Substance Use Disorder - Targeted Learning Opportunities

Expression of Interest

State/Territory:	
[Insert a brief description of the primary goals your state wants to achieve through participating in IAP-SUD. As part of this description, you can include information such as specific topic areas you want to focus on, the types of data analysis your team would like to do, etc.]	
Team Members	Name and Contact Information
Medicaid lead*	
Data lead	
SSA for Substance Use Disorder lead	
Other potential stakeholders for team (e.g., health plans, provider groups)	

*Please identify a single point-of-contact

Please email this form to MedicaidIAP@cms.hhs.gov with "SUD TLO" in the subject line. Please provide the name and contact information for the representative from the Medicaid agency that will be the primary point of contact for IAP-SUD activities.