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Fast-Track Regulation
Agency Background Document

Agency name	Department of Medical Assistance Services
Virginia Administrative Code (VAC) Chapter citation(s)	12VAC30-130-5020; 12VAC30-130-5040; 12VAC30-130-5050; 12VAC30-130-5080; 12VAC30-130-5090; 12VAC30-130-5100; 12VAC30-130-5110; 12VAC30-130-5120; 12VAC30-130-5130; 12VAC30-130-5140; 12VAC30-130-5150
VAC Chapter title(s)	Amount, Duration and Scope of Selected Services
Action title	Substance Use Disorder
Date this document prepared	April 6, 2026

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Order 19 (2022) (EO 19), any instructions or procedures issued by the Office of Regulatory Management (ORM) or the Department of Planning and Budget (DPB) pursuant to EO 19, the Regulations for Filing and Publishing Agency Regulations (1 VAC 7-10), and the *Form and Style Requirements for the Virginia Register of Regulations and Virginia Administrative Code.*

Brief Summary

Provide a brief summary (preferably no more than 2 or 3 paragraphs) of this regulatory change (i.e., new regulation, amendments to an existing regulation, or repeal of an existing regulation). Alert the reader to all substantive matters. If applicable, generally describe the existing regulation.

This regulatory action will align the Virginia Administrative Code (VAC) with DMAS' current practices. Specifically, this action will:

- Update the terminology of the Preferred Office Based Opioid Treatment (OBOT) to Preferred Office Based Addiction Treatment (OBAT) in 12 VAC 30-130-5020 and 12 VAC30-130-5040. In accordance with the 2021 Appropriations Act, Item 313.PPPPP, DMAS already expanded the substance use disorder service called OBOT (which had been available only to individuals with a primary diagnosis of opioid use disorder) to individuals with a substance-related or addictive disorder. DMAS updated the terminology in other sections of the VAC in a previous regulatory action, but inadvertently missed the references in 12 VAC 30-130-5020 and 12 VAC30-130-5040.

- Clarify requirements for the Substance Use Care Coordination as well as the role of the licensed practical nurse (LPN) in the opioid treatment program (OTP) setting to align with the scope of practice for an LPN, as approved by the Board of Nursing. (LPNs are permitted to provide onsite medication administration treatment during the induction phase.)

- Clarify the size of SUD counseling groups to align with current practice. The group size is limited to a maximum of 12 individuals, but this may be exceeded based on the clinical determination of a Credentialed Addiction Treatment Professional (CATP).

- Update provider licensing references for SUD services (ASAM Levels 2.1, 2.5, 3.1, 3.3, 3.5, 3.7, and 4.0) to reflect current DBHDS requirements and DMAS current practices.

Acronyms and Definitions

Define all acronyms used in this form, and any technical terms that are not also defined in the "Definitions" section of the regulation.

ASAM = American Society of Addiction Medicine
CATP = Credentialed Addiction Treatment Professional
DBHDS = Department of Behavioral Health and Developmental Services
DMAS = Department of Medial Assistance Services
LPN = Licensed Practical Nurse
OBAT = Preferred Office Based Addiction Treatment
OBOT = Preferred Office Based Opioid Treatment
OTP = Opioid Treatment Program
SUD = Substance Use Disorder
VAC = Virginia Administrative Code

Statement of Final Agency Action

Provide a statement of the final action taken by the agency including: 1) the date the action was taken; 2) that the agency has "adopted final amendments" to the regulation; 3) the name of the agency taking the action; and 4) the title of the regulation. A suggested statement is, "On [insert date] the Board/Department of [insert name] adopted final amendments to the [title of regulation(s)]."

On April 6, 2026, the Department of Medical Assistance Services adopted final amendments to the "Substance Use Disorder" regulation.

