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State/Territory Name: Maine

State Plan Amendment (SPA) #: 21-0003

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

November 10, 2021

VIA E-MAIL

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

Dear Ms. Probert:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0003. 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 Maine's Medicaid SPA Transmittal Number 21-0003 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 16, 2021 allowing Maine 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 and was approved November 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 questions concerning this letter, please contact Gilson DaSilva at (617) 565-1227 or via e-mail at Gilson.dasilva@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

cc: Kristin Merrill, State Plan Manager, Office of MaineCare Services

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 21 - 0003	2. STATE Maine
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2020
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5. TYPE OF PLAN MATERIAL (*Check One*)

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION SUPPORT Act, HR 6, Section 1006(b); Social Security Act 1905(a)(29)	7. FEDERAL BUDGET IMPACT a. FFY <u>2021</u> \$ <u>N/A</u> b. FFY <u>2022</u> \$ <u>N/A</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Pages 13-16 and Attachment 4.19-B Page 8b, <u>4(a)(x)</u> and <u>4(a)(xii)</u>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) <u>Attachment 4.19-B, pages 8b, 4(a)(x) and 4(a)(xii)</u>
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10. SUBJECT OF AMENDMENT

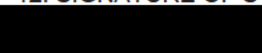
Updating pages to utilize the required templates in accordance with provisions of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act) requiring coverage of medication-assisted treatment (MAT) for opioid use disorder (OUD).

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 	16. RETURN TO Michelle Probert Director, MaineCare Services #11 State House Station 109 Capitol Street Augusta, Maine 04333-0011
13. TYPED NAME Michelle Probert	
14. TITLE Director, MaineCare Services	
15. DATE SUBMITTED 03/31/2021	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 03/30/2021	18. DATE APPROVED 11/10/2021
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 10/01/2020	
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21. TYPED NAME James G. Scott	22. TITLE Director, Division of Program Operations
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23. REMARKS

10/25/2021 - State authorized pen-and-ink changes to Boxes 8 and 9, as underlined.

Enclosure ____

Attachment 3.1-A

Page __13__

State of Maine

**Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the
Categorically Needy**

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

1905(a)(29) _____MAT as described and limited in Supplement _____ to Attachment 3.1-A.

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

State of Maine

**Amount, Duration, and Scope of Medical and Remedial Care 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.

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.

1. Counseling/Therapy

a. Therapy and counseling services are provided in an individual or group setting.

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

1. Physician (MD/DO) and Psychiatrist

a. Counseling/Therapy

State of Maine

**Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the
Categorically Needy**

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
- 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.
1. 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.

State of Maine**Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy**

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.

iv. 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.

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: Maine

Attachment 4.19-B
Page 8b

Methods and Standards for Establishing Payments rates

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

Service	State Plan Reference(s)	State Plan Page(s)
Unbundled Counseling/Therapy	Item 5 – Physicians’ Services; Item 12 – other diagnostic, screening, preventative and rehabilitative services	Supplement 1 to Attachment 4.19-B Page 1-a; Supplement 1 to Attachment 4.19-B Page 4(a)(xii)

Reimbursement for unbundled MAT prescribed drugs and biologicals used to treat opioid use disorder will be reimbursed using the same methodology as described for prescribed drugs in Attachment 4.19-B, Item 12, pages 3 through 3(a)(2), for prescribed drugs that are dispensed or administered.

Reimbursement for methadone within the MAT service listed on 4.19-B page 4(a)(x) is part of a bundle.

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
OTHER TYPES OF CARE**

i. Medication Assisted Treatment (MAT)

Description	Code	Unit	Rate
Opioid Treatment	H0020	Weekly	\$60.00

* During the period beginning October 1, 2020 and ending September 30, 2025, MAT for OUD services are exclusively covered and reimbursed under the 1905(a)(29) benefit.

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 4(a)(xii)

OMP No: 0938

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
OTHER TYPES OF CARE**

i. Therapy and Counseling Services

Description	Code	Unit	Rate
Behavioral Health counseling and therapy – psychologist independent	H0004	¼ hour	\$22.00
Behavioral Health counseling and therapy – mental health agency	H0004	¼ hour	\$21.00
Behavioral Health counseling and therapy –mental health agency co-occurring	H0004 HH	¼ hour	\$21.00
Behavioral Health counseling and therapy – mental health agency – deaf & home based treatment for adults	H0004	¼ hour	\$30.75
Behavioral Health counseling and therapy – substance abuse agency	H0004	¼ hour	\$21.00
Behavioral Health counseling and therapy – substance abuse agency – non-master’s level LADC	H0004	¼ hour	\$20.00
Behavioral Health counseling and therapy – CADAC	H0004	¼ hour	\$14.50
Behavioral Health counseling and therapy – independent LCSW, LCPC, LMFT- non-agency	H0004	¼ hour	\$13.75
Behavioral Health counseling and therapy – Group – psychologist independent	H0004 HQ	¼ hour	\$5.50
Behavioral Health counseling and therapy – Group – mental health agency	H0004 HQ	¼ hour	\$5.25
Behavioral Health counseling and therapy – Group - mental health agency co-occurring	H0004 HQ HH	¼ hour	\$5.25
Behavioral Health counseling and therapy – Group – substance abuse agency	H0004 HQ	¼ hour	\$9.00
Behavioral Health counseling and therapy – Group – substance abuse agency non-Master’s level LADC	H0004 HQ	¼ hour	\$8.50
Behavioral Health counseling and therapy – Group – substance abuse agency CADAC	H0004 HQ	¼ hour	\$7.00
Behavioral Health counseling and therapy – Group – Independent LCSW, LCPC, LMFT– non-agency	H0004 HQ	¼ hour	\$3.44
Specialized Group Services	H2019	¼ hour	\$10.08

*During the period beginning October 1, 2020 and ending September 30, 2025, MAT for OUD services are exclusively covered and reimbursed under the 1905(a)(29) benefit.”