



COMMONWEALTH of VIRGINIA
Office of the Governor

John Littel
Secretary of Health and Human Resources

June 1, 2023

James G. Scott, Director
Division of Program Operations
Medicaid & CHIP Operations Group
Centers for Medicare and Medicaid Services
601 E. 12th St., Room 355
Kansas City, MO 64106

Dear Mr. Scott:

Attached for your review and approval is amendment 23-009, entitled "Removal of DATA Waiver (X-Waiver)" to the Plan for Medical Assistance for the Commonwealth. I request that your office approve this change as quickly as possible.

Sincerely,

A handwritten signature in blue ink, appearing to read "John Littel".

John E. Littel

Attachment

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

Transmittal Summary

SPA 23-009

I. IDENTIFICATION INFORMATION

Title of Amendment: Removal of DATA Waiver (X-Waiver)

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: Section 1262 of the Consolidated Appropriations Act, 2023, removed the federal requirement that practitioners obtain a DATA-Waiver or X-Waiver to prescribe medications, like buprenorphine, to treat patients with opioid use disorder. Accordingly, the state plan is being revised to allow providers who have a current license to practice and a Drug Enforcement Administration (DEA) registration authorizing the prescribing of Schedule III drugs to prescribe buprenorphine for the treatment of opioid use disorder or pain management.

Substance and Analysis: The section of the State Plan that is affected by this amendment is “Amount, Duration, and Scope of Medical and Remedial Care and Services Provided to the Categorically Needy and Medically Needy”

Impact: None.

Tribal Notice: Please see attached.

Prior Public Notice: N/A

Public Comments and Agency Analysis: N/A

Tribal Notice-Removal of DATA-Waiver or X-Waiver

Lee, Meredith (DMAS)

Tue 5/30/2023 9:57 AM

To: TribalOffice@MonacanNation.com <TribalOffice@MonacanNation.com>; Ann Richardson <chiefannerich@aol.com>; Gerald Stewart <jerry.stewart@cit-ed.org>; pamelathompson4@yahoo.com (pamelathompson4@yahoo.com) <pamelathompson4@yahoo.com>; rappahannocktrib@aol.com (rappahannocktrib@aol.com) <rappahannocktrib@aol.com>; Reggie Stewart <regstew007@gmail.com>; Gray, Robert <robert.gray@pamunkey.org>; tribaladmin <tribaladmin@monacannation.com>; Sam Bass (samflyingeagle48@yahoo.com) <samflyingeagle48@yahoo.com>; chiefstephenadkins@gmail.com (chiefstephenadkins@gmail.com) <chiefstephenadkins@gmail.com>; Frank Adams <Board.R1D@DGIF.VIRGINIA.GOV>; bradbybrown@gmail.com (bradbybrown@gmail.com) <bradbybrown@gmail.com>; tabitha.garrett@ihs.gov (tabitha.garrett@ihs.gov) <tabitha.garrett@ihs.gov>; kara.kearns@ihs.gov (kara.kearns@ihs.gov) <kara.kearns@ihs.gov>; Mia Eubank (mia.eubank@ihs.gov) <mia.eubank@ihs.gov>

📎 1 attachments (146 KB)

Tribal Notice Letter 05-30-23, signed.pdf;

Dear Tribal Leaders and Indian Health Programs:

Attached is a Tribal Notice letter from Virginia Medicaid Director, Cheryl Roberts, indicating that the Department 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 remove the federal requirement that practitioners obtain a DATA-Waiver or X-Waiver to prescribe medications, like buprenorphine, to treat patients with opioid use disorder, in accordance with Section 1262 of the Consolidated Appropriations Act, 2023. Providers who have a current license to practice and a Drug Enforcement Administration (DEA) registration authorizing the prescribing of Schedule III drugs may prescribe buprenorphine for the treatment of opioid use disorder or pain management.

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! -- Meredith Lee

Meredith Lee

Division of Policy, Regulation, and Member Engagement

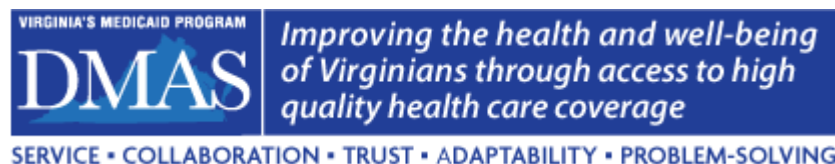
Policy, Regulations, and Manuals Supervisor

Department of Medical Assistance Services

Hours: 6:00 am - 4:30 pm (Monday-Thursday); out of the office on Fridays

meredith.lee@dmass.virginia.gov

(804) 371-0552





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

May 30, 2023

SUBJECT: Notice of Opportunity for Tribal Comment – State Plan Amendment related to Removal of DATA Waiver (X-Waiver).

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 federal requirement that practitioners obtain a DATA-Waiver or X-Waiver to prescribe medications, like buprenorphine, to treat patients with opioid use disorder, in accordance with Section 1262 of the Consolidated Appropriations Act, 2023. Providers who have a current license to practice and a Drug Enforcement Administration (DEA) registration authorizing the prescribing of Schedule III drugs may prescribe buprenorphine for the treatment of opioid use disorder or pain management.

