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State/Territory Name: Arizona

State Plan Amendment (SPA) #: 21-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 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 24, 2022

Jami Snyder, Director Arizona Health Care Cost Containment System 801 East Jefferson Street Phoenix, AZ 85034

Re: Arizona State Plan Amendment (SPA) 21-0003

Dear Ms. Snyder:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0003. This amendment attests to Arizona's coverage of Medication-Assisted Treatment (MAT) and related counseling and behavioral health therapies.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Arizona Medicaid SPA 21-0003 was approved on January 24, 2022, with an effective date of October 1, 2020.

If you have any questions, please contact Brian Zolynas at 415-744-3601 or via email at Brian.Zolynas@cms.hhs.gov

Sincerely,

Digitally signed by James G. Scott -S Date: 2022.01.24 10:22:37 -06'00'

James G. Scott, Director Division of Program Operations

cc: Dana Flannery, AHCCCS Ruben Soliz, AHCCCS Alex Demyan, AHCCCS

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193		
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE		
STATE PLAN MATERIAL	21-0003	Arizona		
FOR: HEALTH CARE FINANCING ADMINISTRATION	: HEALTH CARE FINANCING ADMINISTRATION 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)			
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One):	4. PROPOSED EFFECTIVE DATE October 1, 2020			
□ NEW STATE PLAN □ AMENDMENT TO BE (CONSIDERED AS NEW PLAN	AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		h amendment)		
6. FEDERAL STATUTE/REGULATION CITATION: 1905(a)(29).	7. FEDERAL BUDGET IMPACT: a. FFY 21 \$ 0 b. FFY 22 \$ 0			
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement to Attachment 3.1-A, Pages 1-1(f) Supplement 3 to Attachment 3.1-A	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):			
Page 1-4 Attachment 4.19-B, Page 2(b)(1)				
10. SUBJECT OF AMENDMENT: Updates the State Plan to explicitly attest to Arizona's coverage of Medication Assisted Treatment (MAT) and related counseling and behavioral health therapies 11. GOVERNOR'S REVIEW (Check One): ☑ GOVERNOR'S OFFICE REPORTED NO COMMENT				
 ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ OTHER, AS SPECIFIED: ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 				
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:			
	Dana Flannery 801 E. Jefferson, MD#4200 Phoenix, Arizona 85034			
13. TYPED NAME:				
Dana Flannery 14. TITLE:	-			
Assistant Director	_			
15. DATE SUBMITTED: 2/12/2021				
FOR REGIONAL OFFICE USE ONLY				
17. DATE RECEIVED: February 12, 2021	18. DATE APPROVED: January 24, 2022			
PLAN APPROVED – ON	•			
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2020	20. SIGN	FICIAL: ally signed by James G. Scott -S 2022 01 24 10:23:34 -06'00'		
21. TYPED NAME: James G. Scott	22. TITLE: Director, Division of Pr			
23. REMARKS:				
Pen-and-ink changes made to Boxes 7 and 8 with approval of state on 12/14/2021, 12/15/2021, and 1/19/2022.				

1905(a)(29) Medication-Assisted Treatment (MAT) Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy

- Citation: 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy (Continued)
- 1905(a)(29) __X_MAT as described and limited in Supplement 3 to Attachment 3.1-A.

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

1905(a)(29) Medication-Assisted Treatment (MAT) Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (Continued)

i. General Assurance

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, and ending September 30, 2025.

ii. Assurances

- a. 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).
- b. The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.
- c. The state assures coverage for all formulations of MAT drugs and biologicals for OUD 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).

iii. Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT.

- a) The following services are covered as required by 1905(a)(29):
 - Individual Therapy: Therapy and counseling services that are provided individually and which address the therapeutic goals outlined in the service plan.
 - Group Therapy: Therapy and counseling services that are provided in a group setting and which address the therapeutic goals outlined in the service plan.
 - Family Therapy: Service that involves the participation of a non-Medicaid eligible individual but that is for the direct benefit of the beneficiary. 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.

From October 1, 2020 through September 30, 2025, the state assures that MAT to treat OUD as defined in section 1905(ee)(1) of the Social Security Act (the Act) is covered

1905(a)(29) Medication-Assisted Treatment (MAT) Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (Continued)

exclusively under section 1905(a)(29) of the Act.

b) The providers which may provide individual, group and family therapy are licensed practitioners of the healing arts and Behavioral Health Technicians. The title of each provider/facility and qualifications are described in the table below.

c)	Staff/Provider Title	es and Qualifications
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Practitioner Type	Education/Degree Required	Requires Supervision	Notes
Physician (MD, DO)	Graduate from an approved school of medicine or receive a medical education that the board deems to be of equivalent quality.	No	
Psychiatrist (MD, DO)	Licensed physician who has completed three years of graduate training in psychiatry in a program approved by the American Medical Association or the American Osteopathic Association.	No	
Nurse Practitioner (NP)	Completed a nurse practitioner educational program approved or recognized by the board and educational requirements prescribed by the board.	No	
Physician Assistant (PA)	Graduate from a physician's assistant educational program approved by the board and licensed by the board.	Yes	
Licensed Practical Nurse (LPN)	Satisfactory completion of basic curriculum in an approved practical or professional nursing program and hold a diploma, certificate or degree from that program.	No	

