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 Exhibit 29 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:<u>25-0019</u> Supersedes TN: 20-0023 Approval Date:_____ Effective :10/01/2025_

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 set forth each service and components of each service (if applicable), along with a description of each service and component service.

Service components for MAT:

- 1. Assessments related to the beneficiary's opioid use disorder,
- 2. Drug screenings,
- 3. Medication Evaluation and Management is the intentional face-to-face interaction between a physician or a nurse practitioner and a beneficiary for the purpose of assessing the need for psychotropic medication, prescribing medications, and, regular periodic monitoring of the medications prescribed for therapeutic effect and medical safety.
- 4. Medication administration including the provision of Food and Drug Administration (FDA) approved drugs for the treatment of opioid use disorder (OUD),

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TN:20-0023	

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

5.	Individual therapy,			

- 6. Group therapy, and
- 7. Family therapy. This service actively involves the beneficiary and is tailored to the beneficiary's individual needs. The beneficiary remains the focus of the treatment service. Family therapy 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 judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service.

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TN: 20-0023	

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

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

- 1) Opioid Treatment Programs (OTPs) certified by the Mississippi Department of Mental Health that provide methadone treatment.
- 2) Physicians and non-physician practitioners:
 - Assessments related to the beneficiary's opioid use disorder provided by physician, nurse practitioner or physician assistant.
 - b) Medication management and drug screenings provided by a physician, nurse practitioner or physician assistant.
 - c) Medication Evaluation and Management provided by physician, nurse practitioner or physician assistant.
 - d) Medication administration including the provision of Food and Drug Administration (FDA) approved drugs for the treatment of opioid use disorder (OUD) provided by physician, nurse practitioner, or physician assistant.
 - e) Individual therapy provided by physician, nurse practitioner, physician assistant, psychologist, licensed professional counselor (LPC), licensed clinical social worker (LCSW), or licensed marriage and family therapist (LMFT).
 - f) Group therapy provided by physician, nurse practitioner, physician assistant, psychologist, licensed professional counselor (LPC), licensed clinical social worker (LCSW), or licensed marriage and family therapist (LMFT).
 - g) Family therapy provided by physician, nurse practitioner, physician assistant, psychologist, licensed professional counselor (LPC), licensed clinical social worker (LCSW), or licensed marriage and family therapist (LMFT)

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TN [.] 20-0023	

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.

- 1) OTPs are limited to those that prescribe and dispense methadone and must be certified by the Mississippi Department of Mental Health.
- 2) Physician, nurse practitioner, physician assistant, psychologist, LPC, LCSW, or LMFT, must be licensed by the state of Mississippi. A physician, nurse practitioner and physician assistant must be a buprenorphine waivered practitioner in order to prescribe, administer, or dispense buprenorphine. These providers are not eligible to enroll as OTPs.

TN: 25-0019	Approval Date:
Supersedes	Effective :10/01/2025
TN:20-0023	

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

<u>Jtilization Controls</u> 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.	
<u>limitations</u> Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.] MAT drugs and services provided through OTPs are not limited.	
Services provided outside of an OTP are limited as listed below:	
I) Individual therapy is limited to thirty-six (36) sessions per state fiscal year (SFY),	
2) Group therapy is limited to forty (40) sessions per SFY,	
B) Family therapy is limited to twenty-four (24) sessions per SFY.	
Effective April 1, 2021, prior authorization is required for non-preferred drugs provided as physicial administered drugs and OTP services.	an
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 Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. A 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 the project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under the control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or a other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Securit Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.	An his his any
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State of Mississippi

DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPEOF MEDICAL CAREAND SERVICES PROVIDED

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

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.
- e. 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) Please set forth each service and components of each service (if applicable), along with a description of each service and component service. From October 1, 2020, through September 30, 2025, the state assures that MAT to treat OUD as defined at section 1905(ee)(1) of the Social Security Act (the Act) is covered exclusively under section 1905(a)(29) of the Act.

