



## Residential Treatment Facility (RTF) & Intensive Residential Treatment Facility (IRTF)

### Magellan Behavioral Health of Pennsylvania (Magellan) Performance Standards

Performance Standards are intended to give guidance for contracted services as part of the PA HealthChoices program, with a goal to promote the utilization and progress toward providing best practices performances, to increase the quality of services and to improve outcomes for members.

## Use of Performance Standards

*Disclaimer: These Performance Standards should not be interpreted as regulations, but instead add to the foundation provided by current licensing guidelines and regulations. It is Magellan's expectation that providers apply these Performance Standards when developing internal quality and compliance monitoring activities. Magellan will use this document as a guide when conducting quality and compliance reviews. Entities providing services as part of the HealthChoices program must first be enrolled in the Pennsylvania Medical Assistance program as the appropriate provider type. Providers must then comply with all applicable Pennsylvania laws, including Title 55, General Provisions 1101 as well as all associated Medical Assistance (MA) Bulletins, licensing requirements and any contractual agreements made with Magellan in order to be eligible for payment for services.*

Please routinely visit the link below to stay up to date on compliance email blasts:

<https://www.magellanofpa.com/for-providers/communications/provider-announcements/compliance-alerts/>

## Level of Care Description

As defined by the Office of Mental Health and Substance Abuse Services (OMHSAS), psychiatric residential treatment facilities (RTF) are childcare facilities licensed under Chapter 3800 of 55 PA Code and certified by OMHSAS. Residential Treatment Facility (RTF) and Intensive Residential Treatment Facility (IRTF) are intensive behavioral health treatment services that provide 24-hour living arrangements and mental health treatment for children and adolescents whose needs can only be served in a setting that has services and supports 24 hours per day, seven days per week.

RTF and IRTF are intended to address intensive treatment needs. These services are all-inclusive, which means that everything a youth needs for treatment is provided by the program. RTF services include individual, family, milieu, and group therapy, medication management and psychiatry support services, as well as case management services. RTF programs are set up in a variety of ways, from large facilities to smaller, home-like settings. RTF programs can be found in urban, suburban, and rural settings. The number of youths served in an RTF program is determined by the facility's license to operate.

RTF services may be clinically appropriate when a youth exhibits behaviors or symptoms that create a safety-risk for him/herself or others. RTF may be appropriate when behavioral health treatment services cannot be safely provided in a less restrictive setting. RTF services may be recommended when outpatient and community-based services have been tried but the youth's behavior has not stabilized and continues to create a safety-risk to themselves or others. RTF services are prescribed by a psychiatrist in a life-domain format evaluation based on a face-to-face assessment of the member.

A Magellan member can be admitted to an RTF program if prior authorization has been given by Magellan. A prior authorization request for RTF is made by submitting a packet of information and required forms to Magellan for medical necessity determination. RTF is a HealthChoices level of care

for eligible individuals between the ages of 0 and 20. RTF is not a covered benefit for individuals who are 21 years old or older.

Treatment provided at an RTF program should ameliorate behaviors that require the setting of RTF to address. There are many behavioral health treatments that do not require a setting as restrictive as RTF to address. Treatment approaches are designed to address the specific individual psychiatric symptoms of the child, reduce unsafe behaviors, and increase positive communication and adaptive skills. The treatment interventions build upon the inherent strengths and resiliency of the youth and family. The focus of the RTF program is to help the youth stabilize and return home as quickly as possible. Empowering and educating the youth and family are key to the child's successful return to the community and should be integral to the RTF treatment practices. Each youth and family have a comprehensive aftercare plan to support the transition back to the home, school, and community settings.

## Scope of Services

Behavioral health treatment in an RTF program is voluntary. Youth and their family must be willing to participate fully in the treatment services and must sign a consent to treatment at the time of admission. Family engagement in the treatment is critical to successful treatment in an RTF setting. Family engagement includes participation in regular family therapy. Engagement also includes no limit on phone contact between the youth and the parent/caregiver. Routine therapeutic leaves should occur weekly/bi-weekly to build skills at home. The RTF should provide parent training for skills transfer and parent and family support groups.

