

## **Table of Contents**

**State/Territory Name: New Hampshire**

**State Plan Amendment (SPA) #: 25-0030**

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 7, 2026

Lori A. Weaver  
Commissioner  
Department of Health and Human Services  
129 Pleasant Street  
Concord, NH 03301

Re: New Hampshire State Plan Amendment (SPA) - 25-0030

Dear Commissioner Weaver:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0030. This amendment removes the end date of September 30, 2025 as required by section 201 of the Consolidated Appropriations Act, 2024, and makes Medication Assistance Treatment a permanent service under the New Hampshire Medicaid State Plan.

We conducted our review of your submittal according to statutory requirements in Section 1905(a)(29) of the Social Security Act. This letter informs you that New Hampshire's Medicaid SPA TN 25-0030 was approved on January 7, 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 New Hampshire State Plan.

If you have any questions, please contact Joyce Butterworth at (617) 531-7573 or via email at [Joyce.Butterworth@cms.hhs.gov](mailto:Joyce.Butterworth@cms.hhs.gov).

Sincerely,



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

Enclosures

cc: Henry Lipman, State Medicaid Director  
Dawn Tierney, Medicaid Business and Policy

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

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Supplement to Attachment 3.1-A, pages 1-10  
Supplement to Attachment 3.1-B, pages 1-10  
Attachment 3.1-A, Page 13 (new)  
Supplement 3 to Attachment 3.1-A, Page 13, Pages 1-9 (new)  
Attachment 3.1-B, Page 13 (new)  
Supplement 3 to Attachment 3.1-B, Page 13, Pages 1-9 (new)

9. SUBJECT OF AMENDMENT  
Permanent Extension of Medication Assisted Treatment (MAT)

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:

1 CY OFFICIAL

1  
Christine Santaniello

13. TITLE  
Associate Commisioner

14. DATE SUBMITTED  
December 30, 2025

15. RETURN TO

Sara Morris  
Division of Medicaid Services - Brown Building  
129 Pleasant Street  
Concord, NH 03301

**FOR CMS USE ONLY**

16. DATE RECEIVED  
December 30, 2025

17. DATE APPROVED  
January 7, 2026

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
October 1, 2025

19.

20. TYPED NAME OF APPROVING OFFICIAL  
Wendy E. Hill Petras

21. TITLE OF APPROVING OFFICIAL  
Acting Director, Division of Program Operations

22. REMARKS

Governor's comments, if any, will follow.

10/31/2025: The State authorized the following pen & ink changes:

Box 7: Correct pagination

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

**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 3 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: 25-0030  
Supersedes NEW

Approval Date: January 7, 2026  
Effective Date: October 1, 2025

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

**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.

Click or tap here to enter text.

Family therapy and peer recovery support 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.

**Individual, group, or family treatment.** Treatment consists of services provided by a clinician to assist an individual(s) to achieve treatment objectives through the exploration of substance use disorders and their ramifications, including an examination of attitudes and feelings, and consideration of alternative solutions and decision making with regard to opioid related problems.

**Peer recovery support** involving non-clinical services to help recipients and families identify

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: 25-0030

Supersedes TN: NEW

Approval Date: January 7, 2026

Effective Date: October 1, 2025

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

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

and work toward strategies and goals around stabilizing and sustaining recovery and, as applicable, coordinating care by providing links to professional treatment and community supports. Peer recovery support services are recipient directed and delivered by peers who have lived experience with recovery and who are certified recovery support workers (CRSW) or licensed LADCs or MLADCs, all of whom must have at least 30 contact hours of recovery coach training.

**Crisis intervention when a recipient is facing a crisis or emergency situation and the crisis intervention is related to the recipient's OUD** services must be performed by licensed psychotherapy providers, licensed MLADCs, LADCs engaged in independent practice in accordance with NH statutes, licensed physicians, or licensed APRNs.

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

Click or tap here to enter text.

