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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: 25-0029

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

January 28, 2026

Krista Fremming
Interim Director
Medical Services Division
North Dakota Department of Health and Human Services
600 East Boulevard Avenue, Dept. 325
Bismark, ND 58505

Re: North Dakota State Plan Amendment (SPA) 25-0029

Dear Director Fremming:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) ND-25-0029. This amendment proposes revisions to incorporate the updated template for these pages and remove the end date for coverage of Medication Assisted Treatment Services in accordance with the Consolidated Appropriations Act (CAA) of 2024.

We conducted our review of your submittal according to statutory requirements in 1905(a)(29) of the Social Security Act. This letter informs you that North Dakota's Medicaid SPA TN 25-0029 was approved on January 28, 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 North Dakota State Plan.

If you have any questions, please contact Tyson Christensen at (816) 426-6440 or via email at Tyson.Christensen@cms.hhs.gov.

Sincerely,

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

Enclosures

cc: LeeAnn Thiel

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

1. TRANSMITTAL NUMBER <u>2 5</u> — <u>0 0 2 9</u>	2. STATE <u>ND</u>
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
Section 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 13
Supplement 8 to Attachment 3.1-A, pages 1-4
Attachment 3.1-B, page 11a
Supplement 8 to Attachment 3.1-B, pages 1-4

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Supplement 8 to Attachment 3.1-A, pages 1-6 (TN 21-0023); Supplement 8 to Attachment 3.1-B, pages 1-6 (TN 21-0023)

9. SUBJECT OF AMENDMENT

Amends the State Plan to update Medication Assisted Treatment Services based on new template.

10. GOVERNOR'S REVIEW (Check One)

<input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="radio"/> OTHER, AS SPECIFIED:
<input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Sarah Aker, Director
<input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	Medical Services Division

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Sarah Aker

13. TITLE
Medical Services Director

14. DATE SUBMITTED
November 10, 2025

15. RETURN TO
Sarah Aker, Director
Medical Services Division
ND Department of Health and Human Services
600 East Boulevard Avenue Dept 325
Bismarck ND 58505-0250

FOR CMS USE ONLY

16. DATE RECEIVED
November 10, 2025

17. DATE APPROVED
January 28, 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: North Dakota

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 8 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 No.: 25-0029

Supersedes

TN No.: NEW

Approval Date: 1-28-2026

Effective Date: 10-01-2025

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

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.

MAT Intake – this service assesses the recipient for MAT services. This service shall include a behavioral health assessment by a licensed addiction counselor and medication used during induction.

Individual therapy and group therapy is a service which an individual or group works with a trained therapist to help identify aspects of their lives they would like to change and work toward desired change.

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Supersedes

TN No.: 21-0023

Approval Date: 1-28-2026

Effective Date: 10-01-2025

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

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

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

The behavioral health assessment component within MAT Intake must be furnished by a licensed addiction counselor.

Practitioners in the following table who are enrolled Medicaid providers may furnish individual or group therapy within their scope of practice.

Practitioners possessing a similar license in another state who are enrolled Medicaid providers may furnish individual or group therapy within their scope of practice.

Provider Type	Licensure
Licensed Addiction Counselor	Licensure as an Addiction Counselor, by the North Dakota Board of Addiction Counseling Examiners
Licensed Certified Social Worker (LCSW)	Licensure as a LCSW by the North Dakota Board of Social Work Examiners
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Psychologist	Licensure as a Psychologist by the North Dakota State Board of Psychologist Examiners
Psychiatrist	Licensure as a Psychiatrist by the North Dakota Board of Medical Examiners

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

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.

A practitioner must possess a current DEA registration number or be affiliated with a MAT program accredited by a SAMHSA-Approved Opioid Treatment Program Accrediting Body to prescribe.

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

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.]

Individual and group therapy visits are limited to no more than 40 visits per recipient per calendar year unless additional services are determined medically necessary and receives prior approved from the department.

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