

September 30, 2025

Edwin Walaszek
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 # AZ-25-0013 Medication Assisted Treatment (MAT) Template Update

Dear Mr. Walaszek:

Enclosed is State Plan Amendment (SPA) # AZ-25-0013, Medication Assisted Treatment (MAT) Template Update. This SPA updates the template for Medication Assisted Treatment (MAT) from Social Security Act 1905(a)(29), which expires on September 30, 2025. The MAT rate updates SPA will reserve an October 1, 2025 effective date.

Tribal Consultation on this SPA occurred on August 7, 2025:

<https://www.azahcccs.gov/AmericanIndians/Downloads/Consultations/Meetings/2025/08072025Presentation.pdf>

Public Notice for this SPA was posted on the following webpages:

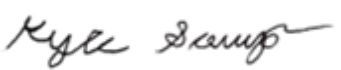
https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/PublicNotice_25-0011MedicationAssistedTreatment_MAT_TemplateUpdate.pdf

The **Federal Fiscal Impact** of this SPA has been calculated as:

- FFY 2025: \$0
- FFY 2026: \$0

If there are any questions about the enclosed SPA, please contact Ryan Melson at Ryan.Melson@azahcccs.gov or 602-417-7309.

Sincerely,



Kyle Sawyer
Assistant Director, Public Policy and Strategic Planning
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

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Kyle Samp

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

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

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 3 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: 25-0013
Supersedes TN: 21-0003

Approval Date: _____
Effective : October 1, 2025

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

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.

Individual Therapy: Therapy and counseling services that are provided individually and which address the therapeutic goals outlined in the service plan.

Group Therapy: Therapy and counseling services that are provided in a group setting and which address the therapeutic goals outlined in the service plan.

Family Therapy: Service that involves the participation of a non-Medicaid eligible individual but that is for the direct benefit of the beneficiary. 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.

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

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

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

Physician (MD, DO), Psychiatrist (MD,DO), Nurse Practitioner (NP), Physician Assistant (PA), Licensed Practical Nurse (LPN), Registered Nurse (RN), Licensed Clinical Social Worker (LCSW), Licensed Marriage/Family Therapist (LMFT), Licensed Professional Counselor (LPC), Licensed Independent Substance Abuse Counselor (LISAC), Licensed Behavior Analyst, Behavioral Health Paraprofessional (BHPP), Behavioral Health Technician (BHT).

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

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.

Practitioner Type	Education/Degree Required	Requires Supervision	Notes
Physician (MD, DO)	Graduate from an approved school of medicine or receive a medical education that the board deems to be of equivalent quality.	No	
Psychiatrist (MD, DO)	Licensed physician who has completed three years of graduate training in psychiatry in a program approved by the American Medical Association or the American Osteopathic Association.	No	
Nurse Practitioner (NP)	Completed a nurse practitioner educational program approved or recognized by the board and educational requirements prescribed by the board.	No	
Physician Assistant (PA)	Graduate from a physician's assistant educational program approved by the board and licensed by the board.	Yes	
Licensed Practical Nurse (LPN)	Satisfactory completion of basic curriculum in an approved practical or professional nursing program and hold a diploma, certificate or degree from that program.	No	

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

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

Practitioner Type	Education/Degree Required	Requires Supervision	Notes
Registered Nurse (RN)	Satisfactory completion of basic curriculum in an approved registered nursing program and holds a diploma or degree from that program.	No	
Licensed Clinical Social Worker (LCSW)	Master degree or higher in social work from a regionally accredited college or university in a program accredited by the Council on Social Work Education or an equivalent foreign degree as determined by the Foreign Equivalency Determination Service of the Council on Social Work Education.	No	
Licensed Marriage/Family Therapist (LMFT)	Master degree or higher in a behavioral health science from a regionally accredited college or university whose program is accredited by the Commission on Accreditation for Marriage and Family Education or determined by the marriage and family credentialing committee to be substantially equivalent to a program accredited by the Commission on Accreditation for Marriage and Family Education.	No	

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

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

Practitioner Type	Education/Degree Required	Requires Supervision	Notes
Licensed Professional Counselor (LPC)	Master degree or higher in counseling or related field from a regionally accredited college or university in a program that consists of 48 hours semester credit hours or a program	No	
Licensed Independent Substance Abuse Counselor (LISAC)	Master degree or higher from a regionally accredited college or university in a behavioral health service with a minimum of 24 semester credit hours of counseling related coursework as determined by the substance abuse credentialing committee.	No	
Licensed Behavior Analyst	Graduate degree, Master degree or doctoral degree from an accredited college or university or institution of higher learning accredited by a recognized accrediting agency. Minimum of 225 classroom hours of specific graduate level instruction that meet nationally recognized standards for behavior analysts as determined by the board.	No	

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

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

Practitioner Type	Education/Degree Required	Requires Supervision	Notes
Behavioral Health Paraprofessional (BHPP)	Associate's degree, a high school diploma or a high school equivalency diploma, must be at least 21 years old and has the skills and knowledge necessary to provide behavioral health services that the agency is authorized to provide and meet the needs of client populations served by the agency.	Yes	Supervision Required: BHPP's working full time receive at least four hours of clinical supervision by a BHP or BHT in a calendar month.
Behavioral Health Technician (BHT)	Master's degree or bachelor's degree in a field related to behavioral health; is a registered nurse, is a physician assistant who is not working as a medical practitioner, has a bachelor's degree and at least one year of full time behavioral health work experience; has as associate's degree and at least two years of full time behavioral health work experience; has a high school diploma or high school equivalency diploma and a combination of education in a field related to behavioral health and full time behavioral health work experience totaling at least two years; is licensed a practical nurse, according to A.R.S Title 32, Chapter 15, with at least three years of full time behavioral health work experience; or has a high school diploma or high school equivalency diploma at least four years of full time behavioral health work experience.	Yes	Supervision Required: BHT's working full time receive at least four hours of clinical supervision by a BHP in a calendar month.

