



**Andy Beshear**  
GOVERNOR

## CABINET FOR HEALTH AND FAMILY SERVICES

275 East Main Street, 6W-A  
Frankfort, Kentucky 406 21

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**Steven Stack , MD**  
SECRETARY

**Lisa D. Lee**  
COMMISSIONER

December 16, 2025

**Shantrina Roberts, Acting Director**  
**Center for Medicaid & CHIP Services**  
**Medicaid & CHIP Operations Group**  
**Division of Program Operations**  
**[601 E. 12th St., Room 355](#)**  
**Kansas City, Missouri 64106**

RE: State Plan Amendment KY 25-0012

Dear Ms. Miller:

Please find the attached Kentucky SPA 25-0012 MAT. The Kentucky Department for Medicaid Services is requesting approval for changes to the State Plan to incorporate the CMS approved templates.

If you should have any questions, please contact Daryl Osborne at [dosborne@ky.gov](mailto:dosborne@ky.gov), Amanda Trent at [amanda.trent@ky.gov](mailto:amanda.trent@ky.gov) and Erin Bickers at [erin.bickers@ky.gov](mailto:erin.bickers@ky.gov).

Sincerely,

Lisa Lee, Commissioner

## **Standard Funding Questions**

The following questions are being asked and should be answered in relation to all payments made to all providers under Attachment 4.19-A of your State plan.

1. Section 1903(a)(1) provides that Federal matching funds are only available for expenditures made by States for services under the approved State plan. Do providers receive and retain the total Medicaid expenditures claimed by the State (includes normal per diem, supplemental, enhanced payments, other) or is any portion of the payments returned to the State, local governmental entity, or any other intermediary organization? If providers are required to return any portion of payments, please provide a full description of the repayment process. Include in your response a full description of the methodology for the return of any of the payments, a complete listing of providers that return a portion of their payments, the amount or percentage of payments that are returned and the disposition and use of the funds once they are returned to the State (i.e., general fund, medical services account, etc.)

**DMS response – The providers receive and retain the total Medicaid expenditures for all eligible expenses.**

2. Section 1902(a)(2) provides that the lack of adequate funds from local sources will not result in lowering the amount, duration, scope, or quality of care and services available under the plan. Please describe how the state share of each type of Medicaid payment (normal per diem, supplemental, enhanced, other) is funded. Please describe whether the state share is from appropriations from the legislature to the Medicaid agency, through intergovernmental transfer agreements (IGTs), certified public expenditures (CPEs), provider taxes, or any other mechanism used by the state to provide state share. Note that, if the appropriation is not to the Medicaid agency, the source of the state share would necessarily be derived through either an IGT or CPE. In this case, please identify the agency to which the funds are appropriated. Please provide an estimate of total expenditure and State share amounts for each type of Medicaid payment. If any of the non-federal share is being provided using IGTs or CPEs, please fully describe the matching arrangement including when the state agency receives the transferred amounts from the local government entity transferring the funds. If CPEs are used, please describe the methodology used by the state to verify that the total expenditures being certified are eligible for Federal matching funds in accordance with 42 CFR 433.51(b). For any payment funded by CPEs or IGTs, please provide the following:
  - (i) a complete list of the names of entities transferring or certifying funds;
  - (ii) the operational nature of the entity (state, county, city, other);
  - (iii) the total amounts transferred or certified by each entity;
  - (iv) clarify whether the certifying or transferring entity has general taxing authority; and,

- (v) whether the certifying or transferring entity received appropriations (identify level of appropriations).

**DMS Response – The non-federal share of all expenditures for which Kentucky requests Federal matching funds are obtained from appropriations from the Kentucky General Assembly and provider assessment fees.**

3. Section 1902(a)(30) requires that payments for services be consistent with efficiency, economy, and quality of care. Section 1903(a)(1) provides for Federal financial participation to States for expenditures for services under an approved State plan. If supplemental or enhanced payments are made, please provide the total amount for each type of supplemental or enhanced payment made to each provider type.

**DMS Response – Supplemental payments are not made to any provider impacted by the rate change reflected in this SPA.**

4. Please provide a detailed description of the methodology used by the state to estimate the upper payment limit (UPL) for each class of providers (State owned or operated, non-state government owned or operated, and privately owned or operated). Please provide a current (i.e. applicable to the current rate year) UPL demonstration.

