

## **Table of Contents**

**State/Territory Name: Mississippi**

**State Plan Amendment (SPA) #: 25-0019**

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

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December 30, 2025

Cindy H. Bradshaw  
Executive Director of Medicaid  
550 High Street, Suite 1000  
Jackson, MS 39201

Re: Mississippi State Plan Amendment (SPA) 25-0019

Dear Executive Director Bradshaw:

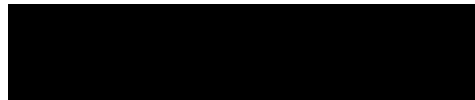
The Centers for Medicare & Medicaid Services (CMS) has completed our review of the proposed amendment submitted under transmittal number (TN) 25-0019. This amendment proposes to make Medication Assisted Treatment (MAT) coverage permanent.

We conducted our review of your submittal according to statutory requirements in Section 1905(a)(29) of the Social Security Act and Section 201 of the Consolidated Appropriations Act. This letter is to inform you that Mississippi's Medicaid SPA TN 25-0019 was approved on December 30, 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 Mississippi State Plan.

If you have any questions regarding this matter, you may contact Tandra Hodges at (404) 562-7409 or via email at [Tandra.Hodges@cms.hhs.gov](mailto:Tandra.Hodges@cms.hhs.gov).

Sincerely,



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

Enclosures

cc: Robin Bradshaw  
Sarah Tadlock

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 1 9

2. STATE

MS

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

October 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

Section 1905(a)(29) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 25 \$ 0

b. FFY 26 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, Exhibit 29, Pages 1 -5

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)

Attachment 3.1-A, Exhibit 29, Pages 1 -5

9. SUBJECT OF AMENDMENT

State Plan Amendment (SPA) 25-0019 Medication Assisted Treatment (MAT) is being submitted to update the pages to a new CMS template and to remove the end date of September 30, 2025 in accordance with Section 201 of the Consolidated Appropriations Act, 2024 that made the mandatory MAT benefit permanent by amending 1905(a)(29) of the Act.

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

Cindy H. Bradshaw

13. TITLE

Executive Director

14. DATE SUBMITTED

12/12/2025

15. RETURN TO

Cindy H. Bradshaw

Miss. Division of Medicaid

Attn: Robin Bradshaw

550 High Street, Suite 1000

Jackson, MS 39201-1399

**FOR CMS USE ONLY**

16. DATE RECEIVED

December 12, 2025

17. DATE APPROVED

December 30, 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

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: Mississippi**

**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 Exhibit 29 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.

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

**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.

Service components for MAT:

1. Assessments related to the beneficiary's opioid use disorder,
2. Drug screenings,
3. Medication Evaluation and Management is the intentional face-to-face interaction between a physician or a nurse practitioner and a beneficiary for the purpose of assessing the need for psychotropic medication, prescribing medications, and, regular periodic monitoring of the medications prescribed for therapeutic effect and medical safety,
4. Medication administration including the provision of Food and Drug Administration (FDA) approved drugs for the treatment of opioid use disorder (OUD),

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

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

5. Individual therapy,
6. Group therapy, and
7. Family therapy. This service actively involves the beneficiary and is tailored to the beneficiary's individual needs. The beneficiary remains the focus of the treatment service. Family therapy 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.

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

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

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

- 1) Opioid Treatment Programs (OTPs) certified by the Mississippi Department of Mental Health that provide methadone treatment.
- 2) Physicians and non-physician practitioners:
  - a) Assessments related to the beneficiary's opioid use disorder provided by physician, nurse practitioner or physician assistant.
  - b) Medication management and drug screenings provided by a physician, nurse practitioner or physician assistant.
  - c) Medication Evaluation and Management provided by physician, nurse practitioner or physician assistant.
  - d) Medication administration including the provision of Food and Drug Administration (FDA) approved drugs for the treatment of opioid use disorder (OUD) provided by physician, nurse practitioner, or physician assistant.
  - e) Individual therapy provided by physician, nurse practitioner, physician assistant, psychologist, licensed professional counselor (LPC), licensed clinical social worker (LCSW), or licensed marriage and family therapist (LMFT).
  - f) Group therapy provided by physician, nurse practitioner, physician assistant, psychologist, licensed professional counselor (LPC), licensed clinical social worker (LCSW), or licensed marriage and family therapist (LMFT).
  - g) Family therapy provided by physician, nurse practitioner, physician assistant, psychologist, licensed professional counselor (LPC), licensed clinical social worker (LCSW), or licensed marriage and family therapist (LMFT)

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

**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.

- 1) OTPs are limited to those that prescribe and dispense methadone and must be certified by the Mississippi Department of Mental Health.
- 2) Physician, nurse practitioner, physician assistant, psychologist, LPC, LCSW, or LMFT, must be licensed by the state of Mississippi. A physician, nurse practitioner and physician assistant must be a buprenorphine waived practitioner in order to prescribe, administer, or dispense buprenorphine. These providers are not eligible to enroll as OTPs.

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

**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.]**

MAT drugs and services provided through OTPs are not limited.

Services provided outside of an OTP are limited as listed below:

- 1) Individual therapy is limited to thirty-six (36) sessions per state fiscal year (SFY),
- 2) Group therapy is limited to forty (40) sessions per SFY,
- 3) Family therapy is limited to twenty-four (24) sessions per SFY.

Effective April 1, 2021, prior authorization is required for non-preferred drugs provided as physician administered drugs and OTP services.

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