

Best Practice Guidelines for Fulfilling IBHS/BHRS Prescriptions

In an effort to collaborate with IBHS/BHRS providers and better serve youth, Magellan is requesting your support through improved coordination. We have outlined best practice guidelines for member/family support if your agency has a member whose IBHS/BHRS prescription is not fully staffed.

- Provide members/families with a document detailing the staffing process within your agency. This document should include:
 - ✓ Clear parameters around staffing options, such as option to wait for staffing within your agency, transfer to another agency, or attempt to split staffing with another agency.
 - ✓ A single point of contact within your agency for any staffing related inquiries.
 - ✓ How often staffing updates will be provided to the family (ex. weekly, every other week, Check-in). Contact should be offered minimally every other week.
 - ✓ An agreed upon method of communicating the updates (ex. phone, email).
- Provider should document in the member's record the member/family review of the staffing process and the agreed upon option and communication method and frequency.
- Discuss any additional resources including and beyond HealthChoices' services that may be helpful to the member/family especially during a lapse in service (ex. Respite, home health aide, case management, outpatient therapy, advocacy, family supports).
- Review the staffing options at each determined Check-in to confirm the member/family is still in agreement with the current plan. All outreaches should be documented in the members' record.

If the member/family wants to explore staffing options outside of your agency, consider the following:

- Review the most recent Magellan Access Survey Report, together with the member/family, considering county, service, and member availability needs.
- Choose a few possible agencies to outreach based on this discussion.
- Discuss and decide who will outreach to these providers (ex. member, family, and agency).
- Obtain any necessary Releases of Information for each provider.
- Keep documentation of which provider was called, phone number used, agency person spoken to, results of the call, and date of the outreach.
- Provider and member/family should review the outcomes of the outreaches during their regularly scheduled Check-in according to the frequency decided on in the written agreement unless needed sooner.

Your agency can outreach to Magellan for assistance with members with complex needs, as well as prolonged access issues. Elizabeth Saeger, Senior Care Worker for the Children's Outpatient Department, can be reached at (877)769-9782 or via email at EMSaeger@magellanhealth.com.

Should a new provider need to be identified, with member/family consent, both agencies should speak on the phone to work out a transition plan and share necessary details. It is important if there is a transfer occurring that these two agencies and member/family decide on a mutual date that the transfer would start. The approved packet paperwork should be shared with the new provider. All BHRS/IBHS agencies should have a policy that details their process for fulfilling BHRS/IBHS prescriptions, inclusive of expectations for family communication and frequency.