



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. Level of Care Description- changed the age to 14 years and older.
2. Scope of Services- changed the age to 14 years and older; requirement for a written recommendation from a Licensed Practitioner of the Healing Arts (LPHA)
3. Services Description- updated practices included in Psychiatric Rehabilitation Services programs.
4. Staffing Requirements- updated staffing based on the new Psychiatric Rehabilitation Services (PRS) regulations.
5. Site-Based PRS Services- added staff to individual ratio.
6. Mobile PRS Services- added staff to individual ratio.
7. Service Exclusions- added services that someone can receive while in PRS.
8. Referral Process- added documentation of the requirement of a moderate to severe functional impairment.
9. Admission/Continue Stay- changed the age to 14 years and older; added moderate to severe functional impairment; list of required diagnosis for PRS; information on the exception to the diagnoses requirements.
10. Documentation- a list of signed sets of documents; progress note on a weekly basis; staff and agency requirements for documentation; Magellan requirements for weekly notes.
11. Encounter Forms- use and expectation of encounter forms.

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 Pennsylvania (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 with 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 14 years of age and older who have been diagnosed with any mental health condition and documentation of a moderate to severe functional impairment, to develop, enhance and retain skills and competencies in living, learning, working, socializing and wellness so that an individual can live in the environment of choice and participate in the community. 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 USPPRA), 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 performance 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 14 years of age or older and have a written recommendation from a Licensed Practitioner of the Healing Arts (LPHA) acting within the scope of professional practice. 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 are 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:

- Creating a culturally competent, recovery-oriented environment consistent with psychiatric rehabilitation principles.
- Engaging individuals in PRS.
- Assessing individual strengths, interests, and preferences for PRS with an individual.
- Developing strategies to assist individuals in identifying, achieving, and maintaining valued roles.
- Developing Individual Rehabilitation Plans (IRP).
- Helping individuals increase awareness of community resources and identify preferred options for the rehabilitation process.
- Educating individuals about mental illness, wellness and living in recovery.
- Providing direct or indirect skills development.
- Assisting individuals in identifying, developing, and utilizing natural supports.
- Reaching out and re-engaging individuals who discontinue service participation.

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 intervening. Each phase involves the person, chosen support system, and service provider in designing the development of wanted and needed skills and support relevant to the person's background.

- The Assessing phase includes developing a relationship with the individual and building mutual trust. The PRS agency will determine an individual's readiness for rehabilitation and conduct goal setting. A functional or goal-based individualized assessment is completed 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.
- The Planning phase includes prioritizing needed and preferred skills and supports and planning for resource development.
- During the Intervening phase, the PRS assists individuals with developing new skills, supporting existing skills, overcoming barriers to using skills and identifying or modifying individuals' resources to pursue their goals.

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 General Educational Development (GED) programs or educational programs that prepare persons for a particular trade.

Staffing Requirements:

A PRS agency must employ a PRS Director and a psychiatric rehabilitation specialist. When a service is delivered, a PRS agency shall schedule a psychiatric rehabilitation specialist or psychiatric rehabilitation worker to be present.

A director of a PRS agency that serves individuals 18 years of age or older shall have one of the following:

- 1) A bachelor's degree and Certified Psychiatric Rehabilitation Practitioner (CPRP) certification.
- 2) A bachelor's degree and at least 3 years work experience in mental health direct service, 2 years of which must be work experience in PRS. CPRP certification shall be attained within 2 years of hire as a PRS director.
- 3) An associate's degree and CPRP certification, if employed as the PRS director of a licensed PRS facility for at least 6 months immediately prior to May 11, 2013.

A director of a PRS agency that serves individuals 14 years of age or older but under 18 years of age shall have one of the following:

- 1) A bachelor's degree and Child and Family Resiliency Practitioner (CFRP) certification.
- 2) A bachelor's degree and at least 3 years work experience in mental health direct service, 2 years of which must be work experience in PRS. CFRP certification shall be attained within 2

years of hire as a PRS director or within 2 years of the date the PRS agency received approval of its service description that identifies that it will be serving individuals 14 years of age or older but under 18 years of age, whichever is later.

A minimum of 25% of the staff based on the number of FTE positions shall meet the qualifications of a psychiatric rehabilitation specialist within 2 years of initial licensing.

A psychiatric rehabilitation specialist who works with individuals 18 years of age or older shall have one of the following:

- 1) A bachelor's degree and 2 years work experience in mental health direct service, 1 year of which must be work experience in PRS. CPRP certification shall be attained within 2 years from the date of hire as a psychiatric rehabilitation specialist.
- 2) CPRP certification.

A psychiatric rehabilitation specialist who works with individuals 14 years of age or older but under 18 years of age shall have one of the following:

- 1) A bachelor's degree and 2 years work experience in mental health direct service, 1 year of which must be work experience in PRS. CFRP certification shall be attained either within 2 years from the date of hire as a psychiatric rehabilitation specialist or within 2 years of the date the PRS agency received approval of its service description that identifies that it will be serving individuals 14 years of age or older but under 18 years of age, whichever is later.
- 2) CFRP certification.