**DMS Response – N/A**

5. Does any governmental provider receive payments that in the aggregate (normal per diem, supplemental, enhanced, other) exceed their reasonable costs of providing services? If payments exceed the cost of services, do you recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report?

**DMS Response – No. If payments were to exceed cost, unless otherwise approved, the federal share would be returned.**

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

1. TRANSMITTAL NUMBER

2. STATE

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL  
SECURITY ACT

XIX

XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

5. FEDERAL STATUTE/REGULATION CITATION

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY \_\_\_\_\_ \$ \_\_\_\_\_

b. FFY \_\_\_\_\_ \$ \_\_\_\_\_

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT

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, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL



12. TYPED NAME

13. TITLE

14. DATE SUBMITTED

15. RETURN TO

**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

## INSTRUCTIONS FOR COMPLETING FORM CMS-179

Use Form CMS-179 to transmit State plan material to the Center for Medicaid & CHIP Services for approval. Submit a separate typed transmittal form with each plan/amendment.

**Block 1 - Transmittal Number** - Enter the State Plan Amendment transmittal number. Assign consecutive numbers on a **calendar year** basis with the first two digits being the two-digit year (e.g., 21-0001, 21-0002, etc.). Because states have different state fiscal years, a calendar year is required for consistency.

**Block 2 - State** - Enter the two-letter abbreviation code of the State/District/Territory submitting the plan material.

**Block 3 - Program Identification** - Enter the applicable Title of the Social Security Act (Title XIX Medicaid or Title XXI CHIP).

**Block 4 - Proposed Effective Date** - Enter the proposed effective date of material. The effective date of a new plan may not be earlier than the first day of the calendar quarter in which an approvable plan is submitted. With respect to expenditures for assistance under such plan, the effective date may not be earlier than the first day on which the plan is in operation on a statewide basis or earlier than the day following publication of notice of changes.

**Block 5 - Federal Statute/Regulation Citation** - Enter the appropriate statutory/regulatory citation.

**Block 6 - Federal Budget Impact - 6(a)** - IN WHOLE DOLLARS, NOT IN THOUSANDS, Enter 1st **Federal Fiscal Year** (FFY) impacted by the SPA & estimated Federal share of the cost of the SPA for 1st FFY. The first FFY should be the FFY inclusive of the earliest effective date of any amended payment language; **6 (b)** - Enter 2nd FFY impacted by the SPA & estimated Federal share of the cost for 2nd FFY. In general, the estimates should include any amount not currently approved in the state's plan for assistance.

**Block 7 - Page No.(s) of Plan Section or Attachment** - Enter the page number(s) of plan material amended and transmitted. If additional space is needed, use bond paper. **New pages** should be included in Block 7, but not in Block 8.

**Block 8 - Page No.(s) of the Superseded Plan Section or Attachment (if Applicable)** - Enter the page number(s) (including the transmittal number) that is being superseded. If additional space is needed, use bond paper. **Deleted pages** should be included in Block 8, but not in Block 7.

**Block 9 - Subject of Amendment** - Briefly describe plan material being transmitted.

**Block 10 - Governor's Review** - Check the appropriate box. See SMM section 13026 A.

**Block 11 - Signature of State Agency Official** - Authorized State official signs this block.

**Block 12 - Typed Name** - Type name of State official who signed block 11.

**Block 13 - Title** - Type title of State official who signed block 11.

**Block 14 - Date Submitted** - Enter the date that the state transmits plan material to CMCS. Unless the state officially withdraws this SPA and then resubmits it, this date should not be revised. Documentation of version revisions will be maintained in the CMCS administrative record.

**Block 15 - Return To** - Type the name and address of State official to whom this form should be returned.

**Block 16–22 (FOR CMS USE ONLY).**

**Block 16 - Date Received** - Enter the date plan material is received by CMCS. This is the date that the submission is received by CMCS via the subscribed submission process.

