



Magellan of Arizona Regional Behavioral Health Administration for Maricopa County

Governance Board Minutes of November 28, 2007

PRESENT:

Community Members of Governance Board:

- 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
- Ted Williams, CEO, ABC Housing - CEO Adult Provider Representative
- Valerie Van Auker, Family Involvement Center - Family Member of Child Recipient Representative

Magellan Members of Governance Board:

- Anne McCabe - Representative of the Chief Executive Officer, Maricopa County RBHA
- Chris Carson – Representative of Chief Medical Officer, Maricopa County RBHA
- Andrea Smiley - Chief Community Relations Officer, Maricopa County RBHA
- Gaye Tolman - Chief Recovery and Resiliency Officer, Maricopa County RHBA
- Brenda Benage - Chief System Transformation Officer, Maricopa County RBHA
- Dan Wendt - Chief Quality Officer, Maricopa County RBHA

Consultant to the Governance Board:

- Charles Curie, Principal, The Curie Group

Staff Present:

- Minnie Kitchen, Meeting Recorder

ABSENT:

Staff to Governance Board

- Lynette Tolliver – Governance Board Administrator

In Session 10:00 a.m.

Board Minutes Submitted for November 14, 2007 Meeting:

Minutes were submitted to the Board for review. The Board approved the minutes unanimously.

MAGELLAN UPDATES

PNO Transition

Brenda Benage discussed with the Board the Network Transition Plan that is a deliverable to DBHS by 12/1/07. The Phase One clinic rollout will consist of one clinic transitioning to a Qualified Service Provider (QSP) in each Provider Network Organization (PNO) as previously decided by the Governance Board. The goal is to maintain stability at the direct care sites and retain the staff we have by maintaining the current

salary structure. The technology for the PNO's and the QSP's will be handled through ClaimTrak as previously decided by the Governance Board. Brenda also discussed with the Board that Magellan of Arizona is reviewing various finance models to include Case Rate funding for the PNO's for Case Management and Fee for Service for the QSPs for other clinic services. The Board discussed the proposal in general. The Board had questions regarding the level of flexibility or boundaries to consider in the decision process. Brenda responded that this is a Magellan plan that will be a living document. It is a contractual requirement for Magellan to submit this plan to the Division of Behavioral Health Services (DBHS). Chris Carson commented that we can always re-evaluate intermittently considering that the rollout is scheduled for March 31, 2008. Magellan will evaluate the process April 1, 2008 through June 30, 2008. The Board discussed briefly the Phase Two rollout of four to six more clinics which is scheduled between July 1, 2008 and September 30, 2008. Nick Margiotta suggested that the Network Development Transition Plan be modified to show that if the initial transition is successful, future transitions will be accelerated and monitored as needed. Sue Davis asked if the actions would pay attention to all duties included in Arizona Administrative Code Rule 9-21, including the role of designated representative. Brenda responded that the Service Delivery Transition Committee had discussed this and recommends that this be part of the training in the case management plan, as the goal is to make sure direct care clinic staff are knowledgeable about the designated representative. Brenda discussed with the Board that this transition requires a lot of work, evaluation, and time frames to obtain a successful outcome. If all goes well, the clinic rollout could be completed by July 2009. Magellan of Arizona's goals are aligning skill sets, successful delivery of services, choices in support and services, improved access to care, minimum duplication of functions, and mode of delivery of service resulting in improved care overall. Luz Sarmina asked if a decision had been made on the two clinics scheduled to roll out. Brenda advised the Board that the rollout date is actually March 31, 2008. Luz responded that her question was in response to the item "Identify Clinic Function by 11/30/07. Brenda clarified that this area pertained to the "selection of criteria" only. Ted Williams asked if Magellan would consider Urgent Care in this process and how does Magellan determine QSP status. Brenda commented that this plan focuses on the transition of the direct care clinics; excluding the UPC and that it is a collaborative decision process. Luz Sarmina had questions regarding "Roles/Responsibilities" on page 7 of 27 and asked "How does it work and how does the Governance Board get informed?" Brenda responded that the Regional Behavioral Health Authority (RHBA) would maintain all existing functions and the PNO's would assume the case management function. Luz Sarmina stated that in the last Governance Board Meeting there were questions regarding if the Governance Board has a role?" Ted Williams added to the question by inquiring if in this plan in particular. The Board asked if there were contracts for PNO's and QSP's. Referencing page 7 of 27, Action Step number four, Sue Davis asked if the Scope of Work included all responsibilities identified in R9-21. Brenda commented that there was an attachment to the plan on page 14. Chris Carson advised the Board that DBHS requested that these areas be combined. The Board inquired if the Governance Board would approve the document before it was submitted to the State. Chris Carson commented that there would be a cover letter to this living document. Sue Davis requested that the minutes reflect this discussion area. Chris Carson commented that this Governance Board is Magellan of Arizona. Luz Sarmina commented "that is great to hear." Chris Carson proposed an accelerated time frame and that this is a living document. Sue Davis moved that the Governance Board approve the Magellan Network Transition Plan as presented with the understanding that the Plan is a living document and will be changed as necessary. The motion was amended by consensus to have the plan be a Pilot Project, as had been decided at the last meeting, and would include sampling client and staff satisfaction and an accelerated roll out timeframe dependent upon the success of the initial roll out. Action taken on this issue at the last meeting will be incorporated into this motion. Valerie Van Auker seconded the motion. The Board unanimously approved the motion.

