

COMMONWEALTH of VIRGINIA

Office of the Governor

Daniel Carey, MD Secretary of Health and Human Resources

March 25, 2021

Todd McMillion
Director
Department of Health and Human Services
Centers for Medicare and Medicaid Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601

Dear Mr. McMillion:

Attached for your review and approval is amendment 21-008, entitled "Coverage of MAT" to the Plan for Medical Assistance for the Commonwealth. I request that your office approve this change as quickly as possible.

Sincerely,

Dan(el Carey, MD, MHCM

Attachment

cc: Karen Kimsey, Director, Department of Medical Assistance Services CMS, Region III

Transmittal Summary

SPA 21-008

I. IDENTIFICATION INFORMATION

<u>Title of Amendment</u>: Coverage of Mandatory MAT

II. SYNOPSIS

<u>Basis and Authority</u>: The <u>Code of Virginia</u> (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 <u>Code of Virginia</u> (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.

<u>Purpose</u>: This SPA adds language to the reimbursement pages of the state plan in order to comply with State Health Official Letter 20-005, regarding Mandatory Medicaid State Plan Coverage of Medication-Assisted Treatment.

<u>Substance and Analysis</u>: The section of the State Plan that is affected by this amendment is "Methods and Standards of Establishing Payment Rate – Other Types of Care"

<u>Impact</u>: There is no fiscal impact related to the changes in this SPA.

Tribal Notice: See Attachments A-1 and A-2.

Prior Public Notice: See Attachment B-1.

Public Comments and Agency Analysis: See Attachment B-2.

ATTACHMENT A-1



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

Tribal Notice re: Coverage of Medication Assisted Treatment (MAT) Drugs

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

Tue, Feb 23, 2021 at 4:01 PM

To: Dean Branham <TribalOffice@monacannation.com>, "G. Anne Richardson" <chiefannerich@aol.com>, Gerald Stewart <wasandson@cox.net>, Pam Thompson <Pamelathompson4@yahoo.com>, Rappahannock Tribe <rappahannocktrib@aol.com>, Reginald Stewart <regstew007@gmail.com>, Robert Gray <robert.gray@pamunkey.org>, Rufus Elliott <tribaladmin@monacannation.com>, Samuel Bass <samflyingeagle48@yahoo.com>, Stephen Adkins <chiefstephenadkins@gmail.com>, "W. Frank Adams" <WFrankAdams@verizon.net>, bradbybrown@gmail.com, heather.hendrix@ihs.gov, "Garrett, Tabitha (IHS/NAS/RIC)" <tabitha.garrett@ihs.gov>

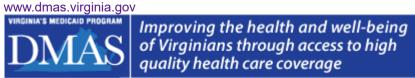
Dear Tribal Leaders and Indian Health Programs:

Attached is a Tribal Notice letters from Virginia Medicaid Director Karen Kimsey indicating that the Dept. of Medical Assistance Services (DMAS) plans to submit a State Plan Amendment (SPA) to the federal Centers for Medicare and Medicaid Services (CMS). The SPA will allow Virginia to comply with new CMS rules related to coverage of drugs for Medication Assisted Treatment.

If you would like a copy of the SPA documents or proposed text changes for this SPA, or if you have any questions, please let us know.

Thank you! -- Emily McClellan

Emily McClellan Regulatory Supervisor Policy Planning and Innovation Division Virginia Department of Medical Assistance Services 600 East Broad Street Richmond, VA 23219 (804) 371-4300



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ATTACHMENT A-2



COMMONWEALTH of VIRGINIA

KAREN KIMSEY DIRECTOR

Department of Medical Assistance Services

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

February 23, 2021

SUBJECT: Notice of Opportunity for Tribal Comment – State Plan Amendment related to coverage for dental services for adults

Dear Tribal Leader and Indian Health Programs:

This letter is to notify you that the Department of Medical Assistance Services (DMAS) is planning to amend the Virginia State Plan for Medical Assistance with the Centers for Medicare and Medicaid Services (CMS). Specifically, DMAS is providing you notice about a State Plan Amendment (SPA) that the Agency will file with CMS in order to implement new guidance relating to coverage of drugs and biologicals that the Food and Drug Administration (FDA) has approved or licensed for medications of opioid use disorder. The new guidance requires DMAS to cover medications of manufacturers that do not participate in the federal rebate program with the Secretary of Health and Human Services. DMAS currently covers all three FDA approved medications for the treatment of opioid use disorder from manufacturers that do participate in the federal rebate program. Since DMAS currently covers all varieties of MOUD and the non-rebatable medications covered by these additional manufacturers offer no variety in ingredients, DMAS does not estimate a cost impact.

