

## **Table of Contents**

**State/Territory Name: Washington**

**State Plan Amendment (SPA) #: 25-0018**

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

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January 8, 2026

Ryan Moran, Health Care Authority Director  
Trinity Wilson, Interim Medicaid Director  
Washington State Health Care Authority  
P. O. Box 45502  
Olympia, WA 98504-5010

Re: Washington State Plan Amendment (SPA) – 25-0018

Dear Directors Moran and Wilson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0018. This amendment will comply with actions implemented in Section 201 of the Consolidated Appropriations Act, 2024, which made the mandatory medication-assisted treatment (MAT) for opioid use disorders (OUD) benefit permanent by amending Section 1905(a)(29) of the Social Security Act (the Act) to remove the end date of September 30, 2025.

We conducted our review of your submittal according to statutory requirements in Section 1905(a)(29) of the Act. This letter informs you that Washington's Medicaid SPA TN 25-0018 was approved on January 8, 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 Washington State Plan.

If you have any questions, please contact Edwin Walaszek at (212) 616-2512 or via email at [edwin.walaszek1@cms.hhs.gov](mailto:edwin.walaszek1@cms.hhs.gov).

Sincerely,

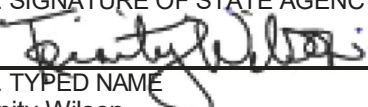
WENDY E. HILL  
PETRAS -S

Digitally signed by WENDY E.  
HILL PETRAS -S  
Date: 2026.01.08 08:57:08  
-08'00'

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

Enclosures

cc: Ann Myers, Section Manager & State Plan Coordinator, Health Care Authority

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <u>2 5 — 0 0 1 8</u>	2. STATE <u>WA</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 <b>October 1, 2025</b>	
5. FEDERAL STATUTE/REGULATION CITATION <b>1905(a)(29) of the Social Security Act</b>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2026</u> \$ <u>0</u> b. FFY <u>2027</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 3.1-A page 18c (new)</b> <b>Supplement 4 to Attachment 3.1-A pages 1 - 6, 7 (new), 8 (new)</b>  <b>Attachment 3.1-B page 18c (new)</b> <b>Supplement 2 to Attachment 3.1-B pages 1 - 6, 7 (new), 8 (new)</b>		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Supp. 4 to Att. 3.1-A pgs 1(TN 21-0007), 2(TN 24-0019), 3</b> <b>(TN <del>24-0019</del> 21-0007), 4(TN <del>24-0019</del> 21-0007),</b> <b>5(TN 24-0019), 6(TN <del>24-0019</del> 21-0007)</b> <b>Supp. 2 to Att. 3.1-B pgs 1(TN 21-0007), 2(TN 24-0019), 3</b> <b>(TN <del>24-0019</del> 21-0007), 4(TN <del>24-0019</del> 21-0007), 5(TN 24-</b> <b>0019), 6(TN 21-0007)</b>	
9. SUBJECT OF AMENDMENT <b>Update MAT-MOUD per CMS new preprint</b>			
10. GOVERNOR'S REVIEW (Check One) <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 <input checked="" type="radio"/> OTHER, AS SPECIFIED:			
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO State Plan Coordinator POB 42716 Olympia, WA 98504-2716	
12. TYPED NAME Trinity Wilson			
13. TITLE Interim Medicaid Director			
14. DATE SUBMITTED December 17, 2025			
<b>FOR CMS USE ONLY</b>			
16. DATE RECEIVED December 17, 2025		17. DATE APPROVED January 8, 2026	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
18. EFFECTIVE DATE OF APPROVED MATERIAL <b>October 1, 2025</b>		19. SIGNATURE OF APPROVING OFFICIAL WENDY E. HILL PETRAS - Digitally signed by WENDY E. HILL PETRAS - S Date: 2026.01.08 08:57:48 -08'00'	
20. TYPED NAME OF APPROVING OFFICIAL Wendy E. Hill Petras		21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations	
22. REMARKS 01/07/26: The state authorizes the following Pen and ink change to the 179 form: • Supplement 4 to Attachment 3.1A-Pg 3 change (TN 24-0019) to (TN 21-0007) • Supplement 4 to Attachment 3.1A-Pg 4 change (TN 24-0019) to (TN 21-0007) • Supplement 4 to Attachment 3.1A-Pg 6 change (TN 24-0019) to (TN 21-0007) • Supplement 2 to Attachment 3.1-B-Pg3 change (TN 24-0019) to (TN 21-0007) • Supplement 2 to Attachment 3.1-B-Pg4 change (TN 24-0019) to (TN 21-0007)			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

