Intensive Behavioral Health Services - Applied Behavior Analysis (IBHS-ABA)

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

CONTENTS

Current Version Information

Substantive changes in most recent update:

1. Documentation – encounter form requirements added

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 Title 55, General Provisions Chapters 1101 and 5240 as well as all associated Medical Assistance (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

Intensive Behavioral Health Services (IBHS) provides support for children, youth, or young adults under the age of 21 with mental, emotional, or behavioral health needs. IBHS is a voluntary behavioral health treatment service that follows the Child and Adolescent Social Service Program (CASSP) core principles of child-centered, family-focused, community-based, multi-system, culturally competent and least restrictive/Least intrusive service delivery.

IBHS offers a wide array of services that meet the needs of these individuals in their homes, schools, and communities. IBHS has three categories of service: 1) individual services which provide services to one child at a time; 2) Applied Behavior Analysis (ABA) which is a specific behavioral approach to services; and 3) Group services which are most often provided to multiple children at a specific place. Evidence-based treatment (EBT) can be delivered through individual services, ABA services and group services.

Scope of Services

The purpose of this document is to outline recommendations for providing ABA services consistent with evidence-based practice and CASSP principles. ABA is defined as the *design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior or to prevent loss of attained skill or function including the use of direct observation, measurement, and functional analysis of the relations between environment and behavior.* ABA includes the use of direct observation, measurement, and functional analysis of the relations between environment and behavior. ABA services are used to develop needed skills (behavioral, social, communicative, and adaptive functioning) using reinforcement, prompting, task analysis, or other appropriate interventions for a child, youth, or young adult to master each step necessary to achieve a targeted behavior.

ABA based interventions can be effectively used to address target behaviors across children, youth, and adults with various behavioral health diagnoses. A brief listing of ABA treatment applications in research is provided in the Resource section at the end of this document.

Expectations of Service Delivery

Providers must be licensed by the Pennsylvania Department of Human Services Office of Mental Health and Substance Abuse Services (OMHSAS) for IBHS ABA services. OMHSAS approved program descriptions must detail specific information if an agency wishes to provide 1:1 ABA services in a community-like setting. Any agencies providing 1:1 ABA services in a community like setting must have the site location(s) on their IBHS license and listed within their service description (refer to OMHSAS bulletin OMHSAS-21-02)[1]. The description of services should include collaboration with existing member supports and other community providers; as well as linkage to community services, when warranted and a plan for how skill transfer will occur in all relevant settings, across caregivers. Medical Assistance/ HealthChoices eligible children and youth diagnosed with behavioral health diagnosis can be eligible to receive IBHS ABA services if they meet the Medical Necessity Guidelines for the initiation or continuation of ABA Services. Please refer to Appendix S of the Program Standards and Requirements for Medical Necessity Guidelines for IBHS Delivered through Individual Services, ABA Services and Group Services.

Effective programs demonstrate clear proficiency in the ability to deliver ABA services, a working knowledge of community resources, and demonstrated experience in integration and coordination of such services. The program should demonstrate proficiency in the collection of data, identification of outcomes and use of both in quality improvement processes.

Essential practice elements include comprehensive assessment to determine need and ongoing to assess progress, targeting of socially significant behaviors, use of direct observational data to make treatment decisions, management of the environment to maximize and maintain progress, function-based treatment of challenging behaviors and direct training of caregivers across relevant settings to promote generalization and maintenance of behavior change and independent functioning.

Staffing

ABA is comprised of four services: Behavior Analytic (BA), Behavior Consultation-ABA (BC-ABA), Assistant Behavior Consultation-ABA (ABC-ABA) and Behavioral Health Technician-ABA (BHT-ABA).

