific prescription data.	K-TRACS accommodates large chains, independent and small pharmacies, and works seamlessly with the NABP PMP Interconnect® (PMPi), provided by the National Association of Boards of Pharmacy at no charge. PMPi is a system which facilitates the transfer and availability of PDMP data to all participating states (48 available). Kansas is currently sharing data with 32 states.	Since Missouri (MO) has not been able to pass statewide legislation establishing a PDMP, KS is actively working connect St. Louis county and the other counties that have established a PDMP. St. Louis County launched its PDMP in April 2017. Fourteen other jurisdictions participate, and more are joining. Currently 84% of Missouri's population live in county participating the PDMP program. KS will be sharing data with those PDMPs by October 2019.	Staff at the State Board of Pharmacy is responsible for K-TRACS coordinating with neighboring states. It is in the process of establishing PMPi links with PDMP active counties in MO and will go live with data exchange by October 2019. KS will continue to support efforts with the Nebraska legislature to share PDMP data, but no timeframe for completion can be established yet.	• K-TRACS participates in interstate data sharing using 2 connect hubs, PMPI and Rx Check. Kansas is connected with all jurisdictions that comply with Kansas Board of Pharmacy terms and conditions. • The K-TRACS Division of the Kansas Board of Pharmacy routinely shares Prescription Drug Monitoring data with 37 other jurisdictions through PMPi (Prescription Drug Monitoring Interconnect). As part of the Overdose Data to Action funding opportunity, K-TRACS also connects to three additional states (Nebraska, Pennsylvania, and Delaware) via RxCheck Hub.	• Fully Completed

Table B.1. Action Updates for Focus Area 1: Prescription Drug Monitoring Program (PDMP) Functionalities – *Continued*

Milestone Criteria	Current State	Future State	Summary of Actions Needed	Action Update	Status of Action Items
Implementation of comprehensive treatment and prevention strategies to address Opioid Abuse and OUD.	*Provide an overview of current PDMP capabilities, health IT functionalities to support the PDMP, and supports to enhance clinicians' use of the state's health IT functionality to achieve the goals of the PDMP.*	*Provide an overview of plans for enhancing the state's PDMP, related enhancements to its health IT functionalities, and related enhancements to support clinicians' use of the health IT functionality to achieve the goals of the PDMP.*	*Specify a list of action items needed to be completed to meet the HIT/PDMP milestones identified in the first column.*		• *Fully completed* • *Will be completed* • *May be completed* • *Not completed* • *Not Applicable*
Enhanced "ease of use" for prescribers and other state and federal stakeholders.	K-TRACS disseminates materials, created under CDC guidelines, to healthcare providers and students as well as NGOs and academic instructors. MAT and pain management trainings also includes K-TRACS materials. An enhancement generates a "pop-up" in K-TRACS when a prescriber or pharmacist queries a threshold patient. Threshold patients are individuals who received at least five controlled substance prescriptions from prescribers and visited at least five pharmacies to fill those prescriptions in a 90-day period. The Board also maintains a website for K-TRACS at www.ktracs.ks.gov, with updated forms, frequently asked questions/answers, and other helpful resources for healthcare workers and the public. In addition, the Board publishes articles on best practices and reminders in a quarterly newsletter available on the Board website.	K-TRACS is in the process of implementing ease of use functionality for specialists. Specialists will be able to see prescribing patterns for other specialists in the same field, which will provide them with decision support on prescribing. and this enhanced feature is going live soon, funded by KDHE. NarxCare went live in January 2019, and provides patient and clinical decision support through reports, use scores, predictive scores, red flags and visualizations and care coordination tools. It also includes MAT locators and CDC handouts.	The Board of Pharmacy staff is responsible for adding functionality to the K-TRACS system, working with the State's vendor(s). The enhanced features for specialists will be live by August 31, 2019.	• KDHE under their CDC Overdose Data to Action (OD2A) grant has been developing written and online material for prescribing guidelines. • K-TRACS has developed best practice guidelines for prescribers and pharmacists to implement in their clinical workflows. These best practices include prescribing and dispensing scenarios in which a check of patient prescription history can help ensure patient safety. • The best practices were disseminated to K-TRACS users, Kansas Board of Pharmacy licensees, members of Kansas Hospital Association and Kansas Dental Association and through K-TRACS website. • Implementation planning for program was done to provide targeted training to high-burden regions that integrates CDC best practices and K-TRACS use. • KFMC Note: No clarification was provided whether the enhanced features for specialists were live or not.	• First Action Item: Fully Completed • Second Action Item: Not Assessed.

Table B.1. Action Updates for Focus Area 1: Prescription Drug Monitoring Program (PDMP) Functionalities – *Continued*					
Milestone Criteria	**Current State**	**Future State**	**Summary of Actions Needed**	**Action Update**	**Status of Action Items**
Implementation of comprehensive treatment and prevention strategies to address Opioid Abuse and OUD.	*Provide an overview of current PDMP capabilities, health IT functionalities to support the PDMP, and supports to enhance clinicians' use of the state's health IT functionality to achieve the goals of the PDMP.*	*Provide an overview of plans for enhancing the state's PDMP, related enhancements to its health IT functionalities, and related enhancements to support clinicians' use of the health IT functionality to achieve the goals of the PDMP.*	*Specify a list of action items needed to be completed to meet the HIT/PDMP milestones identified in the first column. Include persons or entities responsible for completion of each action item. Include timeframe for completion of each action item.*		• *Fully completed* • *Will be completed* • *May be completed* • *Not completed* • *Not Applicable*
Enhanced connectivity between the state's PDMP and any statewide, regional, or local health information exchange.	In 2012, K-TRACS integrated with the Lewis and Clark Information Exchange (LACIE) and Via Christi Health Systems, enabling a single sign-on for access to a patient's medical record and K-TRACS history. The project, known as INTEGRx8, has expanded to provide interoperability services for all prescribers and pharmacists in Kansas to access K-TRACS through the PDMP Gateway®. The Kansas Health Information Network is actively pursuing a K-TRACS connection through the PDMP Gateway®.	K-TRACS is currently integrated with 33 hospital corporations (which have multiple additional locations statewide) 130 pharmacies and pharmacy chains (with multiple additional locations statewide), and 11 physician offices. K-TRACS will continue to work on integrating with more pharmacies (including CVS, which is not currently integrated) and more outpatient practices (including dentists and specialists).	The Board of Pharmacy staff is responsible for adding any new functionality to the K-TRACS system, working with the State's vendor(s).	• K-TRACS continues to solicit statewide prescriber and dispenser participation in "Integr8", K-TRACS' statewide integration initiative. Currently K-TRACS has integrated with over 1000 health systems, prescribers, and pharmacy management systems through Integr8. This initiative links K-TRACS to electronic health records and pharmacy management systems.	• Fully Completed

Table B.1. Action Updates for Focus Area 1: Prescription Drug Monitoring Program (PDMP) Functionalities – *Continued*					
Milestone Criteria	**Current State**	**Future State**	**Summary of Actions Needed**	**Action Update**	**Status of Action Items**
Implementation of comprehensive treatment and prevention strategies to address Opioid Abuse and OUD.	*Provide an overview of current PDMP capabilities, health IT functionalities to support the PDMP, and supports to enhance clinicians' use of the state's health IT functionality to achieve the goals of the PDMP.*	*Provide an overview of plans for enhancing the state's PDMP, related enhancements to its health IT functionalities, and related enhancements to support clinicians' use of the health IT functionality to achieve the goals of the PDMP.*	*Specify a list of action items needed to be completed to meet the HIT/PDMP milestones identified in the first column.*		• *Fully completed* • *Will be completed* • *May be completed* • *Not completed* • *Not Applicable*
Enhanced identification of long-term opioid use directly correlated to clinician prescribing patterns (see also "Use of PDMP" #2 below).	In December 2017, the Board announce the first Prescriber E-Recap (PERx). PERx is a quick, convenient way for K-TRACS to provide prescribers with a snapshot of their prescribing practices regarding controlled substances. The PERx covers the previous six-month period and includes: (1) How many patients the prescriber has prescribed opioids to, as well as a comparison to other prescribers within the prescriber's specialty; (2) Morphine Milligram Equivalent (MME) information is broken out so the prescriber can readily see where their opioid prescribing falls within multiple MME ranges; (3) Opioid treatment duration shows the percentage of their patients who have been prescribed opioids for fewer than 7 days, 7 to 28 days, 29 to 90 days, or more than 90 days; (4) K-TRACS usage shows how much the prescriber and their delegate(s) are using K-TRACS; (5) Multiple Provider Episodes (MPE) provide a look at the number of the prescriber's patients who have met or exceeded the K-TRACS threshold – five prescribers and five pharmacies within 90 days; and (6) Dangerous Combination Therapy provides the prescriber with details of their patients' combination therapies that may increase a patient's risk for overdose.	The Board recently received additional CDC grant funding through KDHE to add advanced clinical alerts to the K-TRACS system. The system provides clinical alerts directly to K-TRACS users and use indicators that a patient may have multiple provider episodes, previous overdose history, prescriptions for dangerous drug combinations, or high prescription milligram morphine equivalents. INTEGRx8 delivers a more efficient and patient-oriented program, saves users 4.22 minutes per patient on average, and increases the utilization of K-TRACS by a factor of seven. A supplemental FY2019 CDC grant award will allow the Board to deploy the NARxCARE® enhancement, which provides additional metrics, tools, and risk scores for patients prescribed controlled substances and drugs of concern.	The Board of Pharmacy staff will continue to pursue future funding opportunities with the Federal agencies (in conjunction with KDADS and KDHE as appropriate), but Kansas' efforts have been limited by recent requirements of several federal agencies to use RX Check (the Federal PDMP data hub being used by BJA, CDC and other Federal Agencies). The terms and conditions for RX Check are in conflict with Kansas' data use policy. Until such issues are resolved, (i.e. RX Check conforms its data disclosure policy with law enforcement to conform with the more restrictive policies in most states), Kansas will not seek federal funds for new grant initiatives that require use of RX Check.	• Kansas Board of Pharmacy worked with the RxCheck Hub to resolve differences that did not allow K-TRACS to sign the terms and conditions with RXCheck. K-TRACS is not connected to the RX Check Hub. This action item was not pursed due to the conflict between Kansas' data use policy and federal PDMP data hub use requirements.	• Not Applicable (not pursued)

Table B.2. Action Updates for Focus Area 2: Current and Future PDMP Query Capabilities					
Milestone Criteria	**Current State**	**Future State**	**Summary of Actions Needed**	**Action Update**	**Status of Action Items**
Implementation of comprehensive treatment and prevention strategies to address Opioid Abuse and OUD.	*Provide an overview of current PDMP capabilities, health IT functionalities to support the PDMP, and supports to enhance clinicians' use of the state's health IT functionality to achieve the goals of the PDMP.*	*Provide an overview of plans for enhancing the state's PDMP, related enhancements to its health IT functionalities, and related enhancements to support clinicians' use of the health IT functionality to achieve the goals of the PDMP.*	*Specify a list of action items needed to be completed to meet the HIT/PDMP milestones identified in the first column. Include persons or entities responsible for completion of each action item. Include timeframe for completion of each action item.*		• *Fully completed* • *Will be completed* • *May be completed* • *Not completed* • *Not Applicable*
Facilitate the state's ability to properly match patients receiving opioid prescriptions with patients in the PDMP (i.e. the state's master patient index (MPI) strategy regarding the PDMP query).	The use of K-TRACS is not mandatory in Kansas. As the Board launches statewide integration of K-TRACS data into hospital and pharmacy electronic health records systems, use of the Gateway is expected to increase queries substantially. These systems can check a patient's controlled substance prescription history more than one time per second and counts may represent multiple checks per patient.	The K-TRACS staff will continue to work closely with State partners from other agencies and providers to increase utilization of the system. The Board envisions that expansion of the Gateway is the best way to increase use and allow providers to properly match opioid prescriptions for their patients in the PDMP. The State will explore feasibility and options of developing a shared Master Patient Index.	The Board of Pharmacy staff is responsible for adding any new functionality to the K-TRACS system, working with the State's vendor(s).	• Exploration of this initiative is still on ongoing. Currently In exploration phase.	• Will be Completed

Table B.3. Action Updates for Focus Area 3: Use of PDMP – Supporting Clinicians with Changing Office Workflows/Business Processes					
Milestone Criteria	**Current State**	**Future State**	**Summary of Actions Needed**	**Action Update**	**Status of Action Items**
Implementation of comprehensive treatment and prevention strategies to address Opioid Abuse and OUD.	*Provide an overview of current PDMP capabilities, health IT functionalities to support the PDMP, and supports to enhance clinicians' use of the state's health IT functionality to achieve the goals of the PDMP.*	*Provide an overview of plans for enhancing the state's PDMP*	*Specify a list of action items needed to be completed to meet the HIT/PDMP milestones identified in the first column.*		• *Fully completed* • *Will be completed* • *May be completed* • *Not complete* • *Not Applicable*
Develop enhanced provider workflow/ business processes to better support clinicians in accessing the PDMP prior to prescribing an opioid or other controlled substance to address the issues which follow.	The integration of K-TRACS, LACIE, and Via Christi Health Systems enabling a single sign-on for patient medical record access in conjunction with the PDMP Gateway® gives Kansas an opportunity to deliver a more efficient and patient-oriented program. This integration allows prescribers and pharmacists to log into one program instead of separate system to query patient data which takes valuable time away from patient care and interaction. This integration simplifies the process by creating a one-stop-shop making K-TRACS data directly available in the patient's electronic record and saving 4.22 minutes per patient, on average and up to 10 minutes per patient in rural areas.	INTEGRx.8 makes K-TRACS data directly available in the patient's electronic record. As of January 2019, 33 hospital corporations (with multiple sites statewide) 130 pharmacy chains and independent pharmacies (with multiple locations statewide) and 11 physicians' offices are integrated with K-TRACS in Kansas.	The Board of Pharmacy staff is responsible for adding any new functionality to the K-TRACS system, working with the State's vendor(s).	• INTEGRx.8, which makes K-TRACS data directly available in the patient's electronic record and indicated that the Board of Pharmacy will be responsible for adding this new functionality to the K-TRACS system. As mentioned above, Kansas Board of Pharmacy staff indicated that currently K-TRACS has integrated with over 1000 health systems, prescribers, and pharmacy management systems through Integr8. • K-TRACS has developed best practice guidelines for prescribers and pharmacists to implement in their clinical workflows. These best practices include prescribing and dispensing scenarios in which a check of patient prescription history can help ensure patient safety. • The best practices were disseminated to K-TRACS users, Kansas Board of Pharmacy licensees, members of Kansas Hospital Association and Kansas Dental Association and through K-TRACS website. • Kansas Partners in Opioid Safety is providing educational sessions by Kansas University Medical Center (KUMC) AHEC staff via an academic framework to Kansas healthcare providers in high burden areas based on opioid prescribing/ overdoses. These educational series consist of 3-4 brief sessions and topics included the CDC prescribing guidelines, which encompasses K-TRACS use.	• Fully Completed

Table B.3. Action Updates for Focus Area 3: Use of PDMP – Supporting Clinicians with Changing Office Workflows/Business Processes – *Continued*					
Milestone Criteria	**Milestone Criteria**	**Milestone Criteria**	**Milestone Criteria**	**Milestone Criteria**	**Status of Action Items**
Implementation of comprehensive treatment and prevention strategies to address Opioid Abuse and OUD.	*Implementation of comprehensive treatment and prevention strategies to address Opioid Abuse and OUD.*	*Implementation of comprehensive treatment and prevention strategies to address Opioid Abuse and OUD.*	*Implementation of comprehensive treatment and prevention strategies to address Opioid Abuse and OUD.*	*Implementation of comprehensive treatment and prevention strategies to address Opioid Abuse and OUD.*	• *Fully completed* • *Will be completed* • *May be completed* • *Not completed* • *Not Applicable*
Develop enhanced supports for clinician review of the patients' history of controlled substance prescriptions provided through the PDMP—prior to the issuance of an opioid prescription.	In December 2017, the Board announce the first Prescriber E-Recap (PERx). PERx is a quick, convenient way for the PDMP to provide prescribers with a snapshot of their prescribing practices regarding controlled substances. The PERx covers the previous six-month period and includes: (1) How many patients the prescriber has prescribed opioids to, as well as a comparison to other prescribers within the prescriber's specialty. (2) The system provides Morphine Milligram Equivalent (MME) information broken out so the prescriber can readily see where their opioid prescribing falls within multiple MME ranges. (3) Opioid treatment duration shows prescribers the percentage of their patients prescribed opioids for fewer than 7 days, 7 to 28 days, 29 to 90 days, or more than 90 days. (4) K-TRACS usage, which shows how much the prescriber and their delegate(s) are using K-TRACS. (5) Multiple Provider Episodes (MPE) provide a look at the number of the prescriber's patients who have met or exceeded the K-TRACS threshold of 5/5/90 – five prescribers and five pharmacies within 90 days. (6) Dangerous Combination Therapy provides the prescriber with details of their patients' combination therapies that may increase a patient's risk for overdose.[3]	The Board will continue to expand the use of PERx with clinicians using the PDMP and will establish daily MME guidelines and compliance with those guidelines to providers using the PDMP. INTEGRx.8 makes K-TRACS data directly available in the patient's electronic record. As of January 2019, 33 hospital corporations (with multiple sites statewide) 130 pharmacy chains and independent pharmacies (with multiple locations statewide) and 11 physicians' offices are integrated with K-TRACS in Kansas.	The Board of Pharmacy staff will be responsible for adding functionality to the K-TRACS system, working with the State's vendor(s).	• In DY2 Q2, implementation planning for program was done to provide targeted training to high-burden regions that integrates K-TRACS use. • Currently K-TRACS has integrated with over 1000 health systems, prescribers, and pharmacy management systems through Integr8.	• Fully Completed

Table B.4. Action Updates for Focus Area 4: Master Patient Index/Identity Management					
Milestone Criteria	**Current State**	**Future State**	**Summary of Actions Needed**	**Action Update**	**Status of Action Items**
Implementation of comprehensive treatment and prevention strategies to address Opioid Abuse and OUD.	*Provide an overview of current PDMP capabilities, health IT functionalities to support the PDMP, and supports to enhance clinicians' use of the state's health IT functionality to achieve the goals of the PDMP.*	*Provide an overview of plans for enhancing the state's PDMP, related enhancements to its health IT functionalities, and related enhancements to support clinicians' use of the health IT functionality to achieve the goals of the PDMP.*	*Specify a list of action items needed to be completed to meet the HIT/PDMP milestones identified in the first column. Include persons or entities responsible for completion of each action item. Include timeframe for completion of each action item.*		• *Fully completed* • *Will be completed* • *May be completed* • *Not completed* • *Not Applicable*
Enhance the master patient index (or master data management service, etc.) in support of SUD care delivery.	The Kansas Eligibility Enforcement System (KEES) system includes a master person index (MPI) for each person that applies for Medicaid. The MPI serves as the system of record for all person-based information throughout KEES. The MPI issues a "client ID number" that identifies a person throughout KEES. The State recognizes limitations in currently supported patient matching in the PDMP and intends to find ways to link this issue to improve data linkage and identity mapping.	The State will explore feasibility and options of developing a shared Master Patient Index.	The Board of Pharmacy staff will be responsible for adding this functionality to the K-TRACS system, working with the State's vendor(s). The Board will identify: (1) facilitators and barriers, and (2) options to link Patient Identifiers and across different systems.	• K-TRACS has implanted Intrg8, which has linked HER and PMS across the state for great ease of access to K-TRACS.	• Fully Completed

Table B.5. Action Updates for Focus Area 5: Overall Objective for enhancing PMDP Functionality & Interoperability					
Milestone Criteria	**Current State**	**Future State**	**Summary of Actions Needed**	**Action Update**	**Status of Action Items**
Implementation of comprehensive treatment and prevention strategies to address Opioid Abuse and OUD.	*Provide an overview of current PDMP capabilities, health IT functionalities to support the PDMP, and supports to enhance clinicians' use of the state's health IT functionality to achieve the goals of the PDMP.*	*Provide an overview of plans for enhancing the state's PDMP, related enhancements to its health IT functionalities, and related enhancements to support clinicians' use of the health IT functionality to achieve the goals of the PDMP.*	*Specify a list of action items needed to be completed to meet the HIT/PDMP milestones identified in the first column. Include persons or entities responsible for completion of each action item. Include timeframe for completion of each action item.*		• *Fully completed* • *Will be completed* • *May be completed* • *Not completed* • *Not Applicable*
Leverage the above functionalities / capabilities/supports (in concert with any other state health IT, TA, or workflow effort) to implement effective controls to minimize the risk of inappropriate opioid overprescribing—and to ensure that Medicaid does not inappropriately pay for opioids.	Through the integration described in milestone objectives above, K-TRACS providers, including those treating Medicaid beneficiaries are using the tools and methods supported in the PDMP to minimize inappropriate opioid prescribing.	Continuation of all initiatives stated in the milestones above.	The Board of Pharmacy staff will continue to pursue future funding opportunities with the Federal agencies (in conjunction with KDADS and KDHE as appropriate), but Kansas' efforts have been limited by recent requirements of several federal agencies to use RX Check (the Federal PDMP data hub being used by BJA, CDC and other Federal Agencies).	• During DY2 Q3 and Q4, the Overdose Data to Action funding provided DATA waiver training to interested medical providers through local health departments. • During DY2 Q3 and Q4, KDHE continued to plan for additional DATA waiver trainings to be offered across the state.	• Fully Completed

Appendix C

Mid-Point Assessment of the KanCare 2.0 Section 1115 Substance Use Disorder (SUD) Demonstration

Activity Period – January 2019 to December 2021

Metrics

Mid-Point Assessment of the KanCare 2.0 Section 1115 Substance Use Disorder (SUD) Demonstration Implementation Plan – Metrics

The metrics' data selected by KDADS for monitoring of the progress of the SUD Demonstration were assessed as a part of the SUD Demonstration's mid-point assessment. KDADS had submitted quarterly reports with data to CMS. The reports and data workbooks were provided to KFMC by KDADS for the mid-point assessment. Data included in Tables C1 to C5 below were abstracted from the following KDADS reports and data workbooks:

Table C.1. Metrics for Milestone 1: Access to Critical Levels of Care for OUD and Other SUDs

Metric #	Metric Description	Measurement Period 2020			Measurement Period 2019			Statistical Analysis and Conclusion		
		Denominator	Numerator	Rate	Denominator	Numerator	Rate	Statistics Test Applied	*p*-value^	Interpretation/ Comments
7	Early Intervention (per 1,000) Numerator: Beneficiaries who used early intervention services (Metric #7). Denominator: Medicaid beneficiaries with SUD diagnosis (Metric #3).	169,250*	8*	0.05 per 1,000 beneficiaries	182,359*	17*	0.09 per 1,000 beneficiaries	Pearson Chi-Square	*p*=.11	• The difference between 2020 and 2019 Early Intervention Service Use rates was not statistically significant. • The differences in rates for age groups, dual eligible, Medicaid only, pregnant women, non-pregnant women and OUD subpopulations were not statistically significant. • The State had reported to CMS their inability to identify criminal subpopulations along with their concern that the OUD subpopulation may not be fully reported.

