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KanCare 2.0 Interim Evaluation Report

Evaluation of the State of Kansas Medicaid Section 1115(a) Demonstration Substance Use Disorder

Reporting Period – January 2019 – October 2021

Executive Summary

Contract Number: 46100

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Executive Summary

Substance Use Disorder Demonstration Overview

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. CMS approved the KanCare 2.0 Section 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 2.0 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 2.0 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 support, intensive outpatient services, medication-assisted treatment (MAT), intensive inpatient services, withdrawal management, and residential treatment—is provided to eligible Medicaid and CHIP recipients who need SUD or OUD treatment. In addition, all members aged 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 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 2.0 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.

KanCare 2.0 Section 1115 SUD Demonstration Goals

Kansas uses the 1115 demonstration authority to pursue the following goals to improve access to and quality of treatment for KanCare 2.0 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 demonstration (Figure ES-1) shows the relationship between the demonstration's purpose, the primary drivers that contribute directly to achieve the purpose, and the secondary drivers necessary to achieve the primary drivers.

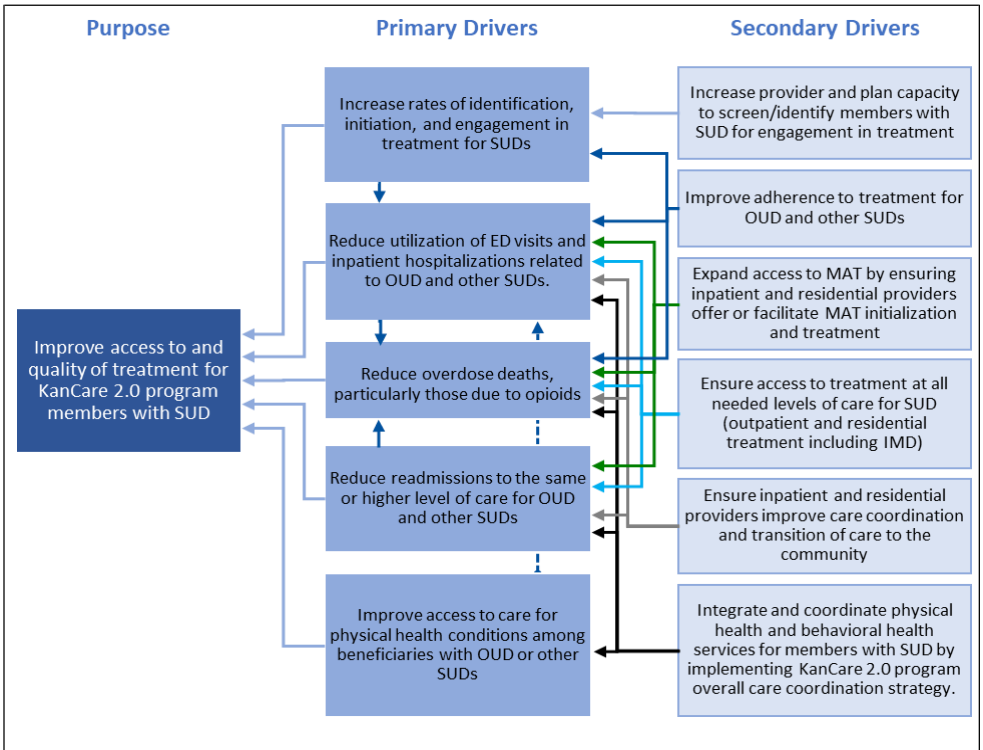

Figure ES-1. KanCare 2.0 Section 1115 SUD Demonstration Driver Diagram

SUD Demonstration Goals, Evaluation Questions, and Hypotheses

As the focus of the SUD Demonstration evaluation is to examine whether the demonstration achieved its goals, the following evaluation questions were designed in alignment with the five goals and related hypotheses (Table ES-1). This evaluation is in accordance with the CMS-approved "SUD, Section 1115 Demonstration Evaluation Design." (Attachment A)

Table ES-1. SUD Demonstration Goals, Evaluation Questions, and Hypotheses			
	Goals	**Evaluation Questions**	**Hypotheses**
1.	Increased rates of identification, initiation, and engagement in treatment for OUD and other SUDs.	Does the demonstration increase access to and utilization of SUD treatment services?	The demonstration will increase the percentage of members who are referred and engaged in treatment for SUDs.
2	Reduced utilization of emergency departments 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.	Does the demonstration decrease the rate of emergency department visits and inpatient hospitalizations related to SUD within the member population?	The demonstration will decrease the rate of emergency department visits and inpatient hospitalizations related to SUD within the member population.
3.	Reductions in overdose deaths, particularly those due to opioids.	Are rates of opioid-related overdose deaths impacted by the demonstration?	The demonstration will decrease the rate of overdose deaths 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.	Do enrollees receiving SUD services experience reduction in readmissions to the same or higher level of care for OUD and other SUDs?	Among members receiving care for SUD, the demonstration will reduce readmissions to SUD treatment.
5.	Improved access to care for physical health conditions among members with OUD or other SUDs.	Do enrollees receiving SUD services experience improved access to care for physical health conditions?	The demonstration will increase the percentage of members with SUD who access care for physical health conditions.

