

**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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September 1, 2021

Tricia Roddy  
Medicaid Director  
Maryland Department of Health  
201 West Preston Street  
Baltimore, MD, 21201

Re: Maryland State Plan Amendment (SPA) MD-21-0006

Dear Ms. Roddy:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) MD-21-0006. 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 Maryland's Medicaid SPA Transmittal Number MD-21-0006 was approved on August 30, 2021 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 SUPPORT for Patients and Communities Act (SUPPORT Act), signed into law on October 24, 2018, amended section 1902(a)(10)(A) of the Act to require state Medicaid plans to include coverage of MAT for all eligible to enroll in the state plan or waiver of 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.

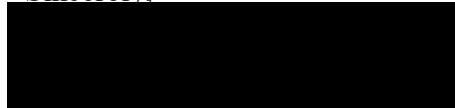
Pursuant to section 1135(b)(5) and 1135(b)(1)(C) of the Act, due to the COVID-19 public health emergency (PHE), CMS issued an approval letter on February 26, 2021 allowing Maryland to modify the SPA submission requirements at 42 C.F.R. 430.20, to allow the state to submit a SPA implementing section 1905(a)(29) of the Act by March 31, 2021 that would take effect on October 1, 2020.

Pursuant to section 1135(b)(5) and 1135(b)(1)(C) of the Act, due to the COVID-19 PHE, CMS issued an approval letter on March 26, 2020 allowing Maryland to modify the public notice time frames set forth at 42 C.F.R. 447.205, in order to obtain an effective date of October 1, 2020 for its SPA implementing statewide methods and standards for setting payment rates for the benefit described at section 1905(a)(29) of the Act. The state issued public notice on February 10, 2021.

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 Talbatha Myatt at 215-861-4259 or via email at [Talbatha.Myatt@cms.hhs.gov](mailto:Talbatha.Myatt@cms.hhs.gov).

Sincerely,



James G. Scott, Director  
Division of Program Operations

cc: Alison Donley, State Plan Coordinator  
Nina McHugh, Medicaid Provider Services Administration

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**1. TRANSMITTAL NUMBER  
2 1 0 0 0 62. STATE  
MD3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES4. PROPOSED EFFECTIVE DATE  
10/01/20205. TYPE OF PLAN MATERIAL (*Check One*) NEW STATE PLAN  AMENDMENT TO BE CONSIDERED AS NEW PLAN  AMENDMENTCOMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)6. FEDERAL STATUTE/REGULATION CITATION  
N/A7. FEDERAL BUDGET IMPACT  
a. FFY 2021 \$ \$0  
b. FFY 2022 \$ \$0

## 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Att. 3.1A pg. 29C-21-29C-32 (21-0006)  
Att. 4.19B pg. 17-17A(21-0006)9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*)Att. 3.1A pg. 29C-21-29C-27-~~29C-32~~ (16-0010)  
Att. 3.1A pg. 29C-29-29C-34 (New)  
Att. 4.19B pg. 17(18-0002)  
Att. 4.19B pg. 17A(16-0010)

## 10. SUBJECT OF AMENDMENT

This amendment updates Attachment 3.1-A and Attachment 4.19B to reflect the mandatory MAT benefit for opioid use disorders

11. GOVERNOR'S REVIEW (*Check One*) GOVERNOR'S OFFICE REPORTED NO COMMENT  OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

## 12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME  
Tricia Roddy14. TITLE  
Assistant Medicaid Director15. DATE SUBMITTED  
3/24/2021

## 16. RETURN TO

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

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED  
03/24/202118. DATE APPROVED  
08/30/2021

## PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL  
10/01/2020

## 20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME  
James G. Scott22. TITLE  
Director, Division of Program Operations

## 23. REMARKS

8/11/21- Maryland requested pen &amp; ink change o update box 9 to reflect updated SPA page numbers.

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13. Other diagnostic, screening, preventive, and rehabilitation services, i.e., other than those provided elsewhere in the plan.

d. Rehabilitative Services

V. Community-Based Substance Use Disorder Services

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Community-based substance use disorder services are provided in non-hospital community-based settings. From October 1, 2020 through September 30, 2025, medication assisted treatment (MAT) to treat opioid use disorder (OUD) as defined at section 1905(ee)(1) of the Social Security Act is covered exclusively in Supplement to Attachment 3.1-A for 1905(a)(29).

**Covered Services:**

**A. Comprehensive substance use disorder assessment:**

(1) *Definition of Service:* A comprehensive substance use disorder assessment is a process of determining a participant's current health status and relevant history in areas including substance 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 substance use disorder.

(2) *Service Requirements:* Comprehensive substance use disorder 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 drug and alcohol use, as well as substance use disorder treatment history. It shall also include referrals for physical and mental health services; and a recommendation for the appropriate level of substance use disorder treatment.