Mandate and Impetus

Identify the mandate for this regulatory change and any other impetus that specifically prompted its initiation (e.g., new or modified mandate, petition for rulemaking, periodic review, or board decision). For purposes of executive branch review, "mandate" has the same meaning as defined in the ORM procedures, "a directive from the General Assembly, the federal government, or a court that requires that a regulation be promulgated, amended, or repealed in whole or part."

Consistent with Virginia Code § 2.2-4012.1, also explain why this rulemaking is expected to be noncontroversial and therefore appropriate for the fast-track rulemaking process.

The Code of Virginia § 32.1-325, grants to the Board of Medical Assistance Services the authority to administer and amend the Plan for Medical Assistance and to promulgate regulations. The Code of Virginia § 32.1-324, grants the Director of the Department of Medical Assistance Services the authority of the Board when it is not in session.

The 2023 Appropriation Act, Item 304.PPP states that DMAS "shall seek federal authority through waiver and State Plan amendments under Titles XIX and XXI of the Social Security Act to expand the Preferred Office-Based Opioid Treatment (OBOT) model to include individuals with substance use disorders (SUD) that are covered in the Addiction and Recovery Treatment Services (ARTS) benefit."

The 2024 Appropriation Act, Item 288.ZZ states that DMAS "shall update its regulations to reflect the Department of Behavioral Health and Developmental Services licensing criteria for the American Society of Addiction Medicine (ASAM) Level of Care 4.0."

The 2025 Appropriation Act, Item 288.ZZ states that DMAS "shall update its regulations to reflect the Department of Behavioral Health and Developmental Services licensing criteria for the American Society of Addiction Medicine (ASAM) Level of Care 4.0. The Department shall have the authority to promulgate emergency regulations to implement this amendment within 280 days or less from the enactment of this Act. The department shall have the authority to implement these changes prior to completion of any regulatory process undertaken in order to effect such change."

The 2026 Appropriation Act, Item 291.VV states that DMAS "shall update its regulations to reflect the Department of Behavioral Health and Developmental Services licensing criteria for the American Society of Addiction Medicine (ASAM) Level of Care 4.0. The department shall have the authority to promulgate emergency regulations to implement this amendment within 280 days or less from the enactment of this act. The department shall have the authority to implement these changes prior to completion of any regulatory process undertaken in order to effect such change."

This regulatory change is expected to be non-controversial and therefore appropriate for the fast-track process because it serves to update terminology and aligns the regulations with DMAS' current practices.

Legal Basis

Identify (1) the promulgating agency, and (2) the state and/or federal legal authority for the regulatory change, including the most relevant citations to the Code of Virginia and Acts of Assembly chapter number(s), if applicable. Your citation must include a specific provision, if any, authorizing the promulgating agency to regulate this specific subject or program, as well as a reference to the agency's overall regulatory authority.

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Purpose

Explain the need for the regulatory change, including a description of: (1) the rationale or justification, (2) the specific reasons the regulatory change is essential to protect the health, safety or welfare of citizens, and (3) the goals of the regulatory change and the problems it is intended to solve.

The purpose of this action is to update the terminology of the OBOT in accordance with a General Assembly mandate; clarify requirements for the Substance Use Care Coordination as well as the role of the LPN in the OTP setting; clarify the group size of SUD counseling groups; and update provider licensing references to reflect current DBHDS requirements and DMAS current practice.

These regulatory changes are essential to protect the health, safety, and welfare of Medicaid members because they align the regulations with DMAS' current practices and provide clarity to the regulated community, thereby increasing safety for the members receiving SUD services.

Substance

Briefly identify and explain the new substantive provisions, the substantive changes to existing sections, or both. A more detailed discussion is provided in the "Detail of Changes" section below.

