



COMMONWEALTH of VIRGINIA
Office of the Governor

Janet Vestal Kelly
Secretary of Health and Human Resources

February 5, 2025

Todd McMillion
Director
Department of Health and Human Services
Centers for Medicare and Medicaid Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601

Dear Mr. McMillion:

Attached for your review and approval is amendment 25-003, entitled "Opioid Use Disorder" to the Plan for Medical Assistance for the Commonwealth. I request that your office approve this change as quickly as possible.

Sincerely,

A handwritten signature in blue ink that reads "Janet V. Kelly".

Janet V. Kelly

Attachment

cc: Cheryl J. Roberts, Director, Department of Medical Assistance Services
CMS, Region III

Transmittal Summary

SPA 25-003

I. IDENTIFICATION INFORMATION

Title of Amendment: Opioid Use Disorder

II. SYNOPSIS

Basis and Authority: The Code of Virginia (1950) as amended, § 32.1-325, grants to the Board of Medical Assistance Services the authority to administer and amend the Plan for Medical Assistance. The Code of Virginia (1950) as amended, § 32.1-324, authorizes the Director of the Department of Medical Assistance Services (DMAS) to administer and amend the Plan for Medical Assistance according to the Board's requirements.

Purpose: DMAS submitted a previous SPA (SPA 23-009) to remove the federal requirement that practitioners obtain a DATA-Waiver or X-Waiver to prescribe medications, like buprenorphine, to treat patients with opioid use disorder, pursuant to Section 1262 of the Consolidated Appropriations Act, 2023. The SPA was approved by CMS on September 21, 2023. However, DMAS inadvertently did not specify that the physicians and physician extenders must have a Drug Enforcement Administration (DEA) registration authorizing the prescribing of scheduled drugs, including Schedule III drugs. This SPA will allow DMAS to add that clarifying language to the state plan.

This SPA will also allow DMAS to remove the end date associated with medication-assisted treatment (MAT) for opioid use disorder (OUD). The MAT benefit was initially effective for a five-year period beginning October 1, 2020, and ending September 30, 2025. Section 201 of the Consolidated Appropriations Act, 2024, made the mandatory MAT for OUD benefit at section 1905(a)(29) of the Act permanent by removing the end date of September 30, 2025.

Substance and Analysis: The sections of the State Plan that are affected by this amendment are “Amount, Duration, and Scope of Medical and Remedial Care and Services Provided to the Categorically Needy and Medically Needy” and “Medication-Assisted Treatment (MAT)”.

Impact: None.

Tribal Notice: Please see attached.

Prior Public Notice: N/A

Public Comments and Agency Analysis: N/A

Tribal Notification

Tribal...signed.docx

WJ

Williams, Jimeequa (DMAS)

[?](#)Reply

[?](#)Reply all

[?](#)Forward

To:TribalOffice@MonacanNation.com;Ann Richardson;Pam Thompson (pamelathompson4@yahoo.com);Rappahannock Tribe (rappahannocktrib@aol.com);Reginald Stewart (regstew007@gmail.com);Richard.matens@pamunkey.org;chief@monacannation.gov;Stephen Adkins (chiefstephenadkins@gmail.com);bradbybrown@gmail.com (bradbybrown@gmail.com);tabitha.garrett@ihs.gov (tabitha.garrett@ihs.gov);kara.kearns@ihs.gov (kara.kearns@ihs.gov); Dave Hennaman <davehennaman@gmail.com>;Nansemond Administrator <administrator@nansemond.gov>; info@afwellness.com;info@fishingpointhc.com;contact@Nansemond.gov;brandon.custalow@mattaponination.com; admin@umitribe.org;Reels-Pearson, Lorraine (IHS/NAS/AO) <lorraine.reels-pearson@ihs.gov>;Holmes, Remedios (IHS/NAS/RIC) <remedios.holmes@ihs.gov>;lindsey.taylor@ihs.gov;Lyon, Joni (IHS/NAS/AO) <joni.lyon@ihs.gov>;Howard, Joanne

Fri 1/24/2025 8:36 AM

Tribal Notice letter (1.24.25) - signed.docx

61 KB

Good morning.

Dear Tribal Leaders and Indian Health Programs:

Attached is a Tribal Notice letter from Virginia Medicaid's Director, Cheryl J. Roberts, indicating that the Dept. of Medical Assistance Services (DMAS) plans to submit a State Plan Amendment (SPA) to the federal Centers for Medicare and Medicaid Services regarding Opioid Use Disorder.

