

Table of Contents

State/Territory Name: Pennsylvania

State Plan Amendment (SPA) #: 25-0026

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 18, 2026

Valerie A. Arkoosh, MD, MPH
Secretary, Department of Human Services
P.O. Box 2675
Harrisburg, PA 17105-2675

Re: Pennsylvania State Plan Amendment (SPA) – 25-0026

Dear Secretary Arkoosh:

The Centers for Medicare & Medicaid Services (CMS) has reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0026. This SPA 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 Pennsylvania's Medicaid SPA TN 25-0026 was approved on February 18, 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 Pennsylvania State Plan.

If you have any questions, please contact Margaret Kosherzenko at (215) 861-4288 or via email at Margaret.Kosherzenko@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Nicole McKnight.

Nicole McKnight, Acting Director
Division of Program Operations

Enclosures

cc: Eve Lickers

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

1. TRANSMITTAL NUMBER
2 5 — 0 0 2 6

2. STATE
PA

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT
 XIX XXI

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

4. PROPOSED EFFECTIVE DATE
October 1, 2025

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

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 3.1A/3.1B, page 12a (New)
Supplement 8 to Attachment 3.1A/3.1B, pages 1-3 (New)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)
Supplement 8 to Attachment 3.1A - deleted
Supplement 1 to Attachment 3.1B - deleted

9. SUBJECT OF AMENDMENT

Medication Assisted Treatment (MAT) Template Update

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Valerie A. Arkoosh, MD, MPH

13. TITLE
Secretary of Human Services

14. DATE SUBMITTED
December 23, 2025

15. RETURN TO
Commonwealth of Pennsylvania
Department of Human Services
Office of Medical Assistance Programs
Bureau of Policy, Analysis and Planning
P.O. Box 2675
Harrisburg, Pennsylvania 17105-2675

FOR CMS USE ONLY

16. DATE RECEIVED
12/23/2025

17. DATE APPROVED
02/18/2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
10/01/2025

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

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

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

Citation: 3.1-A and 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 8 to Attachment 3.1-A/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: 25-0026
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**State Plan under Title XIX of the Social Security Act
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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 and behavioral health therapies as part of MAT:

- a. Individual, Group, and Family Therapy
 - Counseling services and behavioral health therapies are activities using social, psychological, medical or support services to assist individuals to deal with the causative effects or consequences of drug or alcohol use.
 - A family therapy service 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 judgement, the beneficiary is not present during the delivery of the service, but remains the focus of the service.
- b. Individual, group, and family therapies are provided by counselors and/or counselor assistants within the licensed drug/alcohol outpatient clinic.

Qualifications for each practitioner

- A counselor must meet at least one of the following groups of qualifications:
 - Current licensure in this Commonwealth as a physician.

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

- A Master's Degree or above from an accredited college with a major in chemical dependency, psychology, social work, counseling, nursing (with a clinical specialty in the human services) or other related field which includes a practicum in a health or human service agency, preferably in a drug and alcohol setting.
- A Bachelor's Degree from an accredited college with a major in chemical dependency, psychology, social work, counseling, nursing (with a clinical specialty in human services) or other related fields and 1 year of clinical experience in a health or human service agency, preferably in a drug and alcohol setting.
- An Associate Degree from an accredited college with a major in chemical dependency, psychology, social work, counseling, nursing (with a clinical specialty in human services) or other related fields and 2 years of clinical experience in a health or human service agency, preferably in a drug and alcohol setting.
- Current licensure in this Commonwealth as a registered nurse and a degree from an accredited school of nursing and 1 year of counseling in a health or human service agency, preferably in a drug and alcohol setting.
- Full certification as an addiction counselor by a statewide certification body which is a member of a national certification body or certification by another state government's substance abuse counseling certification board.

A counselor must complete at least 25 hours of training annually.

- A counselor assistant who does not meet the educational and experiential qualifications for the position of counselor may be employed as a counselor assistant if the requirements of at least one of the following paragraphs are met.
 - A Master's Degree in a human service area.
 - A Bachelor's Degree in a human service area.
 - Licensure in this Commonwealth as a registered nurse.
 - An Associate's Degree in a human service area.
 - A high school diploma or General Education Development (GED) equivalent.

A counselor assistant must complete at least 40 hours of training the first year and 30 clock hours annually thereafter.

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

- Supervision – Counselors are supervised by a clinical supervisor. A counselor assistant is supervised by a full-time clinical supervisor or counselor.

Utilization Controls

- 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

- MAT drugs and biologicals
 - Coverage of non-generic and non-preferred drugs and biologicals may be subject to prior authorization documenting a trial of preferred products, or medical necessity. Prescriptions may be limited to clinically appropriate quantities and/or frequencies unless medical necessity is documented via prior authorization.
- Counseling and behavioral therapies related to MAT
 - There are no limitations on amount, duration, or scope.

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