

February 12, 2021

Jackie Glaze
Division of Medicaid and Children's Health Operations
U.S. Department of Health & Human Services
Centers for Medicare & Medicaid Services
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707

RE: Arizona SPA #21-003, Medication-Assisted Treatment

Dear Ms. Glaze:

Enclosed is State Plan Amendment (SPA) #21-003, Medication-Assisted Treatment, which updates the State Plan to explicitly attest to Arizona's coverage of Medication-Assisted Treatment (MAT) and related counseling and behavioral health therapies, effective October 1, 2020. Due to the state's tireless work in response to the COVID-19 pandemic, our ability to submit this coverage and SPA for the new MAT benefit according to the regulatory SPA submission and notice timelines was delayed. As such, we are requesting the following modification under Section 1135:

Pursuant to section 1135(b)(5) and/or 1135(b)(1)(C) of the Act, the state Medicaid agency requests modification of SPA submission requirements at 42 C.F.R. 430.20, in order to submit this SPA implementing section 1905(a)(29) of the Act by March 31, 2021 that would take effect on October 1, 2020.

If you have any questions about the enclosed SPA, please contact Alex Demyan at (602) 417-4130.

Sincerely,



Dana Flannery
Assistant Director
Arizona Health Care Cost Containment System (AHCCCS)

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

| | |
|--|---------------------|
| 1. TRANSMITTAL NUMBER <u>2 1</u> — <u>0 0 3</u> | 2. STATE Arizona |
| 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| 4. PROPOSED EFFECTIVE DATE October 1, 2020 | |

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (*Check One*)

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

| | |
|--|---|
| 6. FEDERAL STATUTE/REGULATION CITATION 42 CFR Part 447 | 7. FEDERAL BUDGET IMPACT a. FFY 2020 \$ 0 b. FFY 2021 \$ 0 |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 3 to Attachment 3.1-A Page 1-4 | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) N/A |

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 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 2/12/21 | |

FOR REGIONAL OFFICE USE ONLY

| | |
|-------------------|-------------------|
| 17. DATE RECEIVED | 18. DATE APPROVED |
|-------------------|-------------------|

PLAN APPROVED - ONE COPY ATTACHED

| | |
|---|------------------------------------|
| 19. EFFECTIVE DATE OF APPROVED MATERIAL | 20. SIGNATURE OF REGIONAL OFFICIAL |
| 21. TYPED NAME | 22. TITLE |

23. REMARKS

INSTRUCTIONS FOR COMPLETING FORM CMS-179

Use Form CMS-179 to transmit State plan material to the regional office for approval. A separate typed transmittal form should be completed for each plan/amendment submitted.

Block 1 - Transmittal Number - Enter the State Plan Amendment transmittal number. Assign consecutive numbers on a **calendar year** basis (e.g., 92-001, 92-002, etc.).

Block 2 - State - Type the name of the State submitting the plan material.

Block 3 - Program Identification - Title XIX of the Social Security Act (Medicaid).

Block 4 - Proposed Effective Date - Enter the proposed effective date of material.

Block 5 - Type of Plan Material - Check the appropriate box.

Block 6 - Federal Statute/Regulation Citation - Enter the appropriate statutory/regulatory citation.

Block 7 - Federal Budget Impact - 7(a) - Enter 1st **Federal Fiscal Year** (FFY) impacted by the SPA & estimated Federal share of the cost of the SPA (in thousands) for 1st FFY. **7(b)** - Enter 2nd FFY impacted by the SPA & estimated Federal share of the cost for 2nd FFY. See SMM section 13026.

Block 8 - Page No.(s) of Plan Section or Attachment - Enter the page number(s) of plan material transmitted. If additional space is needed, use bond paper.

Block 9 - Page No.(s) of the Superseded Plan Section or Attachment (if Applicable) - Enter the page number(s) (including the transmittal sheet number) that is being superseded. If additional space is needed, use bond paper.

Block 10 - Subject of Amendment - Briefly describe plan material being transmitted.

Block 11 - Governor's Review - Check the appropriate box. See SMM section 13026 B.

Block 12 - Signature of State Agency Official - Authorized State official signs this block.

Block 13 - Typed Name - Type name of State official who signed block 12.

Block 14 - Title - Type title of State official who signed block 12.

Block 15 - Date Submitted - Enter the date you mail plan material to RO.

Block 16 - Return To - Type the name and address of State official to whom this form should be returned.

Block 17-23 (FOR REGIONAL OFFICE USE ONLY).

Block 17 - Date Received - Enter the date plan material is received in RO. See ROM section 6003.2.

Block 18 - Date Approved - Enter the date RO approved the plan material.

Block 19 - Effective Date of Approved Material - Enter the date the plan material becomes effective. If more than one effective date, list each provision and its effective date in Block 23 or attach a sheet.

Block 20 - Signature of Regional Official - Approving RO official signs this block.

Block 21 - Typed Name - Type approving official's name.

Block 22 - Title - Type approving official's title.

Block 23 - Remarks - Use this block to reference pen and ink changes, a partial approval, more than one effective date, etc. If additional space is needed, use bond paper.

Enclosure ____

Supplement 3 to Attachment 3.1-A

Page 1

State of Arizona

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

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.

State of Arizona

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.

iii. Service Package

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

- a) As part of the MAT benefit, the state covers counseling services and behavioral health therapies as described in Attachment 3.1-A under the EPSDT, other licensed practitioner services, clinic services, and the other diagnostic, screening, preventive, and rehabilitative services benefits, respectively.
~~Please set forth each service and components of each service (if applicable), along with a description of each service and component service.~~

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

~~b) 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.~~

Enclosure ____

Supplement 3 to Attachment 3.1-A

Page 3

State of Arizona

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

X 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

 The state does not have drug utilization controls in place.

v. Limitations

~~Describe the state's limitations~~ Limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT are described in Attachment 3.1-A.

TN No. 21-003

Supersedes

Approval Date

Effective Date: 10/1/2020

TN No. N/A

State of _____

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

~~Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)~~

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.

TN No. 21-003

Supersedes

Approval Date

Effective Date: 10/1/2020

TN No. N/A