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State/Territory Name: Georgia

State Plan Amendment (SPA) #: 21-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 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

December 15, 2021

VIA E-MAIL

Lynnette R. Rhodes, Esq.
Executive Director, Medical Assistance Plans
Department of Community Health
2 Peachtree St., 36th Floor
Atlanta, Georgia 30303

Dear Executive Director Rhodes:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0003. This amendment proposes to add medication-assisted treatment (MAT) as a mandatory benefit in the Medicaid state plan. This letter is to inform you that Georgia's Medicaid SPA Transmittal Number 21-0003 is approved effective October 1, 2020 until September 30, 2025, pursuant to 1905(a)(29) of the Social Security Act and Section 1006(b) of the SUPPORT Act.

Section 1006(b) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act ("SUPPORT Act"), signed into law on October 24, 2018, amended section 1902(a)(10)(A) of the Social Security Act (the Act) to require state Medicaid plans to include coverage of MAT for all individuals eligible to enroll in the state plan or waiver of the state plan. Section 1006(b) also added a new paragraph 1905(a)(29) to the Act to include the new required benefit in the definition of "medical assistance" and to specify that the new required benefit will be in effect for the period beginning October 1, 2020, and ending September 30, 2025.

Section 1006(b) of the SUPPORT Act also added section 1905(ee)(1) to the Act to define MAT, for purposes of the new required coverage, as:

. . . all drugs approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355), including methadone, and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) to treat opioid use disorders; and[,] . . . with respect to the provision of such drugs and biological products, counseling services and behavioral therapy.

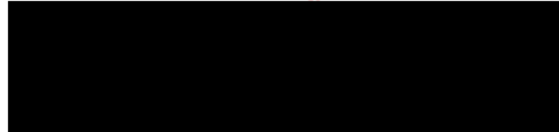
Pursuant to section 1135(b)(5) and/or 1135(b)(1)(C) of the Act, due to the COVID-19 public health emergency (PHE), CMS issued an approval letter on March 18, 2021 allowing Georgia to modify the SPA submission requirements at 42 C.F.R. 430.20, to allow the state to submit a SPA implementing section 1905(a)(29) of the Act by March 31, 2021 that would take effect on October 1, 2020.

Pursuant to section 1135(b)(5) and/or 1135(b)(1)(C) of the Act, due to the COVID-19 PHE, CMS issued an approval letter on March 18, 2021 allowing Georgia to modify the public notice time frames set forth at 42 C.F.R. 447.205, in order to obtain an effective date of October 1, 2020 for its SPA implementing statewide methods and standards for setting payment rates for the benefit described at section 1905(a)(29) of the Act and was approved December 06, 2021.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Act and implementing regulations.


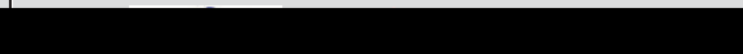
If you have questions concerning this letter, please contact Etta Hawkins at (404) 562-7429 or via e-mail at Etta.Hawkins@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

cc: Peter D'Alba, Director of Pharmacy GA Medicaid

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 21-0003	2. STATE GEORGIA
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: October 1, 2020	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT:	
Section 1006(b) of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act		FFY21: \$0.00 FFY22: \$0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>):	
Supplement 1 to Attachment 3.1-A, pages 1-8 (Part A) Supplement to Attachment 4.19-B, Page 2.1b		Supplement 1 to Attachment 3.1-A, pages 1-8 (Part A) Supplement to Attachment 4.19-B, Page 2.1b	
10. SUBJECT OF AMENDMENT: Amend the amount, duration, and scope of Medication Assisted Treatment services available to beneficiaries.			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED:	
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		Single State Agency Comments Attached	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:	
13. TYPED NAME: LYNNETTE R. RHODES, ESQ.		Department of Community Health Division of Medicaid 2 Peachtree Street, NW, 36th Floor Atlanta, Georgia 30303-3159	
14. TITLE: EXECUTIVE DIRECTOR, MEDICAL ASSISTANCE PLANS			
15. DATE SUBMITTED: 3/31/2021			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: March 31, 2021		18. DATE APPROVED: December 06, 2021	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2020			
21. TYPED NAME: James G. Scott		Director, Division of Program Operations	
23. REMARKS: 12/1/2021: State authorized pen & ink changes (in red) to Box 7 to reflect Zero fiscal impact 12/1/2021: State authorized pen & ink changes (in red) to Box 8 & 9 to reflect addition of 4.19b page			

Enclosure

Supplement 1 to Attachment 3.1-A

Page 1 (Part A)

State of Georgia

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

Citation: 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy
(Continued)

1905(a)(29) ___x___ MAT as described and limited in Supplement 1 to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy.

