Kentucky All Schedule
Prescription Electronic Reporting
An Update – Post House Bill 1

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Office of Inspector General
Kentucky Cabinet for Health and Family Services

Kentucky Department of Workers Claims – Administrative Law Judges
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KASPER is Kentucky’s Prescription Monitoring Program (PMP). KASPER tracks Schedule II – V controlled substance prescriptions dispensed within the state as reported by pharmacies and other dispensers.

Enhanced KASPER (eKASPER) is the real-time web accessed database that provides a tool to help address the misuse, abuse and diversion of controlled pharmaceutical substances.
Controlled Substance Abuse and Pill Mills
Controlled Substance Schedules

- **Schedule I** – Illegal Drugs
  - e.g. heroin, marijuana, etc.

- **Schedule II** – Most addictive legal drugs; high abuse potential
  - e.g. oxycodone (OxyContin, Percocet), methylphenidate (Ritalin), oxymorphone (Opana)

- **Schedule III** – Less abuse potential than I or II
  - e.g. hydrocodone combinations (Vicodin, Lortab)

- **Schedule IV** – Less abuse potential than III
  - e.g. benzodiazepines (Xanax, Valium)

- **Schedule V** – least abuse potential
  - e.g. codeine containing cough mixtures
Misuse, Abuse, Diversion

• **Misuse:**
  – When a schedule II – V substance is taken by an individual for a non-medical reason.

• **Abuse:**
  – When an individual repeatedly takes a schedule II – V substance for a non-medical reason.

• **Diversion:**
  – When a schedule II – V substance is acquired and/or taken by an individual for whom the medication was not prescribed.
From 1992 to 2003 the 15.1 million Americans abusing controlled prescription drugs exceeded the combined number abusing:

- Cocaine (5.9 million),
- Hallucinogens (4.0 million),
- Inhalants (2.1 million), and
- Heroin (.3 million).

Source: *Under the Counter: The Diversion and Abuse of Controlled Prescription Drugs in the U.S.* Published by The National Center on Addiction and Substance Abuse at Columbia University (CASA), July 2005.
A National Perspective

• Opioid pain relievers involved in more than 15,000 deaths in the United States
• 1 in 20 people in the U.S. reported using prescription painkillers for nonmedical reasons in the last year
• Enough prescription painkillers were prescribed in 2010 to medicate every adult American around the clock for a month

Source: U.S. Centers for Disease Control and Prevention, Vitalsigns newsletter, November 2011.
ED Visits involving Narcotic Pain Relievers

Number of ED Visits

- Oxycodone Products (152%)
  - 2004: 41,701
  - 2008: 105,214

- Hydrocodone Products (123%)
  - 2004: 39,844
  - 2008: 89,051

- Methadone (73%)
  - 2004: 36,806
  - 2008: 63,629

- Morphine Products (106%)
  - 2004: 13,966
  - 2008: 28,818

- Fentanyl Products (105%)
  - 2004: 9,823
  - 2008: 20,179

- Hydromorphone Products (259%)
  - 2004: 3,385
  - 2008: 12,142

* Percentages shown in parentheses represent the percent changes between 2004 and 2008.
Prescription Drug Abuse in Kentucky

- 6.6% of Kentuckians (ages 12+) have used prescription pain relievers for nonmedical reasons in past year. (KY tied for second in nation)
  - National average = 4.9%

- Kentucky prescription opioid pain reliever overdose death rate is 17.9 per 100,000 of population (KY ranks sixth in the nation)
  - National average is 11.9 per 100,000 of population

Source: Data from the 2007, 2008 and 2009 National Surveys on Drug Use and Health, published by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Statistics and Quality.
Opioid Analgesics Most Frequently Detected in Kentucky Overdose Deaths 2006 - 2011

Source: Annual reports of the Office of the Kentucky Medical Examiner, compiled by Dr. Len Paulozzi, U.S. Centers for Disease Control, 2012.

