

Table of Contents

State/Territory Name: Alabama

State Plan Amendment (SPA) #: 25-0015

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

February 6, 2026

Timothy “Bo” A. Offord, Jr.
Commissioner
Alabama Medicaid Agency
501 Dexter Avenue
Montgomery, Alabama 36103

Re: Alabama State Plan Amendment (SPA) - 25-0015

Dear Commissioner Offord:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0015. This amendment removes the expiration date for the Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD).

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at Section 1905(a)(29) of the Social Security Act. This letter informs you that Alabama’s Medicaid SPA TN 25-0015 was approved on February 6, 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 Alabama State Plan.

If you have any questions, please contact Kia Carter-Anderson at (404) 562-7431 or via email at Kia.Carter-Anderson@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Wendy E. Hill Petras.

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

Enclosures

cc: Lauren Ray

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 2 5 — 0 0 1 5	2. STATE A L
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT ☒ XIX ☐ XXI	
5. FEDERAL STATUTE/REGULATION CITATION SUPPORT Act Section 1905(a)(29) of the Social Security Act		4. PROPOSED EFFECTIVE DATE October 1, 2025	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 4 to Attachment 3.1-A, Pages 0-12		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2025</u> \$ <u>0</u> b. FFY <u>2026</u> \$ <u>0</u>	
9. SUBJECT OF AMENDMENT The primary purpose for this amendment is to describe the mandatory coverage of certain drugs, biological products, and related counseling service and behavioral therapy related to medication-assisted treatment (MAT) for opioid use disorders (OUD) and remove the expiration date. remove the expiration date for the Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD).		8. PAGENUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 4 to Attachment 3.1-A (AL-21-0006/AL-23-0004)	
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: Governor's designee on file via letter with CMS			
11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Timothy "Bo" A. Offord, Jr. Commissioner Alabama Medicaid Agency 501 Dexter Avenue Post Office Box 5624 Montgomery, Alabama 36103-5624		
12. TYPED NAME Timothy "Bo" A. Offord, Jr.	14. DATE SUBMITTED 12/30/25		
FOR CMS USE ONLY			
16. DATE RECEIVED December 30, 2025	17. DATE APPROVED February 6, 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 On January 15, 2026, the state authorized CMS to complete Pen & Ink changes, striking, "SUPPORT Act" and adding "Section 1905(a) (29) of the Social Security Act" to Box #5. In Box #9, the state also authorized striking, "...describe the mandatory coverage of certain drugs, biological products, and related counseling service and behavioral therapy related to medication assisted treatment (MAT) for opioid use disorders (OUD) and remove the expiration date" adding, "...remove the expiration date for the Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD)." On February 4, 2026, the state authorized CMS to complete Pen & Ink changes, adding "pages 0-12" to Box #7.			

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

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 4 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.

TN: AL-25-0015

Supersedes

TN: AL-21-0006

Approval Date: 02/06/26

Effective Date: 10/01/25

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

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

Intake Evaluation

Initial clinical evaluation of the recipient's request for assistance. Individuals with substance use disorder (SUD) undergo standardized psychosocial assessment. The intake evaluation presents psychological and social functioning, recipient's reported physical and medical condition, the need for additional evaluation and/or treatment, and the recipient's fitness for Medication Assisted Treatment (MAT) services.

Medical Assessment and Treatment

Face-to-face contact with a recipient during which a qualified practitioner provides psychotherapy and/or medical management services. Services may include physical examinations, evaluation of co-morbid medical conditions, development or management of

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: AL-25-0015

Supersedes

TN: AL-21-0006Approval Date: 02/06/26Effective Date: 10/01/25

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

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

medication regimens, the provision of insight oriented, behavior modifying, supportive, or interactive psychotherapeutic services, or the provision of educational services related to management of an opioid use disorder.

Individual Counseling

The utilization of professional skills by a qualified practitioner to assist a recipient in a face-to-face, one-to-one psychotherapeutic encounter in achieving specific objectives of treatment or care for a mental health and/or an opioid use disorder.

Services are generally directed toward alleviating maladaptive functioning and emotional disturbances relative to a mental health and/or opioid use disorder, and restoration of the individual to a level of functioning capable of supporting and sustaining recovery. Individual Counseling may consist of insight oriented, behavior modifying, supportive, or interactive psychotherapeutic services.

Family Counseling

A recipient focused intervention that may include the recipient, his/her collateral and a qualified practitioner. This service is designed to maximize strengths and to reduce behavior problems and/or functional deficits stemming from the existence of an opioid use disorder that interferes with the recipient's personal, familial, vocational, and/or community functioning. Family counseling that involves the participation of a non-Medicaid eligible is for the direct benefit of the beneficiary.

The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service.