**Block 17 - Date Approved** - Enter the date CMCS approved the plan material.

**Block 18 - 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 22 or attach a sheet.

**Block 19 - Signature of Approving Official** - Approving official signs this block.

**Block 20 - Typed Name of Approving Official** - Type approving official's name.

**Block 21 - Title of Approving Official** - Type approving official's title.

**Block 22 - Remarks** - Use this block to reference and explain agreed to changes and strike-throughs to the original CMS-179 as submitted, a partial approval, more than one effective date, etc. If additional space is needed, use bond paper.

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

**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 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.

TN: 25-0012\_\_\_\_\_  
Supersedes  
TN: 21-002\_\_\_\_

Approval Date:\_\_\_\_\_  
Effective: 10/1/25\_\_\_\_\_

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

**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.

[Click or tap here to enter text.](#)

<u>Service Component</u>	<u>Service Component Description</u>
Assessment	Means the individualized, person-centered, biopsychosocial performed face-to-face, in which the provider obtains comprehensive information from the individual.
Individual Service Plan	Development of a person-centered, recovery-focused treatment plan that is in collaboration with the individual and reflective of the patient's personal goals for recovery. Treatment plans are re-evaluated at least every three months.
Individual, Group and Family Therapy	A range of cognitive, behavioral and other substance use disorder-focused therapies that includes evidenced-based counseling on addiction, treatment, recovery and associated health risks which is provided on an individual, group or family basis.
Medication administration	The administration of medication related to opioid use disorder treatment and/or the monitoring for adverse side effects or results of medication; continued intervention based on the level of progress and outcome of recovery.

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

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

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

Click or tap here to enter text.

<u>Service Component</u>	<u>Type of Practitioner</u>
Assessment	Behavioral Health Practitioner
Individual Service Plan	Behavioral Health Practitioner
Individual, Group and Family Therapy	Behavioral Health Practitioner
Medication administration	Physician, Nurse Practitioner, Physician Assistant is DATA-waived to dispense or write prescriptions for <u>buprenorphine</u> or any new FDA-approved products requiring a waiver and have experience or knowledge in addiction medicine.

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

**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.

Click or tap here to enter text.

**Behavioral Health Practitioner means:** Licensed Clinical Social Worker, Licensed Certified Social Worker, Licensed Marriage and Family Therapist, Licensed Marriage and Family Therapist Associate, Licensed Professional Clinical Counselor, Licensed Professional Clinical Counselor Associate, Licensed Psychologist, Licensed Psychological Association, Licensed Psychological Practitioner, Licensed Clinical Alcohol and Drug Counselor, Licensed Clinical Alcohol and Drug Counselor Associate, Licensed Physicians, Licensed Psychiatrists, Licensed Physician Assistants and Licensed Advanced Practice Registered Nurses.

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

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

**Certified Alcohol and Drug Counselor (CADC):** A Certified Alcohol and Drug Counselor shall:

- (a) Be at least eighteen (18) years of age;
- (b) Have obtained a baccalaureate degree;
- (c) Have completed six thousand (6,000) hours of board-approved experience working with alcohol or drug dependent persons, three hundred (300) hours of which shall have been under the direct supervision of a certified alcohol and drug counselor who has at least two (2) years of post-certification experience; (4) Have completed at least two hundred seventy (270) classroom hours of board-approved curriculum;

**Certified Psychologist with autonomous functioning:** A Certified Psychologist with autonomous functioning shall be:

- (a) A person currently authorized to use the title "certified psychologist with autonomous functioning" may continue to function with that title or may choose to permanently change this title to "licensed psychological practitioner" and notify the board of this choice. The board shall issue a license at the time of renewal to the credential holder with the title of choice.
- (b) A certified psychologist with autonomous functioning or a licensed psychological practitioner may continue to function without supervision unless the board revokes his or her license. He or she shall not supervise certified psychologists, licensed psychological practitioners, or licensed psychological associates

**Certified Psychologist:** A Certified Psychologist shall be:

- (a) A person currently authorized to use the title "certified psychologist" may continue to function with that title or may choose to permanently change this title to "licensed psychological associate" and notify the board of this choice. The board shall issue a license at the time of renewal to the credential holder with the title of choice.
- (b) A certified psychologist or a licensed psychological associate may continue to function under the supervision of a licensed psychologist unless the board revokes his certificate.

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

**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.]**

Click or tap here to enter text.