BA and BC-ABA services consist of clinical direction of services to a child, youth, or young adult; development and revision of the Individual Treatment Plan (ITP); oversight of the implementation of the ITP and consultation with a child's, youth's, or young adult's treatment team regarding the ITP. BA services also include Functional Analysis. Individuals may meet the qualifications to provide BA and BC-ABA services, but it is important that they have the experience and training required to conduct applicable assessment tools and develop effective treatment plans based on the member's presentation. A member who is in preschool and displays deficits across skill domains would likely require different assessment protocols and treatment approaches than a member who is an adult and transitioning to a college program but requires assistance with self-management.

ABC-ABA services consist of assisting an individual who provides behavior analytic services or behavior consultation—ABA services and providing face-to-face behavioral interventions. It's important to note that the billable activities require face-to-face contact with the member. However, based on specific qualifications, the ABC-ABA may be able to provide support to the BA/BC-ABA within their scope of practice such as providing supervision to BHT-ABA staff if they are a Board Certified Assistant Behavior Analyst (BCaBA).

BHT-ABA services consist of implementing the ITP.

An individual who provides ABC-ABA or BHT-ABA services may not provide interventions requiring skills, experience, credentials, or licensure that the individual does not possess. This may differ from how scope of practice identified by the certifying bodies for the license or certification a staff member possesses.

Supervision and Training

ABA staff supervision and training requirements are outlined in detail in sections § 5240.82 and § 5240.83 of the Pennsylvania Code. Supervision and training requirements generally align with the Behavior Analyst Certification Board $(BACB)_3$ requirements for individuals seeking certification and individuals who require continued supervision and training to maintain their certifications. Please note there are key differences between the IBHS regulation requirements versus the BACB's, and the provider must ensure compliance with IBHS regulations at minimum.

Consideration for the staff's scope of competence and scope of practice should be considered in matching treatment teams to members. Members with complex presentations or treatment histories should have staff that can adequately and effectively implement interventions and support their needs to ensure that the member is receiving effective treatment with minimal risk and least restrictive/intrusive methods.

Documentation

The documentation in a member's 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 youth'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.

Magellan has established minimum record keeping requirements that align with Pennsylvania Medical Assistance regulations. Specifically:

- The record must be legible throughout.
- The record must identify the individual on each page.
- Entries must be signed and dated by the responsible licensed provider.
- The record must contain a valid behavioral health diagnosis.
- The record must indicate the progress towards goal at each session, change in support and response to interventions.
- The record must contain documentation of the medical necessity of a rendered, ordered, or prescribed service.
- The progress notes for all services, at a minimum, must include:
    - The specific services rendered.
    - The date the service was provided.
    - The name(s) of the individual(s) who rendered the services.
    - The names of individuals who participated in the session including caregiver participation.
    - The place where the services were rendered.
    - Goals and Objectives targeted during the session.
        - Interventions/Activities implemented as identified in the ITP.
        - The member's response to the interventions/activities.
        - Barriers/issues identified.
        - Plans for future sessions based on member's response within the current session.
    - The actual time in clock hours that services were rendered.
        - Documentation of interventions and activities should support the amount of time the session took place.

Encounter Forms

As a result of Magellan's ongoing auditing practices and the continued expansion of fraud, waste, and abuse oversight responsibilities, we identified the need for consistent and comprehensive requirements in the attainment of signature verification for service encounters (i.e. 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.

Magellan requires providers of community-based services to obtain a signed Encounter Form for each face-to-face or telehealth contact which results in a claim being submitted to Magellan. Providers may determine how they comply with and monitor this requirement, however at a minimum, the following information must be recorded on the Encounter: certification statement (reference MA Bulletin 99-85-05), provider name and MA ID, member name and MA ID, date of service, 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'), the rendering provider's signature and the member or guardian's (if under 14) signature. If the billable face-to-face contact is collateral (the member is not present), then the identified individual who the meets with the provider would need to sign the encounter verification form (e.g. school personnel/ teacher).

The signed Encounter Forms should be part of the medical record 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.