Group Counseling

The utilization of professional skills by a qualified practitioner to assist two or more unrelated recipients in a group setting in achieving specific objectives of treatment or care for an opioid use disorder. Services are generally directed toward alleviating maladaptive functioning and behavioral, psychological, and/or emotional disturbances, and utilization of the shared

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: AL-25-0015

Supersedes

TN: AL-21-0006

Approval Date: 02/06/26

Effective Date: 10/01/25

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

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

experiences of the group's members to assist in restoration of each participant to a level of functioning capable of supporting and sustaining recovery. Group Counseling may consist of insight oriented, behavior modifying, supportive, or interactive psychotherapeutic service strategies.

Treatment Plan Review

Review and/or revision of a recipient's individualized opioid use disorder treatment plan by a qualified practitioner who is not routinely directly involved in providing services to the recipient. This review will evaluate the recipient's progress toward treatment objectives, the appropriateness of services being provided, and the need for a recipient's continued participation in treatment.

Opioid Use Disorders Update

A structured interview process that functions to evaluate a recipient's present level of functioning and/or presenting needs. The assessment is used to establish additional or modify existing diagnoses, establish new or additional goals, assess progress toward goals, and/or to determine the need for continued care, transfer, or discharge.

Psychoeducational Services

Structured, topic specific educational services provided to assist the recipient and the families of recipients in understanding the nature of the identified opioid use disorder, symptoms, management of the disorder, how to help the recipient be supported in the community and to identify strategies to support restoration of the recipient to his/her best possible level of functioning. Services that involve the participation of a non-Medicaid eligible are for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service.

Medication Administration

The administration of medication, including the use of FDA approved medications for the use of opioid use disorders, to recipients who have a diagnosed opioid use disorder. Medication is administered to support the recipient's efforts to restore adequate functioning in major life areas

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: Alabama

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

that have been debilitated as a result of opioid use disorder (OUD). This service includes medication administration and concurrent related medical and clinical services.

Peer Support Services

Peer Support services provides structured, scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills, by Certified Recovery Support Specialists. Peer Support service actively engages and empowers an individual and his/her identified supports in leading and directing the design of the service plan and thereby ensures that the plan reflects the needs and preferences of the individual (and family when appropriate) with the goal of active participation in this process. Additionally, this service provides support and coaching interventions to individuals (and family when appropriate) to promote recovery, resiliency and healthy lifestyles and to reduce identifiable and increase healthy behaviors intended to prevent relapse and promote long-term recovery. Peer supports provide effective techniques that focus on the individual's self-management and decision making about healthy choices, which ultimately extend the members' lifespan.

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

See information listed below.

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.

The eligible practitioners, the qualifications required, and services furnished for those who may provide MAT services under the Rehabilitation Option Program are as follows:

- **Physician** licensed under Alabama law to practice medicine or osteopathy; Medical Assessment and Treatment; Intake Evaluation; Crisis Intervention; Individual Counseling; Family Counseling; Group Counseling; Treatment Plan Review; Mental Health and Opioid Use Disorders Assessment Update; Psychoeducational Services;

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: AL-25-0015

Supersedes

TN: AL-21-0006

Approval Date: 02/06/26

Effective Date: 10/01/25

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

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

Medication Administration.

- **Physician assistant** licensed under Alabama law and practicing within the guidelines as outlined by the Alabama Board of Medical Examiners; Medical Assessment and Treatment; Intake Evaluation; Crisis Intervention; Individual Counseling; Family Counseling; Group Counseling; Treatment Plan Review; Mental Health and Opioid Use Disorders Assessment Update; Psychoeducational Services; Medication Administration.
- **Certified Registered Nurse Practitioner (CRNP)** licensed under Alabama law practicing within the scope as defined by the Joint Committee of the Alabama Board of Nursing and the Alabama Board of Medical Examiners for Advanced Practice Nurses; Medical Assessment and Treatment; Treatment Plan Review; Medication Administration.
- **Certified Registered Psychiatric Nurse Practitioner (CRNP)** licensed under Alabama law practicing within the scope as defined by the Joint Committee of the Alabama Board of Nursing and the Alabama Board of Medical Examiners for Advanced Practice Nurses; Intake Evaluation; Crisis Intervention; Individual Counseling; Family Counseling; Group Counseling; Treatment Plan Review; Mental Health and Opioid Use Disorders Assessment Update; Psychoeducational Services; Medication Administration.
- **Psychologist** licensed under Alabama law; Intake Evaluation; Crisis Intervention; Individual Counseling; Family Counseling; Group Counseling; Treatment Plan Review; Mental Health and Opioid Use Disorders Assessment Update; Psychoeducational Services.
- **Professional Counselor** licensed under Alabama law; Intake Evaluation; Crisis Intervention; Individual Counseling; Family Counseling; Group Counseling; Treatment Plan Review; Mental Health and Opioid Use Disorders Assessment Update; Psychoeducational Services.
- **Certified Social Worker** licensed under Alabama law; Intake Evaluation; Crisis Intervention; Individual Counseling; Family Counseling; Group Counseling; Treatment Plan Review; Mental Health and Opioid Use Disorders Assessment Update; Psychoeducational Services.
- **Marriage and Family Therapist** licensed under Alabama law; Intake Evaluation; Crisis Intervention; Individual Counseling; Family Counseling; Group Counseling; Treatment Plan Review; Mental Health and Opioid Use Disorders Assessment Update; Psychoeducational Services.