AMOUNT, DURATION, AND SCOPE OF SERVICES OF MEDICAL AND REMEDIAL  
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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**[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 4 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.

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

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.

*Beginning 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. See chart below.*

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

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

a. Service	a. Service Description	b. Providers Able to Render Service
<b>Medication Management</b>		
Medication Management	Reviewing relevant medical history and current medications to determine the appropriateness of medication assisted treatment. Prescribing and monitoring of medications, their side effects and drug-drug interactions, for all drugs in all forms identified for use as MAT, 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). Providing patient education on medications prescribed.	<ul style="list-style-type: none"><li>• Advanced Registered Nurse Practitioner (ARNP)</li><li>• Doctor of Medicine (MD)</li><li>• Doctor of Osteopathic Medicine (DO)</li><li>• Physician Assistant (PA)</li></ul>

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

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

a. Service	b. Service Description	c. Providers Able to Render Service
<b>Opioid Use Treatment</b>		
Assessment	Assessment documents an age-appropriate, strengths-based psychosocial assessment that considers current needs and the patient's relevant history according to best practices.	<ul style="list-style-type: none"> <li>• ARNP</li> <li>• Behavioral Health Co-occurring Disorder Specialist</li> <li>• MD</li> <li>• Marriage and Family Therapist</li> <li>• Marriage and Family Therapist Associate</li> <li>• Mental Health Counselor (MHC)</li> <li>• Mental Health Counselor (MHC) Associate</li> <li>• DO</li> <li>• PA</li> <li>• Psychologist</li> <li>• Psychological Associate</li> <li>• Social Worker</li> <li>• Substance Use Disorder Professional (SUDP)</li> <li>• Substance Use Disorder Professional Trainee (SUDPT)</li> </ul>
Substance Use Disorder Brief Intervention	A time limited, structured behavioral intervention designed to address risk factors that appear to be related to substance use disorders, using substance use disorder screening tools and brief intervention techniques, such as evidence-based motivational interviewing and referral to additional treatment services options when indicated.	<ul style="list-style-type: none"> <li>• ARNP</li> <li>• MD</li> <li>• Marriage and Family Therapist</li> <li>• Marriage and Family Therapist Associate</li> <li>• MHC</li> <li>• MHC Associate</li> <li>• DO</li> <li>• PA</li> <li>• Psychologist</li> <li>• Psychological Associate</li> <li>• Social Worker</li> <li>• SUDP</li> <li>• SUDPT</li> </ul>

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

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

a. Service	b. Service Description	c. Providers Able to Render Service
Opioid Use Treatment (cont)		
Counseling	<p>*Individual, family, or group therapy designed to provide assistance and guidance in resolving personal, social, or psychological problems and difficulties. Facilitate the achievement and maintenance of maximum functional recovery.</p> <p>*Family Therapy service 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.</p> <p>*Therapeutic approaches and techniques utilized within these services may include evidence-based practices such as Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), Dialectical Behavior Therapy (DBT), Solution-Focused Therapy, and other clinically appropriate interventions. These approaches are selected based on the client's individual needs, treatment goals, and presenting concerns, and are intended to promote behavioral change, and are consistent with the provider's scope of practice. The intent is to promote behavioral change, emotional regulation, insight, and improved coping skills in support of the beneficiary's recovery and well-being.</p>	<ul style="list-style-type: none"> <li>• ARNP</li> <li>• Behavioral Health Co-occurring Disorder Specialist</li> <li>• MD</li> <li>• Mental Health Professional (MHP)</li> <li>• DO</li> <li>• PA</li> <li>• SUDP</li> <li>• SUDPT</li> </ul>



