

**Comments for Chapter: 519.22 Mental Health Counseling and Substance Use Treatment**  
**Effective Date: February 1, 2025**

<b>Number</b>	<b>Date Received</b>	<b>Comment</b>	<b>Status Result</b>
<b>1</b>	12/13/2024	<p><b>519.22.3 Office-Based Medication Assisted Treatment (OBMAT):</b> Vivitrol is explicitly mentioned in this manual. It is not mentioned in the rule as a required enrollment factor for OBMAT. If Vivitrol is to be specifically considered, which I do not recommend, what about Brixalti and Sublocade? They are also injectable MAT.</p> <p>None of the monthly or weekly injectables should be included in this Chapter. They are often provided by PCPs.</p>	<p><b>Change:</b> The BMS is updating language in this section of the manual to clarify references to applicable covered OBMAT medications.</p> <p>Medications used for OBMAT will remain in this chapter.</p>
<b>2</b>	12/13/2024	<p><b>519.22.3 OBMAT:</b> DATA 200 registration is no longer required by the federal government.</p>	<p><b>Change:</b> The BMS has removed this DATA 200 registration requirement and replaced it with broader language, indicating that OBMAT providers must comply with all applicable state and federal requirements.</p>
<b>3</b>	12/13/2024	<p><b>519.22.3 OBMAT:</b> The DHHR provider registry no longer exists.</p>	<p><b>Change:</b> The reference to the provider registry has been removed from the policy.</p>
<b>4</b>	12/13/2024	<p><b>519.22.3 OBMAT:</b> Master Service Plan is inappropriate for a practice providing only medication and monthly group or individual therapy or a requirement to attend AA meetings which is frequently how private practitioners have dealt with the therapy requirement.</p>	<p><b>No change:</b> Individuals must have services provided driven by a service plan. Those receiving therapy must have a service plan in alignment with the Office of Health Facility Licensure &amp; Certification (OHFLAC) therapy requirements.</p>
<b>5</b>	12/13/2024	<p><b>519.22.2.2 Therapy:</b> Therapy requirement has been removed by federal regulation; therapy is now recommended at physician discretion (I recognize that the OHFLAC rule still has requirements).</p>	<p><b>No change:</b> The BMS aligns with the OHFLAC rule's requirements for therapy.</p>

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6	1/9/2025	<p><b>519.22.3 OBMAT:</b> First bullet on page 5 specifically lists brand name medications "Suboxone", "Subutex", and "Vivitrol". This implies that other brand name for buprenorphine formulations (e.g., Sublocade, Brixadi, Zubsolv, Bunavil, etc.) are not covered.</p> <p>Suggestion: Please clarify whether all brand names are covered or only those listed.</p>	<p><b>Change:</b> The BMS is updating language in the manual to clarify references to applicable covered OBMAT medications. Brand names of approved generics for OBMAT medications are covered.</p>
7	1/9/2025	<p><b>519.22.3 OBMAT Provider Requirements:</b> A paragraph states, "Physicians or physician extenders wanting to render Suboxone®/Subutex® services must send a request for review to the Medicaid enrollment contractor. The request must include the providers National Provider Identifier (NPI) number, and a letter requesting to be enrolled as a Suboxone® provider for West Virginia Medicaid. The enrolled provider must also be approved by the BMS to be on the Approved Suboxone® Provider Registry."</p> <p><b>Suggestion:</b> Listing only two specific brand name buprenorphine products (Suboxone and Subutex) suggests that all other buprenorphine formulations are excluded. Please clarify.</p>	<p><b>Change:</b> The BMS is updating language in the manual to clarify references to applicable covered OBMAT medications. Brand names of approved generics for OBMAT medications are covered.</p>
8	1/9/2025	<p><b>519.22.3 OBMAT Provider Requirements</b> A paragraph states, "The managed care organizations (MCOs) will not reimburse for Suboxone® services if the provider has not been approved by the West Virginia BMS. Reasons for denial of approval include, but are not limited to, a history of issues with the provider pertaining to the services they deliver, history of disciplinary actions with the West Virginia Board of Medicine or West Virginia Board of Osteopathic Medicine, and current investigations concerning the prescribing methods of the provider, etc."</p> <p><b>Suggestion:</b> Replace the specific brand name Suboxone with "OBMAT"</p>	<p><b>Change:</b> The BMS is changing this language as suggested to instead say "OBMAT" in this instance within 519.22.3.</p>