If you would like a copy of the SPA documents or proposed text changes, or if you have any questions, please let us know.

Thank you.

-J. Williams

Jimeequa Williams
Regulatory Coordinator
Policy Division
Department of Medical Assistance Services
Hours: 7:30 a.m. - 5:00 p.m. (Monday-Thursday); 7:30 a.m. - 11:30 a.m. (Friday)
jimeequa.williams@dmas.virginia.gov
(804) 225-3508

www.dmas.virginia.gov



COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

CHERYL J. ROBERTS
DIRECTOR

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600 EAST BROAD STREET
RICHMOND, VA 23219
804/786-7933
800/343-0634 (TDD)
www.dmas.virginia.gov

January 23, 2025

SUBJECT: Notice of Opportunity for Tribal Comment – Opioid Use Disorder

Dear Tribal Leader and Indian Health Programs:

This letter is to notify you that the Department of Medical Assistance Services (DMAS) is planning to amend the Virginia State Plan for Medical Assistance with the Centers for Medicare and Medicaid Services (CMS). Specifically, DMAS is providing you notice about a State Plan Amendment (SPA) that the Agency will file with CMS to clarify that physicians and physician extenders must have a Drug Enforcement Administration (DEA) registration authorizing the prescribing of scheduled drugs, including Schedule III drugs, and to remove the end date associated with medication-assisted treatment (MAT) for opioid use disorder (OUD). Additional information about the changes in the SPA is provided below.

DMAS submitted a previous SPA (SPA 23-009) to remove the federal requirement that practitioners obtain a DATA-Waiver or X-Waiver to prescribe medications, like buprenorphine, to treat patients with opioid use disorder, pursuant to Section 1262 of the Consolidated Appropriations Act, 2023. The SPA was approved by CMS on September 21, 2023. However, DMAS inadvertently did not specify that the physicians and physician extenders must have a DEA registration authorizing the prescribing of scheduled drugs, including Schedule III drugs. This SPA will allow DMAS to add that clarifying language to the state plan.

This SPA will also allow DMAS to remove the end date associated with MAT for OUD. The MAT benefit was initially effective for a five-year period beginning October 1, 2020, and ending September 30, 2025. Section 201 of the Consolidated Appropriations Act, 2024, made the mandatory MAT for OUD benefit at section 1905(a)(29) of the Act permanent by removing the end date of September 30, 2025.

We realize that the changes in this SPA may impact Medicaid members and providers, including tribal members and providers. Therefore, we encourage you to let us know if you have any comments or questions. The tribal comment period for this SPA is open through February 24, 2025. You may submit your comments directly to Jimiequa Williams, DMAS Policy Division, by phone (804) 225-3508, or via email: Jimiequa.Williams@dmas.virginia.gov. Finally, if you prefer regular mail you may send your comments or questions to:

Virginia Department of Medical Assistance Services
Attn: Jimiequa Williams
600 East Broad Street
Richmond, VA 23219

Please forward this information to any interested party.

Sincerely,

A handwritten signature in black ink, appearing to read "Cheryl J. Roberts".

Cheryl J. Roberts, JD
Director

State of Virginia**1905(a)(29) Medication-Assisted Treatment (MAT)**

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

1905(a)(29) _____ MAT as described and limited in Supplement 7 _____ to Attachment 3.1-A.

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

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 beginning October 1, 2020.

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).

State of Virginia

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

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

<u><i>Service Component</i></u>	<u><i>Type of Practitioner</i></u>
Assessment	Credentialed addiction treatment Professional. A registered nurse or a practical nurse who is licensed by the Commonwealth with clinical experience involving medication management.
Individual Service Plan	Credentialed addiction treatment Professional.
Individual, Family, and Group Therapy	Credentialed addiction treatment Professional.
Medication administration	Physicians and physician extenders who have a current DEA registration authorizing the prescribing of scheduled drugs, including schedule III drugs. A registered nurse or a practical nurse who is licensed by the Commonwealth with experience involving medication management.
Infectious Disease Counseling	Physicians and physician extenders who have a current DEA registration authorizing the prescribing of scheduled drugs, including schedule III drugs; credentialed addiction treatment professional, Pharmacist, Registered Nurse, or Practical Nurse licensed by the state.
Risk management activities	Physician, Pharmacist, Nurse Practitioner, Physician Assistant, Registered Nurse, or Practical Nurse licensed by the state
Care coordination	Care Coordination Provider
Peer support	Peer Recovery Support Specialist

- b) 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.
- c) All provider qualifications are described in Attachment 3.1 A and B Supplement 1 page 42, 43 and 55. Pharmacists, Nurse Practitioners, Registered Nurses and Licensed Practical Nurses must be licensed by the appropriate Board and permitted to practice in Virginia.

