**IN SESSION:**

This meeting was called to order at 11:00 am  
Board minutes submitted for September 19, 2012

Joan Guillory-Williams moved that minutes be approved. Lisa Schilling seconded the motion. The Board unanimously approved the Minutes.

**Board Announcements**

- None
Department of Education Liaison Report – Donna Nola-Ganey, Department Of Education Liaison, Magellan in LA, shared with the Board Members her background in education. She worked with the LA Department of Education for 30+ years. The most recent role that she held for the past 13 years was as Assistant Superintendent in the Department of Education - Federal Programs. Within her department, Federal Programs included adult education, special education, Title 1, school bus transportation, school food service, positive behavior implementation, and child welfare and attendance with a budget of one (1) billion dollars. The most recent grant that she oversaw was from the Center of Disease Control (CDC) and it included an $18M budget. This grant allowed for the placement of safety coaches in each of the eight regions of the state. The grant allowed many discipline approaches to become embedded in the schools of each region implementing the positive behavior model. Nola-Ganey stated that she has worked with a multi-agency approach (FOS, OJJ, and DHH) with many Juvenile Judges. She also served on Governor Foster’s School Discipline Committee and recently on the FINS Commission. Nola-Ganey has built a strong relationship throughout the State with the Education Community.

With agency collaboration, the DOE began the effort moving toward the coordinated system of care. They developed Neighborhood Place that attempted to coordinate services. The program was never fully implemented. From that effort, Nola-Ganey served on the Governing Board for Coordinated System of Care (CSoC) at the state level. Louisiana was the first state to include education in the development and implementation of CSoC. Nola-Ganey provided an informational brochure on the program developed by SAMHSA.

As DOE Liaison, Magellan in Louisiana, Donna Nola-Ganey works in collaboration with the Louisiana DOE to assure that the seven (7) local education agencies have the necessary knowledge and skills, partner with the Wrap Around Agencies (WAA’s), and encourage those agencies to work with the child and their families. Since July 23 when Donna began her work with Magellan, she has started an outreach to local school districts across the state. She distributed a handout that provided information on the six (6) regional meetings that were held in September 2012 for school and school district personnel across the state. The purpose of the meetings was to provide information relating to the Louisiana Behavioral Health Partnership (LBHP) and the behavioral health services that school districts can offer and benefit from. School systems have been approved by Medicaid to submit claims for many of the behavioral health services offered through the Louisiana Behavioral Health Partnership. Meeting participants included Superintendents of school districts, Special Education and Title 1 Supervisors, School Counselors, School Social Workers, School Psychologists, Principals, Child Welfare and Attendance staff, Truancy Officers, Homeless Liaisons and other staff who work with children experiencing behavioral health issues. Nola-Ganey stated that from these meetings, a list of frequently asked questions and the answers to these was generated and will be posted on both the DOE and Magellan in Louisiana websites for reference. She explained that numerous beneficial contacts were made and productive collaboration has begun.

Other activities that are emphasized as DOE Liaison are targeting attention on the LEA’s based on data. We are compiling the discipline data by LEA and prioritizing the districts that have the highest rate of suspensions and expulsions and the districts that are referring to Magellan. From this data, we are focusing on the districts with the highest volume of data. Nola-Ganey explained that she recently received information from the FINS office that has identified children referred to them that are need of services. The majority of the children that are served through the Louisiana Behavioral Health Partnership/ CSoC are enrolled in the public school system.

We are also working with school-based health clinics. All school-based health clinic workers are not employees of the districts in which they work and may lack the knowledge of how to best utilize Medicaid dollars and services for the children they serve. Nola-Ganey will be working to help inform and offer support in this area.
Open Discussion of Board Members

Craig Coenson began the discussion by stating that parts of system transformation services were conducted prior to March 1 of this year and in a certain way. Since that time, there have been many changes in the way we offer services and much work has been and is being done in developing a new model for massive system transformation across the state. With this, there has been some confusion surrounding the specifics of some of these changes. An example given was with the question many have had as to who performs the treatment and provides the services at schools, agencies, etc. He stressed that we have to understand that there is a place for everyone and that this dissemination of knowledge is one of the important and vast roles that Ms. Nola-Ganey has undertaken.

Donna Nola-Ganey added that this concern was one of the frequently asked questions from the Regional meetings. She explained that the DOE narrowed down the service definitions and codes that relate to schools for the development of a school district specific service manual that details the services that they can provide making it more streamlined and user friendly for them.

Lisa Schilling asked when we plan to rollout the CSoC outreach to the southern parishes. Nola-Ganey answered that the outreach has begun in Jefferson Parish and will begin soon in the Bayou Parishes such as Terrebonne Parish.

Ted Cox asked if encounter data is collected in the southwest parishes. Nola-Ganey replied that Lafayette Parish is using the electronic data collection system that the Department of Education has created. The data system captures each encounter that a student has with a Behavioral Health licensed professional or social worker.

