

## **Table of Contents**

**State/Territory Name: Maryland**

**State Plan Amendment (SPA) #: 25-0006**

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 11, 2026

Perrie T. Briskin  
Medicaid Director  
Maryland Department of Health  
201 W. Preston Street, 5<sup>th</sup> Floor  
Baltimore, MD 21201

Re: Maryland State Plan Amendment (SPA) - 25-0006

Dear Medicaid Director Briskin:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0006. This amendment removes the end date for the Medication Assisted Treatment (MAT) 1905(a)(29) benefit per the amendments made to statute because of the passage of the Consolidated Appropriations Act 2024 and adds additional licensed providers for Psychotherapy and Therapeutic Behavioral Services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter informs you that Maryland's Medicaid SPA TN 25-0006 was approved on February 11, 2026, with an effective date of May 1, 2025.

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

If you have any questions, please contact Nicole Guess at (312) 353-1787, or via email at [Nicole.Guess@cms.hhs.gov](mailto:Nicole.Guess@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

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

1. TRANSMITTAL NUMBER  
2 5 — 0 0 0 6

2. STATE  
MD

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  
**May 1, 2025**

5. FEDERAL STATUTE/REGULATION CITATION  
~~42 CFR 447.204~~ Section 1905(a)(29) of the Social Security Act 42 CFR Part 8

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 pg. 29C-21 - 27 (25-0006)~~  
~~Attachment 3.1A pg. 29C-29 - 36 (25-0006)~~  
~~Attachment 4.19B pg. 17-17A (25-0006)~~  
  
Attachment 3.1-A pg. 29C-21-pg. 29C-25  
Attachment 4.19B pg. 17 -17A

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)  
Attachment 3.1A pg. 29C-21 - 24 (21-0006)  
Attachment 3.1A pg. 29C-25 - 27; 29C-29 - 36 (23-0003A)  
Attachment 4.19B pg. 17-17A (23-0003A)

9. SUBJECT OF AMENDMENT

The Maryland Department of Health is amending the State Plan to remove the sunset date (September 1, 2025) for the Medicaid coverage of medication-assisted treatment for opioid use disorder.

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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

12. T  
Tricia Roddy

13. TITLE  
Deputy Medicaid Director

14. DATE SUBMITTED  
6/23/2025

15. RETURN TO

Ryan Moran  
Medicaid Director  
Maryland Department of Health  
201 W. Preston St., 5th Floor  
Baltimore, MD 21201

**FOR CMS USE ONLY**

16. DATE RECEIVED  
06/24/2025

17. DATE APPROVED  
02/11/2026

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
05/01/2025

19. [Redacted]

20. TYPED NAME OF APPROVING OFFICIAL  
Wendy E. Hill Petras

21. TITLE OF APPROVING OFFICIAL  
Acting Director, Division of Program Operations

22. REMARKS

Box 8: State authorized pen and ink change on 02/09/2026

**State Plan under Title XIX of the Social Security Act**  
**State/Territory: [Select State or Territory]**

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

Citation: 3.1-A 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 3.1-A to Attachment [Select 3.1-A or 3.1-B].

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: 25-0006

Approval Date: February 11, 2026

Supersedes

Effective Date: May 1, 2025

TN: 21-0006

State Plan under Title XIX of the Social Security Act  
State/Territory: [Select State or Territory]

**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.

**A. Comprehensive assessment for participants with opioid use disorder:**

(1) Definition of Service: A comprehensive assessment is a process of determining a participant's current health status and relevant history in areas including opioid use, mental health, social supports, and somatic health. Providers use a comprehensive assessment to establish the type and intensity of services participants will need to adequately address their opioid use disorder.

(2) Service Requirements: Comprehensive assessment at a minimum shall be reviewed and approved by a licensed physician or licensed practitioner of the healing arts, within the scope of his or her practice under State law, and shall include an assessment of current opioid use and opioid use disorder treatment history. It shall also include referrals for physical and mental health services; and a recommendation for the appropriate service for opioid use disorder treatment.