1905(a)(29) Medication-Assisted Treatment (MAT) Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (Continued)

Practitioner Type	Education/Degree Required	Requires Supervision	Notes
Registered Nurse (RN)	Satisfactory completion of basic curriculum in an approved registered nursing program and holds a diploma or degree from that program.	No	
Licensed Clinical Social Worker (LCSW)	Master degree or higher in social work from a regionally accredited college or university in a program accredited by the Council on Social Work Education or an equivalent foreign degree as determined by the Foreign Equivalency Determination Service of the Council on Social Work Education.	No	
Licensed Marriage/Family Therapist (LMFT)	Master degree or higher in a behavioral health science from a regionally accredited college or university whose program is accredited by the Commission on Accreditation for Marriage and Family Education or determined by the marriage and family credentialing committee to be substantially equivalent to a program accredited by the Commission on Accreditation for Marriage and Family Education.	No	
Licensed Professional Counselor (LPC)	Master degree or higher in counseling or related field from a regionally accredited college or university in a program that consists of 48 hours semester credit hours or a program	No	

1905(a)(29) Medication-Assisted Treatment (MAT) Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (Continued)

Practitioner Type	Education/Degree Required	Requires Supervision	Notes
	accredited by CACREP or CORE in a program that consists of a minimum of 48 semester credit hours.		
Licensed Independent Substance Abuse Counselor (LISAC)	Master degree or higher from a regionally accredited college or university in a behavioral health service with a minimum of 24 semester credit hours of counseling related coursework as determined by the substance abuse credentialing committee.	No	
Licensed Behavior Analyst	Graduate degree, Master degree or doctoral degree from an accredited college or university or institution of higher learning accredited by a recognized accrediting agency. Minimum of 225 classroom hours of specific graduate level instruction that meet nationally recognized standards for behavior analysts as determined by the board.	No	
Behavioral Health Paraprofessional (BHPP)	Associate's degree, a high school diploma or a high school equivalency diploma, must be at least 21 years old and has the skills and knowledge necessary to provide behavioral health services	Yes	Supervision Required: BHPP's working full time receive at least four hours of clinical supervision by a BHP or BHT in a calendar month.

1905(a)(29) Medication-Assisted Treatment (MAT) Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (Continued)

Practitioner Type	Education/Degree Required	Requires Supervision	Notes
Behavioral Health	that the agency is authorized to provide and meet the needs of client populations served by the agency. Master's degree or bachelor's	Yes	Supervision Required:
Technician (BHT)	degree in a field related to behavioral health; is a registered nurse, is a physician assistant who is not working as a medical practitioner, has a bachelor's degree and at least one year of full time behavioral health work experience; has as associate's degree and at least two years of full time behavioral health work experience; has a high school diploma or high school equivalency diploma and a combination of education in a field related to behavioral health and full time behavioral health work experience totaling at least two years; is licensed a practical nurse, according to A.R.S Title 32, Chapter 15, with at least three years of full time behavioral health work experience; or has a high school diploma or high school equivalency diploma at least four years of full time behavioral health work experience.		BHT's working full time receive at least four hours of clinical supervision by a BHP in a calendar month.

1905(a)(29) Medication-Assisted Treatment (MAT) Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (Continued)

iv. Utilization Controls

The state has drug utilization controls in place. (Check each of the following that apply)

Generic first policy X Preferred drug lists Clinical criteria X Quantity limits

v. Limitations

Limitations on the amount, duration and scope of MAT drugs, biologicals and counseling/behavioral therapies related to MAT are based on clinical necessity.

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section 1006(b) of the SUPPORT for Patients and Communities Act (P.L. 115-271) enacted on October 24, 2018. Section 1006(b) requires state Medicaid plans to provide coverage of Medication-Assisted Treatment (MAT) for all Medicaid enrollees as a mandatory Medicaid state plan benefit for the period beginning October 1, 2020, and ending September 30, 2025. 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 # 60). Public burden for all of the collection of information requirements under this control number is estimated to take about 80 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: <u>ARIZONA</u> METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES OTHER TYPES OF CARE

Medication-Assisted Treatment (MAT) Pursuant to section 1905(a)(29) of the Social Security Act

1905(a)(29) MAT counseling therapy and services are reimbursed using the methodology found in Attachment 4.19-B page 5c.

Reimbursement for unbundled MAT prescribed drugs and biologicals used to treat opioid use disorder will be reimbursed using the same methodology as described for covered outpatient drugs in Attachment 4.19-B, page 2-2(b) for drugs that are dispensed or administered.