Joan Guillory-Williams asked for further articulation on Nola-Ganey’s role in using the data regarding discipline. Nola-Ganey informed the Board that from the printed discipline data, review of the suspension and expulsion data drilled down by in-school/out-of-school suspensions/expulsions prioritized by school districts/schools with highest rate of out of school placements, we can identify and then provide those schools with additional resources. This allows for supporting and educating staff on how to best work with these children instead of putting them out of school.

Kimberlyne Roundtree had concerns regarding the duplication of Medicaid services with the billing by providers and schools. Donna Nola-Ganey stated that the role of Magellan is to coordinate children’s services and to assure that when a plan of care for a child is developed and initiated in CSoC that there will not be service/billing duplication. She added that the LEA’s would only provide services if the child has an Individualized Education Plan (IEP) in place.

Project Perseverance

Neal Cohen, Chief Operating Officer, Magellan in Louisiana explained the purpose of Project Perseverance. The project is focused on finalizing implementation activities related to three (3) significant operational areas of the partnership program: eligibility, claims, and the new electronic medical record – Clinical Advisor.

Mr. Cohen indicated that while these three (3) concerns are the main components of Project Perseverance, there are six to seven (6-7) other items on the project list. He described each of the three (3) major areas and their interdependencies.

Lisa Schilling asked if Project Perseverance resulted from the meeting with DHH a few weeks ago. If so, could the Board Members receive an update from the DHH/OBH meetings? Neal Cohen assured the Board Members that the project was independent of the ongoing DHH/OBH meetings and that the Board would receive meeting updates, as applicable to the project.
Rick Wheat expressed a concern regarding a gap with Clinical Advisor and Residential Therapeutic Group Homes. Mr. Cohen stated that he is aware of this situation and the gap is in network. He added that Magellan recently hired Shannon Ost into the Network Director role. Shannon will address and correct the concerns within Provider Relations. He asked Rick Wheat to identify a person within the Residential Therapeutic Group Home network that has the expertise to connect with Shannon Ost.

Lisa Schilling added to Rick’s concern on the licensing shift issues for Residential Therapeutic Group Homes such as going from DCFS licensing to DHH licensing. Craig Coenson expressed that a strategy should be developed for all of the many steps involved with this. Not only from a Magellan standpoint, but also from the provider standpoint with Health Standards and Medicaid standards this will be beneficial. He reiterated that Magellan – Shannon Ost, Network Director – would be working on this. In assisting Shannon with this task, Mr. Cohen asked the Board Members if they knew of an expert in regards to licensing standards. If so, he requested that they, please, send the contact information to him so that he may share with Ms. Ost.

**Care Management Overview**

Bill Phipps, CM/UM Director, Magellan in Louisiana gave an overview of the Magellan Care Management program. He stated that it is Magellan's top priority to ensure that the members of the Louisiana Behavioral Health Partnership receive the care they need, when they need it. Furthermore, this program will achieve industry leading clinical outcomes while providing an exceptional customer service experience for those that Magellan serves. To that end, Bill was extremely excited to announce a new clinical team structure that will move Magellan in Louisiana towards meeting these objectives.

He stated that a few months ago, an evaluation of his team structure took place. At that time, the teams were aligned by population, with teams focused on children's services, adult services, and high-risk case management. Within these population-based teams, each covered multiple functions. This led to inefficiency and presented challenges in serving members. Moving forward, the teams have been realigned functionally. This allows for scale and increased efficiency, which in turn has positioned us to better meet the needs of members and our customer, the State of Louisiana. These team changes became effective on July 20, 2012.

Our new structure is as follows:

- **Triage Clinical Intake and Clinical Review for Non-Urgent Clinical Services:** led by Chris Boling. This team is responsible for handling all initial requests for authorization for higher levels of care, crisis/clinical intake calls from members, consultation with DCFS/OJJ/other entities, and the majority of other types of provider clinical calls.
- **Concurrent IP:** led by Troy Rogers. This team is primarily responsible for care management/utilization review for continued stay for inpatient services.
- **Concurrent RES and Special Populations:** led by Syralja Griffin. This team is responsible for care management/utilization review for continued stay for residential care. In addition, this team administers our specialty case management program (currently in development) for pregnant members with addiction concerns (Birth Outcomes Initiative).
- **Recovery Case Management (RCM):** led by Stacie Zerangue. The team focuses on providing case management services to our highest risk members via our RCM program.
- **Follow Up Specialty Team:** led by Ricardo Gonzalez. This team provides clinical support through discharge planning, case coordination, and member outreach.

Within each of these teams, we have aligned employees with experience in the various populations to ensure that we do not lose our expertise in population specific services, which we manage. We have a phenomenal team of talented, dedicated individuals who are devoted to moving the behavioral health system in Louisiana forward.
Early UM/CM results point to a positive trend in utilization, as both providers and Magellan clinical staff begin to partner and work together in a collaborative manner.

