

**ATTACHMENT A**

**21st Century Cures Act  
Section 12002 Study**

**State Territory Survey**

*August 2018*

**PRA Disclosure Statement** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-TBD (Expires: TBD). The time required to complete this information collection is estimated to average **2 hours** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

The purpose of this study is to examine coverage of services provided through Medicaid managed care to adults ages 21 to 64 who are receiving treatment of a psychiatric condition or substance use disorder (SUD) in institutions for mental diseases (IMDs). It will take approximately two (2) hours to complete this survey, including the time for reviewing instructions, gathering the data needed to answer questions, and answering the questions. The survey does not need to be completed in one sitting and will automatically save your answers as you enter them.

Except where noted, all questions in this survey refer to adults aged 21-64 who are receiving psychiatric or SUD treatment in IMDs in lieu of covered services as permitted by [42 Code of Federal Regulations §438.6\(e\)](#) (known as the 2016 Medicaid Managed Care Final Rule). Please refer to the attached glossary for additional definitions.

### Helpful Materials

Before completing the survey, it may be useful to gather the following materials to help you answer questions:

- State Medicaid managed care contract language and regulations regarding use of IMDs;
- State guidance to managed care plans regarding use of IMDs; and
- Monitoring and evaluation data or reports

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### ( We want you to know that:

1. By responding to this survey, you are providing critical information about your state Medicaid program to the U.S. Department of Health and Human Services. We hope that you can provide answers to as many questions as possible.
2. CMS is committed to protecting the privacy of individuals who participate in surveys. All information you provide will be used for research purposes only.

**1. List the names, titles, and agencies of the individuals who are completing this survey.**

	Name	Title	Agency
a.	<input type="text"/>	<input type="text"/>	<input type="text"/>
b.	<input type="text"/>	<input type="text"/>	<input type="text"/>
c.	<input type="text"/>	<input type="text"/>	<input type="text"/>
d.	<input type="text"/>	<input type="text"/>	<input type="text"/>
e.	<input type="text"/>	<input type="text"/>	<input type="text"/>

**1a. Whom should we contact with follow up questions about this survey? Provide an e-mail address and phone number for the best person to answer questions about your state's responses.**

EMAIL

PHONE NUMBER

**2. Describe your state's payment methods for Medicaid inpatient psychiatric and inpatient SUD treatment as of July 1, 2018.**

*Select one only*

- All Medicaid inpatient psychiatric and inpatient SUD treatment is covered on a fee-for-service (FFS) basis. [GO TO QUESTION 16]
- Some Medicaid inpatient psychiatric and inpatient SUD treatment is covered on a FFS basis and some is covered through managed care plans.
- All Medicaid inpatient psychiatric and inpatient SUD treatment is covered through managed care plans.

**3. Indicate which of these inpatient services are covered through any of the Medicaid managed care plans (MCOs or PIHPs) in your state/territory as of July 1, 2018.**

- Inpatient psychiatric treatment
- Inpatient SUD treatment

**3a. Please describe any exclusions or carve outs of these benefits (and the degree to which these exclusions or carve outs differ across managed care programs) or provide additional comments below.**

- 4. Does your state/territory permit any of its Medicaid managed care organizations (MCOs) and/or prepaid inpatient health plans (PIHPs) to cover services for enrollees aged 21-64 who are receiving inpatient psychiatric and SUD treatment in IMDs in lieu of covered services under any of its Medicaid managed care contracts as permitted under 42 CFR 438.6(e) as of July 1, 2018?**
- Yes
- No [GO TO QUESTION 5]
- 4a. Does your state/territory permit any of its MCOs and/or PIHPs to cover services for enrollees age 21-64 who are receiving inpatient PSYCHIATRIC treatment in IMDs in lieu of covered services?**
- Yes
- No
- 4b. Does your state/territory permit any of its MCOs and/or PIHPs to cover services for enrollees age 21-64 who are receiving inpatient SUD treatment in IMDs in lieu of covered services?**
- Yes
- No

5. Does your state/territory permit any of its Medicaid MCOs and/or PIHPs to cover services for enrollees aged 21-64 who are receiving inpatient treatment in IMDs under its Medicaid managed care contracts using Section 1115 waiver authority as of July 1, 2018?
- Yes
- No

**IF STATE SELECTED NO IN Q4, GO TO QUESTION 16 AFTER STATE COMPLETES THIS QUESTION**

- 5a. Does your state/territory permit any of its MCOs and/or PIHPs to cover services for enrollees age 21-64 who are receiving inpatient PSYCHIATRIC treatment in IMDs in lieu of covered services?
- Yes
- No
- 5b. Does your state/territory permit any of its MCOs and/or PIHPs to cover services for enrollees age 21-64 who are receiving inpatient SUD treatment in IMDs in lieu of covered services?
- Yes
- No

6. Describe why your state/territory decided to permit plans to cover services for enrollees who are receiving treatment in IMDs in lieu of covered services as permitted under 42 CFR 438.6(e). How did your state/territory determine which types of managed care plans to permit to cover services for such enrollees?