Treatment Delivery Considerations

Treatment intensity and duration is dependent on several member specific factors. Current treatment models classify service delivery into two categories: Focused ABA and Comprehensive ABA.

Focused ABA refers to treatment targeting a limited number of behavioral targets. Hours range from 10-25 hours of direct implementation of treatment plan protocols in addition to consultation and caregiver training. Comprehensive ABA refers to treatment of multiple domains and can include treatment of challenging behavior. Hours range from 30-40 hours of direct implementation of treatment plan protocols in addition to consultation and caregiver training.

The standard of care provides for treatment to be delivered consistently in multiple settings, across multiple people to promote generalization and maintenance of therapeutic effects[4]. ABA is effective across the life span but there is evidence that the earlier treatment begins, the greater likelihood of positive long-term effects.

Site-Based (Center-Based) One to One (1:1) Services

One of the many unique aspects of ABA services that aligns with CASSP principles, is the direct treatment provided in the individual's environment to identify the variables that contribute to the presenting concerns and work with caregivers to effect change with the least intrusive and restrictive methods possible.

Site-Based, or Center-Based, 1:1 ABA services can be considered as an alternative to traditional service delivery in natural environments. It may be clinically appropriate, on a short-term basis, to target skills acquisition in more structured environment with reduced environmental variability. It may also be clinically appropriate to manage challenging behaviors that present as safety concerns in another setting. Consideration of Center-Based 1:1 service should be based on an assessment of needs within the home, school and community and not based solely on provider or parent preference.

The structure and schedule of Center-Based models vary widely but are expected to be 'community-like'. This may include a schedule of activities such as Circle Time, Centers, Arts & Crafts and Cooperative Game Play. Learning opportunities are embedded within these activities using ABA based instructional methods such as Natural Environment Training and Pivotal Response Training. Individual instruction may include more structured learning presented within Discrete Trial Training.

The goal is to establish skills and address barriers to learning, participating, and benefitting from activities that occur within the child's natural environment. However, the planning for maintenance and generalization of skills acquired across relevant settings should begin as soon as treatment starts to ensure the child is able to titrate/transition as soon as they are ready to. Delaying titration/transition for reasons other than this would be a clinical and ethical concern. Ensuring that caregiver participation is an integral component of site-based services is one effective way to plan for maintenance and generalization. Another effective way is providing services in at least two different settings to establish consistency and increase opportunities to target skills within functional activities and routines that caregivers can participate in as well.

It would also be important to coordinate services and supports across child serving systems such as those managed by the Office of Child Development and Early Learning (OCDEL) and services a child would be entitled to in their Individualized Education Plan (IEP). Early Intervention (EI) best practices should be considered to ensure the member's developmental needs are a consideration when establishing intervention plans and recommendations for their behavioral health needs.

Transition Age Youth

When working with youth, adolescents, and young adults, it is important to prioritize goals and objectives that support independence across functional skills. It is also important that supports

and services across domains are accessed and incorporated as partners in treatment to ensure the member is adequately prepared for the significant transitions that will occur. These transitions could include completion of educational programs, enrollment in college courses, initiation of vocational training or transition to supported living environments.

Clinical considerations should include the following as it relates to Assessment and Treatment Planning:

- Per Act 65 of 2020, any minor who is fourteen years of age can consent on their own behalf for treatment. The control of records is with the consenting party.
- Assessment of strengths and needs should occur across all relevant settings and be focused on specific timeframes established by the member and or caregiver. For example, what are the member's education and vocational goals beyond the transition from high school? Once identified, what member and caregiver(s) needs should be the focus of intervention to help achieve those goals?
- Intervention priorities should include skills that will keep the member safe and increase their independence. For example, does the member have the skills and abilities to navigate their environment with the minimal to no support? Does the member display social skills necessary to participate in group activities?

Effective transition planning includes multiple systems of care to ensure a smooth and successful transition. At minimum, providers should make documented efforts to identify and actively coordinate care with the member's Education/Individualized Education Program (IEP) team, the Office of Intellectual Disabilities (OID) and the Office of Vocational Rehabilitation (OVR). County specific programs and services may be an option as well.

