

## **Table of Contents**

**State/Territory Name: Missouri**

**State Plan Amendment (SPA) #: 25-0020**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 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

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March 26, 2026

Joshua Moore  
Director  
MO HealthNet Division  
Missouri Department of Social Services  
P O Box 6500  
Jefferson City, MO 65102-6500

Re: Missouri State Plan Amendment 25-0020

Dear Director Moore:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number 25-0020. This amendment revises the Medication Assisted Treatment (MAT) pages of the State Plan to make the coverage permanent as required by 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 implementing federal statute 1905(a)(29).

This letter is to inform you that Missouri Medicaid SPA 25-0020 was approved on March 26, 2026, with an effective date of October 1, 2025.

If you have any questions, please contact Rhonda Gray at (410) 786-6140 or via email at [Rhonda.Gray@cms.lhs.gov](mailto:Rhonda.Gray@cms.lhs.gov).

Sincerely,

Nicole McKnight  
On Behalf of Courtney Miller, MCOG Director

Enclosures

cc: Marissa Crump, Missouri Medicaid  
Glenda Kremer, Missouri Medicaid

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER 2 5 — 0 0 2 0	2. STATE MO
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> 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) of the Social Security 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 Attachment 3.1-A page 9a(2) Supplement 4 to Attachment 3.1-A pages 1-13 Attachment 4.19-B page 54	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable) Supplement 4 to Attachment 3.1-A page 1-11 (TN:21-0015) Attachment 4.19-B page 54 (TN:21-0015)	

9. SUBJECT OF AMENDMENT  
Revise the Medication Assisted Treatment (MAT) pages of the State Plan to make the coverage permanent as required by the Consolidated Appropriations Act of 2024.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT JAF  OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL  Jessica Bax	15. RETURN TO MOHealthNet Division P.O. Box 6500 Jefferson City, MO 65102
13. TITLE Director	
14. DATE SUBMITTED 12-30-25	

**FOR CMS USE ONLY**

16. DATE RECEIVED December 31, 2025	17. DATE APPROVED March 26, 2026
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**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  
  
Box 8: State authorized pen and ink change on 3/6/26

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

**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: 25-0020  
Supersedes TN: New

Approval Date: March 26, 2026  
Effective Date: October 1, 2025

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

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.

**Assessment** - This service is a comprehensive evaluation of an individual's physical, mental, and emotional health, including issues related to opioid use, along with their ability to function within a community in order to determine service needs and formulate recommendations for treatment.

**Psychotherapy for Crisis** - Psychotherapy for crisis is used to offer immediate, short term help to patients who experience an event that produces emotional, mental, physical, and behavioral distress or problems. A crisis can refer to any situation in which the patient perceives a sudden loss of the ability to use effective problem-solving and coping skills. Psychotherapy for crisis aims to reduce the intensity of the patient's emotional, mental, physical and behavioral reactions to a crisis and help the patient return to their level of functioning before the crisis. Psychotherapy for crisis is appropriate for children, adolescents, and younger and older adults.

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

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

Elements of psychotherapy for crisis include helping the individual understand the crisis and their response to it as well as becoming aware of and expressing feelings, such as anger and guilt. A major focus of psychotherapy for crisis is exploring coping strategies.

**Group Counseling** - Goal-oriented therapeutic interaction among a counselor and two or more participants as specified in individual treatment plans designed to promote individual functioning and recovery through personal disclosure and interpersonal interaction among group members. This service can include trauma related symptoms and co-occurring behavioral health and opioid use disorders (OUD).

Examples of evidence-based practices that may be used include:

- Motivational interviewing is a goal-oriented, person centered counseling style for eliciting behavioral change by helping individuals to explore and resolve ambivalence. This approach upholds four principles which are expressing empathy and avoiding arguing; developing discrepancy; rolling with resistance; and supporting self-efficacy.
- Cognitive behavioral therapy (CBT) is a form of psychological treatment that has been demonstrated to be effective for a range of issues including depression, anxiety disorders, OUDs, marital challenges, eating disorders and severe mental illness. CBT treatment usually involves efforts to change thinking patterns.

**Family Therapy** - Service consists of counseling or family-based therapeutic interventions (e.g. role playing, educational discussions) for the primary participant and/or one or more members of their family and natural supports. It is designed to address and resolve patterns of dysfunctional communication and interactions that have become habitual over time, particularly as it relates to opioid misuse. It is delivered by specialized staff in accordance with the primary individual's treatment plan. One or more family members or natural supports of the primary participant must be present. Service can be offered to members of a single family, or members of multiple families struggling with similar issues.

