Psychiatric Rehabilitation Services

Magellan Behavioral Health of Pennsylvania, Inc. (Magellan) Performance Standards

Performance Standards are intended to give guidance for contracted services as part of the PA HealthChoices program, with a goal to promote the utilization and progress toward providing best practices performances, to increase the quality of services and to improve outcomes for members.

Current Version Information

Substantive changes in most recent update:

1. Service exclusions - updated to include several exceptions
2. Referral process – LPHA defined
3. Admission/Continued Stay Process – admission criteria updated

Use of Performance Standards

Disclaimer: These performance standards should not be interpreted as regulations, but instead add to the foundation provided by current licensing guidelines and regulations. It is Magellan's expectation that providers apply these performance standards when developing internal quality and compliance monitoring activities. Magellan will use this document as a guide when conducting quality and compliance reviews. Entities providing services as part of the PA HealthChoices program must first be enrolled in the Pennsylvania Medical Assistance program as the appropriate provider type and specialty. Providers must then comply with all applicable Pennsylvania laws, including the Pennsylvania Code Title 55, General Provisions 1101 and Chapter 5230 Psychiatric Rehabilitation Services as well associated MA Bulletins, licensing requirements and any contractual agreements made with Magellan in order to be eligible for payment for services.

Please routinely visit the link below and look for the "Compliance Alerts" accordion to stay up to date on compliance email blasts:
https://www.magellanofpa.com/for-providers

Level of Care Description

According to Title 55, Chapter 5230 of the Pennsylvania Code, Psychiatric Rehabilitation Services (PRS) assist persons 18 years of age and older with functional disabilities resulting from a mental illness to develop, enhance or retain: psychiatric stability, social competencies, personal adjustment, and/or independent living competencies so that they can experience more success and satisfaction in the environment of their choice and can function as independently as possible. These interventions should occur concurrently with clinical treatment. PRS incorporates principles of recovery and wellness, community support, person-centered care, and active involvement of individuals and families in the behavioral health system and services.

Psychiatric rehabilitation programs are founded on the principles of consumer choice and the active involvement of persons in their rehabilitation. Psychiatric rehabilitation practice is guided by the basic philosophy of rehabilitation that people with disabilities need opportunities to identify and choose for themselves their desired roles in the community regarding living, learning working and/or social environments.

Based on the definition from the Psychiatric Rehabilitation Association (PRA, formerly USPRA), psychiatric rehabilitation: “promotes recovery, full community integration and improved quality of life for persons who have been diagnosed with any mental health condition that seriously impairs their ability to lead meaningful lives. Psychiatric Rehabilitation Services are collaborative, person-directed, and individualized. These services are an essential element of the health care and human services spectrum and should be evidence-based. They focus on helping individuals develop skills and access resources needed to increase their capacity to be successful and satisfied in the living, working, learning, and social environments of their choice." (PRA, 2011)

Scope of Services

These standards establish the minimum requirements for the provision of both site-based (clubhouse and other site-based psychiatric rehabilitation) and mobile psychiatric rehabilitation for individuals with serious mental illness, as defined by the Department of Human Services (DHS). They are applicable to psychiatric rehabilitation providers under the PA HealthChoices program. They may also be used as best practice guidelines by psychiatric rehabilitation providers who are funded through our County partners.

A planned program of functional assessment, goal setting, identification of needed and preferred skills and supports, skill teaching, and managing supports and resources is needed to produce the desired outcomes consistent with a person’s cultural environment.

Psychiatric rehabilitation programs provide both informal and formal structures through which participants can influence and shape program development. PRS providers may provide site-based (clubhouse and other site-based psychiatric rehabilitation) and/or mobile psychiatric rehabilitation services.

