Telehealth

Magellan Behavioral Health of Pennsylvania (Magellan) Performance Standards

Members may face barriers to obtaining in-person behavioral health services and supports due to geographic, economic, and cultural factors. The use of audio-video-conferencing technology is one key strategy to improve accessibility of psychiatric, behavioral health, and substance use treatment services when in-person services are not readily or feasibly available.

Performance Standards are intended to give guidance for contracted services as part of the 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.

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 HealthChoices program must first be enrolled in the Pennsylvania Medical Assistance program as the appropriate provider type. Providers must then comply with all applicable Pennsylvania laws, including Pennsylvania Medical Assistance Telehealth Bulletin OMHSAS-21-09 and Title 55, Chapter 1101 General Provisions as well as all other applicable Medical Assistance (MA) Bulletins, licensing requirements and any contractual agreements made with Magellan Behavioral Health of Pennsylvania, Inc. in order to be eligible for payment for services.

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

Description

Telehealth is the delivery of compensable behavioral health services using real-time, two-way interactive audio-video transmission. Telehealth per this definition does not include a voice only telephone conversation, text messaging, electronic mail messaging or facsimile (fax) transmissions between a health care practitioner and a member, or a consultation between two health care practitioners, although these activities may support or supplement telehealth services.

Telehealth services, as defined by these guidelines, can be provided by licensed clinicians within their scope of practice, or unlicensed behavioral health staff including unlicensed master's level therapists, mental health targeted case managers, mental health certified peer support specialists, certified recovery specialists, and drug and alcohol counselors employed by, or working under contract for, licensed provider agencies (as defined in 28 Pa. Code §704.7(b)). There are no restrictions on the type of staff that can render telehealth if they are otherwise qualified to render that service in-person. Services delivered using telehealth must comply with all service specific and payment requirements for the service. Providers should consult their licensing agencies for more specific requirements within their jurisdiction of practice.

Requirements

Telehealth may be used when on-site services are not readily available due to distance, location, time of day, availability of resources, or other situations which would prevent or delay service delivery/treatment. Licensed practitioners or providers who deliver services through telehealth within their service area must ensure that they can arrange for services to be delivered in-person as clinically appropriate or as requested by the member served who resides within 60 minutes or 45 miles (whichever is greater) of the area served.

Members must consent to receive telehealth services. Providers must allow members to elect to receive in-person service delivery at any time. Members may refuse to receive services through telehealth.

When telehealth is being used to deliver services to a member who is at a clinic, residential treatment setting, or facility setting, the originating site must have staff trained in use of telehealth equipment and protocols to provide adequate operating support. In addition, the clinic or facility must have staff trained and available to provide clinical intervention in-person, if a need arises.

Services delivered through telehealth may also be provided outside of a clinic, residential treatment setting or facility setting. With the consent of the member served and when clinically appropriate, licensed practitioners and provider agencies may deliver services through telehealth to members in community settings, such as to a member located in their home.

Technology and Confidentiality

Telehealth Equipment

Telehealth equipment, the member and provider, must meet all state and federal requirements for the transmission or security of health information and comply with the Health Insurance Portability and Accountability Act (HIPAA). Providers should consult their legal counsel or compliance officer for guidance on HIPAA-compliant platforms. Health Resources & Services Administration (HRSA) has published resources related to HIPAA compliant telehealth platforms. Please note that public-facing sites such as Facebook Live and Twitch should NEVER be used for telehealth.

Technology, whether fixed or mobile, should be capable of presenting sound and image in real-time and without significant delay, clearly displaying the participants and their environments. Providers are accountable, as usual, to ensure confidentiality in transmission and storage of health information, and to conduct regular reviews, at least annually, of systems used for the delivery of telehealth. Providers must maintain annual and comparative reports of these reviews as well as incorporate member satisfaction and outcomes. Providers must have policies and procedures in place regarding both the operation and use of telehealth equipment in addition to protection of privacy and confidentiality of the members and services.