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Generation Rx

- 19% of teens report abusing prescription medications to get high.
- 40% of teens agree that prescription medicines, even if not prescribed by a doctor, are safer than illegal drugs.
- 29% of teens believe prescription pain relievers are not addictive.
- 62% of teens say prescription pain relievers are easy to get from parents’ medicine cabinets.

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“Pharm Parties”

- Short for pharmaceutical party, often attended by teens and young adults.
- Bowls and baggies of random prescription drugs called “trail mix”.
- Collecting pills from the family medicine cabinet called “pharming”.
- Internet chat rooms are used to share “recipes” for getting high with prescription drugs.

Reported by Donna Leinwand, USA Today, June 13, 2006
Addicted Newborns

• An estimated 13,539 addicted newborns in U.S. during 2009
  – More than one baby every hour
• Addicted baby health care costs increased from $190 million on 2000 to $720 million in 2009
• Hospitalization of affected newborns in Kentucky
  – from 29 in 2000 to 730 in 2011 (2,400% increase)
  – From 470 in 2009 to 730 in 2011 (55% increase)
• Kentucky officials blame prescription drugs for the dramatic increase

Source: Laura Ungar, Soaring Increase in Addicted Infants, Louisville Courier-Journal, August 26, 2012
Hydrocodone

• DEA believes hydrocodone the most abused prescription drug in the U.S. ¹
  • Usage increased 400% in last 10 years
  • Hydrocodone attributed ER visits increased 500% in last 10 years

• The U.S. has approximately 4.6% of the world’s population and consumes 99% of all the hydrocodone produced ²

• The “Cocktail”: hydrocodone, Xanax and Soma

Hydrocodone

Photo from Broadband DSLReports.com
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Oxycodone

- Street names: OC, Oxies, Roxies, Oxycotton, Hillbilly Heroin, Blue
- Highly addictive opioid
- OxyContin, Percodan, Percocet
- > 79,000,000 doses dispensed in KY in 2011
- The U.S. consumes 83% of all the oxycodone produced

“Study Drugs”: Adderall & Ritalin

- Highly addictive amphetamine based stimulants used to treat ADHD
  - 2 - 4% of college students on ADHD medication (1)
  - An estimated 5 – 10% of youth are misusing or abusing ADHD medications (2)
- As many as 20% of college students have use Adderall and Ritalin to study, write papers and take exams (1)
  - Most obtained from fellow students
  - Pill prices increase during exam time

(1) Source: Adderall Used for Recreation and Study on UMass Campus, Michelle Williams, The Massachusetts Collegian, December 7, 2010.
(2) Source: Dr. Timothy Wilens, Center of Addiction Medicine, Massachusetts General Hospital, August 15, 2012.
Fentanyl

- Synthetic opioid delivered via transdermal patch or lozenge \(^1\) (fentanyl lollipops - Actiq)
  - 50 to 100 percent more potent than morphine
- Patches stolen from nursing home patients
- Methods of abuse:\(^1\)
  - Applying multiple patches to the body at one time
  - Eating or sucking on a patch
  - Extracting the drug from a patch, mixing it with an alcohol solution, and injecting it with a hypodermic needle

\(^1\) Source: www.drug-addiction.com, *Abuse of High-Potency Fentanyl Skin Patches Linked to Hundreds of Deaths.*
The Faces of Prescription Drug Abuse
Jeff and Chris George

Photos from Palm Beach Post

Cabinet for Health and Family Services
Dr. Paul H. Volkman


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Celebrities

Photos from The Internet Movie Database

Cabinet for Health and Family Services
Stevie Nicks

Photo from starpulse.com

Cabinet for Health and Family Services
Heather Locklear

Photo from Huffpost Celebrity on Moviefone

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Provider Shopping
Provider Shopping

Provider shopping is when controlled substances are acquired by deception.

