



COMMONWEALTH of VIRGINIA

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COMMISSIONER

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MEMORANDUM

To: Licensed Providers

From: Jae Benz, Director, Office of Licensing

Cc: Mackenzie Glassco, Associate Director of Quality & Compliance
Angelica Howard, Associate Director of Administrative & Specialized Units
Christine Morris, Associate Director of State Licensing Operations

Date: October 9, 2025

RE: Fast-Track Amendments for Medication for Opioid Use Disorder (MOUD): Effective Date and Training

Purpose: To notify DBHDS licensed providers that the fast-track amendments to licensing regulations for MOUD programs will become effective on December 1, 2025. These revisions align with federal updates to Opioid Treatment Programs (OTPs) that became effective April 2, 2024. The amendments are designed to expand access, remove unnecessary barriers, and strengthen safeguards to protect the health, safety, and welfare of citizens across the Commonwealth.

Supporting materials outlining changes to regulations, including a PowerPoint presentation and a recorded training session, will be posted on the DBHDS Office of Licensing webpage by November 1, 2025. These resources will be designed to help providers understand and implement the upcoming changes effectively.

Summary of Key Regulatory Updates

Provision	What Changed?	Why This Changed
Terminology	Replaces outdated terms such as 'medication-assisted opioid treatment' and 'detoxification' with updated definitions like 'medication for opioid use disorder' and 'withdrawal management.'	Aligns with evidence-based practices and promotes person-centered treatment.

Admissions	Removes one-year opioid addiction history requirement; prioritizes treatment for pregnant individuals; eliminates requirement for two failed treatments for youth under 18; allows external practitioners to conduct screenings under certain conditions.	Reduces barriers to access and increases protections for vulnerable groups.
Take-Home Doses	Allows individuals to receive a take-home methadone dose beginning in the first week of treatment, with expanded flexibility as treatment continues. Safeguards like diversion control procedures remain in place. Virginia's schedule remains stricter than federal standards.	Makes permanent COVID-era flexibilities, which improves outcomes without increasing diversion when paired with clinical judgment and safeguards.
Telehealth	Permits admission screenings and counseling sessions via audio-only or audio-visual telehealth if requirements are met.	Expands access to care and supports recovery while maintaining safety.
Drug Screens	Reduces the required number of annual drug screens and shifts frequency for ongoing illicit use from weekly to a clinician-directed schedule based on accepted practice.	Maintains necessary monitoring for safety while reducing barriers and mistrust caused by excessive screenings.

For more detailed information, please visit the Commonwealth's Regulatory Townhall site at [Amendments for Medication for Opioid Use Disorder \(MOUD\)](#)