**7. Provide the names of the Medicaid managed care programs that were permitted to cover services for enrollees who are receiving inpatient treatment in IMDs in lieu of covered services as permitted under 42 CFR 438.6(e) as of July 1, 2018. Please:**

- a. Indicate if the managed care program includes comprehensive MCOs and/or PIHPs;
- b. Select the inpatient services covered by the state's contract with the plan under the managed care program; and
- c. Indicate if all plans operating in the managed care program are permitted to cover services for enrollees in IMDs. If no, please describe any exceptions in the notes column.

MANAGED CARE PROGRAM NAME	A		B		C		NOTES
	Plan type		Inpatient services covered in plan contract		Are <u>all</u> plans operating in this program permitted to cover services for enrollees in IMDs?		
	Com p MCO	PIH P	Inpatient psychiatric	Inpatient SUD	YES	NO	
a.	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>	<input type="text"/>
b.	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>	<input type="text"/>
c.	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>	<input type="text"/>
d.	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>	<input type="text"/>
e.	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>	<input type="text"/>
f.	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>	<input type="text"/>
g.	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>	<input type="text"/>
h.	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>	<input type="text"/>
i.	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>	<input type="text"/>
j.	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>	<input type="text"/>

**8. In the table below, indicate the total number of unduplicated individuals aged 21-64 ever enrolled in each program (whether or not such enrollees received treatment in an IMD) in the last 12-month contract period for which data are available. Indicate the data source and the reporting period reflected. Example data sources include state Medicaid agency plan enrollment files, plan-reported enrollment files, MMIS eligibility files.**

(Please note, the reporting period for this Question as well as Questions 9 and 10 should reflect the most recent period where the state allowed plans to cover services for enrollees treated in IMDs in lieu of covered services as permitted under 438.6(e). For states that began allowing plans to cover services for enrollees treated in IMDs in lieu of covered services as permitted under 438.6(e) **DURING** the most recent 12-month contract period for which data are available (e.g., not at the start of the contract period, but sometime within that period), please use the first day in which services for enrollees treated in IMDs were covered as the start of the reporting period. The last day of the reporting period should reflect the end of the contract period. In this scenario, the reporting period will be less than 12 months.)

[Programs pre-populated from Q7]	Total number ever enrolled in program during most recent 12-month period	Data Source(s)	Reporting period (mm/dd/yyyy – mm/dd/yyyy)
a.	<input type="text"/>		
b.	<input type="text"/>		
c.	<input type="text"/>		
d.	<input type="text"/>		
e.	<input type="text"/>		
f.	<input type="text"/>		
g.	<input type="text"/>		
h.	<input type="text"/>		
i.	<input type="text"/>		
j.	<input type="text"/>		
k. TOTAL	<input type="text"/>		



**9. In the table below, for each program indicate:**

- A. The total number of individuals aged 21-64 ever enrolled who had one or more admissions to an IMD in lieu of covered services as permitted under 438.6(e) at any point in the last 12-month contract period\* for which data are available.
- B. The total number of stays in IMDs among all enrollees aged 21-64 who received treatment in IMDs through MCOs and/or PIHPs in lieu of covered services as permitted under 438.6(e) for the same 12 month contract period\* referenced in 9 A.
- C. The reporting period the data cover. For states that began allowing plans to cover services for enrollees treated in IMDs in lieu of covered services as permitted under 438.6(e) DURING the most recent 12-month contract period for which data are available (e.g. not at the start of the contract period, but sometime within that period), please use the first day in which services for enrollees treated in IMDs were covered as the start of the reporting period. The last day of the reporting period should reflect the end of the contract period. In this scenario, the reporting period will be less than 12 months.

**Please refer to the attached glossary for definitions and the attached example template to assist you in generating totals.**

	A	B	C
	Total number of individuals aged 21-64 who received services in IMDs in lieu of covered services during the most recent 12-month contract period*	Total number of IMD stays among enrollees aged 21-64 during the most recent 12-month contract period*	Reporting period mm/dd/yyyy – mm/dd/yyyy)
[Programs pre-populated from Q7]			
a.	<input type="text"/>	<input type="text"/>	<input type="text"/>
b.	<input type="text"/>	<input type="text"/>	<input type="text"/>
c.	<input type="text"/>	<input type="text"/>	<input type="text"/>
d.	<input type="text"/>	<input type="text"/>	<input type="text"/>
e.	<input type="text"/>	<input type="text"/>	<input type="text"/>
f.	<input type="text"/>	<input type="text"/>	<input type="text"/>
g.	<input type="text"/>	<input type="text"/>	<input type="text"/>
h.	<input type="text"/>	<input type="text"/>	<input type="text"/>
i.	<input type="text"/>	<input type="text"/>	<input type="text"/>
j.	<input type="text"/>	<input type="text"/>	<input type="text"/>
k. TOTAL	<input type="text"/>		

\* NOTE: For states that began allowing plans to cover services for enrollees treated in IMDs in lieu of covered services as permitted under 438.6(e) DURING the most recent 12-month contract period for which data are available (e.g. not at the start of the contract period, but sometime within that period), please use the first day in which services for enrollees treated in IMDs were covered as the start of the reporting period. The last day of the reporting period should reflect the end of the contract period. In this scenario, the reporting period will be less than 12 months.

