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## **Table of Contents**

**State/Territory Name:** Maryland

**State Plan Amendment (SPA) #:** MD-16-0005

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  
150 S. Independence Mall West  
Suite 216, The Public Ledger Building  
Philadelphia, Pennsylvania 19106-3499



**Region III/Division of Medicaid and Children's Health Operations**

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SWIFT # 080520164070

**October 27, 2016**

Shannon McMahon, Deputy Secretary  
Health Care Financing  
Maryland Department of Health and Mental Hygiene  
201 West Preston Street, Room 525  
Baltimore, MD 21201

Dear Ms. McMahon:

Enclosed is a copy of the approved State Plan Amendment (SPA), Transmittal Number 16-0005. This SPA updates Maryland's State Plan to add the ability for OHCQ Licensed or Certified Substance Use Disorder Programs (Provider Type 50s) who employ a Data 2000 Waiver Physician, to be reimbursed for buprenorphine and other medication assisted treatment, as appropriate.

The effective date for this amendment is July 1, 2016. The CMS 179 form and the Approved State Plan pages are attached.

If you have questions about this SPA, please contact Lieutenant Commander Andrea Cunningham of my staff at 215-861-4325.

Sincerely,

/S/

Digitally signed by  
Francis T. McCullough -S  
Date: 2016.10.27  
15:03:16 -04'00'

Francis McCullough  
Associate Regional Administrator

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER:  
16-0005

2. STATE  
Maryland

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  
July 1, 2016

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:  
N/A

7. FEDERAL BUDGET IMPACT:  
a. FFY 2016: \$ 0  
b. FFY 2017: \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR  
ATTACHMENT:  
Att. 3.1A Page 29C-21 – 29C-30 (AMEND)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
Att. 3.1A Page 29C-21 – 29C-30

10. SUBJECT OF AMENDMENT: To add the ability for OHCQ Licensed or Certified Substance Use Disorder Programs (Provider Type 50s) who directly employ Data 2000 Waiver Physicians to provide buprenorphine services.

11. 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:  
Susan J. Tucker, Executive Director  
Office of Health Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:  
/S/

13. TYPED NAME: Shannon McMahon

14. TITLE: Deputy Secretary,  
Office of Health Care Financing

15. DATE SUBMITTED: August 5, 2016

16. RETURN TO:

Susan J. Tucker, Executive Director  
OHS – DHMH  
201 W. Preston St., 1<sup>st</sup> floor  
Baltimore, MD 21201

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
August 5, 2016

18. DATE APPROVED:  
October 27, 2016

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
July 1, 2016

20. SIGNATURE OF REGIONAL OFFICIAL:  
/S/

21. TYPED NAME:  
FRANCIS T. MCCULLOUGH

22. TITLE:  
ASSOCIATE REGIONAL ADMINISTRATOR, DMCHO

23. REMARKS:

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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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**Description of Services:**

Community-based substance use disorder programs provide services in non-hospital community-based settings. These services include: comprehensive substance use disorder assessments, group substance use disorder counseling, individual substance use disorder counseling, intensive outpatient services, partial hospitalization, ambulatory withdrawal management, methadone maintenance, buprenorphine medication, buprenorphine induction, buprenorphine maintenance service, and periodic medication management for medication assisted treatment.

**Program Requirements:**

Community-based substance use disorder providers are programs which have been certified by the Office of Health Care Quality (OHCQ) within the Department of Health and Mental Hygiene and meet the requirements established by the Department. All staff providing services within the programs are credentialed and appropriately privileged by the State.

Provider agencies become OHCQ certified by submitting an application to OHCQ. OHCQ certification for community based substance use disorder programs providing services listed under this section of the state plan is based on accreditation by a State approved accrediting body.

Individual provider qualifications for physicians are located in Att. 3.1A, Page 17 through 17D.

**Covered Services:**

Maryland Medicaid covers the following medically necessary community-based services when rendered to a participant by a qualified program authorized by the Department or its designee. All programs must meet the staffing requirements listed above to obtain Department approval.

All services identified below must include participant progress notes recorded after each session for all levels of service, a discharge plan which includes written recommendations to assist the participant with continued recovery efforts, and appropriate referral services which, if needed, includes referrals to ancillary services and recovery support services.

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**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. Programs 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.
3. *Agency Requirements:* Practitioners within an OHCQ certified agency qualified to receive reimbursement for comprehensive substance use disorder assessment are alcohol and drug counselors who shall at a minimum be:
  - Licensed or certified as an alcohol and drug counselor by the Board of Professional Counselors and Therapists;
  - Approved by the Board of Professional Counselors and Therapists; or
  - Licensed, certified, or permitted under the Health Occupations Article, Annotated Code of Maryland to provide substance use disorder treatment.