All existing privacy requirements and protections that apply to written medical records shall likewise apply to services delivered by telecommunications, including the actual transmission of the service, any recordings made during the time of transmission, and any other records.

As with services delivered in-person, providers must obtain consent from the individual served or their legal guardian, as applicable, to make any recordings of the individual during the provision of services through telehealth appointments. Providers are not permitted to mandate the use of recording for telehealth service delivery and must still provide services if an individual or legal guardian, as applicable, does not consent to a recording.

Audio-only service delivery refers to the provision of behavioral health services at a distance using real-time, two-way interactive audio only transmission. Audio-only does not include text messaging, electronic mail messaging or facsimile (fax) transmissions. Providers may utilize audio-only when the individual served does not have access to video capability or for an urgent medical situation, provided that the use of audio-only is consistent with Pennsylvania regulations and federal requirements, including guidance by the Centers for Medicare & Medicaid Services with respect to Medicaid payment and the US Department of Health and Human Services Office of Civil Rights enforcement of HIPAA compliance.

Access to Equipment

Telehealth may be provided at a variety of originating sites. The originating site is the setting at which an individual receives behavioral health services using telehealth delivery. When telehealth is being used to deliver services to an individual who is at a clinic, residential treatment setting, or facility setting, the originating site must have staff trained in telehealth equipment and protocols to provide operating support. It is strongly advised that the member utilize appropriate real-time, two-way, audio/video equipment with secure connectivity.

It is highly recommended that a member who requests telehealth and who does not have access to appropriate audio/video equipment with secure connectivity be seen initially in-person to assess the clinical appropriateness of telehealth services. A member's request for a form of virtual behavioral health services other than real-time, two-way interactive audio-video transmission does not alleviate a provider of the responsibility to ensure that treatment services are appropriate and of sufficient quality as to be reasonably expected to be of benefit to the member. Licensed practitioners and provider agencies are responsible to ensure that any modified virtual behavioral health services comply with MA Bulletin OMHSAS-21-09 and the standards of practice set by their licensing board for telehealth where applicable.

Member requests for virtual behavioral health services other than real-time, two-way interactive audio-video transmission should align with a licensed practitioner's or provider agency's policies and procedures and be reviewed with the BH-MCO to ensure that the service is compensable.

Confidentiality

Providers must maintain the same member confidentiality that the provider offers to members receiving in-person services, without compromise, when services are offered to members via telehealth. Providers must deliver services in a private location where access to the room where services are provided is controlled. The identity of the member and the content of the telehealth session must be safeguarded so third parties cannot observe or overhear the session without the informed consent of the member. In determining a member's appropriateness for telehealth, the provider must verify that the privacy of the individual served can be maintained.

Covered health care providers that seek additional privacy protections for telehealth while using video communication products should provide such services through technology vendors that are HIPAA compliant and will enter into HIPAA business associate agreements (BAAs) in connection with the provision of their video communication products. Many of these vendors are free for providers to use. Providers should notify individuals that third-party apps potentially introduce privacy risks and should enable all available encryption and privacy modes when using them.

Providers are advised to offer written and audio/visual tutorial guidance to members on how they may participate in safeguarding the confidentiality of their services by participating in a private space where they will not be interrupted or overheard.

Member Rights

The member's preferences and needs must be at the forefront of all decisions related to telehealth service delivery. The areas below include best practices and requirements related to member rights:

- Prior to utilizing telehealth, providers must obtain the consent of the member to receive services utilizing telehealth. Signatures for consent to telehealth may include hand-written or electronic signatures. Consistent with Act 69 of 1999 Electronic Transactions Act, an electronic signature is an electronic sound, symbol or process attached to or logically associated with a record and executed or adopted by a person with the intent to sign the record. In situations where signatures cannot be obtained from the individual served or their legal guardian, as applicable, documentation of verbal consent in the medical record meets the requirement for a signature, except where inconsistent with Pennsylvania regulations.

- A member receiving SUD treatment services through a Center of Excellence (COE) may request telehealth and, if available, the COE must provide telehealth services.