* Numerators and denominators are each sums of twelve monthly counts for the measurement year; ^ Test statistics *p*-value less than .05 was considered statistically significant.

Table C.1. Metrics for Milestone 1: Access to Critical Levels of Care for OUD and Other SUDs – *Continued*										
Metric #	**Metric Description**	**Measurement Period 2020**			**Measurement Period 2019**			**Statistical Analysis and Conclusion**		
		Denominator	**Numerator**	**Rate**	**Denominator**	**Numerator**	**Rate**	**Statistics Test Applied**	***p*-value^**	**Interpretation/ Comments**
8	Outpatient Services (per 1,000) Numerator: Beneficiaries who used outpatient services for SUD. Denominator: Medicaid beneficiaries with SUD diagnosis (Metric #3).	169,250*	27,871*	164.67 per 1,000 beneficiaries	182,359*	31,437*	172.39 per 1,000 beneficiaries	Pearson Chi-Square	*p*<0.001	• The Outpatient Service Use rate was significantly lower in 2020 compared to 2019. • The rates were also significantly lower in 2020 compared to 2019 for three age groups (<18, 18-64, 65+ years), dual eligible, Medicaid only, non-pregnant women, and OUD subpopulations. However, the difference was not statistically significant for pregnant women. • The State had reported to CMS their inability to identify criminal subpopulations along with their concern that the OUD subpopulation may not be fully reported.
* Numerators and denominators are each sums of twelve monthly counts for the measurement year; ^ Test statistics *p*-value less than .05 was considered statistically significant.										

Table C.1. Metrics for Milestone 1: Access to Critical Levels of Care for OUD and Other SUDs – *Continued*										
Metric #	**Metric Description**	**Measurement Period 2020**			**Measurement Period 2019**			**Statistical Analysis and Conclusion**		
		Denominator	**Numerator**	**Rate**	**Denominator**	**Numerator**	**Rate**	**Statistics Test Applied**	***p*-value^**	**Interpretation/ Comments**
9	Intensive Outpatient and Partial Hospitalization Services (per 1,000) Numerator: Beneficiaries who used intensive outpatient and partial hospitalization services for SUD. Denominator: Medicaid beneficiaries with SUD diagnosis (Metric #3).	169,250*	2,404*	14.20 per 1,000 beneficiaries	182,359*	4,254*	23.33 per 1,000 beneficiaries	Pearson Chi-Square	$p<0.001$	• The Intensive Outpatient and Partial Hospitalization Service Use rate was significantly lower in 2020 compared to 2019. • The 2020 rates were also significantly lower for three age groups, dual eligible, Medicaid only, non-pregnant women, and OUD subpopulations. The difference was not statistically significant for pregnant women. • The State reported to CMS their inability to identify criminal subpopulations along with their concern that the OUD subpopulation may not be fully reported.
* Numerators and denominators are each sums of twelve monthly counts for the measurement year; ^ Test statistics *p*-value less than .05 was considered statistically significant.										

Table C.1. Metrics for Milestone 1: Access to Critical Levels of Care for OUD and Other SUDs – *Continued*										
Metric #	**Metric Description**	**Measurement Period 2020**			**Measurement Period 2019**			**Statistical Analysis and Conclusion**		
		Denominator	**Numerator**	**Rate**	**Denominator**	**Numerator**	**Rate**	**Statistics Test Applied**	***p*-value^**	**Interpretation/ Comments**
10	Residential and Inpatient Services (per 1,000) Numerator: Beneficiaries who used residential and inpatient services for SUD. Denominator: Medicaid beneficiaries with SUD diagnosis (Metric #3).	169,250*	2,624*	15.50 per 1,000 beneficiaries	182,359*	3,445*	18.89 per 1,000 beneficiaries	Pearson Chi-Square	*p*<0.001	• The Residential and Inpatient Service Use rate was significantly lower in 2020 compared to 2019. • The rates were also significantly lower in 2020 compared to 2019 for two age groups (<18 and 18-64 years), Medicaid only, pregnant women, non-pregnant women and OUD subpopulations. The difference was not statistically significant for age group 65+ years, and dual eligibles. • The State had reported to CMS their inability to identify criminal subpopulations along with their concern that the OUD subpopulation may not be fully reported.
* Numerators and denominators are each sums of twelve monthly counts for the measurement year; ^ Test statistics *p*-value less than .05 was considered statistically significant.										

Table C.1. Metrics for Milestone 1: Access to Critical Levels of Care for OUD and Other SUDs – *Continued*										
Metric #	**Metric Description**	**Measurement Period 2020**			**Measurement Period 2019**			**Statistical Analysis and Conclusion**		
		Denominator	**Numerator**	**Rate**	**Denominator**	**Numerator**	**Rate**	**Statistics Test Applied**	***p*-value^**	**Interpretation/ Comments**
11	Withdrawal Management (per 1,000) Numerator: Beneficiaries who used withdrawal management services for SUD. Denominator: Medicaid beneficiaries with SUD diagnosis (Metric #3).	169,250*	45*	0.27 per 1,000 beneficiaries	182,359*	43*	0.24 per 1,000 beneficiaries	Pearson Chi-Square	*p*=.57	• The difference between 2020 and 2019 Withdrawal Management Service Use rates was not statistically significant. • Similarly, differences in rates were not significant for 18-64 years age group, dual eligible, Medicaid only, non-pregnant women, pregnant women and OUD subpopulations. • The State had reported to CMS their inability to identify criminal subpopulations along with their concern that the OUD subpopulation may not be fully reported.
* Numerators and denominators are each sums of twelve monthly counts for the measurement year; ^ Test statistics *p*-value less than .05 was considered statistically significant.										

Table C.1. Metrics for Milestone 1: Access to Critical Levels of Care for OUD and Other SUDs – *Continued*										
Metric #	**Metric Description**	**Measurement Period 2020**			**Measurement Period 2019**			**Statistical Analysis and Conclusion**		
		Denominator	**Numerator**	**Rate**	**Denominator**	**Numerator**	**Rate**	**Statistics Test Applied**	***p*-value^**	**Interpretation/ Comments**
12	Medication-Assisted Treatment (MAT) (per 1,000) Numerator: Beneficiaries who have a claim for MAT for SUD. Denominator: Medicaid beneficiaries with SUD diagnosis (Metric #3).	169,250	6,378	37.68 per 1,000 beneficiaries	182,359	5,250	28.79 per 1,000 beneficiaries	Pearson Chi-Square	$p<0.001$	• The MAT rate was significantly higher in 2020 compared to 2019. • The rates were also significantly higher in 2020 compared to 2019 for two age groups (<18 and 18-64 years), Medicaid only, non-pregnant and pregnant women. The differences in rates were not statistically significant for age group 65+ years, dual eligible, and OUD subpopulations. • The State had reported to CMS their inability to identify criminal subpopulations along with their concern that the OUD subpopulation may not be fully reported.
* Numerators and denominators are each sums of twelve monthly counts for the measurement year; ^ Test statistics *p*-value less than .05 was considered statistically significant.										

Table C.1. Metrics for Milestone 1: Access to Critical Levels of Care for OUD and Other SUDs – *Continued*										
Metric #	**Metric Description**	**Measurement Period 2020**			**Measurement Period 2018-2019***			**Statistical Analysis and Conclusion**		
		Denominator	**Numerator**	**Rate**	**Denominator**	**Numerator**	**Rate**	**Statistics Test Applied**	***p*-value**	**Interpretation/ Comments**
22	Continuity of Pharmacotherapy for Opioid Use Disorder (OUD).	456	16	3.51%	395	65	16.46%	Analysis Not Conducted^	-	• KFMC noticed that no data were available in KDADS reports for this metric until a quarter past its scheduled MY2019 submission date without an indication of any issue within either quarter's report. • KFMC noticed that in KDADS DY2Q3 Report, the measurement period was set as over one year (from 1/1/2018 through 12/31/2019). No other measure was set up for measurement periods over one year. This issue was reported to KDADS for review. • Due to this identified issue, the comparative analysis could not be done between unequal measurement period lengths.
*Data reported by KDADS for Measurement Period 2018-2019; ^ Comparative analysis could not be done between unequal measurement period lengths.										

Table C.2. Metrics for Milestone 2: Use of Evidence-based, SUD-specific Patient Placement Criteria										
Metric #	**Metric Description**	**Measurement Period 2020**			**Measurement Period 2019**			**Statistical Analysis and Conclusion**		
		Denominator	**Numerator**	**Rate**	**Denominator**	**Numerator**	**Rate**	**Statistics Test Applied**	***p*-value***	**Interpretation/ Comments**
5	Medicaid Beneficiaries Treated in IMD for SUD (per 1,000): Numerator: Beneficiaries with a claim for residential or inpatient treatment for SUD in IMDs in the measurement year. Denominator: Medicaid beneficiaries with SUD diagnosis within measurement period (Metric #4).	22,854	531	23.23 per 1,000 beneficiaries	24,051	652	27.11 per 1,000 beneficiaries	Pearson Chi-Square	*p*=0.01	• The rate for the Medicaid beneficiaries treated in IMD for SUD metric was significantly lower in 2020 compared to 2019. • The difference between 2020 and 2019 rates for OUD subpopulation was not statistically significant. • The State had reported to CMS their inability to identify criminal subpopulations along with their concern that the OUD subpopulation may not be fully reported.
* Test statistics *p*-value less than .05 was considered statistically significant.										

Table C.2. Metrics for Milestone 2: Use of Evidence-based, SUD-specific Patient Placement Criteria – *Continued*										
Metric #	**Metric Description**	**Measurement Period 2020**			**Measurement Period 2019**			**Statistical Analysis and Conclusion**		
		Denominator	**Numerator**	**Rate**	**Denominator**	**Numerator**	**Rate**	**Statistics Test Applied**	***p*-value**	**Interpretation/ Comments**
36	Average Length of Stay in IMDs. (The average length of stay for beneficiaries discharged from IMD inpatient/ residential treatment for SUD).	15,543*	6,002*	0.39* days	1,018	15,306	15.04 days	Analysis Not Conducted^	-	• KFMC noticed the numerator and denominator for the Measurement Year (MY) 2020 provided in KDADS DY3Q1 Report for this metric were likely swapped and the calculated value of the metric might not be accurate (data reported in the table were provided by KDADS). This issue was reported to KDADS for review. • Due to the issue identified in the data, the comparative analysis was not done for this metric. • The State had reported to CMS their concern that the OUD subpopulation may not be fully reported.
* Issue identified in the data. ^ Analysis was not conducted due to an issue identified in data provided in the KDADS report.										

Table C.3. Metrics for Milestone 4: Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD

Metric #	Metric Description	Measurement Period 2020			Measurement Period 2019			Statistical Analysis and Conclusion		
		Denominator	Numerator	Rate	Denominator	Numerator	Rate	Statistics Test Applied	*p*-value	Interpretation/Comments
13	SUD Provider Availability. Count: Providers qualified to deliver SUD services. Denominator: None	Not Applicable	153	-	Not Applicable	152	-	Analysis Not Conducted*	-	• The counts for both years were almost same with the addition of only one provider qualified to deliver SUD services in 2020. • Comparative statistical analysis was not done as only counts were available.
14	SUD Provider Availability – MAT. Count: Providers qualified to deliver SUD services and provide buprenorphine or methadone as part of MAT. Denominator: None	Not Applicable	8	-	Not Applicable	8	-	Analysis Not Conducted*	-	• The counts for both measurement periods, indicating no increase in the number of qualified providers who could provide buprenorphine or methadone as part of MAT to the Medicaid beneficiaries. • Comparative statistical analysis was not done as only counts were available.

* Statistical analysis not conducted for the comparison of metric data between two measurement periods as only counts were available.

Table C.4. Metrics for Milestone 5: Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD										
Metric #	**Metric Description**	**Measurement Period 2020**			**Measurement Period 2019**			**Statistical Analysis and Conclusion**		
		Denominator	**Numerator**	**Rate**	**Denominator**	**Numerator**	**Rate**	**Statistics Test Applied**	***p*-value***	**Interpretation/Comments**
18	Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD).	2,731	262	95.94 per 1,000 beneficiaries	3,802	390	102.58 per 1,000 beneficiaries	Pearson Chi-Square	*p*=.38	• The difference between 2020 and 2019 rates for the Use of Opioids at High Dosage in Persons Without Cancer metric was not statistically significant. • KFMC noticed that data were not available for this metric in the KDADS Reports until a quarter past its scheduled MY 2019 submission date without an indication of any issue within either quarter's report.
* Test statistics *p*-value less than .05 was considered statistically significant.										

Table C.4. Metrics for Milestone 5: Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD – *Continued*

Metric #	Metric Description	Measurement Period 2020			Measurement Period 2019			Statistical Analysis and Conclusion		
		Denominator	Numerator	Rate	Denominator	Numerator	Rate	Statistics Test Applied	*p*-value	Interpretation/Comments
21	Concurrent Use of Opioids and Benzodiazepines (COB-AD).	2,856	275	9.63%	2,758	0*	-	Analysis Not Conducted^	-	• KFMC noticed that data were not available for this metric in the KDADS reports until a quarter past its scheduled MY2019 submission date without an indication of any issue within either quarter's report. • KFMC noticed KDADS had reported a "zero" value for the numerator of MY2019. It seem improbable that the numerator would increase from 0 to 275 in one year. KDADS was informed about the KFMC concern in this regard. • Statistical analysis was not done for the comparison of metric data between 2020 and 2019 due to above mentioned issue.

* Data reported in KDADS report might had an issue. ^ Analysis was not conducted due to an issue identified in data provided in the KDADS report.

Table C.4. Metrics for Milestone 5: Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD – *Continued*

Metric #	Metric Description	Measurement Period 2020			Measurement Period 2019			Statistical Analysis and Conclusion		
		Denominator	Numerator	Rate	Denominator	Numerator	Rate	Statistics Test Applied	*p*-value*	Interpretation/ Comments
23	Emergency Department (ED) Utilization for SUD per 1,000 Medicaid Beneficiaries.	4,977,826	10,526	2.11 per 1,000 beneficiaries	4,729,799	12,103	2.56 per 1,000 beneficiaries	Pearson Chi-Square	*p*<.001	• ED Utilization rate for SUD was significantly lower in 2020 compared to 2019. • KFMC also conducted the trend analysis to examine the monthly ED Utilization rate for SUD from 1/1/2019 through 12/31/2020. A statistically significant downward trend was seen in monthly ED Utilization rate for SUD for 24 months (Mantel-Haenszel Chi-Square, *p*<.001). • The ED Utilization rates for SUD were also significantly lower in 2020 compared to 2019 for two age groups (<18 and 18-64 years) and OUD subpopulations. The difference was not statistically significant for age group 65 years and older.

* Test statistics *p*-value less than .05 was considered statistically significant.

Table C.4. Metrics for Milestone 5: Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD – *Continued*

Metric #	Metric Description	Measurement Period 2020			Measurement Period 2019			Statistical Analysis and Conclusion		
		Denominator	Numerator	Rate	Denominator	Numerator	Rate	Statistics Test Applied	*p*-value*	Interpretation/ Comments
27	Overdose Death (rate). Overdose Deaths during the measurement period among adult Medicaid beneficiaries.	404,701	47	0.12 per 1,000 beneficiaries	412,812	86	0.21 per 1,000 beneficiaries	Pearson Chi-Square	*p*=.001	• Overdose Death rate among adult Medicaid beneficiaries was significantly lower in 2020 compared to 2019. • The rate were also significantly lower in 2020 compared to 2019 for age group 18-64 years.

* Test statistics *p*-value less than .05 was considered statistically significant.

Table C.5. Metrics for Milestone 6: Improved Care Coordination and Transitions between Levels of Care										
Metric #	**Metric Description**	**Measurement Period 2020**			**Measurement Period 2019**			**Statistical Analysis and Conclusion**		
		Denominator	**Numerator**	**Rate**	**Denominator**	**Numerator**	**Rate**	**Statistics Test Applied**	***p*-value***	**Interpretation/Comments**
15 (Initiation)	Initiation of Alcohol Abuse or Dependence Treatment (IET) for ages 18 years and older.	2,520	1,111	44.09%	2,204	960	43.56%	Pearson Chi-Square	*p*=.71	• The difference between 2020 and 2019 Initiation of Alcohol Abuse or Dependence Treatment (IET) rates for beneficiaries ages 18 years and older was not statistically significant. • Data were not reported for this metric by KDADS until a quarter past its scheduled MY2019 submission date without an indication of any issue within either quarter's report. • KFMC noticed the data provided in the KDADS DY2Q3 Report was without any dates in which the measurement was covered. KFMC informed this issue to KDADS. Due to this issue, the comparisons of rates and statistical results should be interpreted with caution. • KFMC believed that the coverage dates for the provided measurement was MY2019 as the results matched those calculated by KFMC by using data provided by the MCOs.
* Test statistics *p*-value less than .05 was considered statistically significant.										

Table C.5. Metrics for Milestone 6: Improved Care Coordination and Transitions between Levels of Care – *Continued*										
Metric #	**Metric Description**	**Measurement Period 2020**			**Measurement Period 2019**			**Statistical Analysis and Conclusion**		
		Denominator	**Numerator**	**Rate**	**Denominator**	**Numerator**	**Rate**	**Statistics Test Applied**	***p*-value***	**Interpretation/Comments**
15 (Initiation)	Initiation of Opioid Abuse or Dependence Treatment (IET) for ages 18 years and older.	1,103	457	41.43%	981	366	37.31%	Pearson Chi-Square	*p*=.06	• The difference between 2020 and 2019 Initiation of Opioid Abuse or Dependence Treatment (IET) rates for beneficiaries ages 18 years and older was not statistically significant. • Data were not reported for this metric by KDADS until a quarter past its scheduled MY2019 submission date without an indication of any issue within either quarter's report. • KFMC noticed that the data provided in the KDADS DY2Q3 Report was without any dates in which the measurement covered. KFMC informed this issue to KDADS. Due to this issue, the rate comparisons and statistical results should be interpreted with caution. • KFMC believed that the coverage dates for the provided measurement was MY2019 as the results matched those calculated by KFMC by using data provided by the MCOs.
* Test statistics *p*-value less than .05 was considered statistically significant.										

