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State/Territory Name Arizona

State Plan Amendment (SPA) #: 25-0013

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 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

October 10, 2025

Virginia Rountree
State Medicaid Director
Arizona Health Care Cost Containment System
801 E. Jefferson Street
Phoenix, AZ 85034

Re: Arizona State Plan Amendment (SPA) – 25-0013

Dear Director Rountree:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0013. This amendment will comply with actions implemented in Section 201 of the Consolidated Appropriations Act, 2024, which made the mandatory Medication Assisted Treatment (MAT) benefit permanent by amending 1905(a)(29) of the Act to remove the end date of September 30, 2025.

We conducted our review of your submittal according to statutory requirements in Section 1905(a)(29) of the Social Security Act. This letter informs you that Arizona's Medicaid SPA TN AZ-25-0013 was approved on October 9, 2025, with an effective date of October 1, 2025.

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

If you have any questions, please contact Edwin Walaszek at (212) 616-2512 or via email at Edwin.Walaszek1@cms.hhs.gov.

Sincerely,

Nicole McKnight
On Behalf of Courtney Miller, MCOG Director

Enclosures

cc: Max Seifer, Federal Relations Chief, AHCCCS
Ryan Melson, Federal Relations Chief, AHCCCS
Kyle Sawyer, Assistant Director, AHCCCS

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 1 3

2. STATE

A Z3. 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

Social Security Act 1905(a)(29)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 2026 \$ 0b. FFY 2026 2027 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

~~Supplement to Attachment 3.1-A, 1905(a)(29) Medication-Assisted
Treatment (MAT); Supplement to Attachment 3.1-A, Pages 1-8.~~

Attachment 3.1-A, Page 13 14

Supplement to Attachment 3.1-A – Pages 1 - 7

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)~~Supplement to Attachment 3.1-A, 1905(a)(29)
Medication-Assisted Treatment (MAT); pages 1 to 1(f).~~~~Supplement to Attachment 3.1-A~~

Supplement to Attachment 3.1-A – Pages 1 - 7 (21-0003)

9. SUBJECT OF AMENDMENT

This SPA updates the template for Medication Assisted Treatment (MAT), Social Security Act 1905(a)(29).

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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Kyle Sawyer

13. TITLE

Assistant Director, Public Policy and Strategic Planning

14. DATE SUBMITTED

September 30, 2025

15. RETURN TO

Kyle Sawyer
150 N. 18th Avenue
Phoenix, AZ 85007**FOR CMS USE ONLY**

16. DATE RECEIVED

September 30, 2025

17. DATE APPROVED

October 9, 2025

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

Nicole McKnight

21. TITLE OF APPROVING OFFICIAL

On Behalf of Courtney Miller, MCOG Director

22. REMARKS

10/9/25: State authorizes the following pen and ink change:

Box 8: Change to 'Supplement to Attachment 3.1-A – Pages 1 - 7 (21-0003)'

10/8/25: State authorizes the following pen and ink change:

Box 6a: Change to '2026'

Box 6b: Change to '2027'

10/6/25: State authorizes the following pen and ink change

Box 7: Change to 'Attachment 3.1-A, Page 14'

10/2/25: State authorizes the following pen and ink change

Box 7: Change to 'Attachment 3.1-A, Page 13'; 'Supplement to Attachment 3.1-A – Pages 1 – 7'

Box 8: Change to 'Supplement to Attachment 3.1-A'

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

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 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.

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State Plan under Title XIX of the Social Security Act
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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 Therapy: Therapy and counseling services that are provided individually and which address the therapeutic goals outlined in the service plan.

Group Therapy: Therapy and counseling services that are provided in a group setting and which address the therapeutic goals outlined in the service plan.

Family Therapy: Service that involves the participation of a non-Medicaid eligible individual but that is for the direct benefit of the beneficiary. 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.