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: AL-25-0015

Supersedes

TN: AL-21-0006

Approval Date: 02/06/26

Effective Date: 10/01/25

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

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

- **Registered Nurse** licensed under Alabama law who has completed a master's degree in psychiatric nursing; Intake Evaluation; Medication Administration.
- **Registered Nurse** licensed under Alabama state law; Psychoeducational Services; Medication Administration.
- **Practical Nurse** licensed under Alabama state law; Medication Administration.
- **Qualified Substance Use Professional I (QSAP)** shall consist of: (i) An individual licensed in the State of Alabama as a: (I) Professional Counselor, Graduate Level Social Worker, Psychiatric Clinical Nurse Specialist, Psychiatric Nurse Practitioner, Marriage and Family Therapist, Clinical Psychologist, Physician's Assistant, or Physician; or (ii) An individual who: (I) Has a master's Degree or above from a nationally or regionally accredited university or college in psychology, social work, counseling, psychiatric nursing, and * (II) Has successfully completed a clinical practicum or has six month's post master's clinical experience; and * (III) Holds a SUD counselor certification credential from the Alabama Association of Addiction Counselors, National Association of Alcoholism and Drug Abuse Counselors, Alabama Alcohol and Drug Abuse Association, or International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc. which shall be obtained within thirty (30) months of date of hire; Intake Evaluation.
- **QSAP II** shall consist of: (i) An individual who: (I) Has a Bachelor's Degree from a nationally or regionally accredited university or college in psychology, social work, community-rehabilitation, pastoral counseling, family therapy, or other behavioral health area that requires equivalent clinical course work, and (II) Is licensed in the State of Alabama as a Bachelor Level Social Worker; or (III) Has a Bachelor's Degree from a nationally or regionally accredited college or university in psychology, social work, community-rehabilitation, pastoral counseling, family therapy, or other behavioral health area that requires equivalent clinical course work, and (IV) Holds a SUD counselor certification credential from the Alabama Association of Addiction Counselors, National Association of Alcoholism and Drug Abuse Counselors, Alabama Alcohol and Drug Abuse Association, or International Certification and Reciprocity Consortium. or (V) Has a Bachelor's Degree from a nationally or regionally accredited university or college in psychology, social work, community, rehabilitation, or pastoral counseling, family therapy, or other behavioral health area that requires equivalent clinical course work,

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: AL-25-0015

Supersedes

TN: AL-21-0006

Approval Date: 02/06/26

Effective Date: 10/01/25

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

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

- and (VI) obtains a substance use counselor certification credential from the Alabama Association of Addiction Counselors, National Association Drug Abuse Association, or International Certification and Reciprocity Consortium within 30 months of hire, and (VII) participates in ongoing weekly supervision from an assigned QSAP 1 that is documented and appropriately filed in their personnel file for auditing purposes until counselor certification is obtained.
- **QSAP III** shall consist of: (i) An individual who: (I) Has a Bachelor's Degree from a nationally or regionally accredited university or college in psychology, social work, community-rehabilitation, pastoral counseling, family therapy, or other behavioral health area that requires equivalent clinical course work, and (II) Participates in ongoing supervision by a certified or licensed QSAP I for a minimum of one (1) hour individual per week until attainment of a SUD counselor certification credential from the Alabama Association of Addiction Counselors, National Association of Alcoholism and Drug Abuse Counselors, or Alabama Alcohol and Drug Abuse Association, or International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc. which shall be obtained within thirty (30) months of hire; Psychoeducational Services.
- **Certified Recovery Support Specialist (CRSS)** must meet the following minimum qualifications: (i) Certified by ADMH as a Certified Recovery Support Specialist (CRSS) within six (6) months of date of hire, (ii) and has 2 years verified lived experience and (iii) Concurrent participation in clinical supervision by a licensed or certified QSAP I; Peer Support Services.

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: AL-25-0015

Supersedes

TN: AL-23-0004Approval Date: 02/06/26Effective Date: 10/01/25

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

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

Utilization Controls

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

Limitations

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

All of forms of 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) are covered. These drugs may be/are included in the scope of the Preferred Drug List, may require clinical criteria, and may have quantity limitations.

