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State/Territory Name: Tennessee

State Plan Amendment (SPA) #: 21-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

May 28, 2021

Stephen Smith
Director, Division of TennCare
Attention: George Woods
310 Great Circle Road
Nashville, TN 37243

Re: Tennessee State Plan Amendment 21-0002

Dear Mr. Smith:

We reviewed your proposed Medicaid State Plan Amendment, TN 21-0002, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 1, 2021. This amendment proposes to implement the 1915(l) State Plan Option that provides Medicaid Assistance for eligible individuals who are patients in eligible institutions for mental diseases (IMD) in accordance with Section 5052 of Public Law 115-271.

CMS approved TN 21-0002 on May 28, 2021, with an effective date of March 1, 2021.

If you have any questions regarding this amendment, please contact William Pak at (404) 562-7407 or via email at William.Pak@cms.hhs.gov.

Sincerely,

A black rectangular redaction box covers the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations
Medicaid and CHIP Operations Group

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 21-0002	2. STATE TENNESSEE
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE March 1, 2021	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: § 1915(1) of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 2021 \$0 b. FFY 2022 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 4 to Attachment 3.1-A, pages 1 – 3. Attachment 3.1-A, Item 27, page 12.		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): New pages.	
10. SUBJECT OF AMENDMENT: Add SSA § 1915(1) State Plan Option for reimbursement of state plan substance use disorder services delivered in an IMD setting.			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT		<input type="checkbox"/> OTHER, AS SPECIFIED:	
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Tennessee Department of Finance and Administration Division of TennCare 310 Great Circle Road Nashville, Tennessee 37243 Attention: George Woods	
13. TYPED NAME: Stephen Smith			
14. TITLE: Director, Division of TennCare			
15. DATE SUBMITTED: March 1, 2021			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: March 1, 2021		18. DATE APPROVED: May 28, 2021	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: March 01, 2021		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: James G. Scott		22. TITLE: DPO Division Director	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: TENNESSEE

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

General assurances

- Services provided under 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 IMD.

Eligibility for Services

- Medicaid beneficiaries age 21 through 64 who have at least one substance use disorder and reside in an eligible institution for mental diseases (IMD) primarily to receive withdrawal management or substance use disorder treatment services.

Eligible IMDs

- The state provides assurance that providers follow reliable evidence-based practices and offer at least two forms of medication-assisted treatment onsite, including one antagonist and one partial agonist for opioid use disorder, in accordance with 1915(l)(7)(C).

Please briefly describe how the state assures the provision of evidence-based practices, including medication-assisted treatment, in IMDs:

The state assures that IMDs follow reliable evidence-based practices and offer two forms of MAT on-site (one antagonist and one partial agonist).

The state partners with managed care organizations for monitoring of standards for evidence-based practices, and for ensuring that all IMDs offer two forms of MAT on-site. The state Medicaid agency and the state's substance use disorder agency (the licensing agency for these facilities) work collaboratively to ensure adequate education and communication with IMDs about these requirements.

TN No. 21-0002

Supersedes

TN No. New

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: TENNESSEE

Evidence-based Clinical Screening

The state provides assurance 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.

Please briefly describe the assessment process or processes the state will use to obtain information to determine the appropriate level of care, length of stay, and treatment setting:

Prior authorization is required for SUD treatment services in IMDs, which involves a review of the provider's request for services, including a comprehensive diagnostic assessment prior to admission. All substance use disorder treatment services in Tennessee are delivered through a managed care service delivery system. The state requires that its contracted MCOs have in place, and follow, written policies and procedures for processing requests for initial and continuing authorizations of services and have in effect mechanisms to ensure consistent application of review criteria for authorization decisions.

Network providers (including IMDs) are also required to follow evidence-based Level of Care Guidelines established or adopted by the MCOs, which are used to ensure correct placement aligned with ASAM criteria.

Comprehensive Continuum of Care

In accordance with section 1915(l)(4)(C), the states 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

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: TENNESSEE

Please select at least two of the following residential and inpatient levels of care:

- 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.

Care Transitions

The state provides assurance that placement of beneficiaries in an IMD will allow for their successful transition to the community, considering such factors 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 1915(l)(4)(D)(i).

Please briefly describe the state's transition process that will ensure a beneficiary's successful transition to the community:

As part of the utilization review process for continued stay criteria, ongoing discharge planning is required. The state requires that all enrollees discharged from all Residential Treatment Facilities (including IMDs) be evaluated for mental health and substance abuse services as medically necessary and provided with appropriate behavioral health follow-up services. Step-down outpatient services post discharge includes Opioid Use Disorder Medication Assisted Treatment Program, Intensive Outpatient Treatment, and Peer Recovery Services. These services include counseling and care coordination.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: TENNESSEE

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 pursuant to 1915(l)(4)(D)(ii).

Please briefly describe how the state assures that IMDs either provide services at lower levels of clinical intensity or establishes relationships with Medicaid-enrolled providers offering services at lower levels of care:

The state requires that all enrollees discharged from all Residential Treatment Facilities (including IMDs) be evaluated for mental health and substance abuse services as medically necessary and provided with appropriate behavioral health follow-up services. IMDs may also coordinate discharge planning with MCOs, especially for the medically complex beneficiaries. The MCOs also monitor discharge plans and provide coordination of care. The state provides access to a robust provider network that furnishes Medication Assisted Treatment in the community.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: TENNESSEE

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY
GROUP (S): Children Under 21, Pregnant Women.

27. 1915(l) state plan option to provide medical assistance for eligible individuals who are patients in eligible institutions for mental diseases (IMD), provided as defined, described and limited in Supplement 4 to Attachment 3.1-A.

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