Service	Eligible Practitioners
Individual, group, or family treatment	<p>Psychotherapists licensed by the New Hampshire (NH) board of mental health practice or the NH board of psychologists</p> <p>Master Licensed Alcohol and Drug Counselors (MLADCs) licensed by the NH board of licensing for alcohol and other drug use professionals</p> <p>Licensed Alcohol and Drug Counselors (LADCs) who are permitted to engage in independent practice in accordance with applicable state law.</p> <p>Physicians or advanced practice registered nurses (APRNs)</p> <p>Individuals under the supervision of a psychotherapist</p>

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: New Hampshire**

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

	Individuals under the supervision of an MLADC Individuals under the supervision of a Physician or APRN
Peer recovery support	Peer Recovery Coaches
Crisis Intervention	<p>Psychotherapists licensed by the NH board of metal health practice or the NH board of psychologists</p> <p>MLADACs licensed by the NH board of licensing for alcohol and other drug use professionals</p> <p>LADACs who are permitted to engage in independent practice in accordance with applicable state law.</p> <p>Physicians or advanced practice registered nurses (APRNs)</p> <p>Individuals under the supervision of a psychotherapist</p> <p>Individuals under the supervision of a MLADC</p> <p>Individuals under the supervision of a physician or APRN</p>

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: New Hampshire**

**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.

Click or tap here to enter text.

<b>Provider</b>	<b>Education/Training Requirements</b>	<b>Supervision Requirements</b>
Individuals under the supervision of a psychotherapist licensed by the NH board of mental health practice.	<p>The individual shall be enrolled in a formal internship for at least a master's degree in a clinical discipline that meets the requirements for initial licensing as an MLADC pursuant to applicable state laws.</p> <p>The individual shall:</p> <ul style="list-style-type: none"> <li>• Have completed at least one year of work in the field of substance use disorders treatment under the supervision of an MLADC or licensed mental health provider;</li> <li>• Have at least a master's degree in a clinical discipline that meets the requirements for initial licensing as an MLADC pursuant to applicable state laws; and</li> <li>• Be working to accumulate the work experience required for licensure.</li> </ul> <p><b>OR</b></p> <p>The individual shall be enrolled in a formal internship for at least a master's program that meets the requirements for initial licensure by the NH board of mental health practice pursuant to applicable state laws; or</p>	<p><b>Supervisor:</b> A psychotherapist licensed by the NH board of mental health practice who is on the staff of a Medicaid enrolled outpatient SUD program or comprehensive SUD program.</p> <p><b>Supervision Requirements:</b> Individuals who hold at least a master's degree shall have ongoing supervision of at least 2 hours per month as follows:</p> <ul style="list-style-type: none"> <li>• There shall be direct, individual, or group supervision of at least one hour per month by the supervising practitioner; and</li> <li>• The second hour of supervision may be peer review or case review, such as client-centered conferences.</li> </ul> <p>Individuals who are enrolled in a formal internship shall receive direct supervision as follows:</p> <ul style="list-style-type: none"> <li>• There shall be direct supervision of at least one hour per week;</li> <li>• The supervisor shall write and sign a weekly note in the intern's</li> </ul>

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: New Hampshire**

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

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.

	The individual shall:	supervisory record stating his or
TN: <u>25-0030</u>		Approval Date: <u>January 7, 2026</u>
Supersedes TN: <u>NEW</u>		Effective Date: <u>October 1, 2025</u>