The tribal comment period for this SPA is open through June 29, 2023. You may submit your comments directly to Meredith Lee, DMAS Policy, Regulation, and Member Engagement Division, by phone (804) 371-0552, or via email: Meredith.Lee@dmas.virginia.gov. Finally, if you prefer USPS mail you may send your comments or questions to:

Virginia Department of Medical Assistance Services
Attn: Meredith Lee
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 PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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~~“Buprenorphine-waivered practitioner” licensed under Virginia law and registered with the Drug Enforcement Administration (DEA) to prescribe Schedule III, IV, or V medications for treatment of pain and who has obtained the waiver to prescribe or dispense buprenorphine for opioid use disorder required under the Drug Addiction Treatment Act of 2000 (21 USC § 800 et seq.). A buprenorphine-waivered practitioner meets all federal and state requirements and is supervised by or work in collaboration with a qualifying physician in accordance with the applicable regulatory board. A nurse practitioner with at least five years of full-time clinical experience as a licensed nurse practitioner may practice without a practice agreement with a qualifying physician with approval from the Board of Nursing. The practitioner must have a DEA X number issued by the U.S. Drug Enforcement Agency that is included on all buprenorphine prescriptions for treatment of opioid use disorder.~~

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

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

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2. Opioid Treatment Programs (OTP)

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

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2. Preferred Office-Based Addiction Treatment (OBAT)

Service Definition: a service provided under 42 CFR 440.130(d) Rehabilitative Services Benefit for individuals with a primary diagnosis from the most current Diagnostic and Statistical Manual of Mental Disorders for substance-related and addictive disorders, with the exception of tobacco-related disorders and non-substance-related addictive disorders, marked by a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues to use, is seeking treatment for the use of, or is in active recovery from the use of alcohol or other drugs despite significant related problems. Services are provided by ~~buprenorphine-waivered practitioners-physicians or physician extenders~~ 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.

<i>Service Component Definitions—Preferred Office-Based Addiction Treatment</i>	<i>Staff That Provide Service Components</i>
Assessing, ordering, administering, reassessing, and regulating medication and dose levels appropriate to the individual who is withdrawing from alcohol; supervising withdrawal management from alcohol and other non-opioid substances; and overseeing and facilitating access to appropriate treatment for alcohol use disorder and other substance use disorders (SUD) other than OUD. The medications approved by the U.S. Food and Drug Administration to treat alcohol use disorder: acamprosate, disulfiram, and naltrexone.	Buprenorphine-waivered practitioner <u>Physicians and physician extenders licensed by the state</u> ; and Credentialed addiction treatment professional
Provide cognitive, behavioral psychotherapies, and other substance use disorder-focused counseling shall be provided to the individual on an individual, group, or family basis and shall be provided in collaboration with the buprenorphine-waivered practitioner <u>physician or physician extender</u> . This does not apply to opioid counseling as part of the MAT benefit. Family counseling service that involves the participation of a non-Medicaid eligible is for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary’s individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service.	Credentialed Addiction Treatment Professional, CSAC, CSAC-supervisee.

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

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

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

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<p>Withdrawal management services as necessary; the extent to which withdrawal management is needed for specific classes of drugs is determined. Additionally, medical decision-making by the addiction specialist physician includes determining whether, for a patient in acute withdrawal, the indicated intervention is acute management of the withdrawal syndrome or induction into agonist, partial agonist, or antagonist maintenance therapy. Thus, if the patient is to be placed on ongoing treatment with an agonist or partial agonist, then he or she should not be placed on a withdrawal regimen for that class of drugs, though other withdrawal management interventions may be indicated for other classes of drugs.</p>	<p>Physicians and Physician extenders with DEA X waiver to prescribe buprenorphine</p>
<p>Medication for Opioid Use Disorder (MOUD) and Alcohol Use Disorder shall be provided onsite or through referral.</p>	<p>Physicians and physician extenders who have a DEA X number to prescribe buprenorphine.</p>
<p>24-hour crisis services means immediate behavioral health care, available 24-hours per day, seven days per week, to provide immediate assistance to individuals experiencing acute behavioral health problems that require immediate intervention to prevent harm and higher levels of acuity.</p>	<p>Physician, Nurse practitioners or Physician Assistants licensed by the state and physician extenders Credentialed addiction treatment professional</p>

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

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

1. TRANSMITTAL NUMBER ____ _	2. STATE ____
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3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI
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TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

5. FEDERAL STATUTE/REGULATION CITATION
--

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY _____ \$ _____
b. FFY _____ \$ _____

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
--

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

9. SUBJECT OF AMENDMENT

10. GOVERNOR'S REVIEW (Check One)	
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	<input type="checkbox"/> OTHER, AS SPECIFIED: Secretary of Health and Human Resources

11. SIGNATURE OF STATE AGENCY OFFICIAL <i>Cheryl Roberts</i>
12. TYPED NAME
13. TITLE
14. DATE SUBMITTED

15. RETURN TO

FOR CMS USE ONLY	
16. DATE RECEIVED	17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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

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

TN No. 23-0009

Approval Date _____

Effective Date 4-1-23

Supersedes

TN No. 20-008

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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**AMOUNT, DURATION, AND SCOPE OF MEDICAL
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2. Opioid Treatment Programs (OTP)

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

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Provide cognitive, behavioral psychotherapies, and other substance use disorder-focused counseling shall be provided to the individual on an individual, group, or family basis and shall be provided in collaboration with the physician or physician extender. This does not apply to opioid counseling as part of the MAT benefit. Family counseling service that involves the participation of a non-Medicaid eligible is for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary’s individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service.	Credentialed Addiction Treatment Professional, CSAC, CSAC-supervisee.

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

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

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

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and MEDICALLY NEEDY**

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

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