



COMMONWEALTH of VIRGINIA

Office of the Governor

Daniel Carey, MD
Secretary of Health and Human Resources

July 23, 2021

Francis McCullough, Associate Regional Administrator
Centers for Medicare & Medicaid Services
801 Market Street, Suite 9400
Philadelphia, PA 19107-3134

Dear Mr. McCullough:

Attached for your review and approval is amendment 21-018, entitled "Office-Based Opioid Treatment Changed to Office-Based Addiction Treatment" 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 cursive script that reads "Daniel Carey".

Daniel Carey, MD, MHCM

Attachment

cc: Karen Kimsey, Director, Department of Medical Assistance Services

Transmittal Summary

SPA 21-018

I. IDENTIFICATION INFORMATION

Title of Amendment: Office-Based Opioid Treatment Changed to Office-Based Addiction Treatment

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.

The 2021 Appropriations Act, Item 313.PPPPP states: “The Department of Medical Assistance Services shall seek federal authority through waiver and State Plan amendments under Titles XIX and XXI of the Social Security Act to expand the Preferred Office-Based Opioid Treatment (OBOT) model to include individuals with substance use disorders (SUD) that are covered in the Addiction and Recovery Treatment Services (ARTS) benefit.”

Purpose: This SPA will allow DMAS to expand the substance use disorder service called “Preferred Office-Based Opioid Treatment” (which has been available only to individuals with a primary diagnosis of opioid use disorder) to individuals with a substance-related or addictive disorder.

Substance and Analysis: The sections of the State Plan for Medical Assistance that are affected by this action are “Amount, Duration, and Scope of Medical and Remedial Care Services” and “Methods and Standards for Establishing Payment Rates: Other Types of Care.”

Impact: The expected increase in annual aggregate expenditures is \$881,307 in state general funds; \$1,255,580 in federal funds; and \$ 40,675 in special funds in federal fiscal year 2022.

Tribal Notice: Please see Attachments A-1 and A-2.

Prior Public Notice: Please see Attachment B-1.

Public Comments and Agency Analysis: Please see Attachment B-2.



McClellan, Emily <emily.mcclellan@dmas.virginia.gov>

Tribal Notice re: Broadening Office-Based Opioid Treatment

McClellan, Emily <emily.mcclellan@dmas.virginia.gov> Tue, Jun 22, 2021 at 4:00 PM
To: TribalOffice@monacannation.com, "chiefannerich@aol.com" <chiefannerich@aol.com>, Gerald Stewart <wasandson@cox.net>, Pam Thompson <Pamelathompson4@yahoo.com>, rappahannocktrib@aol.com, regstew007@gmail.com, robert.gray@pamunkey.org, Rufus Elliott <tribaladmin@monacannation.com>, Samuel Bass <samflyingeagle48@yahoo.com>, Stephen Adkins <chiefstephenadkins@gmail.com>, Frank <WFrankAdams@verizon.net>, "bradbybrown@gmail.com" <bradbybrown@gmail.com>, heather.hendrix@ihs.gov, "Garrett, Tabitha (IHS/NAS/RIC)" <tabitha.garrett@ihs.gov>, Kara.Kearns@ihs.gov

Dear Tribal Leaders and Indian Health Programs:

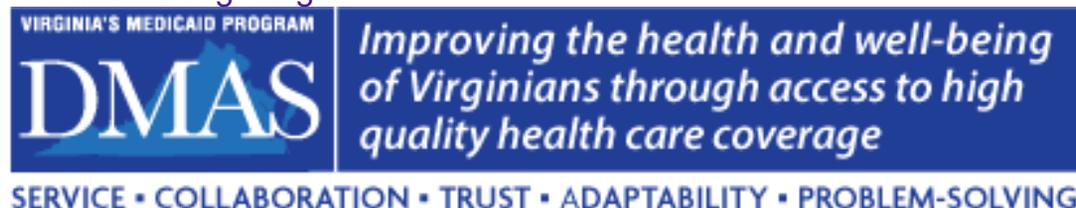
Attached is a Tribal Notice letter from Virginia Medicaid Director Karen Kimsey indicating that the Dept. of Medical Assistance Services (DMAS) plans to submit a State Plan Amendment (SPA) to the federal Centers for Medicare and Medicaid Services. This SPA will allow DMAS to broaden the service called "Office-Based Opioid Treatment" and to change the name to "Office-Based Addiction Treatment."