KanCare 2.0 Demonstration Hypothesis 4

(Associated with SUD Demonstration Evaluation Design Question 1)

Removing payment barriers for services provided in IMDs for KanCare members is a strategy in both the KanCare 2.0 Demonstration (Hypothesis 4) and SUD Demonstrations (Goal 1). To avoid duplicating evaluation activities, KanCare 2.0 Hypothesis 4 is addressed within the SUD Demonstration evaluation per CMS recommendation. (Table ES-2.)

Table ES-2. KanCare 2.0 Demonstration Hypothesis 4 and Evaluation Question	
Hypothesis	**Evaluation Question**
Removing payment barriers for services provided in Institutions for Mental Diseases (IMDs) for KanCare members will result in improved member access to substance use disorder (SUD) treatment services.	Did removing payment barriers for services provided in IMDs for KanCare members improve member access to SUD treatment services?

Interim Evaluation of Substance Use Disorder Demonstration

In accordance with CMS guidelines, the KanCare 2.0 SUD Demonstration evaluation design was submitted for CMS approval. The CMS review of the evaluation design was received April 2, 2020. An updated evaluation design as per CMS guidance and feedback was submitted, and it was approved by CMS on June 30, 2020.

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. As the EQRO, KFMC is conducting the required SUD Demonstration evaluation and has prepared this interim evaluation report to reflect evaluation progress and presently available findings for January 2019 through December 31, 2021.

Substance Use Disorder Demonstration Interim Evaluation Results

The interim evaluation included the assessment of performance measures for the five goals of the SUD Demonstration (*outcome evaluation*). It should be noted, the demonstration goals are also referred as *primary drivers*. The analytical results and interpretation of the outcome measures assessing the goals will follow discussion of the assessment of six secondary drivers (*process evaluation*). All results should be interpreted with caution as the evaluation period corresponded with the onset and continuation of the COVID-19 pandemic. The data and analytical results for 2022 and 2023 will better assess progress towards the demonstration goals.

Outcome Evaluation

Goal 1 (Primary Driver 1)

The performance measures assessed to evaluate Goal 1 are described in Table ES-3.

Table ES-3. Performance Measures for SUD Demonstration Goal 1
Outcome Measures for Goal 1 (Primary Driver 1)
• Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) – Initiation. (2017–2020) • Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) – Engagement. (2017–2020)
Process Measures for Secondary Drivers
Increase provider and plan capacity to screen/identify members with SUD for engagement in treatment (Relates to Goal 1)
• Percentage of physical health and behavioral health service providers that billed *Screening, Brief Intervention, and Referral to Treatment* (SBIRT) services. (Not included in interim evaluation) • Receipt of care for SUD and/or OUD after SBIRT service. (2017–2021)
Improve adherence to treatment for OUD and other SUDs (Related to Goals 1–3)
• Continuity of Pharmacotherapy for OUD (POD). (CMS Metric #22). (2019–2020) • Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence (FUA). (2017–2020) • Percentage of beneficiaries with SUD diagnosis who used SUD treatment services during the monthly measurement period, stratified by service type. (2017–2021)* • Percentage of beneficiaries with OUD who used SUD treatment services during the monthly measurement period, stratified by service type. (2017–2021)* • Percentage of beneficiaries with SUD diagnosis who used SUD peer support services. (2017–2021)
*Service Type Strata: *early intervention*, e.g., SBIRT (CMS Metric #7); *outpatient services* (CMS Metric #8); *intensive outpatient and partial hospitalization* (CMS Metric #9); *residential and inpatient services* (CMS Metric #10); *withdrawal management* (CMS Metric #11); *medication-assisted treatment (MAT)* (CMS Metric #12)

Key Results and Conclusions

The findings indicated improvement towards this goal. However, low rates for both outcome measures indicated further improvement is needed. The main findings related to the outcome measures are summarized below.

- The Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) rates for initiation of treatment within 14 days of SUD diagnosis had an increasing trend from 2017 to 2020, with an average increase of 3 percentage points per year. The Quality Compass rankings (a

comparison to national percentiles) for the measure also improved.

- The 2019 and 2020 rates for continued engagement within 34 days of the initial treatment were greater than the 2017 and 2018 rates; the average increase was 0.5 percentage points per year. The rates for engagement within 34 days provided weaker supporting evidence.
- The Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) measures (Initiation within 14 days, Engagement within 34 days) were low. Rates improved in 2020; however, further improvement is needed.

Goal 2 (Primary Driver 2)

The performance measures assessed to evaluate Goal 2 are described in Table ES-4.