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9	1/9/2025	<p><b>519.22.3 OBMAT Therapy Services</b> Therapy services shall be provided in accordance with 69 CSR 12.23 which states that "23.3. Counseling sessions, which may be conducted via telehealth, shall be provided according to generally accepted best practices and shall be offered:</p> <p>23.3.1. At least weekly during the first 90 days of treatment;</p> <p>23.3.2. At least twice per month during the remainder of the first year of treatment; and</p> <p>23.3.3. Thereafter, counseling sessions shall take place as indicated in the patient's individualized plan of care or treatment strategy."</p> <p>Suggestion: Clarify whether the word "offered" means that therapy is no longer a requirement for individuals to participate in an MAT program</p>	<p><b>No change:</b> BMS clarifies that therapy must be offered to individuals as part of MAT services. BMS may not mandate that an individual receive therapy as a condition to receive MAT medications.</p>
10	1/13/2025	<p><b>519.22.3 OBMAT:</b> Regarding 519.22.3 -There is no specific mention regarding telehealth allowance (as it was for methadone OTP). We presume that this is because it has been acknowledged as an exemption with parity to in-person care but wanting to confirm its ongoing availability. Additionally, we will continue to follow the federal DEA requirements regarding controlled substances prescribing via telehealth to ensure that we are aligned.</p>	<p><b>Change:</b> The BMS confirms the ongoing allowance of telehealth. A bullet point referring to the BMS telehealth policy has been added to 519.22.3.</p>
11	1/13/2025	<p><b>519.2 – Evaluation &amp; Management Services:</b> Clarification that face-to-face attendance, as referenced throughout the policy, does include virtual/video appointments.</p>	<p><b>No change:</b> This comment refers to policy 519.2, which is a different policy chapter subset than 519.22 and was not open for public comment at this time.</p>
12	1/13/2025	<p><b>519.22:</b> We would like to highlight the positive changes in the revised manual, particularly the decision to combine the OTP (Opioid Treatment Program) and MAT (Medication-Assisted Treatment) into a single manual. This consolidation is a positive</p>	<p><b>No change.</b></p>

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		step forward, as it promotes greater alignment with existing state regulations and enhances the clarity of guidance for providers.	
13	1/13/2025	<b>519.22.3 OBMAT:</b> However, we would like to note that the manual references the requirement for the DATA 2000 waiver. As we understand, this waiver requirement expired in 2023, and we recommend updating the manual to reflect this change to avoid any confusion.	<b>Change:</b> BMS has removed this DATA 200 registration requirement and replaced it with broader language, indicating that OBMAT providers must comply with all applicable state and federal requirements.
14	1/13/2025	<b>519.22.3 OBMAT Provider Requirements:</b> OBMAT is provided by licensed OBMAT providers. Providers delivering OBMAT under this section must comply with Legislative Rule 69 CSR 12 for Office-Based Medication Assisted Treatment as governed by OHFLAC, in addition to other requirements specified in this chapter. Providers delivering services under this section must hold a current and valid registration as an OBMAT provider in the state of West Virginia. Requirements for the Drug Addiction Treatment Act of 2000 (DATA 2000) must be met by the provider unless indicated by the Substance Abuse and Mental Health Services Administration (SAMHSA)  As of January 1st, 2023, the requirements for special credentialing and registration with the DEA for prescribing buprenorphine was repealed.	<b>Change:</b> BMS has removed this DATA 200 registration requirement and replaced it with broader language, indicating that OBMAT providers must comply with all applicable state and federal requirements.
15	1/13/2025	<b>519.22.2 Page 5:</b> Treating Provider and Professional Therapy services will be provided for individuals utilizing Buprenorphine, Suboxone® strips, or Vivitrol®.  Question: Are you considering Brixadi to be under the buprenorphine family?	<b>Change:</b> BMS is updating language in the manual to clarify references to applicable covered OBMAT medications. Brand names of approved generics for OMBAT medications are covered. BMS considers Brixadi to be covered under the buprenorphine family.