



# COMMONWEALTH of VIRGINIA

## *Department of Medical Assistance Services*

CHERYL J. ROBERTS  
DIRECTOR

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

DECISION BRIEF FOR:  
The Honorable Janet V. Kelly  
Secretary of Health and Human Resources

SUBJECT: AMENDMENT 25-022 to the PLAN for MEDICAL ASSISTANCE entitled "Update to the Medication Assisted Treatment (MAT) Benefit"

ACTION NEEDED  
BY December 12, 2025  
RETURN TO DMAS

### SUMMARY

1. **REQUEST:** The Department of Medical Assistance Services requests the approval of this Plan amendment TN No. 25-022 – “Update to the Medication Assisted Treatment (MAT) Benefit”.
2. **RECOMMENDATION:** Recommend approval of this State Plan amendment (SPA). The funds for this amendment are already provided in the agency’s appropriations. The Agency intends to forward this SPA to the Centers for Medicare and Medicaid Services Regional Office no later than December 19, 2025.

*Cheryl J. Roberts* Nov. 10, 2025  
Cheryl J. Roberts, Director Date

3. **SECRETARY’S ACTION:** Secretary of Health and Human Resources

Approve  Approve w/ Modifications  Deny

*Janet V. Kelly* 12/9/2025  
Janet V. Kelly, Date

## Transmittal Summary

SPA 25-022

### I. IDENTIFICATION INFORMATION

Title of Amendment: Update to the Medication Assisted Treatment (MAT) Benefit

### 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: This SPA will 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. On November 19, 2024, CMS issued a [State Medicaid Director Letter \(SMD# 24-004\)](#) that provided additional information regarding this requirement.

On August 20, 2025, CMS released an updated SPA template that states are required to use to replace their current state plan Supplement to Attachment 3.1 pages for the MAT benefit to reflect that the benefit is now permanent. For an effective date of October 1, 2025, states must submit a SPA to CMS by December 31, 2025.

DMAS covers all FDA-approved medications and formulations for treatment of OUD as well as behavioral therapies, per federal requirements.

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 “Amount, Duration, and Scope of Services Provided to the Medically Needy Group(s)”.

Impact: None.

Tribal Notice: Please see attached.

Prior Public Notice: N/A

Public Comments and Agency Analysis: N/A



## Tribal Notification

**From** Williams, Jimeequa (DMAS) <Jimeequa.Williams@dmas.virginia.gov>

**Date** Wed 11/12/2025 10:34 AM

**To** TribalOffice@MonacanNation.com <tribaloffice@monacannation.com>; Ann Richardson <chiefannerich@aol.com>; Pam Thompson <pamelathompson4@yahoo.com>; Rappahannock Tribe <rappahannocktrib@aol.com>; Reginald Stewart <regstew007@gmail.com>; richard.matens@pamunkey.org <richard.matens@pamunkey.org>; chief@monacannation.gov <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>; Nansemond Administrator <administrator@nansemond.gov>; info@afwellness.com <info@afwellness.com>; info@fishingpointhc.com <info@fishingpointhc.com>; Nansemond Indian Nation <contact@nansemond.gov>; brandon.custalow@mattaponination.com <brandon.custalow@mattaponination.com>; admin@umitribe.org <admin@umitribe.org>; Reels-Pearson, Lorraine (IHS/NAS/AO) <lorraine.reels-peerson@ihs.gov>; Holmes, Remedios (IHS/NAS/RIC) <remedios.holmes@ihs.gov>; Lindsey.Taylor@ihs.gov <lindsey.taylor@ihs.gov>

1 attachment (61 KB)

Tribal Notice Letter (11.11.25) - signed.docx;

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 the Update to the Medication Assisted Treatment (MAT) Benefit.

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

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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](mailto:jimeequa.williams@dmas.virginia.gov)  
(804) 225-3508  
[www.dmas.virginia.gov](http://www.dmas.virginia.gov)





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[www.dmas.virginia.gov](http://www.dmas.virginia.gov)

November 12, 2025

SUBJECT: Notice of Opportunity for Tribal Comment – State Plan Amendment related to the Update to the Medication Assisted Treatment (MAT) Benefit.

