

# Magellan Healthcare of Idaho Outcomes and Assessments System – Consent form process

#### **Overview**

In Magellan's outcomes and assessments system (accessed via Availity Essentials), providers must locate the member and add them to their caseload to begin adding assessments. This may include obtaining consent from the member for Magellan to share with you the member's historical assessment data within the system. This guide shows how to complete a Consent Form that will grant access to historical information from assessments previously completed within the member's profile.

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### **Consent Form Process**

When a provider needs access to historical assessment data in the member profile, the electronic Consent Form functions as the Authorization to Use and Disclose PHI (AUD) form to obtain the member's consent for Magellan to share their PHI with you. Please note that the Consent Form must undergo a review and approval process. Access will only be provided once the form has been fully reviewed and approved as valid. Prior to submitting a Consent Form, you must FIRST submit a Member Access with No Historical Data Form (MND). For step-by-step instructions, please view the Adding a Member to a Caseload with MND.

**TIP:** While you are on the phone scheduling an appointment, you can send the Consent Form to the member or natural support person, using the steps below, and give instructions on completing the Consent Form. Although a provider cannot pre-fill the form, a provider can assist the member over the phone to complete the Consent Form. Remember that all applicable sections will need to be

completed. If the consent form involves treatment for drug addiction or dependency, and the member is at least 16 years of age, then the member or their authorized representative must sign the consent form. If the consent form involves any other treatment involving a minor (under 18 years of age), then the legal parent, guardian, or authorized representative must sign the consent form. Any information involving an adult (18 years of age and older) must be signed by the adult member or their authorized representative. Please see the instructions on completing the member Authorization for Use and Disclosure of PHI/consent to release PHI on the <u>Magellan Healthcare of Idaho website</u>.

#### Adding contact information for member or natural support

- 1. Navigate to the member's profile.
- 2. Verify that there is a phone number and/or email address within the **Contact Info** section of the member's profile.

**NOTE:** To send the Consent Form to the member/guardian, there must be an email address and/or a phone number on file for the member or the natural support. This is how the form will be sent to them if the member/guardian is not physically present.

- 3. Does the member or natural support have a phone number and/or an email address on file?
  - A. If yes, then proceed to the <u>Adding consent form</u> section.
  - B. If no, then proceed to <u>Step 4.</u>
- 4. Click Edit Individual.

Profile Assessment Templates Notifications Reports	
Contact Info	
Personal Info	•
Natural Supports	
Current Natural Supports	
Past Natural Supports	
Users	
Wraparound Facilitator or Primary Coordinator History	
Collaborations	
Primary Collaborations History	
	Edit Individual Cancel

5. Expand the category Natural Supports and click + Add New.



Contact Info			•
Personal Info			•
Natural Supports			<b>▼</b>
Current Natural Supports			+ Add New
First Name *	=	Middle Name	Last Name *
Suffix		Country Code 👻 Phone	Email
		Texting Permitted	Email Permitted
Relationship *	•	Start Date *	End Date
			•
Past Natural Supports			

- Enter a phone number in the Phone field and/or enter an email address in the Email field for either the member or for the natural support.
   NOTE: When editing the member's profile, it is important that you do not edit anything other than phone number and/or email address. All other fields must remain untouched.
- 7. Be sure to check the appropriate box for **Texting Permitted** or **Email Permitted**, depending on which field (phone or email) you completed.

Natural Supports		1.
Current Natural Supports		+ Add New
Prochase * Jane	Middle Name	Lett Name* Smith
Suffix	County Cole * Priori *1 * (111):111-1111 ==	Email
	C Texting Permitted	Email Permitted
Relationship *	Start Date *	End Date
		•

**NOTE:** You can add the member as a natural support if you need to send the Consent Form to their email address or phone number and they are not listed in their profile under **Contact Info**.

- 8. Click Save.
- 9. You can now proceed to the <u>Adding consent form</u> section.

### Adding consent form

If you would like to access historical assessment data for your selected member, this indicates a Consent Form will need to be signed.

**NOTE:** After a Consent Form is submitted by the member/guardian, Magellan Compliance staff need two to three business days to review and approve the Consent Form for you to have access to the member's profile with historical assessment data.



- 1. From the member's profile, click the **Assessment Templates** tab.
- 2. Click the radio button to open the **Consent Form (Obtain historical data before performing assessment)** assessment.