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

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

	<ul style="list-style-type: none"> <li>• Have completed at least one year of work in the field of substance use disorders treatment under the supervision of a psychotherapist;</li> <li>• Have at least a master's degree that meets the requirements for initial licensure by the NH board of mental health practice pursuant to applicable state laws; and</li> <li>• Be working to accumulate the work experience required for licensure.</li> </ul>	<ul style="list-style-type: none"> <li>her observations and recommendations relative to the intern's performance; and</li> <li>• The supervisor shall write and sign a monthly note in the intern's supervisory record summarizing his or her evaluation.</li> </ul>
Individuals under the supervision of a psychotherapist licensed by the NH board of psychologists.	<p>The individual shall be enrolled in a formal internship for at least a master's degree in a clinical discipline that meets the requirements for initial licensing as an MLADC pursuant to applicable state laws, or</p> <p>The individual shall:</p> <ul style="list-style-type: none"> <li>• Have completed at least one year of work in the field of substance use disorders treatment under the supervision of an MLADC or licensed mental health provider;</li> <li>• Have at least a master's degree in a clinical discipline that meets the requirements for initial licensing as an MLADC pursuant to applicable state laws; and</li> <li>• Be working to accumulate the work experience required for licensure.</li> </ul>	<p><b>Supervisor:</b> A psychotherapist licensed by the NH board of psychologists who is on the staff of a Medicaid enrolled outpatient SUD program or comprehensive SUD program.</p> <p><b>Supervision Requirements:</b> Individuals who hold at least a master's degree shall have ongoing supervision of at least 2 hours per month as follows:</p> <ul style="list-style-type: none"> <li>• There shall be direct, individual, or group supervision of at least one hour per month by the supervising practitioner; and</li> <li>• The second hour of supervision may be peer review or case review, such as client-centered conferences.</li> </ul>

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: New Hampshire**

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

	<p style="text-align: center;"><b>OR</b></p> <p>The individual shall be enrolled in a formal internship for at least a master's program that meets the requirements for initial licensure by the NH board of psychologists pursuant to applicable state laws; or</p> <p>The individual shall:</p> <ul style="list-style-type: none"><li>• Have completed at least one year of work in the field of substance use disorders treatment under the supervision of a person licensed by the NH board of psychologists;</li><li>• Have at least a master's degree that meets the requirements for initial licensure by the NH board of psychologists pursuant to applicable state laws; and</li><li>• Be working to accumulate the work experience required for licensure.</li></ul>	<p>Individuals who are enrolled in a formal internship shall receive direct supervision as follows:</p> <ul style="list-style-type: none"><li>• There shall be direct supervision of at least one hour per week;</li><li>• The supervisor shall write and sign a weekly note in the intern's supervisory record stating his or her observations and recommendations relative to the intern's performance; and</li><li>• The supervisor shall write and sign a monthly note in the intern's supervisory record summarizing his or her evaluation.</li></ul>
--	--	--

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: New Hampshire

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

<b>Individuals under the supervision of an MLADC</b>	<p>The individual shall be enrolled in a formal internship for at least a master's degree in a clinical discipline that meets the requirements for initial licensing as an MLADC pursuant to applicable state laws, or</p> <p>The individual shall:</p> <ul style="list-style-type: none"><li>• Have completed at least one year of work in the field of substance use disorders treatment under the supervision of an MLADC or licensed mental health provider;</li><li>• Have at least a master's degree in a clinical discipline that meets the requirements for initial licensing as an MLADC pursuant to applicable state laws; and</li><li>• Be working to accumulate the work experience required for licensure.</li></ul>	<p><b>Supervisor:</b> An MLADC who is on the staff of a Medicaid enrolled outpatient SUD program or comprehensive SUD program.</p> <p><b>Supervision Requirements:</b> Individuals who hold at least a master's degree shall have ongoing supervision of at least 2 hours per month as follows:</p> <ul style="list-style-type: none"><li>• There shall be direct, individual, or group supervision of at least one hour per month by the supervising practitioner; and</li><li>• The second hour of supervision may be peer review or case review, such as client-centered conferences.</li></ul> <p>Individuals who are enrolled in a formal internship shall receive direct supervision as follows:</p> <ul style="list-style-type: none"><li>• There shall be direct supervision of at least one hour per week;</li></ul> <p>The supervisor shall write and sign a weekly note in the intern's supervisory record stating his or her observations and recommendations relative to the intern's performance; and</p> <ul style="list-style-type: none"><li>• The supervisor shall write and sign a monthly note in the intern's supervisory record summarizing his or her evaluation.</li></ul>
--	---	--