Table ES-4. Performance Measures for SUD Demonstration Goal 2
Outcome Measures for Goal 2 (Primary Driver 2)
• ED utilization for SUD per 1,000 Medicaid beneficiaries. (CMS Metric #23; 2017–2021) • ED utilization for OUD per 1,000 Medicaid beneficiaries. (CMS Metric #23, OUD stratum; 2017–2021) • Inpatient stays for SUD per 1,000 Medicaid beneficiaries. (CMS Metric #24; 2017–2021) • Inpatient stays for OUD per 1,000 Medicaid beneficiaries. (CMS Metric #24, OUD stratum; 2017–2021)
Process Measures for Secondary Drivers
Improve adherence to treatment for OUD and other SUDs (Related to Goals 1–3)
• Continuity of Pharmacotherapy for OUD (POD). (CMS Metric #22; 2019–2020) • Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence (FUA). (2017–2020) • Percentage of beneficiaries with SUD diagnosis who used SUD treatment services during the monthly measurement period, stratified by service type. (2017–2021)* • Percentage of beneficiaries with OUD who used SUD treatment services during the monthly measurement period, stratified by service type. (2017–2021)* • Percentage of beneficiaries with SUD diagnosis who used SUD peer support services during the monthly measurement period. (2017–2021)
Expand access to medication-assisted treatment (MAT) by ensuring inpatient and residential providers offer or facilitate MAT initialization and treatment. (Related to Goals 2–4)
• Residential OUD discharges with MAT claim. (2017–2021) • Inpatient OUD discharges with MAT claim. (2017–2021) • Percentage of members with OUD diagnosis who have a MAT claim for OUD during the measurement period. (2017–2021)
Ensure access to treatment at all needed levels of care for SUD (outpatient and residential treatment including IMD). (Related to Goals 2–4)
• Percentage of Medicaid beneficiaries with SUD diagnosis who were treated in an IMD for SUD during the measurement year. (2019–2021) • Average length of stay for SUD treatment services within IMDs. (CMS Metric #36; 2019–2021) • Number of beneficiaries in residential and inpatient treatment for SUD per 1,000 members with SUD diagnosis. (2017–2021) • Number of outpatient, intensive outpatient, and partial hospitalization days of SUD treatment per 1,000 members with SUD diagnosis. (2017–2021) **Note**: *Partial hospitalization in KS has same service code as inpatient*.
*Service Type Strata: early intervention, e.g., SBIRT (CMS Metric #7); outpatient services (CMS Metric #8); intensive outpatient and partial hospitalization (CMS Metric #9); residential and inpatient services (CMS Metric #10); withdrawal management (CMS Metric #11); medication-assisted treatment (MAT) (CMS Metric #12).

Table ES-4. Performance Measures for SUD Demonstration Goal 2 (Continued)
Process Measures for Secondary Drivers (Continued)
Ensure inpatient & residential providers improve care coordination & transition of care to the community. (Related to Goals 2–4)
• 30-Day Readmission for SUD treatment. (2017–2021) • ED utilization for SUD per 1,000 beneficiaries. (CMS Metric #23; 2019–2021 (first three quarters)) • ED utilization for OUD per 1,000 beneficiaries. (CMS Metric #23, OUD stratum; 2019–2021 (first three quarters)) • Inpatient stays for SUD per 1,000 beneficiaries. (CMS Metric #24; 2017–2021 (first three quarters)) • Inpatient stays for OUD per 1,000 beneficiaries. (CMS Metric #24, OUD stratum; 2017–2021 (first three quarters)) • Follow-Up After ED Visit for Alcohol and Other Drug Abuse/ Dependence (FUA). (2017–2020) • Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET). (2017–2020) • Follow-Up After High-Intensity Care for SUD (FUI). (2019–2020)
Integrate and coordinate physical health and behavioral health services for members with SUD by implementing KanCare 2.0 program overall care coordination strategy. (Related to Goals 2–5)
• Percentage of Medicaid beneficiaries with SUD diagnosis who have an assigned MCO Care Manager (2019–2021) • Percentage of Medicaid beneficiaries with SUD diagnosis who have an assigned MCO Care Manager and have a service/treatment plan or person-centered service plan (PCSP). (2019–2021)
*Service Type Strata: *early intervention*, e.g., SBIRT (CMS Metric #7); *outpatient services* (CMS Metric #8); *intensive outpatient and partial hospitalization* (CMS Metric #9); *residential and inpatient services* (CMS Metric #10); *withdrawal management* (CMS Metric #11); *medication-assisted treatment (MAT)* (CMS Metric #12).

Key Results and Conclusions

The four outcome measures (service utilization measures) indicated some improvement towards reducing preventable utilization of emergency departments and inpatient hospital settings for OUD and other SUD treatment. Additional improvements efforts may be needed to realize this goal. The main findings related to the outcome measures are summarized below:

- All four measures showed a decline from 2019 to 2020 and in the first three quarters of 2021.