**B) Group and individual opioid use disorder counseling services:**

(1) Definition of Service: Individual and group counseling sessions involve evidence-based psychotherapeutic interventions. Cognitive-behavioral, motivational, and insight-based techniques are used according to each needs. The therapeutic style is

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State/Territory: [Select State or Territory]**

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

client-centered and flexible. Treatment usually involves a combination of individual and group counseling. The primary goals of treatment are to:

- Develop skills to enable individuals to abstain from all opioids
- Develop relapse prevention strategies through family and/or other support networks; and
- Engage participants in long-term recovery strategies.

(2) Service Requirements: Before providing services described in this section, the provider shall develop a written individualized treatment plan, in conjunction with the participant based on the comprehensive assessment. This plan which shall be updated as clinically appropriate, shall be reviewed and approved by a licensed physician or licensed practitioner of the healing arts within the scope of his or her practice under State law, and shall include:

- An assessment of the individual needs; and
- The treatment plan goals.

**C. Peer recovery support services for participants with opioid use disorder**

(1) Definition of Service: Peer recovery support services are a set of non-clinical activities provided by individuals in recovery from behavioral health concerns, including substance use or addictive disorders or mental health concerns, who use their personal, lived experiences and training to support other individuals with substance use disorders. Services may include, but are not limited to:

- Participation in development of treatment plan
- Supporting recipient through goal-setting and skill-building
- Providing culturally competent care
- Facilitating peer support groups
- Providing referrals to additional crisis services, community-based supports, or other medically necessary services, on a need basis.

(2) Service Requirements: Peer recovery support services must be included as part of a written individualized treatment plan that includes specific individualized goals. Services provided by certified peer support specialists should be overseen by:

- A registered peer supervisor who is certified by the Maryland Addictions and Behavioral Health Professionals Certification Board or a comparable association with equivalent requirements approved by the Behavioral Health Administration; or
- Until September 1, 2023, a licensed mental health practitioner or a certified alcohol and drug counselor who is approved to supervise by the relevant licensing board may serve as the peer supervisor

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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)**

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

**A. Comprehensive assessments for participants with an opioid use disorder are rendered by:**

- (1) Opioid Treatment Programs (OTPs) utilizing appropriately licensed and certified alcohol and drug counselors, and
- (2) Community-based outpatient treatment service providers

**B. Group and individual opioid use disorder counseling services are rendered by:**

- (1) OTPs utilizing appropriately licensed and certified alcohol and drug counselors, and
- (2) Community-based outpatient treatment service providers utilizing appropriately licensed and certified alcohol and drug counselors.

**C. Peer recovery support services for participants with opioid use disorder are rendered by:**

- (1) OTPs provide group and individual peer recovery support services utilizing certified peer recovery specialists, and
- (2) Community-based outpatient treatment service providers provide group and individual peer recovery support services utilizing certified peer recovery specialists.

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.

**A. Practitioner and Provider Qualifications**

- (1) Licensed and certified alcohol and drug counselors:
  - Licensed clinical alcohol and drug Counselor: licensed by the State Board of Professional Counselors and Therapists
- (2) Physicians: licensed by the Maryland Board of Physicians
- (3) Physician assistants: licensed by the Maryland Board of Physicians
- (4) Nurse practitioners: licensed by the Maryland Board of Nursing
- (5) Registered nurses: licensed by the Maryland Board of Nursing
- (5) Physicians, nurse practitioners, and physician's assistants: registered with the DEA with Schedule III authority to prescribe opioid medications or combinations of such medications that have been specifically approved by the Food and Drug Administration for that indication.

**B. Community-based Outpatient Treatment Providers:**

- (1) Licensed by the designated state agency to provide OUD treatment services.
- (2) Providers that provide MAT must employ or contract with practitioners registered with the DEA with Schedule III authority to prescribe medications for the treatment of opioid use disorders.
- (3) Providers that provide group and individual opioid use disorder counseling services are required to employ or contract with licensed clinical alcohol and drug counselors in accordance with practitioner qualifications in (c)(i) above.