Behavioral Health services and supports that could be considered as part of treatment and to aide in transition planning could include Case Management, Transitional Age Youth Certified Peer Support (TAY-CPS), Transition to Independence (TIP) programs, Psychiatric Rehabilitation, and targeted Outpatient Support Groups. Per section § 5240.7 of the IBHS regulations, Coordination of Services, providers are required to have written agreements to coordinate services with other service providers (updated at least every 5 years), including the following: Psychiatric Inpatient facilities, Partial Hospitalization Programs, Psychiatric Outpatient Clinics, Crisis Intervention programs, and Mental Health and intellectual or developmental disability Case Management programs.

Caregiver Engagement and Participation

ABA services should ensure that caregivers are actively engaged in treatment and develop specific and effective plans to establish and maintain engagement through service delivery. Areas of service delivery that caregivers would play a key role include generalization of acquired skills across settings, implementation of behavior plan and crisis plan interventions for maladaptive behaviors that occur in the home/community, implementation of skills training to teach adaptive living skills and social skills targets targeting relationships with caregivers. It is

important to consider the dynamics of the family, including their needs, priorities, values, and resources when determining how to effectively target caregiver treatment engagement.

The IBHS regulations include a discussion of whether and how parent, legal guardian caregiver training, support and participation is needed to achieve identified goals and objectives as a required component of ITP's (§ 5240.86)[2].

Assessment

A comprehensive assessment which includes observations in all relative settings such as daycare, home, preschool, etc. is required. Comprehensive assessments should include Biopsychosocial information as outlined in the IBHS regulations and the completion of at least one standardized assessment tool. Magellan considers a Functional Behavior Assessment (FBA) to be a standardized assessment tool for the purposes of IBHS Assessment requirements only.

Biopsychosocial information should include the following in detail:

- The strengths and needs across developmental and behavioral domains of the child, youth, or young adult;
- The strengths and needs of the family system in relation to the child, youth, or young adult;
- Existing and needed natural and formal supports;
- Treatment history and corresponding impact;
- Medical history and impact, if any, on current functioning;
- Medication Management including dosage, main effects, and side effects;
- Developmental history;
- Family structure and history, including involvement with any other support systems and family dynamics that impact treatment;
- Educational history including supports provided and corresponding impact;
- Social history; and
- Trauma history including discussion of how event impacts member's functioning currently.

If conducting an FBA, the assessor should be trained and have demonstrated competency in the administration. The following components should be included, at minimum:

- Direct Assessment – observation of target behavior under naturally occurring conditions with corresponding data that identifies relevant antecedents and consequence. The setting, time, and duration of observations should be documented as well.
- Indirect Assessment – gathering of information about the target behavior from stakeholder's using Behavioral Interviews (e.g., Functional Assessment Interview FAI) and Behavior Rating Scales (e.g., Functional Analysis Screening Tool FAST). A complete review of developmental, medical and treatment history and impact should be included as well.

Hypothesis Formulation – determination of the function of the target behavior based on information gathered from Direct and Indirect Assessments (Descriptive Assessment).

- If a function is not clear following the implementation of a Descriptive Assessment, a Functional Analysis assessment method should be considered (Contreras et al., 2023).
- Behavior Plan – A Behavior Plan that reflects the information gathered and corresponding hypothesis about the function of the behavior should be included. Function based intervention plans:
  - Identify antecedent and consequence strategies that change and or eliminate the contingencies that currently maintain the target behavior.
  - Plan for opportunities to teach functionally equivalent alternative behaviors.
  - Include methods for monitoring the implementation and effectiveness of the plan.
  - Identify potential barriers to the successful implementation with planned interventions to address if applicable.