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! -- Emily McClellan

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Emily McClellan
Policy, Regulation, and Member Engagement Division Director
Virginia Department of Medical Assistance Services
600 East Broad Street
Richmond, VA 23219
(804) 371-4300
www.dmas.virginia.gov



Tribal Notice letter - signed by KK.pdf
252K



COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

KAREN KIMSEY
DIRECTOR

SUITE 1300
600 EAST BROAD STREET
RICHMOND, VA 23219
804/786-7933
800/343-0634 (TDD)
www.dmas.virginia.gov

June 22, 2021

SUBJECT: Notice of Opportunity for Tribal Comment – State Plan Amendment related to the expansion from Office-Based Opioid Treatment to Office-Based Addiction Treatment

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 in order to allow DMAS to expand the substance use disorder service called “Preferred Office-Based Opioid Treatment” (which has been available only to individuals with a primary diagnosis of opioid use disorder) to individuals with a substance-related or addictive disorder.

The tribal comment period for this SPA is open through July 22, 2021. You may submit your comments directly to Emily McClellan, DMAS Policy Division, by phone (804) 371-4300, or via email: Emily.McClellan@dmas.virginia.gov Finally, if you prefer regular mail you may send your comments or questions to:

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

Please forward this information to any interested party.

Sincerely,

A handwritten signature in blue ink that reads "Karen Kimsey".

Karen Kimsey

ATTACHMENT B-1

Virginia.gov Agencies | Governor



Agency Department of Medical Assistance Services

Board Board of Medical Assistance Services

General Notice**Public Notice: Intent to Amend State Plan - Office-Based Opioid Treatment Changed to Office-Based Addiction Treatment**

Date Posted: 6/22/2021

Expiration Date: 11/30/2021

Submitted to Registrar for publication: YES

[30 Day Comment Forum](#) is underway. Began on 6/22/2021 and will end on 7/22/2021

**LEGAL NOTICE
COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES**

NOTICE OF INTENT TO AMEND

(Pursuant to §1902(a)(13) of the *Act (U.S.C. 1396a(a)(13))*)
THE VIRGINIA STATE PLAN FOR MEDICAL ASSISTANCE

This Notice was posted on June 22, 2021

The Virginia Department of Medical Assistance Services (DMAS) hereby affords the public notice of its intention to amend the Virginia State Plan for Medical Assistance to provide for changes to the *Methods and Standards for Establishing Payment Rates — Other Types of Care (12 VAC 30-80)*.

This notice is intended to satisfy the requirements of 42 C.F.R. § 447.205 and of § 1902(a)(13) of the *Social Security Act*, 42 U.S.C. § 1396a(a)(13). A copy of this notice is available for public review from Emily McClellan, DMAS, 600 Broad Street, Suite 1300, Richmond, VA 23219, or via e-mail at: Emily.McClellan@dmas.virginia.gov.

DMAS is specifically soliciting input from stakeholders, providers and beneficiaries, on the potential impact of the proposed changes discussed in this notice. Comments or inquiries may be submitted, in writing, within 30 days of this notice publication to Emily McClellan and such comments are available for review at the same address. Comments may also be submitted, in writing, on the Town Hall public comment forum attached to this notice.

This notice is available for public review on the Regulatory Town Hall (www.townhall.com), on the General Notices page, found at: <https://townhall.virginia.gov/L/generalnotice.cfm>

In accordance with the 2021 Appropriations Act, Items 313.PPPPP, DMAS will be making the following changes:

Methods & Standards for Establishing Payment Rates-Other Types of Care (12 VAC 30-80)

The state plan is being revised to expand the substance use disorder service called “Preferred Office-Based Opioid Treatment” (which has been available only to individuals with a primary diagnosis of opioid use disorder) to individuals with a substance-related or addictive disorder.

The expected increase in annual aggregate expenditures is \$881,307 in state general funds; \$1,255,580 in federal funds; and \$ 40,675 in special funds in federal fiscal year 2022.