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

**C. Certified Peer Recovery Support Specialists:**

- (1) Certified Peer Recovery Support Specialists must be certified by the Maryland Addictions and Behavioral Health Professionals Certification Board or a comparable association with equivalent requirements, designated by the Behavioral Health Administration or their designee.
- (2) Peers must have training to ensure competency in the area of recovery oriented systems and in the principles and concepts of peer support roles.
- (3) Peers must complete the continuing education requirements as set forth by the Behavioral Health Administration or their designee.
- (4) Peers must self-identify as individuals with life experience of being diagnosed with behavioral health concerns, including substance use disorders, addictive disorders, or mental health concerns and be in recovery for at least two years.
- (5) Peers must be at least eighteen (18) years of age.
- (6) Peers must be employed by and render peer recovery support services through a licensed opioid treatment program, community-based SUD program, or federally qualified health center.

**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.]**

- All services require prior authorization by the Department or its designee prior to service delivery and all services are subject to approval based on medical necessity.
- The Department has quantity limits over time and daily maximum dose limits for several of the MAT drugs. For a complete listing of these limitations please visit this address: <https://mmcp.health.maryland.gov/pap/docs/QL.pdf>.

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Supersedes

TN: 21-0006

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Effective Date: May 1, 2025

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY  
ACT

State of Maryland

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**Community-Based Substance Use Disorder Services**

Reimbursement Methodology

1.
  - A. The Department's reimbursement methodology for community-based substance use disorder services is fixed rate. Rates were set as of April 4th, 2017 and are effective for services on or after that date. All providers must be licensed by the designated state agency to provide SUD treatment services and shall meet the requirements established by the Department. Services are limited to those outlined in 3.1.A Section 13d.V of the Maryland State Plan. Providers will be paid the lower of the provider's customary fee schedule to the general public or the published fee schedule.
  - B. Rates for peer recovery support services were set as of June 1, 2023 and are effective for services on or after that date.
  - C. All providers described in 1a, both government and non-government, are reimbursed pursuant to the same fee schedule. Providers are paid by HCPCS codes and the rates are based on the rate that Maryland Medicaid reimburses its specialty mental health providers for similar services. The fee schedule for community-based substance use disorder providers is reviewed for updating every state fiscal year as determined by state of Maryland legislation. A link to the published fee schedule can be found by going to the Behavioral Health Information section of <https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx>, clicking on the "PBHS Fee Schedule," and selecting "PBHS SUD Fee Schedule."

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY  
ACT

State of Maryland

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

Reimbursement Methodology

1.
  - A. The Department's reimbursement methodology for community-based opioid use disorder (OUD) services is a fixed rate. Rates were set as of April 4th, 2017 and are effective for services on or after that date. All providers must be licensed by the designated state agency to provide OUD treatment services and shall meet the requirements established by the Department. Services are limited to those outlined in Supplement to Attachment 3.1A for 1905(a)(29). Providers will be paid the lower of the provider's customary fee schedule to the general public or the published fee schedule. Effective October 1, 2020 the state assures that medication assisted treatment (MAT) to treat opioid use disorder (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.
  - B. Rates for peer recovery support services were set as of June 1, 2023 and are effective for services on or after that date.
  - C. Reimbursement for unbundled MAT prescribed drugs and biologicals used to treat opioid use disorder (OUD) is reimbursed in accordance with the reimbursement methodologies for covered outpatient legend and non legend drugs found in Attachment 4.19-B, pages 35-35a, Section A for both dispensed and administered prescribed drugs.
  - D. All providers described in 1a, both government and non-government, are reimbursed pursuant to the same fee schedule. Providers are paid by HCPCS codes and the rates are based on the rate that Maryland Medicaid reimburses its specialty mental health providers for similar services. The fee schedule for community-based substance use disorder providers is reviewed for updating every state fiscal year as determined by state of Maryland legislation. A link to the published fee schedule can be found by going to the Behavioral Health Information section of [health.maryland.gov/providerinfo](https://health.maryland.gov/providerinfo), clicking on the "PBHS Fee Schedule," and selecting "PBHS SUD Fee Schedule."

TN#: 25-0006

Approval Date: February 11, 2026

Effective Date: May 1, 2025

Supersedes TN#: 23-0003A