The tribal comment period for this SPA is open through March 25, 2021. You may submit your comments directly to Emily McClellan, DMAS Policy Division, by phone (804) 371-4300, or via email: Emily.McClellan@dmas.virginia.gov. Finally, if you prefer regular mail you may send your comments or questions to:

Virginia Department of Medical Assistance Services Medicaid Disaster SPA, Tribal Comment Attn: Emily McClellan 600 East Broad Street Richmond, VA 23219

Please forward this information to any interested party.

Sincerely,

Karen Kimsey

ATTACHMENT B-1

Virginia.gov

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Board

Board of Medical Assistance Services

General Notice

Edit Notice

Public Notice - Intent to Amend State Plan - Coverage of Mandatory Medication Assisted Treatment (MAT) Drugs

Date Posted: 2/23/2021

Expiration Date: 6/30/2021

Submitted to Registrar for publication: YES

30 Day Comment Forum is underway. Began on 2/23/2021 and will end on 3/25/2021

LEGAL NOTICE COMMONWEALTH OF VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES NOTICE OF INTENT TO AMEND

(Pursuant to §1902(a)(13) of the *Act (U.S.C. 1396a(a)(13)*)

THE VIRGINIA STATE PLAN FOR MEDICAL ASSISTANCE

This Notice was posted on February 23, 2021

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

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

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

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

The Centers for Medicare and Medicaid Services (CMS) published a State Health Official (SHO) #20-005 letter regarding the Mandatory Medicaid State Plan Coverage of Medication-Assisted Treatment (MAT) on December 30, 2020. CMS stated Section 1905(ee)(1) of the SUPPORT Act requires States to include as part of the new mandatory MAT benefit all forms of drugs and biologicals that the Food and Drug Administration (FDA) has approved or licensed for medications of opioid use disorder (MOUD), including medications of a manufacturer that does not participate in the federal rebate program with the Secretary of Health and Human Services (Section 1927). The Federal law requires DMAS to file a SPA to recognize and reimburse MOUDs that do not participate in the federal rebate program. Since DMAS currently covers all varieties of MOUD and the non-rebatable medications covered by these additional manufacturers offer no variety in ingredients, thus DMAS does not estimate a cost impact.

There is no expected increase or decrease in annual aggregate expenditures as a result of this change.

Contact Information

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

ATTACHMENT B-2

Virginia.gov

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Agency

Department of Medical Assistance Services

Board

Board of Medical Assistance Services

Public Comment Forum

General Notice: <u>Public Notice - Intent to Amend State Plan - Coverage of Mandatory Medication</u>
<u>Assisted Treatment (MAT) Drugs</u>

CLOSED Opened on 2/23/2021 and Ended on 3/25/2021

LEGAL NOTICE
COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
NOTICE OF INTENT TO AMEND

..... read the full general notice

More about public comment forums and policies

No Comments were received for this forum.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

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

§29 The state will cover all forms of drugs and biologicals that the Food and Drug Administration has approved or licensed for medication to treat opioid use disorder.

The reimbursement for unbundled prescribed drugs and biologicals used to treat opioid use disorder 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 drugs that are dispensed or administered.

TN No	21-008	Approval Date	Effective Date 10-1-20
Supersede	es		

TN No. New page

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER 2. STATE Virginia				
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	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 10/1/2020				
5. TYPE OF PLAN MATERIAL <i>(Check One)</i> NEW STATE PLAN AMENDMENT TO BE CONSIDERED ASNEW PLAN AMENDMENT					
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEND	DMENT (Separate transmittal for each amendment)				
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT				
42 CFR 447	a. FFY 2021 \$ 0 b. FFY 2022 \$ 0				
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)				
Attachment 4.19-B, new page 16					
	Same as box #8.				
LO OUD FOT OF AMENDMENT					
10. SUBJECT OF AMENDMENT					
Coverage of Mandatory MAT					
11. GOVERNOR'S REVIEW (Check One)	OTHER, AS SPECIFIED				
GOVERNOR'S OFFICE REPORTED NO COMMENT	X OTTEN, AS SI ESITIES				
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	Secretary of Health and Human Resources				
	S. RETURN TO				
	S. RETURN TO				
13. TYPED NAME	Dept. of Medical Assistance Services				
Karen Kinnsey	600 East Broad Street, #1300				
14. TITLE Director	Richmond VA 23219				
15. DATE SUBMITTED	Atto: Pagulatory Coordinator				
3/25/2021	Attn: Regulatory Coordinator				
17. DATE RECEIVED 18	B. DATE APPROVED				
PLAN APPROVED - ONE					
19. EFFECTIVE DATE OF APPROVED MATERIAL 20). SIGNATURE OF REGIONAL OFFICIAL				
21. TYPED NAME 22	2. TITLE				
23. REMARKS					

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