Skills-Based Assessments can include the following:

- The Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP)
- The Assessment of Basic Language and Learning Skills – Revised (ABLLS-R)
- The Vineland -Adaptive Behavior Scales' 3
- Assessment of Functional Living Skills (AFLS)
  Essential for Living (EFL)
- Promoting Emergence of Advanced Knowledge (PEAK)
- Conners Comprehensive Behavior Rating Scales (Conners CBRS)
- Vanderbilt ADHD Diagnostic Rating Scale
- Child Behavior Checklist (CBCL)

Other standardized assessment instruments may also be used as part of the initial and reevaluation process.

Assessment Considerations

Information gathered from the assessment process should be used to develop the clinical formulation and service recommendations. Consideration of the members needs in all relevant settings and how best to address them should be evident. Additionally, identification of barriers to treatment delivery and or efficacy should be considered when determining what and how the member's needs can be addressed. This includes identifying additional resources and supports necessary to achieve effective outcomes.

*See the MBH IBHS Assessment template Written Order template and Best Practices for IBHS Assessment IBHS Provider Training (July 2021) Provider IBHS presentation.

Individual Treatment Planning

The individual treatment plan (ITP) is a 'living document', specific and individualized, based on the unique needs of the child and family; therefore, the ITP should be reviewed and revised on a quarterly basis at minimum to ensure the accuracy of treatment goals and objectives and to ensure that the parent(s)/caregiver(s) are effectively integrated into the treatment and training process. At all points in this process, collaboration with and transition to other entities should be reviewed. Specifically, as social, language and group skills emerge, transition to naturalistic settings should be discussed.

Goals and objectives should identify socially significant target behaviors. Social significance is determined by the degree to which a behavior leads to improved quality of life, independence, access to social environments and the reduced or termination of added supports. Considerations when determining social significance could include, but are not limited to, the following:

- Does this behavior reflect a cultural norm for the family? What is socially significant may vary across cultures and it is important that target behaviors reflect this.
- Does the behavior impede learning?
- Does the behavior present as harmful to self or others?
- Does the behavior limit access to social environments?
- Is this a prerequisite skill or functionally equivalent alternative? Please note that a functionally equivalent alternative behavior is one that is a replacement for a behavior targeted for reduction, that serves the same function.
- Is this a behavioral cusp or pivotal behavior?

IBHS specific components that must be included in an ITP are as follows:

- Service type and number of hours of each service, settings where services may be provided and number of hours of service at each setting. For example: BC-ABA 12 hours per month, BHT-ABA 25 hours per month home and community and 25 hours per month in school.
- Specific measurable long, intermediate, and short-term goals and objectives to address socially significant behaviors, skill deficits or both with time frames for completion.
    - Goals present operational definitions of the target behavior with baseline measures that support the need to intervene, are based on direct assessment and include mastery criteria that reflects how the behavior will be maintained in the natural environments.
- Delineation of the direct measure of baseline behaviors, the treatment planned to address behaviors, skill deficits or both, and the frequency at which the member is expected to make progress in achieving each goal is measured.
- Whether and how parent, legal guardian or caregiver training, support and participation is needed to achieve the identified goals and objectives. Caregivers, or stakeholders, can include school staff, daycare staff, home health aides, extended family members, etc.
- ABA interventions that are tailored to achieving the member's goals and objectives.
- Safety plan to prevent a crisis, a crisis intervention plan, and a transition plan.

ABA interventions vary in application, format, intensity, and dosage but have the following features in common consistent with what CASSP outlines as Essential Practice Elements of ABA[4]:

- Comprehensive assessments that establish baselines as the justification to target socially significant behaviors and establish the function of maladaptive behaviors to develop function-based behavior plans;
- Focus on identifying individualized terminal goals and outcomes and establishing small units of behavior that build towards that outcome for the duration of the intervention;
- Analysis of trustworthy data collected by direct observation and analyzed to inform and justify treatment decisions; continuous and frequent monitoring of treatment effectiveness and impact, including supervision and training of staff and caregivers, and adjustment as needed based on objective assessment methods;
- Assessment and establishment of conditions necessary to acquire and maintain skills in the member's social and learning environments; and
- Identification of treatment protocols that are evaluated for maximum benefits, minimal risks and supported by evidence as established in peer reviewed research.

