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State/Territory Name: **District of Columbia**

State Plan Amendment (SPA) #: **21-0004**

This file contains the following documents in the order listed:

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



Medicaid and CHIP Operations Group

June 8, 2021

Melisa Byrd
Medicaid Director
Department of Health Care Finance
441 4th Street, N.W., 9th floor, South
Washington, D.C. 20001

Re: District of Columbia State Plan Amendment (SPA) 21-0004

Dear Ms. Byrd:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) DC 21-0004. This amendment will permit the District of Columbia to provide medication-assisted treatment (MAT) for opioids use disorder (OUD) as a mandatory state plan benefit in compliance with section 1006(b) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act). The SPA assures that the District covers as a mandatory benefit all FDA approved MAT drugs, FDA licensed MAT biological products, and MAT behavioral counseling and therapy services.

Section 1006(b) of the SUPPORT for Patients and Communities Act (SUPPORT Act), signed into law on October 24, 2018, amended section 1902(a)(10)(A) of the Act to require state Medicaid plans to include coverage of MAT for all eligible to enroll in the state plan or waiver of state plan. Section 1006(b) also added a new paragraph 1905(a)(29) to the Act to include the new required benefit in the definition of “medical assistance” and to specify that the new required benefit will be in effect for the period beginning October 1, 2020, and ending September 30, 2025.

Section 1006(b) of the SUPPORT Act also added section 1905(ee)(1) to the Act to define MAT, for purposes of the new required coverage, as:

. . . all drugs approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355), including methadone, and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) to treat opioid use disorders; and[,] . . . with respect to the provision of such drugs and biological products, counseling services and behavioral therapy.

Pursuant to section 1135(b)(5) and/or 1135(b)(1)(C) of the Act, due to the COVID-19 public health emergency (PHE), CMS issued an approval letter on March 12, 2021 allowing the District of Columbia to modify the SPA submission requirements at 42 C.F.R. 430.20, to allow the state to submit a SPA implementing section 1905(a)(29) of the Act by March 31, 2021 that would take effect on October 1, 2020.

Pursuant to section 1135(b)(5) and/or 1135(b)(1)(C) of the Act, due to the COVID-19 PHE, CMS issued an approval letter on March 12, 2021 allowing the District of Columbia to modify the public notice time frames set forth at 42 C.F.R. 447.205, in order to obtain an effective date of October 1, 2020 for its SPA implementing statewide methods and standards for setting payment rates for the benefit described at section 1905(a)(29) of the Act. The state issued public notice February 26, 2021.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that the District of Columbia's Medicaid SPA Transmittal Number 21-0004 was approved on June 7, 2021 with an effective date of October 1, 2020 until September 30, 2025, pursuant to 1905(a)(29) of the Social Security Act and Section 1006(b) of the of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act.

If you have any questions, please contact LCDR Frankeena McGuire at 215-861-4754 or via email at Frankeena.McGuire@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

cc: Alice Weiss, DHCF
Mario Ramsey, DHCF
Nicole McKnight, CMS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 21-0004	2. STATE: District of Columbia
3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act		

TO: Regional Administrator Centers for Medicare & Medicaid Services Department of Health and Human Services	4. PROPOSED EFFECTIVE DATE: October 1, 2020
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5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN
 AMENDMENT TO BE CONSIDERED AS NEW PLAN
 AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)


6. FEDERAL STATUTE/REGULATION CITATION: Section 1905(a)(29) of the Social Security Act	7. FEDERAL BUDGET IMPACT: FFY21: \$0 FFY22: \$0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 3.1-A: pages 43-50; Supplement 1 to Attachment 3.1-B: pages 42-49; and Attachment 4.19-B: page 34	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): N/A
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10. SUBJECT OF AMENDMENT:
Medication Assisted Treatment (MAT) for Opioid Use Disorders (OUD)

11. GOVERNOR'S REVIEW (*Check One*)

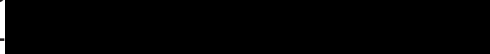
GOVERNOR'S OFFICE REPORTED NO COMMENT
 OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 D.C. Act: 22-434
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Melisa Byrd Senior Deputy Director/Medicaid Director Department of Health Care Finance 441 4 th Street, NW, 9 th Floor, South Washington, DC 20001
13. TYPED NAME Melisa Byrd	
14. TITLE Senior Deputy Director/Medicaid Director	
15. DATE SUBMITTED 3/26/21	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 3/26/21	18. DATE APPROVED 06/07/2021
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2020	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME James G. Scott	22. TITLE Director, Division of Program Operations

23. REMARKS

1905(a)(29) Medication-Assisted Treatment (MAT)

Citation: 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy

29. 1905(a)(29) X MAT as described and limited in Supplement 1 to Attachment 3.1-A.