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

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

<b>a. Service</b>	<b>a. Service Description</b>	<b>b. Providers Able to Render Service</b>
Opioid Use Treatment (cont)		
Individual Service Plan	Be in terminology that is understandable to the participant. Must be a plan that is mutually agreed upon. Addresses issues identified by the individual or legal representative. Contains measurable goals and objectives and is initiated during the first individual sessions following the assessment with at least one goal identified by the individual. Must be updated to address applicable changes in identified needs and achievement of goals.	<ul style="list-style-type: none"> <li>• ARNP</li> <li>• MD</li> <li>• MHP</li> <li>• DO</li> <li>• PA</li> <li>• Social Worker</li> <li>• SUDP</li> <li>• SUDPT</li> </ul>
Peer Services	Non-clinical support to achieve long-term recovery from behavioral health and/or substance use challenges. This support is provided by people who have direct lived experience in behavioral health and/or substance use disorder recovery and have been trained to support others in initiating and maintaining long-term recovery and enhancing the quality of life for individuals and their families. Peer services are coordinated within the context of a comprehensive, individualized plan of care.	<ul style="list-style-type: none"> <li>• Certified Peer Counselor</li> <li>• Certified Peer Support Specialist (CPSS)</li> <li>• Certified Peer Support Specialist Trainee (CPSST)</li> </ul>

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

**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.

- Advanced Registered Nurse Practitioner (ARNP) is licensed and provides services within their scope of practice in accordance with state law
- Behavioral Health Co-occurring Disorder Specialist is licensed and provides services within their scope of practice in accordance with state law
- Doctor of Medicine (MD) is licensed and provides services within their scope of practice in accordance with state law.
- Doctor of Osteopathic Medicine (DO) is licensed and provides services within their scope of practice in accordance with state law.
- Marriage and Family Therapist is licensed and provides services within their scope of practice in accordance with state law
- Marriage and Family Therapist Associate is licensed and provides services within their scope of practice in accordance with state law, working under the supervision of a licensed Marriage and Family Therapist
- Mental Health Counselor (MHC) is licensed and provides services within their scope of practice in accordance with state law
- Mental Health Counselor (MHC) Associate is licensed and provides services within their scope of practice in accordance with state law, working under the supervision of a Licensed Mental Health Counselor
- Mental Health Professional (MHP) includes the following practitioners who are licensed or certified and provide services within their scope of practice in accordance with state law:
  - Certified or licensed agency affiliated counselor
  - Licensed mental health counselor
  - Licensed mental health counselor associate working under the supervision of a licensed mental health counselor
  - Licensed marriage and family therapist
  - Licensed marriage and family therapist associate working under the supervision of a licensed marriage and family therapist
  - Licensed psychiatrist
  - Licensed physician assistant working with a psychiatrist who is acting as a participating physician
  - Licensed psychiatric advanced registered nurse practitioner
  - Licensed psychiatric nurse
  - Licensed social worker (advanced, independent clinical, or associate)
  - Licensed psychologist
  - Licensed psychological associate working under the supervision of a licensed psychologist

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

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

Providers (cont)

- Physician Assistant (medical and osteopathic) (PA) is licensed and provides services within their scope of practice in accordance with state law.
- Psychologist is licensed and provides services within their scope of practice in accordance with state law
- Psychological associate is licensed and provides services within their scope of practice in accordance with state law, working under the supervision of a licensed psychologist
- Social Worker (advanced, independent clinical, or associate) is licensed and provides services within their scope of practice in accordance with state law
- Substance Use Disorder Professional (SUDP) is certified and provides services within their scope of practice in accordance with state law
- Substance Use Disorder Professional Trainee (SUDPT) is certified and provides services within their scope of practice in accordance with state law, working under the supervision of an SUDP.
- Certified Peer Counselor (CPC) is certified and provides services within their scope of practice in accordance with state law, working under the supervision of a Mental Health Professional (MHP) or a Substance Use Disorder Professional (SUDP).
- Certified Peer Support Specialist (CPSS) is certified and provides services within their scope of practice in accordance with state law, working under the supervision of an MHP or SUDP.
- Certified Peer Support Specialist Trainee (CPSST) is credentialed and working towards CPSS certification and provides services within their scope of practice in accordance with state law, working under the supervision of an MHP or SUDP and has been credentialed by the state.

