

Table of Contents

State/Territory Name: Alaska

State Plan Amendment (SPA) #: 25-0010

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid
Services 601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

January 30, 2026

Heidi Hedberg
Commissioner
Department of Health
3601 C Street, Suite 902
Anchorage, Alaska 99503-5923

Re: Alaska State Plan Amendment (SPA) 25-0010

Dear Commissioner Hedberg:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0010. This amendment removes the September 30, 2025, sunset date for the Medication Assisted Treatment (MAT) benefit making the MAT benefit permanent under the Medicaid State Plan in accordance with federal statute.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter informs you that Alaska's Medicaid SPA Transmittal Number 25-0010 was approved on January 30, 2026, with an effective date of October 1, 2025.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Alaska State Plan

If you have any questions, please contact Maria Garza at (206) 615-2542 or via email at Maria.Garza@cms.hhs.gov.

Sincerely,

Wendy E. Hill Petras
Acting Director, Division of Program Operations

Enclosures

cc: Emily Ricci, Deputy Commissioner, Department of Health
Christal Hays, Alaska State Plan Coordinator
Eva Venema, Alaska State Plan Coordinator

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 5 — 0 0 1 0

2. STATE

AK3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

1905(a)(29)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 26\$ 0b. FFY 27\$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

~~Supplement 2 to Attachment 3.1-A, pages 1-4; 2a, 3a (new)~~

Supplement 2 to Attachment 3.1-A, pages 1-6 (P&I)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)~~Supplement 2 to Attachment 3.1-A, pages 1-4~~

Supplement 2 to Attachment 3.1-A, pages 1-5 (P&I)

9. SUBJECT OF AMENDMENT

Remove the previously cited end date from template pages to ensure MAT services receive coverage past September 30, 2025, also updates language to ensure the section pages aligns with state regulation and other plan pages, and ABP alignment.

10. 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:

Lt. Gov approval via

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Emily Ricci

13. TITLE

Deputy Commissioner & Medicaid Director

14. DATE SUBMITTED

15. RETURN TO

Dept of Health Commissioner's Office
c/o Christal Hays
3601 C Street, Suite 902
Anchorage, AK 99503**FOR CMS USE ONLY**

16. DATE RECEIVED

December 19, 2025

17. DATE APPROVED

January 30, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Wendy E. Hill Petras

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

1/15/25 Alaska authorizes P&I changes to reflect correct pagination for the MAT template for BOXES 7 & 8

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

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 2 to Attachment 3.1-A.

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

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.

TN: 25-0010
Supersedes TN: 21-0003

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

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.

MAT for Opioid Use Disorder (OUD)

- Medication Administration – Services include medications to treat opioid use disorders administered by medical personnel to a recipient, the assessment and documentation of medication compliance, and the assessment and documentation of medication effectiveness and any side effects
 - Qualified providers – licensed physicians, licensed physician assistants, advanced practice registered nurses, registered nurses, licensed practical nurses.
- Pharmacological Management – A type of medical service furnished to a recipient experiencing an opioid use disorder for the purposes of assessing the need for pharmacotherapy, prescribing appropriate medications, and directly monitoring the recipient's response to medication,

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

including documenting medication compliance, assessing and documenting side effects, and evaluating and documenting the effectiveness of the medication.

- Qualified Providers – licensed physicians, licensed physician assistants, advanced practice registered nurses
- Individual and Group Therapy – Assists patients to identify treatment goals and potential solutions to problems that cause emotional stress; seeks to restore communication and coping skills; strengthens self-esteem; and promotes behavior change and optimal mental health.
 - Qualified Providers – community behavioral health service provider, psychologist, mental health professional, licensed mental health professional
- Behavioral Health Rehabilitation Services - Includes the teaching of knowledge, attitudinal, and skills-based competencies designed to restore functioning for recipients with an OUD and support community living; counseling focused on functional improvement, recovery and relapse prevention; encouraging and coaching.
 - Qualified Providers – community behavioral health service provider, psychologist, mental health professional clinician, licensed mental health professional

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

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

- Physician– is a physician licensed to practice, and in good standing, in the State of Alaska who is registered with the Drug Enforcement Administration (DEA) to prescribe and dispense narcotic drugs for narcotic treatment (as per 21 U.S.C. 823(g)(2)), and meets the education requirements of the Medication Access and Training Expansion (MATE) Act.
- Physician’s Assistant (PA) - is licensed to practice and in good standing, in the State of Alaska, operates within the scope of their collaborative practice agreement with a licensed physician, and as applicable, is registered with the DEA to prescribe and dispense narcotic drugs for narcotic treatment (as per 21 U.S.C. 823(g)(2)), and meets the education requirements of the MATE Act.
- Advanced Practice Registered Nurse (APRN) – is licensed to practice, and in good standing, in the State of Alaska, operates within their scope of practice, and as applicable, is registered with the DEA to prescribe and dispense narcotic drugs for narcotic treatment (as per 21 U.S.C. 823(g)(2)), and meets the education requirements of the MATE Act.
- OTP Exempt MAT Provider– a medical practitioner, granted an exemption from SAMHSA, to operate independently, i.e., without the supervision of a medical director or a program physician, and perform the medical director or physician functions in an OTP based on the Federal opioid treatment standards under 42 C.F.R. 8.12.
- Registered Nurse (R.N.) – is licensed to practice, and in good standing, in the State of Alaska and operates within their scope of practice and under the supervision of the prescribing provider;
- Licensed Practical Nurse (L.P.N.) - is licensed to practice, and in good standing, in the State of Alaska and operates within their scope of practice and under the supervision of the prescribing provider
- Community Behavioral Health Services Provider – a community-based service agency, approved by the department and enrolled in Alaska Medicaid, employing individual rendering behavioral health service providers included in this section. In addition to general conditions for Medicaid participation, including a business license, Medicaid provider

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agreement, and National Provider Identifier (NPI), CBHS providers must (1) hold a certificate of department approval through the Division of Behavioral Health and (2) ensure their agency and staff, including contractors, sub-contractors, and other vendors meet all other applicable federal and state licensing or certification requirements;

- Psychologist – an individual who holds an active license to practice as a psychologist in the State of Alaska, is in good standing, and provides services within scope of practice as defined by state law;
- Mental Health Professional Clinician - an individual who is working for an enrolled community behavioral health services provider who has a master's degree or more advanced degree in psychology, counseling, child guidance, community mental health, marriage and family therapy, social work, or nursing, and is performing community behavioral health services that are within that individual's field of expertise and working under the supervision of a licensed professional in this section;
- Licensed Mental Health Professional - an individual with an active license to practice, and in good standing, as a marital and family therapist, clinical social worker, professional counselor, or psychologist, issued by the State of Alaska. Licensed mental health professionals may operate within a community behavioral health services provider setting, or offer limited clinical services independently, within their scope of practice as defined by state law.

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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.]

All service limitations may be exceeded with prior authorization based on medical necessity.

- a) MAT Pharmaceuticals are drugs dispensed only upon prescription and approved by the FDA for safety and effectiveness, or licensed as safe, pure, and potent. The state maintains a preferred drug list. Limitations on amount, duration, and scope are based on clinical necessity.
- b) Medical evaluation of a recipient in an opioid use disorder treatment program for that opioid use disorder treatment program includes consultation and referral and establishing dosage for FDA approved medication for the treatment of opioid use disorder.

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