Table C.5. Metrics for Milestone 6: Improved Care Coordination and Transitions between Levels of Care – *Continued*										
Metric #	**Metric Description**	**Measurement Period 2020**			**Measurement Period 2019**			**Statistical Analysis and Conclusion**		
		Denominator	**Numerator**	**Rate**	**Denominator**	**Numerator**	**Rate**	**Statistics Test Applied**	***p*-value***	**Interpretation/Comments**
15 (Initiation)	Initiation of Other Drug Abuse or Dependence Treatment (IET) for ages 18 years and older.	4,413	1,972	44.69%	4,457	1,823	40.90%	Pearson Chi-Square	*p*<.001	• The Initiation of Other Drug Abuse or Dependence Treatment (IET) rate for beneficiaries ages 18 years and older was significantly higher in 2020 compared to 2019. • Data were not reported for this metric by KDADS until a quarter past its scheduled MY2019 submission date without an indication of any issue within either quarter's report. • KFMC noticed that the data in the KDADS DY2Q3 Report was provided without any dates in which the measurement covered. KFMC informed this issue to KDADS. Due to this issue, the rate comparisons and statistical results should be interpreted with caution. • KFMC believed that the coverage dates for the provided measurement was MY2019 as the results matched those calculated by KFMC by using data provided by the MCOs.
* Test statistics *p*-value less than .05 was considered statistically significant.										

Table C.5. Metrics for Milestone 6: Improved Care Coordination and Transitions between Levels of Care – *Continued*										
Metric #	**Metric Description**	**Measurement Period 2020**			**Measurement Period 2019**			**Statistical Analysis and Conclusion**		
		Denominator	**Numerator**	**Rate**	**Denominator**	**Numerator**	**Rate**	**Statistics Test Applied**	***p*-value***	**Interpretation/Comments**
15 (Initiation)	Initiation of Alcohol, Opioid and Other Drug Abuse or Dependence Treatment (IET) for ages 18 years and older.	7,459	3,235	43.37%	7,141	2,874	40.25%	Pearson Chi-Square	*p*<.001	• The Initiation of Alcohol, Opioid and Other Drug Abuse or Dependence Treatment (IET) rate for beneficiaries ages 18 years and older was significantly higher in 2020 compared to 2019. • Data were not reported for this metric by KDADS until a quarter past its scheduled MY2019 submission date without an indication of any issue within either quarter's report. • KFMC noticed the data in the KDADS DY2Q3 Report was provided without any dates in which the measurement covered. KFMC has informed this issue to KDADS. Due to this issue, the rate comparisons and statistical results should be interpreted with caution. • KFMC believed that the coverage dates for the provided measurement was MY2019 as the results matched those calculated by KFMC by using data provided by the MCOs.
* Test statistics *p*-value less than .05 was considered statistically significant.										

Table C.5. Metrics for Milestone 6: Improved Care Coordination and Transitions between Levels of Care – *Continued*										
Metric #	**Metric Description**	**Measurement Period 2020**			**Measurement Period 2019**			**Statistical Analysis and Conclusion**		
		Denominator	**Numerator**	**Rate**	**Denominator**	**Numerator**	**Rate**	**Statistics Test Applied**	***p*-value***	**Interpretation/Comments**
15 (Engagement)	Engagement of Alcohol Abuse or Dependence Treatment (IET) for ages 18 years and older.	2,520	266	10.56%	2,204	239	10.84%	Pearson Chi-Square	*p*=.75	• The difference between 2020 and 2019 engagement of Alcohol Abuse or Dependence Treatment (IET) rates for beneficiaries ages 18 years and older was not statistically significant. • Data were not reported for this metric by KDADS until a quarter past its scheduled MY2019 submission date without an indication of any issue within either quarter's report. • KFMC noticed the data in the KDADS DY2Q3 Report was provided without any dates in which the measurement covered. KFMC informed this issue to KDADS. Due to this issue, the rate comparisons and statistical results should be interpreted with caution. • KFMC believed that the coverage dates for the provided measurement was MY2019 as the results matched those calculated by KFMC by using data provided by the MCOs.
* Test statistics *p*-value less than .05 was considered statistically significant.										

Table C.5. Metrics for Milestone 6: Improved Care Coordination and Transitions between Levels of Care – *Continued*										
Metric #	**Metric Description**	**Measurement Period 2020**			**Measurement Period 2019**			**Statistical Analysis and Conclusion**		
		Denominator	**Numerator**	**Rate**	**Denominator**	**Numerator**	**Rate**	**Statistics Test Applied**	***p*-value***	**Interpretation/Comments**
15 (Engagement)	Engagement of Opioid Abuse or Dependence Treatment (IET) for ages 18 years and older.	1,103	132	11.97%	981	92	9.38%	Pearson Chi-Square	*p*=.06	• The difference between 2020 and 2019 engagement of Opioid Abuse or Dependence Treatment (IET) rates for beneficiaries ages 18 years and older was not statistically significant. • Data were not reported for this metric by KDADS until a quarter past its scheduled MY2019 submission date without an indication of any issue within either quarter's report. • KFMC noticed the data in the KDADS DY2Q3 Report was provided without any dates in which the measurement covered. KFMC informed this issue to KDADS. Due to this issue, the rate comparisons should be interpreted with caution. • KFMC believed that the coverage dates for the provided measurement was MY2019 as the results matched those calculated by KFMC by using data provided by the MCOs.
* Test statistics *p*-value less than .05 was considered statistically significant.										

Table C.5. Metrics for Milestone 6: Improved Care Coordination and Transitions between Levels of Care – *Continued*										
Metric #	**Metric Description**	**Measurement Period 2020**			**Measurement Period 2019**			**Statistical Analysis and Conclusion**		
		Denominator	**Numerator**	**Rate**	**Denominator**	**Numerator**	**Rate**	**Statistics Test Applied**	***p*-value***	**Interpretation/Comments**
15 (Engagement)	Engagement of Other Drug Abuse or Dependence Treatment (IET) for ages 18 years and older.	4,413	553	12.53%	4,457	582	13.06%	Pearson Chi-Square	*p*=.46	• The difference between 2020 and 2019 Engagement of Other Drug Abuse or Dependence Treatment (IET) rates for beneficiaries ages 18 years and older was not statistically significant. • Data were not reported for this metric by KDADS until a quarter past its scheduled MY2019 submission date without an indication of any issue within either quarter's report. • KFMC noticed the data in the KDADS DY2Q3 Report was provided without any dates in which the measurement covered. KFMC informed this issue to KDADS. Due to this issue, the rate comparisons should be interpreted with caution. • KFMC believed that the coverage dates for the provided measurement was MY2019 as the results matched those calculated by KFMC by using data provided by the MCOs.
* Test statistics *p*-value less than .05 was considered statistically significant.										

Table C.5. Metrics for Milestone 6: Improved Care Coordination and Transitions between Levels of Care – *Continued*										
Metric #	**Metric Description**	**Measurement Period 2020**			**Measurement Period 2019**			**Statistical Analysis and Conclusion**		
		Denominator	**Numerator**	**Rate**	**Denominator**	**Numerator**	**Rate**	**Statistics Test Applied**	***p*-value***	**Interpretation/Comments**
15 (Engagement)	Engagement of Alcohol, Opioid and Other Drug Abuse or Dependence Treatment (IET) for ages 18 years and older.	7,459	874	11.72%	7,141	853	11.95%	Pearson Chi-Square	*p*=.67	• The difference between 2020 and 2019 Engagement of Alcohol, Opioid and Other Drug Abuse or Dependence Treatment (IET) rates for beneficiaries ages 18 years and older was not statistically significant. • Data were not reported for this metric by KDADS until a quarter past its scheduled MY2019 submission date without an indication of any issue within either quarter's report. • KFMC noticed the data in the KDADS DY2Q3 Report was provided without any dates in which the measurement covered. KFMC informed this issue to KDADS. Due to this issue, the rate comparisons should be interpreted with caution. • KFMC believed that the coverage dates for the provided measurement was MY2019 as the results matched those calculated by KFMC by using data provided by the MCOs.
* Test statistics *p*-value less than .05 was considered statistically significant.										

Table C.5. Metrics for Milestone 6: Improved Care Coordination and Transitions between Levels of Care – *Continued*										
Metric #	**Metric Description**	**Measurement Period 2020**			**Measurement Period 2019**			**Statistical Analysis and Conclusion**		
		Denominator	**Numerator**	**Rate**	**Denominator**	**Numerator**	**Rate**	**Statistics Test Applied**	***p*-value**	**Interpretation/ Comments**
17 (1)	Follow-up after Emergency Department Visit for Alcohol or Other Drug Dependence (FUA-AD) within 7 days for ages 18 and over.	1,229	195	15.87%	Not Available	Not Available	-	Analysis Not Conducted^	-	• Data for the Follow-up after Emergency Department Visit for Alcohol or Other Drug Dependence (FUA-AD) within 7 days metric for beneficiaries ages 18 and older were not provided by KDADS until MY2020. The KDADS had been notified of this issue. • Statistical analysis was not done for the comparison of metric data between 2020 and 2019 due to above mentioned issue.
^ Analysis was not conducted due to an issue identified in data provided in the KDADS Report.										

Table C.5. Metrics for Milestone 6: Improved Care Coordination and Transitions between Levels of Care – *Continued*										
Metric #	**Metric Description**	**Measurement Period 2020**			**Measurement Period 2019**			**Statistical Analysis and Conclusion**		
		Denominator	**Numerator**	**Rate**	**Denominator**	**Numerator**	**Rate**	**Statistics Test Applied**	***p*-value**	**Interpretation/ Comments**
17 (1)	Follow-up after Emergency Department Visit for Alcohol or Other Drug Dependence (FUA-AD) within 30 days for ages 18 and over.	1,229	268	21.81%	Not Available	Not Available	-	Analysis Not Conducted^	-	• Data for the Follow-up after Emergency Department Visit for Alcohol or Other Drug Dependence (FUA-AD) within 30 days metric for beneficiaries ages 18 and older were not provided by KDADS until MY2020. The KDADS had been notified of this issue. • Statistical analysis was not done for the comparison of metric data between 2020 and 2019 due to above mentioned issue.
^ Analysis was not conducted due to an issue identified in data provided in the KDADS Report.										

Table C.5. Metrics for Milestone 6: Improved Care Coordination and Transitions between Levels of Care – *Continued*										
Metric #	**Metric Description**	**Measurement Period 2020**			**Measurement Period 2019**			**Statistical Analysis and Conclusion**		
		Denominator	**Numerator**	**Rate**	**Denominator**	**Numerator**	**Rate**	**Statistics Test Applied**	***p*-value***	**Interpretation/Comments**
17 (2)	Follow-up after Emergency Department Visit for Mental Illness (FUM-AD) within 7 days for ages 18 and over.	1,506	962	63.88%	1,394	839	60.19%	Pearson Chi-Square	*p*=.04	• The Follow-up rate after ED Visit for Mental illness (FUM-AD) within 7 days for beneficiaries ages 18 and older was significantly higher in 2020 compared to 2019. • KFMC noticed the data provided in the KDADS DY2Q3 Report were with an ending date covered by the measurement being prior to the beginning date covered by this measurement. KDADS was notified of this issue. • Due to the issue mentioned above, the rate comparisons should be interpreted with caution. • KFMC believed that the coverage dates for the provided measurement was MY2019 as the results matched those calculated by KFMC by using data provided by the MCOs. • Data for the metric were not provided by KDADS until a quarter past its scheduled MY2019 submission date without an indication of any issue within either quarter's report.
* Test statistics *p*-value less than .05 was considered statistically significant.										

Table C.5. Metrics for Milestone 6: Improved Care Coordination and Transitions between Levels of Care – *Continued*										
Metric #	**Metric Description**	**Measurement Period 2020**			**Measurement Period 2019**			**Statistical Analysis and Conclusion**		
		Denominator	**Numerator**	**Rate**	**Denominator**	**Numerator**	**Rate**	**Statistics Test Applied**	***p*-value***	**Interpretation/Comments**
17 (2)	Follow-up after Emergency Department Visit for Mental Illness (FUM-AD) within 30 days for ages 18 and over.	1,506	1,147	76.16%	1,394	995	71.38%	Pearson Chi-Square	*p*=.003	• The Follow-up rate after ED Visit for Mental illness (FUM-AD) within 30 days for ages 18 and older was significantly higher in 2020 compared to 2019. • KFMC noticed the data provided in the KDADS DY2Q3 Report were with an ending date covered by the measurement being prior to the beginning date covered by this measurement. KDADS was notified of this issue. • Due to the issue mentioned above, the rate comparisons should be interpreted with caution • KFMC believed that the coverage dates for the provided measurement was MY2019 as the results matched those calculated by KFMC by using data provided by the MCOs. • Data for the metric were not provided by KDADS until a quarter past its scheduled MY2019 submission date without an indication of any issue within either quarter's report.
* Test statistics *p*-value less than .05 was considered statistically significant.										

Table C.5. Metrics for Milestone 6: Improved Care Coordination and Transitions between Levels of Care – *Continued*										
Metric #	**Metric Description**	**Measurement Period 2020**			**Measurement Period 2019**			**Statistical Analysis and Conclusion**		
		Denominator	**Numerator**	**Rate**	**Denominator**	**Numerator**	**Rate**	**Statistics Test Applied**	***p*-value***	**Interpretation/Comments**
25	Readmissions Among Beneficiaries with SUD: The rate of all-cause readmissions during the measurement period among beneficiaries with SUD.	4,740	805	0.17 Readmissions per index admissions	4,438	743	0.17 Readmissions per index admissions	Pearson Chi-Square	*p*=.76	• The difference between 2020 and 2019 All-cause Readmissions rates for beneficiaries with SUD was not statistically significant.
* Test statistics *p*-value less than .05 was considered statistically significant.										

Appendix D

Mid-Point Assessment of the KanCare 2.0 Section 1115 Substance Use Disorder (SUD) Demonstration

Activity Period – January 2019 to December 2021

KanCare Members' Feedback

Mid-Point Assessment of the KanCare 2.0 Section 1115 Substance Use Disorder (SUD) Demonstration Implementation Plan – KanCare Members' Feedback on Demonstration Progress

The information on the KanCare members' experiences related to the SUD Demonstration services gathered through the 2017, 2019 and 2020 SUD Member Satisfaction Surveys, and members' grievances and appeals related to different SUD services were assessed as a part of the stakeholder feedback for the mid-point assessment of the SUD Demonstration. This information is included in Tables D1-D5 below.

The grievances and appeals related to SUD services submitted to MCOs by their KanCare members during the period of January 01, 2019 through December 31, 2020 were also reviewed as a part of member feedback for the mid-point assessment of the SUD Demonstration's progress. This information is also provided in the Table D.5.

Table D.1. Members' Feedback on SUD Demonstration Milestone 1: Access to Critical Levels of Care for OUD and Other SUDs

Members' Experiences – Results of the Member Satisfaction Surveys

Focus Area	Rate (%) (Numerator/Denominator)			Chi-Square *p*-value*		Conclusions
Access to Care	2020	2019	2017	2020-2019	2019-2017	
Got first appointment as soon as wanted (Q 10)	94.1% (80/85)	93.3% (152/163)	84.0%	*p*=.79	*p*<.00001	The 2017, 2019 and 2020 percentages of the respondents reporting they got first appointment as soon as wanted ranged from 84% to 94%. 2019 and 2020 rates were not statistically different. The 2019 rate was significantly higher than the 2017 rate, with a nine percentage point increase.
Chose first available appointment (Q 11)	78.8% (63/80)	77.6% (90/116)	80.4%	*p*=.84	*p*=.13	The 2020, 2019 and 2017 percentages of the respondents who chose first available appointment ranged from 78% to 80%. No statistically significant differences were seen in these rates.
Placed on waiting list (Q 12)	14.5% (12/83)	9.1% (14/154)	15.2%	*p*=.35	*p*<.00001	The 2020, 2019 and 2017 percentages of the respondents reporting they were placed on waiting list ranged from 9% to 15%. The 2019 and 2020 rates were not statistically different. The 2019 rate was significantly lower than the 2017 rate, with a six percentage point decline.
Distance traveled to counselor not a problem (Q 16)	92.9% (78/84)	93.5% 144/154)	85.0%	*p*=.84	*p*<.00001	The 2020, 2019 and 2017 percentages of the respondents reporting the distance they traveled to see the counselor was not a problem ranged from 85% to 94%. The 2019 and 2020 rates were not statistically different. The 2019 rate was significantly higher than the 2017 rate, with a nine percentage point increase.

* Test statistics *p*-value less than .05 was considered statistically significant.

Table D.1. Members' Feedback on SUD Demonstration Milestone 1: Access to Critical Levels of Care for OUD and Other SUDs – *Continued*

Members' Experiences – Results of the Member Satisfaction Surveys

Focus Area	Rate (%) (Numerator/Denominator)			Chi-Square *p*-value*		Conclusions
Access to Care – Urgent Problems	2020	2019	2017	2020-2019	2019-2017	
Seen by counselor right away for an urgent problem (Q 17)	32.5% (27/83)	28.6% (44/154)	29.2%	*p*=.52	*p*=.88	The 2020, 2019 and 2017 percentages of the respondents seen by counselor right away for an urgent problem ranged from 29% to 33%. No statistically significant differences were seen in these rates.
Satisfied with the time it took to be seen for an urgent problem (Q 18)	88.5%^ (23/26)	89.7% (35/39)	90.5%	*p*=.87†	*p*=.90	The 2017 and 2019 percentages of the respondents reporting they were satisfied with the time it took to be seen for an urgent problem ranged from 89% to 91%. No statistically significant difference was seen in these rates. The 2020 rate was based on a denominator of less than 30 respondents, therefore should be interpreted with caution.
Took longer than 48 hours to be seen for the urgent problem (Q 19)	14.3%^ (3/21)	11.1% (4/36)	9.8%	*p*=.72†	*p*<.00001	In 2019, about 11% of the respondents reported it took longer than 48 hours to be seen for the urgent problem. The 2019 rate was significantly higher than the 2017 rate, with a one percentage point increase. The 2020 rate was based on a denominator of less than 30 respondents, therefore should be interpreted with caution.

* Test statistics *p*-value less than .05 was considered statistically significant; ^ Denominator less than 30 respondents; † Result should be interpreted with caution as based on denominator less than 30 respondents.

Table D.2. Members' Feedback on SUD Demonstration Milestone 2: Use of Evidence-based, SUD-specific Patient Placement Criteria

Members' Experiences – Results of the Member Satisfaction Surveys

Focus Area	Rate (%) (Numerator/Denominator)			Chi-Square *p*-value*		Conclusions
Outcome of Service	2020	2019	2017	2020-2019	2019-2017	
Feeling better since treatment (Q 25)	95.3% (82/86)	90.9% (149/164)	84.0%	*p*=.20	*p*<.04	The 2020, 2019 and 2017 percentages of the respondents who reported feeling better since treatment ranged from 84% to 95%. The 2019 and 2020 rates were not statistically different. The 2019 rate was significantly higher than 2017 rate, with a seven percentage point increase.
Satisfied with the number of treatment sessions with counselor (Q 26)	94.2% (81/86)	98.1% (154/157)	91.7%	*p*=.10	*p*<.007	The 2020, 2019 and 2017 percentages of the respondents reporting they were satisfied with the number of treatment sessions with counselor ranged from 92% to 98%. The 2019 and 2020 rates were not statistically different. The 2019 rate was significantly higher than 2017 rate, with a six percentage point increase.

* Test statistics *p*-value less than .05 was considered statistically significant.

Table D.2. Members' Feedback on SUD Demonstration Milestone 2: Use of Evidence-based, SUD-specific Patient Placement Criteria – *Continued*

Members' Experiences – Results of the Member Satisfaction Surveys						
Focus Area	**Rate (%) (Numerator/Denominator)**			**Chi-Square *p*-value***		**Conclusions**
Access to SUD Services at the Appropriate Level of Care – Residential Services	**2020**	**2019**	**2017**	**2020-2019**	**2019-2017**	
Stayed overnight in a treatment facility in past year (Q 20)	48.8% (42/86)	36.9% (59/160)	48.7%	*p*=.06	*p*<.01	The 2020, 2019 and 2017 percentages of the respondents who stayed overnight in a treatment facility in past year ranged from 37% to 49%. The 2019 and 2020 rates were not statistically different. The 2019 rate was significantly higher than 2017 rate, with a twelve percentage point increase.
Told how many days they were going to stay in treatment facility program (among those who stayed overnight in a treatment facility in the last year) (Q 21)	82.5% (33/40)	86.0% (49/57)	80.4%	*p*=.64	*p*=.37	The 2020, 2019 and 2017 percentages of the respondents who stayed overnight in a treatment facility in past year and were told how many days they were going to stay in the treatment facility program ranged from 80% to 86%. No statistically significant difference were seen in these rates.
Facility involved you in discharge planning (among those who stayed overnight in a treatment facility in the last year) (Q 22)	97.4% (38/39)	90.6% (48/53)	N/A	*p*=.18	N/A	The 2019 and 2020 percentages of the respondents who stayed overnight in a treatment facility in past year and were involved by the facility in discharge planning ranged from 91% to 97%. The 2019 and 2020 rates were not statistically different. The 2017 data not available as question was not asked in the 2017 Survey.
Satisfied with discharge planning (among those who stayed overnight in a treatment facility in the last year) (Q 23)	100% (38/38)	98.0% (49/50)	N/A	*p*=.38	N/A	The 2019 and 2020 percentages of the respondents who stayed overnight in a treatment facility in past year and reported being satisfied with discharge planning ranged from 98% to 100%. The 2019 and 2020 rates were not statistically different. The 2017 data not available as question was not asked in the 2017 Survey.
Number of days stayed overnight rated as "Just Right" (Q 24)	70.3% (26/37)	68.1% (32/47)	64.6%	*p*=.82	*p*=.67	In 2020, 2019 and 2017 percentages of the respondents who stayed overnight in a treatment facility in past year and rated the number of days stayed overnight as "Just Right" ranged from 65% to 70%. No statistically significant difference was seen in these rates.