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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 (MD, DO), Psychiatrist (MD,DO), Nurse Practitioner (NP), Physician Assistant (PA), Licensed Practical Nurse (LPN), Registered Nurse (RN), Licensed Clinical Social Worker (LCSW), Licensed Marriage/Family Therapist (LMFT), Licensed Professional Counselor (LPC), Licensed Independent Substance Abuse Counselor (LISAC), Licensed Behavior Analyst, Behavioral Health Paraprofessional (BHPP), Behavioral Health Technician (BHT).

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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.

Practitioner Type	Education/Degree Required	Requires Supervision	Notes
Physician (MD, DO)	Graduate from an approved school of medicine or receive a medical education that the board deems to be of equivalent quality.	No	
Psychiatrist (MD, DO)	Licensed physician who has completed three years of graduate training in psychiatry in a program approved by the American Medical Association or the American Osteopathic Association.	No	
Nurse Practitioner (NP)	Completed a nurse practitioner educational program approved or recognized by the board and educational requirements prescribed by the board.	No	
Physician Assistant (PA)	Graduate from a physician's assistant educational program approved by the board and licensed by the board.	Yes	
Licensed Practical Nurse (LPN)	Satisfactory completion of basic curriculum in an approved practical or professional nursing program and hold a diploma, certificate or degree from that program.	No	

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

Practitioner Type	Education/Degree Required	Requires Supervision	Notes
Registered Nurse (RN)	Satisfactory completion of basic curriculum in an approved registered nursing program and holds a diploma or degree from that program.	No	
Licensed Clinical Social Worker (LCSW)	Master degree or higher in social work from a regionally accredited college or university in a program accredited by the Council on Social Work Education or an equivalent foreign degree as determined by the Foreign Equivalency Determination Service of the Council on Social Work Education.	No	
Licensed Marriage/Family Therapist (LMFT)	Master degree or higher in a behavioral health science from a regionally accredited college or university whose program is accredited by the Commission on Accreditation for Marriage and Family Education or determined by the marriage and family credentialing committee to be substantially equivalent to a program accredited by the Commission on Accreditation for Marriage and Family Education.	No	

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

Practitioner Type	Education/Degree Required	Requires Supervision	Notes
Licensed Professional Counselor (LPC)	Master degree or higher in counseling or related field from a regionally accredited college or university in a program that consists of 48 hours semester credit hours or a program	No	
Licensed Independent Substance Abuse Counselor (LISAC)	Master degree or higher from a regionally accredited college or university in a behavioral health service with a minimum of 24 semester credit hours of counseling related coursework as determined by the substance abuse credentialing committee.	No	
Licensed Behavior Analyst	Graduate degree, Master degree or doctoral degree from an accredited college or university or institution of higher learning accredited by a recognized accrediting agency. Minimum of 225 classroom hours of specific graduate level instruction that meet nationally recognized standards for behavior analysts as determined by the board.	No	

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

Practitioner Type	Education/Degree Required	Requires Supervision	Notes
Behavioral Health Paraprofessional (BHPP)	Associate's degree, a high school diploma or a high school equivalency diploma, must be at least 21 years old and has the skills and knowledge necessary to provide behavioral health services that the agency is authorized to provide and meet the needs of client populations served by the agency.	Yes	Supervision Required: BHPP's working full time receive at least four hours of clinical supervision by a BHP or BHT in a calendar month.
Behavioral Health Technician (BHT)	Master's degree or bachelor's degree in a field related to behavioral health; is a registered nurse, is a physician assistant who is not working as a medical practitioner, has a bachelor's degree and at least one year of full time behavioral health work experience; has as associate's degree and at least two years of full time behavioral health work experience; has a high school diploma or high school equivalency diploma and a combination of education in a field related to behavioral health and full time behavioral health work experience totaling at least two years; is licensed a practical nurse, according to A.R.S Title 32, Chapter 15, with at least three years of full time behavioral health work experience; or has a high school diploma or high school equivalency diploma at least four years of full time behavioral health work experience.	Yes	Supervision Required: BHT's working full time receive at least four hours of clinical supervision by a BHP in a calendar month.

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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.]

Limitations on the amount, duration and scope of MAT drugs, biologicals and counseling/behavioral therapies related to MAT are based on clinical necessity.

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