RTF programs develop a service description to explain the nature of their program, a description of the clinical services provided, and the specialty populations served by the program. Specialty populations for RTF include intellectual disability, gender, age, history of trauma, and maladaptive sexual behaviors. Providing trauma-informed care to all youth is a requirement for RTF programs in Pennsylvania. The program description identifies the reasons why a youth would be excluded from admission to the program.

Services provided by RTF programs include individual, family and group therapy, family check-in meetings, milieu groups, case management, medication management, and monitoring of physical health conditions. Youth in RTF programs participate in educational services, community integration activities, recreational activities, and practice skills of daily living.

As indicated in the PA OMHSAS Best Practice Guidelines, family engagement assures a family's authentic participation in the treatment process, both while the child is in residential care and when the child returns to the family and community. Families should be consulted routinely regarding everyday care and support of the child and should receive consistent and frequent telephone calls, emails, or faxed reports of the child's progress in treatment, as well as be afforded the opportunity to participate in the child's treatment. This includes ongoing family therapy sessions, provide notification of medical appointments within reasonable timeframes.

## Service Description

In order to qualify for reimbursement as an RTF, a provider agency must be licensed as a residential childcare facility pursuant to 55 PA code, as well as comply with the inspection and licensing requirements outlined under this code. RTF providers are also required to meet minimal standards for staffing as defined in the Pennsylvania regulations for Child Residential and Day Treatment Facilities (Chapter 3800) as well as their own accepted program description and policies.

A written service description must guide the agency's operations and delivery of service and must be approved by OMHSAS. The description should identify the core and clinical orientation of the program as evidenced in program policies and procedures. Best practice residential treatment services should be trauma informed, evidence based, and recovery and resiliency focused.

### Evaluations

Updated psychiatric or psychological evaluations are required by Magellan for the prior authorization of a request for continued stay. Evaluations must be in life domain format and based on a face-to-face examination of the youth by the evaluator. The evaluation can include input from the multidisciplinary team, but the psychologist or psychiatrist provides the case conceptualization and updated recommendations for treatment. The evaluation must discuss how medical necessity criteria is met for continued stay in the context of Discharge Criteria, not generic measures of adjustment to living in a congregate setting. Updated assessments and symptom checklists, appropriate to the youth's diagnosis and discharge criteria, should be included to measure clinical progress. The evaluation must be strengths-based. The evaluation must include updated DSM V diagnoses with consideration for ruling diagnoses in or out. The proposed discharge date, discharge plan and aftercare recommendations must be included. The evaluation must note the last time the discharge plan was approved by the family/caregivers.

### Medication Management

The medical director or psychiatrist attends to the pharmacological needs of the youth. This includes oversight of medications, including side effects, and benefits. Medication management is provided via face-to-face evaluation of the youth and input from the multidisciplinary team. The medical director or psychiatrist should review the psychopharmacology plan for each youth at least once per month and more often when needed. The medical director or psychiatrist is notified of all clinical changes and adverse incidents.

### Individual, Group, Family, and Milieu Therapies

RTF programs should provide individual, group, family, and milieu therapy at least once per week, more often depending on the need. Therapy services must be provided by a Masters-level clinician who is receiving high quality clinical supervision by a licensed clinician. Family therapy services are critical to positive outcomes from RTF services. The RTF team must continuously engage families in the family therapy process. The RTF team must set expectation of family participation in therapy as a condition of admission to the program. It may be necessary to reengage families throughout the course of treatment. RTF programs must offer a variety of methods for family participation in family therapy. Family "check-in" meetings are helpful but do not take the place of high-quality family

therapy. Family therapy is critical to a successful outcome after discharge. A lack of family engagement in family therapy is a “red flag” and the RTF must address it immediately. The RTF should consider setting an early discharge date if the family is not engaged in the treatment.

Magellan’s clinical team works closely with RTF providers to ensure that the behavioral health services being provided to the youth and their family are clinically appropriate and likely to result in progress on the treatment goals. Magellan’s clinical team conducts regular telephonic reviews with the RTF clinician. The initial telephonic review must occur within 14 days of the youth’s admission to the program. RTF staff are responsible for setting up telephonic reviews with the assigned Magellan care manager and participating fully in these reviews as scheduled.