The practice of psychiatric rehabilitation, is comprised of three strategies:

(1) helping persons identify goals
(2) helping persons plan strategies and acquire necessary skills to reach and maintain desired goals
(3) helping persons develop necessary supports to maintain those goals

Service Description

Practices employed in psychiatric rehabilitation programs aim to assist persons to develop, reach and maintain goals of their choice in the community. Practices include:

- Engaging persons in the program
- Assessing with person’s interests and preferences for rehabilitation services
- Developing rehabilitation plans
- Defining the person’s preferences regarding a rehabilitation environment

- Educating the person about mental illness and recovery
- Helping the person learn about what is available in the community and identifying options the person may be interested in pursuing as rehabilitation goals.
- Assessing what the person needs and prefers in terms of skills and supports to develop, achieve and maintain rehabilitation goals(s)
- Direct or indirect skills teaching
- Assisting the person in gaining and utilizing supports and resources including linking the person with appropriate community services that are mindful of cultural content
- Advocating for the person as needed
- Creating a socio-cultural environment which supports recovery
- Developing and implementing strategies to assist the person in developing, achieving, and maintaining rehabilitation goal(s)

These psychiatric rehabilitation activities/techniques are designed to provide the person with the opportunity to: (1) become informed about the illness; (2) assess what is needed to recover; (3) choose rehabilitation goal(s); and (4) plan for and obtain the experiences needed to develop the skills to achieve recovery. A key element of rehabilitation is experiencing a valued role in the community and obtaining and using the power to make choices about one's life. Such experiences are essential to the cognitive and behavioral change that underpin the recovery process for any person.

The psychiatric rehabilitation process consists of three phases: assessment, planning, and implementation. Each phase involves the person, chosen support system, and service provider in designing the development of wanted and needed skills and supports relevant to the person's background utilizing:

- A functional or goal-based individualized assessment which includes the completion of an evaluation of social and environmental supports and an evaluation of strengths and unmet needs in areas of psychosocial functioning as they relate to the person's goals and priorities consistent with the person's culture.
- Planning includes developing a participant-specific rehabilitation plan that establishes goals and objectives and plans for skill and support development. The plan development process involves both staff and participant (if one chooses) involvement using methods appropriate to the psychiatric rehabilitation program model.
- Implementation includes developing new skills, supporting existing skills, overcoming barriers to using skills, and identifying or modifying an individual's resources to pursue a goal.

The following are examples of appropriate services which should be addressed consistent with the person's culture:

- Psychoeducation: Mental health education regarding self-management of symptoms, medication, and side effects.
- Health education: Education regarding optimal physical health and wellness activities.
- Assessing rehabilitation preferences: Determining with the person personal perspectives and preferences regarding participation in the psychiatric rehabilitation process.

- Setting rehabilitation goals. This is the process by which the person chooses desired rehabilitation goal(s).
- Functional assessment: Determining with the person the specific skills and supports or resources the person needs and prefers to develop, achieve, and maintain rehabilitation goal(s).
- Skills teaching and development: Providing persons with needed and desired skills to develop, achieve and maintain rehabilitation goals. Teaching methods may be direct or indirect. Examples of areas for skill teaching/development include skills for self-care, budgeting, socializing, maintaining the living environment, pre-vocational and vocational supports, using public transportation, planning menus, and preparing food.
- Vocational activities or training such as job development, placement and coaching that prepare an individual for a specific job, educational services including GED programs or educational programs that prepare persons for a particular trade.

Site-Based PRS Services:
Site-based programs may include the clubhouse model, and other approaches may draw upon a combination of models such as the clubhouse model, the Boston University approach, and social skills training model. Site-based programs that choose to operate as a clubhouse model must be certified as a clubhouse through the International Center for Clubhouse Development (ICCD). ICCD certification must be received within two years of start-up and services are provided primarily at a specific program facility. Site-based PRS services may be provided on a one-to-one individual ratio or in a group.