29. 1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy

i. General Assurance

MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020, and ending September 30, 2025.

ii. Assurances

- a. The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).
- b. The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.
- c. The state assures coverage for all formulations of MAT drugs and biologicals for OUD that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

iii. Service Package

From October 1, 2020, through September 30, 2025, the state assures that MAT to treat OUD as defined at section 1905(ee)(1) of the Social Security Act (the Act) is covered exclusively under section 1905(a)(29) of the Act.

The state covers the following counseling services and behavioral health therapies as part of MAT.

- a. Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

Medication Assisted Treatment Counseling and Behavioral Therapy Services

<u>Service</u>	<u>Service Description</u>	<u>Provider</u>
Crisis Intervention	An immediate, short-term opioid abuse treatment approach that is intended to	1. Qualified counselors in Department of Behavioral Health (DBH) certified

	<p>assist an individual to resolve a personal crisis. Crises are events that significantly jeopardize treatment, recovery progress, health, and/or safety.</p>	<p>treatment facilities, programs or community-based settings.</p> <p>2. Qualified practitioners who may serve as a counselor and provide crisis intervention services include:</p> <ul style="list-style-type: none"> • Physicians • Psychologists • Licensed Independent Clinical Social Workers • Advanced Practice Registered Nurses • Registered Nurses • Licensed Professional Counselors • Licensed Independent Social Workers • Licensed Marriage and Family Therapists • Licensed Graduate Social Workers • Certified Addiction Counselors
<p>Opioid Abuse Counseling (Individual, Group, and Family)</p>	<p>A face-to-face, interactive process conducted in individual, group, or family settings and focused on assisting an individual who is manifesting an opioid use disorder.</p> <p>The aim of Opioid Abuse Counseling is to cultivate the awareness, skills, and supports to facilitate long-term recovery from opioid abuse.</p>	<p>1. Qualified counselors in DBH certified treatment facilities, programs or community-based settings.</p> <p>2. Qualified practitioners who may serve as a counselor and provide opioid abuse counseling include:</p> <ul style="list-style-type: none"> • Physicians • Psychologists • Licensed Independent Clinical Social Workers • Advanced Practice Registered Nurses • Registered Nurses

	<p>Opioid Abuse Counseling addresses the specific issues identified in a treatment plan.</p> <p>Opioid Abuse Counseling shall be conducted in accordance with the requirements established in District regulations as follows:</p> <ul style="list-style-type: none"> • Individual Opioid Abuse Counseling is face-to-face interaction with an individual for the purpose of assessment or supporting the patient's recovery. • Group Opioid Abuse Counseling facilitates disclosure of issues that permit generalization to a larger group; promotes help-seeking and supportive behaviors; encourages productive and positive interpersonal communication; provides psycho-education; and develops motivation through peer pressure, structured confrontation and constructive feedback. • Family Opioid Abuse Counseling is planned, goal-oriented therapeutic interaction between a qualified practitioner, the beneficiary, and his or her family. Family Counseling may also occur without the beneficiary present if it is for the benefit of the 	<ul style="list-style-type: none"> • Licensed Professional Counselors • Licensed Independent Social Workers • Licensed Marriage and Family Therapists • Licensed Graduate Social Workers • Certified Addiction Counselors
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	<p>beneficiary and related to opioid use disorder recovery. A family member is an individual identified by the beneficiary as a person with whom the beneficiary has a significant relationship and whose participation is important to the beneficiary's recovery. Family therapy service that involves the participation of a non-Medicaid eligible individual is for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service.</p>	
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- b. Please include each practitioner and provider entity that furnishes each service and component service.

See table above.