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

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

Services that involve the participation of the individual's family and natural supports is for the direct benefit of the individual, in accordance with the needs and treatment goals identified in the individual's treatment plan, and for the purpose of assisting in recovery.

Family therapy services that involve the participation of a non-Medicaid eligible is for the direct benefit of the individual. The service shall actively involve the individual and be individualized. Based on clinical judgment there may be times when, the individual is not present during the delivery of the service but remains the focus of the service.

**Individual Counseling/Psychotherapy** - Structured and goal-oriented therapeutic counseling to resolve issues related to opioids that interfere with the individual's functioning. This includes, but is not limited to, evidence-based practices such as motivational interviewing, CBT, and trauma informed care.

Examples of evidence-based practices that may be used include:

- Motivational interviewing is a goal-oriented, person centered counseling style for eliciting behavioral change by helping participants to explore and resolve ambivalence. This approach upholds four principles which are expressing empathy and avoiding arguing; developing discrepancy; rolling with resistance; and supporting self-efficacy.
- CBT is a form of psychological treatment that has been demonstrated to be effective for a range of issues including depression, anxiety disorders, OUDs, marital challenges, eating disorders and severe mental illness. CBT treatment usually involves efforts to change thinking patterns.

**Medication Services** - Goal-oriented interactions to assess the appropriateness of medications in a individual's treatment; periodically evaluating and re-evaluating the efficacy of the prescribed medications; and providing ongoing management of a medication regimen within the context of an individual's treatment plan.

**Medication Services Support** - Medical and consultative services provided by a Registered Nurse or Licensed Practical Nurse for the purpose of monitoring and managing the individuals health needs during receipt of medications.

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

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

**Peer and Family Support** - Services coordinated within the context of a comprehensive and an individualized treatment plan that includes specific individualized goals. Peer and family support services are person-centered and promote individual ownership of the individualized treatment plan.

This service may be provided to the individual's family and natural supports when such services are for the direct benefit of the individual, in accordance with the needs and treatment goals identified in the individualized treatment plan, and for assisting in the individual's recovery.

Peer and family support services that involve the participation of a non-Medicaid eligible individual is for the direct benefit of the individual. The service must actively involve the individual in the sense of being tailored to the individual's needs. There may be times when, based on clinical judgment, the individual is not present during the delivery of the service, but remains the focus of the service.

Components

- Develop an individualized treatment plan to build self-advocacy skills, support the individual to remain in the least restrictive environment, support recovery and resiliency goals.
- Empower the individual to take an active role in developing, updating, and implementing of their individualized treatment plan.
- Provide crisis support
- Assist the individual and their natural supports in using positive self-management, problem-solving, coping, symptom management, and communication skills identified in the individualized treatment plan.
- Support the individual in achieving recovery and resiliency goals; self-advocating for quality physical and behavioral health services; and accessing strength-based services in the community
- Assisting the individuals and their natural supports to identify strengths and resources to promote recovery, , and resilience.

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

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

- Serving as an advocate, mentor, or facilitator to address issues and build skills to enhance and improve the health of a child/youth with opioid use or co-occurring disorders.
- Provide parents and caregivers of children with emotional disorders with information and support to better understand the child or youth's needs, their role in the individualized treatment plan, the roles of providers, and the value of a team based approach awhile exploring options..

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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)**

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

**Assessment** – Qualified Addiction Professional (QAP), Licensed Mental Health Professional (LMHP) (for diagnosis)

**Family Therapy** - Psychiatrist, Advanced Practice Psychiatric Nurse, Licensed Psychologist, Licensed Clinical Social Worker, Licensed Master Social Worker, Licensed Professional Counselor, Licensed Marital and Family Therapist

**Group Therapy/Counseling** - Psychiatrist, Advanced Practice Psychiatric Nurse, Licensed Psychologist, Licensed Clinical Social Worker, Licensed Master Social Worker, Licensed Professional Counselor, Licensed Marital and Family Therapist

QAP or Associate Substance Use Counselor

**Individual Psychotherapy/Counseling** - Psychiatrist, Advanced Practice Psychiatric Nurse, Licensed Psychologist, Licensed Clinical Social Worker, Licensed Master Social Worker, Licensed Professional Counselor, Licensed Marital and Family Therapist

