Magellan Compliance Notebook – September, 2017

Magellan Behavioral Health of Pennsylvania, Inc. (Magellan) strives to be proactive and use education as a preventative tool to help ensure our members receive 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.

We would like to remind providers to follow all applicable regulations concerning the timeliness and completion of treatment/ service plans. Furthermore, all progress notes must relate back to a goal on the current and active treatment/ service plan.

Please reference Magellan's Compliance Notebook from June 2016 (Magellan's Monthly Compliance Alerts) as these expectations were previously communicated; however recent audits of providers across all programs and services have revealed continued deficiencies in this area.

Providers must follow all applicable PA Medicaid regulations for which they are licensed, enrolled and contracted. Per Chapter 55 of the PA Code §1101.51, Ongoing Responsibilities of Providers, "a proper record shall be maintained for each patient. Treatments as well as the treatment plan should be entered into the record." Per Magellan's Provider Handbook Supplement, "the documentation of treatment or progress notes for all services, must include the relationship of the services to the treatment plan—specifically, any goals, objectives and interventions."

Regulations for each provider type and specialty typically include level of care specific requirements regarding when treatment/ service plans must be initiated; how frequently they must be reviewed and updated; and who is required to sign the document. Please consult all applicable program requirements for specific details. As all services must be provided according to the individual treatment, service or rehabilitation plan, any Medicaid service that is provided in the absence of a current plan is non-billable.

Although this issue has been found during audits of all provider types, we would like to highlight some of the more common level of care requirements:

- Mental Health Outpatient (reference § 5200.31. Treatment planning and § 1153.52. Payment conditions for various services):

- An **individual comprehensive treatment plan** shall be developed **within 15 days of intake**
- It shall be **reviewed and updated every 120 days or 15 patient visits**—whichever is first—by the mental health professional and the psychiatrist
- The psychiatrist and mental health professional, or mental health worker under the supervision of a mental health professional, shall **review and update each patient's treatment plan at least every 120 days or 15 clinic visits**, whichever is first, or, as may otherwise be required by law throughout the duration of treatment. Each review and update shall be dated, documented and signed in the patient's record by the psychiatrist and mental health professional.
- *Please note that updated Outpatient Psychiatric Clinic Regulations are currently in development and these timeframes are subject to change in the near future; however providers must remain in compliance with the current regulations until the new guidelines are published.*

- Substance Abuse Outpatient (reference § 1223.52. Payment conditions for various services and §709.92. Treatment and rehabilitation services):
  - **Within 15 days following intake**, the clinic's supervisory physician shall review and verify each patient's level of care assessment, psychosocial evaluation and **initial treatment plan** prior to the provision of any treatment beyond the 15th day following intake. The clinic's supervisory physician shall sign and date the patient's level of care assessment, psychosocial evaluation, treatment plan and diagnosis in the patient's record.
  - **Sixty days** following the date of the **initial treatment plan and at the end of every 60-day period** during the duration of treatment, the clinic's supervisory physician shall **review and update each patient's treatment plan**. Each review and update shall be dated, documented and signed in the patient's record by the clinic's supervisory physician.
  - **Treatment and rehabilitation plans** shall be **reviewed and updated at least every sixty days**.

- Family-Based Services (reference § 5260.43. Treatment plan):
  - The **initial plan** shall be prepared, reviewed and approved by the program director and clinical consultant, if required **within 5 calendar days of the initial service**.
  - The **plan shall be reviewed and updated at least once a month thereafter**.

- Behavioral Health Rehabilitation Services (reference MA Bulletin 01-94-01, 41-94-01, 48-94-01, 49-94-01, 50-94-01 and OMHSAS Bulletin 10-04):
  - The **treatment plan** must be **developed and updated at a minimum of every four months** in collaboration with the child and family as clinically needed.
  - Effective August 1, 2010, except for children and adolescents with behavioral health needs compounded by developmental disorders such as autistic disorder or other pervasive developmental disorders who are still covered by MA Bulletin 07-05-01, 08-05-04, 09-05-05, 11-05-03, 19-05-01, 31-05-05 which was effective August 1, 2005, evaluations may include a recommendation that BHR services be authorized for up to 6 months. **The six-month intervals also apply to the completion and submission of the**

treatment plan, plan of care, and if required, documentation of the Interagency Service Planning Team meeting.

- Case Management (reference § 5221.33. Intensive case management records and OMHSAS-10-03 Blended Case Management):
  - Written service plan. The **initial plan** shall be **developed within 1 month of registration** and **reviewed at least every 6 months**.

- Peer Support Services (reference Provider Handbook for Peer Support Services):
  - Peer Support agencies shall ensure that an **Individual Service Plan** is developed by the individual, the certified peer specialist, and the mental health professional **within one month of enrollment and every six months thereafter**. If the ISP is not completed within one month due to circumstances outside the PSS agency's control, the provider shall document attempts to complete the ISP within one month and the reason for the delay.
  - A certified peer specialist and an individual shall **update the ISP at least every six months and when**: **the individual requests an update; the individual completes a goal; or the individual is not progressing towards stated goals**.

These regulatory requirements will continue to be assessed during routine and targeted audits by Magellan's Compliance and SIU Departments. Retractions and/or Corrective Action Plans may be applied as indicated. If you need any assistance in locating the requirements for a particular service or level of care, please outreach to Magellan's Compliance Department for technical assistance.

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

O 215-504-3967 | **F** 866-667-7744
www.magellanofpa.com

Report Fraud to: SIU@magellanhealth.com or (800) 755-0850