Goal 3 (Primary Driver 3)

The performance measures assessed to evaluate Goal 3 are described in Table ES-5.

Table ES-5. Performance Measures for SUD Demonstration Goal 3
Outcome Measures for Goal 3 (Primary Driver 3)
• Opioid Drug Overdose Deaths. (CMS Metric #27, OUD Stratum; 2019–2021) • Use of Opioids at High Dosage in Persons without Cancer per 1,000 beneficiaries. (CMS Metric #18; 2019–2020) • Concurrent Use of Opioids and Benzodiazepines, per 1,000 beneficiaries. (CMS Metric #21; 2019–2020)
Process Measures for Secondary Drivers
Improve adherence to treatment for OUD and other SUDs (Related to Goals 1–3)
• Continuity of Pharmacotherapy for OUD (POD). (CMS Metric#22; 2019–2020) • Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence (FUA). 2017–2020) • Percentage of beneficiaries with SUD diagnosis who used SUD treatment services during the monthly measurement period, stratified by service type. (2017–2021)* • Percentage of beneficiaries with OUD who used SUD treatment services during the monthly measurement period, stratified by service type. (2017–2021)* • Percentage of beneficiaries with SUD diagnosis who used SUD peer support services during the monthly measurement period. (2017–2021)
*Service Type Strata: early intervention, e.g., SBIRT (CMS Metric #7); outpatient services (CMS Metric #8); intensive outpatient and partial hospitalization (CMS Metric #9); residential and inpatient services (CMS Metric #10); withdrawal management (CMS Metric #11); medication-assisted treatment (MAT) (CMS Metric #12).

Table ES-5. Performance Measures for SUD Demonstration Goal 3 (Continued)
Process Measures for Secondary Drivers (Continued)
Expand access to medication-assisted treatment (MAT) by ensuring inpatient and residential providers offer or facilitate MAT initialization and treatment. (Related to Goals 2–4)
• Residential OUD discharges with MAT claim. (2017–2021) • Inpatient OUD discharges with MAT claim. (2017–2021) • Percentage of members with OUD diagnosis who have a MAT claim for OUD during the measurement period. (2017–2021)
Ensure access to treatment at all needed levels of care for SUD (outpatient and residential treatment including IMD). (Related to Goals 2–4)
• Percentage of Medicaid beneficiaries with SUD diagnosis who were treated in an IMD for SUD during the measurement year. (2019–2021) • Average length of stay for SUD treatment services within IMDs. (CMS Metric #36; 2019–2021) • Number of beneficiaries in residential and inpatient treatment for SUD per 1,000 members with SUD diagnosis. (2017–2021) • Number of outpatient, intensive outpatient, & partial hospitalization days of SUD treatment per 1,000 members with SUD diagnosis. (2017–2021) **Note**: *Partial hospitalization in KS has same service code as inpatient*.
Ensure inpatient & residential providers improve care coordination & transition of care to the community. (Related to Goals 2–4)
• 30-Day Readmission for SUD treatment. (2017–2021) • ED utilization for SUD per 1,000 beneficiaries. (CMS Metric #23; 2019–2021 (first three quarters)) • ED utilization for OUD per 1,000 beneficiaries. (CMS Metric #23, OUD stratum; 2019–2021 (first three quarters)) • Inpatient stays for SUD per 1,000 beneficiaries. (CMS Metric #24; 2017–2021 (first three quarters)) • Inpatient stays for OUD per 1,000 beneficiaries. (CMS Metric #24, OUD stratum; 2017–2021 (first three quarters)) • Follow-Up After ED Visit for Alcohol and Other Drug Abuse/ Dependence (FUA). (2017–2020) • Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET). (2017–2020) • Follow-Up After High-Intensity Care for SUD (FUI). (2019–2020)
Integrate and coordinate physical health and behavioral health services for members with SUD by implementing KanCare 2.0 program overall care coordination strategy. (Related to Goals 2–5)
• Percentage of Medicaid beneficiaries with SUD diagnosis who have an assigned MCO Care Manager (2019–2021) • Percentage of Medicaid beneficiaries with SUD diagnosis who have an assigned MCO Care Manager and have a service/treatment plan or person-centered service plan (PCSP). (2019–2021)
*Service Type Strata: *early intervention*, e.g., SBIRT (CMS Metric #7); *outpatient services* (CMS Metric #8); *intensive outpatient and partial hospitalization* (CMS Metric #9); *residential and inpatient services* (CMS Metric #10); *withdrawal management* (CMS Metric #11); *medication-assisted treatment (MAT)* (CMS Metric #12).

Key Results and Conclusions

The findings for three outcome measures indicated mixed results. The findings of one outcome measure indicated some improvement being made towards reduced use of opioid drugs—which in turn should reduce overdose deaths, particularly those due to opioids. However, the measure directly assessing the opioid drug overdose death rates did not indicate any improvement. The third measure's results are too preliminary to evaluate. The main findings related to the outcome measures are summarized below.

