

DEPARTMENT OF HUMAN SERVICES, DIVISION OF MEDICAL SERVICES

SUBJECT: Medication Assisted Treatment Attestation of Coverage (20 CAR pt. 570)

DESCRIPTION:

Statement of Necessity

The Division of Medical Services (DMS) implements a requirement in the Consolidated Appropriations Act of 2024 (P.L. 118-42), based upon guidance from the Centers for Medicare & Medicaid Services (CMS). Section 201 of the CAA made permanent a mandatory Medicaid benefit for medications for opioid use disorder (MOUD) instituted in 2020 that was scheduled to end on September 25, 2025. The mandatory benefit requires coverage of counseling services and behavioral therapies associated with the provision of required drug and biological coverage. States must cover 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.

Summary

To implement the Act, the Centers for Medicare and Medicaid Services (CMS) issued a template for states to attest compliance. The new template removes the September 30, 2025, end date for federal coverage of Medication Assisted Treatment. To comply with the mandate, DMS shall submit the template as an amendment to the Arkansas Medicaid State Plan.

PUBLIC COMMENT: A public hearing was held on this rule on January 28, 2026. The public comment period expired on February 16, 2026. The agency indicated that it received no public comments.

The proposed effective date is May 1, 2026.

FINANCIAL IMPACT: The agency indicated that this rule has no financial impact.

LEGAL AUTHORIZATION: The Department of Human Services has the responsibility to administer assigned forms of public assistance and is specifically authorized to maintain an indigent medical care program (Arkansas Medicaid). *See* Ark. Code Ann. §§ 20-76-201(1), 20-77-107(a)(1). The Department has the authority to make rules that are necessary or desirable to carry out its public assistance duties. Ark. Code Ann. § 20-76-201(12). The Department and its divisions also have the authority to promulgate rules as necessary to conform their programs to federal law and receive federal funding. Ark. Code Ann. § 25-10-129(b).

This rule implements the federal Consolidated Appropriations Act of 2024. Division G, Title I, Subtitle B, § 201 of the Act removed a scheduled end date for considering medication-assisted treatment for opioid use disorder “medical assistance” under Title XIX of the Social Security Act, regarding grants to states for medical assistance programs. *See* 42 U.S.C. § 1396d(a)(29).



ARKANSAS
DEPARTMENT OF
**HUMAN
SERVICES**

Office of Policy and Rules

P.O. Box 1437, Slot S295, Little Rock, AR 72203-1437

P: 501.320.6383 F: 501.404.4619

January 16, 2026

Mrs. Rebecca Miller-Rice
Administrative Rules Review Section
Arkansas Legislative Council
Bureau of Legislative Research
#1 Capitol, 5th Floor
Little Rock, AR 72201

Dear Mrs. Rebecca Miller-Rice:

Re: Medicaid Assisted Treatment Attestation of Coverage

Please arrange for this rule to be reviewed by the ALC-Administrative Rules Subcommittee. If you have any questions or need additional information, please contact me at 501-320-6383 or by emailing Mac.E.Golden@dhs.arkansas.gov.

Sincerely,

Mac Golden

Mac Golden
Attorney III
Office of Policy and Rules

Attachments

**QUESTIONNAIRE FOR FILING PROPOSED RULES WITH
THE ARKANSAS LEGISLATIVE COUNCIL**

DEPARTMENT Department of Human Services
BOARD/COMMISSION Division of Medical Services
BOARD/COMMISSION DIRECTOR Elizabeth Pitman
CONTACT PERSON Mac Golden
ADDRESS P.O Box 1437, Slot S295, Little Rock, AR 72203-1437
PHONE NO. (501) 320-6383 EMAIL Mac.E.Golden@dhs.arkansas.gov
NAME OF PRESENTER(S) AT SUBCOMMITTEE MEETING
Elizabeth Pitman
PRESENTER EMAIL(S) elizabeth.pitman@dhs.arkansas.gov

INSTRUCTIONS

In order to file a proposed rule for legislative review and approval, please submit this Legislative Questionnaire and Financial Impact Statement, and attach (1) a summary of the rule, describing what the rule does, the rule changes being proposed, and the reason for those changes; (2) both a markup and clean copy of the rule; and (3) all documents required by the Questionnaire.

If the rule is being filed for permanent promulgation, please email these items to the attention of Rebecca Miller-Rice, miller-ricer@blr.arkansas.gov, for submission to the Administrative Rules Subcommittee.

If the rule is being filed for emergency promulgation, please email these items to the attention of Director Marty Garrity, garritym@blr.arkansas.gov, for submission to the Executive Subcommittee.

Please answer each question completely using layman terms.

1. What is the official title of this rule?
Medicaid Assisted Treatment Attestation of Coverage
2. What is the subject of the proposed rule? 20 CAR 570
3. Is this rule being filed under the emergency provisions of the Arkansas Administrative Procedure Act? Yes ☐ No ☒

If yes, please attach the statement required by Ark. Code Ann. § 25-15-204(c)(1).

If yes, will this emergency rule be promulgated under the permanent provisions of the Arkansas Administrative Procedure Act? Yes ☐ No ☐

4. Is this rule being filed for permanent promulgation? Yes ☒ No ☐

If yes, was this rule previously reviewed and approved under the emergency provisions of the Arkansas Administrative Procedure Act? Yes ☐ No ☒

If yes, what was the effective date of the emergency rule? _____

On what date does the emergency rule expire? _____

5. Is this rule required to comply with a *federal* statute, rule, or regulation? Yes ☒ No ☐

If yes, please provide the federal statute, rule, and/or regulation citation.

[Consolidated Appropriations Act 2024, Division G, Title I, Subtitle B, Section 201 \(Pub. L. 118-42\)](#)

6. Is this rule required to comply with a *state* statute or rule? Yes ☐ No ☒

If yes, please provide the state statute and/or rule citation.