**B. Group and individual substance 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 participant's needs. The therapeutic style is client-centered and flexible. Treatment usually involves a combination of individual and group counseling. The primary goals of treatment are to:

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- Develop skills to enable individuals to abstain from all non-prescribed psychoactive substances;
- 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 participant's individual needs; and
- The participant's treatment plan goals.

### C. Intensive Outpatient Services

(1) *Definition of Service:* Intensive Outpatient service is a more intense form of treatment than group and individual counseling. This service is either a step-down treatment from more intensive, often inpatient-based care or a step-up when a participant is in need of more intensive services. While less intensive than inpatient care, it provides a substantial range of treatment intensity and bridges the gap between medically managed or medically monitored intensive inpatient treatment and traditional outpatient services of low intensity. Participants participate within an ambulatory therapeutic setting while residing in a separate location.

(2) *Service Requirements:* Before providing Intensive Outpatient Services as described in this section, the provider must develop a written individualized treatment plan, in conjunction with the participant based on the comprehensive assessment. This plan 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. The individualized treatment plan shall include the following requirements:

- An assessment of the participant's individual needs; and
- The participant's treatment plan goals; and
- Specific interventions for meeting the treatment plan goals, which reflect the amounts frequencies and intensities appropriate to the objective of the treatment.

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**D. Partial Hospitalization**

(1) *Definition of Service:* Partial Hospitalization treatment is a short-term, outpatient psychiatric treatment service that parallels the intensity of services provided in a hospital, including medical and nursing supervision and interventions. Partial Hospitalization is a more intense form of treatment than Intensive Outpatient Services and serves as an alternative to inpatient care when the participants can safely reside in the community.

Participants who require at least 20 hours of structured outpatient treatment per week, delivered in half or full day sessions, are eligible to receive Partial Hospitalization services.

(2) *Service Requirements:* Before providing Partial Hospitalization Services, the provider must develop a written individualized treatment plan, in conjunction with the participant based on the comprehensive assessment. This plan shall be updated as clinically appropriate, 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 the following requirements:

- An assessment of the participant's individual needs; and
- The participant's treatment plan goals; and
- Specific interventions for meeting the treatment plan goals which reflect the amounts frequencies and intensities appropriate to the objective of the treatment.

**E. Opioid Maintenance Therapy:**

**Service moved to 1905(a)(29) Medication Assisted Treatment Supplement to Attachment 3.1-A. Reserve for future use. From October 1, 2020 through September 30, 2025, medication assisted treatment (MAT) to treat opioid use disorder (OUD) as defined at section 1905(ee)(1) of the Social Security Act is covered exclusively in Supplement to Attachment 3.1-A for 1905(a)(29).**

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**F. Medication assisted treatment services for participants with substance use disorders other than opioid use disorder:**

From October 1, 2020 through September 30, 2025, medication assisted treatment (MAT) to treat opioid use disorder (OUD) as defined at section 1905(ee)(1) of the Social Security Act is covered exclusively in Supplement to Attachment 3.1-A for 1905(a)(29).

(1) *Definition of Service:* Medication assisted treatment uses pharmacological interventions as part of a treatment program for participants with substance use disorders other than opioid use disorder. Medication assisted treatment includes:

- Point of care toxicology
- Periodic medications
- Periodic medication management visits for substance use disorder symptom reduction or withdrawal management.

(2) *Service Requirements:* Before providing medication assisted treatment, the provider must develop a written individualized treatment plan, in conjunction with the participant based on the comprehensive assessment. This plan shall be updated as clinically appropriate, 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 the following requirements:

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

**G. Ambulatory Withdrawal Management**

(1) *Definition of Service:* Ambulatory Withdrawal Management is a service provided to acutely intoxicated participants to manage withdrawal syndromes. Ambulatory Withdrawal Management includes:

- Physical examinations.
- Initial and periodic comprehensive substance use disorder assessments including an assessment of drug and alcohol use, as well as substance use disorder treatment history. It shall also include referrals for physical and mental health services; and a recommendation for the appropriate level of substance

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use disorder treatment.

- Managing withdrawal symptoms including administration and monitoring of medications.
- Monitoring of vital signs.
- Assisting in motivating the individual to participate in an appropriate treatment program for alcohol and other drug dependence.

(2) *Service Requirements:* Before providing Ambulatory Withdrawal Management services, the provider must develop a comprehensive assessment. This plan 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, shall include all of the following requirements:

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

**Practitioners and entities by service type:**

**A. Comprehensive substance use disorder assessment:**

(1) Opioid Treatment Programs (OTPs) provide comprehensive substance use disorder assessments utilizing appropriately licensed and certified alcohol and drug counselors.