ABA based interventions that were included in the National Clearing House on Autism Evidence and Practice Team Evidence Based Practices Report (2020)[5] were as follows:

- Antecedent Based Intervention
- Behavioral Momentum Intervention
- Differential Reinforcement of Alternative, Incompatible or Other Behavior
- Direct Instruction
- Discrete Trial Training
- Extinction
- Modeling
- Naturalistic Intervention
- Parent Implemented Intervention
- Prompting
- Reinforcement
- Response Interruption/Redirection
- Self-Management
- Social Skills Training
- Task Analysis
- Time Delay
- Video Modeling
- Visual Supports

Coordination of Care

Consulting with professionals across support systemshelps to ensure coordinated efforts in addressing the member's needs across domains and in all relevant settings. Consultation targets would include Magellan clinical staff; other service providers, including related

therapies such as speech, occupational, and physical therapies; pediatricians and medical specialists, psychiatrists or physicians prescribing psychotropic medications; and all educational staff, teachers, and Early Intervention , or daycare.

An IBHS agency shall have written agreements to coordinate services with other service providers, including the following:

(1) Psychiatric Inpatient facilities
(2) Partial Hospitalization Programs
(3) Psychiatric Outpatient Clinics
(4) Crisis Intervention programs
(5) Mental health and intellectual or developmental disability case management programs

An IBHS agency shall have a list of community resources that provide behavioral health services that is available upon request by a parent, legal guardian, or caregiver of a child or a youth, or a youth or young adult receiving services that includes the name of the program or organization, description of the services provided, address and phone number of the program or organization and an IBHS agency shall update the community resource list annually.

An IBHS agency shall have a written referral process for children, youth, and young adults whose therapeutic needs cannot be served by the agency. The IBHS agency shall document in its records referrals made for a child, youth, or young adult the IBHS agency could not serve.

Interagency Service Planning Team/Meeting

An Interagency Service Planning Team/Meeting (ISPT/M) is a meeting with behavioral health professionals and other related service provider representatives that meet with the family/member to develop a collaborative and coordinated plan for services and natural supports designed to meet the needs of the member. Magellan requires ISPT/M for IBH services requested in day care, preschool, school/ESY and or camp settings.

ISPT documentation should identify who participated, in what format and a summary of the discussion and corresponding plan across members. The following should be included:

- Member/Caregiver Input
- Daycare/Preschool/School/Camp/Other Input including interventions and supports provided
- Provider Input including interventions and supports provided
- Other Systems Input including interventions and supports provided
- Transfer of skill opportunities
- Strengths/Natural Support/Resources that impact treatment
- Barriers to Treatment (External to member that impact effectiveness and or implementation of treatment)
- Plan based on meeting discussion/Coordination of care

- Discharge and Aftercare Planning

In addition to the above Magellan requirements, the IBHS regulations also require ISPT meetings to occur for the following reasons:

- Family member/caregiver requests
- Team member request
- When residential treatment is recommended
- When transitioning between levels of care
- When Acute Inpatient or Crisis Services have been utilized
- Annually for each member getting services

Outcomes

All providers of IBHS should have policies and procedures in place to evaluate outcomes for the program. It is expected that the following areas should be addressed utilizing validated tools where possible:

- Member Outcomes:
    - Skill attainment related to the primary domains of communication and language, social skills, adaptive skills
    - Reduction or elimination of safety related behaviors
    - Improved functioning in and access to natural environments with same age peers
    - Member satisfaction