Staffing pattern for Site-Based Services:

- The program must be supervised by a program director.
  - ✓ A PRS Director shall have one of the following: a bachelor's degree and CPRP certification; a bachelor's degree and at least three years' work experience in MH direct service, two years of which must be work experience in PRS (CPRP certification shall be attained within two years of hire as director); or an associate's degree and CPRP if employed as director for at least six months immediately prior to May 11, 2013.
- The ratio of staff to participants in site-based psychiatric rehabilitation programs must be based upon the needs of the population served, the program model, and program location (urban vs. rural) as well as other factors that may impact ratios.
- Staffing patterns should be outlined in the provider's approved program description.
- Programs must have a minimum of one full-time equivalent staff for every ten participants based upon average daily attendance. Programs do not have to meet these staff to client ratio standards if they are accredited by one of the national accrediting organizations or if they are certified by the International Center for Clubhouse Development (ICCD).
- At least one psychiatric worker or specialist must be present at all times.
  - ✓ A psychiatric rehabilitation specialist shall have one of the following: a bachelor's degree and two years' work experience in MH direct service, one year of which must be work experience in PRS(CPRP certification shall be attained within two years from the date of hire as a PRS); or a CPRP certification.
  - ✓ A psychiatric rehabilitation worker shall have one of the following: a bachelor's degree; an associate's degree and one year experience in MH direct service; a CPS certificate

and one additional year paid or volunteer work experience in MH direct service; or a high school diploma or GED and two years' work experience in human services which must include one year of MH direct service.

- A minimum of 25% of the staff must obtain a specialist qualification or above, within one year of employment.
- Staff will reflect the cultural diversity of the participant population.
- Accommodations will be made to address the language needs of participants, including signing, braille, and foreign language.
- Site-based staff must receive weekly case supervision, appropriate to the model being used, by the director or specialist designee.
- Site-based staff must be employed by an agency approved by DHS to provide psychiatric rehabilitation services.

Mobile PRS Services:
An agency may offer PRS in the community consistent with an approved service description. Many services are provided in a group setting; a group in the community may not exceed five individuals to one Psychiatric Rehabilitation Specialist. The service and locations shall be determined by the member's Individual Rehabilitation Plan (IRP). A PRS agency shall arrange for group discussion of the experience before and after the service is conducted in the community and occur in a setting that assures confidentiality.

Group services delivered in the community shall be limited to individuals who have IRP goals that specify the need for services in the community; individual preference for one to one (1:1) ratio service in the community shall be honored. A PRS agency shall consider the personal preferences of an individual and shall inform an individual of the following:

(1) The location where the group is to meet;
(2) The purpose of providing service in a community setting;
(3) The roles of individuals and PRS staff.

Service Exclusions

PRS does not generally occur simultaneously with other Medicaid-reimbursable behavioral health services with the exception of Mental Health (MH) or Substance Use Disorder (SUD) Case Management, Peer Support Services and MH or SUD Outpatient treatment. Services are provided individually in the community on a one staff to one individual ratio (1:1), unless a group service is deemed appropriate to the individual's goals, and services may occur concurrently for transition of care as clinically appropriate.

Referral Process

Anyone may refer a member for PRS, including an individual who wants to make a self-referral. When the referral comes from someone other than a licensed evaluator, the PRS agency must obtain a recommendation from a Licensed Practitioner of the Healing Arts (LPHA) that includes the diagnosis and functional impairment. An LPHA includes a physician, physician's assistant, certified registered nurse practitioner, licensed clinical social worker, licensed marriage and family therapist, licensed professional counselor or psychologist who recommend PRS as a medically necessary service. The recommendation for service from an LPHA may be a simple form developed by the PRS agency, or the LPHA may write a letter.