QAP or Associate Substance Use Counselor

**Psychotherapy for Crisis** - Psychiatrist, Advanced Practice Psychiatric Nurse, Licensed Psychologist, Licensed Clinical Social Worker, Licensed Master Social Worker, Licensed Professional Counselor, Licensed Marital and Family Therapist

**Medication Services** - Licensed Physician, Resident Physician, Licensed Psychiatrist, Licensed Physician Assistant, Licensed Assistant Physician, or Advanced Practice Registered Nurse (APRN) who is in a collaborating practice arrangement with a licensed physician

**Medication Services Support** – APRN, Licensed Registered Nurse, Licensed Practical Nurse, Paramedic, or Certified Medical Assistant

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

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

Peer and Family Support - Paraprofessional

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TN: 25-0020  
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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)**

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.

**Advanced Practice Registered Nurse** - A licensed registered nurse certified by a nationally recognized professional organization as a certified nurse practitioner, certified nurse midwife, certified nurse anesthetist, or certified clinical nurse specialist under state law. When providing Medication Management, an APRN must be in a collaborating practice arrangement with a licensed physician.

**Assistant Physician:** A person licensed as an assistant physician under Missouri state law.

**Associate Substance Use Counselor:** A trainee that *must* meet requirements set forth by the Missouri Credentialing Board (MCB) or the appropriate board of professional registration within the Department of Insurance, Financial Institutions and Professional Registration.

An Associate Substance Use Counselor must be supervised by a Qualified Addiction Professional who has completed the MCB Clinical Supervision Training. Clinical supervision must focus on improving the quality of treatment delivered through improving counseling skills, competencies and effectiveness of the persons supervised. All counselor functions performed by an Associate Substance Use Counselor shall be performed pursuant to the supervisor's control, oversight, guidance, and full professional responsibility.

**Certified Medical Assistant:** A person who performs duties under the direction of medical staff related to the health and wellness of individuals who are ill or otherwise require assistance. A certified medical assistant must have a high school diploma or the equivalent, complete an accredited medical assistant program, and pass the certification exam.

**Certified Peer Specialist:** An individual in recovery from mental illness and/or substance use disorder (SUD) with at least a high school diploma or equivalent who meets the applicable training and credentialing required by the MCB.

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

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

A Certified Peer Specialist must be supervised by an LMHP, QAP, or Community Support Supervisor who has completed peer supervision training as required by the department.

**Family Support Provider:** A family member of an individual who had or currently has a behavioral/emotional disorder or a SUD; has a high school diploma or equivalent; is credentialed by the MCB.

**Licensed Clinical Social Worker:** An individual that *must* have and maintain a valid license issued by the State Committee for Social Workers if practicing in Missouri or a valid license issued by the social work licensing authority of the state in which they practice.

**Licensed Marital and Family Therapist:** An individual that *must* have and maintain a valid license issued by the State Committee of Marital and Family Therapists if practicing in Missouri or a valid license issued by the marital and family therapy licensing authority of the state in which they practice.

**Licensed Master Social Worker:** An individual that *must* have and maintain a valid license issued by the State Committee for Social Workers if practicing in Missouri or a valid license issued by the social work licensing authority of the state in which they practice.

**Licensed Mental Health Professional (for diagnosis)**

- A physician (including a psychiatrist) licensed or provisionally licensed under Missouri law to furnish services within their scope of practice;
- A psychologist licensed or provisionally licensed under Missouri law to furnish services within their scope of practice;
- A resident physician including a resident psychiatrist;
- A professional counselor licensed or provisionally licensed under Missouri law to practice counseling;
- A clinical social worker licensed or provisionally licensed under Missouri law to practice social work;
- A marital and family therapist licensed or provisionally licensed under Missouri law to provide marriage and family services;

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

- APRN, a RN who is currently recognized by the board of nursing as an APRN;
- A licensed assistant physician under Missouri state law;
- A licensed physician assistant under Missouri state law.

**Licensed Practical Nurse:** A person licensed as a practical nurse under state law to furnish services within their scope of practice act.

**Licensed Professional Counselor:** An individual that *must* have and maintain a valid license issued by the State Committee of Professional Counselors if practicing in Missouri or a valid license issued by the professional counselor licensing authority of the state in which they practice.

**Paramedic:** A person trained to assist a physician or give first aid or other healthcare in the absence of a physician, within their scope of practice. The individual must be on the National Registry of Emergency Medical Technicians (NREMT). Paramedics must complete an EMT training program from a state-approved training college or institute.

