ALL TRIBES’ CALL – WEBINAR
Institutions for Mental Diseases (IMD) for Indian Country

JUNE 9, 2015
4:00 – 5:00 PM ET
Registration: http://go.cms.gov/imdwebinar
1-888-490-2759
Participant passcode: 617132

Please join IHS, SAMSHA and CMS on an All Tribes’ Call - Webinar to learn more information about how Medicaid reimbursement might be available for mental health services provided to persons in residential treatment centers. Under the Medicaid laws, Medicaid payment is not allowed for services provided in Institutions for Mental Diseases (IMD) that have more than 16 beds. However, there are exceptions to this rule. The purpose of the call will be to learn about the IMD exclusion, the exceptions, and what this means for Indian Country.

BACKGROUND: The Institutions for Mental Diseases (IMD) exclusion means that no Federal Medicaid funds are available for services provided either in or outside the facility for persons residing in IMDs. The IMD exclusion dates back to 1965 and is based on the States’ responsibility to provide for and fund inpatient psychiatric services to its citizens.

The IMD exclusion is limited to those entities that provide residential treatment to persons with mental illnesses or substance use disorders, and have more than sixteen beds.

If the facility has less than 16 beds, the IMD exclusion does not apply and the facility can bill Medicaid for services provided to eligible Medicaid persons at any age. For these facilities, room and board is not a reimbursable service unless they are licensed as an inpatient hospital or a Psychiatric Residential Treatment Facility (PRTF).

For IMD facilities that have more than 16 beds, there are two exceptions:

- Medicaid coverage is allowed if the facility provides services to patients under age 21 (up to age 20) and is qualified as a psychiatric hospital, psychiatric unit of a general hospital, or PRTF.
- Medicaid coverage is allowed if the facility is a hospital or nursing facility and provides services to patients age 65 and over.