



Governance Board Minutes of April 9, 2008

PRESENT:

Community Members of Governance Board:

Ted Williams – Board Chair
 CEO, ABC Housing - CEO Adult Provider Representative
Matt Kennedy
 STAR - Adult Service Recipient Representative
Sue Davis
 Vice President, emerita, NAMI - Family Member Representative
Nick Margiotta
 Phoenix Police Department - Community Member Representative
Luz Sarmina
 CEO, Valle Del Sol - CEO Children Provider Representative
Valerie Van Auken
 Family Member of Child Recipient Representative

Magellan Members of Governance Board:

Chris Carson M.D. – Board Chair
 Chief Executive Officer, Maricopa County RBHA
Andrea Smiley
 Chief Community Relations Officer, Maricopa County RBHA
Andrew Mebane M.D.
 Chief Medical Officer, Maricopa County RBHA
Brenda Benage
 Chief System Transformation Officer, Maricopa County RBHA
Dan Wendt
 Chief Quality Officer, Maricopa County RBHA

Staff to Governance Board

Lynette Tolliver – Governance Board Administrator

ABSENT:

Gaye Tolman, Chief Recovery and Resiliency Officer, Maricopa County RBHA
Charles Curie, Principal, The Curie Group, Consultant to the Board

IN SESSION: 10:00 a.m.

Board Minutes Submitted for March 26, 2008 Meeting:

A motion was submitted to the board to approve March 26, 2008 minutes. The board unanimously approved.

MAGELLAN UPDATES

Operations Update

Jim Stringham provided an update to the board:

- Data Demographics Clean-up Process
 - Magellan is working on two processes regarding this issue: 1. The initial stage regarding demographic processing. 2. Ongoing monitoring and reports to providers and Magellan to identify issues that will require technical assistance.
 - Magellan ran reports of members on the state roster that had missing demographics. The data collected by providers indicated demographics did not come through to Magellan or had been rejected due to a variety of reasons, including: Crisis intakes not submitted within the 45 day time frame; intake dates prior to the Sept. 1, 2007.
 - Magellan will generate a report to distributed weekly categorizing data to be reviewed internally as well as sent to providers to determine dates that are close to being outside of the time frame.
 - The board asked about the number of members with missing or rejected demographics. Jim Stringham stated that the overall number is close 15,000 members and that those numbers are divided by crisis-related providers, UPC, direct care clinic, and other providers missing demographics for other reasons outside of crisis. This number changes daily due to corrections on errors found. DBHS is looking at past due demographics, however Magellan is looking at past due and being proactive to identify those that are coming due or demographics that are still not in the system.

ACTION: The board will receive an update from Jim Stringham regarding all aspects of Operations.

ACTION: The board will receive a update on the status of the clean-up effort.

PNO Transition

Karen Lennox provided an update to the board in several areas:

- PNO Transition Plan Update
 - Magellan updates the PNO Transition Plan weekly, as tasks are accomplished, and sends it to DBHS.
 - Primary issues being worked on at this time are: Financial negotiations with the PNOs and DSPs for reimbursements for services rendered. OBHL (Office of Behavioral Health and Licensure) issues regarding subletting office space at the clinics and correct forms for PNOs to interact with Magellan.
 - Magellan and the PNOs are three quarters complete with the final steps for readiness of the Phase One clinic transition.
 - The board asked if the PNOs receive the most updated version of the plan. Magellan stated that the plan and subsequent updates have not been shared with the PNOs, due to the plan not being approved as of yet by DBHS. However, key principles of the plan have been released to the PNOs unofficially.
 - The board stated the great importance of communication and Magellan should share the unapproved plan with PNOs so all members are on the same page. The board suggested that unapproved plans be recognized as a draft with a date, or by version, to ensure understanding that it has been unapproved.
 - The board asked for a more defined timeframe for the Phase One transition. Dr. Carson commented this is undecided until all issues have been worked through.
- OBHL Licensure Update
 - Magellan is working on licensure issues regarding co-located staff.
 - OBHL regulations state that two different organizations can not be licensed in the same physical space; also, a second party organization can not work more than 20 hours week, if they exceed the time limit they themselves need to be licensed.
 - OBHL sent a letter stating four possible alternatives and requested that Magellan send in a documented plan by April 14, 2008 with a selection. The four alternatives are:
 - 1) To have co-located staff work 20 hours a week or less.
 - 2) Have two separated spaces that are individually licensed per organization.
 - 3) Magellan Health Services becomes the employer of the co-located staff.
 - 4) Magellan contract only with practitioners/ individually licensed for co-locations versus individual providers.

