

Table of Contents

State/Territory Name: Idaho

State Plan Amendment (SPA) #: 25-0012

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 27, 2026

Sasha O'Connell
Deputy Director
Idaho Department of Health and Welfare
Division of Medicaid
PO Box 8320
Boise, ID 83720-0009

Re: Idaho State Plan Amendment (SPA) 25-0012

Dear Deputy Director O'Connell:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0012. This SPA removes the end date for the Medication Assisted Treatment 1905(a)(29) benefit in accordance with the Consolidated Appropriations Act of 2024.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Idaho Medicaid SPA 25-0012 was approved on February 26, 2026, with an effective date of October 1, 2025.

If you have any questions, please contact Courtenay Savage at (312) 353-3721 or via email at Courtenay.Savage@cms.hhs.gov.

Sincerely,

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

Enclosures

cc: Charles Beal

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

1. TRANSMITTAL NUMBER
2 5 — 0 0 1 2

2. STATE
I D

3. 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
10-01-2025

5. FEDERAL STATUTE/REGULATION CITATION
Section 1905(a)(29) of the Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 \$ 0
b. FFY 2027 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Medicaid State Plan Attachment 3.1-A pages 12a-12g

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Medicaid State Plan Attachment 3.1-A pages 12a-12d

9. SUBJECT OF AMENDMENT
Amendment to the State Plan to update the mandatory medication assisted treatment for opioid use disorder (MAT/ODU) benefit.

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
SASHA O'CONNELL

13. TITLE
Deputy Director

14. DATE SUBMITTED
12/30/2025

15. RETURN TO
Deputy Director
Idaho Department of Health and Welfare
Division of Medicaid
PO Box 83720
Boise, ID 83720-0009

FOR CMS USE ONLY

16. DATE RECEIVED
December 30, 2025

17. DATE APPROVED
February 26, 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

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

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 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: ID-25-0012
Supersedes TN: ID-21-0005

Approval Date: 02/26/2026
Effective Date: 10/01/2025

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

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.

01. MAT drug dispensing and medication administration. This service includes dispensing of drugs to help manage the physical aspects of addiction, such as cravings and withdrawal. 02. Individual or Group Counseling. This service can include a range of therapeutic interventions to help manage psychological behaviors and/or the psychological aspects of addiction. The initial focus is on motivating the participant to stop opioid use, then shifts to helping the participant stay opioid free over the long term.

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: ID-25-0012
Supersedes TN: ID-21-0005

Approval Date: 02/26/2026
Effective Date: 10/01/2025

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

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

03. Peer Support/ Recovery Coaching. This service includes support for participants delivered by providers who have lived experience with mental health conditions or opioid use. Peer support services are provided in accordance with SMDL 07-011. 04. Urine drug testing. Administration of urine drug tests (presumptive or definitive) and interpretation of test results. 05. Medication Management. Medication Management includes monitoring of prescribed medications, as well as evaluation of the effectiveness and side effects of medications. Medical personnel confirm that the participant is complying with a medication regimen, while also ensuring the participant is avoiding potentially dangerous drug interactions and other complications. 06. OUD Assessments and Treatment Planning. When a provider identifies a opioid use/opioid use concern, the provider conducts a comprehensive diagnostic assessment (CDA) and develops a treatment plan to address the OUD condition.

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: ID-25-0012
Supersedes TN: ID-21-0005

Approval Date: 02/26/2026
Effective Date: 10/01/2025

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

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

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

01. MAT drug dispensing and medication administration. MD/DO, PA, APRN (all may prescribe medication for MAT with a DEA Registration Number and prescriptive authority from the Idaho Division of Occupational Licensing), plus RNs for drug dispensing and medication administration. 02. Individual or Group Counseling. MD/DO, PA, APRN, Certified Alcohol and Drug Counselors (CADCs), and licensed clinicians, who include Professional Counselors, Marriage and Family Therapists, Psychologists, and Social Workers. 03. Peer Support/ Recovery Coaching. Peer Support Specialists, Recovery Coaches 04. Urine drug testing. MD/DO, PA, APRN may order urine drug tests; tests so ordered may be administered and/or interpreted by Certified Alcohol and Drug Counselors (CADCs) and licensed clinicians, who include Professional Counselors, Marriage and Family Therapists, Psychologists, and Social Workers. 05. Medication Management. MD/DO, PA, and APRN may all perform medication management for MAT. 06. OUD Assessments and Treatment Planning. MD/DO, PA, APRN, and licensed clinicians, who include Professional Counselors, Marriage and Family Therapists, Psychologists, and Social Workers.

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: ID-25-0012
Supersedes TN: ID-21-0005

Approval Date: 02/26/2026
Effective Date: 10/01/2025

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

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.