* Test statistics *p*-value less than .05 was considered statistically significant; N/A: Data Not Available (questions not asked in 2017 Survey).

Table D.3. Members' Feedback on SUD Demonstration Milestone 3: Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities

Members' Experiences – Results of the Member Satisfaction Surveys

Focus Area	Rate (%) (Numerator/Denominator)			Chi-Square *p*-value*		Conclusions
Counselor Experiences and Rating	**2020**	**2019**	**2017**	**2020-2019**	**2019-2017**	
Overall quality of service from counselor as "Good" and "Very Good" (Q 5)	97.8% (88/90)	95.9% (163/170)	88.2%	*p*=.42	*p*<.006	The 2020, 2019 and 2017 percentages of the respondents reporting overall quality of service from counselor as "Good" and "Very Good" ranged from 88% to 98%. The 2019 and 2020 rates were not statistically different. The 2019 rate was significantly higher than 2017 rate, with an eight percentage point increase

* Test statistics *p*-value less than .05 was considered statistically significant.

Table D.4. Members' Feedback on SUD Demonstration Milestone 6: Improved Care Coordination and Transitions between Levels of Care

Members' Experiences – Results of the Member Satisfaction Surveys

Focus Area	Rate (%) (Numerator/Denominator)			Chi-Square *p*-value*		Conclusions
Coordination of Care among Substance Use Counselors	**2020**	**2019**	**2017**	**2020-2019**	**2019-2017**	
Received services from any other Substance use treatment program in addition to current program (Q 6)	45.8% (38/83)	37.7% (60/159)	36.7%	*p*=.22	*p*=.83	The 2020, 2019 and 2017 percentages of the respondents reporting they received services from any other substance use treatment program in addition to current program ranged from 38% to 46%. No statistically significant differences were seen in these rates.
Counselor asked for release of information for outside providers to share details about visit with other Substance use treatment program (Q 7)	78.6%^ (22/28)	84.6% (44/52)	81.4%	*p*=.49[†]	*p*=.64	In 2019, about 85% of the respondents reported their counselor asked them for release of information for outside providers to share details about visit with other Substance use treatment program. No statistically significant difference was seen in 2019 compared to 2017. The 2020 rate was based on a denominator of less than 30 respondents, therefore caution is needed in its interpretation.

* Test statistics *p*-value less than .05 was considered statistically significant; ^ Denominator less than 30 respondents; [†] Result should be interpreted with caution as based on denominator less than 30 respondents.

Table D.4. Members' Feedback on SUD Demonstration Milestone 6: Improved Care Coordination and Transitions between Levels of Care – *Continued*						
Members' Experiences – Results of the Member Satisfaction Surveys						
Focus Area	**Rate (%) (Numerator/Denominator)**			**Chi-Square *p*-value***		**Conclusions**
Coordination of Care for Co-Occurring Physical and Mental Health Conditions	**2020**	**2019**	**2017**	**2020-2019**	**2019-2017**	
Have a primary care provider or Medical Doctor (Q 8)	80.2% (65/81)	71.1% (108/152)	67.2%	*p*=.12	*p*=.42	The 2020, 2019 and 2017 percentages of the respondents reporting they have a primary care provider or medical doctor ranged from 67% to 80%. No statistically significant differences were seen in these rates.
Counselor asked member to sign a release of information form to discuss member's treatment with your primary care provider or medical doctor (Q 9)	79.3% (42/53)	72.5% (58/80)	65.8%	*p*=.37	*p*=.32	The 2020, 2019 and 2017 percentages of the respondents reporting their counselor asked them to sign a release of information form to discuss member's treatment with their primary care provider or medical doctor ranged from 73% to 79%. No statistically significant differences were seen in these rates.
* Test statistics *p*-value less than .05 was considered statistically significant.						

Three grievances and two appeals related to the SUD Demonstration services were made to the MCOs by the KanCare members who received SUD services during the period of January 01, 2019 through December 31, 2020. These members' grievances and appeals are compiled below in Table D5.

Table D.5. Members' Feedback on SUD Demonstration: Members' Grievances and Appeals Related to SUD Services

Time Period	Grievances – Log Summary	Appeals - Log Summary
January 2019-March 2019	• Member's grievance included following issues: ○ Inability to access residential Substance Abuse treatment and receiving recommendation for outpatient treatment only. ○ Dissatisfaction with the assessment and services provided by the new counselor assigned to the member. ○ Counselor's inability to pay attention to recent life stressors that are contributing to member's substance use and mental health distress. ○ Dissatisfaction with the Counselor's handling of member's request asking for recommendation to be seen at the level of care that member thinks is needed. • Outcome: Member was reassessed and met inpatient treatment requirements.	• No appeal related to the reported grievance.
	• No grievance associated to the appeal made.	• Appeal regarding member's outpatient therapy ending. • Outcome: Appeal was upheld.
August 2019	• Member's grievance included following issues: ○ Treatment Center is requiring member to pay $5.00 a day starting from August 1, 2019 for his medicine or any services received. ○ Member requires Methadone from the Treatment Center and cannot afford to pay for the medicine. • Outcome: Center approached KDADS regarding their decision to charge fees as the inability to bill for dosing services was causing a financial strain. Methadone for substance use treatment not covered at time of the grievance and acceptable to charge with advanced notice to the members.	• No appeal related to the reported grievance.
Oct 2019	• No grievance associated to the appeal made.	• Appeal regarding denial of the prior authorization of the inpatient stay. • Outcome: Continued stay was authorized with a LAD to review that day.
Dec 2020	• Member's grievance included following issue: ○ Member having issues finding a detox facility that takes his insurance. • Outcome: Member was assigned to a facility that will accept the member and insurance once panels open back up. Member was informed to ask Drug Assessment Center to fax information to the detox facility and provider appointment was also scheduled to provide referral.	• No appeal related to the reported grievance.

Appendix E

Mid-Point Assessment of the KanCare 2.0 Section 1115 Substance Use Disorder (SUD) Demonstration

Activity Period – January 2019 to December 2021

KanCare Providers and SUD Provider Associations' Feedback

Mid-Point Assessment of the KanCare 2.0 Section 1115 Substance Use Disorder (SUD) Demonstration Implementation Plan – KanCare Providers' and SUD Provider Associations' Feedback on Demonstration Progress

The following information on the KanCare Providers' feedback related to the SUD Demonstration services gathered through an online KanCare Providers' Feedback Survey conducted from August 18, 2021 through Sept 03, 2021. The Survey was comprised of twelve open-ended questions. The responses were received from 33 providers. In addition to collecting feedback from the KanCare providers, an online SUD Provider Associations' Feedback Survey was also conducted, from August 18, 2021 through Sept 03, 2021, to obtain feedback from the leadership of the two SUD Provider Associations. The Survey links were emailed to the Chair, Vice-Cahir, Secretary and Treasurer of the Kansas Association of Addiction Professionals (KAAP) and to the President and two Associates of the Behavioral Health Association of Kansas (BHAK) with the request to complete the survey. The Survey was comprised of eight open-ended questions. Only one recipient of the SUD Provider Associations' Feedback Survey provided the responses. The key themes were compiled based on the responses received from these two stakeholder surveys and were summarized as a part of the stakeholder feedback on the progress of the SUD demonstration.

The responses from the KanCare Providers' Feedback Survey and SUD Provider Associations' Feedback Survey and associated key themes are included in Tables E1-E6 below:

Table E.1. Stakeholder Feedback on Milestone 1: Access to Critical Levels of Care for OUD and Other SUDs

KanCare Providers' Feedback – Results of the KanCare Providers' Feedback Survey

Survey Questions	KanCare Providers' Responses		Key Themes
1. How are you involved in providing Substance Use Disorder (SUD) services to KanCare members? (Total Responses: 33)	**Select all that apply:**		Most of the survey respondents selected more than one type of service as their areas for providing SUD services to KanCare members. Out of 33 survey respondents, 31 providers, i.e., about 94% indicated providing outpatient SUD services to KanCare members. None of the respondents indicated providing inpatient services and only one indicated providing medically supervised withdrawal management services.
	• Outpatient Services	31 (93.9%)	
	• Intensive Outpatient Services	12 (36.4%)	
	• Medication assisted Treatment (MAT)	7 (21.2%)	
	• Residential Services	6 (18.2%)	
	• Inpatient Services	0 (0.0%)	
	• Medically Supervised Withdrawal Management Services	1 (3.0%)	

Table E.1. Stakeholder Feedback on Milestone 1: Access to Critical Levels of Care for OUD and Other SUDs – *Continued*

KanCare Providers' Feedback – Results of the KanCare Providers' Feedback Survey

Survey Questions	KanCare Providers' Responses	Key Themes
2. How have changes in the KanCare program since January 2019 affected the access to critical levels of care for Opioid Use Disorder (OUD) and other SUDs, for KanCare members? (Total Responses: 26)	• The opioid grant has allowed clients to gain access to MAT services, which has greatly had a positive impact on client's recovery. Our agency used to provide Intensive Outpatient Services. Having to gain approval within 24 hours seemed very challenging. • Improved. • Fewer prior auth for buprenorphine helps with access to MAT; need access to sublocade. • There has been vast improvement in care and not having to wait for authorizations for outpatient level care. • We have very few OUD clients, but it is very easy to get Medicaid clients services. • They have improved our options by allowing more freedom without so much paperwork. • I am sure. • There remains barriers to treatment. KDADs has long had exemption status for health care entities. Yet, exemption requests are not approved. Changes in KanCare program have improved access to MAT. • Not having something like the KCPC has created many steps to seeking service approval and not being paid for services due to not meeting the deadline for the authorization of services. The short timeline for authorization of services creates a great deal of stress related to service approvals. • Less residential treatment approved. Patients need more than 14-21 days of residential treatment often times. • Need more suboxone provider to meet the needs. • Few changes for us. • No changes or improvements seen (9 respondents). • I do not know/uncertain (2 responses). • I cannot reflect on any differences between 2019-today and how it was before January 2019/NA (2 responses).	• The providers reported positive, as well as areas of improvement or neutral comments regarding the effects seen on the access to critical levels of care for OUD and other SUDs for their KanCare members as a result of the changes made in the KanCare program since January 2019. • Positive comments by the providers include: ○ Improvement in care; ○ Increased access to MAT services due to: ▪ The opioid grant leading to a positive impact on member's recovery. ▪ Few prior authorization for buprenorphine. ○ Getting services to Medicaid clients is easy. ○ Less paperwork and no waiting needed for authorizations for outpatient and intensive outpatient service. ○ Improved providers' options by allowing more freedom. • Neutral comments or areas of improvement identified by the providers include: ○ No effects or improvement seen. ○ Barriers to treatment exist. ○ Need access to Sublocade. ○ More suboxone providers needed. ○ Authorization and service approval issues: ▪ Many steps for seeking service approval and short timeline for authorization of services. ▪ Something like KCPC needed. ▪ Difficulties in being paid for services due to not meeting the deadline for the authorization of services. ▪ Approval of inadequate number of days for residential treatment. ○ KDADS had exemption status for health care entities, yet, exemption requests are not approved.

Table E.1. Stakeholder Feedback on Milestone 1: Access to Critical Levels of Care for OUD and Other SUDs – *Continued*		
KanCare Providers' Feedback – Results of the KanCare Providers' Feedback Survey		
Survey Questions	**KanCare Providers' Responses**	**Key Themes**

3. What challenges or barriers did you encounter within the last year in getting KanCare members who are identified as having an OUD or other SUD into the right level of care? (Total Responses: 25)	• Currently we haven't been experiencing any troubles with getting KanCare clients to the right level of care.
	• None/No challenges or barriers (8 responses).
	• I have not had any problems getting clients in.
	• We have had no problems with outpatient services.
	• Not many challenges or barriers.
	• Few providers/not enough bed space.
	• Limited bed availability due to COVID.
	• Not enough provider of Suboxone, Naltrexone, Vivitrol and Sublocade.
	• Long waiting list for residential treatment, only available at Mirrors; no access to IOP.
	• Lack of availability of inpatient services. Lack of reimbursement through block grant funding for stimulant use disorder. Inability of FQHC to bill for case management services.
	• Capacity of the system. Willing/waivered providers.
	• Long wait times for higher levels of care. COVID issues creating closures was also an issue during this time period. Cumbersome service approval system.
	• COVID 19 made it very difficult. Patients were abusing substance to cope. Since then we had increased in anxiety It created more substance abuse and loss of hope.
	• Access to higher levels of care- residential- have been difficult due to capacity issues.
	• Lack of sufficient Inpatient SUD treatment, Social Detox services, and rapid access to medical detox. No state hospital services. Very few residential services.
	• I did not do any referrals for KanCare members.
	• N/A.
	• We did not have any OUD or SUD clients from KanCare last year.
	• unsure, do not coordinate billing or scheduling.
		• When providers were asked about the challenges or barriers they encounter within the last year in getting KanCare members who are identified as having an OUD or other SUD into the right level of care, several of them indicated they did not encounter any problems, however some of them reported certain challenges and barriers.
		• The challenges or barriers identified by the respondents include:
		  ○ Lack of availability of inpatient services.
		  ○ Inadequate capacity of the system:
		  ▪ Few willing/waivered providers.
		  ▪ Limited availability of beds.
		  ▪ Limited access to higher levels of care. Very few residential services.
		  ▪ Lack of sufficient Inpatient SUD treatment, Social Detox services, and rapid access to medical detox.
		  ▪ No state hospital services.
		  ▪ Long wait times for higher levels of care including long waiting list for residential treatment.
		  ○ COVID -19 issues: Increase in anxiety and substance abuse for coping.
		  ○ Cumbersome service approval system.
		  ○ Payment issues:
		  ▪ Inability of FQHC to bill for case management services.
		  ▪ Lack of reimbursement through block grant funding for stimulant use disorder.

Table E.1. Stakeholder Feedback on Milestone 1: Access to Critical Levels of Care for OUD and Other SUDs – *Continued*		
SUD Provider Associations' Feedback – Results of the SUD Provider Associations' Feedback Survey		
Survey Questions	**SUD Provider Associations' Leadership Responses**	**Key Themes**
1. How have changes in the KanCare program since January 2019 impacted the access to critical levels of care for Opioid Use Disorder (OUD) and other Substance Use Disorders (SUDs) for KanCare members? (Total Responses: 1)	• None that I am aware of.	• SUD Provider association's leadership staff indicated not being aware of any effects on the access to critical levels of care for OUD and other SUDs for KanCare members due to the changes made in the KanCare program since January 2019.
2. What successes or barriers have providers (members of your Association) experienced in getting KanCare members who are identified as having an OUD or other SUD into the right level of care? (Total Responses: 1)	**Successes:** • We have a full continuum of care, so are able to get them into services fairly easily. **Barriers:** • Currently we only do Vivitrol, but our facility is working on suboxone therapies	**Successes:** • Due to availability of the full continuum of care, it is easy to get KanCare members who are identified as having an OUD or other SUD into the right level of care. **Barriers:** • Use of only one medicine.

Table E.2. Stakeholder Feedback on Milestone 2: Use of Evidence-based, SUD-specific Patient Placement Criteria		
KanCare Providers' Feedback – Results of the KanCare Providers' Feedback Survey		
Survey Questions	**KanCare Providers' Responses**	**Key Themes**
1. Has the use of the revised SUD-specific Patient Placement Criteria improved the process of placing the members with an SUD in the appropriate level of care? (Total Responses: 23)	• Yes (8 responses). • I like that it is the same auth request form for all 3 MCO's. • Its good. • No. I personally feel that it slows down the process. Per licensing standards an assessment must be completed. Having to complete another form with the information has been a challenge as it adds extra work. • No/ I have noticed no improvement/ Seems to be the same as always (6 responses). • Don't feel it has. The process to get someone into services is not consistent across MCO's and agencies. These inconsistencies were not a problem with a tool like the KCPC. • NA, absence of residential care makes the placement criteria unusable. • Unknown/N/A (2 responses) • N/A, Outpatient only. • I have no background knowledge of prior to 2020.	• When providers were asked if the use of the revised SUD-specific Patient Placement Criteria improved the process of placing the members with an SUD in the appropriate level of care improved, several of them indicated process was improved. However, some respondents indicated the process has not been improved. • The specific positive aspect identified was use of same authorization request form for the three MCOs. • Specific areas of improvement indicated were: ○ Slowing of the process. ○ Added extra work as additional form needed to be filled. ○ Absence of residential care makes the placement criteria unusable. ○ Inconsistency in the process to get client into services across MCO's and agencies. ○ KCPC tool was better.

Table E.2. Stakeholder Feedback on Milestone 2: Use of Evidence-based, SUD-specific Patient Placement Criteria – *Continued*			
KanCare Providers' Feedback – Results of the KanCare Providers' Feedback Survey			
Survey Questions	**KanCare Providers' Responses**		**Key Themes**
2a. Are you using the revised Patient Placement Criteria? (Total Responses: 26)	Yes No	14 (53.9%) 7 (46.1%)	More than half of the respondents indicated using the revised Patient Placement Criteria.
2b. What successes or barriers did you encounter in implementing the revised Patient Placement Criteria? (Among those using the revised Patient Placement Criteria). (Total Responses: 10)	**Successes:** • Much less cumbersome. • It is the same for all MCO's. • None. • Improved community between entities. • it is shorter and faster. • Simplified forms are less complicated and lengthy to complete than the KCPC was. • Easier implementation. • Easy access to outpatient care, timely responses when seeking residential care. • Federal Funding for MAT. **Barriers:** • None/No barriers (3 responses). • None that I have experienced. It is helpful for my level of care. • Lack of inpatient availability; comorbid psychiatric illness. • Inconsistency among agencies and MCO's to request information or services. Inconsistency in the way approval are sent back to providers. Some are faxed back, some are a phone call and others are online. • Most all facilities who provided SUD Tx are full. • Not enough group, residential, inpatient or detox services; wait lists; few programs in rural and frontier parts of the state; few youth / adolescent services. • Unknown.		**Successes:** • Same for all MCOs. • Revised Patient Placement Criteria forms are shorter, less complicated, faster to complete and easy implementation. • Easy access to outpatient care, timely responses when seeking residential care. • Improved community between entities. • Federal Funding for MAT. **Barriers:** • Most of the respondents indicated they did not encounter barriers in implementing the revised Patient Placement Criteria. • Specific barriers indicated by the providers include: ○ Issues related to availability of care: ▪ Lack of inpatient care availability. ▪ Most all facilities who provided SUD treatment are full. ▪ Not enough group, residential, inpatient or detox services. ▪ Few programs in rural and frontier parts of the state. ▪ few youth/adolescent services. ▪ Wait lists. ○ Inconsistency among agencies and MCOs to request information or services. ○ Inconsistency in process of sending approvals back to providers. Some are faxed back, some are a phone call and others are online. ○ Comorbid psychiatric illness.

Table E.2. Stakeholder Feedback on Milestone 2: Use of Evidence-based, SUD-specific Patient Placement Criteria – *Continued*		
SUD Provider Associations' Feedback – Results of the SUD Provider Associations' Feedback Survey		
Survey Questions	**SUD Provider Associations' Leadership Responses**	**Key Themes**
1. Has KanCare program's revised SUD-specific Patient Placement Criteria improved the process of placing the members with an SUD in the appropriate level of care? (Total responses: 1)	• We use ASAM criteria for placement and have not had any issues with MCD not agreeing with our recommendation for placement.	• No issues identified in use of ASAM criteria for placement and acceptance of their recommendation for placement.
2. What challenges or barriers have KanCare providers encountered in implementing the revised Patient Placement Criteria? (Total responses: 1)	• I'm not sure what is being referenced here.	• No response provided.