State of Virginia

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

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

1905(a)(29) _____ MAT as described and limited in Supplement 7 _____ to Attachment 3.1-A.

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

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.~~

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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).

State of Virginia

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

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

<u>Service Component</u>	<u>Type of Practitioner</u>
Assessment	Credentialed addiction treatment Professional. A registered nurse or a practical nurse who is licensed by the Commonwealth with clinical experience involving medication management.
Individual Service Plan	Credentialed addiction treatment Professional.
Individual, Family, and Group Therapy	Credentialed addiction treatment Professional.
Medication administration	Physician, Nurse Practitioner, Physician Assistant <u>Physicians and physician extenders who have a current DEA registration authorizing the prescribing of scheduled drugs, including schedule III drugs.</u> Physician, Nurse Practitioner, Physician Assistant A registered nurse or a practical nurse who is licensed by the Commonwealth with experience involving medication management.
Infectious Disease Counseling	Buprenorphine-waivered practitioner licensed by the state; <u>Physicians and physician extenders who have a current DEA registration authorizing the prescribing of scheduled drugs, including schedule III drugs</u> Buprenorphine-waivered practitioner licensed by the state; credentialed addiction treatment professional, Pharmacist, Registered Nurse, or Practical Nurse licensed by the state.
Risk management activities	Physician, Pharmacist, Nurse Practitioner, Physician Assistant, Registered Nurse, or Practical Nurse licensed by the state
Care coordination	Care Coordination Provider
Peer support	Peer Recovery Support Specialist

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- b) 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.
- c) All provider qualifications are described in Attachment 3.1 A and B Supplement 1 page 42, 43 and 55. Pharmacists, Nurse Practitioners, Registered Nurses and Licensed Practical Nurses must be licensed by the appropriate Board and permitted to practice in Virginia.

State of Virginia

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

Citation: 3.1(b)(1) Amount, Duration, and Scope of Services: Medically Needy
(Continued)

1915(a)(29) _____ MAT as described and limited in Supplement 1 _____ to Attachment 3.1-B.

ATTACHMENT 3.1-B identifies the medical and remedial services provided to the medically needy.

- 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.
- 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).

State of Virginia**1905(a)(29) Medication-Assisted Treatment (MAT)**

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

<u>Service Component</u>	<u>Type of Practitioner</u>
Assessment	Credentialed addiction treatment Professional. A registered nurse or a practical nurse who is licensed by the Commonwealth with clinical experience involving medication management.
Individual Service Plan	Credentialed addiction treatment Professional.
Individual, Family, and Group Therapy	Credentialed addiction treatment Professional.
Medication administration	Physicians and physician extenders who have a current DEA registration authorizing the prescribing of scheduled drugs, including schedule III drugs. A registered nurse or a practical nurse who is licensed by the Commonwealth with experience involving medication management.
Infectious Disease Counseling	Physicians and physician extenders who have a current DEA registration authorizing the prescribing of scheduled drugs, including schedule III drugs; credentialed addiction treatment professional, Pharmacist, Registered Nurse, or Practical Nurse licensed by the state.
Risk management activities	Physician, Pharmacist, Nurse Practitioner, Physician Assistant, Registered Nurse, or Practical Nurse licensed by the state
Care coordination	Care Coordination Provider
Peer support	Peer Recovery Support Specialist

b) 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.

All provider qualifications are described in Attachment 3.1 A and B Supplement 1 page 42, 43 and 55. Pharmacists, Nurse Practitioners, Registered Nurses and Licensed Practical Nurses must be licensed by the appropriate Board and permitted to practice in Virginia.

Enclosure ____

Supplement 1 to Attachment 3.1-B

Page 1

State of Virginia

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

Citation: 3.1(b)(1) Amount, Duration, and Scope of Services: Medically Needy
(Continued)

1915(a)(29) _____MAT as described and limited in Supplement 1_____ to Attachment 3.1-B.

ATTACHMENT 3.1-B identifies the medical and remedial services provided to the medically needy.

- 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).

