



January 2, 2026

THIS LETTER SENT VIA EMAIL

Ms. Courtney Miller, Director
Division of Program Operations
Medicaid and CHIP Operations Group
Centers for Medicare & Medicaid Services
601 East 12th Street, Room 355
Kansas City, MO 64106

STATE PLAN AMENDMENT 25-0043: REMOVAL OF SUNSET DATE FOR MEDICATION-ASSISTED TREATMENT SERVICES

Dear Ms. Miller:

The Department of Health Care Services (DHCS) is submitting State Plan Amendment (SPA) 25-0043 for your review and approval. This SPA proposes to remove the September 30, 2025, sunset date for Medication-Assisted Treatment (MAT) for Opioid Use Disorder (OUD) services under the Medi-Cal program. This SPA also includes a conforming change to remove outdated X-waiver language for the prescribing of buprenorphine, to align with current federal law. DHCS seeks an effective date of October 1, 2025, for this SPA.

This SPA aligns the Medi-Cal State Plan with recent federal statutory changes enacted under Section 201 of the Consolidated Appropriations Act, 2024, which amends Section 1905(a)(29) of the Social Security Act to make permanent the mandatory Medicaid benefit for medication for MAT for OUD. The benefit, originally set to expire on September 30, 2025, has been in place since October 1, 2020. This amendment ensures continued coverage of MOUD services and compliance with federal requirements, without introducing new programmatic or financial impacts.

In addition, DHCS will also submit SPA 25-0044 to align the Alternative Benefit Plan (ABP) for the new adult group Medi-Cal members with changes made by SPA 25-0043.

Ms. Miller
Page 2
January 2, 2026

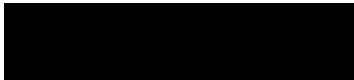
In compliance with the American Recovery and Reinvestment Act of 2009 (42 U.S.C. section 1396a(a)(73)), DHCS routinely notifies Indian Health Programs and Urban Indian Organizations of SPAs that have a direct impact on the programs and organizations. DHCS released the Tribal Notice on November 21, 2025.

Included in this submission are the following documents:

- CMS 179 Form
- MAT 1905(a)(29) SPA Preprint
- Attachment 4.19-B pages 38 and 41a (redline and clean)

If you have any questions or need additional information, please contact Ivan Bhardwaj, Chief, Medi-Cal Behavioral Health Policy Division, at (916) 842-8598 or by email at Ivan.Bhardwaj@dhcs.ca.gov.

Sincerely,



Tyler Sadwith
State Medicaid Director
Chief Deputy Director, Health Care Programs
California Department of Health Care Services

Enclosures

cc: Lindy Harrington
Assistant State Medicaid Director
Director's Office
Department of Health Care Services
Lindy.Harrington@dhcs.ca.gov

Saralyn M. Ang-Olson, JD, MPP
Chief Compliance Officer
Office of Compliance
Department of Health Care Services
Saralyn.Ang-Olson@dhcs.ca.gov

Ms. Miller
Page 3
January 2, 2026

Paula Wilhelm
Deputy Director
Behavioral Health
Department of Health Care Services
Paula.Wilhelm@dhcs.ca.gov

Ivan Bhardwaj, Chief
Medi-Cal Behavioral Health Policy Division
Department of Health Care Services
Ivan.Bhardwaj@dhcs.ca.gov

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

<p>1. TRANSMITTAL NUMBER <u>2 5</u> — <u>0 0 4 3</u></p> <p>2. STATE <u>CA</u></p>	
<p>3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI</p>	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <u>October 1, 2025</u>
5. FEDERAL STATUTE/REGULATION CITATION Social Security Act 1905(a)(29)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2025</u> \$ <u>0</u> b. FFY <u>2026</u> \$ <u>0</u>
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 7 to Attachment 3.1-A p. 2, 3, 6 Supplement 7 to Attachment 3.1-B p. 2, 3, 6 Attachment 4.19 B p. 38, 41a	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 7 to Attachment 3.1-A p. 2, 3, 6 Supplement 7 to Attachment 3.1-B p. 2, 3, 6 Attachment 4.19 B p. 38, 41a
<p>9. SUBJECT OF AMENDMENT SPA 25-0043 removes the September 30, 2025, sunset date from California's Medicaid State Plan for Medication-Assisted Treatment (MAT) services, per Section 201 of the Consolidated Appropriations Act, 2024, which makes the Medication for Opioid Disorder (MOUD) benefit permanent under federal law. It also removes outdated X-waiver language for prescribing buprenorphine, to align with current federal law.</p>	
<p>10. GOVERNOR'S REVIEW (Check One)</p> <p><input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</p> <p><input checked="" type="radio"/> OTHER, AS SPECIFIED: Please note: The Governor's Office does not wish to review the State Plan Amendment.</p>	
11. SIGNATURE OF STATE AGENCY OFFICIAL [Redacted]	15. RETURN TO Department of Health Care Services Attn: Director's Office P.O. Box 997413, MS 0000 Sacramento, CA 95899-7413
12. TYPED NAME Tyler Sadwith	13. TITLE State Medicaid Director and Chief Deputy Director
14. DATE SUBMITTED December 29, 2025	
FOR CMS USE ONLY	
16. DATE RECEIVED	17. DATE APPROVED
PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
22. REMARKS	