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

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.]

Limitations on the amount, duration and scope of MAT drugs, biologicals and counseling/behavioral therapies related to MAT are based on clinical necessity.

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: 25-0013
Supersedes TN: 21-0003

Approval Date: _____
Effective: October 1, 2025

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~~

~~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.
- c. 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).

iii. Service Package

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

a) The following services are covered as required by 1905(a)(29):

- Individual Therapy: Therapy and counseling services that are provided individually and which address the therapeutic goals outlined in the service plan.
- Group Therapy: Therapy and counseling services that are provided in a group setting and which address the therapeutic goals outlined in the service plan.
- Family Therapy: Service that involves the participation of a non-Medicaid-eligible individual but that is for the direct benefit of the beneficiary. 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.

From October 1, 2020 through September 30, 2025, the state assures that MAT to treat OUD as defined in section 1905(ee)(1) of the Social Security Act (the Act) is covered

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)

~~exclusively under section 1905(a)(29) of the Act.~~

~~b) The providers which may provide individual, group and family therapy are licensed practitioners of the healing arts and Behavioral Health Technicians. The title of each provider/facility and qualifications are described in the table below.~~

~~c) Staff/Provider Titles and Qualifications~~

Practitioner Type	Education/Degree Required	Requires Supervision	Notes
Physician (MD, DO)	Graduate from an approved school of medicine or receive a medical education that the board deems to be of equivalent quality.	No	
Psychiatrist (MD, DO)	Licensed physician who has completed three years of graduate training in psychiatry in a program approved by the American Medical Association or the American Osteopathic Association.	No	
Nurse Practitioner (NP)	Completed a nurse practitioner educational program approved or recognized by the board and educational requirements prescribed by the board.	No	
Physician Assistant (PA)	Graduate from a physician's assistant educational program approved by the board and licensed by the board.	Yes	
Licensed Practical Nurse (LPN)	Satisfactory completion of basic curriculum in an approved practical or professional nursing program and hold a diploma, certificate or degree from that program.	No	

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)

Practitioner Type	Education/Degree Required	Requires Supervision	Notes
Registered Nurse (RN)	Satisfactory completion of basic curriculum in an approved registered nursing program and holds a diploma or degree from that program.	No	
Licensed Clinical Social Worker (LCSW)	Master degree or higher in social work from a regionally accredited college or university in a program accredited by the Council on Social Work Education or an equivalent foreign degree as determined by the Foreign Equivalency Determination Service of the Council on Social Work Education.	No	
Licensed Marriage/Family Therapist (LMFT)	Master degree or higher in a behavioral health science from a regionally accredited college or university whose program is accredited by the Commission on Accreditation for Marriage and Family Education or determined by the marriage and family credentialing committee to be substantially equivalent to a program accredited by the Commission on Accreditation for Marriage and Family Education.	No	
Licensed Professional Counselor (LPC)	Master degree or higher in counseling or related field from a regionally accredited college or university in a program that consists of 48 hours semester credit hours or a program	No	

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)

Practitioner Type	Education/Degree Required	Requires Supervision	Notes
	accredited by CACREP or CORE in a program that consists of a minimum of 48 semester credit hours.		
Licensed Independent Substance Abuse Counselor (LISAC)	Master degree or higher from a regionally accredited college or university in a behavioral health service with a minimum of 24 semester credit hours of counseling related coursework as determined by the substance abuse credentialing committee.	No	
Licensed Behavior Analyst	Graduate degree, Master degree or doctoral degree from an accredited college or university or institution of higher learning accredited by a recognized accrediting agency. Minimum of 225 classroom hours of specific graduate level instruction that meet nationally recognized standards for behavior analysts as determined by the board.	No	
Behavioral Health Paraprofessional (BHPP)	Associate's degree, a high school diploma or a high school equivalency diploma, must be at least 21 years old and has the skills and knowledge necessary to provide behavioral health services	Yes	Supervision Required: BHPP's working full time receive at least four hours of clinical supervision by a BHP or BHT in a calendar month.

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)

Practitioner Type	Education/Degree Required	Requires Supervision	Notes
	that the agency is authorized to provide and meet the needs of client populations served by the agency.		
Behavioral Health Technician (BHT)	Master's degree or bachelor's degree in a field related to behavioral health; is a registered nurse, is a physician assistant who is not working as a medical practitioner, has a bachelor's degree and at least one year of full time behavioral health work experience; has an associate's degree and at least two years of full time behavioral health work experience; has a high school diploma or high school equivalency diploma and a combination of education in a field related to behavioral health and full time behavioral health work experience totaling at least two years; is licensed as a practical nurse, according to A.R.S. Title 32, Chapter 15, with at least three years of full time behavioral health work experience; or has a high school diploma or high school equivalency diploma at least four years of full time behavioral health work experience.	Yes	Supervision Required: BHT's working full time receive at least four hours of clinical supervision by a BHP in a calendar month.

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~~

~~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

~~v. Limitations~~

~~Limitations on the amount, duration and scope of MAT drugs, biologicals and counseling/behavioral therapies related to MAT are based on clinical necessity.~~

~~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.~~