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TN No. ~~21-018~~ 25-0003

Approval Date ~~10/14/2021~~

Effective Date ~~10-1-21~~ 01-01-25

Supersedes TN No. ~~New page~~ 21-008

Enclosure ____

State of Virginia

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

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

<u>Service Component</u>	<u>Type of Practitioner</u>
Assessment	Credentialed addiction treatment Professional. A registered nurse or a practical nurse who is licensed by the Commonwealth with clinical experience involving medication management.
Individual Service Plan	Credentialed addiction treatment Professional.
Individual, Family, and Group Therapy	Credentialed addiction treatment Professional.
Medication administration	Physician, Nurse Practitioner, Physician Assistant <u>Physicians and physician extenders who have a current DEA registration authorizing the prescribing of scheduled drugs, including schedule III drugs, Physician, Nurse Practitioner, Physician Assistant</u> A registered nurse or a practical nurse who is licensed by the Commonwealth with experience involving medication management.
Infectious Disease Counseling	Buprenorphine-waivered practitioner licensed by the state; Physicians and physician extenders who have a current DEA registration authorizing the prescribing of scheduled drugs, including schedule III drugs <u>Buprenorphine-waivered practitioner licensed by the state; credentialed addiction treatment professional, Pharmacist, Registered Nurse, or Practical Nurse licensed by the state.</u>
Risk management activities	Physician, Pharmacist, Nurse Practitioner, Physician Assistant, Registered Nurse, or Practical Nurse licensed by the state
Care coordination	Care Coordination Provider
Peer support	Peer Recovery Support Specialist

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b) 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.

All provider qualifications are described in Attachment 3.1 A and B Supplement 1 page 42, 43 and 55. Pharmacists, Nurse Practitioners, Registered Nurses and Licensed Practical Nurses must be licensed by the appropriate Board and permitted to practice in Virginia.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

**AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY
and MEDICALLY NEEDY**

"Clinical Supervision" for CSACs means the ongoing process performed by a clinical supervisor who is credentialed as defined in regulations of the Virginia Board of Counseling.

"DEA" means Drug Enforcement Administration.

"Physician extenders" means licensed nurse practitioners and licensed physician assistants as defined in state law.

TN No. 25-0003

Approval Date

Effective Date 1/1/25

Supersedes

TN No. 23-0009

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

**AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY
and MEDICALLY NEEDY**

2. Opioid Treatment Programs (OTP)

<u>Service Component Definitions – Opioid Treatment Programs</u>	<u>Staff That Provide Service Components</u>
Conduct or arrange for appropriate laboratory and toxicology tests including urine drug screenings.	Physicians and physician extenders who have a current DEA registration authorizing the prescribing of scheduled drugs, including schedule III drugs; Credentialed addiction professional trained in the treatment of opioid use disorder
Assess, order, administer, reassess, and regulate medication and dose levels appropriate to the member; supervise withdrawal management from opioid analgesics, including methadone, buprenorphine products or naltrexone products; and oversee and facilitate access to appropriate treatment for opioid use disorder.	Physicians and physician extenders who have a current DEA registration authorizing the prescribing of scheduled drugs, including schedule III drugs; Credentialed addiction professional trained in the treatment of opioid use disorder
Provide cognitive, behavioral psychotherapy and other substance use disorder-focused counseling provided to the member on an individual, group, or family basis.	Credentialed addiction treatment professional, CSAC, CSAC-supervisee
Provision of onsite screening or ability to refer for screening for infectious diseases such as HIV, Hepatitis B and C, and tuberculosis at treatment initiation and then at least annually or more often based on risk factors. Ability to provide or refer for treatment for infectious diseases as necessary.	Physicians and physician extenders who have a current DEA registration authorizing the prescribing of scheduled drugs, including schedule III drugs, credentialed addiction professional, Registered Nurse, or Licensed Practical Nurse
Medication administration on site during the induction phase must be provided by a Registered Nurse. Medication administration during the maintenance phase may be provided either by a RN or Licensed Practical Nurse.	Physician, Pharmacist, Nurse Practitioner, Physician Assistant, Registered Nurse, or Licensed Practical Nurse
<p>OTP risk management shall include the following activities which must be clearly and adequately documented in each member's record:</p> <ul style="list-style-type: none"> • Random urine drug screening for all members, conducted at least eight times during a 12 month period. Urine drug testing (UDT) is used as part of a comprehensive treatment program to assist with recovery and to restore an individual to health. UDT is used in SUD treatment to determine if the patient is taking medication as prescribed and to assess if the patient is taking other medications which may have a higher risk of overdose when taken with medications for opioid use disorder. • Opioid overdose prevention counseling including the prescribing of naloxone. 	Physician, Physician Extender, Pharmacist, Registered Nurse or Licensed Practical Nurse

(Continued on next page)