Acts related to attempting to obtain a controlled substance, a prescription for a controlled substance or administration of a controlled substance, prohibited under KRS 218A.140 include:

- Knowingly misrepresenting or withholding information from a practitioner.
- Providing a false name or address.
- Knowingly making a false statement.
- Falsely representing to be authorized to obtain controlled substances.
- Presenting a prescription that was obtained in violation of the above.
- Affixing a false or forged label to a controlled substance receptacle.
## Typical Provider Shopping Behaviors

<table>
<thead>
<tr>
<th>Patient Behaviors</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple providers of the same type</td>
<td>3 or more general practitioners, dentists, etc.</td>
</tr>
<tr>
<td>Dispensers and prescribers are in different localities from each other and the patient’s home address</td>
<td>Patient lives in Fayette county; prescriber in Franklin county; dispenser in Jessamine county</td>
</tr>
<tr>
<td>Overlapping prescriptions of the same drug from different prescriber types</td>
<td>Oxycodone scripts from dentist, family physician, and pain management doctor within 30 days</td>
</tr>
<tr>
<td>Excessive emergency room visits for non-emergency issues</td>
<td>3 or more emergency room visits in a month for chronic pain conditions</td>
</tr>
<tr>
<td>Requesting replacement for lost medications regularly</td>
<td>Patient states that controlled substance is lost and requests new prescription</td>
</tr>
<tr>
<td>Requesting early refills</td>
<td>Patient requests early refills due to extended out-of-state trip</td>
</tr>
<tr>
<td>Pressuring prescribers to prescribe specific controlled substances for the patient’s family members</td>
<td>Parent requests the pediatrician prescribe a specific controlled substance for their child stating that it is the only medication that works</td>
</tr>
<tr>
<td>Patient Behaviors</td>
<td>Examples</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Using multiple names, social security numbers, addresses, etc.</td>
<td>Patient fills three scripts under three different names</td>
</tr>
<tr>
<td>Seeking referrals to multiple pain management clinics</td>
<td>Patient requests referrals to pain management clinics without a specific diagnosis</td>
</tr>
<tr>
<td>Associating with others known to be pharmaceutical controlled substance provider shopping</td>
<td>Patient travels to clinic with another patient exhibiting shopping behavior and requests similar prescription</td>
</tr>
<tr>
<td>Self-mutilation</td>
<td>Patient presents with potential self-inflicted wound</td>
</tr>
<tr>
<td>Cash transactions</td>
<td>Patient prefers to pay cash when insurance available</td>
</tr>
<tr>
<td>Requesting partial dispensing of controlled substance script</td>
<td>Patient requests half of the script and returns for the rest within 72 hours</td>
</tr>
<tr>
<td>After-hour, weekend and holiday calls for prescriptions</td>
<td>Patient calls prescriber at midnight on Friday to request a controlled substance script</td>
</tr>
</tbody>
</table>
Three-Dimensional Cost Impact.

- Unnecessary, excessive or fraudulent prescriptions

- Related medical claims—legitimate or falsified
  - Physician office visits & other treatments
  - Diagnostic tests (imaging, nerve conduction)
  - Emergency room/urgent care clinic exams/treatments
  - Conditions caused by Rx abuse—e.g., liver damage/failure
  - Treatment of affected family members

- Incalculable potential-liability cost
  - Dangerous prescribers/prescription sellers
  - Insured’s injury or death
  - Insured’s injury of others

Key Observations. . .

• Experts’ consensus: High-cost provider cases abound, but doctor shopping is most common—and costly—form of diversion

  – Aetna: 48% of member-fraud investigations involve Rx

• Low-cost cases??

  – Natl. Assn. of Drug Diversion Investigators: Typical doctor-shopper sees 5 - 10 prescribers, costs payer $10,000 - $15,000/yr Rx + medical

  – MEDCO, 2005: “High-utilization” members’ Rx costs 7x norm

• Sole focus on Rx costs overlooks the far-greater impact

WellPoint/Anthem BCBS of Virginia

100 members with multiple narcotic Rx scripts from 5 or more sources in 90-day period:

- Prescribers: 689
- Pharmacies: 608
- Narcotic Scripts: 1,217
- Paid Narcotic Rx claims: $20,233

- Medical claims for same 100 members, same 90-day period:
  - Office visits: 4,131
  - Outpatient Facility Visits: 958
  - Total Medical Claim $: $832,172

