



# Magellan Compliance Notebook

Magellan Behavioral Health of Pennsylvania, Inc. (Magellan) strives to be proactive and use education as a preventative tool to help ensure our members receive the highest quality of care through you, the provider. The Compliance Department at Magellan is committed to sending monthly e-mails to targeted providers regarding a Compliance-related subject.

*This e-mail communication is specific to your HealthChoices (Pennsylvania Medicaid) Contract with Magellan.*

This month's communication includes important guidelines for Magellan contracted Peer Support Services (PSS) providers. Medical Assistance Bulletin OMHSAS-24-05 was issued on 12/20/24 and included some key changes. Specifically, it announced changes to the staff qualifications and requirements for Certified Peer Specialists (CPSs) and CPS supervisors; and announced that PSS may be provided via telehealth which includes audio-only only without any restrictions. Additionally, OMHSAS significantly reorganized the existing language in the Handbook to better clarify which requirements apply to OMHSAS licensure and which apply to Medical Assistance payment.

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On December 20, 2024, the Pennsylvania Department of Human Services (DHS) Office of Mental Health and Substance Abuse Services (OMHSAS) issued an updated Peer Support Services (PSS) Bulletin titled OMHSAS-24-05 and an updated Provider Handbook for Licensed Peer Support Services Provider Agencies. For your reference, these documents are linked [here](#).

The specific changes to Medicaid-reimbursable Peer Support Services are detailed below:

- **Staff qualifications and requirements for Certified Peer Specialists (CPSs)**
  - The requirement for a CPS to have a high school diploma or GED has been removed.
  - The requirement for a Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED) has been replaced with a requirement to have a mental health diagnosis and reach a point in their recovery pathway where they can positively support others in similar situations. Please note, to be eligible to receive PSS services, there is still a requirement for “the presence or history of an SMI or SED”.

- Removed the requirement to have at least 12 months of successful full or part-time paid or voluntary work experience or at least 24 credit hours of post-secondary education.
  - The clause requiring CPSs “to attain certification through the PCB within six months of hire” has been removed as the certification examination is now available on-demand, eliminating the need for a grace period for testing to be completed.
- **Staff qualifications and requirements for CPS Supervisors**
    - Adding a new qualification category for individuals that “have an associate’s degree with three years of mental health direct service experience and have completed the CPS supervisory training curriculum approved by the Department within six months of hire” are now qualified to serve as CPS Supervisors.
    - A requirement was added that CPS Supervisors must complete a CPS Supervisory training course approved by the Department within 6 months of assuming the position.
- **Supervision**
    - Supervisory meetings held in an audio-only format shall not be considered supervision.
      - Supervisory meetings held via telehealth are permissible, but a video component is required.
    - Supervisory meetings shall be provided at a minimum of one hour each week.
- **Telehealth**
    - The prior requirement that only 25% of total services provided per beneficiary per calendar year can be delivered by telephone has been removed.
    - PSS may be provided via telehealth technology, including audio-only service delivery, when it is clinically appropriate to do so.
    - PSS providers must ensure that the preference of individuals receiving services (or their legal guardian) is given a high priority when determining the appropriate service delivery modality.
    - PSS providers must have telehealth policies in place which include: services are only delivered through telehealth technology when clinically appropriate, in the best clinical judgment of the MHP employed by the licensed PSS provider agency; ensuring that the preference of the individual receiving services or their legal guardian(s), regarding the type of service modality (in-person or through telehealth technology), is given a high priority; and lastly informing, each individual receiving service in writing of their right to receive PSS in-person or via telehealth technology as requested and clinically appropriate (this notice must be given to individuals at intake and annually thereafter).

As with other state regulatory guidance, OMHSAS-24-05 only sets the minimum standards. For example, an agency may choose to continue to require that CPS' have a high school diploma or GED. Likewise, specific to the grace period of 6 months which used to be in place to obtain PCB certification, PSS providers may choose to hire individuals before they obtain the certification, but these individuals would not be able to bill for services. Providers must have Policies and an approved Service Description (SD) in place that outlines and supports the delivery of all Medicaid-reimbursed Peer Support Services. Additionally, as a result of the changes outlined by OMHSAS-24-05 and the updated PSS Provider Handbook, all providers will need to update their state-approved Service Descriptions and submit them to the Department for approval (Magellan would also request that providers share a copy of their updated SD upon approval). As a reminder, the guidelines for Services Descriptions and their required elements are outlined on pages 5-7 of the PSS Provider Handbook.

OMHSAS has indicated that they are currently working on a Frequently Asked Questions (FAQ) document to address some of the comments that were received as a result of the new Bulletin. For example, there remains an outstanding question that if a CPS was hired prior to the issuance of the new bulletin and they are still in their 6-month grace period, are they permitted to bill for services or does the new certification requirement supersede their hire date. We strongly recommend that if providers have any staff who are not currently certified through PCB to get that done as soon as possible, while we await clarification.

Magellan's minimum expectations for PSS providers aligns with OMHSAS-24-05 and the updated Provider Handbook. Likewise, we expect providers to be compliant with their own internal Policies/ Procedures and state-approved Service Description. Magellan has also created [Provider Performance Standards](#) for most levels of care, including Peer Support, which outlines important regulatory requirements in addition to best practices. In the near future, we will be updating our Performance Standards to align with the changes outlined by OMHSAS-24-05 and the updated Provider Handbook. We are currently awaiting the issuance of the OMHSAS FAQ before those standards can be updated.

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At Magellan, we will continue to educate our providers with updated MA Bulletins, regulations, and other pertinent information to ensure Compliance. Although providers are ultimately responsible for knowing and complying with all applicable regulations, we proactively engage providers on an ongoing basis to make sure they are aware of compliance related requirements and expectations. Medicaid Program Integrity is truly a collaborative effort between our providers, county customers, Magellan, Bureau of Program Integrity (BPI) and other oversight agencies. The monthly e-mail blast topics are generated from audit results and trends; however, are also sent in response to recent Magellan policy updates; newly released or relevant MA Bulletins and Policy Clarifications; or Regulation changes. The intention is to afford our providers with as many resources as possible to combat FWA and reduce overpayments.

Thank you for your ongoing hard work and dedication to our members!

Magellan of Pennsylvania's Compliance Team

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