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: New Hampshire**

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

Practitioner Type	Education/Training Requirements	Supervision Requirements
<b>Peer Recovery Coaches</b>	<ul style="list-style-type: none"> <li>• Completed 30 contact hours of recovery coach training approved by:           <ul style="list-style-type: none"> <li>○ NH Training Institute on Addictive Disorders;</li> <li>○ The NH Board of Licensing for Alcohol and Other Drug Use Professionals;</li> <li>○ NAADAC, the Association for Addiction Professionals;</li> <li>○ AdCare Education Institute, Inc., of New England;</li> <li>○ Addiction Technology Transfer Center; or</li> <li>○ Connecticut Communities for Addiction Recovery (CCAR) Recovery Coach Academy (RCA);</li> </ul> </li> <li>• Completed a minimum of sixteen contact hours of training in ethics approved by any of the providers above;:</li> <li>• Completed a minimum of 6 contact hours of training in suicide prevention approved by any of the providers above; and</li> <li>• Completed a minimum of 3 contact hours of training on co-occurring mental health and substance use disorders approved by any of the providers above.</li> </ul>	<p><b>Supervisor:</b></p> <ul style="list-style-type: none"> <li>• A practitioner who is on the staff of, or under contract with, the peer recovery program rendering the services who shall have:           <ul style="list-style-type: none"> <li>○ Completed the training required for peer recovery coaches; and</li> <li>○ Completed 6 contact hours of training in the supervision of individuals delivering peer recovery support services approved by the providers approved for peer recovery coach training; or</li> </ul> </li> <li>• An MLADC who is on the staff of or under contract with a Medicaid enrolled peer recovery program; or</li> <li>• A LADC who is permitted to engage in independent practice in accordance with applicable state laws, who also is an LCS and who is on the staff of or under contract with a Medicaid enrolled peer recovery program; or</li> <li>• A CRSW who has been certified for one year and has taken 6 hours of supervisory training and 6 hours of practical training which has been approved by the board pursuant to applicable state law; or</li> <li>• A licensed mental health provider who is on the staff of or under contract with a Medicaid enrolled outpatient SUD program, comprehensive SUD program, or peer recovery program;</li> </ul> <p><b>Supervision Requirements: N/A</b></p>

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: New Hampshire**

**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.]**

Click or tap here to enter text.

Limitations of MAT drugs is the same as other drug classes. The following dispensing limitations shall apply to prescriptions drugs:

- Pharmacists shall follow current standards of practice in accordance with applicable state law or applicable federal regulations.
- Non-controlled drug prescriptions shall be refilled pursuant to applicable state law or applicable federal regulations.
- Controlled drug substances shall follow dispensing requirements pursuant to applicable state law or applicable federal regulations.
- Controlled drug substances shall follow refill requirements pursuant to applicable state law or applicable federal regulations.
- Refill extensions authorized by the prescribing, licensed practitioner shall be treated as a new prescription.

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: 25-0030

Supersedes TN: NEW

Approval Date: January 7, 2026  
Effective Date: October 1, 2025

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

**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 3 to Attachment 3.1-B.

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: 25-0030  
Supersedes TN: NEW

Approval Date: January 7, 2026  
Effective Date: October 1, 2025

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

**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.

Click or tap here to enter text.

Family therapy and peer recovery support 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.

**Individual, group, or family treatment.** Treatment consists of services provided by a clinician to assist an individual(s) to achieve treatment objectives through the exploration of substance use disorders and their ramifications, including an examination of attitudes and feelings, and consideration of alternative solutions and decision making with regard to opioid related problems.

**Peer recovery support** involving non-clinical services to help recipients and families identify

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: 25-0030

Supersedes TN: NEW

Approval Date: January 7, 2026

Effective Date: October 1, 2025

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

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

and work toward strategies and goals around stabilizing and sustaining recovery and, as applicable, coordinating care by providing links to professional treatment and community supports. Peer recovery support services are recipient directed and delivered by peers who have lived experience with recovery and who are certified recovery support workers (CRSW) or licensed LADCs or MLADCs, all of whom must have at least 30 contact hours of recovery coach training.

