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State/Territory Name: Pennsylvania

State Plan Amendment (SPA) #: 20-0024

This file contains the following documents in the order listed:

1) Approval Letter

2) CMS 179 Form/Summary Form (with 179-like data)

3) Approved SPA Pages



Medicaid and CHIP Operations Group

June 24, 2021

Teresa D. Miller, Secretary Department of Human Services P.O. Box 2675 Harrisburg, PA 17105-2675

Re: Pennsylvania State Plan Amendment (SPA) 20-0024

Dear Secretary Miller:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 20-0024. This amendment proposes to add medication-assisted treatment (MAT) as a mandatory benefit in the Medicaid state plan. This letter is to inform you that Pennsylvania's Medicaid SPA Transmittal Number 20-0024 is approved effective October 1, 2020 until September 30, 2025, pursuant to 1905(a)(29) of the Social Security Act and Section 1006(b) of the SUPPORT Act.

Section 1006(b) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act ("SUPPORT Act"), signed into law on October 24, 2018, amended section 1902(a)(10)(A) of the Social Security Act (the Act) to require state Medicaid plans to include coverage of MAT for all individuals eligible to enroll in the state plan or waiver of the state plan. Section 1006(b) also added a new paragraph 1905(a)(29) to the Act to include the new required benefit in the definition of "medical assistance" and to specify that the new required benefit will be in effect for the period beginning October 1, 2020, and ending September 30, 2025.

Section 1006(b) of the SUPPORT Act also added section 1905(ee)(1) to the Act to define MAT, for purposes of the new required coverage, as:

... all drugs approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355), including methadone, and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) to treat opioid use disorders; and[,] ... with respect to the provision of such drugs and biological products, counseling services and behavioral therapy.

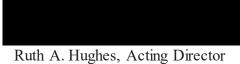
Pursuant to section 1135(b)(5) and/or 1135(b)(1)(C) of the Act, due to the COVID-19 public health emergency (PHE), CMS issued an approval letter on March 12, 2021 allowing Pennsylvania to modify the SPA submission requirements at 42 C.F.R. 430.20, to allow the state to submit a SPA implementing section 1905(a)(29) of the Act by March 31, 2021 that would take effect on October

1, 2020.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Act and implementing regulations.

If you have any questions, please contact Dan Belnap at 215-861-4273 or via email at Dan.Belnap@cms.hhs.gov.

Sincerely,



Division of Program Operations

cc: Sally Kozak Eve Lickers Lacey Gates

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES	FORM APPROVE OMB No. 0938-019	
TRANSMITTAL AND NOTICE OF APPROVAL OI STATE PLAN MATERIAL		
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Title XIX	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2020	
5. TYPE OF PLAN MATERIAL (Check One)		
NEW STATE PLAN AMENDMENT TO BE CON	SIDERED AS NEW PLAN 🔀 AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AM	ENDMENT (Separate transmittal for each amendment)	
6. FEDERAL STATUTE/REGULATION CITATION 1902(a)(10)(A) of the Social Security Act	7. FEDERAL BUDGET IMPACT a. FFY 2020 \$0 b. FFY 2021 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	
Supplement 8, Attachment 3.1A, pages 1-5 1-4 (new) Supplement 1, Attachment 3.1B, pages 1-5 1-4 (new) Attachment 4.19-B, page s 13 -13a 13 (new)	Pages are new	
10. SUBJECT OF AMENDMENT This amendment is related to Medication Assisted Treatmen	t becoming a mandatory state plan benefit.	
 11. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT SPECIFIED COMMENTS OF GOVERNOR'S OFFICE ENCL NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 	OSED OTHER, AS	
12. SIGNATURE OF STATE AGENCY OFFICIAL 13. TYPED NAME Teresa D. Miller 14. TITLE Secretary of Human Services 15. DATE SUBMITTED March 31, 2021	6. RETURN TO Commonwealth of Pennsylvania Department of Human Services Office of Medical Assistance Programs Bureau of Policy, Analysis and Planning P.O. Box 2675 farrisburg, Pennsylvania 17105-2675	
	OFFICE USE ONLY	
17. DATE RECEIVED March 31, 2021	18. DATE APPROVED 06/24/2021	
	ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2020	20. SIGNATURE	
21. TYPED NAME	22. TITLE	
Ruth A. Hughes	Acting Director, Division of Program Operations	
23. REMARKS		

Pen and ink change made with state's permission to page numbers in box 8 (db)

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

Citation: 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy (Continued)

1905(a)(29) <u>X</u> MAT as described and limited in this Supplement 8 to Attachment 3.1A.

ATTACHMENT 3.1A/3.1B identifies the medical and remedial services provided to the categorically needy.

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

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

i. General Assurance

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 and ending September 30, 2025.

