

## **Table of Contents**

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

**State Plan Amendment (SPA) #: 25-0009**

**This file contains the following documents in the order listed:**

- 1) Approval Letter
- 2) Form CMS-179
- 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

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February 12, 2026

Melisa Byrd  
Senior Deputy Director/Medicaid Director  
Department of Health Care Finance  
441 4th Street, NW, 9th Floor  
South Washington, DC 20001

Re: District of Columbia State Plan Amendment (SPA) – 25-0009

Dear Director Byrd:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0009. This amendment proposes to remove the September 30, 2025, sunset date for the Medication-Assisted Treatment (MAT) benefit making the MAT benefit permanent under the Medicaid state plan in accordance with federal statute.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that Delaware Medicaid SPA TN 25-0009 was approved on February 11, 2026, with an effective date of October 1, 2025.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the District of Columbia State Plan.

If you have any questions, please contact Taneka Rivera at (410) 786-9502, or via email at [Taneka.Rivera@cms.hhs.gov](mailto:Taneka.Rivera@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of Wendy E. Hill Petras.

Wendy E. Hill Petras, Acting Director  
Division of Program Operations

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER: <b>DC 25-0009</b>	2. STATE: <b>District of Columbia</b>
		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT</b>	
TO: CENTER DIRECTOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: <b>October 1, 2025</b>	
5. FEDERAL STATUTE/REGULATION CITATION: <b>Section 1905(a)(29) of the Social Security Act 42 CFR Part 8</b>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars): a. <b>FFY 2026: \$4,685,427.00</b> b. <b>FFY 2027: \$5,695,877.00</b>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 3.1-A (Supplement 1): Pages 43-51 Attachment 3.1-B (Supplement 1): Pages 42-51</b>		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Attachment 3.1-A (Supplement 1): Pages 43-50 Attachment 3.1-B (Supplement 1): Pages 42-49</b>	
9. SUBJECT OF AMENDMENT: <b>Seek to maintain coverage of and reimbursement for medication assisted treatment (MAT) for opioid use disorder.</b>			
10. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <div style="float: right; text-align: right;"> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <b>D.C. Act 22-434</b> </div>			
AGENCY OFFICIAL  <div style="background-color: black; width: 100%; height: 40px; margin-bottom: 5px;"></div> <b>Melisa Byrd</b>		15. RETURN TO  <b>Melisa Byrd Senior Deputy Director/Medicaid Director Department of Health Care Finance 441 4<sup>th</sup> Street, NW, 9<sup>th</sup> Floor, South Washington, DC 20001</b>	
13. TITLE <b>Senior Deputy Director/Medicaid Director</b>			
14. DATE SUBMITTED			
<b>FOR CMS USE ONLY</b>			
16. DATE RECEIVED 12/19/2025		17. DATE APPROVED 02/11/2026	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
18. EFFECTIVE DATE OF APPROVED MATERIAL 10/01/2025		19. <div style="background-color: black; width: 100%; height: 20px;"></div>	
20. TYPED NAME OF APPROVING OFFICIAL Wendy E. Hill Petras		21. <div style="background-color: black; width: 100%; height: 20px;"></div> Acting Director, Division of Program Operations	
22. REMARKS			

**State Plan under Title XIX of the Social Security Act  
State/Territory: District of Columbia**

**Section 1905(a)(29) Medication Assisted Treatment (MAT)**

Citation: 3.1-A Amount, Duration, and Scope of Services

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

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. 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 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 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.

TN:25-0009  
Supersedes TN:21-0004

Approval Date: 2/11/2026  
Effective Date:10/1/2025

**State Plan under Title XIX of the Social Security Act  
State/Territory: District of Columbia**

**Section 1905(a)(29) Medication Assisted Treatment (MAT)**

**General Assurances**

**[Select all three checkboxes below.]**

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.

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).

The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.

**Service Package**

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

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**

<b><u>Service</u></b>	<b><u>Service Description</u></b>	<b><u>Provider</u></b>
<b>Crisis Intervention</b>	An immediate, short-term opioid abuse treatment approach that is intended to assist an individual to resolve a personal crisis.	1. Qualified counselors in Department of Behavioral Health (DBH) certified treatment facilities, programs or community-based settings.

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**State Plan under Title XIX of the Social Security Act  
State/Territory: District of Columbia**

**Section 1905(a)(29) Medication Assisted Treatment (MAT)**

	<p>Crises are events that significantly jeopardize treatment, recovery progress, health, and/or safety.</p>	<p>2. Qualified practitioners who may serve as a counselor and provide crisis intervention services include:</p> <ul style="list-style-type: none"> <li>• Physicians</li> <li>• Psychologists</li> <li>• Licensed Independent Clinical Social Workers</li> <li>• Advanced Practice Registered Nurses</li> <li>• Registered Nurses</li> <li>• Licensed Professional Counselors</li> <li>• Licensed Independent Social Workers</li> <li>• Licensed Marriage and Family Therapists</li> <li>• Licensed Graduate Social Workers</li> <li>• Certified Addiction Counselors</li> </ul>
<p><b>Opioid Abuse Counseling (Individual, Group, and Family)</b></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>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</p>