Admission/ Continued Stay Process

In order to be eligible to received Psychiatric Rehabilitation Services, an individual must be at least 18 years of age or older, choose to receive PRS, and have a functional impairment resulting from mental illness. There must be a written recommendation for PRS by an LPHA acting within the scope of professional practice. The individual must have the presence or history of a serious mental illness based upon medical records, which includes one of the following diagnoses by an LPHA:

- Schizophrenia
- Major Mood Disorder
- Psychotic Disorder
- Schizoaffective Disorder
- Borderline Personality Disorder

As a result of the mental illness, the individual must also have moderate to severe functional impairment that interferes with or limits performance in at least one of the following domains:

- Living
- Learning
- Working
- Socializing

Individuals who do not meet the serious mental illness diagnosis requirement may still receive services if the written recommendation by the LPHA includes a primary diagnosis of mental illness that is listed in the DSM; and the recommendation includes a description of the functional impairment resulting from mental illness.

Individuals must be assessed for continued stay in PRS on an ongoing basis during the Individual Service Plan reviews (every 90 days, at a minimum). In order to meet the requirements for continued stay, an individual must be in agreement with continued participation; and there must be a continued need for services based on at least one of the following:

- As a result of a mental illness, there is a functional impairment or skill deficit that is addressed in the Individual Service Plan.
- The withdrawal of service could result in loss of rehabilitation gain or goal attained

Assessment

A PRS agency shall complete an assessment of an individual prior to developing the IRP. The assessment shall be completed in collaboration with the individual and must:

(1) Identify the functioning of the individual in the living, learning, working and socializing domains.
(2) Identify the strengths and needs of the individual.
(3) Identify existing and needed natural and formal supports, including other health care facilities and social service agencies.
(4) Identify the specific skills, supports, and resources the individual needs and prefers to accomplish stated goals.
(5) Identify cultural needs and preferences of the individual.
(6) Be signed by the individual and staff.
(7) Be updated annually and when one of the following occurs:
    - ✓ The individual requests an update.
    - ✓ The individual completes a goal.
    - ✓ The individual is not progressing on stated goals.

Treatment or Service Plan

An Individual Rehabilitation Plan (IRP) is to be developed by day 20 of attendance, but no more than 60 calendar days after initial contact.

An IRP should be collaboratively developed with PRS staff and the individual that is consistent with the assessment and includes the following:

1) A goal designed to achieve an outcome.
2) The method of service provision, including skill development and resource acquisition.
3) The responsibilities of the individual and the staff.
4) Action steps and time frame.
5) The expected frequency and duration of participation in the PRS.
6) The intended service location.
7) Dated signatures of the individual, the staff working with the individual and the PRS director.

A PRS agency and an individual shall update the IRP at least every 90 calendar days and when:

- A goal is completed.
- No significant progress is made.
- An individual requests a change.

An IRP update must include a comprehensive summary of the individual's progress that includes the following:

1) A description of the service in the context of the goal identified in the IRP.
2) Documentation of individual participation and response to service.
3) A summary of progress or lack of progress toward the goal in the IRP.
4) A summary of changes made to the IRP.

5) The dated signature of the individual.
6) Documentation of the reason if the individual does not sign.
7) The dated signature of the PRS staff working with the individual and the dated signature of the PRS director.

Expectations of Service Delivery

Providers are responsible to comply with psychiatric rehabilitation principles including shared decision making, a strengths-based approach, family inclusion, community integration, and emphasis on health and wellness. A list of core values inherent in psychiatric rehabilitation are defined by nationally recognized professional associations, including the PRA (https://www.psychrehabassociation.org/who-we-are/core-principles-and-values) , the International Center for Clubhouse Development (ICCD) (https://clubhouse-intl.org/what-we-do/what-clubhouses-do/) and the Coalition for Community Living (https://www.theccl.org/Fairweather-Lodge/Standards); and are guided by the PRA Code of Ethics that can be reviewed at https://www.psychrehabassociation.org/sites/default/files/series documents/2018_code_of_ethics.pdf.

Documentation

The documentation in the individual's behavioral health record allows mental health professionals to evaluate and plan for treatment, monitor health care over time, and facilitate communication and continuity of care among healthcare professionals involved in the individual's care. It ensures accurate and timely claims review and payment, promotes appropriate utilization review, and quality of care evaluations and can be used for research and education.