When a PRS agency serves only individuals 18 years of age or older, a minimum of 25% of the staff based on the number of FTE positions shall have CPRP certification within 2 years of initial licensing. When a PRS agency serves only individuals 14 years of age or older but under 18 years of age, a minimum of 25% of the staff based on the number of FTE positions shall have CFRP certification within either 2 years of initial licensing or within 2 years of the date the PRS agency received approval of its service description that identifies that it will be serving individuals 14 years of age or older but under 18 years of age, whichever is later. If the PRS agency serves both individuals 18 years of age or older and individuals 14 years of age or older but under 18 years of age, the director and the psychiatric rehabilitation specialists shall have both a CPRP certification and a CFRP certification.

A PRS agency may also employ psychiatric rehabilitation workers and/or psychiatric rehabilitation assistants. Psychiatric rehabilitation workers possess one of the following:

- 1) A bachelor's degree.
- 2) An associate's degree and 1 year work experience in mental health direct service.
- 3) A CPS certificate and 1 additional year paid or volunteer work experience in mental health direct service.
- 4) A high school diploma or GED and 2 years work experience in human services which must include 1 year of mental health direct service.

A psychiatric rehabilitation assistant shall have a high school diploma or GED and 6 months experience in human services.

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. When a service is delivered in a PRS facility, a PRS facility shall have an overall complement of one staff for every ten individuals, a (1:10) ratio. When a PRS agency operates more than one PRS facility, the PRS director must be present at each licensed PRS facility an average of 7.5 hours per week in a calendar month. Site-based PRS services may be provided on a one-to-one individual ratio or in a group.

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.

A PRS agency must also obtain individual consent to participate in group services in the community and design the services to protect confidentiality. A PRS agency may not require an individual to participate in group services in the community. Individual preference for one to one (1:1) ratio service in the community shall be honored. Only staff of the PRS agency, individuals who are interning at the PRS agency and individuals who receive PRS from the PRS agency may be included in group services delivered in the community.

Service Exclusions

Psychiatric Rehabilitation Services may be provided to individuals regardless of involvement in other mental health services. However, PRS does not 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, Recovery Support Services, Center of

Excellence (COE) Services, MH or SUD Outpatient treatment and Wellness Recovery Team/ Nurse Navigator Services.

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 an LPHA that includes the diagnosis and documentation of a moderate to severe 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 receive Psychiatric Rehabilitation Services, an individual must be at least 14 years of age or older, choose to receive PRS, and have a moderate to severe functional impairment. There must be a written recommendation for PRS by an LPHA acting within the scope of professional practice. The LPHA recommendation must include documentation of one of the following diagnoses:

- Schizophrenia
- Major Depressive Disorder
- Bipolar Disorder
- Anxiety Disorder
- Schizoaffective Disorder
- Borderline Personality Disorder
- Posttraumatic Stress Disorder
- Other specified schizophrenia spectrum or other psychotic disorder

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
- Wellness

The regulations include an exception for individuals who do not meet the diagnosis requirements outlined above. An individual may still be eligible for PRS if the individual has a written recommendation from an LPHA acting within the scope of professional practice which includes documentation of a diagnosis of a mental, behavioral, or emotional disorder that is listed in the current

DSM or ICD and which results in a moderate to severe functional impairment in at least one of the following domains: Living; Learning; Working; Socializing; or Wellness. There must also be documentation that it is anticipated that PRS will help the individual reach their desired goal(s).

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 agree 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 diagnosed mental, behavioral, or emotional disorder, there is a continued functional impairment addressed in the IRP.
- 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 as directed by the individual, with formal and natural supports, including family members, and must:

- (1) Identify the functioning of the individual in the living, learning, working, socializing and wellness 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 human services programs.
- (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's identified needs change.
 - ✓ 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.thecccl.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.

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.
- A signed set of documents providing the following:
 - Documentation of consent to receive PRS that is in accordance with Federal and State laws and regulations on obtaining consent to treatment. Documentation of consent to release information that is in accordance with Federal and State laws and regulations on obtaining consent to release records.
 - Verification that the individual received and had an opportunity to discuss the oral and written versions of the PRS statement of rights.
 - Documentation that the individual has chosen to receive PRS.
- 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 including the following:
 - Outreach and engagement efforts with natural supports, including family members, as directed by the individual.
 - Ongoing contacts and involvement with formal supports.
- Discharge summary

In accordance with Chapter 5230 of the Pennsylvania Code, 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 progress note on a weekly basis for each service provided to an individual that summarizes the following:

- 1) The service provided in the context of the goal.
- 2) The individual's response to the service.
- 3) The individual's level of service engagement during the week.

