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State/Territory Name: Rhode Island

State Plan Amendment (SPA) #: 25-0016

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 30, 2025

Richard Charest, R.Ph, MBA, Secretary
Executive Office of Health and Human Services
3 West Road, Virks Building
Cranston, RI 02920

Re: Rhode Island State Plan Amendment (SPA) - 25-0016

Dear Secretary Charest:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0016. This amendment proposes to make coverage of Medication Assistance Treatment (MAT) services permanent.

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 Rhode Island's Medicaid SPA TN 25-0016 was approved on December 30, 2025, with an effective date of October 1, 2025.

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

If you have any questions, please contact Joyce Butterworth at 617-531-7573 or via email at Joyce.Butterworth@cms.hhs.gov.

Sincerely,

A large black rectangular box redacting the signature of Wendy E. Hill Petras.

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

Enclosures

cc: Kristin Sousa, Interim Medicaid Program Director
Kathryn Thomas, Senior Economic and Policy Analyst

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 1 6

2. STATE

RI3. 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

Section 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 Page 9A

~~Attachment 3.1 A Supplement to Page 9a Page 9a.1~~~~Attachment 3.1 A Supplement to Page 9a Page 9a.2~~~~Attachment 3.1 A Supplement to Page 9a Page 9a.3~~~~Attachment 3.1 A Supplement to Page 9a Page 9a.4~~

Attachment 3.1A, Supplement 1 to Page 9a.1 - Page 9a.6

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 3.1 A Supplement 1 to Page 9a.1 (TN 21-0002)

~~Attachment 3.1 A Supplement 1 to Page 9a Page 9a.1~~~~Attachment 3.1 A Supplement 1 to Page 9a Page 9a.2~~~~Attachment 3.1 A Supplement 1 to Page 9a Page 9a.3~~~~Attachment 3.1 A Supplement 1 to Page 9a Page 9a.4~~

Attachment 3.1A, Supplement 1 to Page 9a.2 - 9a.6 (TN 21-0002)

9. SUBJECT OF AMENDMENT

MAT services (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:

11. SIGNATURE OF STATE AGENCY OFFICIAL



12. TYPED NAME

Richard Charest

13. TITLE

Secretary, EOHHS

14. DATE SUBMITTED

11/14/25

15. RETURN TO

EOHHS

3 West Road

Cranston, RI 02920

FOR CMS USE ONLY

16. DATE RECEIVED

November 14, 2025

17. DATE APPROVED

December 30, 2025

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

Date 11/24/2025: The State authorized the following pen & ink changes:

Box 7: correct pagination

Box 8: correct pagination and add TN number

State Plan under Title XIX of the Social Security Act
State/Territory: Rhode Island

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 1 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.

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

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.

Individual Therapy
Group Therapy
Medication Administration
Clinical Evaluations.

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

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

The administration of medication can be furnished by:

- Licensed Physician
- Licensed Physician's Assistant (PA)
- Licensed Advanced Practice Registered Nurse (APRN)

Group and individual therapy can be provided by:

- Licensed Physician
- Licensed Psychologist
- Registered Nurse (RN)
- APRN
- Licensed Independent Clinical Social Worker (LICSW)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Mental Health Counselor (LMHC)
- Licensed Clinical Social Worker (LCSW)
- LMFT Associate
- LMHC Associate
- Licensed Chemical Dependency Clinical Supervisor
- Licensed Chemical Dependency Professional
- An individual with a Master's Degree in the licensure-aligned fields of psychology, social work and mental health counseling, while under the supervision of a licensed professional of the healing arts.

Clinical evaluations can be provided by:

- Licensed Physician
- Licensed Psychologist
- Registered Nurse (RN)
- APRN
- Licensed Independent Clinical Social Worker (LICSW)

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

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

Licensed Marriage and Family Therapist (LMFT)

Licensed Mental Health Counselor (LMHC)

Licensed Clinical Social Worker (LCSW)

LMFT Associate

LMHC Associate

Licensed Chemical Dependency Clinical Supervisor

Licensed Chemical Dependency Professional

An individual with a Master's Degree in the licensure-aligned fields of psychology, social work and mental health counseling, while under the supervision of a licensed professional of the healing arts.

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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.

Licensed Physicians, PAs, and APRNs:

Must have a license in good standing with the Rhode Island Department of Health (RIDOH) and an active controlled substance registration in Rhode Island and an active registration certificate from the Drug Enforcement Administration (DEA) and be employed by or contracted with an entity licensed by the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH).

Licensed Psychologist, Registered Nurse, Licensed Independent Clinical Social Worker (LICSW) Licensed Marriage and Family Therapist (LMFT), Licensed Mental Health Counselor (LMHC), Licensed Chemical Dependency Clinical Supervisor:

Must have a license in good standing with the Rhode Island Department of Health (RIDOH) and be employed by or contracted with an entity licensed by the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH).

Licensed Clinical Social Worker (LCSW), LMFT Associate, LMHC Associate and Licensed Chemical Dependency Professional:

Must have a license in good standing with the Rhode Island Department of Health (RIDOH), practice under the supervision of a licensed professional of the healing arts and be employed by or contracted with an entity licensed by the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH).

An individual with a Master's Degree in the licensure-aligned fields of psychology, social work and mental health counseling, while under the supervision of a licensed professional of the healing arts:

Must have the required degree and be employed by or contracted with an entity licensed by the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH).

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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.]

There are no explicit quantitative limitations.

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