7. Are two (2) rules being repealed in accord with Executive Order 23-02? Yes ☐ No ☒

If yes, please list the rules being repealed.

If no, please explain.

[Exception from the Governor](#)

8. Is this a new rule? Yes ☐ No ☒

Does this repeal an existing rule? Yes ☐ No ☒

If yes, the proposed repeal should be designated by strikethrough. If it is being replaced with a new rule, please attach both the proposed rule to be repealed and the replacement rule.

Is this an amendment to an existing rule? Yes ☒ No ☐

If yes, all changes should be indicated by strikethrough and underline. In addition, please be sure to label the markup copy clearly as the markup.

9. What is the state law that grants the agency its rulemaking authority for the proposed rule, outside of the Arkansas Administrative Procedure Act? Please provide the specific Arkansas Code citation(s), including subsection(s).

[Arkansas Code §§ 20-76-201, 20-77-107, and 25-10-129](#)

10. Is the proposed rule the result of any recent legislation by the Arkansas General Assembly?
Yes ☐ No ☒

If yes, please provide the year of the act(s) and act number(s).

11. What is the reason for this proposed rule? Why is it necessary?

[The Centers for Medicare and Medicaid Services \(CMS\) mandated a new template for states to attest compliance with Section 1905\(a\)\(29\), Medication Assisted Treatment \(MAT\). The new template removes the September 30, 2025, end date for federal coverage of Medicaid Assisted Treatment as amended under Section 201 of the Consolidated Appropriations Act, 2024 \(CAA, 2024, Pub. L. 118-42\). Section 201 of CAA made permanent a mandatory Medicaid benefit for medications for opioid use disorder \(MOUD\) instituted in 2020.](#)

12. Please provide the web address by which the proposed rule can be accessed by the public as provided in Ark. Code Ann. § 25-19-108(b)(1).

ar.gov/dhs-proposed-rules

13. Will a public hearing be held on this proposed rule? Yes ☒ No ☐

If yes, please complete the following:

Date: 01/28/2026

Time: 10:00 am

Place: <https://us02web.zoom.us/j/87295264263>

Please be sure to advise Bureau Staff if this information changes for any reason.

14. On what date does the public comment period expire for the permanent promulgation of the rule? Please provide the specific date. 02/16/2026

15. What is the proposed effective date for this rule? 05/01/2026

16. Please attach (1) a copy of the notice required under Ark. Code Ann. § 25-15-204(a)(1) and (2) proof of the publication of that notice.

17. Please attach proof of filing the rule with the Secretary of State, as required by Ark. Code Ann. § 25-15-204(e)(1)(A).

18. Please give the names of persons, groups, or organizations that you anticipate will comment on these rules. Please also provide their position (for or against), if known.

[Unknown.](#)

19. Is the rule expected to be controversial? Yes ☐ No ☒

If yes, please explain.

NOTICE OF RULE MAKING

The Department of Human Services (DHS) announces for a public comment period of thirty (30) calendar days a notice of rulemaking for the following proposed rule under one or more of the following chapters, subchapters, or sections of the Arkansas Code: §§20-76-201, 20-77-107, and 25-10-129. The projected effective date of the rule is May 1, 2026, if approved. There is no fiscal impact.

The Division of Medical Services (DMS) The Division of Medical Services (DMS) implements a requirement in the Consolidated Appropriations Act of 2024 (P.L. 118-42), based upon guidance from the Centers for Medicare & Medicaid Services (CMS). To implement the Act, the Centers for Medicare and Medicaid Services (CMS) issued a template for states to attest compliance. The new template removes the September 30, 2025, end date for federal coverage of Medicaid Assisted Treatment. To comply with the mandate, DMS shall submit the template as an amendment to the Arkansas Medicaid State Plan to be effective October 1, 2025.

The proposed rule is available for review at the Department of Human Services (DHS) Office of Policy and Rules, 2nd floor Donaghey Plaza South Building, 7th and Main Streets, P. O. Box 1437, Slot S295, Little Rock, Arkansas 72203-1437. You may also access and download the proposed rule at ar.gov/dhs-proposed-rules.

Public comments can be submitted in writing at the above address or at the following email address: ORP@dhs.arkansas.gov. All public comments must be received by DHS no later than February 16, 2026. Please note that public comments submitted in response to this notice are considered public documents. A public comment, including the commenter's name and any personal information contained within the public comment, will be made publicly available and may be seen by various people.

A public hearing will be held online by remote access. Public comments may be submitted at the hearing. The details for attending the online public hearing appear at ar.gov/dhspublichearings.

If you need this material in a different format, such as large print, contact the Office of Policy and Rules at 501-320-6428. The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act and is operated, managed, and delivers services without regard to religion, disability, political affiliation, veteran status, age, race, color or national origin. **4502292178**

Elizabeth Pitman, Director
Division of Medical Services

From: [Legal Ads](#)
To: [Renita Jones](#)
Subject: Re: Full Run AD (Rule #324) - Medicaid Assisted Treatment Attestation of Coverage
Date: Thursday, January 15, 2026 11:57:30 AM
Attachments: [image001.png](#)

[EXTERNAL SENDER]

Thanks. Scheduled for Sun 1/18, Mon 1/19, and Tues 1/20.

Gregg Sterne, Legal Advertising
Arkansas Democrat-Gazette
legalads@arkansasonline.com

From: "Renita Jones" <Renita.Jones@dhs.arkansas.gov>
To: "Legal Ads" <legalads@arkansasonline.com>
Cc: "Renita Jones" <Renita.Jones@dhs.arkansas.gov>, "Mac Golden" <Mac.E.Golden@dhs.arkansas.gov>, "Jack Tiner" <jack.tiner@dhs.arkansas.gov>, "Lakeya Gipson" <Lakeya.Gipson@dhs.arkansas.gov>, "Elaine Stafford" <elaine.stafford@dhs.arkansas.gov>
Sent: Thursday, January 15, 2026 9:26:12 AM
Subject: Full Run AD (Rule #324) - Medicaid Assisted Treatment Attestation of Coverage

Good morning,

Please Reply to this email using REPLY ALL.