### **Case Management**

The role of the RTF case manager/care coordinator is to coordinate supports and resources both while the youth is at the RTF and when the youth is preparing for discharge. Case managers can help support the family to reduce barriers to services or resources in the community and enhance the youth’s success in the home setting. Case managers should coordinate with all the systems involved with the youth and family, including the home school district, child welfare and juvenile probation, county-funded supports, and healthcare services.

### **Medical Services**

RTF programs must provide all needed physical health services or must coordinate with the youth’s family or caregiver to obtain needed medical services outside of the RTF. Youth in RTF programs must have routine physical examinations, immunizations, dental, vision, lab work, and specialty care services. The RTF program’s nursing department must contact the youth’s pediatrician to confirm health status and provide the pediatrician with a copy of Discharge Instructions.

### **Educational Supports/Services**

Youth in RTF programs have the right to a free, appropriate public education. Residential treatment programs are required to provide the needed educational services and to follow an Individualized Education Programs (IEPs), if applicable. Educational services are provided in partnership with the youth’s home school district and the local education agency representative. The school district representative and current educational provider should be included in regular treatment review meetings and the monthly review of functioning in school setting and academic progress

### **Treatment team meetings/ISP meetings**

The RTF must meet regularly to review progress. Treatment review meetings must be held monthly, at a minimum. The multidisciplinary treatment team must review progress and barriers to progress and make necessary changes to the treatment plan. In addition to the RTF program’s multidisciplinary team, Magellan and involved parties from the child-serving system should participate. Youth and family participation is critical.

It is essential that the youth is present for their Treatment Progress Review, and that participating in the review meeting is a positive experience for them. The Progress Review meeting should always

begin with positive statements from all multidisciplinary team, highlighting the youth's efforts and any successes before discussion of remaining challenges or barriers are mentioned.

Treatment review meetings must include a discussion about discharge planning. The team, including the family/caregiver, must discuss the discharge plan, the tentative discharge date, the aftercare recommendations, the current barriers to discharge and how the barriers are being addressed.

### **Therapeutic Leaves**

Youth who are admitted to an RTF need to have therapeutic leaves from the RTF to practice new skills and build attachment between family members. Family time is important for the youth and the parents/caregivers and the RTF team must promote this as part of family engagement. Positive treatment outcomes are promoted when therapeutic leaves are started soon after admission. When the location of the RTF program is a geographic barrier for the family, accommodations must be made by the RTF.

### **Service Exclusions**

All other treatment services are considered a duplication when a youth is receiving RTF services. If inpatient hospitalization is needed, 15 days of bed hold are permitted each year. All other overlap of behavioral health treatment with RTF services requires prior approval by Magellan. Failure to obtain permission from Magellan could result in the RTF incurring the cost of the services provided.

### **Referral Process**

Magellan members and families have “voice and choice” when it comes to selecting a behavioral health treatment provider. Members and families are encouraged to review the provider search tool on [www.magellanofpa.com](http://www.magellanofpa.com). If Magellan youth and/or families prefer one RTF program over other programs, Magellan respects those preferences and acts accordingly during the referral process.

The referral process begins with sending referrals to in-network programs that are clinically appropriate to the treatment needs. Magellan sends copies of the authorization packet to RTF program admissions departments for review and consideration. If the RTF accepts the referral, the family is asked to consider moving forward with setting an admission date. When multiple RTF programs have accepted the referral, the family or caregiver must decide which RTF program the youth will be admitted to. Magellan will not send additional referrals when 2 or more in-network RTF programs have accepted the referral and offered an admission date.

When the in-network RTF programs decline the referral, Magellan sends referrals to RTF programs that are out-of-network and clinically appropriate. Magellan will do a single case agreement with an out-of-network RTF program, if the program is enrolled with PA Medicaid and willing to contract with Magellan.

There are RTF programs outside of Pennsylvania, but these placements require OMHSAS approval, an interstate compact, Pennsylvania medical assistance program enrollment, and a completed single case

agreement with Magellan before admission can be considered. Out-of-state RTF programs are often secured with locked doors. Pennsylvania youth cannot be admitted to a locked program unless adjudicated delinquent. Out-of-state programs may not use seclusion or restraints for Pennsylvania youth in their programs.

