### **Table of Contents**

State/Territory Name: Maryland

State Plan Amendment (SPA) #: 23-0003-A

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

#### **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

June 27, 2023

Tricia Roddy Maryland Department of Health 201 W. Preston St., 5<sup>th</sup> Floor Baltimore, MD, 21201

Re: Maryland State Plan Amendment (SPA) 23-0003-A

Dear Ms. Roddy:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0003-A. This amendment proposes to include coverage for peer recovery support services within the state's Other Diagnostic, Screening, Preventive and Rehabilitative Services benefit and the Mandatory Medication-Assisted Treatment (MAT) benefit. Individual peer support services will be reimbursed at a rate of \$16.38 per 15-minute unit, and group peer support services will be reimbursed at a rate of \$4.55 per 15-minute unit. This SPA also removes the DATA 2000 waiver requirement for the prescribing of buprenorphone for opioid use disorder.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 447.201 and 1905(a)(29). This letter is to inform you that Maryland Medicaid SPA 23-0003-A was approved on June 26, 2023, with an effective date of June 1, 2023.

If you have any questions, please contact Talbatha Myatt at (215) 861-4259 or via email at Talbatha.Myatt@cms.hhs.gov.

Sincerely.

James G. Scott, Director Division of Program Operations

cc: Tyler Colomb Tyra Hill Tricia Roddy

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES  TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES  5. FEDERAL STATUTE/REGULATION CITATION  42 CFR 447.201, 1905(a)(29)  7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1A pg. 29C21 27, 29C29 36 (23 0003A) Attachment 4.19B pg. 17, 17A (23 0003A)	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI  4. PROPOSED EFFECTIVE DATE  June 1, 2023  6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  a FFY 2023 \$ 2,000,000  b. FFY 2024 \$ 22,000,000  8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  Attachment 3.1A pg. 29C21 27, 29C29 34 (21 0006)
Attachment 3.1A pg. 29C25-27, 29C29-36 (23-0003A) Attachment 4.19B Pg. 17, 17A (23-0003A)	Attachment 4.19B pg. 17, 17A (21 0006)  Attachment 3.1A pg. 29C25-27, 29C29-34 (21-0006)  Attachment 4.19B pg. 17, 17A (21-0006)
9. SUBJECT OF AMENDMENT  Effective June 1, 2023, the Maryland Department of Health is amending the State Plan to include coverage for peer recovery support services within the state's Other Diagnostic, Screening, Preventive and Rehabilitative Services benefit and the Mandatory Medication-Assisted Treatment (MAT) benefit. Individual peer support services will be reimbursed at a rate of \$16.38 per 15-minute unit, and group peer support services will be reimbursed at a rate of \$4.55 per 15-minute unit. This SPA also removed the DATA 2000 waiver requirement for the prescribing of buprenorphone for opioid use disorder.  10. GOVERNOR'S REVIEW (Check One)  OGOVERNOR'S OFFICE REPORTED NO COMMENT OCOMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	
12. TYPED NAME Tricia Roddy	15. RETURN TO Tricia Roddy Acting Medicaid Director Maryland Department of Health 201 W. Preston St., 5th Floor Baltimore, MD 21201
FOR CMS USE ONLY	
03/29/2023	17. DATE APPROVED 06/26/2023
PLAN APPROVED - ONE COPY ATTACHED	
	19. SIGN
06/01/2023 20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
James G. Kerr	Director, Division of Program Operations
22. REMARKS 5-17-23-The state requested a pen and ink change to Box 5 to add 1905(a)(29)  4-18-23-The State requests the following pen and ink change to update: Box 7: Attachment 3.1A pg. 29C25-27, 29C29-36 (23-0003A) Attachment 4.19B Pg. 17, 17A (23-0003A) Box 8: Attachment 3.1A pg. 29C25-27, 29C29-34 (21-0006) Attachment 4.19B pg. 17, 17A (21-0006)	

# STATE PLAN FOR MEDICAL ASSISTANCE UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE OF MARYLAND

- 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.

### **H.** Peer Recovery Support Services

- (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 recipient's treatment plan
  - Supporting recipient through goal-setting and skill-building
  - Providing culturally competent care
  - Facilitating peer support group
  - 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 recovery support specialists must 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

TN#: <u>23-0003A</u> Approval Date: <u>06/26/2023</u> Effective Date: <u>June 1, 2023</u>

# STATE PLAN FOR MEDICAL ASSISTANCE UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE OF MARYLAND

• 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. -

### **Practitioner and Provider Qualifications:**

- A. Certified Peer Recovery Support Specialist Qualifications:
  - (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, approved by the Behavioral Health Administration.
  - (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.

### **B. Provider Qualifications**

- (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 mental health practitioners in accordance with Attachment 3.1-A page 19-6.g. of the state plan..

### (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,

TN#: <u>23-0003A</u> Approval Date: **06/26/2023** Effective Date: <u>June 1, 2023</u>

# STATE PLAN FOR MEDICAL ASSISTANCE UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE OF MARYLAND

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.

TN#: 23-0003A Approval Date: **06/26/2023** Effective Date: June 1, 2023

### 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.

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### 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

TN#: 23-0003A Approval Date: **06/26/2023** Effective Date: June 1, 2023

## 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.

## iii) 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 recipient's treatment plan

TN#: <u>23-0003A</u> Approval Date: <u>06/26/2023</u> Effective Date: <u>June 1, 2023</u>

## 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.

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

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### 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.

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

utilizing appropriately licensed and certified alcohol and drug counselors.

### ii) 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.

### iii) 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.
- 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

TN#: 23-0003A

### 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 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) 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.

### ii) 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.

iii) Certified Peer Recovery Support Specialists:

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

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.

- (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.

iv.	Jtilization Controls	
	_XThe state has drug utilization controls in place. (Check each of the following that apply)	
	_XGeneric first policy	
	_XPreferred drug lists	
	_XClinical criteria	
	_XQuantity limits	
	The state does not have drug utilization controls in place	

TN#: <u>23-0003A</u> Supersedes TN#: <u>21-0006</u> Approval Date: <u>06/26/2023</u> Effective Date: <u>June 1, 2023</u>

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

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: <a href="https://mmcp.health.maryland.gov/pap/docs/QL.pdf">https://mmcp.health.maryland.gov/pap/docs/QL.pdf</a>.

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#: <u>23-0003A</u> Approval Date: <u>06/26/2023</u> Effective Date: <u>June 1, 2023</u>

### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

### **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 <a href="https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx">https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx</a>, clicking on the "PBHS Fee Schedule," and selecting "PBHS SUD Fee Schedule."

TN#: <u>23-0003A</u> Approval Date: <u>06/26/2023</u> Effective Date: <u>June 1, 2023</u>

Supersedes TN#: <u>21-0006</u>

### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

### 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. 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 <a href="health.maryland.gov/providerinfo">health.maryland.gov/providerinfo</a>, clicking on the "PBHS Fee Schedule," and selecting "PBHS SUD Fee Schedule."

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Supersedes TN#: <u>21-0006</u>