

Magellan Compliance Notebook – August, 2015

Magellan Behavioral Health of Pennsylvania, Inc. (Magellan) strives on being proactive and using education as a preventative tool to provide our members the highest quality of care through you, the provider. The Compliance Department at Magellan is committed to sending monthly e-mails to targeted providers regarding a Compliance related subject.

This e-mail communication is specific to your HealthChoices (Pennsylvania Medicaid) Contract with Magellan.

This month we'd like to share some important reminders and guidelines concerning the use of Family Support Services Funds (FSS) in Family Based Mental Health Services (FBMHS).

Recent audits have identified a trend of inappropriate usage of these funds in Family Based Mental Health Services. In order to assist FBMHS providers with appropriate management and improved documentation specific to FSS expenditures, Magellan has organized feedback into several categories listed below.

Description

- Family-Based Family Support Services are defined by the HealthChoices Program Standards & Requirements (PS&R), Appendix T as: formal and informal services or tangible goods which are needed to enable a family to care for and live with a child who has a serious emotional disturbance. FSS include supportive services and tangible goods, which facilitate achievement of the child's treatment goals. Family Support Services also include needed supports to enable a family to maintain close involvement with their child who is in an out-of-home placement and to facilitate the return of the child to the family; as such the funds must be available to both natural and foster families.
- The FBMHS budget identifies administrative and program costs which include family support services. A cost component for FBMH/FSS is built into the HealthChoices capitation rate and incorporated into each provider's contracted rate. Providers must have an account system that identifies revenue sources and expenditures.
- FSS can include concrete services or tangible goods such as Food, Furniture, Clothing and Utilities. FSS can also include: Self-help advocacy groups; sibling and/or parent

support groups; education & training; respite care; memberships related to a specific treatment plan goal; supports to generic community programs; supports to families utilizing informal systems; special recreational programs; and day care.

Regulatory reference:

- Per § 5260.31. Responsibilities of providers: Family-Based Mental Health Service providers shall: Maintain overall supervision of Family-Based Mental Health Services, assuring that the following activities are appropriately employed in serving consumers and their families:
 - (i) Treatment services which may include individual, family and group therapy and counseling, sensitivity training, play therapy, recreational therapy, cognitive techniques, parenting skills, assertiveness training, reality therapy, rational/emotive therapy, modeling, behavior modification and coping skills.
 - (ii) Assessment.
 - (iii) Planning.
 - (iv) Family support.
 - (v) Service linkage.
 - (vi) Referral.

Documentation Requirements:

- Records must include entries and progress notes for every contact, including the nature, duration (start and end times), results of the contact, with the date, the signature(s) and legible name(s) of the responsible staff persons who provided the service.
- All progress notes must clearly record the delivery of services and how the services relate to the attainment of the goals set forth in the treatment plan. This includes any and all usage of FSS funds when utilized during a clinical treatment session that is being billed through standard FBMHS encounters.
- Provider staff meetings, supervision, recordkeeping activities, writing of treatment plans and progress notes, and other non-direct services, may **not** be billed as Family Based Mental Health Services units (thus, administrative functions related to FSS funds and the management of these dollars are **not** directly reimbursable).
- Specific to treatment plans, an initial plan must be prepared by the treatment team and reviewed and approved by the program director and/or supervisor within 5 calendar days of the initial service. The treatment team shall prepare within 30 days, a comprehensive treatment plan based on the strengths and needs of the child or adolescent and his or her participating family member(s). The treatment plan must

establish specific goals for the child or adolescent and participating family members which are directly relevant to the needs of the child or adolescent. The treatment plan goals must include short-term, realistic, measurable activities which are related to each goal; include target dates; identify the person(s) responsible for carrying out each part of the goal; and specify the activities or modalities to be employed (i.e. Family Support Service funds if applicable would be indicated here).

Feedback based on Magellan audits and a review of the requirements by OMHSAS:

- Family Support Service (FSS) dollars are to be tied to a specific goal on the identified member's treatment plan; but can also be used for material things that are needed for assisting with the child's well-being (such as clothing, groceries or paying a utility bill).
- Though treatment plans may indicate "socialization activities", these activities should be ones that the family can sustain, as well as teach families to use support systems such as food banks and or local church charities. Family Support Services funds should not be used as a means to keep families engaged in treatment.
- Use of FSS funds for routine dining out with families is not allowed. Routine dining out is neither sustainable nor does it teach a skill. We encourage agencies to be cautious in their use of FSS funds for meals related to socialization goals. In our reviews, we have not found this to be an appropriate use of the dollars.
- FSS funds may never be used to pay for staff meals or non-family members.
- If FBMHS units are to be billed in conjunction with the utilization of FSS funds, the documentation in the record which supports the FBMHS units that are billed MUST indicate how the utilization of FSS funds relates back to the treatment plan and an identified goal. As in any billable treatment session, the interventions and member/family's response to the intervention(s) must be included. If active treatment is not taking place during the utilization of Family Support Service funds, it should be considered a non-billable session.

Next Steps:

- Magellan recommends that all Family-Based Mental Health Services providers conduct a thorough self-audit regarding their utilization of FSS funds and their corresponding documentation of treatment sessions that include FSS expenditures. Corrective action and associated training should be implemented internally for adverse findings, especially related to the feedback from this communication.

- Routine self-audits of FSS expenditures should be included in providers' ongoing audit plans.
- Magellan will continue to audit contracted FBMHS providers based on our routine audit schedule, and in response to ad-hoc concerns. Particular focus will be given to FSS funds management and expenditures; as well as documentation of sessions involving the use of FSS funds. Corrective Action and retractions will be applied when indicated.

At Magellan, we will continue to educate our providers with updated MA Bulletins, Regulations and other pertinent information in order to ensure Compliance.

Thank you for your ongoing hard work and dedication to our members!

Magellan of Pennsylvania's Compliance Team

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