TN No. 25-0003

Approval Date

Effective Date 1/1/25

Supersedes

TN No. 23-0009

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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**AMOUNT, DURATION, AND SCOPE OF MEDICAL
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and MEDICALLY NEEDY**

2. Preferred Office-Based Addiction Treatment (OBAT)

Service Definition: a service provided under 42 CFR 440.130(d) Rehabilitative Services Benefit for individuals with a primary diagnosis from the most current Diagnostic and Statistical Manual of Mental Disorders for substance-related and addictive disorders, with the exception of tobacco-related disorders and non-substance-related addictive disorders, marked by a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues to use, is seeking treatment for the use of, or is in active recovery from the use of alcohol or other drugs despite significant related problems. Services are provided by physicians or physician extenders who have a current DEA registration authorizing the prescribing of scheduled drugs, including schedule III drugs working in collaboration with credentialed addiction treatment practitioners providing psychosocial counseling in public and private practice settings that encompasses pharmacological and nonpharmacological treatment modalities.

The state assures that Medication Assisted Treatment (MAT) to treat Opioid Use Disorder (OUD) as defined at section 1905(ee)(1) of the Social Security Act (the Act) is covered exclusively under section 1905(a)(29) of the Act.

<i>Service Component Definitions—Preferred Office-Based Addiction Treatment</i>	<i>Staff That Provide Service Components</i>
Assessing, ordering, administering, reassessing, and regulating medication and dose levels appropriate to the individual who is withdrawing from alcohol; supervising withdrawal management from alcohol and other non-opioid substances; and overseeing and facilitating access to appropriate treatment for alcohol use disorder and other substance use disorders (SUD) other than OUD. The medications approved by the U.S. Food and Drug Administration to treat alcohol use disorder: acamprosate, disulfiram, and naltrexone.	Physicians and physician extenders who have a current DEA registration authorizing the prescribing of scheduled drugs, including schedule III drugs; and Credentialed addiction treatment professional
Provide cognitive, behavioral psychotherapies, and other substance use disorder-focused counseling shall be provided to the individual on an individual, group, or family basis and shall be provided in collaboration with the physician or physician extender who have a current DEA registration authorizing the prescribing of scheduled drugs, including schedule III drugs. This does not apply to opioid counseling as part of the MAT benefit. Family counseling service 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.	Credentialed Addiction Treatment Professional, CSAC, CSAC-supervisee.

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<p>Provision of onsite screening or the ability to refer for screening for infectious diseases such as HIV, Hepatitis B and C, and tuberculosis at treatment initiation and then at least annually or more often based on risk factors for individuals with SUD other than OUD. Ability to provide or refer for treatment for infectious diseases as necessary.</p>	<p>Physicians and physician extenders who have a current DEA registration authorizing the prescribing of scheduled drugs, including schedule III drugs, credentialed addiction treatment professional, Pharmacist, Registered Nurse, or Licensed Practical Nurse.</p>
<p>OBAT risk management shall be documented in each individual's record and shall include:</p> <ul style="list-style-type: none">• Random presumptive urine drug testing for non-opioid SUD treatment for all individuals, conducted at a minimum of eight times per 12 month period. Urine drug testing (UDT) is used as part of a comprehensive treatment program to assist with recovery and to restore an individual to health. UDT is used in SUD treatment to determine if the patient is taking medication as prescribed and to assess if the patient is taking other medications which may have a higher risk of overdose.• Overdose prevention counseling including the prescribing of naloxone.	<p>Physician, Physician Extender, Pharmacist, Registered Nurse, or Licensed Practical Nurse licensed by the state</p>

