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State/Territory Name: Kentucky

State Plan Amendment (SPA) #: 25-0012

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 2, 2026

Lisa Lee
Commissioner, Department for Medicaid Services
Commonwealth of Kentucky
Cabinet for Health and Human Services
275 East Main Street, 6 West A
Frankfort, KY 40601

Re: Kentucky State Plan Amendment (SPA) - 25-0012

Dear Commissioner Lee:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number KY 25-0012. 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 Kentucky's Medicaid SPA TN 25-0012 was approved on January 2, 2026, with an effective date of October 1, 2025.

Enclosed are copies of Form CMS-179 and the approved SPA pages to be incorporated into the Kentucky 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,

WENDY E. HILL
HILL PETRAS -S
PETRAS -S
Digitally signed by WENDY E.
HILL PETRAS -S
Date: 2026.01.02 09:50:51
-08'00'

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

Enclosures

cc: Erin Bickers, KY DMS
Daryl Osborne, KY DMS
Amanda Trent, KY DMS
Melissa Cuerdon, CMCS

**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

1. TRANSMITTAL NUMBER <u>2 5</u> — <u>0 0 1 2</u>	2. STATE <u>KY</u>
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3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI

4. PROPOSED EFFECTIVE DATE
10/1/2025

5. FEDERAL STATUTE/REGULATION CITATION
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 3.1-A, Page 17 (NEW)
Supplement 4 to Attachment 3.1-A, Pages 1-6
Attachment 3.1-B, Page 42a (NEW)
Supplement 4 to Attachment 3.1-B, Pages 1-6

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Supplement 4 to Attachment 3.1-A, Pages 1-6
Supplement 4 to Attachment 3.1-B, Pages 1-6

9. SUBJECT OF AMENDMENT

On March 9, 2024, section 201 of the Consolidated Appropriations Act, 2024 (CAA, 2024, Pub. L. 118-42) made the mandatory MAT benefit permanent by amending 1905(a)(29) of the Act to remove the end date of "September 30, 2025."

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL
[Redacted]

15. RETURN TO
Lisa Lee
275 E. Main St. 6 W-A
Frankfort, KY 40601

12. TYPED NAME
Lisa D. Lee

13. TITLE
Commissioner

14. DATE SUBMITTED
12/16/25

FOR CMS USE ONLY

16. DATE RECEIVED 12/16/2025	17. DATE APPROVED 1/2/2026
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL 10/1/2025	19. SIGNATURE OF APPROVING OFFICIAL WENDY E. HILL PETRAS -S Digitally signed by WENDY E. HILL PETRAS -S Date: 2026.01.02 09:51:39 -08'00'
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20. TYPED NAME OF APPROVING OFFICIAL Wendy E. Hill Petras	21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations
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22. REMARKS

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

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 4 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: 25-0012
Supersedes
TN: New

Approval Date: 01/02/2026
Effective Date: 10/01/2025

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

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.

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TN: 25-0012
Supersedes
TN: 21-002

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

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

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.

<u>Service Component</u>	<u>Service Component Description</u>
Assessment	Means the individualized, person-centered, biopsychosocial performed face-to-face, in which the provider obtains comprehensive information from the individual.
Individual Service Plan	Development of a person-centered, recovery-focused treatment plan that is in collaboration with the individual and reflective of the patient's personal goals for recovery. Treatment plans are re-evaluated at least every three months.
Individual, Group and Family Therapy	A range of cognitive, behavioral and other substance use disorder-focused therapies that includes evidenced-based counseling on addiction, treatment, recovery and associated health risks which is provided on an individual, group or family basis.
Medication administration	The administration of medication related to opioid use disorder treatment and/or the monitoring for adverse side effects or results of medication; continued intervention based on the level of progress and outcome of recovery.

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

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

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

Click or tap here to enter text.

<u>Service Component</u>	<u>Type of Practitioner</u>
Assessment	Behavioral Health Practitioner
Individual Service Plan	Behavioral Health Practitioner
Individual, Group and Family Therapy	Behavioral Health Practitioner
Medication administration	Physician, Nurse Practitioner, Physician Assistant is DATA-waived to dispense or write prescriptions for buprenorphine or any new FDA-approved products requiring a waiver and have experience or knowledge in addiction medicine.

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

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.

Behavioral Health Practitioner means: Licensed Clinical Social Worker, Licensed Certified Social Worker, Licensed Marriage and Family Therapist, Licensed Marriage and Family Therapist Associate, Licensed Professional Clinical Counselor, Licensed Professional Clinical Counselor Associate, Licensed Psychologist, Licensed Psychological Association, Licensed Psychological Practitioner, Licensed Clinical Alcohol and Drug Counselor, Licensed Clinical Alcohol and Drug Counselor Associate, Licensed Physicians, Licensed Psychiatrists, Licensed Physician Assistants and Licensed Advanced Practice Registered Nurses.

