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State/Territory Name: New York

State Plan Amendment (SPA) #: 25-0069

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 24, 2026

Amir Bassiri
Medicaid Director
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza Rm. 1605
Albany, NY 12237

Re: New York State Plan Amendment (SPA) - 25-0069

Dear Director Bassiri:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) NY-25-0069. This amendment proposes to remove the September 30, 2025, expiration date from the existing State Plan to continue the mandatory Medication-Assisted Treatment (MAT) benefit and comply 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 New York's Medicaid SPA TN 25-0069 was approved on February 24, 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 New York State Plan.

If you have any questions, please contact Melvina Harrison at (212) 616-2247 or via email at Melvina.Harrison@cms.hhs.gov.

[Redacted]

[Redacted]

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

Enclosures

cc: Regina Deyette

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

1. TRANSMITTAL NUMBER <u>2 5 - 0 0 6 9</u>	2. STATE <u>NY</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> 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
§ 1905(a)(29) Medication Assisted Treatment (MAT)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a FFY 10/01/25-09/30/26 \$ 0
b FFY 10/01/26-09/30/27 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-A: MAT 1905 Template: Page 13
Attachment 3.1-A: **supplement** MAT 1905 Template: Pages 8, 8.1, 8.1(a), 8.1(b), 8.1(c), 8.1(d), 8.1(e), 8.1(f), 8.1(g)
Attachment 3.1-B: MAT 1905 Template: Page 12
Attachment 3.1-B MAT1905 Template: Pages 8, 8.1, 8.1(a), 8.1(b), 8.1(c), 8.1(d), 8.1(e), 8.1(f), 8.1(g) **supplement**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 3.1-A **supplement**: MAT 1905 Template: Pages 8, 8.1, 8.1(a), 8.1(b), 8.1(c), 8.1(d), 8.1(e), 8.1(f), 8.1(g) **supplement**
Attachment 3.1-B: MAT 1905 Template: Pages 8, 8.1, 8.1(a), 8.1(b), 8.1(c), 8.1(d), 8.1(e), 8.1(f), 8.1(g)

9. SUBJECT OF AMENDMENT
Medication Assisted Treatment (MAT) Continuation

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, ASSPECIFIED:

11. TYPED NAME OF SUBMITTER
Amir Bassiri

13. TITLE
Medicaid Director

14. DATE SUBMITTED
December 30, 2025

15. RETURN TO
New York State Department of Health
Division of Finance and Rate Setting
99 Washington Ave – One Commerce Plaza
Suite 1432
Albany, NY 12210

FOR CMS USE ONLY

16. DATE RECEIVED December 30, 2025	17. DATE APPROVED February 24, 2026
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2025	19. SIGNATURE OF APPROVING OFFICIAL WENDY E. HILL [REDACTED] PETRAS-S
20. TYPED NAME OF APPROVING OFFICIAL Wendy E. Hill Petras	21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations

22. REMARKS **Pen and ink changes to 25-0069**

<p>Box 7: Page Number of the Plan Section or Attachment Attachment 3.1-A: MAT 1905 Template : Page 13 Attachment 3.1-A Supplement: MAT 1905 Template: Pages 8, 8.1, 8.1(a), 8.1(b), 8.1(c), 8.1(d), 8.1(e), 8.1(f), 8.1(g) Attachment 3.1-B: MAT 1905 Template: Page 12 Attachment 3.1-B Supplement: MAT 1905 Template: Pages 8, 8.1, 8.1(a), 8.1(b), 8.1(c), 8.1(d), 8.1(e), 8.1(f), 8.1(g)</p>	<p>Box 8: Page Number of the Superseded plan Section or Attachment Attachment 3.1-A Supplement: MAT 1905 Template: Pages 8, 8.1, 8.1(a), 8.1(b), 8.1(c), 8.1(d), 8.1(e), 8.1(f), 8.1(g) Attachment 3.1-B Supplement: MAT 1905 Template: Pages 8, 8.1, 8.1(a), 8.1(b), 8.1(c), 8.1(d), 8.1(e), 8.1(f), 8.1(g)</p>
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State Plan under Title XIX of the Social Security Act
State/Territory: New York

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 3b-37 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 #25-0069

Approval Date February 24, 2026

Supersedes TN NEW

Effective Date October 1, 2025

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

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.

Effective October 1, 2020, the state assures that MAT to treat Opioid Use Disorder (OUD) as defined in section 1905(ee)(1) of the Social Security Act (the Act) is covered exclusively under section 1905(a)(29) of the Act. Service Components include:

1. Assessment - The purpose of the assessment is to provide sufficient information for problem identification, opioid use disorder treatment, or referral for the beneficiary to gain access to other needed Medicaid Addiction or mental health services.
2. Service Planning - Clinical treatment plan development –The treatment plan for opioid use disorder treatment services must be patient-centered and developed in collaboration with the patient and patients' family/collaterals, where appropriate.
3. Counseling/Therapy - Counseling/Therapy to address a beneficiary's major lifestyle, attitudinal, and behavioral problems. Counseling/Therapy includes highly structured psychosocial therapy to address issues that have the potential to undermine the goals of

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TN #25-0069

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Effective Date October 1, 2025

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

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

Continued

to meet requirements to be a CASAC. The CASAC Trainee certificate is not renewable. However, if the CASAC-T is an examination candidate when the CASAC Trainee certificate expires, a three-year extension may be requested. The candidate must satisfy the following to obtain a trainee certificate: 350 hours of the required education and training; OR 4,000 hours of appropriate work experience and the 85 clock hours in Section 1 of the education and training related to knowledge of alcoholism and substance abuse.

