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State/Territory Name: Montana

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

February 20, 2026

Rebecca de Camara
State Medicaid Director
Montana Department of Public Health & Human Services
PO Box 4210
Helena, MT 59601

Re: Montana State Plan Amendment (SPA) – 25-0019

Dear Director de Camara:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0019. This amendment removes the September 30, 2025, sunset date for the Medication Assisted Treatment (MAT) benefit making the MAT benefit permanent under the Medicaid State Plan in accordance with federal statute.

We conducted our review of your submittal according to statutory requirements in Section 1905(a)(29) of the Act. This letter informs you that Montana's Medicaid SPA TN 25-0019 was approved on February 20, 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 Montana State Plan.

If you have any questions, please contact Justyna Redlinski at (312) 353-7370 or via email at Justyna.Redlinski@cms.hhs.gov.

Sincerely,

Nicole McKnight
Acting Director, Division of Program Operations

Enclosures

cc: Carla Rime

**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

MT

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

10/1/2025

5. FEDERAL STATUTE/REGULATION CITATION

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

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

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

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement to Attachment 3.1-A to MAT, Pages 1-5
Supplement to Attachment 3.1-B to MAT, Pages 1-5

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Supplement to Attachment 3.1-A, Pages 1-7 (MAT)
Supplement to Attachment 3.1-B, Pages 1-7 (MAT)

9. SUBJECT OF AMENDMENT

Effective October 1, 2025, the state assures that MAT treats OUD as defined at section 1905(ee)(1) of the Social Security Act (the Act) and is covered exclusively under section 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: Single Agency Review

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Rebecca de Camara

13. TITLE

Medicaid and Health Services Executive Director

14. DATE SUBMITTED

12/31/2025

15. RETURN TO

Montana Department of Public Health and Human Services
Attn: Carla Rime
PO Box 4210
Helena, MT 59604

FOR CMS USE ONLY

16. DATE RECEIVED

December 31, 2025

17. DATE APPROVED

February 20, 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

Nicole McKnight

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

Box 6: State authorized pen and ink changes on 02/20/2026.

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

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

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.

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: 25-0019

Supersedes TN: 21-0005

Approval Date: 2/20/2026

Effective Date: 10/1/2025

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

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

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.]**

Effective October 1, 2025, the state assures that MAT treats OUD as defined at section 1905(ee)(1) of the Social Security Act (the Act) and is covered exclusively under section 1905(a)(29) of the Act.

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

The MAT program includes the assessment for enrollment into the MAT program and active enrollment in the MAT program. The MAT program includes the following components:

- **Assessment or Reassessment:**
Assessments required to determine appropriateness for MAT services.
- **Drug Screening:**
As clinically appropriate.
- **Urine Pregnancy Testing:**
As clinically appropriate.

In addition to the service components above, members enrolled in the MAT program must be referred to the following behavioral health services/therapies, as clinically indicated:

- **Individual Therapy:**
SUD psychotherapy services include recovery or motivational enhancement therapies strategies in which diagnosis, assessment, psychotherapy, and related services are provided. Individual psychotherapy is provided directly with the member.
- **Group Therapy:**
SUD psychotherapy services include recovery or motivational enhancements therapies/strategies in which diagnosis, assessment, psychotherapy, and related services are provided. Group psychotherapy is provided in a group setting of no more than 16 members.

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

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

- Family Therapy:
SUD psychotherapy services address mental health issues that specifically affect families' mental health and functioning and include recovery or motivational enhancement therapies/strategies. Family psychotherapy is provided with the member and the appropriate family members. The services must actively involve the member in the sense of being tailored to the member's individual needs. There may be times when, based on clinical judgement, the member is not present during the delivery of the service, but remains the focus of the service.
- Multi-Family Group Therapy:
SUD psychotherapy services include recovery or motivational enhancements therapies/strategies in which diagnosis, assessment, psychotherapy, and related services are provided. Multi-Family group psychotherapy is a combination of a family and group psychotherapy in which several families meet simultaneously with a therapist present. The service must actively involve the member in the sense of being tailored to the member's individual needs. There may be times when, based on clinical judgement, the member is not present during the delivery of the service, but remains the focus of the service.

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

- Assessment or reassessment:
Assessments may be provided by a physician, a mid-level practitioner, a licensed addictions counselor, licensed clinical social worker, licensed clinical professional counselor within the scope of their practice. Mid-level practitioners include licensed nurse practitioner and licensed physician assistance under the supervision of a physician.
- Individual Therapy:
Services can be provided by a licensed addictions counselor, licensed clinical social worker, licensed clinical professional counselor within the scope of their practice.
- Group Therapy:
Services can be provided by a licensed addictions counselor, licensed clinical social worker, licensed clinical professional counselor within the scope of their practice.

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

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

- Family Therapy:
Services can be provided by a licensed addictions counselor, licensed clinical social worker, licensed clinical professional counselor within the scope of their practice.
- Multi-Family Group Therapy:
Services can be provided by a licensed addictions counselor, licensed clinical social worker, licensed clinical professional counselor within the scope of their practice.

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.

Licensed Physician

Licensed Nurse Practitioner

Licensed Physician Assistant under supervision of a Licensed Physician

Licensed Clinical Social Worker

Licensed Clinical Professional Counselor

Licensed Addictions Counselor

Licensed Marriage and Family Therapist

Licensed Psychologist

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

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**

No limits on duration of use. Limited to max of 34-day supply through outpatient pharmacy. Daily quantity limits, clinical criteria, and preferred drug list requirements may apply. Substance Abuse and Mental Health Services Administration (SAMHSA) regulations regarding place of service apply.

Counseling and Behavioral Therapies

No limits on amount, duration, or scope for medically necessary counseling and behavioral therapies.

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

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

Citation: 3.1-B 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-B

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