- Average medical-to-Rx cost ratio: $41 to $1

- Full-year 100-member savings following intervention & pharmacy restriction: $333,418

DEPPB Investigators

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DEPPB Phone Number: 502-564-7985

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An Update on the KASPER Program
Status of Prescription Drug Monitoring Programs (PDMPs)

Research is current as of February 1, 2012

- **Operational PDMPs**
- **Enacted PDMP legislation, but program not yet operational**
- **Legislation pending**

GU
KASPER Operation

- KASPER tracks most Schedule II – V substances dispensed in KY.
  - Over 11 million controlled substance prescriptions reported to the system each year.
- KASPER data is 1 to 7 days old.
  - Dispensers have 7 days to report.
  - Health Information Designs processes & provides data once per day.
- Reports available to authorized individuals.
  - Available via web typically within 15 seconds (90% of requests).
  - Available 24/7 from any PC with Web access.
2012 Controlled Substances Dispensed

Number of Records in Millions

- 2006: 9.31
- 2007: 10.06
- 2008: 10.27
- 2009: 11.12
- 2010: 11.41
- 2011: 11.73
- 2012: 11.17

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2012 KASPER Reports Requested

Number of Reports In Thousands

- 2006: 273
- 2007: 362
- 2008: 418
- 2009: 533
- 2010: 708
- 2011: 811
- 2012: 2,671

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Top Prescribed Controlled Substances by Therapeutic Category by Doses - 2012

Lorazepam 4.0%  
Ativan

Zolpidem 3.5%  
Ambien

Amphetamine 2.7%  
Adderall

Phentermine 2.4%  
Adipex-P

Hydrocodone 41.5%  
Lortab  
Lorcet  
Vicodin

Diazepam 4.5%  
Valium

Clonazepam 6.6%  
Klonopin

Tramadol 6.9%  
Ultram

Alprazolam 11.8%  
Xanax

Oxycodone 15.9%  
OxyContin  
Percodan  
Percocet

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KASPER Stakeholders

- **Licensing Boards** – to investigate potential inappropriate prescribing by a licensee.
- **Practitioners** and **Pharmacists** – to review a current patient’s controlled substance prescription history for medical and/or pharmaceutical treatment.
- **Law Enforcement Officers, OIG employees, Commonwealth’s attorneys, county attorneys** - to review an individual’s controlled substance prescription history as part of a bona fide drug investigation or drug prosecution.
- **Medicaid** – to screen members for potential abuse of pharmacy benefits and to determine “lock-in”; to screen providers for adherence to prescribing guidelines for Medicaid patients.
- **A judge or probation or parole officer** – administering a drug diversion or probation program.
KASPER Usage December 31, 2012

Pharmacists = 2.1%  
(83% of KY pharmacists have accounts)

Law Enforcement = .5%  
(17% of KY LE have accounts)

Prescribers = 97.3%  
(83% of KY prescribers have accounts)

Judges, Other = .1%

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Goals of KASPER

• KASPER was designed as a tool to help address prescription drug abuse and diversion by providing:
  – A source of information for health care professionals
  – An investigative tool for law enforcement and regulatory agencies

• KASPER was not designed to:
  – Prevent people from obtaining prescription drugs
  – Decrease the number of doses dispensed
Controlled Substance Prescribing in Kentucky

Recent Legislative Changes
Pain Management Facilities
• Physician ownership requirement on all pain management facilities (PMF)
• Exception for those health facilities operating as a PMF on April 24, 2012
PMF Oversight

- Licensure boards responsible for licensure standards for practitioner-owned pain management facilities
- OIG, Division of Health Care is responsible for licensure standards for existing pain management facilities that qualify for the physician-ownership exemption of HB 1
Non-Physician Owned PMF Status

- 29 non-physician owned PMFs identified April 24, 2012 (HB1 passage date)
- 8 closed prior July 20, 2012 (HB1 effective date)
- 11 closed after HB1 effective date
- 2 newly discovered illegal or non-physician owned PMFs
- 8 PMFs being reviewed for compliance and certification
- 4 PMFs sent cease and desist letters