## Admission Process

Magellan expects RTF staff to notify Magellan of new admissions within 48 hours of the youth arriving at the facility. The RTF staff must notify Magellan by calling the assigned Magellan care manager. Magellan requires information about the date/time of the admission, the name of the unit or program the youth is being admitted to and the name of the clinician assigned to the youth.

If the youth has a commercial insurance that includes coverage for RTF services, the RTF staff must notify Magellan of the status of the commercial insurance plan's decision to approve or deny the RTF services. If the services are approved by the commercial insurance plan, Magellan must be informed of the number of days approved by the commercial insurance plan.

An initial telephonic review with Magellan must occur within 14 days of the youth's admission to the program. It is expected that at least one family session will have occurred prior to the first telephonic review, and that therapeutic leaves will have been discussed in that session. The assigned clinician (preferred) or utilization reviewer is responsible to schedule telephonic reviews with the assigned Magellan care manager and to participate fully in these reviews as scheduled. Telephonic reviews are conducted bi-weekly with the assigned Magellan care manager. Telephonic reviews are weekly for intensive RTF programs. The assigned clinician or utilization reviewer is responsible to conduct at telephonic review with the Magellan care manager after discharge.

## Treatment Plan

RTF treatment teams must have a targeted and focused approach to member care. A thorough diagnostic assessment and evaluation leads to an understanding of the presenting clinical needs. The treatment plan goals must match the diagnostic impression of the youth. Treatment plans must be informed by a case formulation that includes predisposing, precipitating, perpetuating, and protective factors.

The multi-disciplinary team at the RTF must develop a treatment plan that is individualized and centers around the youth and family's own goals for the treatment. Treatment plans must be strengths-based and grounded in recovery concepts. Treatment plan goals must be measurable, attainable, and appropriate for the youth's developmental stage and stage of change. When behavioral descriptions are incorporated, they must include information about the function of the behavior and describe the proposed replacement behaviors. Treatment plans developed by the RTF must adhere to all applicable ethical standards.

Magellan does not give approval of treatment plans but works in partnership with the RTF program to ensure that the treatment plan is easily understood by the youth and family/caregiver, updated often

to reflect progress and barriers, and provides a clear picture of the youth and family. Treatment plan development must be an interactive and evolving process that includes input from the youth, their family, and members of the clinical team. The initial treatment plan must be completed within 30 days of admission. Updated treatment plans must include new assessments and testing results.

Treatment plans must include all the treatment interventions, including psychotropic medication if applicable. When psychotropic medications are prescribed to the youth, the treatment plan must provide a rationale for each prescribed medication. The treatment plan must include a goal about ensuring that the youth and family agree with the prescribed medications and what psychoeducation will be provided to the youth and family about medication.

Treatment Plans should avoid generic problem descriptions such as “noncompliance” and goals such as “youth will follow directions.” While these terms may be popular with caregivers and other stakeholders, they do not address the individual needs of the youth, identify the tasks/contexts that the youth finds challenging, or the skill the youth must learn or strengthen to improve their functioning. The youth’s voice in goal development is critical to success in treatment.

Treatment plans must not place blame on the youth when there is no progress. The youth has not failed, rather it is the plan that has failed. Treatment plans must address the behaviors that led to the need for residential treatment by building on the inherent strengths of the youth and their family. Treatment plans must be culturally competent.

Treatment plans must include a crisis plan and/or safety plan. The goals and interventions must be individualized to the youth and family and must focus on growth and development of self-regulation and management skills.

The criteria for discharge from the RTF program must be identified in the treatment plan and the treatment plan goals and interventions must work towards helping the youth and family meet the criteria needed for discharge. Discharge criteria must be individualized, measurable and attainable. A tentative or projected discharge date must be included in the plan. Youth in RTF programs remain part of a family system and the treatment plan must include goals and interventions for family reunification.

The RTF team must be honest and transparent with the youth and family about what it means to sign the treatment plan. The signature on the plan means that the youth and family agree with the plan and are consenting to participate fully in the treatment.