Table E.3. Stakeholder Feedback on Milestone 3: Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities		
KanCare Providers' Feedback – Results of the KanCare Providers' Feedback Survey		
Survey Questions	**KanCare Providers' Responses**	**Key Themes**
1. What are the challenges in meeting new licensure and contract requirements for providers of SUD services, including Institute of Mental Disorders (IMDs) and Medication-Assisted Treatments (MATs)? (Total Responses: 20)	• At this time I'm not aware of any challenges. • We have not encountered any. • None/No changes (5 responses). • The auditors are extremely picky and not consistent across the state. • Lack of support and clarification on requirements. Lack of consistency. • Lack of funding available to cover the cost of uninsured stimulant use disorder. • Need more suboxone providers. We need more trained therapist in the field of addiction. • Finding enough providers authorized for MAT treatment to work with for coordination of care at the outpatient level. • Inconsistency of Mental Health and SUD licensing regulations and processes; delays in credentialing staff by the MCO's; insufficient Block grant funding to cover cost of services to uninsured. • Kansas Behavioral Sciences Regulatory Board (BSRB) is taking too long to issue licenses. • N/A (3 responses). • Our program doesn't participate in Medicaid payment models. • We have downsized from providing IOP services due to COVID and only provide evaluations and individual counseling. We have not received any KanCare SUD clients this past year. • Unsure.	• Some of the providers indicated they did not encounter any challenges in meeting new licensure and contract requirements for providers of SUD services, including IMDs and MATs, however some indicated encountering certain challenges: • Challenges identified by the providers are summarized below: ○ Inconsistency of auditors across the state. ○ Funding issues: ▪ Lack of funding available to cover the cost of uninsured stimulant use disorder. ▪ insufficient Block grant funding to cover cost of services to uninsured. ○ BSRB takes too long to issue licenses. ○ Delays in credentialing staff by the MCO's. ○ Lack of support and clarification on the requirements. ○ Inconsistency of Mental Health and SUD licensing regulations and processes. ○ Lack of Providers: ▪ Finding enough providers authorized for MAT to work with for coordination of care at the outpatient level is challenging. ▪ More suboxone providers needed. ▪ More trained therapist in the field of addiction needed.

Table E.3. Stakeholder Feedback on Milestone 3: Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities – *Continued*		
SUD Provider Associations' Feedback – Results of the SUD Provider Associations' Feedback Survey		
Survey Questions	**SUD Provider Associations' Leadership Responses**	**Key Themes**
1. What are the challenges in meeting new KanCare licensure and contract requirements for providers of SUD services, including Institute of Mental Disorders (IMDs) and Medication-Assisted Treatments (MATs)? (Total responses: 10)	• None that are known to me.	• SUD Provider Association leadership staff indicated not encountering any challenge in meeting new licensure and contract requirements for providers of SUD services, including IMDs and MATs.

Table E.4. Stakeholder Feedback on Milestone 4: Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD		
KanCare Providers' Feedback – Results of the KanCare Providers' Feedback Survey		
Survey Questions	**KanCare Providers' Responses**	**Key Themes**
1. Describe any challenges in offering Medication-Assisted Treatment (MAT) or referring KanCare members with an OUD to a MAT provider. (Total Responses: 16)	**Challenges in offering Medication-Assisted Treatment (MAT):** • No/None (2 responses). • Barriers in our rural area are due to transportation as we only have 1 provider. • Limited reimbursement. • Few providers who are well-versed in MAT. • Need Sublocade to address non-compliance. • Adequate availability of counselors to perform necessary addictions counseling. • We don't have any physicians at our facility trained and certified to provide such care. • There are very few MAT prescribers. • Finding available providers....cost of physician services • N/A (5 responses). • We do not offer MAT. **Challenges in referring KanCare members with an OUD to a MAT provider:** • No challenges (3 responses). • Minimal providers. • Few providers who are well-versed in MAT. • This has been a little difficult for my Medicaid members. Also hard to find providers. • Challenging. • Transportation barriers for clients to get to the MAT provider. • We work with Dr. Tovar for OUD MAT treatment. • Cost, lack of availability, stigma. • N/A (2 responses). • We've had no KanCare SUD clients to refer out.	**Challenges in offering Medication-Assisted Treatment (MAT):** • Few respondents indicated they did not encounter any challenges in offering MAT, however some indicated encountering certain challenges: • Challenges identified by the providers included: ○ Lack of providers: ▪ Lack of adequate availability of the counselors to perform necessary addictions counseling. ▪ Lack of trained and certified physicians at the facility to provide MAT. ▪ Very few MAT prescribers available. ○ Transportation issues in rural areas due to inadequate number of providers. ○ Financial issues: ▪ Limited reimbursement. ▪ Cost of physicians services. ○ Access to medicine: ▪ Need Sublocade to address non-compliance. **Challenges in referring KanCare members with an OUD to a MAT provider:** • Few respondents indicated they do not encounter any challenges in referring KanCare members to a MAT provider, however some indicated encountering certain challenges: • Challenges identified by the providers are summarized below: ○ Lack of providers: ▪ Providers not available/few providers available. ▪ Few providers who are well-versed in MAT. ○ Cost. ○ Transportation barriers for clients to get to the MAT provider. ○ Stigma

Table E.4. Stakeholder Feedback on Milestone 4: Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD – *Continued*		
SUD Provider Associations' Feedback – Results of the SUD Provider Associations' Feedback Survey		
Survey Questions	**SUD Provider Associations' Leadership Responses**	**Key Themes**
1. Describe any successes or barriers regarding KanCare increasing access to MAT providers. (Total Response: 1)	**Successes:** ○ MCD always was in support of Vivitrol which is what we currently use. **Barriers:** ○ Many staff are not in support of Suboxone, so may be a struggle moving forward.	**Successes:** • Support for Medicine: ○ MCD support for vivitrol use. **Barriers:** • Lack of Support for Medicine: ○ Lack of staff support for Suboxone.

Table E.5. Stakeholder Feedback on Milestone 5: Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD		
KanCare Providers' Feedback – Results of the KanCare Providers' Feedback Survey		
Survey Questions	**KanCare Providers' Responses**	**Key Themes**
1. Are you registered with K-TRACS? (Total Responses: 22)	Yes 8 (36.4%) No 14 (63.6%)	• Most of the respondents were not registered with K-TRACS.
2. Describe any successes or barriers you have encountered in using K-TRACS within the last 12 months. (Asked from those respondents who indicated they are registered with K-TRACS). (Total Responses: 6)	**Successes:** • Able to see patients controlled treatment. • Appreciate the availability of info from other States. • Helpful for continuity of care. • Our medical director has K Tracs approval and use of this helps us ensure we are not over prescribing or crossing prescriptions with other providers. For our psychiatric team this enables them to see and refer for SUD assessments. • Unknown. • N/A. **Barriers:** • Only MD provider can access K Tracs • Coping with password changes. • Not able to implement it as tool. • Unknown. • N/A.	**Successes:** • Ability to see patients' controlled treatment. • Availability of information from other States. • Helpful for continuity of care. • Use of K-TRACS helps providers in not over prescribing or crossing prescriptions with other providers. • Use of K-TRACS helps psychiatric team to see and refer for SUD assessments. **Barriers:** • Technical difficulties: ○ Difficulty with implementation as a tool. ○ Difficulty due to password changes. • Only MD provider can access K-TRACS.
SUD Provider Associations' Feedback – Results of the SUD Provider Associations' Feedback Survey		
Survey Questions	**SUD Provider Associations' Leadership Responses**	**Key Themes**
1. What barriers do KanCare SUD providers encounter using K-TRACS? (Total Responses: 1)	• No response provided.	• No response provided.

Table E.6. Stakeholder Feedback on Milestone 6: Improved Care Coordination and Transitions between Levels of Care		
KanCare Providers' Feedback – Results of the KanCare Providers' Feedback Survey		
Survey Questions	**KanCare Providers' Responses**	**Key Themes**
1. What has been the impact of case management by MCO staff on coordination of care for physical health or mental health co-morbidities among your KanCare patients with an SUD? (Total Responses: 17)	• It has helped greatly. • Lack of case management for FQHC designated facilities has been difficult. Kansas One Care initiative has been helpful. • A lack of follow through and following up on this has been an issue that then creates more work for the treatment provider. • Slows down care, complicates access to care, micromanaging, case managers are not familiar with KS or SUD issues, case managers do not return phone calls. • None/ I haven't noticed an impact (2 responses). • We struggle with the MH providers not responding to requests. • Limited contact with MCO case managers. • Unable to answer due to lack of coordination. • Unknown (2 responses). • Unsure. This is not my role. • I really don't have any contact or experience with an MCO care coordinator on SUD. • We haven't had to use case management by MCO. • No contact or experience with this happening. • N/A (2 responses).	• Several respondents indicated that they did not have knowledge about the of case management by MCO staff on coordination of care for patients with SUD. Some indicated they do not have any contact with the MCOs' case management staff. However, some of the respondents provided positive comments and areas of improvement in this regard. • Positive comments provided by the providers include: ○ Great help. ○ Kansas One Care initiative has been helpful. • Areas of improvement indicated by the providers include: ○ No impact. ○ Lack of coordination. ○ A lack of follow through and following up on this has been an issue that then creates more work for the treatment provider. ○ Slows down care. ○ Complicates access to care. ○ Micromanaging. ○ Case managers are not familiar with KS or SUD issues. ○ Case managers do not return phone calls. ○ Mental Health providers not responding to requests. ○ Lack of case management for FQHC designated facilities.

Table E.6. Stakeholder Feedback on Milestone 6: Improved Care Coordination and Transitions between Levels of Care – *Continued*		
KanCare Providers' Feedback – Results of the KanCare Providers' Feedback Survey		
Survey Questions	**KanCare Providers' Responses**	**Key Themes**
2. In the last 12 months, what successes or barriers have you had with coordinating care between physical and behavioral health for your KanCare patients with an SUD? (Total Responses: 16)	**Successes:** • None (3 responses). • Only we reach out to do so. • As a provider I took it up and I help my patient with appointment for their physical care. • Primary care provider appointments. • Yes. • Case management have helped me get extra care for my clients. • We are successful with internal coordination. • Improved crisis response. • Unsure. • N/A. • Unknown. **Barriers:** • None (3 responses). • Not easier to get an appointment. • no staff, program flailing. • Transportation to appointments. • The issues have been more with providers than KanCare. • There is lack of communication with external coordination. • Lack of adequate staffing at CMHCs. • We cannot get doctors to return phone calls or show much interest in this issue. • Common health information systems, 24 CFR issues with health exchanges. • Lack of response from providers. • No KanCare clients. • Unsure. • I really have not had any contact to comment.	**Successes:** • Some respondents indicated they did not encounter any successes with care coordination between physical and behavioral health for your KanCare patients with an SUD. Couple of respondents indicated they themselves did care coordination for their patients. • Successes indicated by few providers include: ○ Primary care provider appointments. ○ Helped in extra care of the clients. ○ Success with internal coordination. ○ Improved crisis response. **Barriers:** • Some respondents indicated they did not encounter any barriers with care coordination between physical and behavioral health for your KanCare patients with an SUD, however several indicated encountering barriers. • Barriers indicated by the providers include: ○ Issues related to providers: ▪ Not easy to get appointments. ▪ Lack of communication with external coordination. ▪ Lack of interest from doctors. ▪ No follow-up from doctors. ○ Lack of adequate staffing at CMHCs. ○ Transportation to appointments. ○ Common Health Information Systems, issues with health exchanges.

Table E.6. Stakeholder Feedback on Milestone 6: Improved Care Coordination and Transitions between Levels of Care – *Continued*		
SUD Provider Associations' Feedback – Results of the SUD Provider Associations' Feedback Survey		
Survey Questions	**SUD Provider Associations' Leadership Responses**	**Key Themes**
1. What successes or barriers do providers experience participating in coordination of care for KanCare members with an SUD and co-occurring physical or mental health condition? (Total Responses: 1)	**Successes:** • We are fortunate to have a full service facility to refer to for mental health and physical health needs. **Barriers:** • No response provided.	**Successes:** • Availability of full service facility for referral for mental health and physical health needs. **Barriers:** • No response provided.

Appendix F

Mid-Point Assessment of the KanCare 2.0 Section 1115 Substance Use Disorder (SUD) Demonstration

Activity Period – January 2019 to December 2021

KanCare MCO's Feedback

Mid-Point Assessment of the KanCare 2.0 Section 1115 Substance Use Disorder (SUD) Demonstration Implementation Plan – KanCare MCO Feedback on Demonstration Progress

The following information on the KanCare MCOs' feedback related to the SUD Demonstration services gathered through an online KanCare MCO' Feedback Survey conducted from August 18, 2021 through Sept 03, 2021. The Survey link was emailed to staff of the three KanCare MCOs with the request to complete the survey. The Survey was comprised of nine open-ended questions. Three respondents completed the survey. Information from all responses were combined into key themes. The responses from the KanCare MCO Feedback Survey and associated key themes are included in Tables F1-F6 below:

Table F.1. KanCare MCOs Feedback on Milestone 1: Access to Critical Levels of Care for OUD and Other SUDs

Results of the KanCare MCO Feedback Survey

Survey Questions	KanCare MCOs' Responses	Key Themes
1. How have changes in the KanCare program since January 2019 affected the access to critical levels of care for Opioid Use Disorder (OUD) and other Substance Use Disorders (SUDs), for KanCare members? (Total Responses: 3)	• The MAT policy has had a significant positive impact on our MCO's ability to ensure access to methadone treatment as these services were not previously covered. The addition of telehealth in response to COVID for SUD peer support, counseling, IOP to allow for continued access to these services. The SUD Service Request form recently developed has allowed for greater consistency in clinical information provided by SUD IOP and residential providers. • Improved with the coverage of MAT. • Adding the OTO and OBOT codes has helped our members get the MAT services they need through Medicaid.	• Access improved with the coverage of MAT. • Impact of telehealth services: o Addition of OTO and OBOT codes improved members get the MAT services they need through Medicaid. o Addition of telehealth services for SUD peer support, counseling, and IOP allowed continued access to these services. • The new SUD Service Request Form improved consistency in clinical information provided by SUD IOP and residential providers.
2. What successes or barriers have your MCO encountered in getting KanCare members who are identified as having an OUD or another SUD into the right level of care? (Total Responses: 3)	**Successes:** • Development of telehealth pilot with CKF Addiction Tx is anticipated to address barriers. Our MCO's care coordination staff has done excellent work at the individual level, with minimal interruption despite COVID restrictions. SUD providers have remained highly committed to serving members through pandemic, making adjustments to ensure member safety. • Advocacy for the appropriate level of care with providers. • Collaboration and partnership with our SUD providers. Being innovative in their approaches to treatment to overcome barriers. **Barriers:** • Shortage in SUD residential beds creates waitlists for members that need services urgently. That SUD services remain siloed to other areas (physical health, dual diagnosis) of the member's care. • Thin network for SUD treatment at certain levels of care. • Lack of adequate staffing and MAT certified providers.	**Successes:** • Telehealth pilot anticipated to address barriers. • Advocacy for the appropriate level of care with providers. • Collaboration and partnership with our SUD providers. • Use of innovative approaches to treatment to overcome barriers. **Barriers:** • Inadequate capacity: o Thin network for SUD treatment at certain levels of care. o Lack of adequate staffing. o Lack of MAT certified providers. o Shortage of beds. o Waiting lists for urgently needed services. o SUD services remained not connected to other areas (physical health, dual diagnosis) of the member's care.

Table F.2. KanCare MCOs Feedback on Milestone 2: Use of Evidence-based, SUD-specific Patient Placement Criteria		
Results of the KanCare MCO Feedback Survey		
Survey Questions	**KanCare MCOs' Responses**	**Key Themes**
1. Has the use of the revised SUD-specific Patient Placement Criteria improved the process of placing the members with an SUD in the appropriate level of care? (Total Responses: 3)	• Yes, it has been successful at facilitating HRADAC, SACK, and other assessment centers placement into appropriate levels of SUD care. • Yes, we removed the prior authorization request that was part of the Patient Placement Criteria and retained the ASAM levels of care criteria for determining medical necessity. • Unsure.	• Two MCOs indicated the use of the revised SUD-specific Patient Placement Criteria had improved the process of placing the members with an SUD in the appropriate level of care is seen with the use of the revised SUD-specific Patient Placement Criteria, whereas one MCO responded as unsure. • Prior authorization request that was part of the Patient Placement Criteria is removed • The ASAM levels of care criteria for determining medical necessity are retained.
2. Describe any successes or barriers in implementing the revised Patient Placement Criteria. (Total Responses: 3)	**Successes:** • As noted with previous question, it appears to have achieved the goal it was designed for. • We standardized the criteria across all MCOs and Block grant managed care. • Unsure. **Barriers:** • This has not presented issues for our MCO. • No all providers are using the format for requesting services, often attaching their own clinical documents. We don't have a way to collect data that is required in our contract, i.e. pregnant and using, IV drug using, etc. • Unsure.	**Successes:** • Two MCOs indicated successes in implementing the revised Patient Placement Criteria, whereas one MCO responded as unsure. • The reported successes include: ○ Revised Patient Placement Criteria achieved the goal it was designed for. ○ The criteria across all MCOs and Block grant managed care are standardized. **Barriers:** • The responses of MCOs with regard to the barriers encountered in implementing the revised Patient Placement Criteria were very different. One MCO indicated not encountering any barriers, one MCO reported barriers, whereas one MCO reported to be unsure. • The reported barriers include: ○ Use of different formats by the providers for requesting services. ○ Inability to collect data required in the contract.

Table F.3. KanCare MCOs Feedback on Milestone 3: Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities		
Results of the KanCare MCO Feedback Survey		
Survey Questions	**KanCare MCOs' Responses**	**Key Themes**
1. Describe any barriers or challenges to implementing and monitoring compliance with new licensure requirements for providers of SUD services, including Institute of Mental Disorders (IMDs) and Medication-Assisted Treatments (MATs)? (Total Responses: 3)	• No unique challenges noted to these new licensure requirements. • We haven't run into any. It is unclear whether the SUD facilities with beds over 16 are included in IMD and why Medicaid is paying for those if they are considered IMDs. • Unsure.	• The responses of MCOs with regard to the challenges or barriers encountered to implementing and monitoring compliance with new licensure requirements for providers of SUD services were very different. One MCO indicated not encountering any barriers, one MCO reported barriers, whereas one MCO reported to be unsure. • The reported barriers include: ○ Lack of clarity regarding whether the SUD facilities with beds over 16 are included in IMD and why Medicaid is paying for those if they are considered IMDs.
2. What changes have you noticed due to the new requirements. For example, has it brought new or different kinds of providers into the market? (Total Responses: 3)	• Specific to OTPs, we have brought new providers and in general we have seen increased engagement with these providers. • We have since a small increase in providers but nothing significant. • Unsure.	• Two MCOs indicated noticing changes due to the new requirements, whereas one MCO reported being unsure. • Reported changes include: ○ Small increase in providers seen. ○ New providers specific to outpatient services added. ○ Increased engagement of providers.

Table F.4. KanCare MCOs Feedback on Milestone 4: Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD		
Results of the KanCare MCO Feedback Survey		
Survey Questions	**KanCare MCOs' Responses**	**Key Themes**
1. Describe any successes or barriers to increasing access to MAT providers. (Total Responses: 3)	**Successes:** ○ Getting OTP in our MCO network and building them into our systems. ○ Increasing number of methadone clinics in network. ○ Providers and members are appreciative of adding those services under Medicaid. **Barriers:** • Limited number of Suboxone prescribers. Complexity of measuring MAT as a full service and not just as prescriptions/medications. • Struggle to increase the network. • Lack of certified providers.	**Successes:** • Increasing number of methadone clinics in network. • Providers and members are appreciative of adding those services under Medicaid. **Barriers:** • Inadequate capacity: ○ Struggle to increase the network. ○ Lack of certified providers/ limited number of Suboxone prescribers. • Billing issues: ○ Complexity of measuring MAT as a full service and not just as prescriptions/medications.

Table F.5. KanCare MCOs Feedback on Milestone 5: Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD		
Results of the KanCare MCO Feedback Survey		
Survey Questions	**KanCare MCOs' Responses**	**Key Themes**
1. How is your MCO accessing K-TRACS for case management or performance monitoring? (Total Responses: 3)	• Utilizing for review and referral related to member restriction/lock in program and opioid management. • We are not at this time. • Unsure.	• Only one MCO reported accessing K-TRACS for case management or performance monitoring and indicated utilizing for review and referral related to member restriction/lock in program and opioid management. • One MCO indicated not using it and another indicated being unsure.

Table F.6. KanCare MCOs Feedback on Milestone 6: Improved Care Coordination and Transitions between Levels of Care		
Results of the KanCare MCO Feedback Survey		
Survey Questions	**KanCare MCOs' Responses**	**Key Themes**
1. What are the successes or barriers to coordinating care for members with an SUD and co-occurring physical or mental health conditions among those with an SUD? (Total Responses: 3)	**Successes:** • MCO's internal teams via service coordinators, case coordination between MDs, case rounds, and special staffing continue to fill the gaps between service needs and connect members to appropriate physical, psychiatric, and SUD treatment. • Increased work with case management and discussion at rounds. • Since we only get prior authorization requests for higher levels of care, that is the population that we focus on. It is often difficult to reach members who are homeless, transient. **Barriers:** • Lack of SUD providers available to concurrently address these conditions. As an example, it is not uncommon for a member to be told they need to address physical health concerns before addressing SUD concerns and vice versa. The presence of addiction issues or active drug use makes determining effective treatment difficult in a psychiatric and/or inpatient context. • Provider acceptance in their units for these members. • Homelessness, eligibility changes, poor contact information.	**Successes:** • MCO's internal teams coordinated care with MDs and continued to fill the gaps between service needs and connect members to appropriate physical, psychiatric, and SUD treatment. • Increased work with case management and discussion at rounds. • Get prior authorization requests for higher levels of care only. • Focus on populations for higher levels of care **Barriers:** • Lack of SUD providers available to concurrently address co-occurring physical or mental health conditions leading to following issues: o Members usually asked to get physical health concerns addressed before addressing SUD concerns and vice versa. o The presence of addiction issues or active drug use makes determining effective treatment difficult in a psychiatric and/or inpatient context. • Barriers are seen providing care to members who are transient or homeless. The barriers include: o Difficult to reach these members. o poor contact information. o Eligibility changes o Difficult to get provider acceptance of these members.