Please run the attached ad in the Arkansas Democrat-Gazette on the following days:

- Sunday January 18, 2026
- Monday January 19, 2026
- Tuesday January 20, 2026

A public hearing by remote access only will be held through ZOOM. I am aware that the print version will only be provided to all counties on Sundays.

Invoice to: **AR Dept of Human Services**
OPR, ATTN: Lakeya Gipson
P.O. Box 1437, Slot S295

Little Rock, AR 72203-8068
(Lakeya.Gipson@dhs.arkansas.gov)

Thank you,



Renita Jones

Rules and Regulations Coordinator
Arkansas Department of Human Services
Office of Policy and Rules

P: 501.320.3949

Renita.Jones@dhs.arkansas.gov

humanservices.arkansas.gov

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message/attachment(s) from your system.**

From: [Renita Jones](#)
To: register@sos.arkansas.gov
Cc: [Renita Jones](#); [Mac Golden](#); [Jack Tiner](#); [JAMIE EWING](#); [Lakeya Gipson](#)
Subject: DHS/DMS - Proposed Filing - Medicaid Assisted Treatment Attestation of Coverage (Rule#324)
Date: Friday, January 16, 2026 8:30:00 AM
Attachments: [Initial Filing - Sec of State - Rule #324 -MAT.pdf](#)
[image001.png](#)

Good morning,

Please see attached for initial filing. The public notice will run:

Sunday, January 18th

Monday, January 19th

Tuesday, January 20th

The public comment period will end on February 16th.

Thank you,



Renita Jones

Rules and Regulations Coordinator
Arkansas Department of Human Services
Office of Policy and Rules

P: 501.320.3949

Renita.Jones@dhs.arkansas.gov

humanservices.arkansas.gov

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FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY.

DEPARTMENT Department of Human Services

BOARD/COMMISSION Division of Medical Services

PERSON COMPLETING THIS STATEMENT Elizabeth Pitman

TELEPHONE NO. (501) 244-3944 **EMAIL** elizabeth.pitman@dhs.arkansas.gov

To comply with Ark. Code Ann. § 25-15-204(e), please complete the Financial Impact Statement and email it with the questionnaire, summary, markup and clean copy of the rule, and other documents. Please attach additional pages, if necessary.

TITLE OF THIS RULE Medicaid Assisted Treatment Attestation of Coverage

1. Does this proposed, amended, or repealed rule have a financial impact?
Yes ☐ No ☒
2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule?
Yes ☒ No ☐
3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes ☒ No ☐

If no, please explain:

(a) how the additional benefits of the more costly rule justify its additional cost;

(b) the reason for adoption of the more costly rule;

(c) whether the reason for adoption of the more costly rule is based on the interests of public health, safety, or welfare, and if so, how; and

(d) whether the reason for adoption of the more costly rule is within the scope of the agency's statutory authority, and if so, how.

4. If the purpose of this rule is to implement a *federal* rule or regulation, please state the following:
 - (a) What is the cost to implement the federal rule or regulation? This rule is budget neutral

Current Fiscal Year

General Revenue 0
 Federal Funds _____
 Cash Funds _____
 Special Revenue _____
 Other (Identify) _____

Total \$ 0.00

Next Fiscal Year

General Revenue 0
 Federal Funds _____
 Cash Funds _____
 Special Revenue _____
 Other (Identify) _____

Total \$ 0.00

(b) What is the additional cost of the state rule?

Current Fiscal Year

General Revenue _____
 Federal Funds _____
 Cash Funds _____
 Special Revenue _____
 Other (Identify) _____

Total _____

Next Fiscal Year

General Revenue _____
 Federal Funds _____
 Cash Funds _____
 Special Revenue _____
 Other (Identify) _____

Total _____

5. What is the total estimated cost by fiscal year to any private individual, private entity, or private business subject to the proposed, amended, or repealed rule? Please identify those subject to the rule, and explain how they are affected.

Current Fiscal Year

\$ 0.00

Next Fiscal Year

\$ 0.00

6. What is the total estimated cost by fiscal year to a state, county, or municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

Current Fiscal Year

\$ 0.00

Next Fiscal Year

\$ 0.00

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes ☐ No ☒

If yes, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

- (1) a statement of the rule's basis and purpose;
- (2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;
- (3) a description of the factual evidence that:
 - (a) justifies the agency's need for the proposed rule; and
 - (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;
- (4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
 - (a) the rule is achieving the statutory objectives;
 - (b) the benefits of the rule continue to justify its costs; and
 - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.

Medication Assisted Treatment (MAT) Attestation of Coverage

Statement of Necessity

The Division of Medical Services (DMS) implements a requirement in the Consolidated Appropriations Act of 2024 (P.L. 118-42), based upon guidance from the Centers for Medicare & Medicaid Services (CMS). Section 201 of the CAA made permanent a mandatory Medicaid benefit for medications for opioid use disorder (MOUD) instituted in 2020 that was scheduled to end on September 25, 2025. The mandatory benefit requires coverage of counseling services and behavioral therapies associated with the provision of required drug and biological coverage. States must cover 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.

Summary

To implement the Act, the Centers for Medicare and Medicaid Services (CMS) issued a template for states to attest compliance. The new template removes the September 30, 2025, end date for federal coverage of Medication Assisted Treatment. To comply with the mandate, DMS shall submit the template as an amendment to the Arkansas Medicaid State Plan.

