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State/Territory Name: West Virginia

State Plan Amendment (SPA) #: 25-0005

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Services 601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

May 21, 2026

Christy Donohue
Medicaid Director
Department of Human Services
Bureau for Medical Service
350 Capitol Street, Room 251
Charleston, WV 25301

Re: West Virginia State Plan Amendment (SPA) – 25-0005

Dear Medicaid Director Donohue:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0005. This amendment proposes transferring Medication-Assisted Treatment (MAT) coverage State Plan pages to the CMS Medication-Assisted Treatment SPA Template.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 C.F.R. §447.205. This letter informs you that West Virginia's Medicaid SPA TN 25-0005 was approved on May 21, 2026, with an effective date of October 1, 2025.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the West Virginia State Plan.

If you have any questions, please contact Nicole Guess at (312) 353-1787 or via email at nicole.guess@cms.hhs.gov.

Sincerely,

Nicole McKnight
Acting Director, Division of Program Operations

Enclosures

cc: Christy Donohue
Sarah Young
Riley Romeo
Nora Dillard

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>2 5 — 0 0 0 5</u>	2. STATE <u>WV</u>
		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <p style="text-align: center; color: blue;">October 1, 2025</p>	
5. FEDERAL STATUTE/REGULATION CITATION Section 1006(b) of the SUPPORT Act, CAA 2024		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2026</u> \$ <u>0</u> b. FFY <u>2027</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 3 to Attachment 3.1-A and Attachment 3.1-B pages 1 through 6 Attachment 4.19-B page 26		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A and Attachment 3.1-B pages 1 through 6; TN #21-0002 Attachment 4.19-B page 26; TN #21-0002	
9. SUBJECT OF AMENDMENT This SPA transfers Medication Assisted Treatment (MAT) coverage State Plan pages to the CMS MAT SPA Template as required by CMS and in alignment with federal requirements within the CAA, 2024.			
10. GOVERNOR'S REVIEW (Check One) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input checked="" type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL </div> <div style="width: 45%;"> <input type="radio"/> OTHER, AS SPECIFIED: </div> </div>			
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO Bureau for Medical Services 350 Capitol Street Room 251 Charleston West Virginia 25301	
12. TYPED NAME Cynthia Beane			
13. TITLE Commissioner, WV Bureau for Medical Services			
14. DATE SUBMITTED 12/02/2025			
FOR CMS USE ONLY			
16. DATE RECEIVED 12/02/2025		17. DATE APPROVED 05/21/2026	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL 10/01/2025		19. SIGNATURE OF APPROVING OFFICIAL	
20. TYPED NAME OF APPROVING OFFICIAL Nicole McKnight		21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations	
22. REMARKS			

State Plan under Title XIX of the Social Security Act

State/Territory: West Virginia

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

Citation: 3.1-A Amount, Duration, and Scope of Services

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

1905(a)(29) MAT as described and limited in Supplement 3 to Attachment 3.1-A and Attachment 3.1-B.

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:25-0005
Supersedes TN:21-0002

Approval Date:05/21/2026
Effective:10/01/2025

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

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

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.

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	Service Component Description
Assessment	Refers to 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.

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

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

<p>Individual, Family, and Group Therapy</p>	<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>
<p>Medication Administration</p>	<p>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.</p>

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State Plan under Title XIX of the Social Security Act
State/Territory: West 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	Type of Practitioner
Assessment	Credentialed addiction treatment Professional. A registered nurse or a practical nurse.
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.

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State Plan under Title XIX of the Social Security Act
State/Territory: West Virginia

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

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.

“Credentialed addiction treatment professional” means (i) an addiction- credentialed physician or physician or physician extender with experience or training in addiction medicine; (ii) a licensed psychiatrist; (iii) a licensed clinical psychologist; (iv) a licensed clinical social worker; (v) a licensed professional counselor; (vi) a certified psychiatric clinical nurse specialist; (vii) a licensed psychiatric nurse practitioner; (viii) a licensed marriage and family therapist; (ix) a licensed substance abuse treatment practitioner; (x) residents under supervision of a licensed professional counselor, licensed marriage and family therapist, or licensed substance abuse treatment practitioner who is registered with the West Virginia Board of Counseling; (xi) a resident in psychology under supervision of a licensed clinical psychologist who is registered with the West Virginia Board of Psychology; (xii) a supervisee in social work under the supervision of a licensed clinical social worker who is registered with the West Virginia Board of Social Work; and is licensed to perform services within their scope of practice in accordance with state law; and is licensed to perform services within their scope of practice in accordance with state law; Registered Nurse or Practical Nurse licensed by the Commonwealth and who has clinical experience involving medication management; Physician licensed to perform services within their scope of practice in accordance with state law; Nurse Practitioner licensed to perform services within their scope of practice in accordance with state law; Physician Assistant licensed to perform services within their scope of practice in accordance with state law.

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
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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 on the preferred drug list have a service authorization requirement.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

Attachment 4.19-B

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

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

Medication assisted treatment (MAT) services are covered as a mandatory benefit for adults and children who meet the medical necessity criteria for receipt of services. Services may require prior authorization by the West Virginia (WV) Bureau for Medical Services (BMS) or its designated agent.

MAT is an evidence-based practice using methadone, naltrexone, buprenorphine, and all other forms of MAT approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products, counseling services and behavioral therapy licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) for the treatment of OUD.

The reimbursement for unbundled prescribed drugs and biologicals used to treat opioid use disorder will be reimbursed using the same methodology as described on Attachment 4.19B, section 12a, pages 8-9b for prescribed drugs that are dispensed or administered.

MAT services provided by certified Opioid Treatment Programs (OTPs) will be reimbursed according to the appropriate fee schedule for the service provided. Methadone MAT is reimbursed as a bundle that includes administration and labs.

Effective for dates of service on or after April 1, 2026, the Medicaid fee for these services shall be set at 90 percent of the Medicare RBRVS rate that is in effect on the date of service. This applies to both current and newly added procedure codes.

Except as otherwise noted in the Plan, State-developed fee schedule rates are the same for both governmental and private individual practitioners. The agency's fee schedule rate was set as of April 1, 2026 and is effective for services provided on or after that date. All rates are published on the West Virginia Medicaid website at: [West Virginia Medicaid Physician's Fee Schedules | Bureau for Medical Services.](#)

TN No.: <u>25-0005</u>	Approval Date: <u>05/21/2026</u>	Effective Date: <u>10/01/2025</u>
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