- Informed consent must include identification of all persons who will be present at each end of the telehealth transmission and the role of each person.

- A member can refuse services delivered through telehealth, and providers cannot use such refusal as a basis to limit the member's access to in-person services.

- The member must be informed and fully aware of the role of provider staff and others who are going to be responsible for follow-up or ongoing care.

The member's needs, including severity of condition, must be carefully considered in determining appropriateness of receiving telehealth services.

Expectations of Service Delivery

The decision to use telehealth should be based solely on the best interest of the member and never based on the preference or convenience of the provider or behavioral health practitioner. The provider must assess the clinical appropriateness of utilizing telehealth for each member and situation. Appropriateness of telehealth services may vary for members over the course of treatment.

Clinical Presentation/Needs

Providers must have policies that indicate: factors considered in the determination that telehealth may be clinically appropriate for a member, how that determination/recommendation is to be shared with the member, ensuring member is aware of risks should they decide to opt for telehealth when it is not recommended, and how the recommendation and member response will be documented in the medical record. Factors to consider include, but are not limited to:

- The preference of the member served and/or the preference of parents/guardians
- Whether there is an established relationship with the service provider and the length of time the member has been in treatment, as well as clinical needs for face-to-face assessments
- Level of acuity needed for care
- Risk of harm to self or others
- Age of a minor child and ability to consent for telehealth services
- Ability of the member served to communicate, either independently or with accommodation such as an interpreter or electronic communication device
- Any barriers to in-person service delivery for the member
- Access to technology of the member served
- Whether privacy for the member served could be maintained if services are delivered using telehealth
- Whether the service relies on social cueing and fluency

The preference of the member served and their legal guardian(s), as applicable, should be given high priority when making determinations of the appropriateness of the telehealth delivery. However, no service should be provided through telehealth when, in the best clinical judgement of the licensed practitioner, it is not clinically appropriate or could result in a lower quality of care or delay of appropriate treatment. When the use of telehealth is not clinically appropriate, the licensed practitioner or provider agency must offer the services in-person. If the member disagrees with the clinical determination, the licensed practitioner or provider agency may refer the member to other in-network providers or to the managed care organization.

Providers and practitioners should carefully consider the clinical appropriateness of telehealth delivery for such services, including, but not limited to: Partial Hospitalization, MH and SUD, OP group and IOP, Intensive Behavioral Health Services (IBHS), Family Based Mental Health, Assertive Community Treatment (ACT), or if the beneficiary is in a residential facility or inpatient setting.

Emergencies

With telehealth, you're seeing individuals outside of the safety and control of your office. An emergency situation may arise from a wide range of causes, including a mental health crisis, physical health issue, overdose, etc. Providers should, in advance of telehealth interactions, create an Emergency/Crisis Plan with members (based upon recommendations from hhs.gov) to include answers to the following questions:

- **What is your current location?** Confirm individual's exact location at the beginning of each appointment and get their full address.
- **What are the emergency numbers for that location?** 911 only works if you are in the same location as the person needing help, and calls cannot usually be forwarded to a different location. Search online and note numbers for local police, fire department, mobile crisis unit, crisis hotline, and the nearest urgent care or emergency room.
- **What is the emergency contact information for your doctor or other health care professional(s)?** It is important for members to have the appropriate contact information for their doctor or other health care professional(s) should they need to contact providers outside of normal business hours.
- **Who is your local emergency contact or support person?** A family member, friend, neighbor — someone nearby who can offer help in the event of a crisis.
    - Secure the individual's authorization to release information to emergency contact if needed.
- **What happens if the call is disconnected during an emergency?** Who will call whom and at what number? Plan for alternate ways to reconnect to your patient via phone or an alternate video platform.
- **What situations will lead to putting the crisis plan into action?** Crisis Plans are individualized based on specific needs of the individual and are designed to support the individual's safety and stability. If the individual reports engaging in unsafe behaviors and/or experiencing thoughts of harming self or others the provider will assist the individual to access safety supports as needed.
- **What will happen in the event of an emergency?** For example, when to call an emergency contact to help check on the individual or call 911 from their location.
- **What happens if you miss an appointment, and a crisis situation is suspected?** It is helpful, especially for individuals who have not received mental health services before, to expect a call from the provider office if an appointment is missed, and that a return call/text message is appreciated so the provider knows the person is safe. Explain to the person receiving services that a provider has a duty of care that may require them to request police do an emergency safety check if a crisis is suspected.
- **What circumstances will require a referral to immediate in-person evaluation/treatment?** If the individual reports engaging in unsafe behaviors and/or experiencing thoughts of harming self or others, the provider will shift the focus of the session to a collaborative assessment of the individual's immediate safety needs. The provider may recommend an in-person session to allow for a more thorough assessment of safety needs to determine what treatment is needed to best keep the individual safe. Additionally, if individuals are not able to consistently keep telehealth appointments it may be advised to switch to in-person treatment.

