

## **Table of Contents**

**State/Territory Name: Delaware**

**State Plan Amendment (SPA) #: 25-0011**

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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January 14, 2026

Andrew Wilson  
Medicaid Director  
Division of Medicaid and Medical Assistance  
Delaware Health and Social Services  
P.O. Box 906  
New Castle, DE 19720-0906

Re: Delaware State Plan Amendment (SPA) - 25-0011

Dear Medicaid Director Wilson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0011. 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 informs you that Delaware's Medicaid SPA TN 25-0011 was approved on January 14, 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 Delaware 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 black rectangular box redacting the signature of Wendy E. Hill Petras.

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

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 5 — 0 0 1 1

2. STATE

DE

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL

SECURITY ACT ☒ XIX ☐ XXI

TO: CENTER DIRECTOR

CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

10/01/2025

5. FEDERAL STATUTE/REGULATION CITATION

Section 1006(b) of the SUPPORT Act, 1902(a)(29) of the SSA

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 0  
b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1A page 12

Supplement to Attachment 3.1A Pages 1-5

Supplement to Attachment 3.1-A page 2A-2F

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)

Supplement to Attachment 3.1-A page 2A-2F

9. SUBJECT OF AMENDMENT

Medication Assisted Treatment (MAT)

10. GOVERNOR'S REVIEW (Check One)

- ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

AGENCY OFFICIAL

15. RETURN TO

12. TYPED NAME

Andrew Wilson

Andrew Wilson, Director, DMMA, P.O. Box 906 New Castle,  
DE19720

13. TITLE

Director

14. DATE SUBMITTED

12/8/2025 | 4:04 PM EST

**FOR CMS USE ONLY**

16. DATE RECEIVED

December 9, 2025

17. DATE APPROVED

January 14, 2026

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2025

19.

20. TYPED NAME OF APPROVING OFFICIAL

Wendy E. Hill Petras

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

Pen and Ink change approved -12/30/25

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

**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 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: 25-0011  
Supersedes TN: 21-0005

Approval Date: 1/14/26  
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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)**

**General Assurances**

☒ 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.

1) Assessment and clinical treatment plan development – The purpose of the assessment is to provide sufficient information for problem identification.

2) Skill development for coping with and managing symptoms and behaviors associated with opioid use disorders (OUD) such as the participant perspective and lack of impulse control or signs and symptoms of withdrawal.

3) Counseling to address a beneficiary's major lifestyle, attitudinal, and behavioral problems.

Counseling includes highly structured psychosocial therapy to address issues that have the potential to undermine the goals of treatment.

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

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

All providers listed below may provide any service and its related components with the exception that recovery coaches cannot perform assessments.

- x Licensed Clinical Social Workers (LCSWs)
- x Licensed Professional Counselors of Mental Health (LPCMH)
- x Licensed Marriage and Family Therapists (LMFTs), nurse practitioners (NPs)
- x Advanced practice nurses (APNs)
- x Medical doctors (MD and DO)
- x Licensed Chemical Dependency Professionals (LCDPs)
- x Psychologists
- x Certified Recovery Coach
- x Credentialed Behavioral Health Technician
- x Registered Nurses
- x Licensed Practical Nurses
- x Certified alcohol and drug counselor (CADC)
- x Internationally certified alcohol and drug counselor (ICADC)
- x Certified co-occurring disorders professional (CCDP)
- x Internationally certified co-occurring disorders professional (ICCDP)
- x Internationally certified co-occurring disorders professional diplomate (ICCDP-D)

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**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.

x Certified Recovery Coach – Credentialed by DHSS or its designee. State regulations require supervision by QHP meeting the supervisory standards established by DHSS or its designee. A QHP includes the following professionals who are currently registered with their respective Delaware board LCSWs, LPCMHs, and LMFTs, APNs, NPs, CADCS, LCDPs, medical doctors (MD and DO), and psychologists. Clinical Supervisors includes individuals who have a Bachelor's degree in chemical dependency, psychology, social work counseling, nursing or a related field and have either: 1) Five (5) years of related clinical experience or 2) full certification as a CADCS, ICADCs, CCDPs, ICCDPs, and ICCDP-Ds. All Clinical Supervisors must meet these requirements by January 1, 2018. The QHP or Clinical Supervisor provides clinical/administrative oversight and supervision of Certified Recovery Coaches and Credentialed Behavioral Health Technicians staff in a manner consistent with their scope of practice.

x Credentialed Behavioral Health Technician - Credentialed by DHSS or its designee. State regulations require supervision by QHP meeting the supervisory standards established by DHSS or its designee. A QHP includes the following professionals who are currently registered with their respective Delaware board LCSWs, LPCMHs, and LMFTs, APNs, NPs, CADCS, LCDPs, medical doctors (MD and DO), and psychologists. Clinical Supervisors includes individuals who have a Bachelor's degree in chemical dependency, psychology, social work counseling, nursing or a related field and have either: 1) Five (5) years of related clinical experience or 2) full certification as a CADCS, ICADCs, CCDPs, ICCDPs, and ICCDP-Ds. All Clinical Supervisors must meet these requirements by January 1, 2018. The QHP or Clinical Supervisor provides clinical/administrative oversight and supervision of Certified Recovery Coaches and Credentialed Behavioral Health Technicians staff in a manner consistent with their scope of practice.

x Certified alcohol and drug counselor (CADC) - Certified and Credentialed under Delaware state regulation.

x Internationally certified alcohol and drug counselor (ICADC) - Certified and Credentialed under Delaware state regulation.

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- x Certified co-occurring disorders professional (CCDP) - Certified and Credentialed under Delaware state regulation.
- x Internationally certified co-occurring disorders professional (ICCDP) - Certified and Credentialed under Delaware state regulation.
- x Internationally certified co-occurring disorders professional diplomate (ICCDP-D) - Certified and Credentialed under Delaware state regulation.

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

**Utilization Controls**

☒ 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**

Click or tap here to enter text.

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