Non Title 19 / Titled Funding

The MCAP letter that focused on increased revenue being passed on to providers with a 1/1/08 deadline was discussed with the Board. Sue Davis stated that if AHCCCS enrollment goes up, so might requests for behavioral health services because AHCCCS members have a behavioral health benefit through the RBHA.

Meet Me Where I Am

Chris Carson provided an overview to the Board by discussing the capitation rates, budget, Medicaid funding, and care in the home and in the community. The Board was updated on the redistribution efforts regarding funds going to direct service providers. Ted Williams asked if the rollback would affect General Mental Health/Substance Abuse (GMHSA) funding. Chris commented that the rollbacks would end December 31, 2007 with the new contracts in effect January 1, 2008 for COOL, SAPT and Community Health. SMI will not be affected by the rollbacks. The Board was also advised that there is \$3.5 million at risk for crisis, court ordered treatment and the jail population. There were implications from the PNO's that data was being withheld. Chris advised the Board that the concerns being raised by the PNO's are or have been addressed. The Board discussed how the rollbacks could have huge repercussions and Magellan of Arizona will need a stronger handle on how and where. Ted Williams inquired about financial projections in non-titled areas. Chris commented that DBHS has a billion and a half dollars deposited as a reserve. Luz Sarmina asked if this was for "Meet Me Where I Am." Chris discussed the \$6.3 million and projected membership eligibility and how Magellan's 10/12ths equaled \$5.3 million and that Direct Service Providers and PNO's had received a large increase. Chris commented to the Board that Magellan of Arizona needed to pull back and reallocate. Luz Sarmina asked for clarification on what is meant by pull back? Shannon Sieverling commented that, in retrospective, to reallocate in shorter periods of time. Chris followed by advising the Board that this had not been done in the past. Nick Margiotta asked, "Is this something we have an option on or is it required?"

OLD BUSINESS

Housing Update

Stephanie Knox, Housing Director, Magellan Health Services of Arizona, presented to the Board in response to their request at the November 14, 2007 Governance Board Meeting and distributed a document entitled "Magellan's Federal and State Funded Housing Programs by Category 2006-2007" that included 2008 projections and advised the Board that the Housing Department's Goal is to provide safe, affordable, independent housing for Probation, DBT, Polidispia, Sexual/Behavioral, and the Incarcerated population. In 2007 Federally Funded Supportive Housing Grants translated into 559 slots for apartment complexes with fair market housing rates and the ability to pass the HQS inspection. Stephanie provided statistics to the Board regarding the breakdown of beds in Maricopa County. In 2007 HUD Management slots totaled 849 for Shelter Plus Care and 125 for HUD Mainstream. HUD Programs currently had 790 on the wait list with 20 placements per month. State Trust Funds supported 700 Adult Residential Treatment beds. The Community Living program for the *Arnold v. Sarn* priority population had 613 units with 30 on wait list and 5 placements per month. Community Building had 100 slots for consumers to learn community independent living. The Hope Transition Program is a one-year, work-related program. After a year consumers are on their own. It provides a subsidy; 30 % of income goes to escrow for down payment to purchase home, pay rent, or buy work/school related items, i.e. uniforms/computers/books. Restart and TLP Program had 51 slots available for overnight and up to 30-day stays.

There were 3,171 housing units in the 2007 supported housing program. We will collaborate with local non-profit agencies to seek other funding sources, including the City of Phoenix Special Housing and the Arizona Department of Housing. The Board was provided an overview of the 2008 Funding. ABC has applied for a \$1.3 million grant and an additional 86 beds in the Supported Housing Program. Magellan received \$1.2 million from the State for an additional 16 permanent housing beds for ages 18-21, Adult Residential, and Inpatient discharges. Magellan plans to expand the Hope Transition Program by 42 slots. Move-in assistance up to \$800 is available from the Hope Program, and we have a contract with CEDA, a local Food Pantry. Nick Margiotta asked if this consisted of apartment, SRO, or group living. Nick Margiotta asked if Magellan would continue to provide Match Letters to housing providers for their applications for HUD/McKinney Vento Funding. Stephanie responded yes on both areas. The Board asked if the housing system will stay with the RHBA. Chris Carson advised this has not been discussed yet. The Board inquired if the chronically

homeless housing stream population is on the radar? Stephanie responded yes with primary designation for chronically homeless, the Washington Clinic and the Day Resource Center. The Board asked does the recent change in the federal government's definition of homeless affect how we serve the homeless. The Board was advised yes, as of 7/2006 only the Emergent or those in homeless shelters, on the streets, in unfit living conditions, or currently in transitional/supportive-living for the homeless are eligible.