There are several unique considerations to patient safety and emergency management when practicing telehealth as noted in the American Psychiatry Association Telepsychiatry Toolkit:

- When evaluating member safety, make every attempt to assess level of agitation, potential for harm to self or others, as well as any safety hazards (such as firearms) that might be accessible.
- The provider should become familiar with the facility/venue where the individual is located, if applicable, including immediate professional staff who may be available in case of a clinical crisis; be aware of institutional emergency procedures; and ways to obtain collateral information.
- Being mindful of these issues during a telehealth session will help the provider determine need for higher levels of acute care, such as involuntary hospitalization, as well as changes in levels of observation or possibly changes to the medication regimen.
- Technology may be effectively employed during the session to allow for careful inspection of the individual for verbal and visual cues of agitation/aggression, worsening depression/mood/anxiety or other possible factors related to imminent safety.

Medication Management

Telehealth sessions conducted for the purpose of medication management should be performed as closely as possible to the manner conducted via face-to-face means. Documented discussion of medication risks and benefits as well as assessment of side effects and improvement in condition should always be part of medication management appointments whether conducted in-person or through telehealth means. Though it is more challenging to assess some potential medication side effects through telehealth, all attempts should be made to follow standards of care including regular AIMS (involuntary movement) assessments for members on antipsychotic medications.

Telepsychiatry & Electronic Prescribing of Controlled Substances

The following information regarding telehealth and prescribing of controlled substances has been excerpted from information disseminated by the DEA:

> While a prescription for a controlled substance issued by means of the Internet (including telemedicine) must generally be predicated on an in-person medical evaluation (**21 U.S.C. 829**(e)), the Controlled Substances Act contains certain exceptions to this requirement. One such exception occurs when the Secretary of Health and Human Services has declared a public health emergency under 42 U.S.C. 247d (section 319 of the Public Health Service Act), as set forth in **21 U.S.C. 802**(54)(D). Secretary Azar declared such a public health emergency with regard to COVID-19 on January 31, 2020. On March 16, 2020, the Secretary, with the concurrence of the Acting DEA Administrator, designated that the telemedicine allowance under section 802(54)(D) applies to all schedule II-V controlled substances in all areas of the United States. Accordingly, as of March 16, 2020, and continuing for as long as the Secretary's designation of a public health emergency remains in effect, DEA-registered practitioners in all areas of the United States may issue prescriptions for all schedule II-V controlled substances to individuals for whom they have not conducted an in-person medical evaluation, provided all of the following conditions are met:

- The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice;
- The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system; and
- The practitioner is acting in accordance with applicable Federal and State laws.

Provided the practitioner satisfies the above requirements, the practitioner may issue the prescription using any of the methods of prescribing currently available and in the manner set forth in the DEA regulations. Thus, the practitioner may issue a prescription either electronically (for schedules II-V) or by calling in an emergency schedule II prescription to the pharmacy, or by calling in a schedule III-V prescription to the pharmacy. The term "practitioner" in this context includes a physician, or other person licensed, registered, or otherwise permitted, by the United States or the jurisdiction in which s/he practices to prescribe controlled substances in the course of his/her professional practice (**21 U.S.C. 802**(21)).

