The Preferred OBAT staff roster must accompany the DMAS Preferred Office-Based Addiction Treatment (OBAT) Provider Attestation and Application, Preferred OBAT Credentialing Checklist for Office Based Addiction Treatment (OBAT) Providers, and reflect all approved active providers that perform Medicaid ARTS Preferred OBAT services for your organization.

DMAS requires all licensed staff including physicians, nurse practitioners, physician assistants, and licensed behavioral health practitioners affiliated with the practice and applying for Preferred OBAT status, to be currently enrolled with the Virginia Department of Medical Assistance Services’ Provider Services Solution (PRSS) vendor. Note: Certified Substance Abuse Counselors (CSACs), Peer Recovery Support Specialists, and Registered Nurses/Licensed Practical Nurses **should not** be included on this staff roster. **If all licensed practitioners do not meet this requirement, your Preferred OBAT application will not be accepted**. Practitioners who are providing services through **more than one mode of delivery (such as telemedicine or mobile clinic), need to indicate this on a separate line entry in the roster**.

Organizations shall notify the appropriate contractors in writing within 10 days in the event of: (a) any change in the licensure or privileges of any Organization staff member, including but not limited to suspension, revocation, condition, limitation, qualification or other restriction, or upon initiation of any action that could reasonably lead to such restriction of such Organization’s staff member’s license, certification and permit by federal authorities or by any state in which such Organization’s staff member is authorized to provide health care services; (b) any suspension, revocation or restriction of staff privileges at any licensed hospital or other Organization at which an Organization staff member employed by or under contract with the Organization has staff privileges. You may make these changes to your status at any time (i.e.; address, phone numbers, email addresses, and affiliated licensed practitioners), by entering this information into PRSS to update your Medicaid enrollment.

**Note: You do not have to upload a revised staff roster**. Please follow up with your ARTS Network Relations contacts as needed: <https://www.dmas.virginia.gov/for-providers/addiction-and-recovery-treatment-services/credentialing/>.

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| **Provider Change of Status****(Add, Remove, Update)** | **Provider Name** | **Degree****(e.g.,****MA, MSW, Ph.D., MD)** | **Professional Licensure or Credential** | **License#** | **Service Delivery (On-Site, Telemedicine, Mobile)** | **Billing NPI #** | **Individual NPI #** | **DEA Registration #** | **PRSS Enrollment Completed****(Yes/No)** |
| *Ex: Add* | *John Smith* | *Ph.D* | *MD* | *0101652368* | *On-site* | *6521585234* | *8963254147* | *X1234567* | *Yes* |
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