Providers must also comply with all applicable Pennsylvania laws, including Title 55, General Provisions 1101 and Chapter 5230 Psychiatric Rehabilitation Services (http://www.pacodeandbulletin.gov/secure/pacode/data/055/chapter5230/055_5230.pdf) as well associated MA Bulletins and licensing requirements.

PRS agencies must develop and maintain a record for each individual served which contains the following:

- Information that identifies the individual
- Eligibility for PRS, including diagnosis
- Referral source, reason for referral and recommendation by an LPHA
- Individual consent to receive services
- Individual consent to release information to other providers
- Verification that the individual received and had an opportunity to discuss the oral and written versions of the PRS statement of rights (reference Chapter 5230.41)
- The Initial Assessment and all subsequent Assessment Updates
- The Individual Recovery Plan, all subsequent IRP Updates and IRP Outcomes
- Documentation of coordination with other services and supports
- Discharge summary

A PRS agency should also ensure that individual records meet the following standards:

- The record must be legible throughout.
- The record must identify the individual on each page.
- Entries must be signed and dated by the responsible staff.
- The record must indicate progress at each day of service, changes in service and response to services.
- Updates of the record shall be signed and dated.
- The record must be kept in a permanent and secure location.
- The record must be maintained for a minimum of four years; and they must be disposed of in a manner that protects confidentiality.

Per Chapter 5230, PRS providers must complete a daily entry for the day service was provided in the record of an individual as follows:

1) Indicates the date, time (including start and end times of attendance), duration, location, and type of interaction.
2) Documents service provided in the context of the goal.
3) Documents the individual response to service.
4) Includes the signature of the individual, or if the individual does not sign, documents the reason.
5) Is signed and dated by staff providing the service.

An individual must have the opportunity to review and provide written comments in addition to signing the daily entries.

Care Coordination

Psychiatric rehabilitation providers are expected to coordinate care with other service providers including:

a) A PRS agency shall have written agreements to coordinate care with other service providers, including the following:
    1) Psychiatric inpatient facilities.
    2) Partial hospitalization programs.
    3) Psychiatric outpatient clinics.
    4) Crisis intervention programs.
    5) Case management programs.
    6) Primary care and other medical providers.

b) A PRS agency may have written agreements to coordinate care with other service providers as needed, including the following:
    1) Housing and residential programs.
    2) Drug and alcohol programs.
    3) Vocational, educational, and social programs, ensuring social determinants of health linkages.

Discharge Planning and Transition

When a PRS agency documents one of the following criteria, discharge may occur. An individual:

1) Has achieved goals and sustained progress as designated in the IRP.
2) Has gained maximum rehabilitative benefit.
3) Will not lose rehabilitation gain or an attained goal as a result of withdrawal of service.
4) Has voluntarily terminated.

When a decision to discharge is reached, a PRS agency shall offer the individual the opportunity to participate in future service, plan, and document next steps with the individual, including recommended service and referral. In instances that it is necessary to discharge an individual from PRS due to the individual's disengagement, prior to discharge, the PRS agency will document the attempts to reengage the individual, circumstances, and rationale for the discharge.

When an individual has a recurring or new need for PRS and meets admission criteria, the PRS agency shall consider the individual for readmission without regard to previous participation.

Upon discharge, a PRS agency shall complete a dated and signed discharge summary that must include a description of the following:

1) Service provided
2) Outcomes and progress on goals
3) Reason for discharge
4) Referral or recommendation for future service

A PRS agency will ensure that the discharge summary is:

- Completed no more than 30 days after the date of discharge
- Reviewed and signed by the PRS director
- Offered to the individual for review, signature, and the opportunity to comment

Outcomes

PRS emphasize evidence-based, promising, and emerging best practices that produce outcomes congruent with empowerment, resilience, and personal recovery. Such programs will include structured program evaluation and quality improvement mechanisms that actively involve persons receiving services through the use of individual satisfaction surveys, data collection procedures, and outcome measures.