Staff providing the service shall sign and date the weekly progress note. Additionally, a PRS agency must keep daily attendance records of individuals served, including each individual's actual attendance time, which includes a start time, end time and activity or session attended.

The allowance for a weekly progress note was included as part of the updates to the Psychiatric Rehabilitation Services regulations which were effective on January 18, 2025. However, Magellan strongly recommends and encourages providers to continue documenting daily notes which include

specific times of attendance for each member. Daily progress notes help providers ensure accurate claims submission practices.

If providers elect to complete weekly notes in accordance with the 2025 updated regulations, Magellan is requiring PRS providers to include on the weekly note, the member's daily attendance times including any breaks (this allows you, and us, to reconcile the daily units billed for each member). As a reminder, the [Office of Mental Health and Substance Abuse Services Frequently Asked Questions](#) (FAQ) clarified that a PRS agency must maintain daily attendance records which include attendance start and end times and activities/ sessions attended. Magellan is further requiring that this information be included in the weekly progress note. As outlined in the FAQ, whether using daily or weekly notes, the documentation must clearly identify the group sessions, individual sessions, and/or activities the individual participated in during each date of attendance. If using weekly notes, each PRS staff person who worked with an individual on any activity during the week must sign and date the weekly progress note.

Encounter Forms

Encounter forms offer an extra check and balance for an agency to ensure that services delivered in the community are done so as documented. As such, this mechanism for oversight and control is best enforced by obtaining pertinent information which can verify the provision of services.

In accordance with Medical Assistance (MA) Bulletin 99-89-05, a recipient signature is required for MA services unless the service is signature exempt (please reference details in the bulletin). If a provider is unable to obtain a signature on the encounter form (including refusal), it must be documented why, and attempts should be made to obtain a signature the following session.

Per MA Bulletin 99-89-05, the following information must be recorded on the encounter form:

- Certification Statement: "I certify that the information shown is true, correct, and accurate. I understand that payment and satisfaction of this claim will be from federal and state funds, and that any false claims, statements or documents, or concealment of material facts may be prosecuted under applicable federal and state laws."
- Provider Name and MA ID
- Recipient Name and MA ID
- Date of service
- Member/ guardian signature

Magellan further requires providers of community-based services (which include mobile PRS) to obtain a signed encounter verification form for each face-to-face contact that results in a claim being submitted to Magellan. In addition to the requirements outlined in MA Bulletin 99-85-05, the start and end time of the session (the actual time in clock hours, not the duration, i.e., 2:00 PM-4:00 PM', not '2 hours') must be included on the encounter form for all face-to-face community-based services.

Although a requirement for in-person community-based/ mobile services, Magellan also considers the inclusion of start and end times on telehealth encounter forms to be a best practice. Per OMHSAS-22

02, signatures for telehealth service verification may include hand-written or electronic signatures, unless prohibited by other laws. 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. Providers using electronic signatures must have systems in place to ensure that there is an audit trail that validates the signer's identity. Physical signatures may be obtained through a variety of different mechanisms including in-person with the member; US Mail; or e-mailed forms to a member who has the capability to print and return the hard copies; or print, scan, and e-mail copies. Signatures can also include an audio recording of voice consent (i.e., the "sound") stored within a HIPAA-compliant telehealth platform. Recording means that the member's voice consent is stored within the medical record system. Signatures are to be obtained as soon as possible and no later than 90 days after the service.

Magellan does permit encounter signatures on multiple dates of service, for example, a weekly/monthly encounter form for all services rendered during the prior week/ month, as long as the minimum requirements outlined above are met. Signed encounter forms should be available at the time of a Magellan audit or review. If a provider is unable to obtain a signature on the Encounter Form (including refusal), it must be documented why, and attempts should be made to obtain a signature the following session. The signed encounter forms also must match all other supporting documentation for the session (i.e., progress notes).

Care Coordination

Psychiatric rehabilitation providers are expected to coordinate care with other service providers. A PRS agency should have written agreements to coordinate care with other service providers, including the following:

- Psychiatric inpatient facilities.
- Partial hospitalization programs.
- Psychiatric outpatient clinics.
- Crisis intervention programs.
- Case management programs.
- Peer support services programs.
- Primary care and other medical providers.

PRS agencies may also have written agreements to coordinate services with other providers as needed, including the following:

- Housing and residential programs.
- Substance use disorder programs.
- Vocational, educational, and social programs, ensuring social determinants of health linkages.
- Other agencies and systems that serve individuals 14 years of age or older.

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 satisfaction
- Increased community tenure
- Increased community linkages

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 opportunities 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 define 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 is 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.Magellanoftpa.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, and Other. Please reference the following resource for definitions and instructions: <https://www.magellanprovider.com/media/29919/adverseincidentreporting.pdf>.

Magellan now requires an electronic submission process for incident reporting. This can be accessed at <https://www.magellanofpa.com/for-providers/provider-resources/forms/adverse-incident-reporting-form/>.