(2) Community-based outpatient treatment service providers provide comprehensive substance use disorder assessments utilizing appropriately licensed and certified alcohol and drug counselors.

**B. Group and individual substance use disorder counseling services:**

(1) OTPs provide group and individual substance use disorder counseling services utilizing appropriately licensed and certified alcohol and drug counselors.

(2) Community-based outpatient treatment service providers provide group and individual substance use disorder counseling services utilizing appropriately licensed and certified alcohol and drug counselors.

**C. Intensive outpatient services:**



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(1) Community-based outpatient treatment service providers may provide intensive outpatient services utilizing appropriately licensed and certified alcohol and drug counselors.

**D. Partial hospitalization services:**

(1) Community-based outpatient treatment service providers may provide partial hospitalization services utilizing appropriately licensed and certified alcohol and drug counselors.

**E. Opioid maintenance therapy services:**

**Service moved to 1905(a)(29) Medication Assisted Treatment Supplement to Attachment 3.1-A. Reserve for future use. From October 1, 2020 through September 30, 2025, medication assisted treatment (MAT) to treat opioid use disorder (OUD) as defined at section 1905(ee)(1) of the Social Security Act is covered exclusively in Supplement to Attachment 3.1-A for 1905(a)(29).**

**F. Medication assisted treatment services for participants with substance use disorders other than opioid use disorder:**

(1) Individually licensed physicians, nurse practitioners, and physician's assistants.

**Practitioner and Provider Qualifications:**

**A. Individual Practitioner 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

**B. Provider Qualifications:**

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**(1) Community-based Outpatient Treatment Providers:**

- Licensed by the designated state agency to provide SUD treatment services.
- Agencies providing MAT are required to employ or contract with licensed physicians, nurse practitioners, or physician's assistants operating under the supervision of a licensed physician.
- Agencies providing outpatient counseling services are required to employ or contract with licensed clinical alcohol and drug counselors in accordance with practitioner qualifications in (A)(1) above.

**(2) Opioid Treatment Providers:**

- Defined in 1905(a)(29) Medication Assisted Treatment Supplement to Attachment 3.1-A. From October 1, 2020 through September 30, 2025, medication assisted treatment (MAT) to treat opioid use disorder (OUD) as defined at section 1905(ee)(1) of the Social Security Act is covered exclusively in Supplement to Attachment 3.1-A for 1905(a)(29).
- Opioid treatment providers are able to provide services for non-OUD treatment under professional license as designated by the state.

**Limitations:**

- 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.

**State of Maryland**

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

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

1905(a)(29) MAT as described and limited in Attachment 3.1-A.

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

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) Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

**State of Maryland**

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

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

1905(a)(29) MAT as described and limited in Attachment 3.1-A.

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

From October 1, 2020, through September 30, 2025, the state assures that MAT to treat 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.

**i) 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.

**ii) 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 participant's needs. The therapeutic style is client-centered and flexible. Treatment

**State of Maryland**

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

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

1905(a)(29) MAT as described and limited in Attachment 3.1-A.

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

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 participant's individual needs; and
- The participant's treatment plan goals.

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

**i) Comprehensive assessment for participants with an opioid use disorder:**

(1) Opioid Treatment Programs (OTPs) provide comprehensive assessments utilizing appropriately licensed and certified alcohol and drug counselors.

(2) Community-based outpatient treatment service providers

**State of Maryland****1905(a)(29) Medication-Assisted Treatment (MAT)**

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

provide comprehensive assessments utilizing appropriately licensed and certified alcohol and drug counselors.

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

- (1) OTPs provide group and individual opioid use disorder counseling services utilizing appropriately licensed and certified alcohol and drug counselors.
- (2) Community-based outpatient treatment service providers provide group and individual opioid use disorder counseling services utilizing appropriately licensed and certified alcohol and drug counselors.

c) 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.

**i) 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
- (6) Data 2000 Waived Practitioners: physicians and nurse practitioners, and physician's Assistants granted a DATA 2000 waiver from the separate registration requirements of

**State of Maryland**

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

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

1905(a)(29) MAT as described and limited in Attachment 3.1-A.

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

the Narcotic Addict Treatment Act to treat opioid addiction with Schedule III, IV, and V opioid medications or combinations of such medications that have been specifically approved by the Food and Drug Administration for that indication.

**ii) Community-based Outpatient Treatment Providers:**

- Licensed by the designated state agency to provide OUD treatment services
- Providers that provide MAT must employ or contract with DATA 2000 Waived practitioners
- 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.

**iv. 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

**State of Maryland**

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

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

1905(a)(29) MAT as described and limited in Attachment 3.1-A.

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

v. 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>.

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.



## 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. 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. From October 1, 2020, through September 30, 2025, 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. 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.
  - 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."