



# Magellan of Nebraska Treatment Record Review FAQ

In support of our commitment to quality care, Magellan of Nebraska requires network providers to maintain organized, well-documented member treatment records that reflect continuity of care. We expect all aspects of treatment to be thoroughly documented in a timely manner, including face-to-face encounters, telephone contacts, clinical findings and interventions, and supervision oversight.

All phases of care are intended to be collaborative and member driven. Implementing a collaborative assessment, treatment planning and progress review with the member and/or member's family makes the documentation process more efficient, and has been shown to improve outcomes and satisfaction with services.

## **How often are treatment plans required to be updated?**

The individual treatment/discharge plan is reviewed and updated by the member, guardian (when applicable), treating clinician and the Supervising Practitioner as frequently as medically indicated, but at a minimum of every 90 calendar days, and signed by all participants. When the treating clinician is an independent provider the treatment plan is reviewed with all participants, but without the inclusion of a Supervising Practitioner.

## **Is there a specific format (i.e. Therascribe) for electronic health record treatment documentation and does the SOAP format continue to be acceptable for progress notes?**

Magellan does not endorse any particular format for documents or electronic health records. The review of documentation will always be to ensure that the content meets minimum expectations and not related to the format or style. To assist providers, documentation samples have been provided on the Treatment Record Review page of the Magellan of Nebraska website. Additionally, many progress note formats have the potential to meet documentations standards, including SOAP, GIRP, DAP, DART, and PAIP. Information about all of these can be found online.

## **Do objectives need to be in client language?**

Treatment planning is a collaborative process with the member, their family, and other natural supports. To actively involve members and their support systems, goals and objectives should be understandable and include language they use on a regular basis. The use of therapeutic jargon or "psychobabble" can be prohibitive to member-driven care. For additional information, please see our Recovery and Resiliency resources at <http://www.magellanofnebraska.com/benefits-services-ne/recovery-resiliency.aspx>.

### **How do you formulate the baseline and measure ongoing progress?**

Magellan offers a secure, web-based outcomes measurement system called Outcomes 360. Outcomes 360 can be accessed at <http://www.magellanoftnebraska.com/for-providers-ne/outcomes.aspx>

Alternative tools related to diagnosis, symptoms and impairments can be found online at <http://www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures> and many other sites.

### **How often should risk assessments be done?**

A risk assessment is required in every session. Assessing patient safety is an essential component of quality treatment, and documenting those assessments in members' treatment notes is considered a standard practice. Documentation for each session should include, at a minimum, assessment of: risk for suicide or self-injurious behavior, risk for causing serious harm or death to another person, and thought disorder symptoms that are impairing the client's ability to manage safety and self-care. Documentation should include ongoing safety assessments for behaviors that are a focus of treatment, such as sexual offenses, property destruction, domestic violence or physical aggression.

### **What are the documentation requirements for monthly supervision by a Supervising Practitioner?**

The requirements of 30 day supervision are detailed in Section B-3 of the Provider Handbook Appendix B for Adults for Youth. Documentation of each supervisory session is required to be in the individual's treatment record, and should reflect that all of the required content was reviewed.

### **When do substance use assessments need to be completed?**

Substance Use Assessments should be completed when substance use is suspected to be a barrier to progress. In addition, assessments are considered after other interventions such as education, or with the member's permission coordination with the member's natural supports and community resources have not brought about the needed change.

### **Are crisis/safety plans necessary?**

A crisis/safety plan is intended to be a tool for the member and member's supports to prevent and manage crises. Providers are required to:

- Have a written member safety plan
- Enhance and monitor the safety of members as related to their treatment
- Be familiar with Magellan clinical guidelines related to member safety and use them in treatment decisions and management
- Communicate to Magellan your plan and outcomes related to member safety when requested

### **What is the provider's responsibility to coordinate care with prescribers and primary care physicians?**

Providers are required to discuss coordination with members and obtain authorization to release and exchange information with all health care providers or supports involved with members. Providers should document attempts to coordinate care with other providers and document their response or lack thereof.

### Where can I get additional information about these and other requirements?

All aspects of the Treatment Review are based upon requirements publicly available to providers. Those include:

- Nebraska Administrative Code Chapter 20- Psychiatric Services for Individuals Age 21 and Older
- Nebraska Administrative Code Chapter 32- Children’s Mental Health and Substance Use Treatment Services
- Nebraska Administrative Code Chapter 35- Rehabilitative Psychiatric Services
- Magellan National Provider Handbook and Nebraska Provider Handbook Supplement
- Provider Handbook Appendix B- Covered Services and Expectations – Child
- Provider Handbook Appendix B- Covered Services and Expectations – Adult

Magellan has created a document that will direct providers to the regulatory requirement for each item on the Treatment Record Review tool. This document can be found at <https://www.magellanprovider.com/media/1656/trr-users-guide.pdf>.

For additional assistance, please contact us at 800-424-0333 and ask to speak to a Clinical Reviewer, or visit our TRR webpage at <http://www.magellanofnebraska.com/for-providers-ne/treatment-record-review.aspx>