Note: Providers prescribing medications for MAT must prescribe according to the authorities granted to them by the DEA and must follow all federal regulations/requirements when dispensing and administering methadone to treat people with opioid use disorder.

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

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

**Utilization Controls**

**[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.

**Limitations**

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

Medications to treat MAT may require prior authorization to determine medical necessity and may be subject to daily dose limits. All non-preferred products require a trial of preferred products with the same indication before a non-preferred drug will be authorized, unless contraindicated or not clinically appropriate. Requests for limitation extensions are considered and reviewed for medical necessity on a case-by-case basis.

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## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE  
MEDICALLY NEEDY GROUP(S): ALL

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**[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 2 to Attachment 3.1-B

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

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

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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)

a. Service	b. Service Description	c. Providers Able to Render Service
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**State Plan under Title XIX of the Social Security Act  
State/Territory: Washington**

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<b>Opioid Use Treatment</b>		
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Substance Use Disorder Brief Intervention	A time limited, structured behavioral intervention designed to address risk factors that appear to be related to substance use disorders, using substance use disorder screening tools and brief intervention techniques, such as evidence-based motivational interviewing and referral to additional treatment services options when indicated.	<ul style="list-style-type: none"> <li>• ARNP</li> <li>• MD</li> <li>• Marriage and Family Therapist</li> <li>• Marriage and Family Therapist Associate</li> <li>• MHC</li> <li>• MHC Associate</li> <li>• DO</li> <li>• PA</li> <li>• Psychologist</li> <li>• Psychological Associate</li> <li>• Social Worker</li> <li>• SUDP</li> <li>• SUDPT</li> </ul>



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

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

a. Service	b. Service Description	c. Providers Able to Render Service
Opioid Use Treatment (cont)		
Counseling	<p>Individual, family, or group therapy designed to provide assistance and guidance in resolving personal, social, or psychological problems and difficulties. Facilitate the achievement and maintenance of maximum functional recovery</p> <p>Family Therapy service 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."</p> <p>Therapeutic approaches and techniques utilized within these services may include evidence-based practices such as Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), Dialectical Behavior Therapy (DBT), Solution-Focused Therapy, and other clinically appropriate interventions. These approaches are selected based on the client's individual needs, treatment goals, and presenting concerns, and are intended to promote behavioral change, and are consistent with the provider's scope of practice. The intent is to promote behavioral change, emotional regulation, insight, and improved coping skills in support of the beneficiary's recovery and well-being.</p>	<ul style="list-style-type: none"> <li>• ARNP</li> <li>• Behavioral Health Co-occurring Disorder Specialist</li> <li>• MD</li> <li>• Mental Health Professional (MHP)</li> <li>• DO</li> <li>• PA</li> <li>• SUDP</li> <li>• SUDPT</li> </ul>

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

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

<b>a. Service</b>	<b>a. Service Description</b>	<b>b. Providers Able to Render Service</b>
Opioid Use Treatment (cont)		
Individual Service Plan	Be in terminology that is understandable to the participant. Must be a plan that is mutually agreed upon. Addresses issues identified by the individual or legal representative. Contains measurable goals and objectives and is initiated during the first individual sessions following the assessment with at least one goal identified by the individual. Must be updated to address applicable changes in identified needs and achievement of goals	<ul style="list-style-type: none"> <li>• ARNP</li> <li>• MD</li> <li>• MHP</li> <li>• DO</li> <li>• PA</li> <li>• Social Worker</li> <li>• SUDP</li> <li>• SUDPT</li> </ul>
Peer Services	Non-clinical support to achieve long-term recovery from behavioral health and/or substance use challenges. This support is provided by people who have direct lived experience in behavioral health and/or substance use disorder recovery and have been trained to support others in initiating and maintaining long-term recovery and enhancing the quality of life for individuals and their families. Peer services are coordinated within the context of a comprehensive, individualized plan of care.	<ul style="list-style-type: none"> <li>• Certified Peer Counselor</li> <li>• Certified Peer Support Specialist (CPSS)</li> <li>• Certified Peer Support Specialist Trainee (CPSST)</li> </ul>

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.