01. Physicians/osteopathic physicians (MD/DO): Are licensed by the Idaho Board of Medicine, hold an MD or DO degree from a school of medicine or osteopathic medicine accredited by a national medical school accrediting organization acceptable to the Board, and deliver services within their scope of practice in accordance with state law. Providers who hold a DEA Registration Number and prescriptive authority issued by the Idaho Division of Occupational and Professional Licenses may prescribe medication for MAT. 02. Physician Assistants (PA): Are licensed by the Idaho Board of Medicine, have graduated from a Physician Assistant training program approved by the Board, and deliver services under supervision by a physician within their scope of practice in accordance with state law. Providers who hold a DEA Registration Number and prescriptive authority issued by the Idaho Division of Occupational and Professional Licenses may prescribe medication for MAT. 03. Advanced Practice Registered Nurses (APRNs): Are licensed by the Idaho Board of Nursing, have successfully completed a nursing education program approved by the Board, and deliver services within their scope of practice in accordance with state law. An advanced practice registered nurse is authorized to perform advanced nursing practice, and has gained additional specialized knowledge, skills and experience through an advanced and specialized program of study recognized or defined by the Board. Providers who hold a DEA Registration Number and prescriptive authority issued by the Idaho Division of Occupational and Professional Licenses may prescribe medication for MAT. 04. Registered Nurses (RNs): Are licensed by the Idaho Board of Nursing, have successfully completed a nursing education program approved by the Board, and deliver services within their scope of practice in accordance with state law. RNs collaborate with other health professionals in the management of health care, including administering medications and treatments as ordered by healthcare providers with prescriptive authority. 05. Professional Counselors/Marriage and Family Therapists (MFTs): Are licensed by the Idaho Board of Professional Counselors and Marriage & Family Therapists, hold at least a master's degree in counseling or a related field, and provide documentation of 1,000 hours of supervised counseling experience acceptable to the Board. Counselors/MFTs provide services within their scope of practice in accordance with state law. All OUD providers must be trained in the ASAM Criteria.

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: ID-25-0012
Supersedes TN: NEW

Approval Date: 02/26/2026
Effective Date: 10/01/2025

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

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

06. Psychologists: Are licensed by the Idaho Board of Psychologist Examiners, and have graduated from an accredited college or university with a doctoral degree in psychology and two years of supervised experience acceptable to the Board. Psychologists provide services within their scope of practice in accordance with state law. All OUD providers must be trained in the ASAM Criteria.

07. Certified Alcohol and Drug Counselors (CADCs): Meet all requirements for certification by the Idaho Board of Alcohol/Drug Counselor Certification (IBADCC), including the requirement to provide documentation of 6,000 hours of supervised work experience with alcohol or other drug addiction (AODA) clients. CADCs practice under supervisory protocol provided by licensed clinicians, such as Professional Counselors, Marriage and Family Therapists, Social Workers, and psychologists.

08. Social Workers: Are licensed by the Idaho Board of Social Work Examiners, hold a master's or doctorate in social work from a college or university approved by the Board. Providers deliver services within their scope of practice in accordance with state law. All OUD providers must be trained in the ASAM Criteria.

09. Peer Support Specialists (PSSs): Hold an active PSS certification from the Idaho Behavioral Health Plan (IBHP) contractor and practice within a group agency in the IBHP network. Supervisory protocol is provided by licensed clinicians, such as Professional Counselors, Marriage and Family Therapists, Social Workers, and psychologists. All provider types have lived experience of SPMI/SED/OUD, as appropriate for the participant receiving the service, and all OUD providers must be trained in the ASAM Criteria.

10. Recovery Coaches (RCs): Hold current Recovery Coaching certification from and meet all requirements of the Idaho Board of Alcohol/Drug Counselor Certification (IBADCC), including the requirement to provide documentation of 500 hours of specific paid or volunteer peer recovery support experience in a clinical or community setting. RCs practice under supervisory protocol provided by licensed clinicians, such as Professional Counselors, Marriage and Family Therapists, Social Workers, and psychologists. All provider types have lived experience of SPMI/SED/OUD, as appropriate for the participant receiving the service, and all OUD providers must be trained in the ASAM Criteria.

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: ID-25-0012
Supersedes TN: NEW

Approval Date: 02/26/2026
Effective Date: 10/01/2025

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

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.]

01. Daily quantity limits and days' supply limits on all drugs. 02. Certain products may be subject to prior authorization. 03. Soft caps on urine drug testing which, when exceeded, require prior authorization. Soft caps on urine drug testing comprise twenty-four (24) presumptive tests and twelve (12) definitive tests annually. All the limitations listed are not hard limits, and can be exceeded through prior authorization or a determination of medical necessity.

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: ID-25-0012
Supersedes TN: NEW

Approval Date: 02/26/2026
Effective Date: 10/01/2025