Appendix G

Mid-Point Assessment of the KanCare 2.0 Section 1115 Substance Use Disorder (SUD) Demonstration

Activity Period – January 2019 to December 2021

Abbreviation List

List of Abbreviations	
Abbreviation	***Description***
AHEC	Area Health Education Center
ASAM	American Society of Addiction Medicine
BHAK	Behavioral Health Association of Kansas
BJA	Bureau of Justice Assistance
BSRB	Behavioral Sciences Regulatory Board
CDC	Centers for Disease Control and Prevention
CMHC	Community Mental Health Center
CMS	Centers for Medicare & Medicaid Services
COVID-19	Coronavirus
DY	Demonstration Year
ED	Emergency Department
EHR	Electronic Health Record
EQRO	External Quality Review Organization
FQHC	Federally Qualified Health Center
FUA-AD	HEDIS® measure Follow-up after ED Visit for Alcohol or Other Drug Dependence
FUM-AD	HEDIS® measure Follow-up after Emergency Department Visit for Mental Illness
GAR	Grievances and Appeals Reporting
HCBS	Home and Community-Based Services
HEDIS®	Healthcare Effectiveness Data and Information Set
IET	HEDIS® measure Initiation of Alcohol, Opioid and Other Drug Abuse or Dependence Treatment
IMD	Institution for Mental Disease
IOP	Intensive Outpatient Program
IT	Information Technology
KAAP	Kansas Association of Addiction Professionals
KCPC	Kansas Client Placement Criteria
KDADS	Kansas Department of Aging and Disability Services
KDHE-DHCF	Kansas Department of Health and Environment, Division of Health Care Finance
KFMC	KFMC Health Improvement Partners
KSURS	Kansas Substance Use Reporting Solution
KUMC	University of Kansas Medical Center
MAT	Medication Assisted Treatment
MCO	Managed Care Organization
MD	Doctor of Medicine
MME	Morphine Milligram Equivalents
MPI	Master Patient Index

List of Abbreviations	
Abbreviation	***Description***
OD2A	Overdose Data to Action
OUD	Opioid Use Disorder
PDMP	Prescription Drug Monitoring Program
PIP	Performance Improvement Project
Q	Quarter
SAMHSA	Substance Abuse and Mental Health Services Administration
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SOR	State Opioid Response
SUD	Substance Use Disorder

MID-POINT ASSESSMENT RESPONSES TO FINDINGS AND RECOMMENDATIONS

1115 SUBSTANCE USE DISORDER MEDICAID WAIVER DEMONSTRATION

KANSAS DEPARTMENT FOR AGING AND DISABILITY

Activity Period: January 2019 – December 2021

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Executive Summary

KanCare, the Kansas statewide mandatory Medicaid managed care program, was implemented January 1, 2013, under authority of a waiver through Section 1115 of the Social Security Act. The initial demonstration was approved for five years, with a subsequent one-year extension. The KanCare 1115 Substance Use Disorder (SUD) Demonstration Implementation Plan for the period of January 1, 2019, through December 31, 2023.

The Implementation Plan outlines the State's strategy to provide a full continuum of services for SUD treatment to KanCare members. It is in alignment with the overall KanCare goals that were designed to provide efficient and effective health care services and to ensure coordination of care and integration of physical health (PH), behavioral health (BH), and Home and Community Based Services (HCBS). KanCare provides access to all critical levels of care for SUD and opioid use disorder (OUD). The three KanCare managed care organizations (MCOs) provide access to a range of services across much of the American Society of Addiction Medicine (ASAM) levels of care. The spectrum of care – which includes outpatient treatment, peer recovery, intensive outpatient services, medication assisted treatment (MAT), intensive outpatient services, withdrawal management, and residential treatment – is provided to eligible Medicaid and Children's Health Insurance Program, or CHIP, recipients who need SUD or Opioid Use Disorder (OUD) treatment. In addition, all members ages 19 through 64 have access to additional covered services, including SUD treatment services provided to individuals with SUD who are short-term residents in residential treatment facilities that meet the definition of an IMD. Since 2020, KanCare covers methadone for MAT as required by the Substance Use Disorder Prevention that Promote Opioid Recovery and Treatment for Patients and Communities, or SUPPORT, Act. Through the Implementation Plan, Kansas requires all inpatient residential treatment centers, including all those previously excluded as Institutions for Mental Disease (IMDs), to provide access to MAT through direct provision or by coordinated referral and treatment initiation to a MAT provider. This requirement was implemented through State policy instead of the initially planned licensing requirement.

KanCare requires the provision of person-centered case management, as a one-on-one goal-directed service for individuals with a SUD, to assist in obtaining access to needed family, legal, medical, employment, educational, psychiatric, and other services. This service must be a part of the treatment plan developed and determined medically necessary by the MCO.

Recommendations for Adjustments in the State's Implementation Plan or to Pertinent Factors to Support Improvement in Demonstration

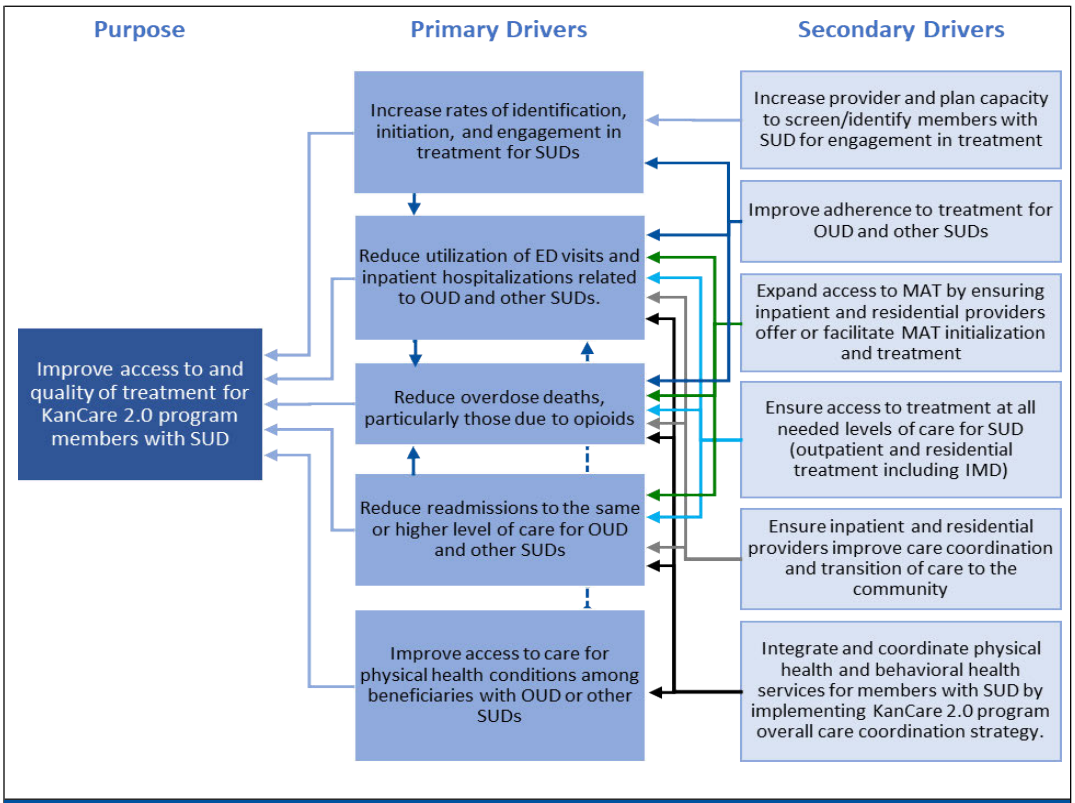
KFMC Health Improvement Partners (KFMC), under contract with the Kansas Department of Health and Environment (KDHE), Division of Health Care Finance (DHCF), serves as the External Quality Review Organization (EQRO) for KanCare, the Medicaid Section 1115 Demonstration Program that operates concurrently with the State's Section 1915(c) Home and Community-Based Services (HCBS) waivers. The Substance Use Disorder (SUD) Demonstration Implementation Plan is in alignment with the goals and objectives of the KanCare program and outlines the State's strategy to provide a full continuum of services for SUD treatment to KanCare members.

KanCare 1115 SUD Goals

Kansas uses the 1115 demonstration authority to pursue the following goals to improve access to and quality of treatment for KanCare program members with SUD:

1. Increased rates of identification, initiation, and engagement in treatment for OUD and other SUDs.
2. Reduced utilization of emergency departments (Eds) and inpatient hospital settings for OUD and other SUD treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services.
3. Reduction in overdose deaths, particularly those due to opioids.
4. Fewer readmissions to the same or higher level of care where readmissions are preventable or medically inappropriate for OUD and other SUDs.
5. Improved access to care for physical health conditions among members with OUD or other SUDs.

The following driver diagram for the overall SUD goals shows the relationship between the goals purpose, the primary drivers that contribute directly to achieve the purpose, and the secondary drivers necessary to achieve the primary drivers.



KanCare 1115 SUD Demonstration Driver Diagram

Kansas thanks the KFMC Health Improvement Partners Independent Assessor (IA), for the thoughtful assessment it has conducted as part of the KanCare Mid-Point Assessment, and associated mitigation strategies as well as policy opportunities it has identified for KanCare. As Kansas reviews these recommendations, it has considered the following methodological features of the MPA:

- The IA used multiple data sources to conduct the mid-point assessment of the SUD Demonstration. A range of documents were used such as: data reports and workbooks, SUD Member Satisfaction Survey reports, supplemental information on action updates provided by KDADS staff and updates on action items of the IT Plan documentation provided by KDADS and Kansas Board of Pharmacy staff.

- The activity period covered by the MPA is January 2019 to December 2021 of the KanCare 2.0 Section 1115 SUD Demonstration.

The SUD Demonstration Monitoring Protocol included the following six milestones:

Milestone 1	*Access to Critical Levels of Care for Opioid Use Disorder (OUD) and Other SUDs.*
Milestone 2	*Use of Evidence-based, DUD-specific Patient Placement Criteria.*
Milestone 3	*Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities.*
Milestone 4	Sufficient Provider Capacity at Critical Levels of Care including Medication Assisted Treatment (MAT) for OUD.
Milestone 5	*Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD.*
Milestone 6	*Improved Care Coordination and Transitions between Levels of Care.*

Given these methodological features of the MPA, Kansas provides the following responses to the various recommendations made by the IA, as it had similarly identified many of these areas as opportunities for action. As a result, Kansas has made significant progress on these recommendations during the period covered by the MPA. This progress is documented below, organized according to the milestones and recommendations categories set by the IA.

> Many of the identified implementation challenges and metrics which have not moved in the hypothesized directions may be partly due to factors out of the state's control, such as the COVID-19 pandemic. In particular, the pre-post design of comparing outcomes from the baseline year of 2019 to the demonstration year of 2020 is susceptible to bias of outlying years, which 2020 may very well be. We would appreciate if the state could provide greater insight on which implementation challenges and metrics outcomes, if any, may require further action or mid-course corrections in response to the challenges of the pandemic.

State's Response: COVID-19 continued to impact utilization during this period.

- COVID-19 impact:
  - Early intervention Metric #6 – Stay at home orders were put in place, schools did not meet in person, clients were not easily accessible for implementation of early interventions
  - Outpatient Services Metric #8 and Intensive Outpatient and Partial Hospitalization Services Metric #9 – Stay at home orders were put in place, additional hospital space was needed for immediate COVID needs, telehealth was new to many practitioners and presented challenges such as broadband availability
  - Medicaid Beneficiaries Treated in Institutions for Mental Disease IMD for SUD Metric #5 and Residential and Inpatient Services Metric #10 - Reducing people to one per room versus two to accommodate social distancing and quarantine
  - Emergency Department Services - Majority of patients with COVID-19 symptoms entering Eds, staffing shortage due to illness, and shifting of responsibilities
  - Court Closures – Resulting in reduced referrals
  - Facility Closures – Cleaning due to staff or patient illness

- Workforce Shortage in Kansas
  - Change in job focus – Reduced job recruitment to meet immediate needs
  - Median average wage lower in Kansas than other parts of the United States

Milestone 1: Access to critical levels of care for opioid use disorder and other substance use disorders.

Strategies should be identified and implemented to improve the use of early intervention services (SBIRT) and outpatient services among members with SUD. The improvement in the appropriate use of these levels of care will assist in reducing the burden on providers and facilities providing higher levels of care. *Reference #2 on KFMC recommendations*

State's Response: In Kansas KanCare MCOs are contractually required to use American Society of Addiction Medicine (ASAM) criteria for all SUD treatment which is used to determine the appropriate level of care across the continuum. KanCare network adequacy standards address issues such as timely access standards for the initiation of service as well as and distance between home address and provider location.

As KDADS identifies additional strategies appropriate for intervention services, in tandem with KSURS the challenge on providers and residential facilities will lessen. Please see early intervention and outpatient services policies BHS/MCO 503 and BHS/MCO 504 below for more information on screening tools

Milestone 2: Use of evidence-based, substance use disorder specific patient placement criteria.

There was not a recommendation specific to milestone 2.

Milestone 3: Use of nationally recognized substance use disorder specific program standards to set provider qualifications for residential treatment facilities.

Strategies should be identified and implemented for provider network expansion, capacity building among providers by establishing the avenues for trainings and skill - building opportunities and improving the system processes associated with provider licensing and credentialing. *Reference #1 on KFMC recommendations*

> **State's Response:** Strategies identified for network growth enhancement and expanding SUD services:
>
> - **Medication Assisted Treatment MAT** – The Controlled Substances Act CSA, was passed in part to improve access to treatment for opioid use disorder OUD by allowing practitioners to dispense certain opioid treatment medications. By addressing perceived barriers around prescribing buprenorphine by exempting them from the certification requirements. There by increasing the availability of MAT and help address barriers to care for OUD. Although this law was already in place, COVID 19 amplified the need for additional MAT providers via telehealth and the waiver helped with this. In 2019 there were (19) MAT providers, licensed to provide service in Kansas. In 2021 the number had increased to (47). However, currently that number does not reflect Medicaid providers. We are hopeful that are continued work with MCOs on provider network expansion, capacity building and licensed Medicaid providers will become more robust as well.
> - **Residential treatment provider qualifications in licensure requirements –** As KDADS works with the MCOs on ASAM criteria screening tools, we have recognized work to be done around clear, defined credentialing standards for these facilities. Revisions of the licensing standards will continue as needed.
> - **State process for review of providers to ensure compliance with standards** – As KDADS works to examine the state process for reviewing compliance, the need for an updated licensing survey tool is apparent as stated in the implementation plan.
>
> Through our ongoing work with the MCOs and Certified Community Behavioral Health Clinics CCBHC we have begun to identify avenues for training and skills development for all providers.

KDADS reported that three out of five planned action items for Milestone 3 were not completed yet. Also, no updates were provided indicating any progress was made in this regard. These action items are the development and use of ASAM program criteria compliant credentialing standards for residential care by all MCOs within 12 months; revision (as needed) of licensing standards for residential care to

State's Response: Much of this question was addressed in the verbal conversation/meeting between KDADS, KDHE and KFMC online but internally as the conversation continued, additional details were pointed out. We always start by using ASAM criteria as the basis of our clinical criteria.

- Development and use of ASAM criteria compliant credentialing standards
    - **Residential Care -** KanCare will require inpatient and residential providers to offer or facilitate MAT initialization and treatment for all who meet the need criteria and choose treatment. KDADS has created a draft policy that is addressing this. Once the policy is in place, implementation will begin.
    - **Update Licensing Survey Tool –** Updates to the licensing survey tool that would examine provider compliance with any new program standards (e.g., types of services offered, hours of clinical care, staff credentials)

Providers reported concerns with the delays in issuing licenses by the licensing agency and credentialing by the MCOs. KDADS and the MCOs should evaluate the licensing and credentialing procedures to address identified issues. This will also help in reducing burden on providers and issues with network adequacy. *Reference #4 on KFC recommendations*

State's Response: Stakeholder feedback Table E.3 of the KFMC reports indicates Kansas Behavioral Sciences Regulatory Board BSRB is taking too long to issue licenses and delays in credentialing staff by the MCOs. KDADS will follow up with BSRB and the MCOs to express concerns around licensing procedures and timeframes for credentialing.

Milestone 4: Sufficient provider capacity of critical levels of care including medication assisted treatment for opioid use disorder.

One MCO respondent indicated lack of clarification on IMD capacity definition and reason for use of Medicaid as payment for IMD services. A discussion with MCOs to improve their understanding in this regard will assist KDADS in ensuring availability of services in IMDs for members with SUD issues. *Reference #5 in KFMC recommendations*

State's Response: SUD Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act, also known as the SUPPORT for Patients and Communities Act (Pub. L. 115-271). Section 5052 of the SUPPORT for Patients and Communities Act amended the Institution for Mental Diseases (IMD) exclusion and established a new section 1915(l) of the Social Security Act to include a state plan option to provide services to Medicaid beneficiaries age 21 through 64 who have at least one SUD diagnosis and reside in an eligible IMD from October 1, 2019 through September 30, 2023.

"An IMD is defined in section 1905(i) of the Act as a "hospital, nursing facility, or other institution of more than 16 beds, that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services." Although the SUPPORT for Patients and Communities Act provides for a clear definition of IMD, the capacity of the IMD is less clear.

KDADS will continue discussions with MCOs to improve their understanding of IMD capacity and the importance of insuring Medicaid as payment for IMD service.

The action item planned for Milestone 4 directed towards revision and placement of network adequacy standards for MAT was not completed. KDADS should develop collaborative activities with KDHE along with a timeline for their implementation to address this action item for completion of the milestone by December 31, 2023. *Reference #6 on KFMC recommendations*

State's Response: Medication Assisted Treatment MAT is an effective method for OUD. Access to the treatment is expanding in Kansas as more practitioners become certified to treat patients with a combination of behavioral therapy, counseling, and medication. Treatment goals range from harm reduction of ongoing use to sustained recovery with abstinence from all substances.

KDADS meets with KDHE, KDADS SOR Program Director and contracted MCOs to address the revision and placement of network adequacy standards for MAT. Activities include:

- MAT services gaps in rural, frontier areas of the state
- Reduce stigma around telehealth care
- Provide an overview of plans that would improve Medicaid Beneficiary access to treatment for all critical levels of care
- Encourage MCOs to promote the expansion of buprenorphine waivered practitioners

Milestone 5: Implementation of comprehensive treatment and prevention strategies to address opioid abuse and opioid use disorder.

Only one MCO indicated accessing K-TRACS for case management or performance monitoring and indicated utilizing it for review and referral. KDADS review is needed to assess the issues or challenges encountered by the MCOs to ensure the optimal use of K-TRACS by all three MCOs across the state. *Reference #7 on KFMC recommendations*

State's Response: KDADS followed up with the pharmacy board on this recommendation their response is stated below. One barrier identified in the assessment relates to the misconception that only MD providers can access K-TRACS. Instead, K-TRACS can be accessed by practitioners as defined in K.S.A. 65-1682. Prescribers include physicians (MDs and DOs), nurse practitioners, physician assistants, dentists, podiatrists, and optometrists. Nurses (RNs and LPNs) and other state-licensed medical support staff can be appointed as delegates to these prescribers to access K-TRACS on their behalf.

Additionally, only controlled substance prescriptions and drugs of concern dispensed to Kansas patients in an outpatient setting are reported to K-TRACS. The program cannot be used to monitor patients in residential treatment settings since the medications they use in those settings are not reported to K-TRACS. This may create an additional barrier to use for some types of treatment providers, but K-TRACS can be used to monitor patients receiving outpatient treatment services to ensure those patients are not receiving additional medication from other providers that may interfere with their treatment plan.

MCOs are also allowed to access K-TRACS for case management purposes, as described in K.A.R. 68-21-5 Medicaid users have restricted access to the K-TRACS database and can only make requests for patients receiving program services. These requests must be approved by a K-TRACS administrator to ensure limited and appropriate access to confidential patient information. As of April 15, 2022, nine individuals representing the Kansas Medicaid Program had active K-TRACS accounts.

To address these barriers, K-TRACKS is working to expand capabilities for easier access of services for all prescribers in Kansas through the PDMP Gateway. This statewide integration system will increase availability and use of a patient's prescription history for ease of making critical dispensing decisions.

Some providers have reported encountering technical difficulties in using K-TRACS. A process should be developed to assist providers in resolving these issues in a timely manner. Also, the existing training process should be reviewed to ensure providers receive needed training to use K-TRACS. Reference #8 on KFMC Recommendations

State's Response: KDADS followed up with the pharmacy board on this recommendation their response is stated below. K-TRACS strives to improve the user experience of its information to promote increased utilization. Mechanisms have been put in place to improve "user friendliness".