**Crisis intervention when a recipient is facing a crisis or emergency situation and the crisis intervention is related to the recipient's OUD** services must be performed by licensed psychotherapy providers, licensed MLADCs, LADCs engaged in independent practice in accordance with NH statutes, licensed physicians, or licensed APRNs.

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

Click or tap here to enter text.

Service	Eligible Practitioners
Individual, group, or family treatment	<p>Psychotherapists licensed by the New Hampshire (NH) board of mental health practice or the NH board of psychologists</p> <p>Master Licensed Alcohol and Drug Counselors (MLADCs) licensed by the NH board of licensing for alcohol and other drug use professionals</p> <p>Licensed Alcohol and Drug Counselors (LADCs) who are permitted to engage in independent practice in accordance with applicable state law.</p> <p>Physicians or advanced practice registered nurses (APRNs)</p> <p>Individuals under the supervision of a psychotherapist</p>

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: 25-0030  
Supersedes TN: NEW

Approval Date: January 7, 2026  
Effective Date: October 1, 2025

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

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

	Individuals under the supervision of an MLADC Individuals under the supervision of a Physician or APRN
Peer recovery support	Peer Recovery Coaches
Crisis Intervention	<p>Psychotherapists licensed by the NH board of mental health practice or the NH board of psychologists</p> <p>MLADACs licensed by the NH board of licensing for alcohol and other drug use professionals</p> <p>LADACs who are permitted to engage in independent practice in accordance with applicable state law.</p> <p>Physicians or advanced practice registered nurses (APRNs)</p> <p>Individuals under the supervision of a psychotherapist</p> <p>Individuals under the supervision of a MLADC</p> <p>Individuals under the supervision of a physician or APRN</p>

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: 25-0030  
Supersedes TN: NEW

Approval Date: January 7, 2026  
Effective Date: October 1, 2025

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

**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.

Click or tap here to enter text.

<b>Provider</b>	<b>Education/Training Requirements</b>	<b>Supervision Requirements</b>
Individuals under the supervision of a psychotherapist licensed by the NH board of mental health practice.	<p>The individual shall be enrolled in a formal internship for at least a master's degree in a clinical discipline that meets the requirements for initial licensing as an MLADC pursuant to applicable state laws.</p> <p>The individual shall:</p> <ul style="list-style-type: none"> <li>• Have completed at least one year of work in the field of substance use disorders treatment under the supervision of an MLADC or licensed mental health provider;</li> <li>• Have at least a master's degree in a clinical discipline that meets the requirements for initial licensing as an MLADC pursuant to applicable state laws; and</li> <li>• Be working to accumulate the work experience required for licensure.</li> </ul> <p><b>OR</b></p> <p>The individual shall be enrolled in a formal internship for at least a master's program that meets the requirements for initial licensure by the NH board of mental health practice pursuant to applicable state laws; or</p> <p>The individual shall:</p>	<p><b>Supervisor:</b> A psychotherapist licensed by the NH board of mental health practice who is on the staff of a Medicaid enrolled outpatient SUD program or comprehensive SUD program.</p> <p><b>Supervision Requirements:</b> Individuals who hold at least a master's degree shall have ongoing supervision of at least 2 hours per month as follows:</p> <ul style="list-style-type: none"> <li>• There shall be direct, individual, or group supervision of at least one hour per month by the supervising practitioner; and</li> <li>• The second hour of supervision may be peer review or case review, such as client-centered conferences.</li> </ul> <p>Individuals who are enrolled in a formal internship shall receive direct supervision as follows:</p> <ul style="list-style-type: none"> <li>• There shall be direct supervision of at least one hour per week;</li> <li>• The supervisor shall write and sign a weekly note in the intern's</li> </ul>

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: 25-0030  
Supersedes TN: NEW