- Rates for Use of Opioids at High Dosage in Persons without Cancer per 1,000 Medicaid Beneficiaries decreased from 2019 to 2020, indicating some improvement is being made towards Goal 3.
- The Opioid Drug Overdose death rates increased slightly from 2019 to 2021, which does not indicate improvement.
- Coverage for Medication Assisted Treatment (MAT) drugs and biological products used for opioid use disorder (OUD) became effective October 1, 2020. Consequently, insufficient information was available on the concurrent use of opioids and benzodiazepines to draw conclusion.

Goal 4 (Primary Driver 4)

The performance measures assessed to evaluate Goal 4 are described in Table ES-6.

Table ES-6. Performance Measures for SUD Demonstration Goal 4
Outcome Measures for Goal 4 (Primary Driver 4)
• 30-Day Readmission for SUD treatment. (2017–2021) • 30-Day Readmission for SUD treatment (among discharges from a residential or inpatient facility for OUD treatment). (2017–2021)
Process Measures for Secondary Drivers
Expand access to medication-assisted treatment (MAT) by ensuring inpatient and residential providers offer or facilitate MAT initialization and treatment. (Related to Goals 2–4)
• Residential OUD discharges with MAT claim. (2017–2021) • Inpatient OUD discharges with MAT claim. (2017–2021) • Percentage of members with OUD diagnosis who have a MAT claim for OUD during the measurement period. (2017–2021)
Ensure access to treatment at all needed levels of care for SUD (outpatient and residential treatment including IMD). (Related to Goals 2–4)
• Percentage of Medicaid beneficiaries with SUD diagnosis who were treated in an IMD for SUD during the measurement year. (2019–2021) • Average length of stay for SUD treatment services within IMDs. (CMS Metric #36; 2019–2021) • Number of beneficiaries in residential and inpatient treatment for SUD per 1,000 members with SUD diagnosis. (2017–2021) • Number of outpatient, intensive outpatient, & partial hospitalization days of SUD treatment per 1,000 members with SUD diagnosis. (2017–2021) **Note**: *Partial hospitalization in KS has same service code as inpatient*.
Ensure inpatient & residential providers improve care coordination & transition of care to the community. (Related to Goals 2–4)
• 30-Day Readmission for SUD treatment. (2017–2021) • ED utilization for SUD per 1,000 beneficiaries. (CMS Metric #23; 2019–2021 (first three quarters)) • ED utilization for OUD per 1,000 beneficiaries. (CMS Metric #23, OUD stratum; 2019–2021 (first three quarters)) • Inpatient stays for SUD per 1,000 beneficiaries. (CMS Metric #24; 2017–2021 (first three quarters)) • Inpatient stays for OUD per 1,000 beneficiaries. (CMS Metric #24, OUD stratum; 2017–2021 (first three quarters)) • Follow-Up After ED Visit for Alcohol and Other Drug Abuse/ Dependence (FUA). (2017–2020) • Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET). (2017–2020) • Follow-Up After High-Intensity Care for SUD (FUI). (2019–2020)
Integrate and coordinate physical health and behavioral health services for members with SUD by implementing KanCare 2.0 program overall care coordination strategy. (Related to Goals 2–5)
• Percentage of Medicaid beneficiaries with SUD diagnosis who have an assigned MCO Care Manager (2019–2021) • Percentage of Medicaid beneficiaries with SUD diagnosis who have an assigned MCO Care Manager and have a service/treatment plan or person-centered service plan (PCSP). (2019–2021)

Key Results and Conclusions

Both measures indicated progress towards reducing preventable readmissions. The main findings related to the outcome measures are summarized below.

- 30-Day Readmission for SUD Treatment rates declined (improved) from 2017 to 2021, decreasing 1.7 percentage points per year, on average.
- Similarly, the rate of readmission for SUD treatment within 30 days of an OUD discharges had a declining trend, averaging 2.0 percentage points decreases from 2017 to 2021.

Goal 5 (Primary Driver 5)

The performance measures assessed to evaluate Goal 5 are described in Table ES-7.