Contact Information

Name / Title:	Emily McClellan / <i>Regulatory Manager</i>
Address:	Division of Policy and Research 600 E. Broad St., Suite 1300 Richmond, 23219
Email Address:	<u>Emily.McClellan@dmas.virginia.gov</u>
Telephone:	(804)371-4300 FAX: (804)786-1680 TDD: (800)343-0634

ATTACHMENT B-2

Virginia.gov Agencies | Governor



Public comment forums

Make your voice heard! Public comment forums allow all Virginia's citizens to participate in making and changing our state regulations.

[See our public comment policy](#)

Currently showing **1** comment forums closed within the last 1 days for the Department of Medical Assistance Services.

[Recently closed](#)
[Recently opened](#)
[Active Forums](#)
[More filter options](#)

Regulatory Activity Forums (1)

[Guidance Document Forums \(0\)](#)

[Actions \(\)](#)
 [Periodic Reviews \(\)](#)
 [Petitions for Rulemaking \(\)](#)
 [General Notices \(1\)](#)

Board of Medical Assistance Services

View Comments	Public Notice: Intent to Amend State Plan - Office-Based Opioid Treatment Changed to Office-Based Addiction Treatment	<p>General Notice Public Notice: Intent to Amend State Plan - Office-Based Opioid Treatment Changed to Office-Based Addiction Treatment</p> <p style="background-color: yellow;">Closed: 7/22/21 0 comments</p>
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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. Preferred Office-Based ~~Opioid~~ Addiction Treatment (~~OBOT~~) (OBAT)

Service Definition: a service for individuals with a primary ~~opioid use disorder~~ diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) 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 buprenorphine-waivered practitioners working in collaboration with credentialed addiction treatment practitioners providing psychosocial counseling in public and private practice settings that encompasses pharmacological and nonpharmacological treatment modalities.

<u>Service Component Definitions—Preferred Office-Based Addiction Opioid Treatment</u>	<u>Staff That Provide Service Components</u>
Assessing, ordering, administering, reassessing, and regulating medication and dose levels appropriate to the individual; supervising withdrawal management from opioid analgesics; and overseeing and facilitating access to appropriate treatment for opioid use disorder and alcohol use disorder.	Buprenorphine-waivered practitioner licensed by the state; 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 buprenorphine-waivered practitioner.	Credentialed Addiction Treatment Professional, CSAC, CSAC-supervisee.
Provision of onsite screening 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. Ability to provide or refer for treatment for infectious diseases as necessary.	Buprenorphine-waivered practitioner licensed by the state; credentialed addiction treatment professional, Pharmacist, Registered Nurse, or Practical Nurse licensed by the state.
<p>OBOT <u>OBAT</u> risk management shall be documented in each individual's record and shall include:</p> <ul style="list-style-type: none"> • Random urine drug screening testing <u>testing</u> 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 when taken with medications for opioid use disorder. • Opioid overdose <u>Overdose</u> prevention counseling including the prescribing of naloxone. 	Physician, Pharmacist, Nurse Practitioner, Physician Assistant, Registered Nurse, or Practical Nurse licensed by the state

(Continued on next page)

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**

Provide optional substance use care coordination that includes integrating behavioral health into primary care and specialty medical settings through interdisciplinary care planning and monitoring member progress and tracking member outcomes; linking members with community resources to facilitate referrals and respond to peer supports; and tracking and supporting members when they obtain medical or behavioral health outside the practice. Substance use care coordination cannot be provided simultaneously with substance use case management.	Care Coordination Provider
Provider optional peer recovery support services that includes non-medical peer-to-peer activities that engage and support an individual's, and as applicable the caregiver's, self-help efforts to improve health recovery, resiliency, and wellness.	Peer Recovery Support Specialist

Limits on amount, duration, and scope:

~~OBOTs~~ OBATs may receive three separate inductions for medications for opioid use disorder per 365 calendar days per member and must be at least 90calendar days apart. Additional physician/nurse practitioner/physician assistant follow up and maintenance visits may be provided within a 365 calendar day period. If a member fails three buprenorphine or buprenorphine/naloxone inductions within a 365 calendar day period in an ~~OBOT~~ OBAT setting, the member should be referred to an OTP or a higher level of care for assessment for treatment.