Approval Date: January 7, 2026  
Effective Date: October 1, 2025

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

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

	<ul style="list-style-type: none"> <li>• Have completed at least one year of work in the field of substance use disorders treatment under the supervision of a psychotherapist;</li> <li>• Have at least a master's degree that meets the requirements for initial licensure by the NH board of mental health practice pursuant to applicable state laws; and</li> <li>• Be working to accumulate the work experience required for licensure.</li> </ul>	supervisory record stating his or her observations and recommendations relative to the intern's performance; and <ul style="list-style-type: none"> <li>• The supervisor shall write and sign a monthly note in the intern's supervisory record summarizing his or her evaluation.</li> </ul>
Individuals under the supervision of a psychotherapist licensed by the NH board of psychologists.	<p>The individual shall be enrolled in a formal internship for at least a master's degree in a clinical discipline that meets the requirements for initial licensing as an MLADC pursuant to applicable state laws, or</p> <p>The individual shall:</p> <ul style="list-style-type: none"> <li>• Have completed at least one year of work in the field of substance use disorders treatment under the supervision of an MLADC or licensed mental health provider;</li> <li>• Have at least a master's degree in a clinical discipline that meets the requirements for initial licensing as an MLADC pursuant to applicable state laws; and</li> <li>• Be working to accumulate the work experience required for licensure.</li> </ul>	<p><b>Supervisor:</b> A psychotherapist licensed by the NH board of psychologists who is on the staff of a Medicaid enrolled outpatient SUD program or comprehensive SUD program.</p> <p><b>Supervision Requirements:</b> Individuals who hold at least a master's degree shall have ongoing supervision of at least 2 hours per month as follows:</p> <ul style="list-style-type: none"> <li>• There shall be direct, individual, or group supervision of at least one hour per month by the supervising practitioner; and</li> <li>• The second hour of supervision may be peer review or case review, such as client-centered conferences.</li> </ul>

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: 25-0030  
Supersedes TN: NEW

Approval Date: January 7, 2026  
Effective Date: October 1, 2025

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

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

	<p style="text-align: center;"><b>OR</b></p> <p>The individual shall be enrolled in a formal internship for at least a master's program that meets the requirements for initial licensure by the NH board of psychologists pursuant to applicable state laws; or</p> <p>The individual shall:</p> <ul style="list-style-type: none"><li>• Have completed at least one year of work in the field of substance use disorders treatment under the supervision of a person licensed by the NH board of psychologists;</li><li>• Have at least a master's degree that meets the requirements for initial licensure by the NH board of psychologists pursuant to applicable state laws; and</li><li>• Be working to accumulate the work experience required for licensure.</li></ul>	<p>Individuals who are enrolled in a formal internship shall receive direct supervision as follows:</p> <ul style="list-style-type: none"><li>• There shall be direct supervision of at least one hour per week;</li><li>• The supervisor shall write and sign a weekly note in the intern's supervisory record stating his or her observations and recommendations relative to the intern's performance; and</li><li>• The supervisor shall write and sign a monthly note in the intern's supervisory record summarizing his or her evaluation.</li></ul>
--	--	--

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: 25-0030  
Supersedes TN: NEW

Approval Date: January 7, 2026  
Effective Date: October 1, 2025

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

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

<p><b>Individuals under the supervision of an MLADC</b></p>	<p>The individual shall be enrolled in a formal internship for at least a master's degree in a clinical discipline that meets the requirements for initial licensing as an MLADC pursuant to applicable state laws, or</p> <p>The individual shall:</p> <ul style="list-style-type: none"> <li>• Have completed at least one year of work in the field of substance use disorders treatment under the supervision of an MLADC or licensed mental health provider;</li> <li>• Have at least a master's degree in a clinical discipline that meets the requirements for initial licensing as an MLADC pursuant to applicable state laws; and</li> <li>• Be working to accumulate the work experience required for licensure.</li> </ul>	<p><b>Supervisor:</b> An MLADC who is on the staff of a Medicaid enrolled outpatient SUD program or comprehensive SUD program.</p> <p><b>Supervision Requirements:</b> Individuals who hold at least a master's degree shall have ongoing supervision of at least 2 hours per month as follows:</p> <ul style="list-style-type: none"> <li>• There shall be direct, individual, or group supervision of at least one hour per month by the supervising practitioner; and</li> <li>• The second hour of supervision may be peer review or case review, such as client-centered conferences.</li> </ul> <p>Individuals who are enrolled in a formal internship shall receive direct supervision as follows:</p> <ul style="list-style-type: none"> <li>• There shall be direct supervision of at least one hour per week;</li> </ul> <p>The supervisor shall write and sign a weekly note in the intern's supervisory record stating his or her observations and recommendations relative to the intern's performance; and</p> <ul style="list-style-type: none"> <li>• The supervisor shall write and sign a monthly note in the intern's supervisory record summarizing his or her evaluation.</li> </ul>
---	---	---

