Magellan HEALTHCARE®

Treatment Record Review Tool

This is the standard review tool used for all behavioral health records.
Additional indicators may be included based on regulatory and/or customer requirements.

A - General
1A) Record is legible
2A) Consumer name or ID number noted on each page of record
3A) Entries are dated and signed by appropriately credentialed provider
4A) Record contains relevant demographic information including address, employer/school, phone, emergency contact, marital status
B - Consumer Rights and Confidentiality
1B) Signed treatment informed consent form, or refusal documented
2B) Patient Bill of Rights signed, or refusal documented
3B) Psych advance directives, or refusal documented
4B) Informed consent for medications signed, or refusal documented
5B) Release(s) for communication with PCP, other providers and involved parties signed, or refusal documented
C - Initial Evaluation
1C) Reason member is seeking services (presenting problem) and mental health status exam
2C) DSM-5/ ICD-10-CMdiagnosis
3C) History and symptomatology consistent with DSM-5/ICD-10-CM criteria
4C) Psychiatric history
5C) Co-occurring (co-morbid) substance induced disorder assessed
6C) Current and past suicide/danger risk assessed
7C) Assessment of consumer strengths, skills, abilities, motivation, etc.
8C) Level of familial/supports assessed and involved as indicated
9C) Consumer identified areas for improvement/outcomes documented
10C) Medical history
11C) Exploration of allergies and adverse reactions
12C) All current medications with dosages
13C) Discussion of discharge planning/linkage to next level
D - Individualized Treatment Plan
1D) Individualized strengths-based treatment plan is current
2D) Measurable goals/objectives documented
3D) Goals/objectives have timeframes for achievement
4D) Goals/objectives align with consumer identified areas for improvement/outcomes
5D) Use of preventive/ancillary services including community and peer supports considered
E - Ongoing Treatment
1E) Documentation substantiates treatment at the current intensity of support (level of care)
2E) Progress towards measurable consumer identified goals and outcomes evidenced; if not, barriers are being addressed
3E) Clinical assessments and interventions evaluated at each visit
4E) Substance use assessment is current/ongoing
5E) Comprehensive suicide/risk assessment is current/ongoing
6E) Medications are current

7E) Member compliance or non-compliance with medications is documented; if non-compliant, interventions considered
8E) Evidence of treatment being provided in a culturally competent manner
9E) Family/support systems contacted/involved as appropriate/feasible
10E) Ancillary/preventive services considered, used, and coordinated as indicated
11E) Crisis plan documented
12E) Discharge planning/linkage to alternative treatment (level of care) leading to discharge occurring
F - Addendum for Special Populations
1F) Guardianship information noted
2F) Developmental history for children and adolescents
3F) If member has substance use disorder, there is evidence of Medication Assisted Treatment or discussion
G - Addendum for NCQA Site Only
1G) Records are stored securely
2G) Only authorized personnel have access to records
3G) Staff receive periodic training in confidentiality of member information
4G) Treatment records are organized and stored to allow easy retrieval
H - Coordination of Care
1H) Evidence of provider request of consumer for authorization of PCP communication
2H) Evidence consumer refused authorization for PCP communication
3H) PCP communication after initial assessment/evaluation
4H) Evidence of PCP communication at other significant points in treatment, e.g., medication initiated, discontinued, or significantly altered; significant changes in diagnosis or clinical status; at termination of treatment
5H) Treatment Record reflects continuity and coordination of care between primary behavioral health clinician and (note all that apply under comments): psychiatrist, treatment programs/institutions, other behavioral health providers, ancillary providers
Evaluation of Treating Provider Communication
6H) Accuracy: Communication matched information in chart
7H) Timeliness: Communication within 30 days of initial assessment
8H) Sufficiency: Communication appropriate to condition/treatment
9H) Frequency: Occurred after initial assessment
10H) Frequency: Occurred after change in treatment/medications/risk status
11H) Frequency: Occurred after termination of treatment
12H) Clarity: Reviewer understands communication
I - Medication Management
1I) Completed medication flow sheet or progress note includes documentation of current psychotropic medication, dosages, date(s) of dosage changes
2I) Documentation of member education regarding reason for the medication, benefits, risks, and side effects (includes effect of medication in women of childbearing age, and to notify provider if becomes pregnant, if appropriate)
3I) Documentation of member verbalizing understanding of medication education