Please attach additional documents if necessary

State of Arkansas

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

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

~~1915~~1905(a)(29) __X__ MAT as described and limited in Supplement 1 to Attachment 3.1-B.

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

State of Arkansas

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

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

i. General Assurance

MAT is covered under the Medicaid state plan for all Medicaid clients 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 opioid use disorder (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).

State of Arkansas

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

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

- 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.

~~MAT is covered exclusively under section 1905(a)(29) for the period of 10/01/2020 through 9/30/2025.~~

Services available:

1. Individual Behavioral Health Counseling
2. Group Behavioral Health Counseling
3. Marital/Family Behavioral Health Counseling that involves the participation of a non-Medicaid eligible is for the direct benefit of the client. The service must actively involve the client in the sense of being tailored to the client's individual needs. There may be times when, based on clinical judgment, the client is not present during the delivery of the service, but remains the focus of the service.

State of ARKANSAS

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

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

- b) Please include each practitioner and provider entity that furnishes each service and component service.
 - 1. Physicians, Physician Assistants and Nurse Practitioners may provide counseling and behavioral health therapies.
 - 2. Licensed Behavioral Health Practitioners: Licensed Psychologists (LP), Licensed Psychological Examiners – Independent (LPEI), Licensed Professional Counselors (LPC), Licensed Certified Social Workers (LCSW), Licensed Marital and Family Therapists (LMFT). This group’s role is to provide the behavioral and substance use disorder counseling required.
- 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.

Physicians and Nurse Practitioners must be Arkansas Licensed.

Physician Assistants must have a legal agreement to practice under an Arkansas Licensed Physician per Arkansas statute.

State of ARKANSAS

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

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

Licensed Psychologists (LP), Licensed Psychological Examiners – Independent (LPEI), Licensed Professional Counselors (LPC), Licensed Certified Social Workers (LCSW), and Licensed Marital and Family Therapists (LMFT) must possess a current and valid Arkansas license.

iv. Utilization Controls

- X The state has drug utilization controls in place. (Check each of the following that apply)
- Generic first policy
- X Preferred drug lists
- Clinical criteria
- X Quantity limits
- The state does not have drug utilization controls in place.

v. Limitations

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

Quantity limits for MAT drugs are set per label. The oral drugs have a therapeutic duplication edit to prevent multiple buprenorphine oral dosage forms. There are no hard limitations for counseling and behavioral therapies related to MAT because authorizations of medically necessary services are available.

~~MAT drugs and biologicals are limited based on the FDA indication and manufacturers' prescribing guidelines. Some medications are also subject to status on the Preferred Drug List (PDL).~~

~~The preferred (PDL) agents for MAT therapy do not require a PA.~~

~~The Arkansas Medicaid Pharmacy program removed the prior authorization for preferred Buprenorphine products on 1/1/2020, due to Arkansas State Law from Act 964 which prohibits a prior authorization for Medication Assisted Treatment of Opioid Use Disorder. The removal of prior authorization was for MAT treatment according to SAMHSA guidelines. In addition, on 1/22/2021, per section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355), for all biological products licensed under~~

~~section 351 of the Public Health Service Act (42 U.S.C. 262) to be covered, Arkansas instructed the pharmacy vendor to bypass the non-rebate participation, repackaged indicator, inner indicator, and prioritize coverage of all the pharmacy MAT products.~~

Supplement 1 to Attachment 3.1-B

Page 6

October 1, ~~2023~~2025

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 of ARKANSAS

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

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

1905(a)(29) ___X___MAT as described and limited in Supplement ___5___ to Attachment 3.1-A.

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

State of ARKANSAS

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

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

i. General Assurance

MAT is covered under the Medicaid state plan for all Medicaid clients 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, 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 **opioid use disorder (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).

State of ARKANSAS

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

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

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.

~~MAT is covered exclusively under section 1905(a)(29) for the period of
10/01/2020 through 9/30/2025.~~

Services available:

1. Individual Behavioral Health Counseling
2. Group Behavioral Health Counseling
3. Marital/Family Behavioral Health Counseling that involves the participation
of a non-Medicaid eligible is for the direct benefit of the client. The service
must actively involve the client in the sense of being tailored to the client's
individual needs. There may be times when, based on clinical judgment, the
client is not present during the delivery of the service, but remains the focus
of the service.

State of ARKANSAS

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

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

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

1. Physicians, Physician Assistants, and Nurse Practitioners may provide counseling and behavioral health therapies.

2. Licensed Behavioral Health Practitioners: Licensed Psychologists (LP), Licensed Psychological Examiners – Independent (LPEI), Licensed Professional Counselors (LPC), Licensed Certified Social Workers (LCSW), Licensed Marital and Family Therapists (LMFT), This group's role is to provide the behavioral and substance use disorder counseling required

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.

Physicians and Nurse Practitioners must be Arkansas Licensed.

Physician Assistants must have a legal agreement to practice under an Arkansas Licensed Physician per Arkansas statute.

State of ARKANSAS

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

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

Licensed Psychologists (LP), Licensed Psychological Examiners – Independent (LPEI), Licensed Professional Counselors (LPC), Licensed Certified Social Workers (LCSW), and Licensed Marital and Family Therapists (LMFT) must possess a current and valid Arkansas license.

iv. Utilization Controls

- X The state has drug utilization controls in place. (Check each of the following that apply)
- Generic first policy
- X Preferred drug lists
- Clinical criteria
- X Quantity limits
- The state does not have drug utilization controls in place.

v. Limitations

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

Quantity limits for MAT drugs are set per label. The oral drugs have a therapeutic duplication edit to prevent multiple buprenorphine oral dosage forms. There are no hard limitations for counseling and behavioral therapies related to MAT because authorizations of medically necessary services are available.