This regulatory action will:

- Update the terminology of the Preferred Office Based Opioid Treatment (OBOT) to Preferred Office Based Addiction Treatment (OBAT) in 12 VAC 30-130-5020 and 12 VAC30-130-5040. In accordance with the 2021 Appropriation Act, Item 313.PPPPP, DMAS already expanded the substance use disorder service called OBOT (which had been available only to individuals with a primary diagnosis of opioid use disorder) to individuals with a substance-related or addictive disorder. DMAS updated the terminology in other sections of the VAC in a previous regulatory action, but inadvertently missed the references in 12 VAC 30-130-5020 and 12 VAC30-130-5040.

- Clarify requirements for the Substance Use Care Coordinator as well as the role of the licensed practical nurse (LPN) in the opioid treatment program (OTP) setting to align with the scope of practice for an LPN, as approved by the Board of Nursing. (LPNs are permitted to provide onsite medication administration treatment during the induction phase.) This change was previously made in the ARTS Manual, and the regulatory change seeks to align the manual requirements with the regulatory requirements.

- Clarify the size of SUD counseling groups to align with current practice. The group size is limited to a maximum of 12 individuals based on current industry standards and best practices. This may be exceeded based on the clinical determination of a Credentialed Addiction Treatment Professional (CATP).

- The regulations previously included a limit of 10 individuals in group outpatient (ASAM Level 1) services, but there were no limits on counseling group size in other SUD services. This regulatory package includes a limit of 12 individuals (that may be exceeded based upon a clinical determination) for all SUD counseling groups in all ARTS services. This change was previously made in the ARTS Manual, and the limit is already in effect. The regulatory change seeks to align the manual requirements with the regulatory requirements.

- Update provider licensing references for SUD services (ASAM Levels 2.1, 2.5, 3.1, 3.3, 3.5, 3.7, and 4.0) to reflect current DBHDS requirements and DMAS current practice.

Issues

Identify the issues associated with the regulatory change, including: 1) the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions; 2) the primary advantages and disadvantages to the agency or the Commonwealth; and 3) other pertinent matters of interest to the regulated community, government officials, and the public. If there are no disadvantages to the public or the Commonwealth, include a specific statement to that effect.

These changes create no disadvantages to the public, the Agency, the Commonwealth, or the regulated community. The primary advantage of this action is to align the regulations with DMAS' current practices.

Requirements More Restrictive than Federal

Identify and describe any requirement of the regulatory change which is more restrictive than applicable federal requirements. Include a specific citation for each applicable federal requirement, and a rationale for the need for the more restrictive requirements. If there are no applicable federal requirements, or no requirements that exceed applicable federal requirements, include a specific statement to that effect.

None of the items in this regulatory package are more restrictive than federal requirements.

Agencies, Localities, and Other Entities Particularly Affected

Consistent with § 2.2-4007.04 of the Code of Virginia, identify any other state agencies, localities, or other entities particularly affected by the regulatory change. Other entities could include local partners such as tribal governments, school boards, community services boards, and similar regional organizations. "Particularly affected" are those that are likely to bear any identified disproportionate material impact which would not be experienced by other agencies, localities, or entities. "Locality" can refer to either local governments or the locations in the Commonwealth where the activities relevant to the regulation or regulatory change are most likely to occur. If no agency, locality, or entity is particularly affected, include a specific statement to that effect.

Other State Agencies Particularly Affected

None

Localities Particularly Affected

None

Other Entities Particularly Affected

None

Economic Impact

Consistent with § 2.2-4007.04 of the Code of Virginia, identify all specific economic impacts (costs and/or benefits), anticipated to result from the regulatory change. When describing a particular economic impact, specify which new requirement or change in requirement creates the anticipated economic impact. Keep in mind that this is the proposed change versus the status quo.

Impact on State Agencies

For your agency: projected costs, savings, fees or revenues resulting from the regulatory change, including: a) fund source / fund detail; b) delineation of one-time versus on-going expenditures; and c) whether any costs or revenue loss can be absorbed within existing resources	None
For other state agencies: projected costs, savings, fees or revenues resulting from the regulatory change, including a delineation of one-time versus on-going expenditures.	None
For all agencies: Benefits the regulatory change is designed to produce.	The benefit of this action is to align the regulations with DMAS' current practices.