REHABILITATIVE SERVICES: REIMBURSEMENT FOR DRUG MEDI-CAL PROGRAM

Section 1: Reimbursement for Substance Use Disorder Treatment Services

This segment of the State Plan describes the reimbursement methodology for Substance Use Disorder Treatment Services covered under the rehabilitation benefit and rendered by qualified providers as described in Supplement 3 to Attachment 3.1-A to this State Plan. Qualified providers are DMC certified providers that must be licensed, registered, enrolled, and/or approved in accordance with all applicable state laws and regulations; abide by the definitions, rules, and requirements for stabilization and rehabilitation services established by the Department of Health Care Services (DHCS); and sign a provider agreement with a county or DHCS. Beginning October 1, 2020, Medication for Addiction Treatment for Opioid Use Disorder (MAT for OUD) Services are exclusively covered and reimbursed under the 1905(a)(29) benefit.

A. Definitions

“Narcotic Treatment Program Services” means Narcotic Treatment Program (NTP) Daily Dosing Services and Individual Counseling, Group Counseling and Peer Support Services as those services are defined in Section 13.d.5 of Supplement 3 to Attachment 3.1-A of this State Plan.

“Narcotic Treatment Program Daily Dosing Services” means NTP Core Services, NTP Laboratory Work, MAT for Alcohol Use Disorder and Other Non-Opioid Use Disorders (AUD) Medications, and MAT for OUD Medications.

“NTP Core Services” means Assessment, Medical Psychotherapy, Medication Services, Patient Education, and Substance Use Disorder (SUD) Crisis Intervention Services as those services are defined in Section 13.d.5 of Supplement 3 to Attachment 3.1-A of this State Plan.

“NTP Laboratory Work” means Tuberculin and Syphilis tests, monthly drug screening, and monthly pregnancy tests of female methadone patients.

“Medication for Addiction Treatment for Opioid Use Disorder (MAT for OUD) Medications” means all forms of drugs approved to treat opioid use disorder under Section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. § 355) and all biological products licensed to treat opioid use disorder under Section 351 of the Public Health Services Act (42 U.S.C. § 262).

“Outpatient Services” means Assessment, Group Counseling, Individual Counseling, Medication Services, Patient Education, MAT for OUD, and SUD Crisis Intervention Services when provided in an Outpatient Treatment Services Level of Care or Intensive Outpatient Treatment Services Level of Care; and Peer Support Services, when provided in any Substance Use Disorder Treatment Level of Care as those services and levels of care are defined in Section 13.d.5 in Supplement 3 to Attachment 3.1-A of this State

Section 2: Reimbursement for Expanded Substance Use Disorder Treatment Levels of Care

This segment of the State Plan describes the reimbursement methodology for Expanded Substance Use Disorder Treatment Services covered under the rehabilitation benefit and rendered by qualified providers as described in Supplement 3 to Attachment 3.1-A to this State Plan. Qualified providers are DMC certified providers that must be licensed, registered, enrolled, and/or approved in accordance with all applicable state laws and regulations; abide by the definitions, rules, and requirements for stabilization and rehabilitation services established by the Department of Health Care Services; and sign a provider agreement with a county. Beginning October 1, 2020, MAT for OUD services are exclusively covered and reimbursed under the 1905(a)(29) benefit.

A. Definitions

“Narcotic Treatment Program Services” means Narcotic Treatment Program Daily Dosing Services and Care Coordination, Individual Counseling, Group Counseling, Peer Support Services, and Recovery Services as those services are defined in Section 13.d.6 of Supplement 3 to Attachment 3.1-A of this State Plan.

“Narcotic Treatment Program Daily Dosing Services” means NTP Core Services, NTP Laboratory Work, MAT for AUD Medications, and MAT for OUD Medications.

