

Table of Contents

State/Territory Name: Georgia

State Plan Amendment (SPA)#: 25-0014

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

December 19, 2025

Stuart Portman, Executive Director
Medical Assistance Plans
Georgia Department of Community Health
2 Martin Luther King Jr. Drive SE
East Tower, 19th Floor
Atlanta, Georgia 30334

Re: Georgia State Plan Amendment (SPA) 25-0014

Dear Executive Director Portman:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0014. This SPA proposes to remove the scheduled end date for the required Medication-Assisted Treatment (MAT) program.

We conducted our review of your submittal according to statutory requirements in 1905(a)(29). This letter informs you that Georgia's Medicaid SPA TN 25-0014 was approved on December 19, 2025, effective October 1, 2025.

Enclosed are copies of Form CMS-179 and the approved SPA pages to be incorporated into the Georgia State Plan.

If you have any questions, please contact Etta Hawkins at (404) 562-7429 or via email at Etta.Hawkins@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Wendy E. Hill Petras.

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

Enclosures

cc: Lynette Rhodes
Brian Dowd
Rebecca Dugger
Maxine Elliott
Melonie Wilson
Perri Smith

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 1 4

2. STATE

GA3. 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

October 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION
1905(a)(29)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 26 \$ 0b. FFY 27 \$ 07. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Supplement 1 to Attachment 3.1-A Page 1(Part A)- Page 8 (Part
A), Supplement 1 to Attachment 4.19-B Page 2.1b8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Supplement 1 to Attachment 3.1-A Page 1(Part A)- Page 8
(Part A), Supplement to Attachment 4.19-B Page 2.1b

9. SUBJECT OF AMENDMENT

This amendment removes the scheduled end date for the required Medication Assisted Treatment (MAT) program

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:

[REDACTED] NCY OFFICIAL

Perri Nena Smith

13. TITLE

Medical Assistance Plans Attorney

14. DATE SUBMITTED

10/15/2025

15. RETURN TO

Stuart Portman

Executive Director, Division of Medical Assistance Plans

Georgia Department of Community Health

2 Martin Luther King Jr. Drive, 19th Floor

Atlanta, Georgia 30334

Email: stuart.portman@dch.ga.gov

FOR CMS USE ONLY16. DATE RECEIVED
10/15/202517. DATE APPROVED
12/19/2025**PLAN APPROVED - ONE COPY ATTACHED**18. EFFECTIVE DATE OF APPROVED MATERIAL
10/01/2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Wendy E. Hill Petras

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

State Plan under Title XIX of the Social Security Act

State/Territory: Georgia

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 1

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: 25-0014

Approval Date: December 19, 2025

Supersedes TN: 21-0003

Effective Date: October 1, 2025

State Plan under Title XIX of the Social Security Act

State/Territory: Georgia

Section 1905(a)(9) Clinic Services

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.

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

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)(9) 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 #91). 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: 25-0014

Approval Date: December 19, 2025

Supersedes TN: 21-0003

Effective: October 1, 2025

State Plan under Title XIX of the Social Security Act

State/Territory: Georgia

Section 1905(a)(9) Clinic Services

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

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)(9) 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 #91). 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: 25-0014

Approval Date: December 19, 2025

Supersedes TN: 21-0003

Effective: October 1, 2025

State Plan under Title XIX of the Social Security Act

State/Territory: Georgia

Section 1905(a)(9) Clinic Services

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

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

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)(9) 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 #91). 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: 25-0014

Approval Date: December 19, 2025

Supersedes TN: 120003

Effective: October 1, 2025

State Plan under Title XIX of the Social Security Act

State/Territory: Georgia

Section 1905(a)(9) Clinic Services

for OTPs.

(c) OTP Behavioral Health Services Providers are 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.

(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)

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)(9) 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 #91). 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: 25-0014

Approval Date: December 19, 2025

Supersedes TN: 120003

Effective: October 1, 2025

State Plan under Title XIX of the Social Security Act

State/Territory: Georgia

Section 1905(a)(9) Clinic Services

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

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)(9) 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 #91). 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: 25-0014

Approval Date: December 19, 2025

Supersedes TN: 120003

Effective: October 1, 2025

State Plan under Title XIX of the Social Security Act

State/Territory: Georgia

Section 1905(a)(9) Clinic Services

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 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.

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)(9) 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 #91). 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: 25-0014

Approval Date: December 19, 2025

Supersedes TN: 120003

Effective: October 1, 2025

State Plan under Title XIX of the Social Security Act

State/Territory: Georgia

Section 1905(a)(9) Clinic Services

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.]

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.

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)(9) 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 #91). 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: 25-0014

Approval Date: December 19, 2025

Supersedes TN: 120003

Effective: October 1, 2025

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-9a through 1a-25.