- c. Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

Medication Assisted Treatment Provider Qualifications

<u>Provider</u>	<u>Qualifications</u>
Physician	Licensed by the District of Columbia to furnish services within their scope of practice in accordance with state law.
Psychologist	Licensed by the District of Columbia to furnish services within their scope of practice in accordance with state law.
Licensed Independent Clinical Social Worker	Licensed by the District of Columbia to furnish services within their scope of practice in accordance with state law.
Advanced Practice Registered Nurse	Licensed by the District of Columbia to furnish services within their scope of practice in accordance with state law.
Registered Nurse	Licensed by the District of Columbia to furnish services within their scope of practice in accordance with state law.
Licensed Professional Counselor	Licensed by the District of Columbia to furnish services within their scope of practice in accordance with state law.
Licensed Independent Social Worker	Licensed by the District of Columbia to furnish services within their scope of practice in accordance with state law.
Licensed Marriage and Family Therapist	Licensed by the District of Columbia to furnish services within their scope of practice in accordance with state law.
Licensed Graduate Social Worker	Licensed by the District of Columbia to furnish services within their scope of practice in accordance with state law.
Certified Addiction Counselor	<ol style="list-style-type: none"> 1. Certified by the Board of Professional Counseling (Board) as an addiction counselor in accordance with state law. 2. Meets one of the following educational or experience requirements: <ul style="list-style-type: none"> • Graduated with an associate degree in health or human services from an accredited institution that incorporates the academic course work and minimum hours of supervised training required by the Board and whose program is accredited by an agency recognized by the U.S. Department of Education; or

	<ul style="list-style-type: none"> • Has at least 2 years of documented, supervised experience in the field of addiction counseling. <p>3. Passed a national exam approved by the Board.</p> <p>4. Practices addiction counseling under the supervision of a qualified health professional.</p>
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iv. Utilization Controls

 X The state has drug utilization controls in place. (Check each of the following that apply)

- X Generic first policy
- X Preferred drug lists
- X Clinical criteria
- X Quantity limits

 The state does not have drug utilization controls in place.

v. Limitations: Describe the state’s limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.

<u>Service</u>	<u>Limitations</u>
Methadone for MAT	A beneficiary can be prescribed a maximum of one (1) dose/unit per day. An initial and second authorization cover a period of ninety (90) days each; subsequent authorizations must not exceed one hundred and eighty (180) days each. The maximum number of doses over a twelve (12) month period is two hundred-fifty (250) units of medication. Any dosing over two hundred-fifty (250) units will require DBH review and authorization. These limitations may be exceeded based on a determination of medical necessity through the prior authorization (PA) process.
All other non-Methadone MAT drugs approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355)	May be prescribed and dispensed without PA up to the U.S. Food and Drug Administration (FDA) approved maximum daily dose, but PA is required to prescribe and dispense at amounts

	above the FDA approved maximum daily dose.
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PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section 1006(b) of the SUPPORT for Patients and Communities Act (P.L. 115-271) enacted on October 24, 2018. Section 1006(b) requires state Medicaid plans to provide coverage of Medication-Assisted Treatment (MAT) for all Medicaid enrollees as a mandatory Medicaid state plan benefit for the period beginning October 1, 2020, and ending September 30, 2025. 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 # 60). Public burden for all of the collection of information requirements under this control number is estimated to take about 80 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.

1905(a)(29) Medication-Assisted Treatment (MAT)

Citation: 3.1(b)(1) Amount, Duration, and Scope of Services: Medically Needy

29. 1905(a)(29) X MAT as described and limited in Supplement 1 to Attachment 3.1-B.

29. 1905(a)(29) Medication-Assisted Treatment (MAT)

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31. 1905(a)(29) Medication-Assisted Treatment (MAT)

A. Reimbursable MAT services and provider standards are defined per Supplement 1 to Attachment 3.1-A, pages 43-50 and per Supplement 1 to Attachment 3.1-B pages 42-49.

B. MAT services are reimbursed as follows:

<u>Service</u>	<u>Reimbursement State Plan Pages</u>
Methadone for MAT	Reimbursement methodology is described in Supplement 2 to Attachment 4.19-B, pages 2-3.
Unbundled prescribed drugs and biologicals dispensed or administered for MAT use.	Reimbursement methodology is described in Attachment 4.19-B, Part I, pages 2-3c.
Crisis Intervention	Reimbursement methodology is described in Supplement 2 to Attachment 4.19-B, pages 2-3.
Opioid Abuse Counseling (Individual, Group, and Family)	Reimbursement methodology is described in Supplement 2 to Attachment 4.19-B, pages 2-3.