Impact on Localities

If this analysis has been reported on the ORM Economic Impact form, indicate the tables (1a or 2) on which it was reported. Information provided on that form need not be repeated here.

Projected costs, savings, fees or revenues resulting from the regulatory change.	None
Benefits the regulatory change is designed to produce.	The benefit of this action is to align the regulations with DMAS' current practices.

Impact on Other Entities

If this analysis has been reported on the ORM Economic Impact form, indicate the tables (1a, 3, or 4) on which it was reported. Information provided on that form need not be repeated here.

Description of the individuals, businesses, or other entities likely to be affected by the regulatory change. If no other entities will be	None

affected, include a specific statement to that effect.	
Agency's best estimate of the number of such entities that will be affected. Include an estimate of the number of small businesses affected. Small business means a business entity, including its affiliates, that: a) is independently owned and operated and; b) employs fewer than 500 full-time employees or has gross annual sales of less than $6 million.	None
All projected costs for affected individuals, businesses, or other entities resulting from the regulatory change. Be specific and include all costs including, but not limited to: a) projected reporting, recordkeeping, and other administrative costs required for compliance by small businesses; b) specify any costs related to the development of real estate for commercial or residential purposes that are a consequence of the regulatory change; c) fees; d) purchases of equipment or services; and e) time required to comply with the requirements.	None
Benefits the regulatory change is designed to produce.	The benefit of this action is to align the regulations with DMAS' current practices.

Alternatives to Regulation

Describe any viable alternatives to the regulatory change that were considered, and the rationale used by the agency to select the least burdensome or intrusive alternative that meets the essential purpose of the regulatory change. Also, include discussion of less intrusive or less costly alternatives for small businesses, as defined in § 2.2-4007.1 of the Code of Virginia, of achieving the purpose of the regulatory change.

No alternatives can achieve the purpose of these regulatory changes which are required by General Assembly mandate and align DMAS regulations with the Addiction and Recovery Treatment Services provider manual and DBHDS regulations.

Regulatory Flexibility Analysis

Consistent with § 2.2-4007.1 B of the Code of Virginia, describe the agency's analysis of alternative regulatory methods, consistent with health, safety, environmental, and economic welfare, that will accomplish the objectives of applicable law while minimizing the adverse impact on small business. Alternative regulatory methods include, at a minimum: 1) establishing less stringent compliance or reporting requirements; 2) establishing less stringent schedules or deadlines for compliance or reporting requirements; 3) consolidation or simplification of compliance or reporting requirements; 4) establishing performance standards for small businesses to replace design or operational standards required in the proposed regulation; and 5) the exemption of small businesses from all or any part of the requirements contained in the regulatory change.

This regulatory action is not expected to affect small businesses.

Public Participation

Indicate how the public should contact the agency to submit comments on this regulation, and whether a public hearing will be held, by completing the text below.

Consistent with § 2.2-4011 of the Code of Virginia, if an objection to the use of the fast-track process is received within the 30-day public comment period from 10 or more persons, any member of the applicable standing committee of either house of the General Assembly or of the Joint Commission on Administrative Rules, the agency shall: 1) file notice of the objections with the Registrar of Regulations for publication in the Virginia Register and 2) proceed with the normal promulgation process with the initial publication of the fast-track regulation serving as the Notice of Intended Regulatory Action.

If you are objecting to the use of the fast-track process as the means of promulgating this regulation, please clearly indicate your objection in your comment. Please also indicate the nature of, and reason for, your objection to using this process.

DMAS is providing an opportunity for comments on this regulatory proposal, including but not limited to (i) the costs and benefits of the regulatory proposal and any alternative approaches, (ii) the potential impacts of the regulation, and (iii) the agency's regulatory flexibility analysis stated in this background document.