Sue Davis asked which housing items are funded by non-Title 19 dollars. Stephanie responded with Residential treatment and Community Living. Ted Williams asked with the new definition of housing, can you look for other fund sources? Stephanie answered, yes. Luz Sarmina asked who makes up the pool of people that need housing. Stephanie responded the homeless, general mental health, and those with a criminal history. Sue Davis asked if the municipal code could be changed and does the current program make it difficult for people with criminal records to find housing? Stephanie commented that a program called "Crime Free/Drug Free," embraced by local cities and promoted by police departments, is a difficult process to change, and landlords can be held liable if the process is not followed accurately.

SMI Evaluations

Dr. Harry Beaman, Director of Utilization and Review, Magellan Health Services of Arizona, and Dr. Dannenbaum, Chief Clinical Officer, Magellan Health Services of Arizona, presented to the Board an overview of SMI Evaluation Process and Procedures. The Board was advised there are two avenues, Evaluation and Determination. It takes three days to determine if an adult consumer is eligible. On average the Routine is 7 days, but Emergent takes only 24 hours to evaluate. Consumers are instructed to contact the customer service line to begin the process. Sue Davis asked if, during the evaluation interview process, Magellan accepts information from others, including family members. Dr. Beaman responded, yes, the more info the better; Dr. Dannenbaum commented, yes, including documents to support since there is no assumption of SMI. Sue Davis asked if evaluators used the *DSM-IV*. Chris Carson advised that the process is in the Provider Manual. Dr. Dannenbaum responded, the determination takes three days. Nick Margiotta stated that historically it often takes much longer to get the determination, after an evaluation was completed, and asked if it is standard practice to automatically seek extensions in determination or does it just happen this way? Dr. Dannenbaum responded that wait times to have an evaluation went from twenty days to seven days to ten days. We are trying to get it back down to seven days, 25% are done by external providers, which are faxed, not mailed. Nick asked at what level of inpatient facilities are individuals entitled to a priority evaluation in 24 hours? Dr. Beaman responded, Level One. Chris commented to the Board, if there is not adequate information, a determination still must be made. Nick commented regarding the homeless that the process had become such that appointments get scheduled through the Osborne site and then outreach has to reattempt to locate the individual to advise of the upcoming appointment, leading to a lot of no-shows. With one scheduler it takes a week to ten days to get an appointment at the Osborne site. The Board was advised that this meets the current timeframe. Nick inquired if evaluations are done in the park? Dr. Dannenbaum responded, No, and that the staff ratio is at fifty percent currently, but there is a backup plan. Chris asked if this information was being tracked, and Dr. Dannenbaum responded, yes. Sue Davis asked how many SMI determinations were informally appealed, what is the number of denials, and the appeal rate after denial? Dr. Beaman advised the Board that he would provide informal appeal data information at the next Governance Board Meeting, and it will be Magellan of Arizona specific data. Nick Margiotta asked if eligibility and SMI determination started at the time a prospective client presented. Chris answered by stating that they were concurrent processes. Brenda commented it is a part of eligibility, therefore mandatory. Nick Margiotta inquired if an emergent evaluation system exists for stakeholders who encounter people in the community who are not necessarily DTO/DTS but could become that without intervention? Dr. Dannenbaum commented at present, none, but we will look into it.

FOLLOWUP ITEMS

SMI Evaluations / Informal Appeal Data – Based on today’s SMI Evaluation Presentation a follow up presentation will take place at the December 12, 2007 Governance Board Meeting to provide the Informal Appeal Data to the Board.

Minimum Work Standards Definition – Per Brenda Benage, the definition is in process, and will be presented to the Board at a future meeting upon completion.

NEW BUSINESS

None

PUBLIC COMMENT SESSION

None received. The Board requested that Public Comment speakers be identified by name in future Governance Board Meeting Minutes.

NEXT MEETINGS

The Board will meet on the following dates:

- Wednesday, December 12, 2007
- Wednesday, January 9th, 2008
- Wednesday, January 23rd, 2008

All meetings will take place at Magellan Health Services, 4129 East Van Buren Street, Ste 150, Phoenix AZ, 85008 – Cottonwood Conference Room from 10am – 12pm.

Meeting Adjourned at 12:00pm