ACTION: The board will receive a copy of the OBHL letter listing alternatives from Chris Carson.

ACTION: The board will receive an update regarding the licensing plan sent to OBHL and the response received from OBHL.

ACTION: The board will receive an update regarding licensing issues from Karen Lennox at the next board meeting.

ACTION: The board will receive an update as to whether Magellan of Arizona has given the most recent PNO Transition Plan marked Draft – Unapproved by ADHS to the PNO's that are participating in the Direct Care Clinic transition process.

Clinics Update

Carole Matyas provided an update to the board in several areas:

- ISP (Individualized Service Plan) Update
 - The electronic ISP system is the next step for Magellan's mandated contract regarding electronic medical records.
 - Magellan clinics gave a final electronic ISP demonstration to DBHS and DBHS has approved this system. Magellan will implement the ISP system in the two transitioning clinics and then to all remaining clinics by May 1, 2008.
 - The board inquired if the system would have firewalls to protect consumers information; the answer is yes. The electronic ISP will follow HIPPA rules and the consent of recipients.
- Staff Update
 - Carole sent out an updated site leadership list to board members.
 - There are four Regional Directors – Sandy Dale - seven sites; Keith Press - seven sites; Stacy Garner - seven sites; Joel Conger - two transitional sites. Joel Conger still serves as the active Transitional Regional Director. These leaders will focus on all administrative clinical functions.
 - Clinical Leadership: Jill Rowland will serve as the lead to Direct Services; Jill Robinson and Chris Damle are the Regional Clinical Directors; Alicia Cowdrey is the ACT Manager. These leaders are focused on all clinical aspects regarding the plan within the clinics.
 - There are three peer leaders assigned to seven sites each to develop peer mentor and family mentor relationships.
 - Sal Altamirano has accepted the Director of Nursing position and will start in about two weeks and currently Magellan has two candidates for the Area Medical Director position.

- Magellan developed Senior QI positions for clinics to interface with the administration site QI department.
- The board discussed having a career path in place to promote Case Managers (CM) that do a fantastic job. Magellan has an active career path that is outlined in the plan to include CM Coaches. Magellan is utilizing a Performance Managing technique for CM's to enhance performance when identified.
- Training Update
 - Development is underway. The Training Team has completed the training process and now the Clinical Team is developing the modules beyond the basic model.
 - CM training will have an out-in-the-field/hands-on approach for better training results.

ACTION: The board will receive an update from Carole Matyas regarding the advanced modules of the clinical CM Training.

- Billing updates
 - Based on a recent internal audit, clinics learned that they were not sending all clean claims in for appropriate billing. Magellan is looking at the billing system to make sure all corrections have been completed.
- Clinic Renovation Update
 - Cave Creek's lobby renovation has been completed. The 1300 Clinic's lobby is scheduled to start within the next two weeks. The East Mesa Clinic will be the next site scheduled.
- Transportation Updates
 - Carole is scheduled to meet with Total Transit on April 10 to discuss ways to improve service based on customer satisfaction results.
 - Carole met with ComTrans six weeks ago to discuss customer satisfaction results.
 - Magellan has designated at each site a Transportation Coordinator, who has the authority to address any service areas with providers. ComTrans has made significant improvements based on discussions with the Transportation Coordinators and Magellan seeks to have the same success with Total Transit.

OLD BUSINESS

Referral Update

Sarah Maloney, Chief Administrative Officer for Magellan of Arizona provided the board with an outlined description regarding the referral process and tracking system.