- K-TRACS can be contacted for technical support and training needs anytime at pmpadmin@ks.gov or 785-296-6547
- Several quick tutorial videos are available on the K-TRACS website at https://pharmacy.ks.gov/k-tracs/prescribers/prescriber-tutorials
- K-TRACS has made a continuing education module available for prescribers and pharmacists. More information is available at https://pharmacy.ks.gov/k-tracs/using-k-tracs/continuing-education

Mandatory K-TRACS registration was not implemented by K.A.R. 68-21-7 as described in the assessment. The cited regulation describes the drugs of concern that are required to be reported to the PDMP in addition to scheduled substances. Kansas does not have mandatory registration or use for the PDMP.

Considering most of the respondents to the SUD provider feedback said they were not registered with K-TRACS, it is difficult to assess prevalence and specifics of "technical difficulties" described.

K-TRACS is a database of prescription information, and while technical difficulties can arise due to the very nature of the database, staff work to resolve the issues as quickly as possible internally or by escalating to its vendor, Bamboo Health.

It is unclear to what technical difficulties users may have been referring. However, past user survey data indicates that:

- 90% of users believe it is easy to register for a K-TRACS account.
- 88% of users reported experiencing no downtime or technical issues when using K-TRACS.
- 95% of users report it is easy to obtain information about their patients' controlled substance prescription history in K-TRACS.

The survey was conducted in 2020. One of the barriers identified by survey respondents was the frequency of password changes. As a result, the program changed its password reset requirements from every 90 days to every 180 days to reduce the burden on practitioners.

Milestone 6: Improved care coordination and transitions between levels of care.

KDADS reported not completing the planned action items for Milestone 6. These action items are directed towards implementation of policies to ensure residential and inpatient facilities link beneficiaries with community-based services and supports following stays in these facilities and establishing additional policies to ensure coordination of care for co-occurring physical and mental health conditions. The action items mentioned in the Implementation Plan are vague and need to be redesigned in a detailed and clear manner with measurable objectives and process indicators for monitoring their progress. The review of these action items, identifying barriers and challenges in their implementation and progress, and development of detailed activities along with a timeline for their completion is needed. The needed adjustments in the action items for this milestone in the Implementation Plan should be made as soon as possible to ensure the completion of the milestone by December 31, 2023. *Reference #9 on KFMC Recommendations.*

State's Response: Through the work of the State Opioid Response Grant SOR, much work has been done to lay the groundwork for success moving forward. SOR I provided the opportunity to access 24 providers statewide which delivered SUD services to (3,804) unduplicated clients. With this success, expansion occurred and in SOR I & II we went from the original (4) providers to develop a much larger network, Kansas has over 200 physicians, nurse practitioners and physician assistants currently trained in MAT (SAMHSA); 60% are in metropolitan counties and 40% practice in rural counties. By bringing all providers under an expanded network, it allows for better communication, increased care coordination, and expanded MAT statewide.

In 2021, Kansas Governor Laura Kelly signed Senate Substitute for House Bill 2208, laying the groundwork for the most significant transformation of the Kansas community mental health system in decades. The bill establishes a new model for providing behavioral health services—the Certified Community Behavioral Health Clinic CCBHC. The signing of this bill makes Kansas the first state to pass legislation identifying the CCBHC model as a solution to the mental health and substance use crisis.

CCBHC is an outpatient, integrated care model incorporating care coordination and utilizing a cost-based payment methodology. The goals of the CCBHC program in Kansas are to

- Increase access to community-based mental health and SUD services (particularly to under-served communities)
- Advance integration of behavioral health with physical health care; and
- Improve utilization of evidence-based practices on a more consistent basis.

We have made great strides but there is still work to be done moving forward. Through the work of KDADS, KDHE, CCBHC, SOR program staff and MCOs updates will be made to the implementation plan to include measurable objectives and process indicators for any identified strategies.

Providers indicated concerns with inadequate MCO case management processes for members with an SUD, untrained MCO staff, lack of coordination between physical health and mental health providers and SUD providers, and lack of information regarding the case management and coordination of care processes that are in place as a part of the KanCare Program. Improvement of the MCOs' case management systems are needed. Measures should be developed and applied to ensure the MCOs address issues related to their care coordination strategies for members receiving SUD services. *Reference #10 on KFMC Recommendations*

State's Response: The Kansas External Quality Review Organization EQRO facilitates cross agency meetings with contracted MCOs to follow up on Performance Improvement Projects PIPs. KDADS and KDHE will work with the EQRO and SOR program staff to increase service coordination across the spectrum of care and link beneficiaries with community-based services and supports.

KanCare has policies and procedures for care coordination around SUD use that match the state contract for the MCOs, coordinating care with physical and behavioral health as well as community resources. Our SUD team refers members to our care coordination team when the members are discharging back to the community. We monitor and follow up with members who have ED visits that are SUD related with 72 hours of notification and follow up after hospitalization within 72 hours following SUD related inpatient stays. We track these efforts by our care coordinators through monthly internal reports.

The MCOs are currently conducting Performance Improvement Projects PIPs focused on food security, waiver employment, housing, and diabetes monitoring in members with schizophrenia to explore expansion of MCO care coordination to assist individuals with accessing housing, food, employment, and other social needs. The interventions designed for implementation of these PIPs could provide insights for assisting members receiving SUD services with accessing housing, food, employment, and other social needs. The possibility of stratifying the outcomes of interventions and overall Pip's outcomes for the member population should be explored with the MCOs and KDHE to evaluate the impact of these PIPs for members with SUD. Reference #11 from KFMC recommendatio

State's Response: The interventions designed for theses Performance Improvement Project PIPs Outcomes can be explored by MCOs and Kansas to determine the possibility of these PIPs for beneficiaries with SUD. Key themes for success: primary care provider appointments, help in extra care of the clients, success with internal coordination and improve crisis response.

Increasing employment for members in the I/DD, Physical Disability and Brain Injury waiver programs

- Partnering with employers to increase job opportunities for young adults in Project SEARCH
- Annual training for case managers on regional employment resources and employment incentive programs. Attendees will complete a pre and post survey to assure the training materials meet the case manager's needs

Providing housing resources for members who are homeless or at-risk of homelessness

- Provide financial support to add Community Health Workers at two urban and one rural health clinics to increase the use of billing codes to identify those who may have housing needs
- Member services will ask housing status questions to any member who calls Member Services for assistance with transportation issues. Members who report housing needs will be referred to a Housing Specialist

KFMC noticed issues in the data provided by KDADS for some of the metrics. These issues have been conveyed to KDADS for review. The resolution of these data issues is needed as soon as possible for analysis of these metrics for the SUD Demonstration's Interim Evaluation Report due January 1, 2023. *Reference #12 on KFMC recommendations*

State's Response: In follow-up to the notification to KDADS about the data discrepancies KDADS and KFMC met. All discrepancies conveyed to KDADS have been addressed and resolved. If needed, additional information is available upon request or if there are additional questions on a specific metric.

References

1. Kansas Department for Aging and Disability Services. Section 1115 Substance Use Disorder (SUD) Demonstration: Implementation Plan. KDADS: Topeka, KS. Submitted June 14, 2019; approved August 07, 2019.

2. Garner A. Approval letter for Kansas' Section 1115 Substance Use Disorder (SUD) Implementation Protocol. CMS: Baltimore, MD; 2019.

3. Medicaid Section 1115 SUD Demonstration Monitoring Protocol – Part B. Kansas – KanCare. Submitted on March 3, 2020.

4. KFMC Health Improvement Partners. KanCare 2.0 Interim Evaluation Report: Submitted on October 17, 2022.

Appendix A

Mid-Point Assessment of the KanCare 2.0 Section 1115 Substance Use Disorder (SUD) Demonstration

Activity Period – January 2019 to December 2021

Action Updates

The *action updates* for the specific criteria for the completion of the program milestones abstracted from the quarterly reports, the SUD Demonstration Baseline-Year2 Quarter 2 Report and the information provided by SUD Program staff are described below in Table A1-A6.

Table A.1. Action Updates for Milestone 1: Access to Critical Levels of Care for OUD and Other SUDs

Milestone Criteria	Current State	Future State	Summary of Actions Needed	Action Update	Status of Action Items
Criteria for completion of milestone	*Provide an overview of current SUD treatment services covered by the state in each level of care. For services currently covered in the state plan, list the benefit category and page location; for services currently covered in a demonstration, include the program name and Special Term and Condition number.*	*Provide an overview of planned SUD treatment services to be covered by the state in each level of care.*	*Provide a list of action items needed to be completed to meet milestone requirements, if any.*		• *Fully completed* • *Will be completed* • *May be completed* • *Not completed* • *Not Applicable*
Coverage of outpatient services	The State covers outpatient non-residential treatment consisting of group, individual, and/or family counseling, community psychiatric support, crisis intervention, and peer support. The State requires an individualized treatment plan, based on ASAM criteria, to be completed within 30 days of admission, updated every 90 days (*Kansas Medicaid State Plan 3.1-A, 13.d. Page I).*	No changes.	None	• Not Applicable. • Access to telehealth services were significantly expanded during DY2 Q2 through DY3 Q1 to accommodate public health measures related to the COVID-19 pandemic. • Implementation planning for program was done to provide targeted training to high-burden regions that integrates CDC best practices, K-TRACS (Kansas' prescription drug monitoring program) use and SBIRT.	• Not Applicable
Coverage of intensive outpatient services	Covered based on individualized plan and assessment tool that is based on ASAM criteria. Services delivered in regularly scheduled sessions of structured therapeutic activities that may include SUD educational didactic groups, group counseling, and individual counseling. *(Kansas Medicaid State Plan 3.1-A, 13.d. Page I)*	No changes.	None	• Not Applicable.	• Not Applicable

Table A.1. Action Updates for Milestone 1: Access to Critical Levels of Care for OUD and Other SUDs – *Continued*					
Milestone Criteria	**Current State**	**Future State**	**Summary of Actions Needed**	**Action Update**	**Status of Action Items**
Criteria for completion of milestone	*Provide an overview of current SUD treatment services covered by the state in each level of care.*	*Provide an overview of planned SUD treatment services to be covered by the state in each level of care: indicate whether planned services will be added to the state plan or authorized through the 1115.*	*Provide a list of action items needed to be completed to meet milestone requirements, if any.*		• *Fully completed* • *Will be completed* • *May be completed* • *Not completed* • *Not Applicable*
Coverage of medication assisted treatment (medications as well as counseling and other services with sufficient provider capacity to meet needs of Medicaid beneficiaries in the state)	Coverage includes Buprenorphine products and combo products with naloxone. The State restricts Methadone coverage to pain management. MAT counseling is provided. *(Kansas Medicaid State Plan 3.1-A, 13.d. Page I)*	KanCare will require inpatient and residential providers to offer or facilitate MAT initialization and treatment for all who meet the need criteria and choose treatment. KDADS will provide training and work with MCOs to build network capacity for MAT over the course of 2019. KanCare will study the issue of covering methadone for MAT use by September 30, 2019. The State is currently organizing those discussions currently with new agency leadership and will advise CMS as they progress. If the State decides to cover methadone for MAT use, it will issue a draft policy and begin related State Plan amendment process by the end of calendar year 2019.	Revision of KanCare MCO contracts and/or payment policies to require MAT care/ coordination in residential/ inpatient settings and education of the provider network. MCO credentialing of plans into the network and Payment live by 12-month mark.	• In DY2 Q2-DY3 Q1, focus was on increasing access to MAT through policy development: ○ The work done to develop policy establishing Methadone for OUD as a covered medication by KanCare. ○ A state plan amendment was completed, approved and the MCOs were notified of the coverage changes via bulletin. ○ MCO contracts were not modified. ○ Currently, State is reviewing the MCOs' contracts. ○ Outreach to existing opioid treatment providers regarding KanCare program enrollment done. • MCO credentialing of plans into the network and payment live by 12 month-mark. An increase in beneficiaries with claims for MAT seen. The number of MAT providers is still low and network adequacy concerns exist. • Activities done to increase access to MAT through provider training. Project ECHO series trainings developed on pain management and the early identification of SUD and referral processes. The trainings done for SUD primary care providers. • KanCare will require inpatient and residential providers to offer or facilitate MAT initialization and treatment for all who meet the need criteria and choose treatment. KDADS has created a draft policy. Once policy exits this, process will be implemented. • The state made significant changes to the State Opioid Response program, expanding the network of providers with access to grant funding for MAT. This initiative shares the demonstration goal of improving the continuum of care, but targets populations with different eligibility requirements than KanCare beneficiaries.	• Fully Completed

Current State	Future State	Summary of Actions Needed	Action Update	Status of Action Items
Provide an overview of current SUD treatment services covered by the state in each level of care.	*Provide an overview of planned SUD treatment services to be covered by the state in each level of care: indicate whether planned services will be added to the state plan or authorized through the 1115.*	*Provide a list of action items needed to be completed to meet milestone requirements, if any.*		• *Fully completed* • *Will be completed* • *May be completed* • *Not completed* • *Not Applicable*
Coverage of 24-hour medically directed evaluation and treatment services for SUD, with the availability of support services for co-occurring medical and mental disorders. (*Attachment #2, KMAP-SUD-PM)* The State currently covers ASAM levels 1, 2, 3.1, 3.3, 3.5, and 3.7 per the State Plan.	Coverage of SUD treatment includes IMDs with 16 or more beds that: (1) meet KDADS' licensing and certification requirements and (2) participate in MCO provider networks and meet appropriate credentialing requirements. Authorization for services will remain the same as MCOs' current procedure for residential SUD treatment (see Table 2 below).	Revision of Medicaid payment policies, and managed care contracts. Licensing and credentialing of IMDs as SUD residential providers by 12-month mark. Payment live by 12-month mark due to the time needed to license and credential IMDs as SUD providers.	• Revision of policies done. • SUD IMD coverage was completed in DY1.	• Fully Completed
Per the Medicaid State Plan, covered for individuals whose withdrawal signs and symptoms are sufficiently severe to require primary medical and nursing care services. Includes 24-hour observation, monitoring, and counseling. *(Attachment #2 KMAP-SUD-PM)*	No changes.	None	• Not Applicable	• Not Applicable

Table A.2. Action Updates for Milestone 2: Use of Evidence-based, SUD-specific Patient Placement Criteria					
Milestone Criteria	**Current State**	**Future State**	**Summary of Actions Needed**	**Action Update**	**Status of Action Items**
Criteria for completion of milestone	*Provide an overview of current SUD treatment services covered by the state in each level of care. For services currently covered in the state plan, list the benefit category and page location; for services currently covered in a demonstration, include the program name and Special Term and Condition number.*	*Provide an overview of planned SUD treatment services to be covered by the state in each level of care: indicate whether planned services will be added to the state plan or authorized through the 1115.*	*Provide a list of action items needed to be completed to meet milestone requirements, if any. Include persons or entities responsible for completion of each action item. Include timeframe for completion of each action item.*		• *Fully completed* • *Will be completed* • *May be completed* • *Not completed* • *Not Applicable*
Implementation of requirement that providers assess treatment needs based on SUD-specific, multi-dimensional assessment tools that reflect evidence-based clinical treatment guidelines	The KanCare criteria for treatment is a fidelity-based adaptation of the ASAM Patient Placement Criteria. Contracted KanCare MCOs require their network providers to use ASAM criteria to assess patient treatment needs. Providers submit a common form to the KanCare MCOs to request authorization for residential treatment services. Each MCO uses its own criteria based on ASAM to make a determination to authorize treatment.	KDADS will work with MCOs and providers to develop one standardized placement criteria that has fidelity to the ASAM placement criteria and uses a multi-dimensional assessment by 2021.	Revise the current Kansas State Approved Placement Criteria (currently not in use at the MCOs) with a new KDADS approved criteria, available online to both MCOs and all providers by 2021. All MCOs and providers will be required to use the revised assessment tool.	• The Kansas Client Placement Criteria (KCPC) system was replaced with the Kansas Substance Use Reporting Solution (KSURS) system. Providers and MCOs were required to use ASAM, while the state works to implement a new EHR system which will replace KCPC's assessment tool.	• Will be Completed, (but not in 2021).
Implementation of a utilization management approach such that (a) beneficiaries have access to SUD services at the appropriate level of care	KanCare MCO contracts require the implementation of a utilization management approach that ensures timely access to necessary services at the appropriate level of care. KanCare requires assessment, individual treatment plans and documentation of services. State monitoring of compliance is regular and ongoing. (*Attachment #3-Current KanCare Contract EVT 0001028, Sections 2.2.40-2.2.40.14)*	No changes.	None	• Not Applicable. • The ongoing and regular compliance review was done by the State.	• Not Applicable

Table A.2. Action Updates for Milestone 2: Use of Evidence-based, SUD-specific Patient Placement Criteria – *Continued*

Milestone Criteria	Current State	Future State	Summary of Actions Needed	Action Update	Status of Action Items
Criteria for completion of milestone	*Provide an overview of current SUD treatment services covered by the state in each level of care.*	*Provide an overview of planned SUD treatment services to be covered by the state in each level of care: indicate whether planned services will be added to the state plan or authorized through the 1115.*	*Provide a list of action items needed to be completed to meet milestone requirements, if any.*		• *Fully completed* • *Will be completed* • *May be completed* • *Not completed* • *Not Applicable*
Implementation of a utilization management approach such that (b) interventions are appropriate for the diagnosis and level of care	MCOs must have in place and follow, written policies, procedures, and practice guidelines for processing requests for prior authorization and authorization for requests for continuing services. The policies, procedures, and practice guidelines shall include requirements for use of the Kansas medical necessity definition and the ASAM criteria. (*Attachment #3-Current KanCare Contract EVT 0001028, Sections 2.2.40- 2.2.40.16)*	No changes.	None	• Not Applicable.	• Not Applicable
Implementation of a utilization management approach such that (c) there is an independent process for reviewing placement in residential treatment settings	MCOs are responsible for the development of utilization management for residential treatment. The State reviews and approves MCO utilization management policies. The State also monitors grievances and appeals. The decision or request shall be made by a health care professional who has appropriate clinical expertise in treating the Member's condition or disease. (*Attachment #3-Current KanCare Contract EVT 0001028, Sections 2.2.40- 2.2.40.16)*	No changes.	None	• Not Applicable	• Not Applicable

Table A.3. Action Updates for Milestone 3: Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities					
Milestone Criteria	**Current State**	**Future State**	**Summary of Actions Needed**	**Action Update**	**Status of Action Items**
Criteria for completion of milestone	*Provide an overview of current SUD treatment services covered by the state in each level of care.*	*Provide an overview of planned SUD treatment services to be covered by the state in each level of care:*	*Provide a list of action items needed to be completed to meet milestone requirements, if any.*		• *Fully completed* • *Will be completed* • *May be completed* • *Not completed* • *Not Applicable*
Implementation of residential treatment provider qualifications in licensure requirements, policy manuals, managed care contracts, or other guidance. Qualification should meet program standards in the ASAM Criteria or other nationally recognized, SUD-specific program standards regarding, in particular, the types of services, hours of clinical care, and credentials of staff for residential treatment settings	KDADS licenses all provider organizations delivering SUD services, including all residential treatment facilities (IMD and others). Licensing regulations include standards for program management, clinical hours, clinical and supportive services, staffing ratios, staff qualifications, facility regulations, medication control, treatment planning, record keeping, client rights, confidentiality, and quality improvement. *(Attachment #4 Standards for Licensure/ Certification of Alcohol and/or Other Drug Abuse Programs, rev. 1/1/06).* The standards need to be reviewed and revised to meet ASAM program criteria and other national standards (i.e. CARF). See Future State for goals regarding revision. The Kansas Behavioral Sciences Regulatory Board (KSBSRB) licenses individual (non-agency) Addiction Counselors as Licensed Addiction Counselors or Licensed Masters Addiction Counselors. Standards and procedures are set forth in KAS 65-6607-6620 and KSBSRB regulations 102-7-1:12. *(see https://ksbsrb.ks.gov).* Under KanCare contracts, MCOs are responsible for assuring the licensure and qualifications of providers according to the above established State licensure standards and Medicaid credentialing policies. *(Attachment #6 KanCare 2.0 RFP EVT 0005464- Attachment C- 3.0-SUD Services p. 11-13 and section 4.3.1.1.2-SUD Treatment and MAT p.14).*	KanCare contracts effective in on 1/1/19 and in subsequent years will specify ASAM program compliant (or other national standards i.e. CARF) as the credentialing standards for MCO provider agreements *(Attachment #5, Kansas Medicaid Managed Care (KanCare 2019) RFP EVT0005464 p.66-67).* The State will revise licensing standards within 12-24 months. To complete this step, the State will review MCO contract requirements for credentialing and is in the process of comparing current state licensing regulations to ASAM criteria to identify the extent of changes that will be required. Subsequently, the State will need to draft regulations for public comment and follow relevant state requirements before they are effective.	Implementation of KanCare contracts effective on January 1, 2019. Development and use of ASAM program criteria compliant credentialing standards for residential care by all MCOs within 12 months. Revision (as needed) of licensing standards for residential care to comply with ASAM program criteria and other national standards within 12-24 months.	• KanCare contracts implemented. • No action updates are available for other two action items.	• First Action Item: Fully Completed • Second Action Item: Not Completed • Third Action Item: Not Completed