~~MAT drugs and biologicals are limited based on the FDA indication and manufacturers' prescribing guidelines. Some medications are also subject to status on the Preferred Drug List (PDL).~~

~~The preferred (PDL) agents for MAT therapy do not require a Prior Authorization.~~

~~The Arkansas Medicaid Pharmacy program removed the prior authorization for preferred Buprenorphine products on 1/1/2020, due to Arkansas State Law from Act 964 which prohibits a prior authorization for Medication Assisted Treatment of Opioid Use Disorder. The removal of prior authorization was for MAT treatment according to SAMHSA guidelines. In addition, on 1/22/2021, per section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355), for all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) to be covered, Arkansas instructed the pharmacy vendor to bypass the non-rebate participation, repackaged indicator, inner indicator, and prioritize coverage of all the pharmacy MAT products.~~

State of ARKANSAS

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

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

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 ARKANSAS

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

October 1, ~~2020~~2025

30. 1905(a)(29) Medication-Assisted Treatment (MAT)

Effective for dates of service on or after October 1, 2020 ~~through September 30, 2025~~, reimbursement is based on the rate methodology used for individual MAT services provided within other sections of the Medicaid State Plan, Attachment 4.19-B:

- Pages 1aaa through 1aaaa:
 - Rural Health Clinic Services and other ambulatory services that are covered under the plan and furnished by a rural health clinic
- Pages 1b through 1bbbb:
 - Federally Qualified Health Center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub-45-4) (continued)
- Pages 1c through 1ccc:
 - Laboratory and X-ray Services and Other Tests
- Page 2, 2.1, 2c:
 - Physician's Services
- Pages 4 through 4aaa:
 - Reimbursement for unbundled prescribed drugs and biologicals used to treat opioid use disorder (OUD) will be reimbursed using the same methodology as described for prescribed drugs as referenced in Attachment 4.19-B, Pages 4-4aaa, Section 12.a. for both dispensed and administered prescribed drugs.
- Page 5aa:
 - Outpatient Behavioral Health Services (Other diagnostic, screening, preventative and rehabilitative services)
- Page 14:
 - Advance Practice Nurse and Registered Nurse Practitioner licensed as such by the Arkansas State Board of Nursing

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Outpatient Behavioral Health Provider Agencies authorized to dispense unbundled prescribed drugs and biologicals used to treat opioid use disorder (OUD). The agency's fee schedule rate was set as of 5/27/2021 and is effective for services provided on or after that date. All rates are published on the agency's website: [Fee Schedules - Arkansas Department of Human Services](#)

State Plan under Title XIX of the Social Security Act
State/Territory: Arkansas

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

Citation: 3.1-B Amount, Duration, and Scope of Services

[Please check the box below to indicate if this benefit is provided for the categorically needy (3.1-A) or medically needy only (3.1-B)]

☒ 1905(a)(29) MAT as described and limited in __ Supplement 1 __ to Attachment 3.1-B.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. 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 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 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/Territory: Arkansas**

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

General Assurances

[Select all three checkboxes below.]

☒ 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.

☒ 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).

☒ The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.

Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT: **[Please describe in the text fields as indicated below.]**

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

Individual Behavioral Health Counseling, Group Behavioral Health Counseling, Marital/Family Behavioral Health Counseling that involves the participation of a non-Medicaid eligible is for the direct benefit of the client. The service must actively involve the client in the sense of being tailored to the client's individual needs. There may be times when, based on clinical judgment, the client is not present during the delivery of the service, but remains the focus of the service.

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**State Plan under Title XIX of the Social Security Act
State/Territory: Arkansas**

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

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

1. Physicians, Physician Assistants, and Nurse Practitioners may provide counseling and behavioral health therapies.
2. Licensed Behavioral Health Practitioners: Licensed Psychologists (LP), Licensed Psychological Examiners – Independent (LPEI), Licensed Professional Counselors (LPC), Licensed Certified Social Workers (LCSW), Licensed Marital and Family Therapists (LMFT), This group's role is to provide the behavioral and substance use disorder counseling required

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. 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 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 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/Territory: Arkansas**

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

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.

Physicians and Nurse Practitioners must be Licensed in Arkansas. Physician Assistants must have a legal agreement to practice under an Arkansas Licensed Physician per Arkansas statute. Licensed Psychologists (LP), Licensed Psychological Examiners – Independent (LPEI), Licensed Professional Counselors (LPC), Licensed Certified Social Workers (LCSW), and Licensed Marital and Family Therapists (LMFT) must possess a current and valid Arkansas license.

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**State Plan under Title XIX of the Social Security Act
State/Territory: Arkansas**

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

Utilization Controls**[Select all applicable checkboxes below.]**

☒ 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.

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

Quantity limits for MAT drugs are set per label. The oral drugs have a therapeutic duplication edit to prevent multiple buprenorphine oral dosage forms. There are no hard limitations for counseling and behavioral therapies related to MAT because authorizations of medically necessary services are available.

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State Plan under Title XIX of the Social Security Act
State/Territory: Arkansas

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

Citation: 3.1-A Amount, Duration, and Scope of Services

[Please check the box below to indicate if this benefit is provided for the categorically needy (3.1-A) or medically needy only (3.1-B)]

☒ 1905(a)(29) MAT as described and limited in __ Supplement 5 __ to Attachment 3.1-A.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. 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 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 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/Territory: Arkansas**

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

General Assurances

[Select all three checkboxes below.]

☒ 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.

☒ 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).

☒ The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.

Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT: **[Please describe in the text fields as indicated below.]**

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

Individual Behavioral Health Counseling, Group Behavioral Health Counseling, Marital/Family Behavioral Health Counseling that involves the participation of a non-Medicaid eligible is for the direct benefit of the client. The service must actively involve the client in the sense of being tailored to the client's individual needs. There may be times when, based on clinical judgment, the client is not present during the delivery of the service, but remains the focus of the service.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. 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 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 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/Territory: Arkansas**

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

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

1. Physicians, Physician Assistants, and Nurse Practitioners may provide counseling and behavioral health therapies.
2. Licensed Behavioral Health Practitioners: Licensed Psychologists (LP), Licensed Psychological Examiners – Independent (LPEI), Licensed Professional Counselors (LPC), Licensed Certified Social Workers (LCSW), Licensed Marital and Family Therapists (LMFT), This group's role is to provide the behavioral and substance use disorder counseling required

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. 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 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 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/Territory: Arkansas**

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

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.

Physicians and Nurse Practitioners must be Licensed in Arkansas. Physician Assistants must have a legal agreement to practice under an Arkansas Licensed Physician per Arkansas statute. Licensed Psychologists (LP), Licensed Psychological Examiners – Independent (LPEI), Licensed Professional Counselors (LPC), Licensed Certified Social Workers (LCSW), and Licensed Marital and Family Therapists (LMFT) must possess a current and valid Arkansas license.

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**State Plan under Title XIX of the Social Security Act
State/Territory: Arkansas**

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

Utilization Controls**[Select all applicable checkboxes below.]**

☒ 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.

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

Quantity limits for MAT drugs are set per label. The oral drugs have a therapeutic duplication edit to prevent multiple buprenorphine oral dosage forms. There are no hard limitations for counseling and behavioral therapies related to MAT because authorizations of medically necessary services are available.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. 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 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 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 ARKANSAS

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

October 1, 2025

30. 1905(a)(29) Medication-Assisted Treatment (MAT)

Effective for dates of service on or after October 1, 2020, reimbursement is based on the rate methodology used for individual MAT services provided within other sections of the Medicaid State Plan, Attachment 4.19-B:

- Pages 1aaa through 1aaaa:
 - Rural Health Clinic Services and other ambulatory services that are covered under the plan and furnished by a rural health clinic
- Pages 1b through 1bbbb:
 - Federally Qualified Health Center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub-45-4) (continued)
- Pages 1c through 1ccc:
 - Laboratory and X-ray Services and Other Tests
- Page 2, 2.1, 2c:
 - Physician's Services
- Pages 4 through 4aaa:
 - Reimbursement for unbundled prescribed drugs and biologicals used to treat opioid use disorder (OUD) will be reimbursed using the same methodology as described for prescribed drugs as referenced in Attachment 4.19-B, Pages 4-4aaa, Section 12.a. for both dispensed and administered prescribed drugs.
- Page 5aa:
 - Outpatient Behavioral Health Services (Other diagnostic, screening, preventative and rehabilitative services)
- Page 14:
 - Advance Practice Nurse and Registered Nurse Practitioner licensed as such by the Arkansas State Board of Nursing

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Outpatient Behavioral Health Provider Agencies authorized to dispense unbundled prescribed drugs and biologicals used to treat opioid use disorder (OUD). The agency's fee schedule rate was set as of 5/27/2021 and is effective for services provided on or after that date. All rates are published on the agency's website: [Fee Schedules - Arkansas Department of Human Services](#)

SMD# 24-004

**RE: Extension of Medicaid
Coverage of Substance Use
Disorder Treatment and Managed
Care Medical Loss Ratio
Provisions in the Consolidated
Appropriations Act, 2024**

November 19, 2024

Dear State Medicaid Director:

The Centers for Medicare & Medicaid Services (CMS) is issuing this guidance to address the statutory requirements in the Consolidated Appropriations Act, 2024 (CAA, 2024) (P.L. 118-42), Division G, Title I, Subtitle B, Sections 201, 204, and 211 (hereinafter referred to as “section 201,” “section 204,” and “section 211”).¹ Section 201 made permanent the mandatory Medicaid benefit for medications for opioid use disorder (MOUD). Section 204 made permanent and amended the state plan option at section 1915(l) of the Social Security Act (the Act) to provide medical assistance for certain individuals who are patients in eligible institutions for mental diseases (IMDs)² in which Medicaid benefits generally are not otherwise covered.³ Section 211 made permanent a managed care provision relating to Medical Loss Ratio remittances.

Mandatory State Plan Coverage of MOUD

Background

On December 30, 2020, CMS issued State Health Official Letter #20-005: Mandatory Medicaid State Plan Coverage of Medication-Assisted Treatment.^{4,5} This guidance described the requirements of the mandatory MOUD benefit and opportunities for increasing treatment options for substance use disorders (SUDs). The mandatory MOUD benefit, as described at section 1905(a)(29) of the Act, requires coverage of counseling services and behavioral therapies associated with the provision of required drug and biological coverage. The drug and biological coverage, as described at section 1905(ee)(1) of the Act, requires states to cover all drugs

¹ <https://www.congress.gov/118/bills/hr4366/BILLS-118hr4366enr.pdf>

² Eligible IMDs are defined below and on pages 4-5 of SHO #20-005: <https://www.medicaid.gov/federal-policy-guidance/downloads/sho20005.pdf>

³ For the purposes of the state plan option an IMD has the meaning given in section 1905(i) of the Act.

⁴ SHO #20-005: <https://www.medicaid.gov/federal-policy-guidance/downloads/sho20005.pdf>

⁵ The acronym MOUD is being used in this guidance to refer to the medication-assisted treatment required under section 1905(a)(29), as medication-assisted treatment can be stigmatizing, and to normalize the use of medications for OUD.

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 (OUDs).

The mandatory MOUD benefit was initially effective for a five-year period beginning October 1, 2020, and ending September 30, 2025.⁶ States were able to request an exemption from the mandatory coverage requirement if there was a documented shortage of qualified providers or facilities providing such treatment in either fee-for-service or managed care arrangements in accordance with section 1905(ee)(2) of the Act. Three states, Hawaii, South Dakota, and Wyoming, and four territories, American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, and the US Virgin Islands, received exemptions.