**Paraprofessional:** An individual with lived experience with a behavioral health disorder, has a high school diploma or equivalent, and is credentialed by the MCB as a certified peer specialist or certified family support provider.

**Physician:** An individual licensed as a physician under state law to furnish services within their scope of practice act.

**Physician Assistant:** A person who has graduated from a physician assistant program accredited by the American Medical Association's Committee on Allied Health Education and Accreditation or by its successor agency, who has passed the certifying examination administered by the National Commission on Certification of Physician Assistants and has active certification by the National Commission on Certification of Physician Assistants who provides health care services delegated by a licensed physician under Missouri state law.

**Psychiatric Clinical Nurse Specialist:** A clinical nurse specialist with a specialty in psychiatry *must* have and maintain a valid RN license AND a valid Document of Recognition with a specialty in psychiatry within the state of practice.

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

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

**Psychiatric Mental Health Nurse Practitioner:** A mental health nurse practitioner with a specialty in psychiatry *must* have and maintain a valid RN license AND Document of Recognition as an adult psychiatric/mental health nurse practitioner, adult psychiatric/mental health clinical nurse specialist, adult psychiatric/mental health nurse practitioner, family psychiatric/mental health nurse practitioner, family psychiatric/mental health clinical nurse specialist, child-adolescent psychiatric/mental health clinical nurse specialist within the state of practice.

**Psychiatrist:** A licensed physician who is a psychiatrist and delivers services within their scope of practice.

**Licensed Psychologist:** An individual that *must* have and maintain a valid license issued by the State Committee of Psychologists when practicing in Missouri or a valid permanent or provisional license issued by the psychology licensing authority of the state in which they practice.

**Qualified Addiction Professional:** The QAP is one of the following:

- A physician (including a psychiatrist) licensed or provisionally licensed under Missouri state law;
- An individual who meets the applicable training and credentialing required by the MCB for any of the following positions:
  - Certified Alcohol and Drug Counselor (CADC)
  - Certified Reciprocal Alcohol and Drug Counselor (CRADC)
  - Certified Reciprocal Advanced Alcohol and Drug Counselor (CRAADC)
  - Certified Criminal Justice Addictions Professional (CCJP)
  - Registered Alcohol Drug Counselor-Provisional (RADC-P)
  - Registered Alcohol Drug Counselor (RADC)
  - Co-occurring Disorder Professional (CDP)
  - Co-occurring Disorders Professional Diplomat (CDPD-D)

**Registered Nurse:** An individual licensed as a registered nurse to furnish services within their scope of practice act.

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State/Territory: Missouri**

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

Resident Physician: A medical school graduate and doctor in training who is taking part in a graduate medical education (GME) program.

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: 25-0020  
Supersedes TN: 21-0015

Approval Date: March 26, 2026  
Effective Date: October 1, 2025

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

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.]

N/A

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**State of Missouri****1905(a)(29) Medication-Assisted Treatment (MAT)**

Medication-assisted treatment services, including the drug component, the provider component, and the behavioral health component, are reimbursed on a fee-for-service basis.

Effective 10/1/25, MAT services are reimbursed on a fee-for-service basis as follows:

1. Payment for unbundled prescribed drugs administered by a provider are reimbursed per the methodology in Attachment 4.19-B, Page 3, 3a, and 3aa.
2. Payment for unbundled prescribed drugs prescribed for the treatment of opioid-use disorder, if dispensed by a pharmacy, are reimbursed per the methodology in Attachment 4.19-B, Pages 3, 3a, and 3aa.
3. Payment for the following unbundled services for the treatment of opioid-use disorder are reimbursed per the methodology in Attachment 4.19-B, Page 6b for CSTAR providers.
  - Medication Services
  - Medication Services Support
4. Payment for the following unbundled services for the treatment of opioid-use disorder are reimbursed per the methodology in Attachment 4.19-B, Page 6b for CSTAR providers and Page 1 for physicians, Page 9 for nurse practitioners, clinical nurse specialists, licensed psychologists, school psychologists, licensed professional counselors, licensed clinical social workers, and licensed marital and family therapists, and Page 9aa for physician assistants and assistant physicians.
  - Assessment
  - Psychotherapy for Crisis
  - Group Counseling
  - Family Therapy
  - Individual Counseling/Psychotherapy
  - Medication Services
  - Medication Services Support
  - Peer and Family Support
5. Payment for bundled services for the treatment of opioid-use disorder are reimbursed per the methodology in Attachment 4.19-B, Page 6bbb.