Important note: If the prescribing practitioner has previously conducted an in-person medical evaluation of the individual, the practitioner may issue a prescription for a controlled substance after having communicated with the individual via telemedicine, or any other means, regardless of whether a public health emergency has been declared by the Secretary of Health and Human Services, so long as the prescription is issued for a legitimate medical purpose and the practitioner is acting in the usual course of his/her professional practice. In addition, for the prescription to be valid, the practitioner must comply with applicable Federal and State laws.

Whereas previously, you would have needed a DEA license in the state where the individual is located in order to electronically prescribe a controlled substance, this has been temporarily waived for the duration of the public health emergency and is subject to change. Prescribers will still need to comply with applicable state law where the individual is located when electronic prescribing of controlled substances, as well as use full telehealth (audio-video) capabilities to conduct an initial assessment.

On March 16, 2020, the Secretary of HHS, with concurrence of the Acting DEA Administrator, designated that the telemedicine allowance under section 802(54)(D) applies to all schedule II-V controlled substances in all areas of the United States. Thus, in light of this designation and subject to the conditions of this letter's temporary exception, DEA-registered practitioners may prescribe controlled substances to individuals in states in which they are not registered with DEA via telemedicine. This is subject to change in the near future. Providers will still need to have a complete telemedicine encounter with the individual before prescribing controlled substances for the duration of this waiver.

The DEA notes that practitioners have further flexibility during the nationwide public health emergency to prescribe buprenorphine to new and existing individuals with Opioid Use Disorder via telephone by otherwise authorized practitioners without requiring such practitioners to first conduct an examination of the individual in person or via telemedicine. This additional flexibility under which authorized practitioners may prescribe buprenorphine to new individuals on the basis of a telephone evaluation is

in effect from March 31, 2020, until the public health emergency declared by the Secretary ends, unless DEA specifies an earlier date. Only providers with a DATA-2000 waiver + a DEA license can dispense buprenorphine via a telephone-only encounter for Medication Assistant Treatment (MAT).

Diagnostic Testing, Evaluations, and Assessments

Diagnostic assessments such as structured observation and examiner interaction with the member (i.e., ADOS-3) and psychological tests (i.e., WISC-5) that are standardized for in-person administration, may be attempted via telehealth. Results obtained from diagnostic assessments and psychological tests administered via telehealth must be clearly identified as such, and the interpretation of results from telehealth administration of diagnostic assessments and psychological tests must address the potential impact of telehealth administration on the reliability and validity of the results. In some cases, the provider should inform the member that an in-person evaluation/assessment is preferred to ensure the quality of the results.

Psychological testing requires prior authorization from Magellan regardless of the platform.

Individual Therapy

Providers must carefully examine the unique benefits of delivering telehealth services (e.g., access to care, access to consulting services, client convenience, accommodating client special needs, etc.) relative to the unique risks (e.g., information security, emergency management, etc.) when determining whether to offer telehealth services. Providers must communicate risks and benefits of telehealth services to be offered to the member and document such communication.

Providers must carefully assess the remote environment in which services will be provided, to determine what impact, if any, there might be to the efficacy, privacy and/or safety of the proposed services offered via telehealth.

Providers are responsible to monitor and regularly assess the progress of the member when offering telehealth services to determine if the provision of telehealth services is still appropriate and beneficial to the member. If there is a significant change in the member or in the therapeutic interaction to cause concern, the provider must take appropriate steps to adjust and reassess the appropriateness of the services delivered via telehealth.

In cases where the provider determines, based on clinical data, that continuing to provide telehealth is no longer beneficial or presents a risk to a member's emotional or physical well-being, Providers must discuss these concerns with the member, appropriately terminate telehealth with adequate notice and refer or offer any needed alternative services to the member.

