

## **Table of Contents**

**State/Territory Name: Virginia**

**State Plan Amendment (SPA) #: 25-0022**

This file contains the following documents in the order listed:

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

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services

601 E. 12th St., Room 355

Kansas City, Missouri 64106



Medicaid and CHIP Operations

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January 14, 2026

Cheryl J. Roberts, Director  
Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, VA 23219

Re: Virginia State Plan Amendment (SPA) - 25-0022

Dear Director Roberts:

The Centers for Medicare & Medicaid Services (CMS) has reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0022. This SPA proposes to remove the September 30, 2025, sunset date for the Medication-Assisted Treatment (MAT) benefit making the MAT benefit permanent under the Medicaid State Plan in accordance with federal statute.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter informs you that Virginia's Medicaid SPA TN 25-0022 was approved on January 14, 2026, with an effective date of October 1, 2025.

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

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,

**WENDY E. HILL**  
**PETRAS -S**

Digitally signed by WENDY E.  
HILL PETRAS -S  
Date: 2026.01.14 13:18:53  
-08'00'

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

Enclosures

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 2 2

2. STATE

V A3. 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

10/1/2025

5. FEDERAL STATUTE/REGULATION CITATION

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

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

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

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

3.1-A, Supplement 7, revised pages 1, 2, 2.1, 3, &amp; 4

3.1-B, Supplement 1, revised pages 1, 2, 2.1, 3, &amp; 4

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Same as box #7.

9. SUBJECT OF AMENDMENT

Update to the Medication Assisted Treatment (MAT) Benefit

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



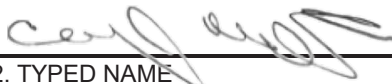
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL



OTHER, AS SPECIFIED:

Secretary of Health and Human Resources

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME  
Cheryl J. Roberts13. TITLE  
DMAS Director14. DATE SUBMITTED  
November 10, 2025

15. RETURN TO

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

Attn: Regulatory Coordinator

**FOR CMS USE ONLY**16. DATE RECEIVED  
12/17/202517. DATE APPROVED  
01/14/2026**PLAN APPROVED - ONE COPY ATTACHED**18. EFFECTIVE DATE OF APPROVED MATERIAL  
10/01/2025

19. SIGNATURE OF APPROVING OFFICIAL

WENDY E. HILL PETRAS -S Digitally signed by WENDY E. HILL PETRAS -S  
Date: 2026.01.14 13:18:14 -08'00'20. TYPED NAME OF APPROVING OFFICIAL  
Wendy E. Hill Petras

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

**State Plan under Title XIX of the Social Security Act**  
**State/Territory: [Virginia]**

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

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

**[Please check the box below to indicate if this benefit is provided for the categorically needy (3.1-A)]**

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

**General Assurances**

**[Select all three checkboxes below.]**

- ☒ MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020.
- ☒ The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).
- ☒ The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**State Plan under Title XIX of the Social Security Act**  
**State/Territory: [Virginia]**

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

**Service Package**

The state covers the following counseling services and behavioral health therapies as part of MAT: **[Please describe in the text fields as indicated below.]**

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

**Service Component: Assessment**

- ***Service Component Description:*** Means the individualized, person-centered biopsychosocial assessment performed face-to-face, in which the provider obtains comprehensive information from the individual.

**Service Component: Individual Service Plan**

- ***Service Component Description:*** Development of a person-centered plan of care that is specific to the individual's unique treatment needs, developed with the individual, in consultation with the individual's family, as appropriate.

**Service Component: Individual, Family, and Group Therapy**

- ***Service Component Description:*** Application of principles, standards, and methods of the counseling profession in (i) conducting assessments and diagnoses for the purpose of establishing treatment goals and objectives and (ii) planning, implementing, and evaluating treatment plans using treatment interventions to facilitate human development and to identify and remediate mental, emotional, or behavioral disorders and associated distresses that interfere with mental health. Includes evidenced-based patient counseling on addiction, treatment, recovery, and associated health risks.

Family therapy services that involve 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.

**Service Component: Medication Administration**

- ***Service Component Description:*** The administration of medication related to opioid use disorder treatment or the monitoring for adverse side effects or results of that medication; interventions are matched to levels of patient progress and intended outcomes.

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**State Plan under Title XIX of the Social Security Act**  
**State/Territory: [Virginia]**

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

**Service Component: Infectious Disease Counseling**

- ***Service Component Description:*** 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.

**Service Component: Risk Management Activities**

- ***Service Component Description:*** Random presumptive urine drug testing for all individuals, conducted at 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.
- Opioid overdose prevention counseling including the prescribing of naloxone.

**Service Component: Care Coordination**

- ***Service Component Description:*** 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.

**Service Component: Peer Support**

- ***Service Component Description:*** 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.

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**State Plan under Title XIX of the Social Security Act**  
**State/Territory: [Virginia]**

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

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

**Service Component: Assessment**

- **Type of Practitioner:**
  - Credentialed addiction treatment Professional.
  - A registered nurse or a practical nurse who is licensed by the Commonwealth with clinical experience involving medication management.

**Service Component: Individual Service Plan**

- **Type of Practitioner:**
  - Credentialed addiction treatment Professional.

**Service Component: Individual, Family, and Group Therapy**

- **Type of Practitioner:**
  - Credentialed addiction treatment Professional.

**Service Component: Medication Administration**

- **Type of Practitioner:**
  - Physician, Nurse Practitioner, Physician Assistant.
  - A registered nurse or a practical nurse who is licensed by the Commonwealth with experience involving medication management.

**Service Component: Infectious Disease Counseling**

- **Type of Practitioner:**
  - Buprenorphine-waivered practitioner licensed by the state; credentialed addiction treatment professional, Pharmacist, Registered Nurse, or Practical Nurse licensed by the state.

**Service Component: Risk Management Activities**

- **Type of Practitioner:**
  - Physician, Pharmacist, Nurse Practitioner, Physician Assistant, Registered Nurse, or Practical Nurse licensed by the state.

**Service Component: Care Coordination**

- **Type of Practitioner:**
  - Care Coordination Provider

**Service Component: Peer Support**

- **Type of Practitioner:**
  - Peer Recovery Support Specialist

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.

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TN No. 25-0022

Approval Date: 01/14/26

Effective Date: 10/01/25

Supersedes TN: 21-0018

**State Plan under Title XIX of the Social Security Act**  
**State/Territory: [Virginia]**

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

**Utilization Controls**

**[Select all applicable checkboxes below.]**

☒ The state has drug utilization controls in place. (Check each of the following that apply)

- ☐ Generic first policy
- ☒ Preferred drug lists
- ☒ Clinical criteria
- ☒ Quantity limits

☐ The state does not have drug utilization controls in place.

**Limitations**

**[Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.]**

Medications for treatment of opioid use disorder that are not in the preferred drug list have a service authorization requirement.

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

**[Please check the box below to indicate if this benefit is provided for the medically needy (3.1-B)]**

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TN No. 25-0022

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Supersedes TN: 21-0018

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**State/Territory: [Virginia]**

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

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TN No. 25-0022  
Supersedes TN: 21-0008

Approval Date: 01/14/26

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