## Care Coordination

Coordination must occur with any other systems that the youth is involved with, including Juvenile Probation, Children and Youth and the county's Mental Health Department and Developmental Programs. With appropriate releases of information, communication must occur between the clinical staff and the system partners regarding the youth's treatment, including treatment goals, progress, barriers, and discharge planning.

A youth's caregivers or family must be included in treatment and appropriate releases of information must be obtained when needed to allow for this coordination. The youth's family or caregiver must be involved in discharge planning and preparation to ensure a smooth transition back to the community.

## Discharge Planning and Transition

Discharge planning starts on the day of admission including stating clearly who the youth will live with after discharge. The RTF must identify the individual discharge criteria for the youth including what behaviors must stop and what skills must be learned or strengthened.

The plan must specify the educational services the youth will receive after discharge. The discharge plan includes all psychiatric and behavioral health services and supports that the youth and family will have after discharge. Discharge plans should include a 30 day overlap with behavioral health treatment services such as Family Based Services or outpatient therapy services. There should be a formal discharge planning meeting no less than 60 days prior to the proposed discharge date to confirm what aftercare services will be recommended and clarify remaining treatment goals.

The RTF team is responsible for collaboration with the youth's home school district to allow time for the home district to create an appropriate plan for educational services after discharge. It is a best practice for a representative from the home school district to participate in planning meetings leading up to the discharge date. An Educational Discharge Planning Meeting should be held within 60 days of planned discharge date to ensure that the youth transitions directly to an appropriate educational program in the community.

The RTF team must prepare a written aftercare plan with the youth and their family. The aftercare plan must include the name, address, and phone number of all the professionals working with the family. The plan must include the dates of all appointments including appointments for physical health issues. The aftercare plan must include a crisis plan for the youth and family to use if something goes wrong. The crisis plan must include formal and informal supports and be based on the youth's strengths. The written aftercare plan must be provided to the youth and family in their preferred language.

The aftercare plan must provide clear, easy to understand information about all the medications being prescribed to the youth. It must include the name of the medication, the dosage, the time(s) of day that it is taken and the purpose of the medication.

POMS is a tool the Department of Human Services (DHS) established to continuously evaluate the effectiveness of the HealthChoices' program. POMS allows DHS to identify members with a serious illness or risk of illness; establishes a data baseline for member functioning at registration or entry into the HealthChoices' system; updates member data as the course of treatment evolves; and finalizes member data at closure of treatment.

HealthChoices' providers are **mandated** by DHS to collect priority population data and submit POMS data on every HealthChoices' member receiving mental health services at certain points during treatment. These include the following:

- When you are seeing the member for the first time (initial registration);
- When you are seeing the member for the first time under HealthChoices (the member may have seen you as a fee-for-service patient and subsequently converted to HealthChoices);
- When you are seeing the member for the last time (either termination from your care, if the member is moving to another provider; or closure, if the member is ending all mental health treatment); and
- Whenever there is a change in any POMS element.

## Outcomes

All RTF/IRTF providers must have policies and procedures in place to evaluate outcomes for the program. Some of the indicators that could be considered include:

- Follow up with aftercare services following discharge
- Admissions to hospital within 30, 90, 120 days post discharge
- Re-admission to RTF within 30, 90 or 365 days of RTF discharge
- Community tenure
- Family engagement in treatment
- Length of stay in RTF level of care
- Youth and family satisfaction with treatment services provided

## Complaint Process

Magellan provides a formal mechanism for all members to express a complaint related to care or service, to have any complaints investigated and resolved, and to receive a timely and professional response to their complaint in compliance with the HealthChoices Program Standards and Requirements Appendix H. This Complaint process is managed by Magellan's Quality Improvement Team. Complaint information is integrated as a key indicator for informing patient safety, credentialing, quality improvement activities, and analyzed for trending and opportunities throughout the network.

When a member files a complaint directly with Magellan, Magellan partners with the provider to address the concern. A member's decision to file a complaint with Magellan should not compromise

their care or services. Providers are expected to adhere to their Facility and Program Participation Agreement with Magellan regarding cooperation with appeal and grievance procedures (Section 2.2.1). The identified provider will receive an acknowledgement letter summarizing the complaint items and requesting documentation to be submitted for the review. The response and documentation should be faxed to 888-656-2380 on or before the deadline listed in the letter. Additional information and follow up activities might be requested.