All providers of PRS services should have policies and procedures in place to evaluate outcomes for the program. Some of the indicators that could be considered include:

- Decreased hospitalization rates
- Increased involvement with service providers
- Increased stability in housing
- Active involvement in vocational and academic goals

- High levels of participant's satisfaction
- Increased community tenure
- Increased community linkages

POMS
Performance Outcome Management System (POMS) is a tool DHS established to continuously evaluate the effectiveness of the PA HealthChoices' program. POMS allows DHS to identify members with a serious illness or risk of illness; establishes a data baseline for member functioning at registration or entry into the PA HealthChoices' system; updates member data as the course of treatment evolves; and finalizes member data at closure of treatment.

HealthChoices' providers are ***mandated*** by DHS to collect priority population data and submit POMS data on every PA HealthChoices' member receiving mental health services at certain points during treatment. These include the following:

- When you are seeing the member for the first time (initial registration).
- When you are seeing the member for the first time under HealthChoices (the member may have seen you as a fee-for-service patient and subsequently converted to HealthChoices).
- When you are seeing the member for the last time (either termination from your care, if the member is moving to another provider; or closure, if the member is ending all mental health treatment).
- Whenever there is a change in any POMS element.

Complaint Process

Magellan provides a formal mechanism for all members to express a complaint related to care or service, to have any complaints investigated and resolved, and to receive a timely and professional response to their complaint in compliance with the HealthChoices Program Standards and Requirements Appendix H. This complaint process is managed by Magellan's Quality Improvement Team. Complaint information is integrated as a key indicator for informing patient safety, credentialing, quality improvement activities, and analyzed for trending and opportunities throughout the network.

When a member files a complaint directly with Magellan, Magellan partners with the provider to address the concern. A member's decision to file a complaint with Magellan should not compromise their care or services. Providers are expected to adhere to their Facility and Program Participation Agreement with Magellan regarding cooperation with appeal and grievance procedures (Section 2.2.1). The identified provider will receive an acknowledgement letter summarizing the complaint items and requesting documentation to be submitted for the review. The response and documentation should be faxed to 888-656-2380 on or before the deadline listed in the letter. Additional information and follow up activities might be requested.

Magellan uses information gained from member complaints to identify areas where opportunity for improvement may exist. Magellan may request corrective action of a provider in response to supported complaints and identified trends in complaints. If Magellan identifies a supported (substantiated) complaint involving an agency, Magellan staff will collaborate with providers to develop a Complaint Resolution Plan to address the concern. Please review the provider communication shared with network providers here about this important and collaborative process.

Grievance Process

Magellan and the Pennsylvania HealthChoices Program Standards and Requirements defines a grievance as a request by a member, the member's representative or health care provider (with written consent of the member), to have Magellan or a utilization review entity reconsider a decision concerning the medical necessity and appropriateness of a covered service.

Magellan reviews requests from providers for behavioral health services to ensure that approved services are medically necessary and appropriate.

If a level-of-care request is not authorized at the level, frequency or duration as requested, Magellan members are entitled to grieve a medical necessity denial. At the time of a denial, Magellan informs members of this right and how to proceed. Each medical necessity grievance is handled in a timely manner consistent with the clinical urgency of the situation and in compliance with the HealthChoices Program Standards and Requirements Appendix H.

If a level-of-care request is not authorized at the level, frequency or duration requested, it is the expectation that the behavioral health provider will meet with the member, and the member's family if appropriate, to discuss treatment changes and options. This discussion will include, but not be limited to, a review of the services that are authorized, a review and revision of the treatment plan based on authorized services, a referral to additional and/or an alternative provider if indicated, other options available to the member, and a review of member grievance rights and procedures as outlined in the denial letter, should the member choose to grieve the non-authorization decision.

