



Governance Board Minutes

February 19, 2015

Board Members Present:

- John Wendling, Co-Chair
- Pat Connell, Co-Chair
- Connie Barnes
- Jennifer Genzler
- Shannon Engler
- Alan Green
- Lisa Casullo
- Teresa Danforth
- Andrew Shapiro
- Janine Fromm
- Lisa Christensen
- Ken Timmerman
- Lori Hack

Other Invitees:

- Jamaree Maack

Public Agenda

A. Approval of Minutes:

Pat moved to approve the minutes as written for January, and Connie seconded the motion. The minutes were approved unanimously.

B. Follow-up on Recommendations from Prior Meeting:

- New member recruitment
John is schedule to attend meetings with the Nebraska Medical Association and a primary care group. All board members are encouraged to continue using available contacts to recommend a physical health representative.

- Revised Charter
Lori reviewed the recommended changes with the Magellan corporate legal team. They did not approve the requested change that would have removed Magellan's ability to remove or amend the charter. The change was not consistent with other lines of business within Magellan and caused concern for the legal team. All other changes were approved.

Lori motioned to accept the charter as final and Alan seconded the motion. Shannon abstained from voting and all others approved the motion.

C. Quality Performance Report:

Lisa Christensen provided the Quality Performance Report. She drew the Board's attention to three areas:

- In 2014 Magellan separated facilities from the provider satisfaction survey for the first time. It has been determined that the 2014 facility survey will be used as a benchmark and therefore will not be measure for meeting or not meeting targets.
- Magellan has reassessed the definition of adverse incidents. A death investigated and determined to be by natural causes will no longer be considered an adverse incident.
- Attention was drawn to reduction in total restraints, as well as no reports of prone restraints or the use of devises for the purpose of restraint. Therapeutic Group Homes continue to report no use of restraint in their facilities.

D. Governance Board Meeting Schedule

John reported that in coming months there may be scheduled conflicts with Governance Board meetings and asked to revisit moving to quarterly meetings. Monthly Governance Board meetings are not standard practice and Magellan wants to be respectful of everyone's time. Additionally, there is a lack of agenda items for discussion.

The board reported wanting to meet monthly and John asked what relevant agenda topics they would propose. Items included:

- Over prescription of psychotropic medications in children and the unintended consequences of changes to prescribing patterns.
- Use of treatment services in youth detention settings.
- Legislative action and new direction in HHS.
- Systems for integrating behavioral health and physical health without losing necessary focus on behavioral health needs or effective strategies.
- Magellan's integrated health plans in other states.
- Magellan's Strategic Plan.
- Communication strategies with providers.
- Identifying and building partnerships with counties.

In future meetings all members of the board will be asked to provide agenda and discussion. John emphasized that discussion should be consistent with the role of the board as detailed in the charter.

E. Open Discussion

Ken opened a discussion about members being denied care they have been receiving for many years and the anxiety it is causing for these members. Of particular concern is members receiving Psych Res Rehab who will lose their housing if care is denied. Ken's concern is that members who have been stable for long periods of time will decompensate as a result of the change in their circumstance.

Janine discussed that the clinical team is looking at these cases to determine if the treatment level is needed, or if members who have been in levels of treatment for approximately 10 years can move to lower levels of care. They are finding that often the treatment is comfortable for the member, but that they haven't met Medical Necessity Criteria for quite some time. Additionally, while these individuals remain in care, others who have immediate needs can't receive necessary treatment because they are on waiting lists.

Ken agreed that Medical Necessity is important, but questioned if more support needs to be provided through the transition. He also recommended that the clinical department consider slower transitions than the 30 days that has been discussed.

Janine agreed that the clinical team would re-evaluate the transition plans, as Magellan has no interest in causing serious distress for members through the process. Janine has plans to meet with Community Alliance to discuss their concerns related to these members.

Lisa Christensen recommended that Ken remind members of their right to appeal clinical decisions, which he agreed will be an important tool. She also recommended encouraging the use of Magellan Peer Specialist.

Magellan will continue to evaluate balancing the need to move members to appropriate levels of care with transition plans that support the members' stability.

Next Meeting:

March 19, 2015, 2:00 – 4:00

Co-Chair Signature

_____ **Date** _____

Co-Chair Signature

_____ **Date** _____