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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

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.

Sincerely,

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

Enclosures

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

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

1. TRANSMITTAL NUMBER
25 0017

2. STATE
Maine (ME)

3. PROGRAM IDENTIFICATION: TITLE **XIX** OF THE
SOCIAL SECURITY ACT

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
10/1/25

5. FEDERAL STATUTE/REGULATION CITATION
Social Security Act 1905(a)(29)

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 3.1-A, Pages 13-16 and Attachment 4.10-B
Page 8b, 4(a)(x) and 4(a)(iii)**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)
**Attachment 3.1-A, Pages 13-16 and
Attachment 4.10-B Page 8b, 4(a)(x) and
4(a)(iii)**

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

12. TYPED NAME

Michelle Probert

13. TITLE

Director, MaineCare Services

14. DATE SUBMITTED

12/31/2025

15. RETURN TO

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

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

Supersedes TN: ME-21-0003

Approval Date: 1/20/2026

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