In terms of Community Based Services, the utilization data is a little immature. As billing and claims payment improves, we anticipate this data will be reviewed.

Readmission rates are good, but need improving. We expect a 15% readmission rate from high levels of care with this population, but currently we are 16-18%.

Lisa Schilling asked Bill Phipps to provide her with a flow chart of each structure so that she can share with providers in her region.

Quality and Improvement Report

Seth Kunen, Quality Management Administrator handed out the September 27th Quality Improvement Committee Meeting Minutes to the Governance Board Members for review. He briefly reviewed the highlights of the meeting. Policy and procedures were developed at the Corporate level and then reviewed against contractual, regulatory and procedures at the LA CMC level. The policy and procedures addressed were approved originally by the QI Committee, but have been revised some and the updated version must now be approved.

Dr. Kunen stated that the first UMC Meeting was held several weeks ago. It was recommended that the UMC meet quarterly so that the subcommittees (i.e., high frequent utilizers, etc.) can meet frequently to discuss problems and how they can be solved. Discussions included the subcommittee structure as well as the type of data and reports utilized and the role of each committee member.

Bill Phipps further addressed other agenda items during the Utilization Committee Meeting. He stated that for readmissions there has been a lack of clarity as to the service provided. This has resulted in one level of care authorized and then billed as a different level of care showing duplication of a pending case and more than one data encounter for the same dates of readmission. Corrections have been made to adjust the data that may have shown multiple encounters. Training has been provided to the providers and staff to restore the issues surrounding authorization and billing. He added that adult and child readmission rates have climbed, but are expected to stabilize. For adults that are high utilizers and frequently readmitted, Case Managers will advise members suggesting additional levels of care and interventions through the RCM program and other services available. Mr. Phipps concluded that he has assigned a core group to conduct chart audits and work with facilities on a plan of care to decrease the readmission rates.

Dr. Kunen stated that Member Service Committee reports to the QIC as well. This committee tracks compliance in regards to ASA and call abandonment rates. The ASA had increased 12 seconds in August (and a 10 second increase from July) and can be attributed to staffing turnover and the OSS group being taken out of the queue in August to handle administrative tasks. The increase is still well within the contract requirements.

Dr. Kunen also stated that plans are underway to start a Regional Network Credentialing Committee (RNCC) at the Baton Rouge location, but there are budgetary issues to work out.

A Network Administrator has been hired, Shannon Ost and plans to start November 6. This position will serve on the Network Strategy Committee covering network development and interfaces with providers.
Quality of Care from QI statistics regarding complaints and grievances for August 2012 continue to do well. He explained the term, complaints, and grievances. Providers can register a complaint on denial of care or either on behalf of a member or the member themselves can for access to care concerns. From the complaint(s) the case is put through a review process and tiered. The tiers are in a 1-5 rated system. Of the total complaints/grievances from members/providers, fifteen (15) were resolved. Resolution responsiveness – 53% were resolved in 15 days, and 80% were resolved in 30 days.

Dr. Kunen stated that quality management has completed chart audits for twenty-one (21) In-patient Psychiatric Hospitals. Four hospitals had a passing variable score. One (1) Psychiatric hospital and an outpatient center did not pass and will begin going through the process of WAA reviews.

Approval from OBH for the submitted proposed CSoC outcome measures was given.

Dr. Kunen stated that his department continues to prepare for URAC. The URAC Committee monthly meeting was yesterday and is on target on year-end requirements. Magellan has established a shared drive (G Drive) for all documents regarding URAC educational training and staff work plans.

Dr. Kunen presented an outcome of predictors with In-patient encounters addressing how can we identify the members and how to intervene or divert the encounter and/or apply resources to better outcomes.

**CEO MESSAGE TO THE BOARD**

Craig Coenson, M.D., Chief Executive Officer, Magellan referred to Magellan’s LA CMC Offsite Leadership Meeting that occurred this past summer. He reminded Board Members of the “shop repair” that is occurring from specialized projects generated from this meeting. In upcoming months, Magellan will soon be on the road with key stakeholders participating in Public Forums presenting outcome data that shows our progress toward a coordinated system of care and system transformation. The Public Forum schedule dates will be forthcoming to Board Members.

Craig reinforced excitement and the importance of Magellan having the leadership in regards to Shannon Ost, Network Administrator joining our team and beginning on November 6.

In regards to Permanent Support Housing (PSH), Magellan is working with the State on the contract. PSH will be key due to many members who are either homeless or do not have services within the home.
NEW BUSINESS

- None

PUBLIC COMMENT

- No comment.

NEXT MEETING

The next meeting of the Governance Board will be on Wednesday, December 5, 2012 from 11:00 am to 1:00 pm at SSA Consultants, 9331 Bluebonnet Blvd., Baton Rouge, LA.

ADJOURN

Craig Coenson asked for a motion to adjourn. Rick Wheat moved to adjourn. Kathleen Coenson seconded the motion. The Board voted unanimously to adjourn.

The meeting adjourned at 1:00 pm.