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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<p>Psychoeducational substance use disorder counseling means: (i) a specific form of counseling aimed at helping individuals who have a substance use disorder or mental illness and their family members or caregivers to access clear and concise information about substance use disorders or co-occurring substance use disorder and mental illness and (ii) a way of accessing and learning strategies to deal with substance use disorders or co-occurring substance use and mental illness and its effects in order to design effective treatment plans and strategies.</p>	<p>Credentialed addiction treatment professional, CSAC, CSAC-supervisee</p>
<p>Medication Management means counseling on the role of prescription medications and their effects including side effects; the importance of compliance and adherence; and monitoring the use and effects of medications. Assistance with medication management is only available to parents and guardians when it is for the direct benefit of the child and if the child is present.</p>	<p>Credentialed addiction treatment professional A registered nurse or a practical nurse who is licensed by the Commonwealth with experience involving medication management.</p>
<p>24-hour crisis services means immediate behavioral health care, available 24-hours per day, seven days per week, to provide immediate assistance to individuals experiencing acute behavioral health problems that require immediate intervention to prevent harm and higher levels of acuity.</p>	<p>Credentialed addiction treatment professional</p>
<p>Withdrawal Management services as necessary; the extent to which withdrawal management is needed for specific classes of drugs is determined. Additionally, medical decision-making by the addiction specialist physician includes determining whether, for a patient in acute withdrawal, the indicated intervention is acute management of the withdrawal syndrome or induction into agonist, partial agonist, or antagonist maintenance therapy. Thus, if the patient is to be placed on ongoing treatment with an agonist or partial agonist, then he or she should not be placed on a withdrawal regimen for that class of drugs, though other withdrawal management interventions may be indicated for other classes of drugs.</p>	<p>Physicians and Physician extenders who have a current DEA registration authorizing the prescribing of scheduled drugs, including schedule III drugs.</p>
<p>Medication for Opioid Use Disorder (MOUD) and Alcohol Use Disorder shall be provided onsite or through referral.</p>	<p>Physicians and physician extenders who have a current DEA registration authorizing the prescribing of scheduled drugs, including schedule III drugs.</p>

Limits on amount, duration, and scope: Intensive outpatient services require service authorization.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

**AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY
and MEDICALLY NEEDY**

Medication Management means counseling on the role of prescription medications and their effects including side effects; the importance of compliance and adherence; and monitoring the use and effects of medications. Assistance with medication management is only available to parents and guardians when it is for the direct benefit of the child and if the child is present.	Physicians and physician extenders Credentialed addiction treatment professional
Withdrawal management services as necessary; the extent to which withdrawal management is needed for specific classes of drugs is determined. Additionally, medical decision-making by the addiction specialist physician includes determining whether, for a patient in acute withdrawal, the indicated intervention is acute management of the withdrawal syndrome or induction into agonist, partial agonist, or antagonist maintenance therapy. Thus, if the patient is to be placed on ongoing treatment with an agonist or partial agonist, then he or she should not be placed on a withdrawal regimen for that class of drugs, though other withdrawal management interventions may be indicated for other classes of drugs.	Physicians and Physician extenders who have a current DEA registration authorizing the prescribing of scheduled drugs, including schedule III drugs.
Medication for Opioid Use Disorder (MOUD) and Alcohol Use Disorder shall be provided onsite or through referral.	Physicians and physician extenders who have a current DEA registration authorizing the prescribing of scheduled drugs, including schedule III drugs.
24-hour crisis services means immediate behavioral health care, available 24-hours per day, seven days per week, to provide immediate assistance to individuals experiencing acute behavioral health problems that require immediate intervention to prevent harm and higher levels of acuity.	Physician and physician extenders Credentialed addiction treatment professional

Limits on amount, duration, and scope: Service authorization is required. There are no maximum annual limits.

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"Clinical Supervision" for CSACs means the ongoing process performed by a clinical supervisor who is credentialed as defined in regulations of the Virginia Board of Counseling.

"DEA" means Drug Enforcement Administration.

"Physician extenders" means licensed nurse practitioners and licensed physician assistants as defined in state law.

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2. Opioid Treatment Programs (OTP)

<u>Service Component Definitions – Opioid Treatment Programs</u>	<u>Staff That Provide Service Components</u>
Conduct or arrange for appropriate laboratory and toxicology tests including urine drug screenings.	Physicians and physician extenders <u>who have a current DEA registration authorizing the prescribing of scheduled drugs, including schedule III drugs;</u> Credentialed addiction professional trained in the treatment of opioid use disorder
Assess, order, administer, reassess, and regulate medication and dose levels appropriate to the member; supervise withdrawal management from opioid analgesics, including methadone, buprenorphine products or naltrexone products; and oversee and facilitate access to appropriate treatment for opioid use disorder.	Physicians and physician extenders <u>who have a current DEA registration authorizing the prescribing of scheduled drugs, including schedule III drugs;</u> Credentialed addiction professional trained in the treatment of opioid use disorder
Provide cognitive, behavioral psychotherapy and other substance use disorder-focused counseling provided to the member on an individual, group, or family basis.	Credentialed addiction treatment professional, CSAC, CSAC-supervisee
Provision of onsite screening or ability to refer for screening for infectious diseases such as HIV, Hepatitis B and C, and tuberculosis at treatment initiation and then at least annually or more often based on risk factors. Ability to provide or refer for treatment for infectious diseases as necessary.	Physicians and physician extenders <u>who have a current DEA registration authorizing the prescribing of scheduled drugs, including schedule III drugs,</u> credentialed addiction professional, Registered Nurse, or Licensed Practical Nurse
Medication administration on site during the induction phase must be provided by a Registered Nurse. Medication administration during the maintenance phase may be provided either by a RN or Licensed Practical Nurse.	Physician, Pharmacist, Nurse Practitioner, Physician Assistant, Registered Nurse, or Licensed Practical Nurse
<p>OTP risk management shall include the following activities which must be clearly and adequately documented in each member's record:</p> <ul style="list-style-type: none"> • Random urine drug screening for all members, conducted at least eight times during a 12 month period. Urine drug testing (UDT) is used as part of a comprehensive treatment program to assist with recovery and to restore an individual to health. UDT is used in SUD treatment to determine if the patient is taking medication as prescribed and to assess if the patient is taking other medications which may have a higher risk of overdose when taken with medications for opioid use disorder. • Opioid overdose prevention counseling including the prescribing of naloxone. 	Physician, Physician Extender, Pharmacist, Registered Nurse or Licensed Practical Nurse

