

## **Table of Contents**

**State/Territory Name: Tennessee**

**State Plan Amendment (SPA) #: 25-0008**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services

601 E. 12th St., Room 355

Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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December 30, 2025

Stephen M. Smith  
Director, Division of TennCare  
310 Great Circle Road  
Nashville, TN 37243

Re: Tennessee State Plan Amendment (SPA) 25-0008

Dear Director Smith:

The Centers for Medicare & Medicaid Services (CMS) has completed our review of the proposed amendment submitted under transmittal number (TN) 25-0008. This amendment proposes to make Medication Assisted Treatment (MAT) coverage permanent.

We conducted our review of your submittal according to statutory requirements in Section 1905(a)(29) of the Social Security Act. This letter informs you that Tennessee's Medicaid SPA TN 25-0008 was approved on December 30, 2025, with an effective date of October 1, 2025.

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

If you have any questions regarding this matter, you may contact Tandra Hodges at (404) 562-7409 or via email at [Tandra.Hodges@cms.hhs.gov](mailto:Tandra.Hodges@cms.hhs.gov).

Sincerely,

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

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

cc: Aaron Butler

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 0 8

2. STATE

TN3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL  
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR

CENTERS FOR MEDICAID &amp; CHIP SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

Section 1905(a)(29) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2026 \$ 0b. FFY 2027 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, Supplement 4, Pages 1-5;

Attachment 3.1-B, Supplement 1, Pages 1-5

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)Attachment 3.1-A, Supplement 4, pages 1-7 (approved  
as SPA TN 21-0003);

Attachment 3.1-B, Supplement 1, pages 1-6

9. SUBJECT OF AMENDMENT

This amendment documents coverage of Medication Assisted Treatment (MAT), consistent with Section 1905(a)(29) of the  
Social Security Act.

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

Stephen Smith

13. TITLE

Director, Division of TennCare

14. DATE SUBMITTED

December 17, 2025

15. RETURN TO

Tennessee Department of Finance &amp; Administration

Division of TennCare

310 Great Circle Road

Nashville, Tennessee 37243

Attention: Aaron Butler

**FOR CMS USE ONLY**

16. DATE RECEIVED

December 17, 2025

17. DATE APPROVED

December 30, 2025

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2025

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: Tennessee**

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

Citation: 3.1-A Amount, Duration, and Scope of Services

☒ 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:25-0008  
Supersedes TN:21-0003

Approval Date: 12/30/25  
Effective Date: 10/01/25

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

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

**General Assurances**

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

Behavioral Health/Counseling Includes

- Psychosocial Assessment,
- Addiction Counseling,
- Individual/Group Counseling, and
- Self-help and recovery support, such as referring the beneficiary to appropriate peer recovery support resources and offering resources on self-help such as journaling, meditating, books, or other resources on the members illness and/or addiction.

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

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

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

<b>Practitioner/Provider Type</b>	<b>Psychosocial Assessment</b>	<b>Addiction Counseling</b>	<b>Individual/ Group Counseling</b>	<b>Self-Help and Recovery Support</b>
Psychiatrists	X	X	X	X
Physicians with expertise in psychiatry	X	X	X	X
Psychologists with health service provider designation	X	X	X	X
Psychological examiners	X	X	X	X
Licensed clinical social workers	X	X	X	X
Marital and family therapists	X	X	X	X
Psychiatric nurses with master's degrees in nursing	X	X	X	X
Professional counselors with health service provider designation	X	X	X	X
Individuals with master's degrees in the mental health discipline and practicing under the direct supervision of an independently licensed mental health professional	X	X	X	X

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**State Plan under Title XIX of the Social Security Act**  
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**Section 1905(a)(29) Medication Assisted Treatment (MAT)**

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.

These services may be provided by Qualified Mental Health Professionals as defined in state law. Qualified Mental Health Professionals and their qualifications are:

1. Psychiatrists licensed under state law;
2. Physicians with expertise in psychiatry and licensed under state law;
3. Psychologists with health service provider designation and licensed under state law;
4. Psychological examiners licensed under state law;
5. Licensed master's clinical social workers with two years of mental health experience and licensed under state law
6. Marital and family therapists licensed under state law;
7. Psychiatric nurses with master's degrees in nursing and licensed under state law;
8. Professional counselors licensed with health service provider designation under state law;
9. Individuals with master's degrees in the mental health discipline and practicing under the direct supervision of an independently licensed mental health professional.

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

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

**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.

**Limitations**

Counseling and behavioral therapies related to MAT are covered as medically necessary.

MAT drugs are covered as medically necessary, except for buprenorphine, which may be subject to dosage limits.

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3. Psychologists with health service provider designation and licensed under state law;
4. Psychological examiners licensed under state law;
5. Licensed master's clinical social workers with two years of mental health experience and licensed under state law
6. Marital and family therapists licensed under state law;
7. Psychiatric nurses with master's degrees in nursing and licensed under state law;
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