**B. Level 1 group and individual substance use disorder counseling services**

1. *Definition of Service:* Individual and group counseling sessions integrate evidence-based psychotherapeutic interventions with community support linkages. 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:
  - 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 patient in long-term recovery strategies.

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Participants who require services for less than 9 hours weekly for adults and less than 6 hours weekly for adolescents are eligible to receive Level 1 group and individual substance use disorder counseling services.

2. *Service Requirements:* Before providing Level 1 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.
  
3. *Agency Requirements:* Practitioners within an OHCQ certified agency qualified to receive reimbursement for Level 1 group and individual substance use disorder counseling services are alcohol and drug counselors who shall at a minimum be:
  - Licensed or certified as an alcohol and drug counselor by the Board of Professional Counselors and Therapists;
  - Approved by the Board of Professional Counselors and Therapists; or
  - Licensed, certified, or permitted under the Health Occupations Article, Annotated Code of Maryland to provide substance use disorder treatment.

### C. Level 2.1 Intensive Outpatient Services

1. *Definition of Service:* Level 2.1 Intensive Outpatient Service is a more intense form of treatment than Level 1 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 who require services for 9 or more hours weekly for an adult and 6 or more weekly for an adolescent are eligible to receive Level 2.1 Intensive Outpatient services.

2. *Service Requirements:* Before providing Level 2.1 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

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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;
- 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.

The minimum duration of each Level 2.1 Intensive Outpatient Service session shall be two hours, although it is expected that a session will generally last three or more hours.

Patients participate within an ambulatory therapeutic setting while residing in a separate location.

3. *Agency Requirements:* Practitioners within an OHCQ certified agency qualified to receive reimbursement for Level 2.1 Intensive outpatient services are alcohol and drug counselors who shall at a minimum be:
  - Licensed or certified as an alcohol and drug counselor by the Board of Professional Counselors and Therapists;
  - Approved by the Board of Professional Counselors and Therapists; or
  - Licensed, certified, or permitted under the Health Occupations Article, Annotated Code of Maryland to provide substance use disorder treatment.

#### **D. Level 2.5 Partial Hospitalization**

1. *Definition of Service:* Level 2.5 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 Level 2.1 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 Level 2.5 Partial Hospitalization services.

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2. *Service Requirements:* Before providing Level 2.5 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;
  - 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.

For dates of services 1/1/15 to 3/6/15, Level 2.5 Partial Hospitalization shall include a minimum of 2 hours per diem, up to 7 days of treatment per week.

For dates of services on or after 3/7/15, Level 2.5 Partial Hospitalization shall include a minimum of 2 hours per diem for half day sessions and a minimum of 6 hours per diem for full day sessions, up to 7 days of treatment per week.

3. *Agency Requirements:* Practitioners within an OHCQ certified agency qualified to receive reimbursement for Level 2.5 Partial Hospitalization services are alcohol and drug counselors who shall at a minimum be:
- Licensed or certified as an alcohol and drug counselor by the Board of Professional Counselors and Therapists;
  - Approved by the Board of Professional Counselors and Therapists; or
  - Licensed, certified, or permitted under the Health Occupations Article, Annotated Code of Maryland to provide substance use disorder treatment.

**E. Opioid Maintenance Therapy provided by an Opioid Treatment Program**

1. *Definition of Service:* Opioid maintenance therapy uses pharmacological interventions as part of a treatment program for participants with an opioid use disorder. Opioid maintenance therapy includes:
- 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



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substance use disorder treatment.

- Substance use disorder and related counseling is provided to patients as clinically necessary.
- Medical services including dispensing opioid agonist and antagonist treatment medications as well as any other medications.
- Administration of opioid agonist or antagonist treatment medications as well as other medications.
- When patients initiate residential treatment, OTP providers may arrange for transportation of the medication to their inpatient treatment program.

A participant is eligible to receive opioid maintenance therapy if the Department or its designee authorizes the service as clinically appropriate prior to service delivery.

2. *Service Requirements:* Opioid maintenance therapy is delivered by Opioid Treatment Programs that are certified by the Office of Health Care Quality and licensed by the Federal Drug Enforcement Administration.

Before providing opioid maintenance therapy, 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.

Opioid maintenance therapy can be provided through one of the following services:

- a. Methadone Treatment, that includes providing medication, counseling, drug screening, and medication dispensing; or
  - b. Buprenorphine Treatment, that includes buprenorphine induction in the first week of treatment, ongoing buprenorphine treatment including counseling, drug screening, and medication dispensing, and buprenorphine medication dispensed by the program.
3. *Agency Requirements:* The individual practitioners below are qualified to provide the listed services as part of an OHCQ certified agency.