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• Controlled substances administered directly to a patient
  – Except in a health care facility (KRS 216B), long term care facility, child-caring facility (KRS 199.011), or to an individual in a jail, correctional facility, or juvenile detention facility

• Controlled substance administration or dispensing must be reported within one day of on or after July 1, 2013
• eKASPER registration is mandatory for Kentucky practitioners or pharmacists authorized to prescribe or dispense controlled substances to humans.
<table>
<thead>
<tr>
<th></th>
<th>12/31/2011</th>
<th>04/24/2012</th>
<th>07/20/2012</th>
<th>03/31/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor*</td>
<td>5,470</td>
<td>5,680</td>
<td>11,923</td>
<td>17,093</td>
</tr>
<tr>
<td>APRN</td>
<td>690</td>
<td>781</td>
<td>1,523</td>
<td>1,936</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>1,385</td>
<td>1,450</td>
<td>3,602</td>
<td>5,096</td>
</tr>
<tr>
<td>Total</td>
<td>7,545</td>
<td>7,911</td>
<td>17,048</td>
<td>24,125</td>
</tr>
</tbody>
</table>

*Includes physicians, dentists, optometrists and podiatrists
• Query eKASPER for previous 12 months of data:
  – Prior to initial prescribing or dispensing of a Schedule II controlled substance, or a Schedule III controlled substance containing hydrocodone
  – No less than every three months
  – Review data before issuing a new prescription or refills for a Schedule II controlled substance or a Schedule III controlled substance containing hydrocodone
• Additional rules/exceptions included in licensure board regulations
KASPER Regulations – Licensure Boards

• 201 KAR 5:130
  – Kentucky Board of Optometric Examiners KASPER requirements

• 201 KAR 8:540
  – Kentucky Board of Dentistry KASPER requirements

• 201 KAR 9:230, 201 KAR 9:260
  – Kentucky Board of Medical Licensure KASPER requirements

• 201 KAR 20:057
  – Kentucky Board of Nursing KASPER requirements

• 201 KAR 25:090
  – Kentucky Board of Podiatry KASPER requirements.
CS prescribers can obtain an eKASPER report on themselves:
- To review and assess the individual prescribing patterns
- To determine the accuracy and completeness of information contained in eKASPER
- To identify fraudulent prescriptions
Providing Reports to Patients – KRS 218A.202

- eKASPER reports can be shared with the patient or person authorized to act on the patient’s behalf
- eKASPER reports can be placed in the patient’s medical record, with the report then being deemed a medical record subject to disclosure on the same terms and conditions as an ordinary medical record
• Patient or provider should contact the dispenser to correct records in error

• Inaccurate KASPER reports due to system errors should be reported to the Drug Enforcement and Professional Practices Branch
  – 502-564-7985
## Controlled Substance Dispensing – Six Month Comparison

<table>
<thead>
<tr>
<th>Drug</th>
<th>August 2011 through January 2012</th>
<th>August 2012 through January 2013</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hydrocodone</td>
<td>120,866,065</td>
<td>106,665,492</td>
<td>-11.8%</td>
</tr>
<tr>
<td>Oxycodone</td>
<td>44,184,583</td>
<td>38,949,663</td>
<td>-11.8%</td>
</tr>
<tr>
<td>Oxymorphone</td>
<td>1,028,839</td>
<td>560,453</td>
<td>-45.5%</td>
</tr>
<tr>
<td>Alprazolam</td>
<td>36,932,559</td>
<td>31,582,961</td>
<td>-14.5%</td>
</tr>
<tr>
<td>Methylphenidate</td>
<td>5,285,258</td>
<td>5,630,657</td>
<td>+ 6.5%</td>
</tr>
<tr>
<td>Amphetamine</td>
<td>6,769,400</td>
<td>7,355,314</td>
<td>+ 8.7%</td>
</tr>
<tr>
<td>All Controlled Substances</td>
<td>375,955,720</td>
<td>337,022,081</td>
<td>-10.4%</td>
</tr>
</tbody>
</table>

**Figures shown in doses dispensed**

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Legislative Changes (HB 217)