J - Contract Specific
1J) CANS/Likert scale evident in member record (31.5.12.3)
1Ja) Documentation CANS is fully completed (note practice record location, for example Opeeka® or other)
1Jb) Evidence the CANS was used to inform the coordination of care
1Jc) Areas scored 2 or 3, identified as an unmet behavioral health need, considered in the treatment plan
1Jd) CANS responses are based on behaviors within the past 30 days
2J) Crisis planning in treatment record evident in member record (46.6.1)
Existing (See Magellan Behavioral Health (BH) tool 11E)
Existing (See 7E)
Existing (See 7C)
Existing (See 5E)
Existing (See 6C)
Existing (See 4E)
Existing (See 9E)
3J) Wraparound/Idaho Wraparound Intensive Service (WInS) reflects the 10 wraparound principles in practice (39.5 and 39.7.3)
3Ja) Record demonstrates a balance between team collaboration and family-driven goals
3Jb) Evidence that natural supports and alternative community supports are being engaged
3Jc) Evidence WInS standards were utilized for fidelity to state Center of Excellence (CoE) Wraparound
3Jd) Goals of the Wraparound plan are observable; measurable indicators of success exist for monitoring progress
4J) Each level of care (LOC) evident in member record (50.11.3.3)
Existing Magellan Inpatient treatment record review (TRR) tool
Existing Magellan Outpatient tool
Existing Magellan Telehealth tool
5J) Specialty service evident/noted in member record (50.11.3.3)
Existing (See Magellan Behavioral Health (BH) tool 3J)
Existing (See 8J)
Existing (See 9J)
Existing (See 10J)
Existing (See 11J)
Existing (See 12J)
6J) Characteristics of North American Family Institute (NAFI) Parenting with Love & Limits (PLL) evident in member record (50.12.4.1)
6Ja) Evidence four (4) phases of family therapy occurred: 1) terms of therapy; 2 & 3) behavioral role play and contract; and 4) evaluation and maintenance
6Jb) A family-specific safety plan developed
6Jc) Group therapy occurred, led by two facilitators
6Jd) Individual therapy occurred
7J) Characteristics of Assertive Community Treatment (ACT) evident in member record (50.12.4.1)
7Ja) The multidisciplinary team is comprised of a psychiatrist, nurse, social worker, therapist, Psychosocial Support (PSS) team, and case manager
7Jb) Evidence of “high touch” involvement dosage or at least 1x/week
7Jc) Evidence of skill building to promote independent living skills
7Jd) Evidence medication was considered as part of treatment
8J) If we see in the medical record whose primary care physician (PCP) provided referral (46.3.3.3)
Existing (See Magellan Behavioral Health (BH) tool 5H)

9J) Individuals with developmental disabilities (DD) (46.3.3.3)	
9Ja)	If disability is included in the member record, evidence exists of relevant accommodations
9Jb)	If disability is included in the member record, evidence exists that the treatment provided is adapted (specific) to the disability
10J) Individuals in opioid treatment (Appendix E, pg. 270/956)	
10Ja)	Evidence the Opioid Treatment Program (OTP) provider offered adequate medical, counseling, vocational, educational, and other assessment(s) and treatment services [1]
10Jb)	Evidence a Recovery-oriented system of care (SOC) is available to the member [1]
10Jc)	Evidence a full medical examination occurred and noting date
10Jd)	Evidence the member was offered Medication-assisted Treatment (MAT)
10Je)	Evidence the OTP provider offered initial drug testing to include benzodiazepines, barbiturates, and alcohol screening [1]
11J) Individuals receiving multidisciplinary Early Serious Mental Illness (ESMI) treatment (41.1)	
11Ja)	Evidence member offered psychoeducation on psychosis
11Jb)	Evidence member offered specialty care services meeting state expectations for ESMI
11Jc)	Evidence member offered services within the ESMI program including any of the following: assessments, treatment plan, peer support services, case coordination, crisis intervention, individual therapy, group therapy, medication management
12J) Pregnant Women with Children (PWWC) specialty services (Appendix R, pg. 917/956)	
12Ja)	If there is evidence that a substance abuse treatment facility did not have capacity to admit the pregnant member, interim services were made available within forty-eight (48) hours
12Jb)	If the member was engaged in in treatment, there is evidence that services included education on alcohol and drug use on the fetus and referral for prenatal care [2]
12Jc)	Evidence the member was screened for tuberculosis (TB) [2]
13J) Access to additional benefits through Y.E.S. for state-funded (all other eligible) members (49, 49.1)	
	Any medically necessary, cost-effective service for a behavioral health primary diagnosis and qualifying as an Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) service was considered; contact to Magellan for Non-Medicaid (all other eligible members) authorization or other occurred

1- Sources: Federal opioid treatment standards, Code of Federal Regulations 42 CFR 8.12; Substance Abuse and Mental Health Services Administration (.gov)

2- Sources: Federal standards for treatment for pregnant women Title 42 U.S. Code (USC) § 300x-27; 45 CFR § 96.131; Title 42 USC § 300x-24(a); 45 CFR § 96.127

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