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

**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.

- Advanced Registered Nurse Practitioner (ARNP) is licensed and provides services within their scope of practice in accordance with state law
- Behavioral Health Co-occurring Disorder Specialist is licensed and provides services within their scope of practice in accordance with state law
- Doctor of Medicine (MD) is licensed and provides services within their scope of practice in accordance with state law.
- Doctor of Osteopathic Medicine (DO) is licensed and provides services within their scope of practice in accordance with state law.
- Marriage and Family Therapist is licensed and provides services within their scope of practice in accordance with state law
- Marriage and Family Therapist Associate is licensed and provides services within their scope of practice in accordance with state law, working under the supervision of a licensed Marriage and Family Therapist
- Mental Health Counselor (MHC) is licensed and provides services within their scope of practice in accordance with state law
- Mental Health Counselor (MHC) Associate is licensed and provides services within their scope of practice in accordance with state law, working under the supervision of a Licensed Mental Health Counselor
- Mental Health Professional (MHP) includes the following practitioners who are licensed or certified and provide services within their scope of practice in accordance with state law:
  - Certified or licensed agency affiliated counselor
  - Licensed mental health counselor
  - Licensed mental health counselor associate working under the supervision of a licensed mental health counselor
  - Licensed marriage and family therapist
  - Licensed marriage and family therapist associate working under the supervision of a licensed marriage and family therapist
  - Licensed psychiatrist
  - Licensed physician assistant working with a psychiatrist who is acting as a participating physician
  - Licensed psychiatric advanced registered nurse practitioner
  - Licensed psychiatric nurse
  - Licensed social worker (advanced, independent clinical, or associate)
  - Licensed psychologist
  - Licensed psychological associate working under the supervision of a licensed psychologist

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

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

Providers (cont)

Providers (cont)

- Physician Assistant (medical and osteopathic) (PA) is licensed and provides services within their scope of practice in accordance with state law.
- Psychologist is licensed and provides services within their scope of practice in accordance with state law
- Psychological associate is licensed and provides services within their scope of practice in accordance with state law, working under the supervision of a licensed psychologist
- Social Worker (advanced, independent clinical, or associate) is licensed and provides services within their scope of practice in accordance with state law
- Substance Use Disorder Professional (SUDP) is certified and provides services within their scope of practice in accordance with state law
- Substance Use Disorder Professional Trainee (SUDPT) is certified and provides services within their scope of practice in accordance with state law, working under the supervision of an SUDP.
- Certified Peer Counselor (CPC) is certified and provides services within their scope of practice in accordance with state law, working under the supervision of a Mental Health Professional (MHP) or Substance Use Disorder Professional (SUDP).
- Certified Peer Support Specialist (CPSS) is certified and provides services within their scope of practice in accordance with state law, working under the supervision of an MHP or SUDP.
- Certified Peer Support Specialist Trainee (CPSST) is credentialed and working towards CPSS certification and provides services within their scope of practice in accordance with state law, working under the supervision of an MHP or SUDP and has been credentialed by the state.

**Note:** Providers prescribing medications for MAT must prescribe according to the authorities granted to them by the DEA and must follow all federal regulations/requirements when dispensing and administering methadone to treat people with opioid use disorder

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

**Utilization Controls**

**[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.

**Limitations**

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

Medications to treat MAT may require prior authorization to determine medical necessity and may be subject to daily dose limits. All non-preferred products require a trial of preferred products with the same indication before a non-preferred drug will be authorized, unless contraindicated or not clinically appropriate. Requests for limitation extensions are considered and reviewed for medical necessity on a case-by-case basis.

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