Updates from CAA, 2024

Section 201 made the mandatory MOUD benefit at section 1905(a)(29) of the Act permanent by amending this section to remove the end date of “September 30, 2025.” Section 201 also amended section 1905(ee)(2) of the Act to allow states to request an exemption from the mandatory coverage requirement due to a documented provider shortage if the state re-certifies *not less than every five years and to the satisfaction of the Secretary* that the provider shortage continues. The process to request an exemption will be conducted every five years and is the same as described in SHO #20-005.⁷ The guidance in SHO #20-005 remains in effect except for the reference to the limited timeframe of this provision.

State Plan Amendment Option to Provide Medical Assistance for Certain Individuals Who are Patients in Certain Institutions for Mental Diseases

Background

In accordance with section 1915(l) of the Act, state Medicaid programs may cover services provided to Medicaid beneficiaries ages 21 through 64 who have at least one SUD diagnosis and reside in an eligible IMD. This state plan option was initially effective from October 1, 2019, through September 30, 2023.⁸

On November 6, 2019, CMS issued State Medicaid Director Letter #19-0003: Implementation of Section 5052 of the SUPPORT for Patients and Communities Act – State Plan Option under Section 1915(l) of the Act.⁹ This guidance described the requirements under section 1915(l) of the Act, including that services are provided as part of a comprehensive continuum of care to treat SUD. An “eligible individual” is now defined in section 1915(l)(7)(A)¹⁰ of the Act as an individual who with respect to a state, is enrolled for medical assistance under the state plan or a

⁶ H.R.6 - SUPPORT for Patients and Communities Act: <https://www.congress.gov/bill/115th-congress/house-bill/6>

⁷ SHO #20-005: <https://www.medicaid.gov/federal-policy-guidance/downloads/sho20005.pdf>

⁸ Approval to provide services to Medicaid beneficiaries aged 21 to 64 who have at least one SUD diagnosis and reside in an eligible IMD does not address the state’s independent and separate obligations under federal laws including, but not limited to, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, or the Supreme Court’s *Olmstead* decision.

⁹ SMDL #19-0003: <https://www.medicaid.gov/federal-policy-guidance/downloads/smdl19003.pdf>

¹⁰ This definition was previously in section 1915(l)(7)(B) of the Act. The CAA, 2024 renumbered this to 1915(l)(7)(A).

waiver of such plan, is at least 21 years of age, has not attained 65 years of age, and has at least one substance use disorder. The guidance stated that CMS interpreted section 1915(l)(7)(A)¹¹ of the Act implicitly to require that to be an eligible individual for this state plan option, the individual must be residing in an eligible IMD primarily to receive withdrawal management or SUD treatment services.

The language in section 1915(l)(7)(C)¹² of the Act now defines an IMD in accordance with the meaning given in section 1905(i) of the Act.¹³ In addition, section 1915(l)(7)(B)¹⁴ of the Act now defines an eligible IMD as an IMD that follows reliable, evidence-based practices and offers at least two forms of medications for the treatment of substance use disorders (SUDs) on site, including, in the case of MOUD, at least one FDA-approved antagonist and one partial agonist.¹⁵ CMS clarifies that an IMD must make available at least two forms of medication as part of MOUD onsite upon request, but may also offer those forms, as well as others, furnished offsite by a qualified provider in the community that has an arrangement with the IMD. Eligible IMDs should also offer behavioral health services alongside MOUD.

Updates from CAA, 2024

Section 204 made the 1915(l) state plan option permanent by amending section 1915(l)(1) to remove the end date of “September 30, 2023.” In addition, section 204 made the following changes to the section 1915(l) state plan option.

Updated Guidance for New 1915(l) State Plan Amendments (SPAs): Maintenance of Effort (MOE)

Section 204 amended section 1915(l)(3)(A) of the Act by removing “other than under this title from non-Federal funds” and the requirement for states to maintain or exceed the level of state and local funding for items and services furnished to eligible individuals who are patients in eligible IMDs. The MOE requirement at section 1915(l)(3)(A) on funding expended by the state from non-federal funds for items and services described in section 1915(l)(3)(B) that are furnished to eligible individuals in outpatient and community-based substance use disorder treatment settings still applies. However, it now also includes the state share of Medicaid expenditures, in addition to other state and local funding. Additionally, section 204 amended section 1915(l)(3)(A) to specify that the level of state and local funding that must be annually maintained or exceeded is based on, at state option, either the fiscal year 2018 or the most recently completed fiscal year as of the date the state submits a section 1915(l) SPA.

¹¹ In the SMDL #19-0003, the interpretation of the definition was cited to 1915(l)(7)(B), as described above the definition has changed to 1915(l)(7)(A).

¹² This definition was previously in section 1915(l)(7)(D) of the Act. The CAA, 2024 renumbered this to 1915(l)(7)(CC).

¹³ The term “institution for mental diseases” as defined in section 1905(i) of the Act, means a hospital, nursing facility, or other institution of more than 16 beds, that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services.

¹⁴ This definition was previously in section 1915(l)(7)(C) of the Act. The CAA, 2024 renumbered this to 1915(l)(7)(B).

¹⁵ For more information about MOUD drugs, please see pages 2-3 of SHO #20-0005:
<https://www.medicaid.gov/federal-policy-guidance/downloads/sho20005.pdf>

CMS interprets this statutory change to mean that states must annually maintain or exceed the level of state and local funding, including the state share of Medicaid expenditures, on items and services described in section 1915(l)(3)(B) that are furnished to eligible individuals in outpatient, community-based settings. The level of state and local funding that must be annually maintained or exceeded is based on, at state option, either federal fiscal year 2018 or the most recently completed federal fiscal year as of the date on which the state submits a 1915(l) SPA.