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- Initial and periodic comprehensive substance use disorder assessments: Alcohol and drug counselors licensed, certified, or permitted under the Health Occupations Article, Annotated Code of Maryland to provide substance use disorder treatment.
- Substance use disorder and related counseling: Alcohol and drug counselors licensed, certified, or permitted under the Health Occupations Article, Annotated Code of Maryland to provide substance use disorder treatment.
- Dispensing medications: Physicians and Nurse Practitioners.
- Administering medications: Physicians, Nurse Practitioners, or Registered Nurses.

**F. Medication Assisted Treatment provided by an OHCQ Certified or Licensed Agency**

1. *Definition of Service:* Buprenorphine and other medications assisted treatment uses pharmacological interventions as part of a treatment program for participants with an opioid use disorder. Buprenorphine and other medications assisted treatment includes:

- Buprenorphine induction in the first week of treatment
- Point of care drug screening
- Prescribing Medication
- Periodic medication management visits for substance use disorder symptom reduction or withdrawal management

A participant is eligible to receive buprenorphine and other medications assisted treatment if the Department or its designee authorizes the services as medically necessary prior to service delivery.

2. *Service Requirements:* Buprenorphine and other medications assisted treatment is delivered by an OHCQ Certified or Licensed Agency that employs a DATA 2000 Waiver physician.

Before providing buprenorphine and other medications 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

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- The participant's treatment plan goals.
3. *Agency Requirements:* The individual practitioners below are qualified to provide the listed services as part of an OHCQ certified agency.
- Buprenorphine prescribing: Physicians granted a DATA 2000 waiver from the separate registration requirements of 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.
  - Other Buprenorphine induction services: Nurse Practitioners, Registered Nurses and alcohol and drug counselors licensed, certified, or permitted under the Health Occupations Article, Annotated Code of Maryland to provide substance use disorder treatment.
  - Point of care drug screening: Clinical staff including alcohol and drug counselors licensed, certified, or permitted under the Health Occupations Article, Annotated Code of Maryland to provide substance use disorder treatment, as well as Nurse Practitioners, Registered Nurses, and physicians.
  - Prescribing Medication: DATA 2000 Waiver Physicians.
  - Periodic medication management visits: Physicians and Nurse Care Practitioners

**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 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.

A participant is eligible to receive Ambulatory Withdrawal Treatment if the Department or its designee authorizes the service as clinically appropriate prior to

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service delivery.

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.
  
3. *Agency Requirements:* The individual practitioners below are qualified to provide the listed services as part of an OHCQ certified agency.
  - Physical examination: Physician, physician assistant, or nurse practitioner.
  - Initial and periodic comprehensive substance use disorder assessments: Licensed or certified clinicians or programs are authorized to complete comprehensive substance use disorder assessments.
  - Manage withdrawal symptoms: Registered Nurses and Nurse Practitioners
  - Monitor vital signs: Registered Nurses and Nurse Practitioners
  - Motivating the individual to participate in an appropriate treatment program: Alcohol and drug counselors licensed, certified, or permitted under the Health Occupations Article, Annotated Code of Maryland to provide substance use disorder treatment and other staff as appropriate.

**Limitations:**

Services which are not covered under this State Plan section are:

1. Services delivered without authorization;
2. Community-based substance use disorder services not approved by a licensed physician or other licensed practitioner of the healing arts, within the scope of his or her practice under State law;
3. Services not identified by the Department as medically necessary or covered;
4. Investigational and experimental drugs and procedures;
5. Services that are provided in a hospital inpatient or outpatient setting;
6. Intermediate Care Facility-Type A services, or residential substance use disorder services

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for individuals age 21 or above as referenced in 3.1A 29-F of the State Plan Amendment;

7. Services beyond the provider's scope of practice;
8. Services that are separately billed but included as part of another service;
9. Visits solely for the purposes of one or more of the following:
  - a. Prescription, drug or supply pick-up, or collection of laboratory specimens;
  - b. Ascertaining the patient's weight; and
  - c. Measurement of blood pressure;
10. Separate reimbursement to a physician for services provided in a clinic in addition to the clinic reimbursement;
11. Injections and visits solely for the administration of injections;
12. Immunizations required for travel outside the Continental U.S.;
13. Visits solely for group or individual health education;
14. Services rendered but not appropriately documented;
15. Services rendered by mail, telephone, or otherwise not one-to-one, in person;
16. Completion of forms or reports;
17. Broken or missed appointments;
18. Travel to and from site of service; and
19. More than one comprehensive substance use disorder assessment for a participant per provider per 12-month period unless the patient was discharged from treatment with that provider for more than 30 days.

Community-based substance use disorder services include a spectrum of care, with authorization granted for the appropriate level of service intensity based on medical necessity criteria. If an individual needs services of a frequency or intensity beyond the parameters defined for their current level of care, this indicates they may be in need of a higher level of care. In such cases, the Department reviews their medical necessity criteria and authorizes a higher level of services, discontinuing the previous authorization for services that are no longer adequate. This framework of services ensures that participants receive the level of care needed, without duplicating service delivery.