



Magellan of Virginia Governance Board

July 11, 2017

11013 West Broad Street, James River Conference Room, Glen Allen, VA 23060

Present:

Community Governance Board Members:

Laura Totty, Board Co-Chair, CSB Executive

Joseph Getch, Private Community Provider Executive

Alethea Lambert, Alternate for **Michael Tillem** - Advocate for Substance Abuse Services

Robert Fortini, Health Plan or Community Health Center Representative

Sarah Vanderhoof, Parent of Child/Youth Receiving Services

Magellan Governance Board Members:

Cornel Hubbard, Board Co-Chair, Sr. Director, Service Operations

Mira Signer, Director-System of Care

Rebekah Jewell, Interim QI Director

Jamaal Anderson, Alternate - Customer Service Director

Sheree Johnson, Health Plan Care Coordination Liaison

Danette Brady, Alternate- Medical Director

Brian Smock, Alternate for **Danyelle Smilovich** - Provider Network Director

Absent:

Joseph Hudson, Adult Service Recipient

Bonnie Neighbour, Advocate for Mental Health Services Representative

Michael Tillem, Advocate for Substance Abuse Services

Danyelle Smilovich – Provider Network Director

Guests/Presenters:

Pat Smith, DMAS

Magellan Governance Board Staff:

Paula Gomolla, Supervisor, Administrative Services

Rachel Parrish, Administrative Assistant

BOARD WELCOME AND INTRODUCTIONS

Cornel Hubbard called the meeting to order. Laura Totty reviewed the agenda for the day.

VACANT BOARD SEAT – HEALTH PLAN MEDICAL OR BEHAVIORAL HEALTH REPRESENTATIVE

Robert Fortini has graciously offered to stay on until a replacement is identified. Robert stated that he enjoys participating in the Board meetings and having a presence from one of the larger health systems during this time of transformation i.e., value based payment, reform around BH integration, is critical at this time. Bon Secours alone sees 110,000 patients per month, with a significant portion of those being Medicaid patients. Robert noted that he may have a colleague that can take his place on the Board. Laura and Cornel voiced their agreement of the importance of having a member on the board who was active in the health system. Cornel requested that Robert invite his colleague to visit the Governance Board website to apply for the open seat.

MUNICIPAL REPRESENTATIVE UPDATE

Cornel provided an update to the Board that the Charter will not be revised to include this position, as those representatives felt it was a conflict of interest to join the Board. A request was sent via email for a formal vote to change the Charter to eliminate this change. Additionally, the Medical Director position is vacant at this time, so the Clinical Director is sitting on the Board as an alternate. The Clinical Director can continue to participate once the Medical Director is hired, but not has a voting member. No questions were posed by the Board regarding this update.

INDEPENDENT ASSESSMENT CERTIFICATION & COORDINATION PROCESS (IACCT) UPDATE

Danette Brady provided this update to the Board. The Residential program is now live as of 7/1 and a huge component of that program is IACCT (single point of entry for Medicaid eligible youth), which allows them to be seen by a LMHP that is independent in the community to screen, get a thorough history, and provide an assessment to see what their needs are and looks at the most appropriate level of care for that youth. They then do a recommendation meeting with Magellan, family, providers and comes up with a plan of care. Magellan Care Managers focus on enhanced care coordination, individualized treatment, ensuring trauma informed care is part of the treatment plan, and to ensure family engagement/support along with the Providers. Family Support Coordinators are working with the members for aftercare to ensure continuum of care. Meet and greets and refresher trainings were performed throughout May and June (initial training was performed last fall in preparation for the January go-live, but that was pushed to July 1). Face to face site visits and webinars for over 40 providers was performed during April-June to help with implementation. Credentialing was completed and we are fully covered. The clinical team is fully staffed with nine CM, six family Support coordinators and 1 Clinical Lead. As of today's date, 139 IACCT inquiries have been received. Of those, 104 have been processed as 28 were duplicates and 7 did not have Medicaid. Trends will be continue to be monitored. Brian Smock asked if outcomes were being monitored. Danette noted several different processes and tools that the team will use to monitor utilization and outcomes. The Building Bridges Initiative (BBI) has been a great partner in working through barriers to overcome logistical and transportation issues.

GENERAL ASSEMBLY AND REGULATORY UPDATES

Mira Signer provided high level updates on four areas:

ARTS (Addiction Recovery & Treatment Services) went live in April 2017.

Peer Support Services is another transformational change that went live on July 1, where it is now a Medicaid funded service. Mira provided two DMAS handouts in the Board members folders that provides snapshot of the services and coverage offered.

The GAP program, managed by Magellan was recently funded to increase eligibility from 80% to 100% of poverty level. This will go live on October 1, 2017.

Board of Counseling was mandated by the General Assembly to establish registration for Peer Recovery Specialists (PRS) and Qualified Mental Health Professionals (QMHP) to ensure qualifications. This process is planned to wrap up by the end of the year. Mira noted that the Board of Counseling website has more information and encouraged members to provide feedback, ask questions or voice concerns regarding this mandate.

QUALITY IMPROVEMENT UPDATE

Rebekah Jewell provided an executive summary for Grievances, Reconsiderations, Quality of Care Concerns and Treatment Record Review, QI committees and QIA activities to the Board with supporting data for May 2017. The monthly Quality Improvement reports continue to be distributed electronically to the Board on a monthly basis for those months the Board does not meet.

PROGRAM UPDATES

Cornel shared that as previously covered by Danette and Mira, the IACCT & Peer Services went live on July 1st. The Peer Services transferred from authorization to non-auth/registration, which was a real win for the clinical team, as it is a high volume service that will now allow the clinicians to focus resources on improving turnaround time (TAT). Another win is that Outpatient Services will also move from authorization to non-auth/registration on July 26.

The CCC+ program will go live in the Tidewater area on August 1. Magellan will continue to manage the CMHRS services through the end of the year in partnership with the CCC+ program.

NEXT MEETING & FUTURE AGENDA ITEMS

The next meeting of the Governance Board will be on Tuesday, October 10, 2017 at Magellan Healthcare, 11013 West Broad St. Glen Allen VA 23060, James River Room.

The Board identified the following agenda items for the next session:

1. IACCT Update (standing item) – Danette Brady
2. Data on Utilization of Peer Services Program – Danette Brady
3. ARTS Initiative (Utilization and Outcome Measures) Update – Danette Brady

COMMUNITY INPUT

There was no need to open the Board meeting for public/community input as there were no public attendees.

ADJOURN

Laura Totty formally adjourned the meeting.

/pg