The American Psychiatric Association provides some Best Practice Guidelines for telehealth that would be applicable to both providers and members:

- A solid video and room set-up is key to a successful telehealth encounter. Many providers are seeing new members for the first time over video whom they've never

met in-person, so getting the technology right for the first encounter is especially important.

- Keep doors, windows closed and be sure anyone else in the room is introduced and keep them in line-of-sight. Strongly consider use of a headset to protect the privacy of members in your treatment setting.
- Keep the room well-lit and be sure that your web cam is placed above the computer screen, not below or to the side.
- For new members, make sure they know how to use the technology, and offer assistance in setting-up their space, when possible.
- Consider offering a brief survey to members new to telehealth to gauge their level of comfort with technology, and to assess the type of technology they will be using for the encounter. You might also consider scheduling a brief, pre-visit intake session to address any concerns they may have about using the technology so that these don't interfere with the first clinical visit.
- Establish a protocol to be followed in case of an emergency and communicate this explicitly with the member: assess the member's location and document who you should contact should an emergent situation arise. Also have a back-up plan in place should there be any technical issues, such as losing an internet connection. It is recommended this protocol be included in agency policy and procedures. See "Provider Policy" section below for further information.
- Maintain a second mode of communication with the member if the video link goes down (i.e., a second video link and/or telephone)
- At the beginning of each telehealth session, establish the member's location and natural supports who may be available to assist in case of an emergency.

Group Therapy

Group psychotherapy is defined by the Pennsylvania Code as psychotherapy provided to no less than 2 and no more than 12 persons with diagnosed mental illness or emotional disturbance.

Group Telehealth is the provision of Group Therapy via telehealth (two-way interactive audio-video transmission via secure platform).

Group telehealth requires that the provider have competency in two areas — group therapy and telehealth. Group therapy has been infrequently used in telehealth, so the applicable ethical and legal framework is still emerging.

Key considerations for conducting group therapy via telehealth:

- Providers should consider the potential benefits versus the potential for harm in offering the group session via telehealth.
- Members must be made aware of the risks, benefits, and limits to confidentiality in order to consent to group treatment.

- Providers should educate consented members on the roles and responsibilities of group members and group guidelines.
- Providers should have established policies and procedures in place to address overall protection of privacy, confidentiality breaches, safety issues, connectivity/technology issues that may arise.
- How will group process issues that occur be addressed?
- Plan for ensuring safety of all group members.
- Considerations for informing members of risks/limitations/benefits of participating in group therapy via telehealth.

The APA notes several risks to confidentiality that must be included in the informed consent process. Group leaders should have clients read and sign informed consent forms for group telehealth before the first session, so they are aware of the risks, benefits, and limits to confidentiality. It is the group leader's responsibility to adhere to and uphold the highest privacy standards possible for the group.

While the group leader must maintain confidentiality, a group member (in most states) is under no such legal or ethical imperative. While potentially beneficial, video platforms are more hazardous than in-person groups, placing the client's confidentiality at greater risk.

Potential breaches to confidentiality may include, but are not limited to:

- A group member attending group in a non-secure location where a nonmember (such as a family member or roommate) can see or hear the group.
- A member recording or taking a screenshot of the group members. A member using recorded material to share the identity of or blackmail the group or a specific member.

The consequences to a group member whose privacy is compromised may be significant to them individually and to the therapeutic nature of the group as a whole. That's why it's important for group providers to ensure all members to the greater risks of group therapy via telehealth via a more prolonged informed consent process.

The therapist should present the potential benefits of the group and contrast them with the potential for harm.

