



Last Updated: 07/26/2022

Changes to the Service Delivery Hour Requirements for Addiction and Recovery Treatment Services (ARTS) Intensive Outpatient Services (IOPs) Effective August 1, 2020 and Clarification for Partial Hospitalization Services (PHS) Requirements

The purpose of this memorandum is to notify providers of changes made to the ARTS regulations (12VAC30-130-5090) and are effective beginning August 1, 2020. Specifically, DMAS changed the intensive outpatient services requirements (American Society of Addiction Medicine (ASAM) Level 2.1) to clarify that providers must offer a minimum of three service hours per service day for adults to achieve an *average* of nine (9) to nineteen (19) hours of services per week for adults and a minimum of two (2) service hours per service day for children and adolescents to achieve an *average* of six (6) to nineteen (19) hours of services per week. The changes were made to align with the Mental Health Parity and Addiction Equity Act (MHPAEA), which requires that any limitations applied to mental health/substance use disorder benefits be no more restrictive than the limitations applied to medical/surgical benefits. This memorandum also clarifies the average number of hours for partial hospitalization services (ASAM Level 2.5).

The Medicaid Managed Care Organizations' (MCOs') and Magellan of Virginia's clinical teams are required to work with providers to ensure current services are meeting the member's needs. Providers should document any deviation from the individual service plan (ISP) in the member's medical records, including the reason(s) for deviation. Providers shall notify the MCOs and/or Magellan of Virginia when a member does not attend an average of nine (9) to nineteen (19) hours per week for ASAM Level 2.1 or the minimum hourly requirement of twenty (20) hours per week for ASAM Level 2.5, as the member's level of care classification may need reevaluated in order to better meet the member's needs.

The average number of hours shall be determined based on the member's attendance during the previous authorization period.

- One unit of service for ASAM Level 2.1 reflects one day with a target of three (3) service hours per service day in order to achieve an average of nine (9) to nineteen (19) hours per Medicaid Memo: Changes to the Service Delivery Hour Requirements for Addiction and Recovery Treatment Services



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week for adults and six (6) to nineteen (19) hours of services per week for children and adolescents. Providers can bill for one (1) unit when three (3) service hours are not achieved with the reason for deviation documented in the member's medical record. If the member does not meet the three (3) hours unit requirement consistently then they shall be reevaluated for a more appropriate level of care.

- One (1) unit of service for ASAM Level 2.5 reflects one day with a target of five (5) service hours per service day in order to achieve an average of twenty (20) hours per week or more for adults, children and adolescents. Providers can bill for one (1) unit when five (5) service hours are not achieved provided the reason for deviation is documented in the member's medical record. If the member consistently does not meet the five (5) hours unit requirement then they shall be reevaluated for a more appropriate level of care.

These changes will be reflected in the next ARTS Provider Manual update.

PROVIDER CONTACT INFORMATION & RESOURCES

Virginia Medicaid Web Portal Automated Response System (ARS) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.

www.viriniamedicaid.dmas.virginia.gov

Medicall (Audio Response System) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.

1-800-884-9730 or 1-800-772-9996

KEPRO
Service authorization information for fee-for-service members.

<https://dmas.kepro.com/>

Managed Care Programs

Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.

Medallion 4.0

<http://www.dmas.virginia.gov/#/med4>

CCC Plus

<http://www.dmas.virginia.gov/#/cccplus>

PACE

<http://www.dmas.virginia.gov/#/longtermprograms>