- Certified Recovery Peer Advocate (CRPA) is a self-identified consumer in recovery from mental illness and/or substance use disorder to furnish services within an entity certified pursuant to state law and under supervision of a licensed or credentialed practitioner within their scope of practice as identified in the patient's treatment/recovery plan, working under the direction of an OASAS certified agency, and meets the following OASAS regulatory standards for education, work experience and training: 1. Completion of education and training relevant to the performance domains identified in the Recovery Coach Job Task Analysis Report. 2. Hold a high school diploma or jurisdictionally certified high school equivalency. 3. 46 hours specific to the domains, with 10 hours each in the domains of Advocacy, Mentoring/Education, and Recovery/Wellness Support and 16 hours in the domain of Ethical Responsibility. 4. Complete 500 hours of volunteer service; 5. Receive 25 hours of supervision specific to the domains. Supervision must be provided by an organization's documented and qualified supervisory staff per job description. 6. Pass the NYCB/IC&RC Peer Advocate Exam. 7. Complete 20 hours of continuing education earned every two years, including six hours in ethics. 8. Employment by and providing services within an OASAS Certified Program.

- Non-Credentialed Counselors must meet education, experiential and training requirements, including: 1. Education a. minimum of HS Diploma or GED; and i. a credential, certificate or license from a nationally recognized certifying body including the National Board for Certified Counselors, the Commission of Rehabilitation Counselor Certification, the National Council on Therapeutic Recreation or the American Therapeutic Recreation Association; OR ii. Hold a baccalaureate degree in a field allied to therapeutic recreation and, either before or after receiving such degree, has five years of full-time, paid work experience in an activities program in a health care setting; 2. Successful completion of training, including Supporting Recovery with Medications for Addiction Treatment (MAT), 12 hours Introductory Training in the

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State Plan under Title XIX of the Social Security Act
State/Territory: [Select State or Territory]

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 3b-37 to Attachment 3.1-B.

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

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

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

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

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

The below individual practitioners and providers may provide any component of Medication Assisted Treatment services consistent with State law and practice as noted below:

1. Assessment services may be provided by licensed practitioners including licensed master social workers, licensed clinical social workers, licensed mental health counselors, licensed marriage and family therapists, licensed psychoanalysts, registered nurses, licensed creative arts therapists, physician assistants, licensed practical nurses, nurse practitioners, physicians and psychologists, unlicensed and credentialed staff including OASAS credentialed alcoholism and substance abuse counselor, or a credentialed alcoholism and substance abuse counselor – trainee.
2. Service Planning may be provided by licensed practitioners including licensed master social workers, licensed clinical social workers, licensed mental health counselors, licensed marriage and family therapists, licensed psychoanalysts, registered nurses, licensed creative arts therapists, physician assistants, licensed practical nurses, nurse practitioners, physicians and psychologists, unlicensed and credentialed staff including OASAS credentialed alcoholism and substance abuse counselors, a credentialed alcoholism and substance abuse counselor – trainee, Certified Recovery Peer Advocate, or unlicensed un-credentialed staff that are under the supervision of a qualified health professional.
3. Counseling/Therapy may be provided by licensed practitioners including licensed master social workers, licensed clinical social workers, licensed mental health counselors, licensed marriage and family therapists, licensed psychoanalysts, registered nurses, licensed creative arts therapists, physician assistants, licensed practical nurses, nurse practitioners, physicians and psychologists, unlicensed and credentialed staff including OASAS credentialed alcoholism and substance abuse counselors, credentialed alcoholism and substance abuse counselor – trainees, or unlicensed uncredentialed staff that are under the supervision of a qualified health professional.
4. Peer Support may be provided by a Certified Recovery Peer Advocate.
5. Medication Management may only be provided by physicians, psychiatrists, nurse practitioners, physician assistants, and registered nurses as permitted under state law.

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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.

Services are provided by licensed and unlicensed professional staff, who are at least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and OASAS approved guidelines and certifications.

- Licensed Master Social Workers, Licensed Clinical Social Workers, Licensed Mental Health Counselors, Licensed Marriage and Family Therapists, Licensed Psychoanalysts, Registered Nurses, Licensed Creative Arts Therapists, Licensed Practical Nurses, Nurse Practitioners, Physicians, and Psychologists are licensed by New York Education Department to furnish services within their scope of practice in accordance with state law.
- Credentialed Alcoholism and Substance Abuse Counselors are credentialed by OASAS, working within an entity certified pursuant to state law and operating under their scope of practice under state law. Including: 1. a minimum of 6,000 hours of documented supervised experience, including provision of direct services in an approved OASAS work setting or substitute Master's Degree in a Human Services field for 4,000 hours experience; Bachelor's Degree in a Human Services field for 2,000 hours experience; an Associate's Degree in a Human Services field for 1,000 hours experience; 2. Meet minimum education and training requirements including a minimum of 350 hours which address the full range of knowledge, skills and professional techniques related to chemical dependence counseling; Note: A formal internship or formal field placement may be claimed as work experience or education and training, but not both. Work experience claimed may not include any experience gained as part of, or required under, participation as a patient in a formal alcoholism and/or substance abuse or problem gambling treatment/aftercare program and/or plan; 3. Pass International Certification and Reciprocity Consortium (IC&RC) examination for Alcohol and Drug Counselors comprised of 150 multiple-choice questions derived from the counselor tasks identified in the IC&RC Candidate Guide.
- Credentialed Alcoholism and Substance Abuse Counselor Trainee (CASAC-T) are provisionally credentialed by operating under their scope of practice under state law for a period of five years

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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)

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