The state has applied appropriate utilization management and day supply limits on MAT drugs. Limitations are dependent on drug product and vary based on formulation. All limitations are evidence based, and certain class limitations are reviewed by the state's Pharmacy & Therapeutics Committee. Individual therapy, family therapy and group therapy services shall be limited to a maximum of a combined three (3) hours per day, per recipient which can be exceeded based on Medical Necessity.

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

**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 Supplement 4 to Attachment 3.1-B.

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

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

**General Assurances**

**[Select all three checkboxes below.]**

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

[Click or tap here to enter text.](#)

<u>Service Component</u>	<u>Service Component Description</u>
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Individual Service Plan	Development of a person-centered, recovery-focused treatment plan that is in collaboration with the individual and reflective of the patient's personal goals for recovery. Treatment plans are re-evaluated at least every three months.
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Medication administration	The administration of medication related to opioid use disorder treatment and/or the monitoring for adverse side effects or results of medication; continued intervention based on the level of progress and outcome of recovery.

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

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

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

Click or tap here to enter text.

<u>Service Component</u>	<u>Type of Practitioner</u>
Assessment	Behavioral Health Practitioner
Individual Service Plan	Behavioral Health Practitioner
Individual, Group and Family Therapy	Behavioral Health Practitioner
Medication administration	Physician, Nurse Practitioner, Physician Assistant is DATA-waived to dispense or write prescriptions for <u>buprenorphine</u> or any new FDA-approved products requiring a waiver and have experience or knowledge in addiction medicine.

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.

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Click or tap here to enter text.

**Behavioral Health Practitioner means:** Licensed Clinical Social Worker, Licensed Certified Social Worker, Licensed Marriage and Family Therapist, Licensed Marriage and Family Therapist Associate, Licensed Professional Clinical Counselor, Licensed Professional Clinical Counselor Associate, Licensed Psychologist, Licensed Psychological Association, Licensed Psychological Practitioner, Licensed Clinical Alcohol and Drug Counselor, Licensed Clinical Alcohol and Drug Counselor Associate, Licensed Physicians, Licensed Psychiatrists, Licensed Physician Assistants and Licensed Advanced Practice Registered Nurses.

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: 25-0012\_\_\_\_\_  
Supersedes  
TN: 21-002

Approval Date:\_\_\_\_\_  
Effective:10/1/25\_\_\_\_\_

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

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

**Certified Alcohol and Drug Counselor (CADC):** A Certified Alcohol and Drug Counselor shall:

- (a) Be at least eighteen (18) years of age;
- (b) Have obtained a baccalaureate degree;
- (c) Have completed six thousand (6,000) hours of board-approved experience working with alcohol or drug dependent persons, three hundred (300) hours of which shall have been under the direct supervision of a certified alcohol and drug counselor who has at least two (2) years of post-certification experience; (4) Have completed at least two hundred seventy (270) classroom hours of board-approved curriculum;

**Certified Psychologist with autonomous functioning:** A Certified Psychologist with autonomous functioning shall be:

- (a) A person currently authorized to use the title "certified psychologist with autonomous functioning" may continue to function with that title or may choose to permanently change this title to "licensed psychological practitioner" and notify the board of this choice. The board shall issue a license at the time of renewal to the credential holder with the title of choice.
- (b) A certified psychologist with autonomous functioning or a licensed psychological practitioner may continue to function without supervision unless the board revokes his or her license. He or she shall not supervise certified psychologists, licensed psychological practitioners, or licensed psychological associates

**Certified Psychologist:** A Certified Psychologist shall be:

- (a) A person currently authorized to use the title "certified psychologist" may continue to function with that title or may choose to permanently change this title to "licensed psychological associate" and notify the board of this choice. The board shall issue a license at the time of renewal to the credential holder with the title of choice.
- (b) A certified psychologist or a licensed psychological associate may continue to function under the supervision of a licensed psychologist unless the board revokes his certificate.

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

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.]

Click or tap here to enter text.

The state has applied appropriate utilization management and day supply limits on MAT drugs. Limitations are dependent on drug product and vary based on formulation. All limitations are evidence based, and certain class limitations are reviewed by the state's Pharmacy & Therapeutics Committee. Individual therapy, family therapy and group therapy services shall be limited to a maximum of a combined three (3) hours per day, per recipient which can be exceeded based on Medical Necessity.

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