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TN No. ~~23-0009~~ 25-0003

Approval Date 09/21/2023

Effective Date ~~4-1-23~~ 1/1/25

Supersedes

TN No. ~~20-008~~ 23-0009

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2. Preferred Office-Based Addiction Treatment (OBAT)

Service Definition: a service provided under 42 CFR 440.130(d) Rehabilitative Services Benefit for individuals with a primary diagnosis from the most current Diagnostic and Statistical Manual of Mental Disorders for substance-related and addictive disorders, with the exception of tobacco-related disorders and non-substance-related addictive disorders, marked by a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues to use, is seeking treatment for the use of, or is in active recovery from the use of alcohol or other drugs despite significant related problems. Services are provided by physicians or physician extenders who have a current DEA registration authorizing the prescribing of scheduled drugs, including schedule III drugs working in collaboration with credentialed addiction treatment practitioners providing psychosocial counseling in public and private practice settings that encompasses pharmacological and nonpharmacological treatment modalities.

~~From October 1, 2020, through September 30, 2025, the~~ The state assures that Medication Assisted Treatment (MAT) to treat Opioid Use Disorder (OUD) as defined at section 1905(ee)(1) of the Social Security Act (the Act) is covered exclusively under section 1905(a)(29) of the Act.

<u>Service Component Definitions—Preferred Office-Based Addiction Treatment</u>	<u>Staff That Provide Service Components</u>
Assessing, ordering, administering, reassessing, and regulating medication and dose levels appropriate to the individual who is withdrawing from alcohol; supervising withdrawal management from alcohol and other non-opioid substances; and overseeing and facilitating access to appropriate treatment for alcohol use disorder and other substance use disorders (SUD) other than OUD. The medications approved by the U.S. Food and Drug Administration to treat alcohol use disorder: acamprosate, disulfiram, and naltrexone.	Physicians and physician extenders <u>who have a current DEA registration authorizing the prescribing of scheduled drugs, including schedule III drugs</u> ; and Credentialed addiction treatment professional
Provide cognitive, behavioral psychotherapies, and other substance use disorder-focused counseling shall be provided to the individual on an individual, group, or family basis and shall be provided in collaboration with the physician or physician extender <u>who have a current DEA registration authorizing the prescribing of scheduled drugs, including schedule III drugs</u> . This does not apply to opioid counseling as part of the MAT benefit. Family counseling service 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	Credentialed Addiction Treatment Professional, CSAC, CSAC-supervisee.

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<p>delivery of the service, but remains the focus of the service.</p>	
<p>Provision of onsite screening or the ability to refer for screening for infectious diseases such as HIV, Hepatitis B and C, and tuberculosis at treatment initiation and then at least annually or more often based on risk factors for individuals with SUD other than OUD. Ability to provide or refer for treatment for infectious diseases as necessary.</p>	<p>Physicians and physician extenders <u>who have a current DEA registration authorizing the prescribing of scheduled drugs, including schedule III drugs,</u> credentialed addiction treatment professional, Pharmacist, Registered Nurse, or Licensed Practical Nurse.</p>
<p>OBAT risk management shall be documented in each individual's record and shall include:</p> <ul style="list-style-type: none"> • Random presumptive urine drug testing for non-opioid SUD treatment for all individuals, conducted at a minimum of eight times per 12 month period. Urine drug testing (UDT) is used as part of a comprehensive treatment program to assist with recovery and to restore an individual to health. UDT is used in SUD treatment to determine if the patient is taking medication as prescribed and to assess if the patient is taking other medications which may have a higher risk of overdose. • Overdose prevention counseling including the prescribing of naloxone. 	<p>Physician, Physician Extender, Pharmacist, Registered Nurse, or Licensed Practical Nurse licensed by the state</p>