Intensive Behavioral Health Services (IBHS)

IBHS services support children, youth, and young adults with mental, emotional and behavioral health needs. IBHS services are offered across a wide array of service types (Individual, Applied Behavior Analysis, Group, Evidence-Based Therapy) in the member's home, school and community. Due to the intensity and unique model of service delivery of IBHS, it is recommended that in-person services be prioritized. When circumstances present that may support the use of telehealth, it is expected that providers will assess needs and member capacity to receive services in this format. The use of telehealth due to staffing constraints and other barriers to accessing in-person services may be

considered under the Public Health Emergency Declaration. Providers are advised to assess several member specific factors, at minimum, before providing IBHS services via telehealth:

- What service(s) can be delivered via telehealth in each setting?
- What treatment plan goals and objective can be effectively addressed in telehealth format?
- Can tasks requiring travel into other areas or the use of objects or activities that cannot be manipulated in a seated position be targeted via telehealth?
- How will staff across positions receive supervision as needed? What additional supervision activities and or training may need to be implemented to support service delivery via telehealth?
- Are safety issues able to be adequately addressed if they arise during a telehealth session?
- What will be alternative service options if telehealth is deemed inappropriate or ineffective?

Member specific assessment considerations should include an evaluation of the member's prerequisite skills for direct treatment. Areas to evaluate could include the following at minimum:

- Can the member sit and attend to a screen for a length of time in the absence of challenging behaviors?
- Can the member follow directions to engage in responses that they have previously learned and are learning?
- Is there a parent/caregiver available to assist with prompting and reinforcement for the duration of the session?
- How will effectiveness of interventions be evaluated?
- What telehealth specific parent/caregiver supports, and training are required to deliver services in this format?

Documentation

The documentation in an individual's record allows behavioral health professionals to evaluate and plan for treatment, monitor progress 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.

All services, regardless of the method of delivery must meet Magellan's minimum documentation requirements in our Pennsylvania HealthChoices Handbook Supplement. The documentation of treatment or progress notes for all services, at a minimum, must include:

- The specific services rendered;
- The date that the service was provided;
- The name(s) of the individuals(s) who rendered the services;
- The place where the services were rendered;
- The relationship of the services to the treatment/ service 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.

Providers must also clearly document a telehealth session. In addition to the above guidelines, the following information must be included in the record for each rendered telehealth service:

- The documentation must indicate the mechanism for how services were delivered (i.e., telehealth, phone).
- The documentation must include the telehealth platform that was utilized, if applicable (i.e., Zoom)
- The documentation must include the member's verbal consent to receive services in this manner.
- The documentation must include the member's phone number that was utilized, if applicable.

Providers must clearly document their assessment, consistent with agency policy and procedure, of the individual member risk factors, the provider's decision if telehealth should recommended, how the member was informed if telehealth is not recommended (or if an in-person initial visit is requested), that the member was informed of the reasons why an initial in-person is recommended, and that the member was informed of the risks if they opt to receive telehealth services when in-person services are recommended.

Provider Policies

Prior to delivering services through telehealth, providers or practitioners should provide information to the individual receiving services that supports the delivery of quality services. At a minimum, information should address the importance of the individual being in a private location, preventing interruptions and distractions such as from children or other family members, visitors in the household and from other communication or bandwidth reducing devices. When services are being provided to a child, youth or young adult consideration should also be given to how much caregiver involvement will be needed during the appointment.

Providers using telehealth must maintain written policies, including, but not limited to:

- Policy on the operation and use of telehealth equipment.
- Policy on how confidentiality will be protected and maintained while rendering services through telehealth.
- Policy around staff training to ensure telehealth is provided in accordance with the guidance in MA Bulletin OMHSAS-21-09, any MCO specific requirements as well as the provider's established patient care standards.
- Policy around contingency plans for transmission failure or other technical difficulties that render the behavioral health service undeliverable, delayed or interrupted. Contingency plans should describe how the plan will be communicated to individuals receiving services.

- Policy that addresses how to handle emergency situations, such as a risk of harm to self or others when services are being provided via telehealth.
- Policy for how appropriateness for telehealth will be determined
- Policy that describes how interpretation services, including sign language interpretation, will be delivered for individuals being served through telehealth.
- Policy for informed consent for telehealth to include review of risk/benefit of service and privacy concerns

Outcomes

Providers are advised to track show/no-show rates as well as productivity in a way that telehealth and in-person services can be compared. Providers should also incorporate questions into their client/consumer/family satisfaction measurements to ask about experiences with telehealth, both positive and negative, and individual barriers to using telehealth. Providers should develop methods for remote collection of outcomes data in levels of care requiring the use of specific screening tools.