The state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT may be overridden based on medical necessity, and are as follows:

The limits for Medication Administration are hard coded and is only overridden every seven years for "leap year" when there is a day 366. The remaining MAT related services have soft limits that can be overridden for medical necessity. Medical necessity will be established from the recipient's condition at the time of the request, not the diagnosis alone.

Intake Evaluation

Billing Unit: Episode
Maximum Units: Unlimited
Billing Restrictions: May not be billed in combination with Treatment Plan Review (H0032)

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: AL-25-0015

Supersedes

TN: AL-21-0006

Approval Date: 02/06/26

Effective Date: 10/01/25

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

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

Medical Assessment and Treatment

Billing Unit: 15 minutes
Maximum Units: 6 per day, 52 per year
Billing Restrictions: May not be billed in combination with Partial Hospitalization (H0035), Outpatient Detoxification – Ambulatory Detoxification with Extended On-Site Monitoring (II- D) (H0013), Outpatient Detoxification – Ambulatory Detoxification Without Extended On-Site Monitoring (I-D) (H0014).

Individual Counseling

Billing Unit: 1 unit
Maximum Unit: 1 per day, 52 per year
Billing Restrictions: May not be billed in combination with Partial Hospitalization (H0035), Medication Administration (H0020), Outpatient Detoxification – Ambulatory Detoxification with Extended On-Site Monitoring (II-D) (H0013), Outpatient Detoxification – Ambulatory Detoxification Without Extended On-Site Monitoring (I-D) (H0014).

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: AL-25-0015

Supersedes

TN: AL-21-0006Approval Date: 02/06/26Effective Date: 10/01/25

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

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

Family Counseling

Billing Unit: 1 episode=minimum of 60 minutes (90846-HF/ 90847HF)
1 episode=minimum of 90 minutes (90849-HF)
Maximum Units: 1 episode per day, 104 per year
Billing Restrictions: May not be billed in combination with Partial Hospitalization (H0035), Medication Administration (H0020), Outpatient Detoxification – Ambulatory Detoxification with Extended On-Site Monitoring (II-D) (H0013), Outpatient Detoxification – Ambulatory Detoxification Without Extended On-Site Monitoring (I-D) (H0014).

Group Counseling

Billing Unit: 1 episode=minimum of 90 minutes
Maximum Units: 1 episode per day, 104 per year
Billing Restrictions: May not be billed in combination with Partial Hospitalization (H0035), Medication Administration (H0020), Outpatient Detoxification – Ambulatory Detoxification with Extended On- Site Monitoring (II-D) (H0013), Outpatient Detoxification – Ambulatory Detoxification Without Extended On-Site Monitoring (I-D) (H0014).

Treatment Plan Review

Billing Unit: 15 minutes
Maximum Units: 1 event with up to 2 units every 6 months, 4 per year (for DMH- MI providers) 1 event with up to 2 units every 6 months, 4 per year (for DMH- SASD providers)

Billing Restrictions: None

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: AL-25-0015

Supersedes

TN: AL-23-0004

Approval Date: 02/06/26

Effective Date: 10/01/25

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

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

Mental Health and Opioid Use Disorders Update

Billing Unit: 15 minutes
Maximum Units: 8 units per day, 56 units per year
Billing Restrictions: May not be billed in combination with Intake Evaluation (90791)

Psychoeducational Services

Billing Unit: 15 minutes
Maximum Units: 416 units per year
8 per day for services provided to an individual recipient's family
8 per day for services provided to a group of recipients' families
Billing Restrictions: May not be billed in combination with Medication Administration (H0020), Outpatient Detoxification – Ambulatory Detoxification with Extended On-Site Monitoring (II-D) (H0013), Outpatient Detoxification – Ambulatory Detoxification Without Extended On-Site Monitoring (I-D) (H0014) and H0035- HF Partial Hospitalization.

Medication Administration

Billing Unit: One day
Maximum Units: 365 per year for H0020 (oral Methadone, Buprenorphine). 1 per month for J2315 (injectable Vivitrol)
Billing Restrictions:

Peer Support Services

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.

Billing Unity: 15 minutes

TN: AL-25-0015

Supersedes

TN: AL-21-0006

Approval Date: 02/06/26

Effective Date: 10/01/25

State Plan under Title XIX of the Social Security Act

State/Territory: Alabama

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

Maximum Units: Limited to 20 units per day (individual) and 8 units per day (group).
2,080 units per year for group services and 2,080 units per year for individual services.

Billing Restrictions: None

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: AL-25-0015

Supersedes

TN: AL-21-0006Approval Date: 02/06/26Effective Date: 10/01/25