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State/Territory Name: Ohio

State Plan Amendment (SPA) #: 25-0021

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

December 2, 2025

Scott R. Partika, Director
Ohio Department of Medicaid
P.O. Box 182709
50 West Town Street, Suite 400
Columbus, Ohio 43218

Re: Ohio State Plan Amendment (SPA) - 25-0021

Dear Director Partika:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0021. This amendment proposes to remove 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 Title XIX of the Social Security Act and implementing regulations. This letter informs you that Ohio's Medicaid SPA TN 25-0021 was approved on December 2, 2025, effective October 1, 2025.

Enclosed are copies of the Form CMS-179 and approved SPA pages to be incorporated into the Ohio State Plan.

If you have any questions, please contact Christine Davidson at (312) 886-3642 or via email at christine.davidson@cms.hhs.gov.

Sincerely,

A black rectangular redaction box covers the signature of Wendy E. Hill Petras.

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

Enclosures

cc: Rebecca Jackson, ODM
Gregory Niehoff, ODM
Tamara Edwards, ODM

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 2 1

2. STATE

OH3. 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

Sec. 1905(a)(29) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2026\$ 0b. FFY 2027\$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, Item 29, Pages 1 - 5 of 5

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 3.1-A, Item 29, Pages 1 - 5 of 5 (TN 21-010)

9. SUBJECT OF AMENDMENT

Coverage and Limitations: Medication-Assisted Treatment (MAT) Made Permanent

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:

The State Medicaid Director is the Governor's designee

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

MAUREEN M. CORCORAN

13. TITLE

STATE MEDICAID DIRECTOR

14. DATE SUBMITTED

October 23, 2025

15. RETURN TO

Greg Niehoff

Ohio Department of Medicaid

P.O. BOX 182709

Columbus, Ohio 43218

FOR CMS USE ONLY

16. DATE RECEIVED

October 23, 2025

17. DATE APPROVED

December 2, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2025

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: Ohio

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

Citation: 3.1-A Amount, Duration, and Scope of Services

☒ 1905(a)(29) MAT as described and limited in Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy.

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: 25-0021
Supersedes TN: 21-010

Approval Date: 12/02/2025
Effective Date: 10/01/2025

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

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

General Assurances

☒ 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.

MAT includes the following components of services delivered on an individual or group basis in a wide variety of settings including provider offices or in the community, including a beneficiary's place of residence.

- 1) **Skill restoration.** Skill restoration is a medical or remedial intervention for the maximum reduction of the opioid use disorder and the restoration of the beneficiary's best possible functional level, based on the treatment plan goals and objectives including teaching the beneficiary specific skills for coping with and managing symptoms and behaviors associated with OUDs including nurse psychoeducation/medication education (Individuals receive information and support to understand their condition, medication, and potential side effects. The goal is to increase medication adherence and compliance with medication regimes and the detection of adverse effects.).
- 2) **Counseling.** Counseling to address a beneficiary's major lifestyle, attitudinal, and behavioral problems that have the potential to undermine the achievement of treatment goals. This includes counseling by any practitioner type.

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

Providers described below may provide components of counseling services and behavioral health therapies as part of MAT (skill restoration and counseling) consistent with State law and professional practice statutes and rules, as follows:

- Licensed practitioners may provide counseling and skill restoration interventions consistent with their professional scope of practice.
- Nurses may provide components of skill restoration and counseling consistent with nursing services, including nurse psychoeducation/medication education.
- Peer recovery supporters may provide components of skill restoration consistent with peer recovery services, including teaching skills that promote recovery, self-determination, self-advocacy, well-being, and independence.

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.

Provider Agency Qualifications:

Any entity providing OUD treatment services must be certified by Ohio Department of Medicaid or its designee, in addition to any required scope of practice license required for the facility or agency to practice in the State of Ohio.

Provider qualifications:

Licensed practitioners must be licensed by an Ohio professional board and include a medical doctor or doctor of osteopathic medicine; physician assistant; clinical nurse specialist or nurse practitioner who has demonstrated experience and training in treating OUDs; independent social worker; social worker; professional clinical counselor; professional counselor; independent marriage and family therapist; licensed marriage and family therapist; independent chemical dependency counselor; chemical dependency counselor; psychologist or Board-licensed school psychologist; registered nurse; and licensed practical nurse. Supervision must be provided consistent with licensure requirements.

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Peer Recovery Supporters shall:

- Be at least 18 years old;
- Have a high school diploma or equivalent;
- Be registered in the State of Ohio to provide peer services;
- Self-identify as having lived experience of an OUD;
- Have taken the state-approved standardized peer recovery supporter training that includes academic information as well as practical knowledge and creative activities focused on the principles and concepts of peer support and how it differs from clinical support. The training provides practical tools for promoting wellness and recovery, knowledge about individual rights advocacy, confidentiality and boundaries as well as approaches to care that incorporate creativity.
- Have achieved a score of at least 70 on the Ohio Department of Behavioral Health (DBH) peer recovery supporter exam;
- Be supervised by a competent behavioral health professional, who is knowledgeable about OUD peer service delivery including: a senior OUD peer recovery supporter or a qualified supervisor.

Peer recovery supporters must be supervised by a qualified supervisor who is knowledgeable about OUD peer service delivery:

- Medical doctor or doctor of osteopathic medicine;
- Physician's assistant;
- Clinical nurse specialist;
- Certified nurse practitioner;
- Psychologist;
- Board-licensed school psychologist;
- Licensed independent social worker;
- Licensed professional clinical counselor;
- Licensed independent marriage and family therapist;
- Registered Nurse;
- Licensed Practical Nurse;
- Licensed independent chemical dependency counselor,
- Licensed chemical dependency counselor;
- Licensed professional counselor;
- Licensed social worker,
- Marriage and family therapist , or
- One of the following trainees or assistants registered with and meeting the qualifications of the Ohio board of chemical dependency professionals, Ohio

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

board of psychology or Ohio board of counselors, social workers and marriage and family therapists:

- Chemical dependency counselor assistant,
- Psychology assistant/intern/trainee,
- Counselor trainee;
- Marriage and family therapist trainee;
- Social work trainee; or
- Social work assistant.

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

The State maintains a Preferred Drug List that contains all clinical criteria for MAT pharmaceuticals.

Counseling and behavioral therapies related to MAT may be subject to prior authorization, must be medically necessary and must be recommended by a licensed practitioner or physician who is acting within the scope of his or her professional license and applicable state law.