Table ES-7. Performance Measures for SUD Demonstration Goal 5
Outcome Measures for Goal 5 (Primary Driver 5)
• Annual Dental Visits (ADV). (SUD stratum; 2016–2021) • Adults' Access to Preventive/Ambulatory Health Services (AAP). (Not included in interim evaluation) • Adolescent Well-Care Visits (AWC). (SUD stratum; 2016–2021) • Prenatal and Postpartum Care (PPC)–Timeliness of Prenatal Care. (SUD stratum; 2016–2021) • Prenatal and Postpartum Care (PPC)–Postpartum Care. (SUD stratum; 2017–2022)
Process Measures for Secondary Drivers
Integrate and coordinate physical health and behavioral health services for members with SUD by implementing KanCare 2.0 program overall care coordination strategy. (Related to Goals 2–5)
• Percentage of Medicaid beneficiaries with SUD diagnosis who have an assigned MCO Care Manager (2019–2021) • Percentage of Medicaid beneficiaries with SUD diagnosis who have an assigned MCO Care Manager and have a service/treatment plan or person-centered service plan (PCSP). (2019–2021)

Key Results and Conclusions

For evaluation of the primary driver for Goal 5, improvements in rates for 2016 to 2018 and 2019 to 2021 were compared between an intervention group (KanCare members, aged 16–75, who had a SUD diagnosis during the measurement year) and a comparison group (members, aged 16–75, who did not have a SUD diagnosis). The groups' 2016–2018 rates were not equal, so differences in 2019–2021 rates were expected. If the SUD demonstration had positive impact on the outcome measures, then the Intervention Group should show relatively more improvement between periods than the Comparison Group, or at least not decline as badly.

Comparisons of relative improvements for the four outcome measures did not yield supporting evidence that the SUD demonstration specifically is improving Goal 5. However, timeliness of prenatal care improved for both the SUD intervention group and non-SUD comparison group. The main findings related to the outcome measures are summarized below:

- The relative improvements in the percentage of members 16 to 20 years old who had a dental visit in the measurement year were not statistically significantly different between the intervention and comparison groups.
- The percentage of members 16 to 20 years old who had a well-care visit in the measurement year decreased for both the intervention and comparison group, but the decreases were less than 1 percentage point. The difference between the negative relative improvements of the two groups was not statistically significant.
- Timeliness of Prenatal Care rates improved for both the intervention group and comparison group. However, the relative improvements were not statistically significantly different. The rate increases between measurement periods is interpreted to be caused by a factor outside the SUD Demonstration, such as MCOs' performance improvement projects.

Outcome Evaluation – Opportunities for Improvement

- The rates for the Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) measures (Initiation within 14 days, Engagement within 34 days) were low. Rates improved in 2020; however, further improvement is needed.
- Further improvement is needed to reduce use of opioids at high doses among patients without cancer for their pain management treatments.
- Improvement in care coordination to assist members with SUD in receiving appropriate services for prevention and treatment of physical health conditions is needed.

Recommendations

- Strategies should be identified and implemented to help ensure members are aware of primary prevention and availability of treatment.
- Strategies should be identified and implemented to help ensure providers are aware of the SUD demonstration strategies and to identify and address associated provider training and skill building opportunities.
- 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.
- Address barriers and challenges to engaging in the needed SUD treatment encountered by the members with SUD. Enhance action steps to improve availability of supportive services, such as peer support services, coordination of care for ensuring regular follow-up visits with SUD care providers, and provider trainings to assist members with SUD to engage in receiving needed SUD treatment.
- Review and improve the steps applied by the three MCOs to ensure all members with an SUD diagnosis receive an HRA and Needs Assessment, along with a PCSP and coordinated care, as appropriate. Application of the Service Coordination Strategy for members with an SUD diagnosis will help ensure coordination of care for co-occurring physical and mental health conditions.

Process Evaluation – Secondary Drivers

Secondary Driver 1 (Related to Goal 1)

Increase provider and plan capacity to screen/identify members with SUD for engagement in treatment

The performance measure assessed to evaluate Secondary Driver 1 are described in Table ES-3.

Key Results and Conclusions

- Secondary Driver 1 was related to Goal 1. Since there were no significant changes in the percentage of members who received SBIRT services with a SUD service within 60 days, Secondary Driver 1 did not provide evidence supporting Goal 1's hypothesis that the demonstration will increase the percentage of members who are referred and engaged in treatment for SUDs. Further improvements are needed.
- One of the performance measures for Secondary Driver 1 was assessed for the interim evaluation, the percentage of beneficiaries who received SBIRT services with evidence of SUD service within 60 days after SBIRT service. Changes were not seen between years and across five years.

Secondary Driver 2 (Related to Goals 1, 2, and 3)

Improve adherence to treatment for OUD and other SUDs

The performance measures for evaluating Secondary Driver 2 are listed in Tables ES-3, ES-4, and ES-5.

Key Results and Conclusions

- Secondary Driver 2 is related to Goals 1, 2 and 3. The evaluation found Secondary Driver 2 has contributed towards the progress towards achieving Goals 1, 2 and 3. Further improvements in this driver are needed to strengthen its contribution towards these goals.
- Secondary Driver 2 was examined by assessing five performance measures, including rates stratified by service type for two measures. The results for two out of five measures, and several service type strata, indicate that adherence to treatment for OUD and other SUDs is increasing.