T.N. No.: 21-0003
Supercedes
T.N. No.: NEW

Effective: October 1, 2020

Approved: December 6, 2021

State of Georgia

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

For the period of October 1, 2020, through September 30, 2025 Medication Assisted Treatment (MAT) to treat Opioid Use Disorder (OUD) is covered exclusively under section 1905(a)(29).

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

State of Georgia

- a) Please set forth each service and components of each service (if applicable), along with a description of each service and component service.
1. Medication Training and Support: Provides education for members to learn about the medications prescribed to treat OUD and the importance of adherence and compliance
 2. Drug Assessment: Assessment for Opioid Use Disorder that includes an assessment of past and present use, the administration of the Addictions Severity index, current and past functioning in all major life areas as well as members strengths, weaknesses, and treatment preferences. It is performed by a licensed behavioral health professional.
 3. Substance Abuse Services Treatment Plan Development: This service is performed by the licensed behavioral health professional and or other professionals who comprise the treatment team. It must contain individualized goals, objectives, activities, and services that support recovery. It must include a discharge plan.
 4. Substance abuse services, skill development: Skills development for Opioid use disorders are behavioral health remedial services that are necessary to improve the client's ability to function in the community. They promote and teach recovery skills necessary to live independently in the community and prevent relapse. They may be performed in a group or one to one. They may be provided by a licensed behavioral health professional.
 - a. Individual, group and/ or family therapy*.
*Family therapy 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.
 5. Crisis Intervention services: Urgent assessment and history of crisis situation to assess individual with OUD for treatment and supportive services
- b) Please include each practitioner and provider entity that furnishes each service and component service.

State of Georgia

(1) Office-Based Opioid Treatment (OBOT) provider:

(a) physician enrolled in Georgia Medicaid to provide MAT services in OBOT settings, who are licensed and in good standing in the State, maintain a federal waiver to dispense and administer narcotics, and maintain state registration to dispense; or

(b) a physician's assistant (PA) or advanced practice registered nurse (APRN) enrolled in Georgia Medicaid to provide MAT services, licensed and in good standing, and supervised as required by law.

OBOT providers must have capacity to provide directly or by referral all drugs approved by the Food and Drug Administration for the treatment of opioid use disorder, including for maintenance, detoxification, overdose reversal, and relapse prevention. OBOT providers must have capacity to provide directly or by referral appropriate counseling and behavioral therapy. OBOT providers are limited to the drugs allowed by law to be prescribed and/or administered in a setting that is not an Opioid Treatment Program.

(2) Opioid Treatment Program (OTP) - a program or provider registered under federal law, certified as an OTP by the Substance Abuse and Mental Health Services Administration (SAMHSA) engaged in opioid treatment of individuals by use of an opioid agonist treatment medication, including methadone, and contracted with the State. An OTP must have the capacity to provide the full range of services included in the definition of MAT and must document both medication dosing and supporting behavioral health services. OTP programs may include:

(a) OTP MAT Provider - a licensed physician in good standing, maintaining a current federal waiver to prescribe drugs and biological products for the treatment of opioid-use disorder, and maintaining a current State registration to dispense dangerous medications; or

(b) OTP Exempt MAT Provider - a licensed PA or APRN in good standing, supervised, when required, by a physician described in (2)(a) above, and exempt from federal regulatory requirements for OTPs.

(c) OTP Behavioral Health Services Providers – licensed professionals who provide drug assessment, treatment plan development, skills development and individual/group therapy

(d) Medication Unit Affiliated with an OTP Established under 42 CFR. 8.11(i) - a dosing location or medication station that obtains its methadone drug supply from a primary OTP site, which retains all records for the medication unit, except dosing and drug screens, which dispenses MAT drugs for observed intake, and which has on staff an OTP MAT Provider as defined above.