Table A.3. Action Updates for Milestone 3: Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities – *Continued*					
Milestone Criteria	**Current State**	**Future State**	**Summary of Actions Needed**	**Action Update**	**Status of Action Items**
Criteria for completion of milestone	*Provide an overview of current SUD treatment services covered by the state in each level of care.*	*Provide an overview of planned SUD treatment services to be covered by the state in each level of care:*	*Provide a list of action items needed to be completed to meet milestone requirements, if any.*		• *Fully completed* • *Will be completed* • *May be completed* • *Not completed* • *Not Applicable*
Implementation of a state process for reviewing residential treatment providers to ensure compliance with these standards	KDADS completes initial and periodic licensing surveys every 1-3 years, depending on compliance. *(Attachment #4 Standards for Licensure/ Certification of Alcohol and/or Other Drug Abuse Programs, rev. 1/1/06 and Attachment #7 KDADS Licensing Surveyor Tool)*	KDADS reviews and licenses IMDs in accordance with the Current State column of this row. By the 12-month mark, MCOs will credential them in their networks according to credentialing policies that conform to ASAM program criteria or other national standards for staffing, hours, access, training, and other relevant standards.	Development and use of ASAM program criteria compliant credentialing standards for residential care by all MCOs within 12 months. Update of licensing survey tool to examine provider compliance with any new program standards (e.g., types of services offered, hours of clinical care, staff credentials) within 12-18 months.	• No updates available for both action steps.	• First Action Item: Not Completed • Second Action Item: Not Completed
Implementation of requirement that residential treatment facilities offer MAT on-site or facilitate access off site	There is currently no requirement that residential treatment facilities offer MAT on-site. The State requires them to assess and refer as appropriate.	KanCare will require residential treatment providers to assess clients and initiate MAT onsite for willing clients. To complete this step, the State will review MCO contract requirements for credentialing and is in the process of comparing current state licensing regulations to ASAM criteria to identify the extent of changes that will be required. Subsequently, the State will need to draft regulations for public comment and follow relevant state requirements before they are effective.	The State will update the licensing requirements within 12-24 months to require residential treatment providers to assess clients and initiate MAT onsite for willing clients. MCOs will implement provision by 18-month mark.	• KanCare will require inpatient and residential providers to offer or facilitate MAT initialization and treatment for all who meet the need criteria and choose treatment. KDADS created a draft policy that is addressing this. Once policy exits, this process it will be implemented.	• Will be Completed

Table A.4. Action Updates for Milestone 4: Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD					
Milestone Criteria	**Current State**	**Future State**	**Summary of Actions Needed**	**Action Update**	**Status of Action Items**
Criteria for completion of milestone	*Provide an overview of current SUD treatment services covered by the state in each level of care.*	*Provide an overview of planned SUD treatment services to be covered by the state in each level of care:*	*Provide a list of action items needed to be completed to meet milestone requirements, if any.*		• *Fully completed* • *Will be completed* • *May be completed* • *Not completed* • *Not Applicable*
Completion of assessment of the availability of providers enrolled in Medicaid and accepting new patients in the following critical levels of care throughout the state (or at least in participating regions of the state) including those that offer MAT: Outpatient Services; Intensive Outpatient Services;	The MCOs submit Geo Mapping reports to the State each quarter. The reports include sub-reports by specialty (including SUD providers), provider access and availability reports, including distance to nearest provider, urgent access standards, county breakdowns, and trended access data. KDHE has established processes to monitor and manage the Reports. Provider network access standards require the MCOs to meet requirements for licensed outpatient, inpatient, intensive outpatient, residential treatment, and withdrawal management. (*Attachment #8 KanCare Network Adequacy Standards revised 8/6/18, p.9)* If the State identifies a provider network deficiency, the State will work with the MCO to develop a plan of action to meet the standards and/or if an exception is necessary. The State may also issue a corrective action plan	The State will require MCOs to expand the existing infrastructure of MAT providers to improve member access to MAT, particularly in rural areas. The State will use Geo Mapping reports to monitor compliance. MCO will provide semi-annual reports outlining the network adequacy of each MCO for all levels of SUD service, by geographic region. These semi-annual reports will also include the number of providers accepting new patients for each level of care. Where Geo mapping does not provide this level of granularity, MCOs will be required to gather data for credentialing and provider network databases and report it to the State. *(Attachment #5 Kansas Medicaid Managed Care (KanCare 2019) RFP EVT0005464 section 5.5.7 and section 5.8.3.2)*	The State will revise the provider network standards to include MAT by the 12- month mark. KDADS will implement MAT access assessment, training, and network development according to the SOR State plan submitted to SAMSHA for the 2019 project period.	• Currently, network adequacy standards for MAT are not in place, and to date, none have been requested by KDADS. • KDHE has added information on number of IMDs and DEAs contracted to the quarterly unmapped provider report. • KDHE recently worked with MCOs on information on IMDs for accurate reporting. • KDADS implemented MAT access assessment, training, and network development according to the SOR State plan • Kansas Partners in Opioid Safety is providing educational sessions via an academic framework to providers in high burden areas based on opioid prescribing/overdoses. These educational series consist of 3- 4 brief sessions and topics included the CDC prescribing guidelines (which encompasses K-TRACS use, naloxone co- prescribing, starting low and going slow re opioid prescribing, tapering, etc.) MAT, linkage to care, and screening processes.	• First Action Item: Not Completed • Second Action Item: Fully Completed

Table A.4. Action Updates for Milestone 4: Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD – *Continued*					
Milestone Criteria	**Current State**	**Future State**	**Summary of Actions Needed**	**Action Update**	**Status of Action Items**
Criteria for completion of milestone	*Provide an overview of current SUD treatment services covered by the state in each level of care.*	*Provide an overview of planned SUD treatment services to be covered by the state in each level of care:*	*Provide a list of action items needed to be completed to meet milestone requirements, if any.*		• *Fully completed* • *Will be completed* • *May be completed* • *Not completed* • *Not Applicable*
	or liquidated damages, as appropriate. KDADS has assessed the needs and gaps in access to treatment, particularly MAT. Gaps vary by region and are most severe in rural and frontier regions of the State.	The KDADS SOR coordinator will work closely with KDHE and its contracted MCOs to address MAT service gaps in rural and western regions of the State using its assessment summary for each region. KDADS will provide training to providers for increasing MAT capacity.		• Kansas also engaged in planning and distribution of additional federal funding to SUD programs across the state from CARES Act funding. This funding will be available to those not eligible for KanCare benefits but will continue to support expanded access of services across the state.	

Table A.5. Action Updates for Milestone 5: Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD					
Milestone Criteria	**Current State**	**Future State**	**Summary of Actions Needed**	**Action Update**	**Status of Action Items**
Criteria for completion of milestone	*Provide an overview of current SUD treatment services covered by the state in each level of care.*	*Provide an overview of planned SUD treatment services to be covered by the state in each level of care:*	*Provide a list of action items needed to be completed to meet milestone requirements, if any.*		• *Fully completed* • *Will be completed* • *May be completed* • *Not completed* • *Not Applicable*
Implementation of opioid prescribing guidelines along with other interventions to prevent opioid abuse	KDHE issued KMAP General Bulletin 18101- effective June 1, 2018, to amend its prescribing guidelines for Opioid Products Indicated for Pain Management to require prior authorization for all patients covered under Kansas Medicaid for any prescription of long acting opioids and any prescription of short acting opioids exceeding a 7-day supply, with exceptions. *(Attachment #9 KMAP General Map Bulletin 18101)*	Though the Governor's SUD task force recommends requiring use of the prescription drug monitoring program (PDMP) K-TRACS by all clinicians authorized to prescribe medications subject to abuse and recommends all pharmacists register with K-TRACS, use is currently voluntary. Mandatory Registration with K-TRACS is currently under review by the KS AG as an administrative regulation. Once approved, the Board will implement the regulation. K-TRACS is integrating with the EHRs of large group providers, hospitals, and pharmacies (Walmart and Sam's pharmacies are currently linked). K-TRACS is working to have 100% of all pharmacies in the system.	Final review of mandatory K-TRACS registration (currently before the AG) by 06/19. Implementation of regulation by 12/19.	• Final review of mandatory K-TRACS registration completed. The regulation was passed and updated – KAR 68-21-7 (5/11/2018). • KDHE under their CDC Overdose Data to Action (OD2A) grant has been developing written and online material for prescribing guidelines. • K-TRACS has developed best practice guidelines for prescribers and pharmacists to implement in their clinical workflows. These best practices include prescribing and dispensing scenarios in which a check of patient prescription history can help ensure patient safety. • The best practices were disseminated to K-TRACS users, Kansas Board of Pharmacy licensees, members of Kansas Hospital Association and Kansas Dental Association and through K-TRACS website. • Kansas Partners in Opioid Safety provided educational sessions via an academic framework to Kansas healthcare providers in high burden areas based on opioid prescribing/overdoses. These educational series consist of 3-4 brief sessions and topics may include the CDC prescribing guidelines (which encompasses K-TRACS use), MAT, linkage to care, and screening processes.	• Fully Completed

Table A.5. Action Updates for Milestone 5: Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD – *Continued*					
Milestone Criteria	**Current State**	**Future State**	**Summary of Actions Needed**	**Action Update**	**Status of Action Items**
Criteria for completion of milestone	*Provide an overview of current SUD treatment services covered by the state in each level of care.*	*Provide an overview of planned SUD treatment services to be covered by the state in each level of care:*	*Provide a list of action items needed to be completed to meet milestone requirements, if any.*		• *Fully completed* • *Will be completed* • *May be completed* • *Not completed* • *Not Applicable*
				• The Overdose Data to Action funding provided DATA waiver training to interested medical providers through local health departments. Data waiver trainings provided by KDHE for physicians to become licensed to prescribe MAT. Once they become licenses, the MAT they prescribed entered into KTRACS. • KDHE continued to plan for additional DATA waiver trainings to be offered across the state. • Public marketing campaign used billboards to inform Kansans about available OUD treatment. • Public marketing campaign called *"It Matters"* was conducted to inform Kansans about available OUD treatment. • Two KS universities also participated in a media campaign during basketball season to inform about available OUD treatment. • Kansas participated in the 1115 SUD Demonstration Performance Metrics Database and Analytics System (PMDA) pilot. The pilot involved updating the generated monitored report templates and improving data accuracy.	•

Table A.5. Action Updates for Milestone 5: Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD – *Continued*					
Milestone Criteria	**Current State**	**Future State**	**Summary of Actions Needed**	**Action Update**	**Status of Action Items**
Criteria for completion of milestone	*Provide an overview of current SUD treatment services covered by the state in each level of care.*	*Provide an overview of planned SUD treatment services to be covered by the state in each level of care:*	*Provide a list of action items needed to be completed to meet milestone requirements, if any.*		• *Fully completed* • *Will be completed* • *May be completed* • *Not completed* • *Not Applicable*
Expanded coverage of, and access to, naloxone for overdose reversal	Medicaid covers Naloxone in certain forms without prior authorization and it is available at pharmacies without a prescription *(K.A.R. 68-7-23)*	No changes.	None	• Not Applicable • During DY Q3 and Q4, State Opioid Response program funded training and purchase of Naloxone across the state. • State Opioid Response program trained 891 total accumulative attendees and purchased 759 Naloxone kits. • In addition to supplying Naloxone, the State Opioid Response program provided other materials: overdose pocket guides, treatment referral cards, and instructions for administering Naloxone following training.	• Not Applicable
Implementation of strategies to increase utilization and improve functionality of prescription drug monitoring programs	Kansas remains a national leader for PDMPs. The Board created and hosted the first PDMP Administrators Roundtable in August 2017. K- TRACS includes all retail and outpatient dispensing records for any controlled substance or drug of concern dispensed in Kansas or to a Kansas resident, regardless of whether the pharmacy is in Kansas. The only exception is for quantities dispensed in the ER for 48 hours or less. The software accommodates large chains, independent and small pharmacies, and works	K-TRACS is expanding capabilities to provide interoperability services for all prescribers and pharmacists in KS to access K-TRACS through the PDMP Gateway®. This Statewide integration increases availability, ease of access, and use of a patient's controlled substance prescription history for making critical and informed prescribing and dispensing decisions. This integration creates one-stop-shop making K-TRACS data directly available in the patient's	None	• In DY2 Q2, Implementation planning for program was done to provide targeted training to high-burden regions that integrates K-TRACS use. • K-TRACS continues to solicit statewide prescriber and dispenser participation in "Integr8", a K-TRACS' statewide integration initiative. Currently K-TRACS has integrated with over 1000 health systems, prescribers, and pharmacy management systems through Integr8. This initiative links K-TRACS to electronic health records and pharmacy management systems.	• Fully Completed

Table A.5. Action Updates for Milestone 5: Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD – *Continued*					
Milestone Criteria	**Current State**	**Future State**	**Summary of Actions Needed**	**Action Update**	**Status of Action Items**
Criteria for completion of milestone	*Provide an overview of current SUD treatment services covered by the state in each level of care.*	*Provide an overview of planned SUD treatment services to be covered by the state in each level of care:*	*Provide a list of action items needed to be completed to meet milestone requirements, if any.*		• *Fully completed* • *Will be completed* • *May be completed* • *Not completed* • *Not Applicable*
				• The Overdose Data to Action funding provided DATA waiver training to interested medical providers through local health departments. Data waiver trainings provided by KDHE for physicians to become licensed to prescribe MAT. Once they become licenses, the MAT they prescribed entered into KTRACS. • KDHE continued to plan for additional DATA waiver trainings to be offered across the state. • Public marketing campaign used billboards to inform Kansans about available OUD treatment. • Public marketing campaign called *"It Matters"* was conducted to inform Kansans about available OUD treatment. • Two KS universities also participated in a media campaign during basketball season to inform about available OUD treatment. • Kansas participated in the 1115 SUD Demonstration Performance Metrics Database and Analytics System (PMDA) pilot. The pilot involved updating the generated monitored report templates and improving data accuracy.	•

Table A.5. Action Updates for Milestone 5: Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD – *Continued*					
Milestone Criteria	**Current State**	**Future State**	**Summary of Actions Needed**	**Action Update**	**Status of Action Items**
Criteria for completion of milestone	*Provide an overview of current SUD treatment services covered by the state in each level of care.*	*Provide an overview of planned SUD treatment services to be covered by the state in each level of care:*	*Provide a list of action items needed to be completed to meet milestone requirements, if any.*		• *Fully completed* • *Will be completed* • *May be completed* • *Not completed* • *Not Applicable*
Expanded coverage of, and access to, naloxone for overdose reversal	Medicaid covers Naloxone in certain forms without prior authorization and it is available at pharmacies without a prescription *(K.A.R. 68-7-23)*	No changes.	None	• Not Applicable • During DY Q3 and Q4, State Opioid Response program funded training and purchase of Naloxone across the state. • State Opioid Response program trained 891 total accumulative attendees and purchased 759 Naloxone kits. • In addition to supplying Naloxone, the State Opioid Response program provided other materials: overdose pocket guides, treatment referral cards, and instructions for administering Naloxone following training.	• Not Applicable
Implementation of strategies to increase utilization and improve functionality of prescription drug monitoring programs	Kansas remains a national leader for PDMPs. The Board created and hosted the first PDMP Administrators Roundtable in August 2017. K- TRACS includes all retail and outpatient dispensing records for any controlled substance or drug of concern dispensed in Kansas or to a Kansas resident, regardless of whether the pharmacy is in Kansas. The only exception is for quantities dispensed in the ER for 48 hours or less. The software accommodates large chains, independent and small pharmacies, and works	K-TRACS is expanding capabilities to provide interoperability services for all prescribers and pharmacists in KS to access K-TRACS through the PDMP Gateway®. This Statewide integration increases availability, ease of access, and use of a patient's controlled substance prescription history for making critical and informed prescribing and dispensing decisions. This integration creates one-stop-shop making K-TRACS data directly available in the patient's	None	• In DY2 Q2, Implementation planning for program was done to provide targeted training to high-burden regions that integrates K-TRACS use. • K-TRACS continues to solicit statewide prescriber and dispenser participation in "Integr8", a K-TRACS' statewide integration initiative. Currently K-TRACS has integrated with over 1000 health systems, prescribers, and pharmacy management systems through Integr8. This initiative links K-TRACS to electronic health records and pharmacy management systems.	• Fully Completed

Table A.5. Action Updates for Milestone 5: Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD – *Continued*					
Milestone Criteria	**Current State**	**Future State**	**Summary of Actions Needed**	**Action Update**	**Status of Action Items**
Criteria for completion of milestone	*Provide an overview of current SUD treatment services covered by the state in each level of care.*	*Provide an overview of planned SUD treatment services to be covered by the state in each level of care:*	*Provide a list of action items needed to be completed to meet milestone requirements, if any.*		• *Fully completed* • *Will be completed* • *May be completed* • *Not completed* • *Not Applicable*
	seamlessly with the NABP PMP Interconnect® at no charge by NABP. PMPi facilitates the transfer and availability of PDMP data to all 41 participating states. Kansas is currently sharing data with 30 states. Prescriber E-Recap (PERx) is a convenient way for the PDMP to provide prescribers with a snapshot of their prescribing practices regarding controlled substances.	EMR. Increase utilization of K-TRACS for surveillance & intervention.			

Table A.6. Action Updates for Milestone 6: Improved Care Coordination and Transitions between Levels of Care					
Milestone Criteria	**Current State**	**Future State**	**Summary of Actions Needed**	**Action Update**	**Status of Action Items**
Criteria for completion of milestone	*Provide an overview of current SUD treatment services covered by the state in each level of care.*	*Provide an overview of planned SUD treatment services to be covered by the state in each level of care:*	*Provide a list of action items needed to be completed to meet milestone requirements, if any.*		• *Fully completed* • *Will be completed* • *May be completed* • *Not completed* • *Not Applicable*
Implementation of policies to ensure residential and inpatient facilities link beneficiaries with community-based services and supports following stays in these facilities.	The State Opioid Response Grant includes activities of a State Opioid Coordinator to work with providers on care coordination and transition services across levels of care. MCOs are responsible to link beneficiaries with community-based services and providers that will coordinate transitions of care.	The current 1115 waiver expands the responsibilities of MCOs to ensure individualized care coordination and links with community-based recovery support for beneficiaries. *(Attachment #1 KanCare 2.0 Section 1115 Waiver Demonstration Renewal Application, Final Submission, Dec 2017)*	KDHE and KDADS will implement a coordinated approach to increasing service coordination across the spectrum of care, according to activities outlined in the State Opioid Response Grant and the KanCare 1115 wavier. These activities will be completed in a 12-month timeframe.	• No updates are available for the action item.	• Not Completed

Table A.6. Action Updates for Milestone 6: Improved Care Coordination and Transitions between Levels of Care – *Continued*					
Milestone Criteria	**Current State**	**Future State**	**Summary of Actions Needed**	**Action Update**	**Status of Action Items**
Criteria for completion of milestone	*Provide an overview of current SUD treatment services covered by the state in each level of care.*	*Provide an overview of planned SUD treatment services to be covered by the state in each level of care:*	*Provide a list of action items needed to be completed to meet milestone requirements, if any.*		• *Fully completed* • *Will be completed* • *May be completed* • *Not completed* • *Not Applicable*
Additional policies to ensure coordination of care for co-occurring physical and mental health conditions	KanCare requires the provision of Person-Centered Case Management as a one-on-one goal-directed service for individuals with a SUD, to assist individual in obtaining access to needed family, legal, medical, employment, educational, psychiatric, and other services. For individuals served by an MCO, this service must be a part of the treatment plan developed and determined medically necessary by the MCO or by the contracted ASO for all others.	The current 1115 waiver under review at CMS *(Attachment #1 KanCare 2.0 Section 1115 Waiver Demonstration Renewal Application, Final Submission, Dec 2017)* increases support for individuals with behavioral health needs (including SUD) and expands MCO service coordination to assist individuals with accessing housing, food, employment, and other social needs. MCOs will also manage transitions of care between hospital and emergency room admissions to reduce readmission and adverse outcomes. *(Attachment #5 Kansas Medicaid Managed Care (KanCare 2019) RFP EVT0005464 p.11,31-35,56, 59-63)*	KDHE will implement Future State activities in accordance with the 1115 waiver implementation timetable within 12 months of waiver approval.	• Update on action item was not available • MCOs are conducting Performance Improvement Projects (PIPs) that are focusing on food security, Waiver employment, housing, and diabetes monitoring in members with schizophrenia to explore expansion of MCO service coordination to assist individuals with accessing housing, food, employment, and other social needs.	• Not Completed