Profil	e	Assessment Templa	tes 1			
	ID *	Instrument ÷	Assessment Template Name ÷	Reminder Schedule 🗧	Alert Schedule ÷	End Date ÷
0			Member access with no historical data			
0	-		Consent Form (Obtain historical data before	perfor 2		

3. Click the **ADD** button.

ND			Select filters:	Collaboration	•	Data Source 👻
ssessment:AUD escription: lease complete the Authorization to Release ection 10 of the Form.	e Protected Health Informatic	on Form to giv	re us your OK to share your heal	th information. If you have any questions about	anything c	on this form, please call the phone number listed in
Trajectory Graph		►				
	_	ADD				
Assessment Details						
Assessment Details	Status					
Assessment Details	Status Data Source		J			
Assessment Details	Status Data Source Days in Care		J			
Assessment Defails	Status Data Source Days in Care Time Period		J			
Assessment Details	Status Data Source Days in Care Time Period Date					

- 4. Complete the fields of the Add New Assessment screen.
  - A. Date Auto populates the current date and can be changed if needed.
  - B. Data Source Select the appropriate option for the Consent Form and whose email address or phone number has been added to the profile. In this case, it should be either the member's name or the Natural Support's name (i.e. parent/guardian), depending on who will be completing the assessment and who is marked for email or phone contact in the member's profile.

**NOTE:** If the guardian is completing the Consent Form, legal documentation also needs to be submitted. For that step-by-step process, please reference the Uploading a Generic Document Step-by-Step Guide.

- C. Reason Select Initial.
- D. Notes Optional and can be used to provide additional information as needed.
- 5. Click the **Invite to Complete** button. This will send a link to the member's or their natural support (support person/family member/guardian) person's email or phone number indicated in the member's profile.



**NOTE:** If the permission to email and/or text box(es) have not been selected in the member's profile, the **Invite to Complete** button will be light blue and cannot be clicked. You must go back to the profile to edit and select the applicable permission. Be sure to ask the member or natural support whether they prefer to be contact via email or mobile phone.

33	AUD					₫ @
)	-	Add New Asse	ssment			
selected / 2 total		Date" 5/30/2024 A Data Source" Big Yellow Bir	B Reson*			
AUD		Notes D	'n	Ţ Data :	Source	Ŧ
Description:						
Please complete the Section 10 of the Fo	e Authorization to Release Pro orm.	Cancel Start Blank	Invite To Complete 5	any questions about anything on this f	orm, please call the phone r	number listed in

6. A **Thank You!** window will appear indicating that the natural support has been sent a link to complete the consent assessment. Click **OK**.

Assessment Templates			
- Instrument ÷	Assessment Template Name 🗧	Reminder Schedule +	Alert Schedule 🗧
AUD	Thank You!	×	AUD
otal	Mountain Dew has been sent a link	to the assessment.	✓ D.
NUD ete the Authorization to Release F	Protected Health Information Form to give us your OK	to share your health information. If you l	nave any questions about anything on th
the Form. to Release Protected Health Info	rmation (PHI) Form - Use this form to allow us to shar	e your health information.	
nt Details	Time 1	D	

7. Click the **Invite to Complete** button. This will send a link to the member's or their natural support (support person/family member/guardian) person's email or phone number indicated in the member's profile.

**NOTE:** If the permission to email and/or text box(es) have not been selected in the member's profile, the **Invite to Complete** button will be light blue and cannot be clicked. You must go back to the profile to edit and select the applicable permission. Be sure to ask the member or natural support whether they prefer to be contact via email or mobile phone.



33	AUD				2 0
C		Add New Asse	ssment		
selected / 2 total		Date <sup>a</sup> 5/30/2024 A Data Source <sup>a</sup> Big Yellow Bir	B Reson - C		
AUD Assessment:AUD		Notes D	in A	▼ Data	Source 👻
Description: Please complete t Section 10 of the	he Authorization to Release I Form.	Prc Cancel Start Blank	If you have	any questions about anything on this	form, please call the phone number listed in

8. A **Thank You!** window will appear indicating that the natural support has been sent a link to complete the consent assessment. Click **OK**.

Instrument ÷	Assessment Template Name 🗢	Reminder Schedule 🗢	Alert Schedule ≎
AUD	Thank You	i ×	AUD
st.	Mountain Dew has been sent a lin	k to the assessment.	
D			
the Authorization to Release	Protected Health Information Form to give us your O	K to share your health information. If you have	any questions about anything on
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9. An email from <u>info@pcis.com</u> will arrive with the Subject of "New Assessment Request." Within the email will be a **Start Assessment** link. This will take the member or natural support person to the outcomes and assessments system to complete the Consent Form. NOTE: This link is only good for 72 hours. If the link expires, the user can send an Invitation to Complete a Consent Form again to generate a new link.



New Assessment Request					
P-CIS <info@pcis-dev.com></info@pcis-dev.com>		$ \textcircled{$\odot$} \ \textcircled{$\sim$} \ Reply \ \textcircled{$\sim$} \ Reply \ All \ \rightarrow \ Forward \ \textcircled{$\emptyset$} \ \cdots$			
To Retention Policy Email Retention (2 years)	Expires 5/30/2026	Thu 5/30/2024 10:08 AM			
() If there are problems with how this message is displayed, click here to view it in a web browser.					
EXTERNAL: This email originated from outside of the organization. Do not click on any links or open any attachments unless you trust the sender and know the					
Magellan HEALTH.					
New Assessment Request					
	ssment button below to begin	The process.			
Your ability to genera	te a code will expire in 72 hours	S.			
Sta	rt Assessment				
If you need as: <u>Custor</u>	istance please contact our ter Support Team				

- 10. The link will take the member or natural support person to a verification screen for two-factor identification.
- 11. A verification code will automatically be sent to the member's or natural support person's email address or phone number.
- Copy and paste the verification code into the Verification Code field.
   NOTE: This code is only valid for 5 minutes. If the code has expired, request a new code by selecting Resend.
- 13. Click Start Assessment.