Group counseling by credentialed addiction treatment professionals, CSACs and CSAC-supervisees shall have a maximum limit of 12 individuals in the group or less depending on the clinical model. Such counseling shall focus on the needs of the members served.

~~OBOT~~ OBAT services do not require service authorization.

Individuals under 21 years of age qualifying under EPSDT may receive the services described in excess of any service limit, if services are determined to be medically necessary.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Virginia

Methods and Standards for Establishing Payment Rates: Other Types of Care

Section 6 A (3), continued.

Reimbursement for community substance use disorder services: Rehabilitation Services (42 CFR 447, Subpart F)

(l) Rates for the following addiction and recovery treatment physician and clinic services shall be based on the Agency fee schedule: OTP and ~~OBOT~~ OBAT, which are described in Attachment 3.1A&B, Supplement 1, pages 45-48. OTP and ~~OBOT~~ OBAT services may be provided by physicians, other licensed practitioners, or in clinics, and shall use the following methodologies. For all of the these services, the same rates shall be paid to governmental and private providers. All rates are published on the DMAS website at <https://www.dmas.virginia.gov/#/searchcptcodes>

- the induction of medication for opioid use disorder (MOUD) and alcohol use disorder (AUD), which is reimbursed per encounter, and is limited to 3 encounters per 12 months per provider; rate set as of April 1, 2017
- Substance Use Care Coordination, which is reimbursed based on a monthly unit, rate set as of April 1, 2017
- Medication Administration, which is reimbursed per daily medication dose, rate set as of April 1, 2017
- Substance Use Disorder Counseling and Psychotherapy, which is reimbursed based on a 15-minute unit, rate set as of April 1, 2017
- Telehealth originating site facility fee, which is reimbursed per visit, rate set as of January 1, 2002

-The following services are reimbursed based on CPT codes, with the rates set on various dates: Physician/Nurse Practitioner Evaluation and management visits (rate set 7/1/16); Alcohol Breathalyzer (rate set 7/1/14); Presumptive drug class screening, any drug class (rate set 4.1.17); Definitive drug classes (rate set 4/1/17); RPR Test (rate set 7/1/14); Hepatitis B and C / HIV Tests (rate set 7/1/14); Pregnancy Test (rate set 7/1/14); TB Test (rate set 7/1/16); EKG (rate set 7/1/17).

The Medicaid and commercial rates for similar services as well as the cost for providing services shall be considered when establishing the fee schedules so that payments shall be consistent with economy, efficiency and quality of care.

TN No. 21-018

Approval Date _____

Effective Date 10-01-21

Supersedes

TN No. 20-008

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

1. TRANSMITTAL NUMBER

2 1 0 1 8

2. STATE

Virginia

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

10/1/2021

5. TYPE OF PLAN MATERIAL (*Check One*)

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440

7. FEDERAL BUDGET IMPACT

a. FFY 2022 \$ 1,255,580
b. FFY 2023 \$ 1,255,580

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1A&B, Supp 1, revised pages 47 and 48
Attachment 4.19-B, revised page 6.02

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

Same as box #8.

10. SUBJECT OF AMENDMENT

Office-Based Opioid Treatment Changed to Office-Based Addiction Treatment

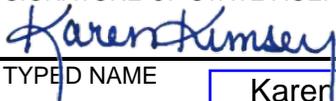
11. GOVERNOR'S REVIEW (*Check One*)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED

Secretary of Health and Human Resources

12. SIGNATURE OF STATE AGENCY OFFICIAL



13. TYPED NAME

Karen Kimsey

14. TITLE

Director

15. DATE SUBMITTED

7/23/2021

16. RETURN TO

Dept. of Medical Assistance Services
600 East Broad Street, #1300
Richmond VA 23219

Attn: Regulatory Coordinator

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

18. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

22. TITLE

23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

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Provision of onsite screening 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. Ability to provide or refer for treatment for infectious diseases as necessary.	Buprenorphine-waivered practitioner licensed by the state; credentialed addiction treatment professional, Pharmacist, Registered Nurse, or Practical Nurse licensed by the state.
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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State of Virginia

Methods and Standards for Establishing Payment Rates: Other Types of Care

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TN No. 21-018

Approval Date _____

Effective Date 10-01-21

Supersedes

TN No. 20-008