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 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. On November 19, 2024, CMS issued a [State Medicaid Director Letter \(SMD# 24-004\)](#) that provided additional information regarding this requirement.

On August 20, 2025, CMS released an updated SPA template that states are required to use to replace their current state plan pages for the MAT benefit to reflect that the benefit is now permanent. For an effective date of October 1, 2025, states must submit a SPA to CMS by December 31, 2025.

DMAS covers all FDA-approved medications and formulations for treatment of OUD as well as behavioral therapies, per federal requirements.

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 December 12, 2025. You may submit your comments directly to Jimeequa Williams, DMAS Policy Division, by phone (804) 225-3508, or via email: [Jimeequa.Williams@dmas.virginia.gov](mailto:Jimeequa.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: Jimeequa 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  
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 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, ~~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).~~

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 of Virginia****1905(a)(29) Medication-Assisted Treatment (MAT)****iii. 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.]**

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

<b><u>Service Component</u></b>	<b><u>Service Component Description</u></b>
Assessment	Means the individualized, person-centered biopsychosocial assessment performed face-to- face, in which the provider obtains comprehensive information from the individual.
Individual Service Plan	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.
Individual, Family, and Group Therapy	<p>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.</p> <p>Family therapy 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.</p>
Medication administration	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 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.

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**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.

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**State of Virginia**

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

**iv. Utilization Controls**

**[Select all three 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.

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.

**v. 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.

**PRA Disclosure Statement** — This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section 1006(b) of the SUPPORT for Patients and Communities Act (P.L. 115-271) enacted on October 24, 2018. Section 1006(b) requires state Medicaid plans to provide coverage of Medication-Assisted Treatment (MAT) for all Medicaid enrollees as a mandatory Medicaid state plan benefit for the period beginning October 1, 2020, and ending September 30, 2025. 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 # 60). Public burden for all of the collection of information requirements under this control number is estimated to take about 80 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.

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**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 1905(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 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, 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).

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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>

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

<b><u>Service Component</u></b>	<b><u>Type of Practitioner</u></b>
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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.

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**State of Virginia****1905(a)(29) Medication-Assisted Treatment (MAT)****iv. Utilization Controls****[Select all three 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.~~

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

Generic first policy

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Clinical criteria

Quantity limits

The state does not have drug utilization controls in place.

**v. 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.

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section 1006(b) of the SUPPORT for Patients and Communities Act (P.L. 115-271) enacted on October 24, 2018. Section 1006(b) requires state Medicaid plans to provide coverage of Medication-Assisted Treatment (MAT) for all Medicaid enrollees as a mandatory Medicaid state plan benefit for the period beginning October 1, 2020, and ending September 30, 2025. 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 # 60). Public burden for all of the collection of information requirements under this control number is estimated to take about 80 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.

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.

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

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. FEDERAL STATUTE/REGULATION CITATION

The Consolidated Appropriations Act of 2024 (P.L. 118-42)

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

9. SUBJECT OF AMENDMENT

1. TRANSMITTAL NUMBER

2. STATE

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL  
SECURITY ACT

XIX

XXI

4. PROPOSED EFFECTIVE DATE

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY \_\_\_\_\_ \$ \_\_\_\_\_  
b. FFY \_\_\_\_\_ \$ \_\_\_\_\_

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

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



15. RETURN TO

12. TYPED NAME

13. TITLE

14. DATE SUBMITTED

**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

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

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

**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.

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

Approval Date \_\_\_\_\_

Effective: 10/1/25

**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. 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 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.

**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.

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 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.

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)

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.

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.

TN No. 25-0022

### Approval Date

Effective: 10/1/25

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.

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)**

**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: Medically Needy

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

1905(a)(29) MAT as described and limited in Supplement 1 to Attachment or 3.1-B.

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

Approval Date \_\_\_\_\_

Effective: 10/1/25

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

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

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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.

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**Service Component: Care Coordination**

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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:**
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## **Service Component: Infectious Disease Counseling**

- **Type of Practitioner:**
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## **Service Component: Care Coordination**

- **Type of Practitioner:**
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## **Service Component: Peer Support**

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

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TM 25-0022

IN NO. 25-0022  
Supersedes TN: 21-0018

### Approval Date

Effective: 10/1/25

**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.]**

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