- The rates of members with an OUD or other SUD receiving SUD treatment increased significantly in 2021. While almost all service type strata within these measures had some increase in 2021, most notable were increases in outpatient services and MAT. Members with an OUD diagnosis had higher rate increases for SUD treatment, overall and for several service type strata.
- Over the five-year period, the percentages of members with a SUD diagnosis who received peer support services remained low, between 5% and 6%. These results do not indicate adherence to treatment for OUD and other SUDs is improving.

Secondary Driver 3 (Related to Goals 2, 3, and 4)

Expand access to medication-assisted treatment (MAT) by ensuring inpatient and residential providers offer or facilitate MAT initialization and treatment

The performance measures assessed to evaluate Secondary Driver 3 are described in Tables ES-3, ES-5, and ES-6.

Key Results and Conclusions

- Secondary Driver 3 is related to Goals 2, 3 and 4. Evaluation indicates this driver has contributed to progress towards achieving Goals 2, 3 and 4. Further improvements in in this driver are needed to strengthen its contribution towards these goals.
- The three performance measures used to assess Secondary Driver 3 indicated progress toward expanding access to medication-assisted treatment (MAT) by ensuring inpatient and residential providers offer or facilitate MAT initialization and treatment.
- The percentages of inpatient OUD discharges with a MAT claim were low from 2017 to 2020; however, the 2021 rate doubled compared to preceding years and showed a statistically significant change from 2020, indicating improvement in Secondary Driver 3.
- The percentages of members with OUD diagnosis who have a MAT claim for OUD increased statistically significantly from the previous year in 2020 and 2021 and increased over five years, averaging 1.67 percentage points per year, which indicates improvement in Secondary Driver 3.

Secondary Driver 4 (Related to Goals 2, 3, and 4)

Ensure access to treatment at all needed levels of care for SUD

The performance measures assessed to evaluate Secondary Driver 4 are described in Tables ES-4, ES-5, and ES-6. Since the severity of condition for which the member was treated and extenuating circumstances are unknown, interpreting rate increases or decreases as improvements must be done with caution.

Key Results and Conclusions

- Secondary Driver 4 is related to Goals 2, 3 and 4. Evaluation of this driver did not find enough evidence to conclude this driver is contributing to progress towards achieving Goals 2, 3 and 4. Further improvements in this driver are needed to establish its contribution towards these goals.
- The results of the four process measures did not provide strong enough evidence to indicate that an improvement is being made in ensuring access to treatment at all needed levels of care for SUD (outpatient and residential treatment including IMD).
- The percentages of KanCare members with SUD diagnosis who were treated in an IMD for SUD during the measurement year changed little from 2019 to 2021. The decline in the percentage for 2020 corresponded with the onset of pandemic.

- The average length of stay for SUD treatment services within IMDs fluctuated between 2019 and 2021.
- The number of beneficiaries in residential and inpatient treatment for SUD per 1,000 members was higher than average in 2021.
- The number of beneficiaries in outpatient, intensive outpatient, and partial hospitalization SUD treatment per 1,000 members with SUD diagnosis showed declines in 2019 and 2020. In 2021, the rate increased back to those seen in 2017 and 2018.

Secondary Driver 5 (Related to Goals 2, 3, and 4)

Ensure inpatient & residential providers improve care coordination & transition of care to the community

The performance measures assessed to evaluate Secondary Driver 5 are described in Tables ES-4, ES-5, and ES-6.

Key Results and Conclusions

- Secondary Driver 5 is related to Goals 2, 3 and 4. Based on results for the evaluation of this driver, it can be concluded that this driver has contributed towards the progress of achieving Goals 2, 3, and 4. Further improvements in this driver are needed to strengthen its contribution towards these goals.
- Secondary Driver 5 was assessed with nine performance measures, including four HEDIS measures. Of these nine measures, the results for seven indicated that progress is being made towards ensuring inpatient and residential providers improve care coordination and the transition of care to the community. However, some results showed that further improvement may be needed.
- As mentioned in the description of Goal 1, the Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) rates for initiation of treatment within 14 days of SUD diagnosis had an increasing trend from 2017 to 2020, with an average increase of 3 percentage points per year. The Quality Compass ranking for the measure also improved. The 2019 and 2020 rates for continued engagement within 34 days of the initial treatment were greater than the 2017 and 2018 rates; the average increase was 0.5 percentage points per year. The rates for initiation within 14 days indicated improvement of Secondary Driver 5. The rates for engagement within 34 days provided weaker supporting evidence.
- A decreasing trend (improving 1.7 percentage points per year on average) was seen from 2017 to 2021 for the 30-day readmission for SUD treatment measure. These results are evidence that inpatient and residential providers are improving care coordination and transition of care to the community.
- As mentioned in the description of Goal 2, four service utilization measures were also examined for the evaluation of this driver. All four service utilization measures indicated an improvement is being seen in Secondary Driver 5.

