

## **Table of Contents**

**State Name: Virginia**

**State Plan Amendment (SPA) #: 21-0018**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 E. 12<sup>th</sup> Street, Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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October 14, 2021

Karen Kimsey, Director  
Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, VA 23219

RE: Virginia State Plan Amendment 21-0018

Dear Ms. Kimsey:

The Centers for Medicare & Medicaid Services (CMS) has reviewed Virginia's Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0018, Office-Based Opioid Treatment Changed to Office-Based Addiction Treatment.

This amendment proposes 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.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 435.733. This letter is to inform you that Virginia Medicaid SPA 21-0018 was approved on October 14, 2021, with an effective date of October 1, 2021. Enclosed are the approved SPA pages and signed CMS-179 form.

If you have any questions, please contact Margaret Kosherzenko at 215-861-4288 or via email at [Margaret.Kosherzenko@cms.hhs.gov](mailto:Margaret.Kosherzenko@cms.hhs.gov).

Sincerely,

Ruth A. Hughes, Acting Director  
Division of Program Operations

Enclosures

cc:  
Emily McClellan

**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, 48, 49  
Attachment 4.19-B, revised page 6.02  
Attachment 3.1 A, Supp 7, new page 2.1, revised page 3  
Attachment 3.1 B, Supp 1, new page 2.1, revised page 3  
Attachment 4.19-B, revised page 16

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

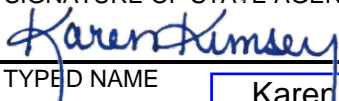
11. GOVERNOR'S REVIEW (Check One)

- 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  
July 23, 2021

18. DATE APPROVED  
10/14/2021

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

Ruth A. Hughes

22. TITLE

Acting Director, Division of Program Operations

23. REMARKS

**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 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 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.

From October 1, 2020, through September 30, 2025, 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.

<b><i>Service Component Definitions—Preferred Office-Based Addiction Treatment</i></b>	<b><i>Staff That Provide Service Components</i></b>
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.	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. 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.

**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**

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.	Buprenorphine-waivered practitioner licensed by the state; credentialed addiction treatment professional, Pharmacist, Registered Nurse, or Practical Nurse licensed by the state.
OBAT risk management shall be documented in each individual's record and shall include: <ul style="list-style-type: none"><li>• 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.</li><li>• Overdose prevention counseling including the prescribing of naloxone.</li></ul>	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**

<p>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 supporting members in meeting their goals identified in the treatment plan. . Substance use care coordination cannot be provided simultaneously with substance use case management. From October 1, 2020, through September 30, 2025, the state assures that substance use care coordination for OUD is 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.</p>	<p>Care Coordination Provider</p>
<p>Provider optional peer recovery support services in accordance with SMDL 07-011, that includes activities that engage and support an individual's, and as applicable the caregiver's, self-help efforts to improve health recovery, resiliency, and wellness.</p>	<p>Peer Recovery Support Specialist</p>

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.

Limits on amount, duration, and scope:

From October 1, 2020, through September 30, 2025, the state assures that MAT to treat 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.

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.

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 of Virginia**

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

Infectious Disease Counseling	Provision of onsite counseling or the ability to refer for counseling 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 OUD. Ability to provide or refer for treatment for infectious diseases as necessary.
Risk management activities	<ul style="list-style-type: none"> <li>• Random presumptive urine drug testing 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 OUD 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-</li> <li>• Opioid overdose prevention counseling including the prescribing of naloxone.</li> </ul>
Care coordination	Linking members with community resources to facilitate referrals and respond to peer supports; and supporting members in meeting their goals identified in the treatment plan. Substance use care coordination cannot be provided simultaneously with substance use case management.
Peer support	In accordance with SMDL 07-011 that includes activities that engage and support an individual's, and as applicable the caregiver's, self-help efforts to improve health recovery, resiliency, and wellness.

TN No. 21-018

Approval Date 10/14/2021

Effective Date 10-1-21

Supersedes TN No. New Page

**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.

<b><i>Service Component</i></b>	<b><i>Type of Practitioner</i></b>
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  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; 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)**

Infectious Disease Counseling	Provision of onsite counseling or the ability to refer for counseling 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 OUD. Ability to provide or refer for treatment for infectious diseases as necessary.
Risk management activities	<ul style="list-style-type: none"> <li>• Random presumptive urine drug testing 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 OUD 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.</li> <li>• Opioid overdose prevention counseling including the prescribing of naloxone.</li> </ul>
Care coordination	Linking members with community resources to facilitate referrals and respond to peer supports; and supporting members in meeting their goals identified in the treatment plan. . Substance use care coordination cannot be provided simultaneously with substance use case management.
Peer support	<ul style="list-style-type: none"> <li>• In accordance with SMDL 07-011, that includes activities that engage and support an individual's, and as applicable the caregiver's, self-help efforts to improve health recovery, resiliency, and wellness.</li> </ul>

**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.

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Assessment	Credentialed addiction treatment Professional.  A registered nurse or a practical nurse who is licensed by the Commonwealth with clinical experience involving medication management.
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Individual, Family, and Group Therapy	Credentialed addiction treatment Professional.
Medication administration	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; 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.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Virginia

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

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Section 6 A (3), continued.

Reimbursement for substance use disorder services:

- (l) Rates for the following addiction and recovery treatment physician and freestanding clinic services shall be based on the Agency fee schedule: OTP and OBAT, which are described in Attachment 3.1A&B, Supplement 1, pages 45-49. OTP and 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/for-providers/procedure-fee-files-cpt-codes/>

- the induction of medication for alcohol use disorder (AUD) which is reimbursed per encounter; 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

- (li) 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.

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TN No. 21-018

Approval Date 10/14/2021

Effective Date 10-01-21

Supersedes

TN No. 20-008

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of VIRGINIA

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATE-  
OTHER TYPES OF CARE**

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**§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 (OUD) will be reimbursed using the same methodology as described for covered outpatient legend and non-legend drugs located in Attachment 4.19-B, pages 7.3, 7.4, and 7.5 for prescribed drugs that are dispensed or administered.

The reimbursement for individual, family and group therapy is referenced in Attachment 4.19-B Page 6.01, Reimbursement for outpatient substance use disorder services: Other Providers, including Licensed Mental Health Professionals (LMHP) (42 CFR 447, Subpart F).

The induction of medication for OUD is reimbursed per encounter; and is limited to 3 encounters per 12 months; rate set as of April 1, 2017.