

## **Table of Contents**

**State/Territory Name: Maine**

**State Plan Amendment (SPA) #: 25-0017**

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 21, 2026

Michelle Probert  
Director  
Office of Maine Care Services  
Department of Health and Human Services  
109 Capitol Street, 11 State House Station  
Augusta, Maine 04333-0011

Re: Maine State Plan Amendment (SPA) - 25-0017

Dear Director Probert:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0017. This amendment was submitted to extend the Medication Assisted Treatment (MAT) benefit as mandated by Section 201 of the Consolidated Appropriation Act (CAA) of 2024, which permanently removed the end date of September 30, 2025.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act in Section 1902(a)(29). This letter informs you that Maine's Medicaid SPA TN 25-0017 was approved on January 20, 2026, with an effective date of October 1, 2025.

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

If you have any questions, please contact Gilson DaSilva at (617) 565-1227 or via email at [Gilson.DaSilva@cms.hhs.gov](mailto:Gilson.DaSilva@cms.hhs.gov).

Sincerely,

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

Enclosures

cc: Kristin Merrill, Acting Associate Policy Director, Office of MaineCare Services

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <b>25 0017</b>	2. STATE <b>Maine (ME)</b>
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE <b>XIX</b> OF THE SOCIAL SECURITY ACT	
5. FEDERAL STATUTE/REGULATION CITATION <b>Social Security Act 1905(a)(29)</b>		4. PROPOSED EFFECTIVE DATE <b>10/1/25</b>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 3.1-A, Pages 13-16 and Attachment 4.19-B Page 9b, 4(a)(x) and 4(a)(xii)</b>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <b>2025</b> \$ <b>0</b> b. FFY <b>2026</b> \$ <b>0</b>	

9. SUBJECT OF AMENDMENT  
**Removes the previously required end date of 9/30/25 found in the SUPPORT Act, HR 6, Section 1006(b).**

## 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

15. RETURN TO  
**Michelle Probert**  
**Director, MaineCare Services**  
**#11 State House Station**  
**109 Capitol Street**  
**Augusta, Maine 04333-0011**

## 12. TYPED NAME

**Michelle Probert**

## 13. TITLE

**Director, MaineCare Services**

## 14. DATE SUBMITTED

**12/31/2025**

## FOR CMS USE ONLY

## 16. DATE RECEIVED

**December 31, 2025**

## 17. DATE APPROVED

**January 20, 2025**

## PLAN APPROVED - ONE COPY ATTACHED

## 18. EFFECTIVE DATE OF APPROVED MATERIAL

**October 1, 2025**

## 19. SIGNATURE OF APPROVING OFFICIAL

## 20. TYPED NAME OF APPROVING OFFICIAL

**Wendy E. Hill Petras**

## 21. TITLE OF APPROVING OFFICIAL

**Acting Director, Division of Program Operations**

## 22. REMARKS

01/06/2026 - ME agreed to pen-and-ink changes to the 179 in order to split this SPA. References to 4.19-B pages in Boxes 7 and 8 will be removed. Those pages will be part of ME 25-0017-A, creating a reimbursement-only SPA.

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

**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 \_\_\_\_\_ 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: ME-25-0017

Supersedes TN: ME-21-0003

Approval Date: 1/20/2026

Effective Date: 10/1/2025

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

**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.

1. Counseling/Therapy
  - a. Therapy and counseling services are provided in an individual or group setting.

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

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

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

1. Physician (MD/DO) and Psychiatrist
  - a. Counseling/Therapy
2. Advanced Practice Registered Nurses (APRN)
  - a. Counseling/Therapy
3. Psychologist, Licensed Clinical Social Worker (LCSW), Certified Alcohol Drug Counselor (CADC), Licensed Clinical Professional Counselor (LCPC), Licensed Marriage and Family Therapists (LMFT), and Licensed Master Social Worker-Conditional Clinical (LMSW-CC)
  - a. Counseling/Therapy

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

**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.

1. Physician (MD/DO)
  - a. State licensure
2. Psychiatrist
  - a. State licensure
3. Advanced Practice Registered Nurses (APRN)
  - a. State licensure
4. Psychologist
  - a. State licensure
5. Licensed Clinical Social Worker (LCSW)
  - a. State licensure
6. Licensed Clinical Professional Counselor (LCPC)
  - a. State licensure
7. Licensed Marriage and Family Therapists (LMFT)
  - a. State licensure
8. Licensed Master Social Worker-Conditional Clinical (LMSW-CC)
  - a. State licensure
9. Certified Alcohol Drug Counselor (CADC)
  - a. At least 18 years of age, take and pass board exam, pay application and certification fee, and meet one of the following education requirements: high school diploma or equivalent and minimum of 4,000 hours documented clinically supervised work experience as an alcohol and drug counseling aide consisting of at least 3 of the following functions: clinical evaluation consisting of intake screening and differential assessment, treatment planning including initial, ongoing and discharge planning, counseling of individuals, groups, couples or families, case management, and/or client and family education OR at a minimum, course work as defined by board rule or an associate degree from accredited college or university in behavioral sciences, addiction counseling or a related field as defined by board rule.

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

**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.]**

1. Utilization management determines individual service intensity and duration based on medical necessity and clinical appropriateness.

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TN: ME-25-0017

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