Secondary Driver 6 (Related to Goals 2, 3, 4, and 5)

Integrate and coordinate physical health and behavioral health services for members with SUD by implementing KanCare 2.0 program overall care coordination strategy

The performance measures assessed to evaluate Secondary Driver 6 are described in Tables ES-4, ES-5, ES-6, and ES-7.

Key Results and Conclusions

- Secondary Driver 6 is related to Goals 2, 3, 4, and 5. Evidence that this driver contributes to the progress towards achieving Goals 2, 3, 4, and 5 was found by the two process measures reviewed. Further improvements in in this driver are needed to establish its contribution towards these goals.
- From 2019 to 2021, the percentages of Medicaid members with a SUD diagnosis who had an assigned MCO care manager were quite low. For physical and behavioral health services to be properly integrated and coordinated, MCOs care management teams should work with all members who have a SUD diagnosis and do not decline an offer for care management. The rate of increase from 2019 to 2021 (1.5 percentage points per year) indicates improvement in Secondary Driver 6 may be insufficient to obtain the Demonstration Goals.
- The percentages of Medicaid members with a SUD diagnosis who had an assigned MCO care manager and a patient centered service plan (PCSP) were also very low (about 2% in 2021). Percentages declined each year. These findings did not indicate that Secondary Driver 6 improved.

Outcome Evaluation – Opportunities for Improvement

- Improvements in the provision of early intervention (SBIRT) and care for SUD after provision of SBIRT services are needed.
- The rates for the Continuity of Pharmacotherapy for OUD (POD) measure were low and without change between years.
- Rates for both indicators of the Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence (FUA) were low (Within 7 days and Within 30 days).
- MAT rates remain low (16% and less), and continued improvement, building on 2021, is needed.
- Peer Support services were not provided to most of the members to assist them in continuing their SUD treatment.
- Improvements are needed for follow-up after ED visits for SUD treatment and after high-intensity care for SUD.
- The Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) measures (Initiation within 14 days, Engagement within 34 days) were low. Rates improved in in 2020; however, further improvement is needed.
- A lack of standardization of the Health Screening Tool, Health Risk Assessment (HRA), Needs Assessment, and PCSP variable fields (in the datasets provided by the MCOs) created limitations in identifying members with SUD who received care coordination in line with the KanCare 2.0 program service coordination strategy.
- Low percentage of members with SUD who were assigned MCO care managers and who had a PCSP hindered progress towards multiple demonstration goals.

Recommendations

- Review and improve the efforts for providing support to the expansion SBIRT among physical health and behavioral health service providers to identify members at different risk levels for OUD or other SUDs and provide the appropriate level of referral to SUD providers.
- Improve availability and utilization of peer support services to assist members with SUD in adhering to their SUD treatment.
- Improve efforts, including care coordination, to assist members with SUD in scheduling and receiving follow-up visits at an appropriate level of care after ED visits for SUD treatment and after receipt of high-intensity care for SUD.

- Review and improve the steps applied by the three MCOs to ensure all members with SUD eligible to receive KanCare 2.0 Service Coordination Strategy (such as use of the Health Screening Tool) are identified and receive an HRA Needs Assessment, PCSP, and coordinated care through an assigned care manager, as appropriate, during the remaining years of the SUD demonstration. Application of the Service Coordination Strategy to members with SUD will assist in achieving performance goals.

Evaluation KanCare 2.0 Hypothesis 4

It was not clear how many IMDs are currently providing SUD treatment services to the KanCare members. The number of admissions with SUD treatment services in IMDs and average length of stay for SUD treatment services within IMDs did not show improvements from 2019 to 2021.

Opportunities for Improvement

- The information regarding the total number of IMDs in the State providing SUD services to KanCare members is not readily available.

Recommendations

- Insert and maintain an IMD designation flag in the provider tables of the Kansas Modular Medicaid System.
- Review and address the barriers encountered by the IMDs and the members in provision and utilization of SUD treatment services through IMDs.

Evaluation of Cost Measures

Based on paid claims, the SUD demonstration has maintained budget neutrality in the first three years. KFMC is working with KDADS to further identify the administrative costs that could be included in the evaluation of the cost measures. The findings of the evaluation will be included in the summative evaluation of the SUD demonstration.

Interpretations, Policy Implications, and Interactions with Other State Initiatives

KFMC will address the policy implications and interactions with other State initiatives in the summative SUD Demonstration evaluation. For this interim evaluation, the following interpretations could be made.

- It is not yet known how much the COVID-19 pandemic will influence the impact of the SUD Demonstration. It will take more years of data to assess the impact of the program, overall, outside of the context of the pandemic.
- It is difficult to interpret the interactions with other Medicaid and State programs due to the pandemic, as well. SUD Demonstration activities were drastically affected during the onset of the pandemic. The MCOs were instructed to pause many initiatives with members and providers in order to address the public health emergency.

Lessons Learned and Recommendations for State

Lessons learned and recommendations for other State Medicaid agencies will be further addressed in the summative SUD Demonstration evaluation report.