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**Section 1905(a)(29) Medication Assisted Treatment (MAT)**

	<p>Counseling is to cultivate the awareness, skills, and supports to facilitate long-term recovery from opioid abuse.</p> <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"> <li>• Individual Opioid Abuse Counseling is face-to-face interaction with an individual for the purpose of assessment or supporting the patient’s recovery.</li> <li>• Group Opioid Abuse Counseling facilitates disclosure of issues that permit generalization to a larger group; promotes help-seeking and</li> </ul>	<p>provide opioid abuse counseling include:</p> <ul style="list-style-type: none"> <li>• Physicians</li> <li>• Psychologists</li> <li>• Licensed Independent Clinical Social Workers</li> <li>• Advanced Practice Registered Nurses</li> <li>• Registered Nurses</li> <li>• Licensed Professional Counselors</li> <li>• Licensed Independent Social Workers</li> <li>• Licensed Marriage and Family Therapists</li> <li>• Licensed Graduate Social Workers</li> <li>• Certified Addiction Counselors</li> </ul>
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**Section 1905(a)(29) Medication Assisted Treatment (MAT)**

	<p>supportive behaviors; encourages productive and positive interpersonal communication; provides psycho-education; and develops motivation through peer pressure, structured confrontation and constructive feedback.</p> <ul style="list-style-type: none"> <li>• Family Opioid Abuse Counseling is planned, goal-oriented therapeutic interaction between a qualified practitioner, the beneficiary, and their family. Family Counseling may also occur without the beneficiary present if it is for the benefit of the 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</li> </ul>	
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**State Plan under Title XIX of the Social Security Act  
State/Territory: District of Columbia**

**Section 1905(a)(29) Medication Assisted Treatment (MAT)**

	<p>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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Please include each practitioner and provider entity that furnishes each service and component service.

See table above.

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**

<b><u>Provider</u></b>	<b><u>Qualifications</u></b>
<b>Physician</b>	Licensed by the District of Columbia to furnish services within their scope of practice in accordance with state law.

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**Section 1905(a)(29) Medication Assisted Treatment (MAT)**

<b>Psychologist</b>	Licensed by the District of Columbia to furnish services within their scope of practice in accordance with state law.
<b>Licensed Independent Clinical Social Worker</b>	Licensed by the District of Columbia to furnish services within their scope of practice in accordance with state law.
<b>Advanced Practice Registered Nurse</b>	Licensed by the District of Columbia to furnish services within their scope of practice in accordance with state law.
<b>Registered Nurse</b>	Licensed by the District of Columbia to furnish services within their scope of practice in accordance with state law.
<b>Licensed Professional Counselor</b>	Licensed by the District of Columbia to furnish services within their scope of practice in accordance with state law.
<b>Licensed Independent Social Worker</b>	Licensed by the District of Columbia to furnish services within their scope of practice in accordance with state law.
<b>Licensed Marriage and Family Therapist</b>	Licensed by the District of Columbia to furnish services within their scope of practice in accordance with state law.
<b>Licensed Graduate Social Worker</b>	Licensed by the District of Columbia to furnish services within their scope of practice in accordance with state law.
<b>Certified Addiction Counselor</b>	1. Certified by the Board of Professional Counseling (Board) as an addiction counselor in accordance with state law.

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**State/Territory: District of Columbia**

**Section 1905(a)(29) Medication Assisted Treatment (MAT)**

	<p>2. Meets one of the following educational or experience requirements:</p> <p>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;</p> <p>or</p> <ul style="list-style-type: none"><li>• Has at least two (2) years of documented supervised experience in the field of addiction counseling.</li></ul> <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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**Utilization Controls**

**[Select all applicable checkboxes below.]**

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

Generic first policy

Preferred drug lists

Clinical criteria

Quantity limits

The state does not have drug utilization controls in place.

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**State Plan under Title XIX of the Social Security Act  
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**Section 1905(a)(29) Medication Assisted Treatment (MAT)**

**Limitations**

**[Describe the state’s limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.]**

<b>Service</b>	<b>Limitations</b>
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 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 USC 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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**State Plan under Title XIX of the Social Security Act  
State/Territory: District of Columbia**

**Section 1905(a)(29) Medication Assisted Treatment (MAT)**

Citation: 3.1-B Amount, Duration, and Scope of Services

**[Please check the box below to indicate if this benefit is provided for the categorically needy (3.1-A) or medically needy only (3.1-B)]**

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

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TN:25-0009  
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**Section 1905(a)(29) Medication Assisted Treatment (MAT)**

**General Assurances**

**[Select all three checkboxes below.]**

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.

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).

The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.

**Service Package**

The state covers the following counseling services and behavioral health therapies as part of MAT: **[Please describe in the text fields as indicated below.]**

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**

<b><u>Service</u></b>	<b><u>Service Description</u></b>	<b><u>Provider</u></b>
<b>Crisis Intervention</b>	An immediate, short-term opioid abuse treatment approach that is intended to assist an individual	1. 1. Qualified counselors in Department of Behavioral Health (DBH) certified treatment facilities, programs, or community-based settings.