“NTP Core Services” means Assessment, Family Therapy, Medical Psychotherapy, Medication Services, Patient Education, and SUD Crisis Intervention Services as those services are defined in Section 13.d.6 of Supplement 3 to Attachment 3.1-A of this State Plan.

“NTP Laboratory Work” means Tuberculin and Syphilis tests, monthly drug screening, and monthly pregnancy tests of female methadone patients.

“Medication for Additional Treatment for Opioid Use Disorder (MAT for OUD) Medications” means all forms of drugs approved to treat opioid use disorder under Section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. § 355) and all biological products licensed to treat opioid use disorder under Section 351 of the Public Health Services Act (42 U.S.C. § 262).

“Medication for Addiction Treatment for Alcohol Use Disorder and Other Non-Opioid Use Disorders (MAT for AUD) Medications”

“Day Services” means Level 1 – Withdrawal Management (WM), Level 2 – WM, and Partial Hospitalization as those terms are defined in Section 13.d.6 in Supplement 3 to Attachment 3.1-A of this State Plan.

“Outpatient Services” means Assessment, Care Coordination, Family Therapy, Group

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

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.
- 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)

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.

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: 25-0043

Supersedes TN: 20-0006-B

Approval Date:

Effective : October 1, 2025

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

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

Effective October 1, 2020, 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.

"Assessment for MAT for OUD" consists of activities to evaluate or monitor the status of a beneficiary's behavioral health and determine the appropriate level of care and course of treatment for that beneficiary. Assessments for MAT for OUD shall be conducted in accordance with applicable State and Federal laws, and regulations, and standards. Assessments for MAT for OUD may be initial and periodic, and may include contact with family members or other collaterals if the purpose of the collateral's participation is to focus on the treatment needs of the beneficiary. Assessment for MAT for OUD services may include one or more of the following components:

- Collection of information for assessment used in the evaluation and analysis of the cause or nature of the OUD.
- Diagnosis of OUDs utilizing the current DSM and assessment of treatment needs for medically necessary treatment services. This may include a physical examination and laboratory testing (e.g., body specimen screening) necessary for treatment and evaluation conducted by staff lawfully authorized to provide such services and/or order laboratory testing (laboratory testing is covered under the "Other laboratory and X-ray services" benefit of the California Medicaid State Plan).
- Treatment planning, a service activity that consists of development and updates to documentation needed to plan and address the beneficiary's needs, planned interventions and to address and monitor a beneficiary's progress and restoration of a beneficiary to their best possible functional level.

"Group Counseling for MAT for OUD" consists of contacts with multiple beneficiaries at the same time. Group Counseling shall focus on the needs of the participants.

"Individual Counseling for MAT for OUD" consists of contacts with a beneficiary. Individual Counseling for MAT for OUD can include contact with family members or other collaterals if the purpose of the collateral's participation is to focus on the treatment needs of the beneficiary by supporting the achievement of the

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: 25-0043

Supersedes TN: 20-0006-B

Approval Date:

Effective : October 1, 2025

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

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

L = Licensed Practitioner of the Healing Arts

A Licensed Practitioner of the Healing Arts (LPHA) include any of the following: Physician, Nurse Practitioner (NP), Physician Assistant (PA), Registered Nurse, Registered Pharmacist, Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Registered*** CSW, Licensed Professional Clinical Counselor (LPCC), Registered*** PCC, Licensed Marriage and Family Therapist (LMFT), Registered*** MFT, Licensed Vocational Nurse (LVN), Licensed Occupational Therapist (LOT)****, and Licensed Psychiatric Technician (LPT).

M = Medical director of a Narcotic Treatment Program. The medical director of a Narcotic Treatment Program is a licensed physician in the State of California.

MA = Medical Assistant

A medical assistant is an individual who is at least 18 years of age, meets all applicable education, training and/or certification requirements and provides administrative, clerical, and technical supportive services, according to their scope of practice, under the supervision of a licensed physician and surgeon or to the extent authorized under state law, a nurse practitioner or physician assistant that has been delegated supervisory authority by a physician and surgeon. The licensed physician and surgeon, nurse practitioner or physician assistant must be physically present in the treatment facility (medical office or clinic setting) during the provision of services by a medical assistant.

Notes

*The physical examination shall be conducted an LPHA in accordance within their scope of practice and licensure. An OUD diagnosis may only be made by an LPHA.