The information that is collected through Magellan's investigation is presented to a first level complaint review committee, which makes the first level complaint decision. HealthChoices standards and regulations, contractual standards, and generally accepted standards of care apply those standards to the issue at hand. Magellan is required to make a decision and send a letter to the member explaining the findings and the reasons for the decision within 30 calendar days of receipt of the Complaint.

Magellan uses information gained from member complaints to identify areas where opportunity for improvement may exist. Magellan may request corrective action of a provider in response to supported complaints and identified trends in complaints. If Magellan identifies a supported (substantiated) complaint involving an agency, Magellan staff will collaborate with providers to develop a Complaint Resolution Plan to address the concern. Please review the Provider Communication shared with network providers [here](#) about this important and collaborative process.

Viewing complaints from the member's perspective is critical. If the member feels the concern sufficiently to raise it, the matter should be taken seriously and treated accordingly. If the member is still active with provider's services, attempts to resolve the member's issue or concerns and an internal review of the concerns should occur. As opportunities for improvement are identified, corrective action(s) should be implemented in accordance with provider's internal policies, procedures, and protocols.

Service providers should also have internal written policies and procedures for filing and resolving complaints within their organization. These policies and procedures must comply with state and federal regulations, as well as applicable accreditation standards. Staff should be trained to listen effectively and manage a member's expectations and employ a proactive approach to customer service. Organizations should always try to resolve the member's concerns immediately and informally whenever possible. Complaints/concerns involving minor issues might not require a formal written response. However, even if the matter is addressed quickly and informally, documentation of the member's complaint/concern and actions taken to resolve it should be documented and recorded.

If the member (or their family members or representatives) feel that their concerns have not been addressed, the matter might require a more formal review involving designated staff within provider's organization. Because these reports might be received by a variety of staff, clear definitions, and clearly defined procedures for submission of verbal or written complaints/grievances are essential. The

information must be forwarded promptly to the designated staff or department for investigation and follow up.

Persons receiving services should be provided with information explaining the agency's complaint/grievance policies and procedures. Programs often provide this information upon admission to the service; however, it should also be readily accessible throughout the duration of services. Physicians and staff should have adequate training on helping individuals as needed to report, address, and resolve a complaint or grievance.

## Grievance Process

Magellan and the Pennsylvania HealthChoices Program Standards and Requirements defines a grievance as a request by a member, the member's representative or health care provider (with written consent of the member), to have Magellan or a utilization review entity reconsider a decision concerning the medical necessity and appropriateness of a covered service.

Magellan reviews requests from providers for behavioral health services to ensure that approved services are medically necessary and appropriate.

If a level-of-care request is not authorized at the level, frequency or duration as requested, Magellan members are entitled to grieve a medical necessity denial. At the time of a denial, Magellan informs members of this right and how to proceed. Each medical necessity grievance is handled in a timely manner consistent with the clinical urgency of the situation and in compliance with the HealthChoices Program Standards and Requirements Appendix H.

If a level-of-care request is not authorized at the level, frequency or duration requested, it is the expectation that the behavioral health provider will meet with the member, and the member's family if appropriate, to discuss treatment changes and options. This discussion will include, but not be limited to, a review of the services that are authorized, a review and revision of the treatment plan based on authorized services, a referral to additional and/or an alternative provider if indicated, other options available to the member, and a review of member grievance rights and procedures as outlined in the denial letter, should the member choose to grieve the non-authorization decision.

Please see the Provider Handbook and Provider Handbook Supplement for HealthChoices' Program Providers for additional information including provider-initiated grievances and filing a provider complaint.

## Quality Management

Quality care for members and their families is important. Magellan is committed to continuous quality improvement and outcomes management through its company-wide Quality Improvement Program that includes assessment, planning, measurement, and re-assessment of key aspects of care and

services. Magellan has collaborated with Counties and providers to develop a Quality Improvement Program that strives to improve the delivery of services to HealthChoices' members.

Magellan's Quality Improvement Program's policies and procedures are structured to support compliance with the accreditation requirements of several organizations, including the National Committee for Quality Assurance (NCQA) and URAC. Assessment of compliance with these requirements is integrated into our quality improvement activities.

