

## Policy for Medication Assisted Treatment Access in Virginia's Ryan White HIV/AIDS Part B Program

**Purpose:** To provide access to Medication Assisted Treatment (MAT) for Opioid Use Disorder and limited use for Alcohol Use Disorder under the Virginia Ryan White HIV/AIDS Part B (RWHAP B) formulary through the Virginia Department of Health (VDH).

**Background:** On November 26, 2017, the Virginia State Health Commissioner declared a Public Health Emergency throughout Virginia due to the opioid addiction epidemic; since 2013, fatal drug overdoses, at least 2,425 in 2022 alone, have comprised the Commonwealth's leading cause of unnatural deaths. Of those, 75.8% involved fentanyl, pharmaceutical and illicit, as well as various fentanyl analogs. While deaths due to heroin overdoses decreased 38% from 2021 to 2022, and overall fatal drug overdoses saw a 3.5% decrease in the same period, the presence of synthetic opioids that are 10,000 times more potent than morphine and 100 times more potent than fentanyl, as well as the rising availability of illicit fentanyl and its analogs, means Virginia still has much to address regarding the ongoing threat of fatal drug overdoses.  
([Quarterly-Drug-Death-Report-FINAL-Q4-2022.pdf \(virginia.gov\)](#))

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), "MAT is the use of medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders." It also helps reduce or prevent opioid overdose. Research shows that a combination of medication and therapy can successfully treat these disorders, help sustain recovery, and reduce the risk of acquiring Human Immunodeficiency Virus (HIV) or Hepatitis C by reducing risk for relapse. The VA ADAP formulary also includes naloxone, a drug that reverses opioid overdoses.

SAMHSA further states that the "ultimate goal of MAT is full recovery, including the ability to live a self-directed life." Effectiveness of this treatment approach demonstrates improved patient survival; increased retention in treatment; decreased illicit opiate use and other criminal activity among people with substance use disorders; increased patient ability to gain and maintain employment; and improved birth outcomes among pregnant women who have substance use disorders. VDH's goal is to provide rapid access to any treatment for opioid use disorders, opioid overdoses, or alcohol use disorder to improve client survival if they have a substance use disorder and to help them achieve maximal health outcomes related to HIV management including long-term viral suppression. Click [here](#) to learn more about MAT.

**MAT Implementation:** Virginia RWHAP B subrecipients and second-level providers can use either Substance Abuse Treatment (Outpatient) or Substance Abuse Treatment (Residential) for this service. Which service category you use to report MAT will depend on where (**the type of facility**) the RWHAPB eligible client will receive services as defined in HRSA's PCN #16-02, "Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds". For example, if a client receives MAT in an outpatient setting, then you would select Substance Abuse Outpatient care. If a client receives MAT in a residential setting, you will select Substance Abuse Services Residential. Syringe access services are available under Substance Abuse Outpatient Care only. Do not use other service categories such as ADAP, Emergency Financial Assistance for Medications, or Health Insurance Premium and Cost-Sharing Assistance

for MAT. The reimbursement will be for costs not covered by a third-party payer. There is currently no financial cap for MAT under the allowed service categories.

1. If you already have funding for the correct service categories for MAT, notify your HIV Care Services (HCS) Service Coordinators (also known as your HCS Contract Monitor) that you need to start funding MAT and submit your revised work plan with the intended service category (and budget if additional funds are needed) before you start. If you want to start providing MAT but do not have funding for the correct service categories in your current budget, follow the same steps above in contacting your contract monitor to revise your work plan and budget before you begin providing MAT. If you are unsure how much funding you will need, please contact your HCS Contract Monitor for technical assistance.
2. You can use these service categories for a 30-day supply of a medication at a time. ***We will reimburse uncovered costs for only 30-days at a time and there must be at least 25-days before the next fill for any medication.*** Given the high cost of some of these medications, the providers may start a client on an initial dosing with existing RWHPB funds with the permission from your HCS Contract Monitor, who will work with your agency to replace funding from another service category to initiate payment for the client's treatment if needed.
3. For any reimbursement request for MAT, either a case manager or prescribing clinician must complete the "*Medication Assisted Treatment (MAT) Access in Virginia Supportive Documentation Form*" (attached). This form includes checklist items that document that the client has a diagnosis of either an opioid use disorder or alcohol use disorder, is engaged in treatment for this disorder, and that the named clinician is prescribing MAT for the client. Each medication fill request requires this documentation to assure that VDH is providing these medications to people who are actively engaged in treatment and to prevent potential abuse of these drugs.
4. Send the supportive documentation with your agency's monthly invoices to your agency's secure folder from VDH. The form assures the correct reimbursement to your agencies and helps VDH accurately track programmatic costs for medications.

If you have any questions about how to use substance abuse treatment (outpatient) or substance abuse treatment (residential) service categories to help your clients access MAT, please contact your HCS Contract Monitor.