Magollan	Person Centered Intelligence Solution	
HEALTHCARE.	Thank You!	
	A verification code has been generated and sent to your email address. Please check your inbox and c	opy the code provided into the field below to begin.
	10 Verification Code:	
	11 Start Assessment	Resend

14. Following verification, the member or natural support person will complete the Consent Form in the system and will sign, date, and submit. The signature may be captured via a touch screen, tablet, touch pad, or mouse. The form does *not* need to also be mailed, faxed, or emailed once signed and submitted.



15. When the Consent Form is successfully submitted, the member or natural support person will receive a *"Thank you. Your responses have been sent"* message.



16. As a User in the outcomes and assessments system, you can see when the Consent Form has been successfully submitted. It will display a status of **Submitted**. Magellan Compliance staff still need two to three business days to review and approve the Consent Form for you to have access to the member's profile with historical data.

**NOTE:** Again, if the guardian completed the Consent Form, legal documentation is required to be submitted. For that step-by-step process, please reference the Uploading a Generic Document Step-by-Step Guide.

Assessment Details 🔹	Time 1	Time 2
Status	Email Sent	Submitted
Data Source	Big Yello	Big Yello
Days in Care	0	0
Time Period	Month 1	Month 1
Date	05/30/2024	05/30/2024
Individual Score	0.00	0.00

17. If the Consent Form is approved, the status will change to **Approved** and you will have access to the member's historical assessment data for the duration of the consent. You will be able to see the consent in the member's assessment templates tab as well as in reports, as well as be able to complete other assessments for the member as needed.

Assessment Details	Time 1	Time 2
Status	Email Sent	Approved
Data Source	Big Yello	Big Yello
Days in Care	0	0
Time Period	Month 1	Month 1
Date	05/30/2024	05/30/2024
Individual Score	0.00	0.00



- 18. Consent can be revoked by the member in writing, at which point your historical assessment data access will be end-dated in the outcomes and assessments system.
- 19. If the Consent Form is deficient, the status will change to "**Returned**" and you will have a Notification, indicated by a number over the bell icon. After clicking the bell icon, your screen will display your Current Active Notifications and Past Notifications.

P-CIS [Your Org	ganization Name]	Search	Q English(Ma <sub></sub> >	<b>P</b>		
Dashboard > Notifications						
lotifications						
urrent Active Notifica	ations					
urrent Active Notifica	ations ∶≡ Date	+ ≡ Status	Details	≑≡ User		
Urrent Active Notifica Notification Type Returned	ations := Date 10/08/2024	▼ ≡ Status Unresolved	Details 33 - Consent Form (Obtain his	torical data befor		

20. Within the Notes Section of the "**Returned**" Consent Form (you can open this by selecting the arrow drop down), the User will be alerted as to why the Consent Form was marked deficient and instructions to view the deficiency letter within the Generic Attachment Form (GAF) assessment.

Profile Assessment Te	mplates Notifications	Reports						
Current Active Notifica	Current Active Notifications							
Notification Type	¢≡ Date	+ ≡ Status	Details	÷≡ User	:=			
Returned	10/08/2024	Unresolved	33 - Consent Form (Obt	33 - Consent Form (Obtain historical data befor				
Notes:		a Ad	ld Note Status:					
Returned Note: This is where the notes will be. Please review the GAF (Generic Attachment Form) to view the deficiency letter.			Select * Unresolved	Select* Unresolved				
			I understand that mark	I understand that marking this as resolved may still need approval from a supervisor.				
- 10/08/2024								

21. To view the Generic Attachment Form (GAF) assessment, click Assessment Templates tab. Click through the list of assessments to find Generic Attachment Form (GAF) and click the radio button. Historical data will not be shared with the User until a Consent Form is approved by the Magellan Compliance Team.

Profile	Ass	sessment Templates	Notifications Reports				
		Instrument A	Arrosement Template Name	Domindor Schodulo	Alort Schodulo	End Data	
0	32	ICP	Crisis Plan	Latest Assessment	Alert Schedule +		
$\odot$	33	AUD	Consent Form (Obtain historical data before performing as	ises			
0	106	мнс	Combined BH Assessment				
0	121	POC	Person Centered Services Plan (PSCP)				
0	132	GAF	Generic Attachment Form				
1 selecte	d / 17 total					« 1 2 <u>3</u>	4 »

