Today’s Discussion

• Welcome and Introductions
• Year 1: A change for good
  – Meeting our challenges head on
  – Improving outcomes
  – Enhancing access
  – Changing lives
• Transforming the system
  – Quality Counts
  – Focus on Individuals and Recovery
• Year 2: Building on Strengths
• Conclusion/Open Dialogue
Getting started – A year of transition

Pre 3/1
- Build the infrastructure
- Train and engage
- Build the network

3/1
- Turn on the lights
- Answer the phones
- Ensure continuity of care (Priority No. 1)

3/1- Now
- Address challenges that come with large-scale change
- Refine the program
- Learn the nuances; adjust as needed
- Train and teach and train some more
<table>
<thead>
<tr>
<th>IP</th>
<th>CRISIS</th>
<th>SERVICES ADULT</th>
<th>SERVICES CHILDREN</th>
<th>SUBSTANCE ABUSE</th>
<th>OUTPATIENT</th>
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<tr>
<td>General Hospital</td>
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<td>Medical and nonmedical psychologists</td>
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After the Louisiana Behavioral Health Partnership

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<tr>
<th>IP</th>
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<th>NEW &amp; EXPANDED SERVICES CHILDREN</th>
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<td>Detox RTC Detox OP Outpatient CMHC/ FQHC</td>
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<td>Suboxone</td>
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Transformation Is Not Easy...

... But it’s the END GAME that counts

**Mission:** Magellan will provide a platform to achieve the goals of the Louisiana Behavioral Health Partnership by improving the behavioral health care of children, adults, and families of Louisiana so that they may live long happy lives in their communities. Magellan will partner with our diverse stakeholders to create an innovative landscape so that resilient Louisianans may truly take control of their lives and achieve personal Recovery.
Magnellan will transform the landscape of behavioral health care delivery in Louisiana by providing an infrastructure that paves the road to Recovery, Resiliency, good health and happiness. Louisiana’s behavioral health system will be first in its class.
Meeting challenges head on

- Meet people where they are: About 100,000 miles travelled across Louisiana
- Ensure Continuity of Care: Priority No. 1
- Address provider concerns
  - Adjusted Care Management program to reduce wait times
  - Train staff constantly on nuances of program
  - Focus on eligibility
  - More than 300 fixes or enhancements to Clinical Advisor
A principled approach: Staying the Path

Values:
- Caring & Respect
  - Cultural Competence
  - Recovery Resiliency
  - Member Centricity
- Ethics & Integrity
- Data Driven Decision Making
  - Quality Focus
- Innovation Leadership
  - Education of stakeholders (Members, Providers, State, Advocacy Groups)
  - Change Agent
- Cost Effectiveness & Sustainability
- Transparency
Magellan’s Role

**Increasing Access to Care**
- Single point of entry: 24-hour/7-day phone line
- Network of Providers
- Determine clinical eligibility for HCBS waiver services
- Assist members with eligibility

**Coordinating Care**
- Review and authorize based on individual needs and set criteria
- Conduct Follow-Up
- Provide Intensive Case Management for Special Health Populations
- Manage services within the Coordinated System of Care
- Coordinate with Physical Health plans
- Dedicated Care Management for DCFS, OJJ, DOE

**Managing the Program**
- Process and Pay Claims
- Process and invoice encounters for Medicaid children, DCFS and OJJ
- Electronic BH Record
- Data for federal reporting

**Improving Quality**
- Data infrastructure to support data-informed decisions
- Quality care metric audits and provider profiles
- Technical support for providers to achieve highest quality care

**Transforming the System**
- Peer Specialists
- Cultural Competency
- Member Centricity
- Focus on Recovery
- Community learning and engagement
Showing Results: The Right Care at the Right Time

A data infrastructure to drive change
Shifting the Paradigm

**Adult IP Bed Days Per 1,000**

<table>
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<tr>
<th>Month</th>
<th>BD/k</th>
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<tr>
<td>April</td>
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<td>May</td>
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<tr>
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<tr>
<td>Aug</td>
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<td>Sept</td>
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<tr>
<td>Oct</td>
<td>25.4</td>
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<td>Nov</td>
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**Adult IP Admits/k and ALOS**

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<th>ALOS</th>
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<td>June</td>
<td>4.76</td>
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<td>4.7</td>
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<td>Nov</td>
<td>4.01</td>
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## Shifting the Paradigm

### Adult Medicaid CPST (HCBS)

<table>
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<th>Units/k</th>
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<td>Sept</td>
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<td>Oct</td>
<td>204.69</td>
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<td>290.93</td>
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### Admits/k

<table>
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<th>Month</th>
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<td>Aug</td>
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<tr>
<td>Sept</td>
<td>10.28</td>
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<tr>
<td>Oct</td>
<td>10.93</td>
</tr>
<tr>
<td>Nov</td>
<td>10.98</td>
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</table>

- Units/k values range from 40.84 in April to 290.93 in November.
- Admits/k values range from 1.81 in April to 10.98 in November.

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*Graphs showing trends in units and admits for Adult Medicaid CPST (HCBS)*
Shifting the Paradigm

Child Medicaid CPST (HCBS) Units/k

<table>
<thead>
<tr>
<th>Units/k</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
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<tbody>
<tr>
<td>45.92</td>
<td>125.33</td>
<td>175.23</td>
<td>242.67</td>
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<td>298.3</td>
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Child Medicaid CPST (HCBS) Admits/k

<table>
<thead>
<tr>
<th>Admits/k</th>
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<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
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</thead>
<tbody>
<tr>
<td>14.05</td>
<td>15.08</td>
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<td>16.64</td>
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<td>15.74</td>
<td>17.2</td>
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</table>
Moving people toward Recovery

Highest Utilizers

Top 32 Highest Utilizing Members

TOTAL READMITS BEFORE 09-01-12

TOTAL READMITS AFTER 09-01-12
A 10-year-old boy was hearing voices and threatening his family. After more than 30 days in an acute care hospital, his parents risked losing custody because of their inability to care for his needs.