- What do Customer Service Associates (CSAs) do when they get a call?
 - CSAs will scope out the need and determine what population the individual is in.
 - Once the need and population of the individual has been determined, the CSA will proceed with finding the best provider to render those services. Through this process the CSA will gather more in-depth information regarding services needed; examples: Is the person pregnant? Was there substance abuse? Is the person receiving services through another RBHA? Did your doctor refer you for services and what were they for?
 - For SMI Evaluation, Court Order Evaluation, or Court Order Treatment, the CSAs have a referral process that will go straight to Osborn Clinic for emergent evaluations. More routine evaluations are sent to a evaluation mailbox system for scheduling an appointment. Non-SMI, or if the caller is GMH, the CSA will continue to gather more information.
 - The CSAs utilize a detailed program that will track down providers to match the caller's needs, such as: services provided; zip code; capacity available per provider.
- Checking on the CSA
 - CSA Supervisors observe each CSA, utilizing internal QI (Quality Improvement) monitoring, for two hours within a two week interval.
 - QI also utilizes random proxy calls to calculate Customer Service quality.
 - There are Provider Work Groups, which visit the site and shadow the phone calls then meet with Sarah and her staff to discuss their input.
 - The Customer Service Department works closely with Provider Liaisons in regards to provider capacity needs to equalize referrals between providers.
 - CSAs have huddle sessions to discuss issues before the start of each day.
- Tools
 - CSA have daily and weekly incentives for team support and exciting challenges.

- Visual white boards to see updated providers capacities and current availability.
- The board asked how the provider capacity is determined. Through the Magellan Network Department, Brenda Benage confirmed that provider capacity is determined by funding capacity allowed to the provider that provide intakes.

NEW BUSINESS

Nick Margiotta provided a Crisis System Summary Update

- Magellan should be proud of the shared governance, decision making and education of the board because it is working.
 - It would be great to have more providers in attendance.
 - Nick spoke to 100+ individual community representatives (providers, recipients) and found there to be an incredibly rich array of community services and providers, however they tend to work in silos and are not well integrated.
 - Our system of care will need to get to the root cause of issues for individuals in our community and address what is happening. Nick gave the analogy of a “band aid” being applied with each aspect of services being delivered, without dealing with the whole person or whole crisis at hand.
 - The crisis system must use a coordinated approach to treatment with all system of care partners in Arizona and not dismiss the recipient until the whole crisis situation is addressed and not just the immediate crisis concern.
 - Community outreach can explore the problems that exist and use resources at hand, e.g use of peers to help transition members, find them shelter beds in the community, make phone calls for transition.
 - The community really needs a third level one psychiatric facility in the east or north Valley to handle the community need and volume of individuals that appear at these type of facilities. These facilities are an integral piece to the viability of jail diversion efforts.
 - Crisis services need to be available to an individual (smi/non-smi, enrolled, non-enrolled, etc) who presents throughout the Crisis System and is open to engagement of available services.

PROPOSED NEW BUSINESS

1. The board requested a progress report on funding increases for peer programs, based on comments made at the last Community Forum.
2. The board requested a progress report on the Children’s Department to include the progress on the Children’s Chief role being filled.
 - Dr. Carson advised the board that the Children’s Chief job description has been submitted to Human Resources for approval. The job description will be released for consideration by applicants by next week.

PUBLIC COMMENT

Sandy Fitzpatrick with the STAR Recovery Center, and a recipient of services for five years commented:.

- Four recovery centers have closed their member intake services due to insufficient funding by Magellan.
 - Magellan told the community peer support programs would be increased by 3%, but recovery centers have not received increases for two years and there are wage freezes.
 - They were told if they could prove to the Finance Department that they were billing more than they are receiving, they would be given the extra funds. They proved it, but it was put on hold.
 - The crisis system is overloaded and recovery centers are in danger of closing and this would leave recipients out of services.

NEXT MEETING

The board will meet on the following dates: **Wednesday April 23, 2008** and **Wednesday, May 14, 2008 for Board Meetings**, and **Wednesday, April 30, 2008 for Board Development Sessions**. All Board Meetings will take place at Magellan Health Services, 4129 East Van Buren Street, Ste 150, Phoenix AZ, 85008 – Cottonwood Conference Room from 10 am – 12 pm. Locations for the Development Sessions will be communicated to Board members directly.

Meeting adjourned at 12 pm.