



# 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.*

This month's communication is directed to Applied Behavioral Analysis (ABA) providers that are contracted with Magellan based on recent audit findings. Feedback has been organized into several categories including: Third Party Liability issues; Documentation; Quality Improvement; Supervision; and Training.

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- **When Magellan HealthChoices is not the primary payer (Medicaid is always the payer of last resort):**
    - If there is a Medicaid (MA) benefit for covered services, providers must be compliant with Pennsylvania MA regulations. Some audit trends include:
      - Providing services for individuals over the age of 20. *Per PA MA regulations, BHRS/ ABA is only available for children and adolescents 0-20 years old.*
      - Funding packets must be submitted to Magellan prior to the start/ expiration of service authorization. Information about BHRS/ABA evaluation requirements can be found in MA Bulletin [OMHSAS-17-01](#). Please also reference [Magellan's Provider Handbook Supplement](#) which includes these guidelines:
        - The Pennsylvania Autism Insurance Act (Act 62) went into effect on July 1, 2009. For members who have the Act 62 benefit, HealthChoices is the secondary coverage for designated Behavioral Health Rehabilitation Services (BHRS).
        - If a child has Act 62 coverage with a commercial insurance, BHRS providers also need to submit the BHRS packet to Magellan for review of medical necessity criteria and the authorization will be entered into Magellan's clinical system. If providers receive claims denials for services by the commercial insurance plan, the authorization will then be in the system, so that the secondary claim can be processed.

- Funding packets must include a Life Domain Evaluation prescribing ABA services (please reference Appendix A of Magellan’s Provider Handbook Supplement: [Life Domain Format Guidelines](#)). ABA may be prescribed by a Board Certified or Board eligible child and adolescent psychiatrist, developmental pediatrician, or licensed psychologist specializing in children or adolescents. In the absence of these prescribers, the evaluation or re-evaluation may be completed by any Board Certified or Board eligible psychiatrist or a licensed psychologist. The evaluation or re-evaluation must be signed by the evaluator/prescriber and performed not more than 60 days prior to the requested begin date of services. If the request is for continued care, the re-evaluation should indicate if the number of hours of BSC-ASD and TSS services should be a reduced, or increased, or remain the same and the reason a change in the number of hours of services is needed or not needed.
  - Procedure codes may differ between commercial Insurance plans and PA Medicaid. Claims submitted with other carriers Explanation of Benefit (EOB) may not match exactly with the claim submitted to Magellan. When this happens, the claim should still be processed using the primary payment information on the EOB, as long as the following claim elements match:
    - Provider
    - Date of service
    - Member
  - Unit definitions (i.e. 15 minutes or 30 minutes) may differ between commercial Insurance plans and PA Medicaid. Providers are responsible for determining the correct amount of units to bill for secondary payment in accordance with their Magellan HealthChoices Exhibit B Reimbursement Schedule.
- **Minimum Documentation Standards:**
  - Audits of ABA providers have identified inconsistencies with meeting Magellan’s documentation standards. Magellan has minimum expectations that are required for all contracted providers. These are general requirements that supplement any level of care or program specific requirements that are outlined in the PA Code and applicable MA Bulletins.
    - The documentation of treatment or progress notes for all services, at a minimum, **must** include:
      - The specific services rendered (i.e. BSC- ASD);
      - The date that the service was provided;
      - The name(s) of the individuals(s) who rendered the services;
      - The name(s) and relationship(s) of other individuals who are participating in the session;
      - The place where the services were rendered (i.e. home, school);