Service components for MAT:

- 1) Assessments related to the beneficiary's opioid use disorder.
- 2) Drug screenings.
- 3) Medication Evaluation and Management is the intentional face-to-face interaction between a physician or a nurse practitioner and a beneficiary for the purpose of assessing the need for psychotropic medication, prescribing

State of Mississippi

DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPEOF MEDICAL CAREAND SERVICES PROVIDED

medications, and, regular periodic monitoring of the medications prescribedfor therapeutic effect and medical safety

- 4) Medication administration including the provision of Food and Drug Administration (FDA) approved drugs for the treatment of opioid use disorder (OUD).
- 5) Individual therapy,
- 6) Group therapy,
- 7) Family therapy. This service actively involves the beneficiary and is tailored to the beneficiary's individual needs. The beneficiary remains the focus of the treatment service. Family therapy 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 clinic al judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service.

The State assures there will be no duplication of services through the MAT benefit and other services covered by the State Plan.

- b) Please include each practitioner and provider entity that furnishes each service and component service.
 - 1) Opioid Treatment Programs (OTPs) certified by the Mississippi Department of Mental Health that provide methadone treatment.
 - 2) Physicians and non-physician practitioners:
 - a) Assessments related to the beneficiary's opioid use disorder provided by physician, nurse practitioner or physician assistant.
 - b) Medication management and drug screenings provided by a physician, nurse practitioner or physician assistant.
 - c) Medication Evaluation and Management provided by physician, nurse practitioner or physician assistant.
 - d) Medication administration including the provision of Food and Drug Administration (FDA) approved drugs for the treatment of opioid use disorder (OUD) provided by physician, nurse practitioner, or physician assistant.
 - e) Individual therapy provided by physician, nurse practitioner, physician assistant, psychologist, licensed professional counselor (LPC), licensed clinic al social worker (LCSW), or licensed marriage and family therapist (LMFT).

State of Mississippi

DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPEOF MEDICAL CAREAND SERVICES PROVIDED

- f) Group therapy provided by physician, nurse practitioner, physician assistant, psychologist, licensed professional counselor (LPC), licensed clinical social worker (LCSW), or licensed marriage and family therapist (LMFT).
- g) Family therapy provided by physician, nurse practitioner, physician assistant, psychologist, licensed professional counselor (LPC), licensed clinical social worker (LCSW), or licensed marriage and family therapist (LMFT).
- e) 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.
 - 1) OTPs are limited to those that prescribe and dispense methodone and must be certified by the Mississippi Department of Mental Health.
 - 2) Physician, nurse practitioner, physician assistant, psychologist, LPC, LCSW, or LMFT, must be licensed by the state of Mississippi. A physician, nurse practitioner and physician assistant must be a buprenorphine waivered practitioner in order to prescribe, administer, or dispense buprenorphine. These providers are not eligible to enroll as OTPs.

iv. Utilization Controls

	The state has	drug utilization	controls in pla	ace (Check	each of the fo	llowing
71	The state has t	arug umzanon	controls in pic	acc. (Check	cach of the fo	nowing
that apply)						

Generic first policy

X Preferred drug lists

_X__ Clinical criteria

X Quantity limits

_____ The state does not have drug utilization controls in place.

v. Limitations

Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.

MAT drugs and services provided through OTPs are not limited.

Services provided outside of an OTP are limited as listed below:

- 1) Individual therapy is limited to thirty six (36) sessions per state fiscal year (SFY),
- 2) Group therapy is limited to forty (40) sessions per SFY,

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

Attachment 3.1-A Exhibit 29 Page 4

State of Mississippi

DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPEOF MEDICAL CAREAND SERVICES PROVIDED

3) Family therapy is limited to twenty-four (24) sessions per SFY.

Effective April 1, 2021, prior authorization is required for non-preferred drugs provided as physician administered drugs and OTP services.

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.

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Date Effective: 10/01/2020

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 Exhibit 29 to Attachment 3.1-A.

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

General Assurances

[Select all three checkboxes below.]

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TN: 25-0019	Approval Date:
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Section 1905(a)(29) Medication Assisted Treatment (MAT)

individual ineraby	5.	Individual	therapy
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- 6. Group therapy, and
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TN: 25-0019	Approval Date:
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TN ⁻ 20-0023	

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

	m noticed in each notice (m) (ii)
Utilization Controls [Select all applicable checkboxes below.]	
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