Quality Management

Quality care for members and their families is important. Magellan is committed to continuous quality improvement and outcomes management through its company-wide Quality Improvement Program that includes assessment, planning, measurement, and re-assessment of key aspects of care and services. Magellan has collaborated with Counties and providers to develop a Quality Improvement Program that strives to improve the delivery of services to HealthChoices' members.

Magellan's Quality Improvement Program's policies and procedures are structured to support compliance with the accreditation requirements of several organizations, including the National Committee for Quality Assurance (NCQA) and Utilization Review Accreditation Commission (URAC).

Assessment of compliance with these requirements is integrated into our quality improvement activities.

Per Magellan's contractual agreement, providers must cooperate and participate with all quality improvement procedures and activities. Providers shall permit access to any and all portions of the medical record that resulted from member's admission or the services provided. Magellan's utilization review program and/or quality improvement program may include on site review of covered services and shall permit Magellan staff on site access.

In support of our Quality Improvement Program, providers are essential quality partners. It is important that providers are familiar with our guidelines and standards and apply them in clinical work with members in order to provide, safe, effective, patient-centered, timely, and equitable care in a culturally sensitive manner. Please refer to the Magellan National Provider Handbook and Provider Handbook Supplement for HealthChoices' Program Providers for additional information and guidelines.

In addition to adhering to state and federal regulations, providers are responsible to:

- Follow policies and procedures outlined in Magellan's Provider Handbook and Provider Handbook Supplement.
- Meet treatment record standards as outlined in the Treatment Record Review Tool found under Audit Tools in the Appendix of Magellan's Provider Handbook.
- Provide treatment records as requested for quality of care issues and adhere to clinical practice guidelines and HEDIS®-related measures.
- Participate as requested in treatment plan reviews, site visits and other quality improvement activities.
- Use evidence-based practices.
- Adhere to principles of member safety.
- Attend or log on to provider training and orientation sessions.
- Participate in the completion of a remediation plan if quality of care concern arises.
- Encourage use of member and clinician outcome tools including use of the PHQ-9 and other standardized tools at intake and established treatment intervals, and to review real-time reports together.
- Incorporate the use of secure technology into their practice to make accessing services more convenient for members, e.g., email communication, electronic appointment scheduling, appointment or prescription refill reminders, electronic referrals to other practitioners or programs, and online access to personal health record information.
- Assist in the investigation and timely response of member complaints.
- Assist in the investigation and timely response of adverse incidents.

Magellan commits to a strong cultural competency program and believes that all people entering the behavioral health care system must receive equitable and effective treatment in a manner that is respectful of individual member preferences, needs and values and sensitive to residual stigma and discrimination. Magellan encourages providers to maintain practices that are deeply rooted in cultural

competence as well, focusing on continual training and education to support staff. Cultural Competency and the LGBTQIA+ Tools are available on www.Magellanofpa.com to help with development of provider cultural competency programs.

There are instances where Members may benefit from oral interpretation, translation services, non-English languages or alternative formats of materials or communication approaches. Providers are encouraged to maintain a process of accessibility and training for staff so that when opportunities present to support Members that may have language assistance needs, the team is prepared to fully respond to ensure the best possible treatment outcomes. Magellan offers language assistance service educational resources for network providers. These are located on Magellan's website.

Please note: Reporting requirements for Magellan remain consistent and in line with the PA DHS Bulletin, OMHSAS-15-01. A copy of all reportable incidents must be submitted to Magellan's Quality Management Department within 24 hours of an incident or upon notification of an incident. The types of incidents that are reported to Magellan include: Death, Attempted Suicide, Significant Medication Error, Need for Emergency Services, Abuse/Childline Report, Neglect, Injury/Illness, Missing Person, Seclusion, Restraint, Other (https://www.magellanprovider.com/media/29919/adverseincidentreporting.pdf).

Magellan requires an electronic submission process for incident reporting. This can be accessed at magellanofpa.com.