** May be provided by an LPHA within their scope of practice.

***For a social worker candidate, a marriage and family therapist candidate, or a professional clinical counselor candidate, "registered" means a candidate for licensure who is registered, or has submitted a registration application and is in the process of obtaining registration in accordance with the criteria established by the corresponding state licensing authority for the purpose of acquiring the experience required for licensure, in accordance with applicable statutes and regulations.

**** Licensed Occupational Therapists meet the requirements of paragraph (2) of subdivision (b) of 42 CFR 440.110.

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: 25-0043

Supersedes TN: 20-0006-B

Approval Date:

Effective : October 1, 2025

State Plan under Title XIX of the Social Security Act

State/Territory: CALIFORNIA

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.
- 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)

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.

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: 25-0043

Supersedes TN: 20-0006-B

Approval Date:

Effective : October 1, 2025

State Plan under Title XIX of the Social Security Act**State/Territory: CALIFORNIA****Section 1905(a)(29) Medication Assisted Treatment (MAT)**

Effective October 1, 2020, 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.

"Assessment for MAT for OUD" consists of activities to evaluate or monitor the status of a beneficiary's behavioral health and determine the appropriate level of care and course of treatment for that beneficiary. Assessments for MAT for OUD shall be conducted in accordance with applicable State and Federal laws, and regulations, and standards. Assessments for MAT for OUD may be initial and periodic, and may include contact with family members or other collaterals if the purpose of the collateral's participation is to focus on the treatment needs of the beneficiary. Assessment for MAT for OUD services may include one or more of the following components:

- Collection of information for assessment used in the evaluation and analysis of the cause or nature of the OUD.
- Diagnosis of OUDs utilizing the current DSM and assessment of treatment needs for medically necessary treatment services. This may include a physical examination and laboratory testing (e.g., body specimen screening) necessary for treatment and evaluation conducted by staff lawfully authorized to provide such services and/or order laboratory testing (laboratory testing is covered under the "Other laboratory and X-ray services" benefit of the California Medicaid State Plan).
- Treatment planning, a service activity that consists of development and updates to documentation needed to plan and address the beneficiary's needs, planned interventions and to address and monitor a beneficiary's progress and restoration of a beneficiary to their best possible functional level.

"Group Counseling for MAT for OUD" consists of contacts with multiple beneficiaries at the same time. Group Counseling shall focus on the needs of the participants.

"Individual Counseling for MAT for OUD" consists of contacts with a beneficiary. Individual Counseling for MAT for OUD can include contact with family members or other collaterals if the purpose of the collateral's participation is to focus on the treatment needs of the beneficiary by supporting the achievement of the

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: 25-0043Supersedes TN: 20-0006-B

Approval Date:

Effective : October 1, 2025

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

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

L = Licensed Practitioner of the Healing Arts

A Licensed Practitioner of the Healing Arts (LPHA) include any of the following: Physician, Nurse Practitioner (NP), Physician Assistant (PA), Registered Nurse, Registered Pharmacist, Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Registered*** CSW, Licensed Professional Clinical Counselor (LPCC), Registered*** PCC, Licensed Marriage and Family Therapist (LMFT), Registered*** MFT, Licensed Vocational Nurse (LVN), Licensed Occupational Therapist (LOT)****, and Licensed Psychiatric Technician (LPT).

M = Medical director of a Narcotic Treatment Program. The medical director of a Narcotic Treatment Program is a licensed physician in the State of California.

MA = Medical Assistant

A medical assistant is an individual who is at least 18 years of age, meets all applicable education, training and/or certification requirements and provides administrative, clerical, and technical supportive services, according to their scope of practice, under the supervision of a licensed physician and surgeon or to the extent authorized under state law, a nurse practitioner or physician assistant that has been delegated supervisory authority by a physician and surgeon. The licensed physician and surgeon, nurse practitioner or physician assistant must be physically present in the treatment facility (medical office or clinic setting) during the provision of services by a medical assistant.

Notes

*The physical examination shall be conducted an LPHA in accordance within their scope of practice and licensure. An OUD diagnosis may only be made by an LPHA.

** May be provided by an LPHA within their scope of practice.

***For a social worker candidate, a marriage and family therapist candidate, or a professional clinical counselor candidate, "registered" means a candidate for licensure who is registered, or has submitted a registration application and is in the process of obtaining registration in accordance with the criteria established by the corresponding state licensing authority for the purpose of acquiring the experience required for licensure, in accordance with applicable statutes and regulations.

**** Licensed Occupational Therapists meet the requirements of paragraph (2) of subdivision (b) of 42 CFR 440.110.

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: 25-0043

Supersedes TN: 20-0006-B

Approval Date:

Effective : October 1, 2025