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 provider agreement with Magellan regarding cooperation with appeal and grievance procedures. 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.

The information that is collected through Magellan's investigation is presented to a first level complaint review committee, which makes the first level complaint decision. HealthChoices standards and regulations, contractual standards, and generally accepted standards of care apply those standards to the issue at hand. Magellan is required to make a decision and send a letter to the member explaining the findings and the reasons for the decision within 30 calendar days of receipt of the Complaint.

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.

Viewing complaints from the member's perspective is critical. If the member feels the concern is sufficient enough to raise it, the matter should be taken seriously and treated accordingly. If the member is still active with provider's services, attempts to resolve the member's issue or concerns and an internal review of the concerns should occur. As opportunities for improvement are identified, corrective action(s) should be implemented in accordance with provider's internal policies, procedures, and protocols.

Service providers should also have internal written policies and procedures for filing and resolving complaints within their organization. These policies and procedures must comply with state and federal regulations, as well as applicable accreditation standards. Staff should be trained to listen effectively and manage a member's expectations and employ a proactive approach to customer service. Organizations should always try to resolve the member's concerns immediately and informally whenever possible. Complaints/concerns involving minor issues might not require a formal written response. However, even if the matter is addressed quickly and informally, documentation of the member's complaint/concern and actions taken to resolve it should be documented and recorded.

If the member (or their family members or representatives) feel that their concerns have not been addressed, the matter might require a more formal review involving designated staff within provider's organization. Because these reports might be received by a variety of staff, clear definitions, and clearly defined procedures for submission of verbal or written complaints/grievances are essential. The information must be forwarded promptly to the designated staff or department for investigation and follow up.

Persons receiving services should be provided with information explaining the agency's complaint/grievance policies and procedures. Programs often provide this information upon admission to the service; however, it should also be readily accessible throughout the duration of services. Physicians and staff should have adequate training on helping individuals as needed to report, address, and resolve a complaint or grievance.

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.

Please see the Provider Handbook and Provider Handbook Supplement for HealthChoices' Program Providers for additional information including provider-initiated grievances and filing a provider complaint.

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

NCQA's accreditation standards for managed behavioral health care organizations (MBHOs) emphasize quality standards and activities in a number of areas. NCQA reviews the quality of care and service we

deliver, as well as the direct care provided, particularly in the areas of access and availability to care, utilization management, and continuity of care across behavioral health programs. Magellan has developed a number of performance measurement and quality oversight activities to support these NCQA standards and HealthChoices' requirements.

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 supports a wide range of evidence-based and best practices. Magellan requests that contracted providers and practitioners keep inventory and fidelity of evidence-based or best practices that they offer and incorporate into treatment.

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 Magellan's website 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, and 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).

Appendix A to the Pennsylvania HealthChoices Supplement to the Magellan National Provider Handbook offers an updated Incident Reporting Form, Provider Instructions and Definitions. Magellan also provides an electronic format for incident reporting for submission to ease provider paper burden.

References

Office of Mental Health and Substance Abuse Services (OMHSAS).https://www.dhs.pa.gov/coronavirus/Pages/OMHSAS-Instructions-Guidelines-Delivery-IBHS-BHRS-Telehealth.aspx

American Psychiatric Association. (Accessed January 2022). Patient Safety and Emergency Management. https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/toolkit .

U.S. Department of Justice. (Accessed January 2022). COVID-19 Information Page. https://www.deadiversion.usdoj.gov/coronavirus.html

Resources

Helpful resources to guide assessment and service delivery of IBHS services are as follows:

The Council of Autism Service Providers (CASP) https://casproviders.org/telehealth/.

Behavioral Health Center of Excellence (BHCOE) https://www.bhcoe.org/2020/03/telehealth-aba-therapy-ebp-covid-19/.