Anyone wishing to submit written comments for the public comment file may do so through the Public Comment Forums feature of the Virginia Regulatory Town Hall web site at: https://townhall.virginia.gov. Comments may also be submitted by mail, email or fax to Syreeta Stewart, DMAS, 600 E. Broad Street, Richmond, VA 23219, 804-839-7282, Syreeta.Stewart@dmas.virginia.gov. In order to be considered, comments must be received by 11:59 pm on the last day of the public comment period.

Detail of Changes

List all regulatory changes and the consequences of the changes. Explain the new requirements and what they mean rather than merely quoting the text of the regulation. For example, describe the intent of the language and the expected impact. Describe the difference between existing requirement(s) and/or agency practice(s) and what is being proposed in this regulatory change. Use all tables that apply, but delete inapplicable tables.

If an existing VAC Chapter(s) is being amended or repealed, use Table 1 to describe the changes between existing VAC Chapter(s) and the proposed regulation. If existing VAC Chapter(s) or sections are being repealed and replaced, ensure Table 1 clearly shows both the current number and the new number for each repealed section and the replacement section.

Table 1: Changes to Existing VAC Chapter(s)

Current chapter-section number	New chapter-section number, if applicable	Current requirements in VAC	Change, intent, rationale, and likely impact of new requirements
12VAC30-130-5020		Includes references to OBOT. Includes outdated requirements for	Text changes made to change references to OBAT. Updates requirements for substance use care coordinators.

		substance use care coordinators.	
12VAC30-130-5040		Includes references to OBOT.	Text changes made to change references to OBAT.
12VAC30-130-5050		Does not include LPNs in the list of providers that can provide onsite medication administration treatment during the induction phase.	Text changes made to add LPNs.
12VAC30-130-5080		References a maximum size of 10 individuals in SUD counseling groups	Text changes made to limit the group size to a maximum of 12 individuals, but this may be exceeded based on the clinical determination of a CATP.
12VAC30-130-5090		No reference to the size of SUD counseling groups Contains outdated DBHDS licensing requirements for providers.	Text changes made to limit the group size to a maximum of 12 individuals, but this may be exceeded based on the clinical determination of a CATP. Text changes made to update the references to DBHDS licensing requirements.
12VAC30-130-5100		No reference to the size of SUD counseling groups Contains outdated DBHDS licensing requirements for providers.	Text changes made to limit the group size to a maximum of 12 individuals, but this may be exceeded based on the clinical determination of a CATP. Text changes made to update the references to DBHDS licensing requirements.
12VAC30-130-5110		No reference to the size of SUD counseling groups Contains outdated DBHDS licensing	Text changes made to limit the group size to a maximum of 12 individuals, but this may be exceeded based on the clinical determination of a CATP. Text changes made to update the references to DBHDS licensing requirements.

		requirements for providers.	
12VAC30-130-5120		No reference to the size of SUD counseling groups Contains outdated DBHDS licensing requirements for providers.	Text changes made to limit the group size to a maximum of 12 individuals, but this may be exceeded based on the clinical determination of a CATP. Text changes made to update the references to DBHDS licensing requirements.
12VAC30-130-5130		No reference to the size of SUD counseling groups Contains outdated DBHDS licensing requirements for providers.	Text changes made to limit the group size to a maximum of 12 individuals, but this may be exceeded based on the clinical determination of a CATP. Text changes made to update the references to DBHDS licensing requirements.
12VAC30-130-5140		No reference to the size of SUD counseling groups Contains outdated DBHDS licensing requirements for providers.	Text changes made to limit the group size to a maximum of 12 individuals, but this may be exceeded based on the clinical determination of a CATP. Text changes made to update the references to DBHDS licensing requirements.
12VAC30-130-5150		No reference to the size of SUD counseling groups Contains outdated DBHDS licensing requirements for providers.	Text changes made to limit the group size to a maximum of 12 individuals, but this may be exceeded based on the clinical determination of a CATP. Text changes made to update the references to DBHDS licensing requirements.