- Program Level Outcomes:
    - Coordinated care and service delivery across typical supports/systems to increase overall knowledge of effective strategies in supporting members with behavioral health needs
    - Reduced utilization of higher levels of care and intensity of services within behavioral health
    - Least restrictive supports needed across all relevant settings
    - Stakeholder satisfaction

Discharge Planning

Discharge planning should be discussed at the initiation of services and written into the ITP. The goal is to develop a gradual step-down plan with objective criterion to be reviewed on a consistent basis throughout service delivery. A plan for after care services should also be developed which would identify resources and services the child would benefit from transitioning to in order to maintain treatment effects. See the following example of how it may be presented in an ITP:

"It is anticipated that Bob will meet the terminal objectives across treatment plan goals in 1 year, March 2022, if he continues to make progress at the current rate. Titration and discharge planning will be discussed at every treatment plan review to determine if the anticipated discharge needs to be adjusted. The next planned review is September 2022 unless circumstances require a review sooner. Specific plans to titrate intervention will be determined at least 6 months before the anticipated discharge date. However, transfer of skill - generalization across settings, people, stimuli - is targeted throughout treatment. See caregiver goals for current targets and updates."

IBHS regulations outline situations when discharge would be appropriate as when one of the following occurs:

- The child, youth or young adult has completed the goals and objectives in the ITP and no new goals or objectives have been identified.
- The child, youth or young adult is not progressing towards the goals identified in the ITP within 180 days from the initiation of service and other clinical services are in place.
- The child, youth or young adult requires a more restrictive service to meet the child's, youth's or young adult's needs and other clinical services are in place.
- The parent or legal guardian of a child or youth who provided consent to receive services agrees services should be discontinued.
- The youth or young adult agrees services should be discontinued.
- The child, youth or young adult failed to attend scheduled IBHS for 45 consecutive days without any notification from the youth, young adult or the parent, legal guardian or caregiver of the child or youth. Prior to discharge, the IBHS agency made at least three attempts to contact the youth, young adult or the parent, legal guardian, or caregiver to discuss past attendance, ways to facilitate attendance in the future and the potential discharge of the child, youth, or young adult for lack of attendance.

Additional clinical considerations for discharge planning include situations that impact the ability of the provider to deliver services and or make progress.

*See the MBH Best Practices for IBHS Discharge Best Practices Provider Training (August 2020) IBHS Discharge Best Practices training.

Complaint Process

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

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

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

Grievance Process

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

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

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

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

member grievance rights and procedures as outlined in the denial letter, should the member choose to grieve the non-authorization decision.

Complaint and Grievance Information and Resources

Network providers are required to display information at their offices about how to file a Complaint or a Grievance, the Complaint and Grievance process, and notice that Members will not incur a fee for filing Complaints or Grievances at any level of the process.

For additional information about Complaints and Grievances, including provider-initiated grievances and filing a provider complaint, please visit the Complaint and Grievance page of the Magellan of Pennsylvania website at https://www.magellanofpa.com/for-providers/services-programs/complaints-grievances/ and the Provider Handbook and Provider Handbook Supplement for HealthChoices' Program Providers.

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.

Per Magellan's contractual agreement, providers must cooperate and participate with all quality improvement procedures and activities. Providers shall permit access to 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 to provide, safe, effective, patient-centered, timely, and equitable care in a culturally sensitive manner. Please refer to the Magellan National Provider Handbook and Provider Handbook Supplement for HealthChoices' Program Providers for additional

information and guidelines.

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

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

Magellan commits to a strong cultural competency program and believes that all people entering the behavioral health care system must receive equitable and effective treatment in a manner that is respectful of individual member preferences, needs and values and sensitive to residual stigma and discrimination. Magellan encourages providers to maintain practices that are deeply rooted in cultural competence as well, focusing on continual training and education to support staff. Cultural Competency and the LGBTQIA+ Tools are available on www.magellanofpa.com to help with development of provider cultural competency programs.

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

Please note: Reporting requirements for Magellan remain consistent and in line with the 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.

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ABA Applications

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