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<p>Psychoeducational substance use disorder counseling means: (i) a specific form of counseling aimed at helping individuals who have a substance use disorder or mental illness and their family members or caregivers to access clear and concise information about substance use disorders or co-occurring substance use disorder and mental illness and (ii) a way of accessing and learning strategies to deal with substance use disorders or co-occurring substance use and mental illness and its effects in order to design effective treatment plans and strategies.</p>	<p>Credentialed addiction treatment professional, CSAC, CSAC-supervisee</p>
<p>Medication Management means counseling on the role of prescription medications and their effects including side effects; the importance of compliance and adherence; and monitoring the use and effects of medications. Assistance with medication management is only available to parents and guardians when it is for the direct benefit of the child and if the child is present.</p>	<p>Credentialed addiction treatment professional A registered nurse or a practical nurse who is licensed by the Commonwealth with experience involving medication management.</p>
<p>24-hour crisis services means immediate behavioral health care, available 24-hours per day, seven days per week, to provide immediate assistance to individuals experiencing acute behavioral health problems that require immediate intervention to prevent harm and higher levels of acuity.</p>	<p>Credentialed addiction treatment professional</p>
<p>Withdrawal Management services as necessary; the extent to which withdrawal management is needed for specific classes of drugs is determined. Additionally, medical decision-making by the addiction specialist physician includes determining whether, for a patient in acute withdrawal, the indicated intervention is acute management of the withdrawal syndrome or induction into agonist, partial agonist, or antagonist maintenance therapy. Thus, if the patient is to be placed on ongoing treatment with an agonist or partial agonist, then he or she should not be placed on a withdrawal regimen for that class of drugs, though other withdrawal management interventions may be indicated for other classes of drugs.</p>	<p>Physicians and Physician extenders <u>who have a current DEA registration authorizing the prescribing of scheduled drugs, including schedule III drugs.</u></p>
<p>Medication for Opioid Use Disorder (MOUD) and Alcohol Use Disorder shall be provided onsite or through referral.</p>	<p>Physicians and physician extenders <u>who have a current DEA registration authorizing the prescribing of scheduled drugs, including schedule III drugs.</u></p>

Limits on amount, duration, and scope: Intensive outpatient services require service authorization.

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<p>Medication Management means counseling on the role of prescription medications and their effects including side effects; the importance of compliance and adherence; and monitoring the use and effects of medications. Assistance with medication management is only available to parents and guardians when it is for the direct benefit of the child and if the child is present.</p>	<p><u>Physicians and physician extenders</u> Credentialed addiction treatment professional</p>
<p>Withdrawal management services as necessary; the extent to which withdrawal management is needed for specific classes of drugs is determined. Additionally, medical decision-making by the addiction specialist physician includes determining whether, for a patient in acute withdrawal, the indicated intervention is acute management of the withdrawal syndrome or induction into agonist, partial agonist, or antagonist maintenance therapy. Thus, if the patient is to be placed on ongoing treatment with an agonist or partial agonist, then he or she should not be placed on a withdrawal regimen for that class of drugs, though other withdrawal management interventions may be indicated for other classes of drugs.</p>	<p>Physicians and Physician extenders <u>who have a current DEA registration authorizing the prescribing of scheduled drugs, including schedule III drugs.</u></p>
<p>Medication for Opioid Use Disorder (MOUD) and Alcohol Use Disorder shall be provided onsite or through referral.</p>	<p>Physicians and physician extenders <u>who have a current DEA registration authorizing the prescribing of scheduled drugs, including schedule III drugs.</u></p>
<p>24-hour crisis services means immediate behavioral health care, available 24-hours per day, seven days per week, to provide immediate assistance to individuals experiencing acute behavioral health problems that require immediate intervention to prevent harm and higher levels of acuity.</p>	<p>Physician and physician extenders Credentialed addiction treatment professional</p>

Limits on amount, duration, and scope: Service authorization is required. There are no maximum annual limits.

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

1. TRANSMITTAL NUMBER ____ _	2. STATE ____
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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
42 CFR Part 8 & Section 1262 of the Consolidated Appropriations Act, 2023

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	OTHER, AS SPECIFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Secretary of Health and Human Resources
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

11. SIGNATURE OF STATE AGENCY OFFICIAL 
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
