

State Plan under Title XIX of the Social Security Act
State/Territory: [Select State or Territory]

**1915(l) State Plan Option To Provide Medical Assistance For Eligible Individuals
Who Are Patients In Eligible Institutions for Mental Diseases**

General Assurances

[Select both checkboxes below.]

- ☐ Services provided under section 1915(l) are covered under the Medicaid state plan.
- ☐ Coverage is available for a maximum of 30 days per 12-month period per eligible individual from the date an eligible individual is first admitted to an eligible institution for mental diseases (IMD) in accordance with section 1915(l)(2).

Eligibility for Services

[Select checkbox below.]

- ☐ Medicaid beneficiaries ages 21 through 64 who have at least one substance use disorder (SUD) and reside in an eligible IMD primarily to receive withdrawal management and/or SUD treatment services in accordance with 1915(l)(7).

Eligible IMDs

[Select both checkboxes below.]

- ☐ The state has a process to review the compliance of eligible IMDs with nationally recognized SUD-specific program standards that are specified by the state, in accordance with section 1915(l)(4)(E).
- ☐ The state provides assurance that providers follow reliable evidence-based practices and offer at least two forms of medications for addiction treatment onsite, including one antagonist and one partial agonist for opioid use disorder, in accordance with section 1915(l)(7)(B).

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1915(l) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #93). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: _____
Supersedes TN: _____

Approval Date: _____
Effective : _____

State Plan under Title XIX of the Social Security Act
State/Territory: [Select State or Territory]

**1915(I) State Plan Option To Provide Medical Assistance For Eligible Individuals
Who Are Patients In Eligible Institutions for Mental Diseases**

Eligible IMDs (continued)

[Please briefly describe how the state ensures that eligible IMDs follow nationally recognized SUD-specific program standards and utilize evidence-based practices, including provision of medications for addiction treatment.]:

Click or tap here to enter text.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1915(I) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #93). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: _____
Supersedes TN: _____

Approval Date: _____
Effective : _____

State Plan under Title XIX of the Social Security Act
State/Territory: [Select State or Territory]

**1915(I) State Plan Option To Provide Medical Assistance For Eligible Individuals
Who Are Patients In Eligible Institutions for Mental Diseases**

Individual Placement Criteria and Utilization Management

[Select the checkbox below and describe the state's processes.]

☐ The state assures use of evidence-based, SUD-specific individual placement criteria and utilization management approaches to ensure placement of eligible individuals in an appropriate level of care, including criteria and approaches to ensure that eligible individuals receive an appropriate evidence-based clinical screening prior to receiving services in an eligible IMD, including initial and periodic reassessments to determine the appropriate level of care, length of stay, and setting for each individual, in accordance with section 1915(I)(4)(B).

Please briefly describe the state's individual placement criteria and utilization management approaches.: [Click or tap here to enter text.](#)

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1915(I) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #93). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: _____
Supersedes TN: _____

Approval Date: _____
Effective : _____

State Plan under Title XIX of the Social Security Act
State/Territory: [Select State or Territory]

**1915(I) State Plan Option To Provide Medical Assistance For Eligible Individuals
Who Are Patients In Eligible Institutions for Mental Diseases**

Comprehensive Continuum of Care
[Select all of the checkboxes below.]

☐ In accordance with section 1915(I)(4)(C), the state provides assurance that SUD treatment and withdrawal management services are covered under the state plan consistent with the following levels of care:

- ☐ Early intervention
- ☐ Outpatient services
- ☐ Intensive outpatient services
- ☐ Partial hospitalization

[Select at least two of the following residential and inpatient levels of care from the list below.]

- ☐ Clinically managed, low-intensity residential services
- ☐ Clinically managed, population specific, high-intensity residential services for adults
- ☐ Clinically managed, medium-intensity residential services for adolescents
- ☐ Clinically managed, high-intensity residential services for adults
- ☐ Medically monitored, high-intensity inpatient services for adolescents
- ☐ Medically monitored, intensive inpatient services withdrawal management for adults
- ☐ Medically managed, intensive inpatient services.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1915(I) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #93). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: _____
Supersedes TN: _____

Approval Date: _____
Effective : _____

State Plan under Title XIX of the Social Security Act
State/Territory: [Select State or Territory]

**1915(I) State Plan Option To Provide Medical Assistance For Eligible Individuals
Who Are Patients In Eligible Institutions for Mental Diseases**

Care Transitions

[Select the checkboxes below and describe how the state assures these requirements.]

☐ The state provides assurance that placement of beneficiaries in an IMD will allow for their successful transition to the community, considering factors such as proximity to an individual's support network (e.g., family members, employment, counseling and other services near an individual's place of residence), in accordance with section 1915(I)(4)(D)(i).

☐ The state provides assurance that eligible IMDs either provide services at lower levels of clinical intensity or establish relationships with Medicaid-enrolled providers offering services at lower levels of care, in accordance with section 1915(I)(4)(D)(ii).

Please briefly describe the state's transition process that will ensure a beneficiary's successful transition to the community as well as the state's process to ensure that IMDs either provide services at lower levels of clinical intensity or establish relationships with Medicaid-enrolled providers offering services at lower levels of care.:

Click or tap here to enter text.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1915(I) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #93). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: _____
Supersedes TN: _____

Approval Date: _____
Effective : _____

State Plan under Title XIX of the Social Security Act
State/Territory: [Select State or Territory]

**1915(I) State Plan Option To Provide Medical Assistance For Eligible Individuals
Who Are Patients In Eligible Institutions for Mental Diseases**

SUD Provider Assessment
[Select the checkbox below.]

☐ In accordance with section 1915(I)(4)(F), the state provides assurance that an assessment of availability of SUD treatment at all levels of care, including the availability of medications for addiction treatment and medically supervised withdrawal management services and how such availability varies by region of the state, will be completed by the state, pursuant to the timeframes outlined in section 1915(I)(4)(F).

Maintenance of Effort (MOE)
[Select the checkbox below.]

☐ The state provides assurance that it will annually maintain or exceed state and local funding, including the state share of Medicaid expenditures, on items and services described in section 1915(I)(3) that are furnished to eligible individuals in outpatient, community-based settings.

[Select one checkbox below.]

☐ The funding amount is based on federal fiscal year 2018.

☐ The funding amount is based on the most recently completed federal fiscal year as of the date the state submits the 1915(I) SPA.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1915(I) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #93). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: _____
Supersedes TN: _____

Approval Date: _____
Effective : _____

State Plan under Title XIX of the Social Security Act
State/Territory: [Select State or Territory]

**1915(I) State Plan Option To Provide Medical Assistance For Eligible Individuals
Who Are Patients In Eligible Institutions for Mental Diseases**

[Optional] Please add additional information here.:
Click or tap here to enter text.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1915(I) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #93). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: _____
Supersedes TN: _____

Approval Date: _____
Effective : _____