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**Section 1905(a)(29) Medication Assisted Treatment (MAT)**

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

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**State Plan under Title XIX of the Social Security Act  
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**Section 1905(a)(29) Medication Assisted Treatment (MAT)**

	<p>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>Opioid Abuse Counseling addressed 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"> <li>• Individual Opioid Abuse Counseling is face-to-face interaction with an individual for the purpose of assessment or supporting the patient’s recovery.</li> <li>• Group Opioid Abuse Counseling facilitates</li> </ul>	<p>may serve as a counselor and provide opioid abuse counseling include:</p> <ul style="list-style-type: none"> <li>• Physicians</li> <li>• Psychologists</li> <li>• Licensed Independent Clinical Social Workers</li> <li>• Advanced Practice Registered Nurses</li> <li>• Licensed Professional Counselors</li> <li>• Licensed Independent Social Workers</li> <li>• Licensed Marriage and Family Therapists</li> <li>• Licensed Graduate Social Workers</li> <li>• Certified Addiction Counselors</li> </ul>
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State/Territory: District of Columbia**

**Section 1905(a)(29) Medication Assisted Treatment (MAT)**

	<p>disclosure of issues that permit generalization to a larger group; promotes help-seeking behaviors; encourages productive and positive interpersonal communication; provides psycho-education and develops motivation through peer pressure, structured confrontation and constructive feedback.</p> <ul style="list-style-type: none"> <li>• Family Opioid Abuse Counseling is planned, goal-oriented therapeutic interaction between a qualified practitioner, the beneficiary, and their family. Family Counseling may also occur without the beneficiary present if it is for the benefit of the beneficiary and related to opioid use disorder recovery. A family member is an individual identified by the beneficiary as a person</li> </ul>	
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**State Plan under Title XIX of the Social Security Act  
State/Territory: District of Columbia**

**Section 1905(a)(29) Medication Assisted Treatment (MAT)**

	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.	
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Please include each practitioner and provider entity that furnishes each service and component service.

See table above.

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**State Plan under Title XIX of the Social Security Act  
State/Territory: District of Columbia**

**Section 1905(a)(29) Medication Assisted Treatment (MAT)**

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 Counseling and Behavioral Therapy Services**

<b>Provider</b>	<b>Qualifications</b>
<b>Physician</b>	Licensed by the District of Columbia to furnish services within their scope of practice in accordance with state law.
<b>Psychologist</b>	Licensed by the District of Columbia to furnish services within their scope of practice in accordance with state law.
<b>Licensed Independent Clinical Social Worker</b>	Licensed by the District of Columbia to furnish services within their scope of practice in accordance with state law.
<b>Advanced Practice Registered Nurse</b>	Licensed by the District of Columbia to furnish services within their scope of practice in accordance with state law.
<b>Registered Nurse</b>	Licensed by the District of Columbia to furnish services within their scope of practice in accordance with state law.
<b>Licensed Professional Counselor</b>	Licensed by the District of Columbia to furnish services within their scope of practice in accordance with state law.
<b>Licensed Independent Social Worker</b>	Licensed by the District of Columbia to furnish services within their scope of practice in accordance with state law.
<b>Licensed Marriage and Family Therapist</b>	Licensed by the District of Columbia to furnish services within their scope of practice

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**State Plan under Title XIX of the Social Security Act  
State/Territory: District of Columbia**

**Section 1905(a)(29) Medication Assisted Treatment (MAT)**

	in accordance with state law.
<b>Licensed Graduate Social Worker</b>	Licensed by the District of Columbia to furnish services within their scope of practice in accordance with state law.
<b>Certified Addiction Counselor</b>	<ol style="list-style-type: none"> <li>1. Certified by the Board of Professional Counseling (Board) as an addiction counselor in accordance with state law.</li> <li>2. Meets one of the following educational or experience requirements: <ul style="list-style-type: none"> <li>• 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;</li> <li>or</li> <li>• Has at least two (2) years of documented supervised experience in the field of addiction counseling.</li> </ul> </li> <li>3. Passed a national exam approved by the Board.</li> <li>4. Practices addiction counseling under the supervision of a qualified health professional.</li> </ol>

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**State Plan under Title XIX of the Social Security Act  
State/Territory: District of Columbia**

**Section 1905(a)(29) Medication Assisted Treatment (MAT)**

**Utilization Controls**

[Select all applicable checkboxes below.]

- The state has drug utilization controls in place. (Check each of the following that apply)
  - Generic first policy
  - Preferred drug lists
  - Clinical criteria
  - Quantity limits
  
- The state does not have drug utilization controls in place.

**Limitations**

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

Service	Limitations
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 review and authorization. These limitations may be exceed based on a determination of medical necessity through the prior authorization (PA) process.

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**State Plan under Title XIX of the Social Security Act  
State/Territory: District of Columbia**

**Section 1905(a)(29) Medication Assisted Treatment (MAT)**

All other non-Methadone MAT drugs approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 USC 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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