

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 communication is being sent to ensure providers are aware of the minimum standards for documentation for substance use services that are funded on a per diem basis (24-hour levels of care). This includes Substance Use Detoxification (both hospital-based and non-hospital based), Substance Use Rehabilitation (both long- and short-term and hospital and non-hospital based) and Halfway House services.

Magellan conducts Integrated, Claims and Compliance Audits of contracted providers to ensure adherence to the documentation requirements outlined in our <u>Magellan HealthChoices</u> <u>Provider Handbook Supplement</u>, in addition to the guidelines described in this communication. Recent audits of Per Diem Substance Abuse Facility Providers have revealed significant deficiencies and inconsistencies related to documentation. Some of those audit trends include:

- A completed <u>American Society of Addiction Medicine (ASAM) Summary Form</u> must be present in a member's record prior to or at the start of a level of care/program in order to receive payment.
- Daily progress notes must be present for all dates of service billed. Clear and concise documentation is required for substantiating payments made to the provider and must meet the required standards as set forth in the <u>Magellan Provider Handbook Provider</u> <u>Handbook Supplement</u> for HealthChoices' Program Providers (pgs. 54-55).
- Progress Notes/ Daily Entries must document the interventions used, the individual's response, and relate to the treatment plan goals. Interventions should be individualized and specific; use of vague language such as "listened and provided positive feedback" or "watched a video on substance abuse" would not be considered sufficient.
- Group therapy notes should include a brief description of the group. They must also include individualized information for each participant including their behavior during the group session, level of participation, response to interventions/ information

discussed. Group notes need to meet the required standards as set forth in the Magellan Provider Handbook Provider Handbook Supplement.

- Providers should have a written plan (i.e., program description) describing how & when initial treatment plans will be completed along with other admission criteria.
 - For inpatient programs, per <u>Title 28 Chapter 710 § 710.42</u>, treatment plans should be updated at a minimum of every 15 days, or as described in the agency's approved service description. Treatment plan updates must be signed and dated by the member's primary counselor and it's recommended that the supervisor also co-sign the update.
 - For non-hospital residential programs, per <u>Title 28 Chapter 709 § 709.52</u>, treatment and rehabilitation plans shall be reviewed and updated at least every 30 days. For those projects whose client treatment regime is less than 30 days, the treatment and rehabilitation plan, review and update shall occur at least every 15 days.
- Providers must be familiar with the Therapeutic Leave Guidelines. Please outreach Magellan for specific guidance on the billing parameters for therapeutic leave from substance use services that are funded on a per diem basis.

In compliance with the daily per diem rate that encompasses both Treatment plus Room and Board costs, it is Magellan's expectation that Substance Abuse Facility Providers implement behavioral health interventions for each day of service billed, including all weekends and holidays. Staffing patterns must align with all Medical Assistance Regulations and Bulletins as well as Department of Drug and Alcohol Programs (DDAP) Licensing Requirements to allow for meaningful treatment to be provided every day that the member is physically in the facility.

In accordance with this requirement that behavioral health interventions are provided on a **daily basis**, it is Magellan's expectation that **each date of service that is billed** have corresponding documentation in the member's record. This documentation should include any and all interventions, both formal and direct treatment (i.e. structured individual and group sessions) as well as those interventions that are less traditional. Please note that the intervention may be delivered by any inpatient or residential staff member and there is no minimum time requirement for the intervention as long as it is documented; however documenting medication dosing only for detoxification or rehabilitation is NOT considered sufficient substantiation of payment for a day of service. Providers must also provide all services and programming as outlined in their approved Service Descriptions.

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!

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