**Intervention:**
- Magellan was contacted and arranged for specialized psychiatric residential treatment
- Magellan care managers met with treatment team throughout his stay and worked with treating providers and family to develop a discharge plan

**Outcome:**
- The child returned to a group-home setting close to his family
- *He is being safely transitioned back home to his family with extensive community supports through the Coordinated System of Care*
A 31-year-old man with a severe addiction disorder. Since April, he had three ER visits, four in-patient stays, two residential substance abuse admissions and a half-way house stay. Effectively homeless, his path was typically circular.

**Intervention:**
- Magellan was able to enroll him in the Recovery & Resiliency Program
- Through regular contact with the member and his mother and treatment providers, a long-term recovery plan was created and implemented

**Outcome:**
- The member is now sober
- He has been stepped down into Intensive Outpatient care three hours a day, three times a week.
- He has been assessed for co-occurring mental health disorders and is receiving treatment
  - *He now has his own apartment and is working with treatment team on employment plan*
Being there when we’re needed

Single point of entry 24/7/365
Single Point of Entry: There when you need us

Single Point of Entry: 24-hour/7-day phone line

- More than 90,000 calls since March 1
  - 1.2% abandonment rate
  - 7-second average speed of answer
  - 7:05 average handle time
- 200 Crisis Calls
- 17,589 calls from members
- 57,269 calls from providers
Real Stories: There when we’re needed

During Hurricane Isaac, a mother dropped her adult son with developmental disabilities off at a local ER because she couldn’t care for him and evacuate. The hospital could not find a safe place out of the hurricane’s path for him.

Intervention:
• Magellan stayed fully operational during the entire storm and provided staff at the state’s emergency operations shelter
• Magellan was able to use its Network resources to see who had available and appropriate space so the member would be safe

Outcome:
• The member was able to leave the ER and received appropriate care in a safe environment until the storm passed
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Improving Access to Care

Building a stronger Network and collaboration with Provider Partners
Having a place to go when needed

Feb 28 vs. October 24 network composition

- Inpatient psych beds increased by 86% across Louisiana due to contracts with free standing psychiatric units for adults
## Inpatient Capacity

### Freestanding Psychiatric

<table>
<thead>
<tr>
<th>Region</th>
<th>Total Beds</th>
<th>Adult Beds</th>
<th>Child Beds</th>
<th>Maximum Usage</th>
<th>Unused beds</th>
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<td>96</td>
<td>96</td>
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<td>41</td>
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<td>MHSD</td>
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<td>Grand Total</td>
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### Hospital

<table>
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Increasing Access to Care: Where we are now

- 86% increase in psychiatric bed capacity
- 300 active provider locations using Clinical Advisor
- 251 provider locations contracted for Crisis Intervention service
- 183 new OMPTs brought in throughout the state all additional capacity that added since 3/1

- First two Licensed PRTF beds (108) in place
- Next one set to open soon
- Ongoing dialogue with several hospitals engaged in dialogue about expansion of services array to include PRTF
- TGH 8 beds licensed in the state- ongoing conversations to encourage programs to obtain licensure
- TFC 248 beds
- Non-medical group home 230 beds
Network Strategy - building on a solid foundation

- Continue development of crisis residential
- Expand ACT programs in underserved areas support provider efforts to get teams to full capacity
- Continue to recruit independent practitioners (LPC’s, APRN’s, LMFT’s, LCSW’s) to increase access to outpatient services
- Strategic rate increase to increase incentives to add ambulatory services
- Utilize data to analyze other possible services in collaboration with clinical and quality
- Develop consensus, establish baseline measures and begin provider profiling, which will inform opportunities for year 2 and 3 initiatives toward performance based contracting
- Permanent Supportive Housing Program - leveraging management of housing program to maximize the use of treatment dollars and improve outcomes
Supporting Our Provider Partners

- Weekly provider calls held since the beginning continue
- Dedicated liaisons for every contracted provider
- Monthly newsletters
- Targeted training
- Achieve Training available online
- Revamp of utilization review to streamline
- Technical support through Quality Program
- Internal focus on problem resolution
Quality Counts

Using data to ensure highest quality of care
Quality Counts: High Standards for Care Reinforced

- Chart Reviews
- Technical Support
- Primary Care Pilot Program
- Quality Committee
- Grievances and Appeals
- Regional Network Credentialing Committee
- Provider Dashboards
Provider Dashboard – Monthly Drill Down

**What are they?**
- Fully interactive online data management platform for providers, with drill down capability
- Easy to use, visual representation of data
- The same outcome measures which help to guide decisions on the evolution of the LBHP network
- On-line data management platform

**Why do we offer them?**
- Provider self-management
- Use of data to inform quality
- Transparency
- Partnership
- Tool to aid in program improvement, benchmarking, and other QI management strategies
Transforming the System

Collaboration: A joint effort to change a culture
Transforming the System

- **Youth and Families**
  - CSoC Values and Technical Support
  - MyLIFE
  - Parent Café

- **Adults**
  - Peer Specialists
  - Whole health initiatives
  - Warmline

- **The System**
  - Cultural Competency
  - Member choice and voice
Year 2: A dialogue on the future together

- Build on our shared strengths
- Grow the Network
- Use data to drive transformation
- Build upon relationships for grassroots change
- Continue to support providers (more training and enhanced dashboards)
- Look for new opportunities to impact members
  - Early childhood
  - Primary Care connections
  - Permanent Supportive Housing

Your Turn: Share your thoughts and ideas