- Administrative regulations to be promulgated:
  - Exempts CS prescribed or administered within 14 days of surgery
  - Requires KASPER query once every 12 months for patient in hospital or long term care facility
  - If KASPER queried within 12 hours of patient or resident admission and report placed in patient’s medical record
  - Exempts KASPER requirement for hospice, pain associated with cancer, single dose for anxiety prior to diagnostic test or procedure, research subjects in IRB approved studies
Legislative Changes (HB 217)

– Exempts KASPER within 7 days of initial prescribing when:
  • Substitute for initial prescribing
  • Cancels any refills
  • Requires disposal of unconsumed medication
– No requirement to report a controlled substance administered to a patient in a hospital or long term care facility
– Hospitals and long term care facilities can establish “facility” KASPER accounts
Controlled Substance Trends in Kentucky
Controlled Substance Usage 2012

Controlled Substances Usage
Per 1000 by Patients Address

Per 1000 by Patient Address
CY (Jan 01 - Dec 31) 2012

- 4,460.11 - 5,666.67
- 3,463.62 - 4,460.1
- 2,693.98 - 3,463.61
- 2,067.82 - 2,693.97
- 1,064.56 - 2,067.81

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Hydrocodone Prescribing 2012

Hydrocodone Prescriptions
by Prescribers Address

Kentucky Three Digit Zip Code Areas

Number of RXs for CY (Jan 01 - Dec 31) 2012

- 297,179 - 599,082
- 156,238 - 297,178
- 84,543 - 156,237
- 48,032 - 84,542
- 14,911 - 48,031

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Oxycodone Prescriptions by Prescribers Address

Kentucky Three Digit Zip Code Areas
Number of RX for CY (Jan 01 - Dec 31) 2012

- 58,267 - 180,171
- 35,014 - 58,266
- 17,103 - 35,013
- 5,286 - 17,102
- 921 - 5,285

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Oxymorphone Prescribing 2012

Oxymorphone Prescriptions by Prescribers Address

Kentucky Three Digit Zip Code Areas

Number of RX for CY (Jan 01 - Dec 31) 2012

- 1,734 - 3,902
- 1,038 - 1,733
- 544 - 1,037
- 159 - 543
- 0 - 158

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Oxymorphone Usage 2012

Oxymorphone Prescriptions
Per 1000 by Patients Address

Per 1000 by Patient Address
CY (Jan 01 - Dec 31) 2012

- 11.19 - 20.07
- 6.72 - 11.18
- 4.09 - 6.71
- 1.99 - 4.08
- 0.00 - 1.98

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Tramadol Prescribing 2012

Tramadol Prescriptions
by Prescribers Address

Kentucky Three Digit Zip Code Areas
Number of RX for CY (Jan 01 - Dec 31) 2012

- 30,359 - 51,264
- 15,150 - 30,358
- 9,427 - 15,149
- 6,960 - 9,426
- 3,342 - 6,949

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Alprazolam Prescribing 2012

Alprazolam Prescriptions by Prescribers Address

Kentucky Three Digit Zip Code Areas
Number of RX for CY (Jan 01 - Dec 31) 2012

- 80,460 - 167,014
- 43,790 - 80,459
- 24,707 - 43,789
- 14,389 - 24,706
- 4,436 - 14,388

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Alprazolam Usage 2012

Alprazolam Prescriptions
Per 1000 by Patients Address

Per 1000 by Patient Address
CY (Jan 01 - Dec 31) 2012
- 461.63 - 686.35
- 339.52 - 461.62
- 252.86 - 339.51
- 181.30 - 252.85
- 107.68 - 181.29

Map of Kentucky showing Alprazolam prescribing rates by county.
Diazepam Usage 2012

Diazepam Prescriptions
Per 1000 by Patients Address

Per 1000 by Patient Address
CY (Jan 01 - Dec 31) 2012
- 343.35 - 527.96
- 208.44 - 343.34
- 132.44 - 208.43
- 89.52 - 132.43
- 33.88 - 89.51

Kentucky
Cabinet for Health and Family Services
Thank You!

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