



# 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, we'd like to share an important announcement with providers to ensure that you are aware of the updated Outpatient Mental Health Regulations. **Please note that Magellan is in the process of updating all of our Audit Tools to align with the new regulations. For services provided before 10/12/19, the previous regulations will apply.**

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On Saturday, October 12, the Pennsylvania Psychiatric Outpatient [Regulations](#) were published in the *Pennsylvania Bulletin*, Volume 49, number 41. Per the Independent Regulatory Review Commission (IRRC), compliance with the final-form regulation will be required upon publication of the final rulemaking in the Pennsylvania Bulletin. Thus, the effective date for the updated regulations is 10/12/19.

In accessing the new regulations utilizing the above link, please note that the first section is the Preamble, whereby OMHSAS provides a general overview, definitions, and commentary to the changes. To access the actual regulations, scroll to the PA Bulletin menu at the top of the page and select "next" to review the promulgated Outpatient Regulations 1153 and 5200.

The changes include new requirements for psychiatric time, staffing patterns, and time frames for the development, review, and sign-off of treatment plans. Below is a list of some of these specific changes; however please review the regulations in their entirety for the full impact.

- The regulation amends the requirements for staffing patterns and psychiatric time by allowing 50% of the treatment staff who provide psychotherapy to be mental health professionals and requiring 2 hours of psychiatric time for each FTE mental health professional and mental health worker per week.
- Although 50% of the psychiatric time must be provided by the psychiatrist at the psychiatric outpatient clinic, the final-form rulemaking allows the other 50% to be provided by an advanced practice professional or by a psychiatrist offsite through the

use of tele-behavioral health, or by a combination of advanced practice professionals and tele-behavioral health, consistent with the Outpatient Psychiatric Oversight Act.

- For each individual receiving services, a mental health professional or mental health worker under the supervision of a mental health professional shall complete an assessment of the behavioral health, medical, psychological, social, vocational, educational and other factors important to the individual. The assessment must be completed prior to the development of the initial comprehensive treatment plan.
- The new regulation allows 30 days for the development, review, and sign-off of the initial treatment plan.
- The new regulation allows a psychiatrist or an advanced practice professional to review and sign the initial treatment plan. Previously, only a psychiatrist could review and sign an initial treatment plan or update.
- For individuals voluntarily receiving services, the treatment plan must be updated every 180 days.
- The treatment plan updates can be reviewed and signed by the primary professional providing services to the individual at the psychiatric outpatient clinic. The primary professional may be the mental health worker under the supervision of a mental health professional or a mental health professional.
- If the individual is receiving medication management services only, the psychiatrist, physician, certified registered nurse practitioner or physician assistant responsible for prescribing and monitoring the use of the medication shall review, approve, sign and date the initial treatment plan.
- The treatment plan shall be reviewed on an annual basis by the psychiatrist or advanced practice professional throughout the course of treatment from the psychiatric outpatient clinic and the review documented in the individual record.
- The supervision of a psychiatric outpatient clinic shall be by a psychiatrist and, at a minimum, include the following:
  - Establishment of appropriate standards for treatment and prescribing practices.
  - Involvement in the quality management process.
  - Participation in clinical staff meetings 2 times per month. The psychiatric outpatient clinic shall maintain written documentation of clinical staff meetings, including attendance.
  - Consultation to all clinical staff.
- The minimum allowable time period for certain services including Group Therapy, Individual Therapy and Medication Management has been eliminated. Per the regulations, there are no minimum time periods required. HOWEVER, providers must continue to bill according their Magellan HealthChoices reimbursement schedules. Most codes, by definition, have a defined time limit that must be met in order to bill a unit. For example, the CPT Code 99213 is defined as a 15 minute code. Therefore, although the regulations have removed the minimum time period, a full 15 minutes must be provided in order to bill a 99213, by definition.
- All records must be reviewed twice a year as to quality by the director, clinical supervisor or psychiatrist.

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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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