- ii. Assurances
 - a. 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).
 - b. The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.
 - c. The state assures coverage for all formulations of MAT drugs and biologicals for OUD 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).
- iii. Service Package

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

- a. Individual, Group, and Family Therapy
 - Counseling services and behavioral health therapies are activities using social, psychological, medical or support services to assist individuals to deal with the causative effects or consequences of drug or alcohol use.
 - A family therapy service that involves the participation of a non-Medicaid eligible 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.
- b. Individual, group, and family therapies are provided by counselors and/or counselor assistants within the licensed drug/alcohol outpatient clinic.

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

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

- c. Qualifications for each practitioner
 - A counselor must meet at least one of the following groups of qualifications:
 - Current licensure in this Commonwealth as a physician.
 - A Master's Degree or above from an accredited college with a major in chemical dependency, psychology, social work, counseling, nursing (with a clinical specialty in the human services) or other related field which includes a practicum in a health or human service agency, preferably in a drug and alcohol setting.
 - A Bachelor's Degree from an accredited college with a major in chemical dependency, psychology, social work, counseling, nursing (with a clinical specialty in the human services) or other related field and 1 year of clinical experience in a health or human service agency, preferably in a drug and alcohol setting.
 - An Associate Degree from an accredited college with a major in chemical dependency, psychology, social work, counseling, nursing (with a clinical specialty in the human services) or other related field and 2 years of clinical experience in a health or human service agency, preferably in a drug and alcohol setting.
 - Current licensure in this Commonwealth as a registered nurse and a degree from an accredited school of nursing and 1 year of counseling in a health or human service agency, preferably in a drug and alcohol setting.
 - Full certification as an addiction counselor by a statewide certification body which is a member of a National certification body or certification by another state government's substance abuse counseling certification board.

A counselor must complete at least 25 hours of training annually.

- A counselor assistant who does not meet the educational and experiential qualifications for the position of counselor may be employed as a counselor assistant if the requirements of at least one of the following paragraphs are met.
 - A Master's Degree in a human service area.
 - A Bachelor's Degree in a human service area.
 - Licensure in this Commonwealth as a registered nurse.
 - An Associate Degree in a human service area.
 - A high school diploma or General Education Development (GED) equivalent.

A counselor assistant must complete at least 40 hours of training the first year and 30 clock hours annually thereafter.

• Supervision – Counselors are supervised by a clinical supervisor. A counselor assistant is supervised by a full-time clinical supervisor or counselor.

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

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

iv. Utilization Controls

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

XGeneric first policyXPreferred drug listsXClinical criteriaXQuantity limits

_____ The state does not have drug utilization controls in place.

v. Limitations

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

- MAT drugs and biologicals
 - Coverage of non-generic and non-preferred drugs and biologicals may be subject to prior authorization documenting a trial of preferred products, or medical necessity. Prescriptions may be limited to clinically appropriate quantities and/or frequencies unless medical necessity is documented via prior authorization.
- Counseling and behavioral therapies related to MAT
 - There are no limitations on amount, duration, or scope.

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section 1006(b) of the SUPPORT for Patients and Communities Act (P.L. 115-271) enacted on October 24, 2018. Section 1006(b) requires state Medicaid plans to provide coverage of Medication-Assisted Treatment (MAT) for all Medicaid enrollees as a mandatory Medicaid state plan benefit for the period beginning October 1, 2020 and ending September 30, 2025. 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 # 60). Public burden for all of the collection of information requirements under this control number is estimated to take about 80 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 No. <u>20-0024</u> Supersedes TN No. <u>NEW</u>

Approval Date: 06/24/2021

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

Citation: 3.1(b)(1) Amount, Duration, and Scope of Services: Medically Needy (Continued)

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

ATTACHMENT 3.1A/3.1B identifies the medical and remedial services provided to the medically needy.

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

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Medically Needy (continued)

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

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Approval Date: <u>06/24/2021</u>

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

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Medically Needy (continued)

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TN No. <u>20-0024</u> Supersedes TN No. <u>NEW</u>

Approval Date: 06/24/2021

METHODS AND STANDARDS FOR ESTABLISHIN PAYMENT RATES – OTHER TYPES OF CARE

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

A. Prescribed Drugs

Unbundled prescribed drugs dispensed or administered for MAT shall be reimbursed using the same methodology as described in Attachment 4.19-B, section 2(A), for prescribed drugs.

B. Counseling Services and Behavioral Health Therapies

Counseling services and behavioral health therapies delivered as part of MAT shall be reimbursed using the same methodology as described in Attachment 4.19-B, section 3, for outpatient clinic services.

TN No. 20-0024			
Supersedes	Approval Date	06/24/2021	Effective Date: October 1, 2020
TN No. NEW	=		