These changes are effective March 9, 2024 (the date of enactment of the CAA, 2024).

Updated Guidance for States with Approved 1915(l) SPAs: Maintenance of Effort (MOE)

States with an existing SPA in effect on September 30, 2023, will need to comply with the MOE changes described above effective March 9, 2025. These states should continue to adhere to the MOE requirements described at the top of page 6 of the 2019 guidance, SMDL #19-0003.¹⁶ through March 8, 2025.

New Guidance: Placement Criteria and Utilization Management

Preexisting requirements in section 1915(l)(4)(B) of the Act required states to ensure that eligible individuals receive appropriate evidence-based clinical screenings prior to being furnished with items and services in an eligible IMD, including initial and periodic assessments to determine the appropriate level of care, length of stay, and setting for such care for each individual. Section 204 amended section 1915(l)(4)(B) to require states to have in place evidence-based, SUD-specific individual placement criteria and utilization management approaches to ensure placement of eligible individuals in an appropriate level of care, including criteria and approaches to ensure the preexisting requirements described above are met.

This new requirement is effective October 1, 2025, and applies to both states with approved SPAs as well as states submitting new 1915(l) SPAs.

New Guidance: Review Process for Eligible IMDs

Section 204 added a new section 1915(l)(4)(E) that requires states have in place a process to review the compliance of eligible IMDs using nationally recognized SUD-specific program standards with such program standards specified by the state. This process should also include a review of eligible IMDs for compliance with the requirements in section 1915(l)(4)(D) related to care transitions and section 1915(l)(7)(B)(ii).¹⁷ related to MOUD as specified on pages 4 and 5 of SMDL #19-0003.¹⁸ under the subheader titled “Eligible IMDs” and “Care Transitions.”

This requirement is effective October 1, 2025, and applies to both states with approved SPAs as well as states submitting new 1915(l) SPAs.

¹⁶ SMDL #19-0003: <https://www.medicaid.gov/federal-policy-guidance/downloads/smd19003.pdf>

¹⁷ This requirement was previously listed at section 1915(l)(7)(C) of the Act. The CAA, 2024 renumbered this to 1915(l)(7)(B)(ii).

¹⁸ SMDL #19-0003: <https://www.medicaid.gov/federal-policy-guidance/downloads/smd19003.pdf>

New Guidance: SUD Provider Assessment

Finally, section 204 added a new section 1915(l)(4)(F) requiring states, not later than 12 months after the approval of a SPA, to assess the availability of SUD treatment for beneficiaries at each level of care described at section 1915(l)(4)(C), including the availability of medication-assisted treatment with medically supervised withdrawal management services and how such availability varies by region of the state.

States submitting new section 1915(l) SPAs must commence the assessment within 12 months of SPA approval and complete it no later than 12 months after the start of the assessment. For states with a SPA approved as of September 30, 2023, the assessment must begin no later than March 9, 2025 (12 months after the date of enactment of the CAA, 2024), and be completed by March 9, 2026. This assessment will need to be provided to CMS upon request.

State Plan Amendments

States interested in the section 1915(l) state plan option are encouraged to contact CMS for technical assistance on developing a SPA.

Medicaid Managed Care and Medical Loss Ratio Remittances

Background

States may utilize risk-sharing mechanisms (sometimes referred to as “risk mitigation strategies”) in Medicaid managed care programs to address uncertainty due to the risk-based nature of a managed care delivery system.¹⁹ For example, some states choose to utilize a remittance requirement on a medical loss ratio (MLR) as a risk-sharing mechanism for the expansion population (that is, the group described in subclause (VIII) of section 1902(a)(10)(A)(i) of the Act) given the uncertainty in initial rate development.²⁰ Section 4001 of the SUPPORT Act amended section 1903(m) of the Act to permit states to keep a larger percentage of MLR remittances collected specific to the expansion population, an amount consistent with the federal matching rate applicable to the state’s traditional Medicaid population (that is, the Federal medical assistance percentage that applies under section 1905(b) of the Act), for a limited period of time.²¹ This provision (in effect for any fiscal year (FY) after FY 2020 and before FY 2024) temporarily allowed states to keep a larger percentage of remittances from managed care plans when they did not meet MLR requirements. On June 5, 2020, CMS issued Frequently Asked Questions (FAQs) on this SUPPORT Act provision.²²

¹⁹ In accordance with 42 CFR § 438.6(b)(1), all risk-sharing mechanisms must be documented in the contract and rate certification prior to the start of the rating period.

²⁰ In accordance with 42 CFR § 438.8(c), if a state elects to mandate a minimum MLR for a managed care plan, that minimum MLR must be equal to or higher than 85 percent.

²¹ See section 1903(m)(9) of the Act.

²² CMCS Informational Bulletin: https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/Downloads/cib060520_new.pdf

Updates from CAA, 2024

Section 211 eliminated the limited timeframe for states to keep a larger percentage of MLR remittances collected specific to the expansion population in section 1903(m)(9) of the Act and made this provision permanent beginning with FY 2024. The FAQs published on June 5, 2020, for section 4001 of the SUPPORT Act, remain in effect except for the reference to the limited timeframe of this provision, as section 211 made this flexibility permanent.

Conclusion

CMS is eager to work with states to continue coverage of MOUD and to facilitate the implementation of a section 1915(l) state plan option. CMS also encourages states to reach out with any questions on the enhanced match rate available for Medicaid MLR remittances for the expansion population. If you have any questions regarding this letter or would like to request technical assistance, please contact Kirsten Jensen, kirsten.jensen@cms.hhs.gov for Sections 201 and 204, and Rebecca Burch Mack, rebecca.burchmack@cms.hhs.gov for Section 211.

Sincerely,

/s/

Daniel Tsai
Deputy Administrator and Director