10. What was the total number of days that all individuals aged 21-64 who received inpatient treatment in IMDs through MCOs and/or PIHPs in lieu of covered services spent in IMDs in the last 12 month contract period\* for which data are available? Please refer to the attached example template to assist you in generating totals.

Reporting period\* (mm/dd/yyyy - mm/dd/yyyy)

TOTAL NUMBER OF DAYS

**Please indicate the data source(s) used to answer this question.**

DATA SOURCES

\* NOTE: For states that began allowing plans to cover services for enrollees treated in IMDs in lieu of covered services as permitted under 438.6(e) DURING the most recent 12-month contract period for which data are available (e.g. not at the start of the contract period, but sometime within that period), please use the first day in which services for enrollees treated in IMDs were covered as the start of the reporting period. The last day of the reporting period should reflect the end of the contract period. In this scenario, the reporting period will be less than 12 months.

11. States and territories that permit plans to cover services for individuals aged 21-64 receiving inpatient treatment in IMDs in lieu of covered services as permitted under 438.6(e) are required to have contract provisions governing the provision of services in IMDs. If possible, please paste the relevant language from your state/territory's managed care contracts below.

**12. Does your state provide guidance (formal or informal) to plans about the provision of services in IMDs in lieu of covered services beyond required contract provisions?**

- Yes
- No [GO TO QUESTION 13]

**12a. If yes, what format does this guidance take? Please select all that apply:**

- Formal guidance outside of contracts.**

Please describe the format for this guidance (e.g. notices or letters to plans, medical guidelines, or other documents) and the year in which it was issued. Please also indicate what the guidance covers (e.g. ensuring that IMD services are voluntary for enrollees or that no more than 15 days in a month are covered using FFP.) If publicly available, please provide a link to this guidance.

- Informal guidance. Please describe the format for this guidance (e.g. letters to plans, state standard documentation). If publicly available, please provide a link to this guidance.**

**13. Did permitting plans to cover services for enrollees aged 21-64 who are receiving psychiatric or SUD treatment in IMDs in lieu of covered services as allowed under 42 CFR 438.6(e) *change* the inpatient psychiatric or SUD component of your state/territory's capitation rate?**

Yes

No

**IF YES:**

**13a. What area of the policy clarified under 438.6(e) changed capitation rates?**

Including/changing utilization of services provided in IMDs

Pricing utilization at the cost of the same services through providers included under the State plan

Other (Specify)

Specify

**13b. Please describe how the inpatient psychiatric or SUD component of your state/territory's capitation rate changed (e.g., increased due to differences in costs of services provided in IMDs versus inpatient hospitals).**

**14. Describe how your state/territory ensures that federal Medicaid matching funds (FFP) are not used for full capitation payments to managed care plans for enrollees who receive treatment in an IMD in lieu of covered services for more than 15 days in any one month. (Please exclude IMD coverage over 15 days in any one month that is authorized under Section 1115 authority. If IMD coverage included in capitation rates is only under Section 1115 authority, respond with N/A.)**

**14a. How does your state or territory monitor the length of time a plan enrollee receives services in an IMD? Please describe:**

**14b. If different from above, how does your state or territory become aware that an enrollee has an IMD length of stay of more than 15 days in a given month? Please describe:**

**14c. If your state or territory becomes aware that an enrollee has an IMD length of stay of more than 15 days in a given month, does your state or territory**

*Select all that apply*

- Pro-rate capitation payments for such enrollees (that is, retroactively adjust monthly capitation rates to cover only the days when the enrollee is not a patient in an IMD)?
- Pay for stays of more than 15 days with state general funds?
- Other (Specify)

Specify

15. Based on your experience so far, has the option to provide capitation payments to MCOs and PIHPs for enrollees aged 21-64 who are receiving inpatient psychiatric or inpatient SUD treatment in IMDs up to 15 days in any one month increased or decreased access to inpatient psychiatric and inpatient SUD treatment for adult Medicaid managed care enrollees? Please describe.

16. Does your state/territory plan to permit its Medicaid MCOs and/or PIHPs to cover services for enrollees aged 21-64 who are receiving inpatient treatment in IMDs in lieu of covered services under any of its Medicaid managed care contracts as permitted under 42 CFR 438.6(e) in the future?

Yes

No

- 16a. If no, why did your state/territory decide *NOT* to permit its Medicaid MCOs and/or PIHPs to cover services for enrollees aged 21-64 who are receiving inpatient treatment in IMDs in lieu of covered services under any of its Medicaid managed care contracts as permitted under 42 CFR 438.6(e)? Please describe.

**Thank you for your participation!**