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

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

Certified Alcohol and Drug Counselor (CADC): A Certified Alcohol and Drug Counselor shall:

- (a) Be at least eighteen (18) years of age;
- (b) Have obtained a baccalaureate degree;
- (c) Have completed six thousand (6,000) hours of board-approved experience working with alcohol or drug dependent persons, three hundred (300) hours of which shall have been under the direct supervision of a certified alcohol and drug counselor who has at least two (2) years of post-certification experience; (4) Have completed at least two hundred seventy (270) classroom hours of board-approved curriculum;

Certified Psychologist with autonomous functioning: A Certified Psychologist with autonomous functioning shall be:

- (a) A person currently authorized to use the title "certified psychologist with autonomous functioning" may continue to function with that title or may choose to permanently change this title to "licensed psychological practitioner" and notify the board of this choice. The board shall issue a license at the time of renewal to the credential holder with the title of choice.
- (b) A certified psychologist with autonomous functioning or a licensed psychological practitioner may continue to function without supervision unless the board revokes his or her license. He or she shall not supervise certified psychologists, licensed psychological practitioners, or licensed psychological associates.

Certified Psychologist: A Certified Psychologist shall be:

- (a) A person currently authorized to use the title "certified psychologist" may continue to function with that title or may choose to permanently change this title to "licensed psychological associate" and notify the board of this choice. The board shall issue a license at the time of renewal to the credential holder with the title of choice.
- (b) A certified psychologist or a licensed psychological associate may continue to function under the supervision of a licensed psychologist unless the board revokes his certificate.

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

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

(c) A certified psychologist, whether functioning under that title or as a licensed psychological associate, may perform certain functions within the practice of psychology only under the supervision of a licensed psychologist approved by the board, and shall not employ or supervise other certified psychologists, licensed psychological practitioners, or licensed psychological associates.

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.

The state has applied appropriate utilization management and day supply limits on MAT drugs. Limitations are dependent on drug product and vary based on formulation. All limitations are evidence based and certain class limitations are reviewed by the state's Pharmacy & Therapeutics Committee. Individual therapy, family therapy and group therapy services shall be limited to a maximum of a combined three (3) hours per day, per recipient which can be exceeded based on Medical Necessity.

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

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

Citation: 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 4 to Attachment 3.1-B.

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

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

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Click or tap here to enter text.

<u>Service Component</u>	<u>Service Component Description</u>
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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.

Click or tap here to enter text.

<u>Service Component</u>	<u>Type of Practitioner</u>
Assessment	Behavioral Health Practitioner
Individual Service Plan	Behavioral Health Practitioner
Individual, Group and Family Therapy	Behavioral Health Practitioner
Medication administration	Physician, Nurse Practitioner, Physician Assistant is DATA-waived to dispense or write prescriptions for buprenorphine or any new FDA-approved products requiring a waiver and have experience or knowledge in addiction medicine.

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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)

Certified Alcohol and Drug Counselor (CADC): A Certified Alcohol and Drug Counselor shall:

- (a) Be at least eighteen (18) years of age;
- (b) Have obtained a baccalaureate degree;
- (c) Have completed six thousand (6,000) hours of board-approved experience working with alcohol or drug dependent persons, three hundred (300) hours of which shall have been under the direct supervision of a certified alcohol and drug counselor who has at least two (2) years of post-certification experience; (4) Have completed at least two hundred seventy (270) classroom hours of board-approved curriculum;

Certified Psychologist with autonomous functioning: A Certified Psychologist with autonomous functioning shall be:

- (a) A person currently authorized to use the title "certified psychologist with autonomous functioning" may continue to function with that title or may choose to permanently change this title to "licensed psychological practitioner" and notify the board of this choice. The board shall issue a license at the time of renewal to the credential holder with the title of choice.
- (b) A certified psychologist with autonomous functioning or a licensed psychological practitioner may continue to function without supervision unless the board revokes his or her license. He or she shall not supervise certified psychologists, licensed psychological practitioners, or licensed psychological associates.

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[Select all applicable checkboxes below.]

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[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.

The state has applied appropriate utilization management and day supply limits on MAT drugs. Limitations are dependent on drug product and vary based on formulation. All limitations are evidence based and certain class limitations are reviewed by the state's Pharmacy & Therapeutics Committee. Individual therapy, family therapy and group therapy services shall be limited to a maximum of a combined three (3) hours per day, per recipient which can be exceeded based on Medical Necessity.

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.

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