State of Georgia

- (3) Registered Nurse (medication training and support)
 - (4) Physician Assistant (medication training and support)
 - (5) Advanced Practice Registered Nurse (medication training and support)
 - (6) Behavioral Health Practitioner (Assessment, treatment plan development, skills development and individual/group therapy)
- c) 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.
- Registered Nurse: state licensure
Physician Assistant: state licensure
Advanced Practice Registered Nurse: state licensure
Behavioral Health Practitioner: state licensure

Psychologist:

- A doctoral degree from a recognized educational institution in a program that is primarily counseling in content and requires at least one year of supervised internship in a work setting acceptable to the board; or A specialist degree from a recognized educational institution in a program that is primarily counseling in content with supervised internship or practicum and two years of post-master's directed experience under supervision.
- A master's degree in rehabilitation counseling or in a program that is primarily counseling in content from a recognized educational institution.

Licensed Marriage and Family Therapist

- master's degree from a program in marriage and family therapy, from a program equivalent to a marriage and family therapy degree program, or from any program accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE).
- two years of full- (A) A doctoral degree from a recognized educational institution in a program that is primarily counseling in content and requires at least one year of supervised internship in a work setting acceptable to the board; or (B) A specialist degree from a recognized educational institution in a program that is primarily counseling in content with supervised internship or practicum and two years of post-master's directed experience under supervision in a setting acceptable to the board; or (C)(i) A master's degree in rehabilitation counseling or in a program that is primarily counseling in content from a recognized educational institution; (ii) An internship or

State of **Georgia**

- practicum supervised either by a supervisor, as defined in paragraph (16) of time post-master's experience or its equivalent, under direction and supervision.
- Examination in Marital and Family Therapy following Board review of his/her application for licensure as a marriage and family therapist and approval to take the examination. Passage of the exam is a requirement to issue a license.

Certified/registered Addiction Counselor

- Minimum High School diploma or Equivalency (G.E.D.)
- 2 years full-time or 4,000 hours active practice as a chemical dependency/abuse counselor in the past 5 years.
- 180 contact hours of education and training in alcoholism and drug abuse or related counseling subjects, including six hours of ethics training
- Passing score on the NCC AP (national written exam)

Behavioral Health Practitioner includes Psychologist, Licensed Marriage and Family Therapists, and Certified Addiction Counselors.

Enclosure _____

Supplement 1 to Attachment 3.1-A

Page 7 (Part A)

State of Georgia _____

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
- Preferred drug lists
- Clinical criteria
- Quantity limits

The state does not have drug utilization controls in place.

v. Limitations

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

The following services are excluded from coverage:

The State requires that providers follow the SUPPORT Act with respect to MAT products. The State develops and applies clinical criteria for MAT products based on existing clinical evidence. The State develops and applies quantity limitations consistent with the FDA labeling for MAT products.

T.N. No.: 21-0003

Supercedes

T.N. No.: NEW

Effective: October 1, 2020

Approved: December 6, 2021

Enclosure ____

Supplement 1 to Attachment 3.1-A

Page 8 (Part A)

State of Georgia

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

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

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section 1006(b) of the SUPPORT for Patients and Communities Act (P.L. 115-271) enacted on October 24, 2018. Section 1006(b) requires state Medicaid plans to provide coverage of Medication-Assisted Treatment (MAT) for all Medicaid enrollees as a mandatory Medicaid state plan benefit for the period beginning October 1, 2020, and ending September 30, 2025. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 60). Public burden for all of the collection of information requirements under this control number is estimated to take about 80 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

T.N. No.: 21-0003

Supersedes

T.N. No.: NEW

Effective: October 1, 2020

Approved: December 6, 2021

Enclosure ____

Transmittal #21-0003
Supplement to Attachment 4.19-B
Page 2.1b

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Georgia

DIVISION POLICY AND METHODS FOR ESTABLISHING PAYMENT RATES FOR
OTHER TYPES OF CARE OR SERVICES

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

§29 Medication-Assisted Treatment (MAT) Pursuant to section 1905(a)(29) of the Social Security Act

The state will cover 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).

The reimbursement for unbundled MAT prescribed drugs and biologicals used to treat opioid use disorder will be reimbursed using the same methodology as described for covered outpatient drugs in Attachment 4.19-B, pages 2 and 2.1a, for prescribed drugs that are dispensed or administered.

The Reimbursement for counseling services and behavioral health therapies as part of MAT will be reimbursed using the same methodology as described counseling and behavioral therapies in Attachment 4.19B pages 1a.7 through 1a.20.

T.N. No.: 21-0003
Supercedes
T.N. No.: NEW

Effective: October 1, 2020

Approved: December 6, 2021