

Magellan Behavioral Health of Nebraska, Inc. Clinical Advisory Committee

December 15, 2015, 12:00 pm – 1:00 pm
Magellan Goldenrod Conference Room

Committee Chair: Janine Fromm
Minutes prepared by: Jamaree Maack

Participants	Capacity/Affiliation
Adam Proctor	System Transformation Director, Magellan Behavioral Health of Nebraska
Andrew Shapiro	COO, Magellan Behavioral Health of Nebraska
Bill Reay	Executive Director, Omni Behavioral Health
Janine Fromm, MD	Medical Director, Magellan Behavioral Health of Nebraska
Kenneth Zoucha, MD	Medical Director, Hastings
Monica Aurora, MD	Immanuel Hospital, Catholic Health Initiatives

Prior Minutes**Janine Fromm**

Discussion: Minutes for the October 2015 meeting were approved by the committee.

Play Therapy Proposal**Janine Fromm**

Discussion: Magellan received a proposal from a provider requesting that play therapy be a covered service. Dr. Fromm asked the committee to discuss if the proposal should be taken forward to Medicaid.

The proposal did offer some evidence, but Dr. Zoucha identified that all of the literature provided was from advocates of play therapy and not a neutral source. Dr. Reay and Dr. Fromm both reported that they have not seen clear evidence of effectiveness. Dr. Aurora reported that in personal experience she has seen successful play therapy, but it is also frequently misused so that it offers no therapeutic benefit.

Committee members felt the proposal did not address several issues and asked to have additional questions answered. Dr. Fromm will ask the providers for additional information, including clarification of training and credentialing, oversight, length of treatment and length of sessions, and how it would be determined what patients are appropriate to receive play therapy.

MAT medications**Janine Fromm**

Discussion: Magellan submitted a proposal to Medicaid to lower the age of Vivitrol use to sixteen. This was approved by Medicaid and the Medical Necessity Criteria has been updated to reflect the change.

Invega Trinza was also approved by Medicaid and is included on the revised Medical Necessity Criteria.

Dr. Zoucha reported that that he recently saw initial research supporting the use of Naltrexone for amphetamine use. In his experience this is the hardest to treat and youth would benefit from another medication assisted treatment option if this is supported. He also reported that the state recently received a grant related to MAT and one activity will be to education physicians on MAT. This is in the initial stages of planning. Dr. Fromm agreed that she frequently consults with physicians who have limited knowledge the use of these medications and would benefit from additional training.

EMDR for youth and adolescents**Janine Fromm**

Discussion: Magellan forwarded the request for EMDR coverage to Medicaid. The proposal was not approved and EMDR remains an excluded service at this time. Dr. Fromm believes that the individuals who presented the original proposal are in contact with Medicaid and are having further discussions about EMDR coverage.

Magellan corporately does support EMDR and has identified it as an evidence based practice. Various committee members identified that for some youth there is a benefit, however, the youth has to be the right frame of mind and have the right supports in place. Dr. Fromm identified that if EMDR becomes an approved service these factors can be considered in the development of the Medical Necessity Criteria.

Utilization Management**Janine Fromm**

Discussion: The committee reviewed the UM metrics for the previous several months. There were no areas that were outside of the targeted range that required additional discussion.

Dr. Zoucha did discuss the utilization of Substance Use Disorder PRTF for youth with ongoing cannabis use and repeated treatment failure. Because the criteria for PRTF includes medical urgency that is not met with cannabis use, these youth do not get authorized for PRTF. Dr. Zoucha discussed the difference in the effects of daily cannabis use by youth and adults, including psychotic disorders, loss of IQ, and impaired driving. He recommended that the long term impact on the developing brain be considered in the criteria.

Clinical Practice Guidelines**Janine Fromm**

Discussion: Medicaid approved the committee’s proposal to review CPG less frequently. As a result, this process is up to date and does not require attention at this time.

Committee focus and membership

Discussion: On January 1, 2017 Medicaid is intending to eliminate the behavioral health managed care plan and implement integrated health plans. Magellan made a business decision not to bid on this contract. The committee will continue to operate throughout 2016, and Dr. Fromm asked the members to consider what they would like to focus on with the remaining year.

Additionally, there were two applicants to the committee. One applicant is a provider of services for children, and this population is already heavily represented on the committee. The other applicant was a provider of adult services, but committee was not confident that a new member would be beneficial at this time. Committee members agree to review the applicant’s information and discuss it at the next meeting.

Next Meeting		
January 22, 2015	9:00 am – 10:00 am	Magellan Goldenrod Room

Respectfully Submitted,	(signature)	(date)
--------------------------------	-------------	--------