- The relationship of the services to the treatment plan—specifically, any goals, objectives and interventions;
- Progress at each visit, any change in diagnosis, changes in treatment and response to treatment; and
- The actual time in clock hours that services were rendered. For example: the recipient received one hour of psychotherapy. The medical record should reflect that psychotherapy was provided from 10:00 a.m. to 11:00 a.m.
- As a reminder, the documentation must always support the length of the session. Although Behavioral Specialist Consultants (BSC) are permitted to bill for services that don't involve direct contact, it's been identified through audits that some of the time spent in these non-direct activities is excessive based on the documentation provided. Some best practices for documentation have been identified in these scenarios including:
  - Many BHRS providers have implemented maximum allotted time periods to conduct specific non-direct activities such as Treatment Plan development, research and consultation.
  - When conducting and billing for research or consultation, the URL of the website, book title and author, or notes from discussion with BCBA, and themes identified should be included on the progress note.
  - In cases where a BSC is utilizing office time to develop documents, the evidence should be attached to the progress note (i.e. if a BSC bills for 30 minutes to develop a social story to use in the next session, this "story" should be attached to the progress note to support the time spent).
- **Quality Improvement Standards:**
  - The following trends in clinical documentation have been identified during Magellan audits:
    - Documentation available to reflect the transfer of skills from the TSS to parent/guardian is limited to support the treatment plan. Often times, records speak in generalities and do not provide information sufficient to support treatment plan goals.
    - In cases where progress is not being made, there should evidence that this is being reviewed by the BSC and adjustments are made to the Treatment Plan. The adjustments should include specific interventions to address the barriers to achieving the original goals.
    - Documentation should highlight that data prioritizes the functions of behaviors being addressed and appropriate treatment interventions are developed accordingly.

- **TSS Training Expectations:**

- TSS workers who implement treatment plans that include ABA must receive training in ABA so that they understand the basic principles of ABA and are able to carry out the specific procedures and techniques used in the treatment plans they are implementing. For this reason, OMHSAS set forth a specified number of the required hours of the training for TSS workers who serve children or adolescents diagnosed with ASD and implement treatment plans that includes ABA.
- While it is up to each provider to determine the specific topics the ABA trainings should address, the ABA training should include the basic principles of ABA and enable the TSS worker to carry out the specific procedures and techniques used in the treatment plan the TSS worker is implementing.
- MA Bulletin [01-01-05](#) specifies an overall training curriculum for TSS workers. Training specific to ABA could be incorporated into several of the specified training topics, including the specific diagnosis of the children or adolescents served by the TSS worker; the role of the TSS worker in the home, school and community; behavior management skills; or topics on child development.
  - **Minimum Training Requirements (please reference MA Bulletins [OMHSAS-16-02](#) and [01-01-05](#)):**
    - New TSS workers to complete a minimum of 15 hours of training prior to working alone with children or adolescents. New TSS workers who will be implementing a treatment plan that includes ABA, at least 6 of the required 15 hours of training must be in ABA.
    - New TSS workers must complete no less than an additional 24 hours of training within the first 6 months of working with children and adolescents. For TSS workers implementing a treatment plan that includes ABA, at least 6 of the required 24 hours must be in ABA.
    - In terms of ongoing training, MA Bulletin 01-01-05 requires that after the first year of employment all TSS workers receive at least 20 hours of training each year. For TSS workers implementing a treatment plan that includes ABA, at least 6 of the required 20 hours must be in ABA.
    - All training must be documented as described in the “Record Keeping” section of Bulletin 01-01-05. This bulletin informs providers that it is their responsibility to maintain documentation that TSS staff have received the required training. The training documentation must include:
      1. The date, time and location of the training
      2. The name of the person that conducted that training and the staff members who participated in the training
      3. The specific topics addressed at the training
      4. One copy of any written materials that were distributed to participants
      5. One copy of any written materials that were used during the training, or an explanation that such materials were unavailable because of copyright or other similar protections

- **ABA Training needs themes:**
  - Increased focus on the approach needed to transfer skills to caregiver
  - Ability to assess progress/lack of progress and then alter treatment interventions accordingly
  - Understanding the function of the behavior and developing treatment recommendations and interventions accordingly.
  - Utilizing data to drive treatment
  
- **TSS Supervision Expectations:**
  - For TSS workers implementing a treatment plan that includes ABA, the weekly supervision required in MA Bulletin 01-01-05 should address the ongoing implementation of ABA interventions in accordance with the child's or adolescent's treatment plan
  - For TSS workers implementing a treatment plan that includes ABA, the weekly supervision required in MA Bulletin 01-01-05 should address the ongoing implementation of ABA interventions in accordance with the child's or adolescent's treatment plan.
  - TSS supervision should include documentation of the transfer of skill(s)
  - Per MA Bulletin 01-01-05, all TSS workers must receive ongoing supervision by a qualified supervisor, each week that the TSS worker provides services, as follows:
    - TSS workers employed 20 hours per week or more must receive at least one hour of supervision per week.
    - TSS workers employed less than 20 hours per week must receive at least thirty minutes of supervision per week.

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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, 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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