NCQA's accreditation standards for managed behavioral health care organizations (MBHOs) emphasize quality standards and activities in a number of areas. NCQA reviews the quality of care and service we deliver, as well as the direct care provided, particularly in the areas of access and availability to care, utilization management, and continuity of care across behavioral health programs. Magellan has developed a number of performance measurement and quality oversight activities to support these NCQA standards and HealthChoices' requirements.

Per Magellan's contractual agreement, providers must cooperate and participate with all quality improvement procedures and activities. Providers shall permit access to any and all portions of the medical record that resulted from member's admission or the services provided. Magellan's utilization review program and/or quality improvement program may include on site review of covered services and shall permit Magellan staff on site access.

In support of our Quality Improvement Program, providers are essential quality partners. It is important that providers are familiar with our guidelines and standards and apply them in clinical work with members in order to provide, safe, effective, patient-centered, timely, and equitable care in a culturally sensitive manner. Please refer to the Magellan National Provider Handbook and Provider Handbook Supplement for HealthChoices' Program Providers for additional information and guidelines.

In addition to adhering to state and federal regulations, providers are responsible to:

- Follow policies and procedures outlined in Magellan's Provider Handbook and Provider Handbook Supplement.
- Meet treatment record standards as outlined in the Treatment Record Review Tool found under Audit Tools in the Appendix of Magellan's Provider Handbook.
- Provide treatment records as requested for quality of care issues and adhere to clinical practice guidelines and HEDIS®-related measures.
- Participate as requested in treatment plan reviews, site visits and other quality improvement activities.
- Use evidence-based practices.
- Adhere to principles of member safety.
- Attend or log on to provider training and orientation sessions.
- Participate in the completion of a remediation plan if quality of care concern arises.

- Encourage use of member and clinician outcome tools including use of the PHQ-9 and other standardized tools at intake and established treatment intervals, and to review real-time reports together.
- Incorporate the use of secure technology into their practice to make accessing services more convenient for members, e.g., email communication, electronic appointment scheduling, appointment or prescription refill reminders, electronic referrals to other practitioners or programs, and online access to personal health record information.
- Assist in the investigation and timely response of member complaints.
- Assist in the investigation and timely response of adverse incidents.

Magellan supports a wide range of evidence-based and best practices. Magellan requests that contracted providers and practitioners keep inventory and fidelity of evidence-based or best practices that they offer and incorporate into treatment.

Magellan commits to a strong cultural competency program and believes that all people entering the behavioral health care system must receive equitable and effective treatment in a manner that is respectful of individual member preferences, needs and values and sensitive to residual stigma and discrimination. Magellan encourages providers to maintain practices that are deeply rooted in cultural competence as well, focusing on continual training and education to support staff. Cultural Competency and the LGBTQIA+ Tools are available on [www.Magellanoftpa.com](http://www.Magellanoftpa.com) to help with development of provider cultural competency programs.

There are instances where Members may benefit from oral interpretation, translation services, non-English languages or alternative formats of materials or communication approaches. Providers are encouraged to maintain a process of accessibility and training for staff so that when opportunities present to support Members that may have language assistance needs, the team is prepared to fully respond to ensure the best possible treatment outcomes. Magellan offers language assistance service educational resources for network providers. These are located on Magellan’s website.

Please note: Reporting requirements for Magellan remain consistent and in line with the PA DHS Bulletin, OMHSAS-15-01. A copy of all reportable incidents must be submitted to Magellan’s Quality Management Department within 24 hours of an incident or upon notification of an incident. The types of incidents that are reported to Magellan include: Death, Attempted Suicide, Significant Medication Error, Need for Emergency Services, Abuse/Childline Report, Neglect, Injury/Illness, Missing Person, Seclusion, Restraint, Other (<https://www.magellanprovider.com/media/29919/adverseincidentreporting.pdf>).

[Appendix A](#) to the Pennsylvania HealthChoices Supplement to the Magellan National Provider Handbook offers an updated Incident Reporting Form, Provider Instructions and Definitions. Magellan also provides an electronic format for incident reporting for submission to ease provider paper burden.