



Magellan Compliance Notebook

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.

In March, Magellan issued a compliance e-mail blast to ensure contracted providers were aware of the American Society of Addiction Medicine (ASAM) Compliance Alignment Deadline. However on April 28, 2021, The Pennsylvania Department of Drug and Alcohol Programs (DDAP) issued a communication titled *ASAM Clarification and Flexibility* which outlines some minor adjustments and examples. More recently, DDAP has outlined a process for providers to request an extension to reach alignment. Magellan's compliance e-mail blast for this month reviews both of these important updates.

Effective July 1, 2021, Magellan will expect contracted providers to be compliant with specific provisions within *The ASAM Criteria, 2013*, related to Setting, Support Systems, Staffing, Therapies, Assessment/ Treatment Plan Review and Documentation.

Please note that on June 29, 2021, DDAP issued an important Memorandum outlining the procedure for drug and alcohol treatment providers to request an extension beyond July 1, 2021 in reaching "substantial alignment with the service delivery conditions under *The ASAM Criteria, 2013*". To request an extension, drug and alcohol providers will need to submit a brief, 1-page letter to RA-DAASAM@pa.gov by **July 9, 2021**. DDAP will approve satisfactory requests for an extension to December 31, 2021 in substantially aligning with service delivery conditions for ASAM criteria related to 1) training, 2) credentialing, and 3) daily clinical services in LOC 3.5 and 3.7 (i.e. 6 to 8 hours of clinical services). All other requests for extension will be reviewed on a case-by-case basis. The full Memorandum can be viewed [here](#) including the information that must be included in the waiver requests. **Magellan is requesting that providers submit a copy of any exception request and approval to Anita Kelly (alkelly@magellanhealth.com).**

Below is a high-level summary of the existing DDAP Regulations compared to the **updated** ASAM expectations. Please refer to the DDAP [ASAM Transition page](#) for additional information including the schedule, timeline, FAQs and level of care details. As a reminder, ASAM

implementation is not just criteria for Medical Necessity or Level of Care assessments but also using the criteria for the provision of services.

Category of Regulation	Existing Regulations	ASAM Criteria enforced effective July 1, 2021
Staffing Requirements: <i>Supervisor*</i>	DDAP Regulation 704.6	Supervisors must be Licensed or certified by the Pennsylvania Certification Board (PCB) as a Certified Clinical Supervisor (CCS). ➤ “working toward” must be evidenced by a log indicating hours worked, hours supervised and hours needed
Staffing Requirements: <i>Counselor*</i>	DDAP Regulation 704.7	Counselors must be Licensed or PCB Certified ➤ “working toward” must be evidenced by a log indicating hours worked, hours supervised and hours needed
Staffing Requirements: <i>Counselor Assistant*</i>	DDAP Regulation 704.8	Counselor Assistants must be Licensed or PCB Certified ➤ “working toward” must be evidenced by a log indicating hours worked, hours supervised and hours needed
Staffing Requirements: <i>Case Managers*</i>	Case Management and Clinical Services Manual	Case Managers must be Licensed or PCB Certified; and meet the Minimum Education Training (METs) by the State Civil Service Commission.

		<p>➤ “working toward” must be evidenced by a log indicating hours worked, hours supervised and hours needed</p>
<p>Therapies: 3.5 & 3.7</p>	<p>Number of hours of required therapy not delineated.</p>	<p>Therapy must be provided 7 days per week (including holidays). Clinical contact between 6 - 8 hours per day, of which two 2-hour group sessions must be included.</p> <p>Per ASAM Clarification and Flexibility 4/28/21: Within the 3.5 / 3.7 LOC, providers have the flexibility to provide clinical/therapeutic services in a way that best meets the needs of the individual, as long as the services are being provided 6-8 hours per day, every day. Clinical/psychotherapeutic services must be related to the individual treatment plan & referenced in the progress notes. Services should include:</p> <ul style="list-style-type: none"> • Individual therapy • Group therapy - length and frequency to meet the needs of the population served • Family therapy / family activities • Therapeutic recreational activities and interventions - may be facilitated by non-clinical

		<p>staff such as counselor aides or behavioral health technicians</p> <p>The Department will consider other service delivery schedules if a provider can show how appropriate, individualized, services can be provided within the residential setting.</p>
Therapies: 3.1	Minimum of 1.5 hours of group therapy per week and 2 one-hour individual therapy sessions per week	24-hour structure (including weekends and holidays) with at least five hours per week of individual or group therapy.
Therapies: 2.5	Minimum of 10 hours per week	Minimum of 20+ hours per week of individual or group therapy.
Therapies: 2.1	Minimum of 5 hours but less than 10 per week	Between 9-19 hours per week of individual or group therapy.
Medication Assisted Treatment (MAT)	Effective July 1, 2020, all programs receiving state and federal funding must arrange for clients to have access to any form of MAT of client's choosing.	No Change: All Programs receiving state and federal funding must arrange for clients to have access to any form of MAT of member's choosing.
Training	DDAP Regulation 704.11	In addition to existing training requirements, the following topics must be addressed: - Ongoing training appropriate to population served

		<ul style="list-style-type: none"> - Stages of Change & Motivational Interviewing (MI) - Co-occurring Conditions
Therapeutic Milieu: <i>all levels</i>	No current requirement	<ul style="list-style-type: none"> - Evidenced-Based practices must include MI and an array of other practices (must be documented) - Family sessions beyond visitation (may include referral to another provider for these services)
Therapeutic Milieu: 2.5	Counselor/client ratio 1:10	<ul style="list-style-type: none"> - No Change: Counselor/client ratio 1:10 - Partial Hospital Program must be co-occurring capable.
Therapeutic Milieu: 2.1	Counselor/client ratio 1:15	<p>No Change: Counselor/client ratio 1:15</p> <p style="color: red;">Per ASAM Clarification and Flexibility 4/28/21: The Department will consider other staffing ratios if a provider can show how appropriate, individualized, intensive services can be provided with higher caseloads. Providers may utilize staff in both outpatient and IOP programs and calculate a ratio by a percentage of time served in the delivery of blended services.</p>
Assessment	Current practice includes the receiving treatment provider	ASAM Assessments to be reviewed and confirmed but may not be repeated.

	performing a second ASAM Assessment when the member arrives at their facility from the referral source.	
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*** Staffing Requirements: Current staff are grandfathered if they remain with current employer. If they move on to another employer after July 1, 2021, they must have updated credentials.**

Please note that the current efforts for aligning services with ASAM do not apply to adolescent services.

The link to the April 28, 2021 ASAM Clarification and Flexibility can be found [here](#).

At Magellan, we will continue to educate our providers with updated MA Bulletins, regulations and other pertinent information in order to ensure Compliance. Although providers are ultimately responsible for knowing and complying with all applicable regulations, we proactively engage providers on an ongoing basis to make sure they are aware of compliance related requirements and expectations. Medicaid Program Integrity is truly a collaborative effort between our providers, county customers, Magellan, Bureau of Program Integrity (BPI) and other oversight agencies. The monthly e-mail blast topics are generated from audit results and trends; however, are also sent in response to recent Magellan policy updates; newly released or relevant MA Bulletins and Policy Clarifications; or Regulation changes. The intention is to afford our providers with as many resources as possible to combat FWA and reduce overpayments.

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

Magellan of Pennsylvania’s Compliance Team

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