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: 25-0030  
Supersedes TN: NEW

Approval Date: January 7, 2026  
Effective Date: October 1, 2025

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

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

Practitioner Type	Education/Training Requirements	Supervision Requirements
<b>Peer Recovery Coaches</b>	<ul style="list-style-type: none"> <li>• Completed 30 contact hours of recovery coach training approved by:           <ul style="list-style-type: none"> <li>○ NH Training Institute on Addictive Disorders;</li> <li>○ The NH Board of Licensing for Alcohol and Other Drug Use Professionals;</li> <li>○ NAADAC, the Association for Addiction Professionals;</li> <li>○ AdCare Education Institute, Inc., of New England;</li> <li>○ Addiction Technology Transfer Center; or</li> <li>○ Connecticut Communities for Addiction Recovery (CCAR) Recovery Coach Academy (RCA);</li> </ul> </li> <li>• Completed a minimum of sixteen contact hours of training in ethics approved by any of the providers above.;</li> <li>• Completed a minimum of 6 contact hours of training in suicide prevention approved by any of the providers above; and</li> <li>• Completed a minimum of 3 contact hours of training on co-occurring mental health and substance use disorders approved by any of the providers above.</li> </ul>	<p><b>Supervisor:</b></p> <ul style="list-style-type: none"> <li>• A practitioner who is on the staff of, or under contract with, the peer recovery program rendering the services who shall have:           <ul style="list-style-type: none"> <li>○ Completed the training required for peer recovery coaches; and</li> <li>○ Completed 6 contact hours of training in the supervision of individuals delivering peer recovery support services approved by the providers approved for peer recovery coach training; or</li> </ul> </li> <li>• An MLADC who is on the staff of or under contract with a Medicaid enrolled peer recovery program; or</li> <li>• A LADC who is permitted to engage in independent practice in accordance with applicable state laws, who also is an LCS and who is on the staff of or under contract with a Medicaid enrolled peer recovery program; or</li> <li>• A LADC who is on the staff of or under contract with a Medicaid enrolled outpatient SUD program, comprehensive SUD program, or peer recovery program; or</li> <li>• A CRSW who has been certified for one year and has taken 6 hours of supervisory training and 6 hours of practical training which has been approved by the board pursuant to applicable state law; or</li> <li>• A licensed mental health provider who is on the staff of or under contract with a Medicaid enrolled outpatient SUD program, comprehensive SUD program, or peer recovery program;</li> </ul> <p><b>Supervision Requirements: N/A</b></p>

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: 25-0030  
Supersedes TN: NEW

Approval Date: January 7, 2026  
Effective Date: October 1, 2025

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

**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.]**

Click or tap here to enter text.

Limitations of MAT drugs is the same as other drug classes. The following dispensing limitations shall apply to prescriptions drugs:

- Pharmacists shall follow current standards of practice in accordance with applicable state law or applicable federal regulations.
- Non-controlled drug prescriptions shall be refilled pursuant to applicable state law or applicable federal regulations.
- Controlled drug substances shall follow dispensing requirements pursuant to applicable state law or applicable federal regulations.
- Controlled drug substances shall follow refill requirements pursuant to applicable state law or applicable federal regulations.
- Refill extensions authorized by the prescribing, licensed practitioner shall be treated as a new prescription.

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: 25-0030

Supersedes TN: NEW

Approval Date: January 7, 2026

Effective Date: October 1, 2025