

7A.2 PROGRAMMATIC OVERVIEW

7A.2.1 Executive Summary

The Iowa Department of Human Services (DHS) and the Iowa Department of Public Health (IDPH) have reaffirmed their belief that the most effective and appropriate behavioral health services are best delivered as part of a recovery-oriented system that welcomes and engages Enrollees and Eligible Persons at all points in their personal recovery efforts and one that recognizes and builds upon individual strengths. The Departments require a managed behavioral health organization (MBHO) for the Iowa Plan that shares their values of hope, self-determination, empowering relationships, meaningful roles in society and eliminating stigma and discrimination. The Departments seek a partner with a “passion for innovation, system change and continued quality improvement.” Magellan Behavioral Care of Iowa, Inc. (Magellan of Iowa) has demonstrated our commitment to these beliefs and values through our performance during the past 14 years. It has been an honor to serve the Departments and the citizens of Iowa. Throughout our tenure we have been a committed, caring and continually improving organization that has partnered with the Departments to develop an effective clinical delivery system and operational infrastructure and from that solid foundation propose and implement meaningful innovations. Accomplishments include the industry’s first self-directed care program for persons with serious mental illness, evidenced-based practices such as Intensive Psychiatric Rehabilitation and Assertive Community Treatment, wraparound treatment planning approaches such as joint treatment planning, and strategies to increase access to care such as telehealth initiatives. Magellan of Iowa has met or exceeded every performance indicator standard for the past two years. Our demonstrated performance makes Magellan of Iowa the MBHO that is best positioned to meet and exceed the new requirements and priorities established to advance behavioral health delivery to a more fully coordinated and integrated recovery-oriented system of care.

Our approach for the next phase of the Iowa Plan is to continually improve the system by capitalizing upon our robust foundation that has been established by Magellan of Iowa and providing next generation innovations that address the new priorities established by the Departments. Our management strategy is straightforward: local expertise and accountability with national resources in support of the local program. While our competitors will discuss their experiences elsewhere, under our proposal Iowa’s behavioral health system will benefit from an established local partner with demonstrated performance, allowing attention to be directed to continual improvement rather than new start up efforts and the accompanying potential for service disruption.

While Magellan of Iowa has demonstrated our ability to successfully partner with the Departments on innovation and excellence, our parent Magellan Health Services, Inc. has provided national thought leadership in the effort to transform systems that facilitate and promote recovery, resiliency, and cultural competence. We have developed and implemented innovations that have assisted persons of all ages and their families to live full productive lives in communities of their choosing and these are available to Iowans. A few examples include self-directed care (SDC) pilot programs for families with children with autism in Pennsylvania and our Resiliency and Recovery e-learning center that offers free online training modules on recovery and resiliency developed by national experts, consumers and families. We have developed proprietary consumer outcome measures such as the Consumer Health Inventory (CHI), which uses a recovery and resiliency orientation in measuring behavioral health outcomes and demonstrated improvement in consumer health and productivity. We have established national partnerships with the National Alliance for Mental Illness (NAMI), the Rehabilitation Association, Depression Bipolar Support Alliance, and the National Federation of Families for Children’s Mental Health that have and will continue to benefit the Iowa Plan’s participants and providers.

The benefits of both a national leader and a proven local partner are only available to the Departments through Magellan.

Magellan of Iowa’s Strategic Advantages for the Iowa Plan for Rapid and Continual Improvement

Magellan of Iowa brings multiple strategic advantages to the Departments. The first of these is our robust Iowa infrastructure which allows the immediate focus on improving the service system and addressing the new requirements and priorities established in the RFP. The second advantage is that with the efficiencies we’ve already implemented and the enhancements we’ve proposed, we can reduce the administrative fund percentages so that more funds are available for care. The combination of these factors, robust infrastructure and more care funds allow us to implement efforts to address the Iowa Plan’s new priorities in a timely and effective manner.

Leveraging Clinical Strength and Infrastructure for Next Generation Innovations

Experience in Iowa. Magellan of Iowa brings significant experience and expertise along with Iowa-based values, focus, and commitment to our service. For more than a decade now, we have provided behavioral health coverage for adults, adolescents and children, and successfully and continually attained the standards of excellence set in the Iowa Plan. Annually we service 325,000 Iowans in the Iowa Plan.

Existing Provider Network Capacity. Magellan has the singular advantage of currently having in place fully contracted and credentialed statewide networks that meet the needs of the existing requirements of the Iowa Plan. Our policies and procedures related to the Iowa Plan provider network have been approved by DHS and IDPH and meet all state and federal requirements. While a new vendor would be required to spend time and resources through January 2010 recruiting, credentialing, and contracting a new provider network, we will focus our resources throughout the rest of 2009 on developing additional capacity for the new age 65 and older Enrollee population, filling identified service gaps, and implementing new programs and services such as Level I Sub-acute, 24-hour mental health stabilization, and substance abuse peer support. Magellan will exceed RFP requirements by having new levels of care and services in place prior to January 1, 2010.

Demonstrated Claims Processing Performance Magellan brings a demonstrated history of timely claims processing for Iowa Plan claims. Magellan’s claims system, the Claims Adjudication and Payment System (CAPS), accurately processes claims for mental health and substance abuse treatment, and has the flexibility built into the claims processing system to be able to set timely filing limits by contract. Magellan’s claims processing time frames have consistently exceeded the contractual targets of 85 percent within 12 days and 90 percent within 30 days. In 2008, we processed 94.74 percent of all Iowa Plan claims in 12 days and processed 99.99 percent in 30 days. Based on this information, Magellan is proposing to increase the performance guarantee target percentage of claims processed beyond the RFP requirements. We propose that targets be increased to 90 percent within 12 days and 99 percent within 30 days.

State-of-the-Art Iowa Management Information System. Magellan maintains a fully integrated information system platform supporting all the functions required by the Iowa Plan. Since the inception of the contract between the State of Iowa and Magellan, the core systems that manage the data elements of Iowa’s program have continually evolved as the needs of the program have grown. We have updated from an IBM AS/400 platform to the more current IBM iSeries and increased our analytic and reporting capabilities powered by upgrades to our data warehousing. This has given us added capacity in producing more robust standard reports as well as the ability to deliver a majority of ad hoc reports within two days of their request from the Iowa Plan. In addition, during the past year, we added value to the current contract by providing our online Dashboard Reports for both DHS and DPH giving timely and easily accessible information on our performance. Magellan is implementing a new Web site in 2009 specifically for the Iowa Plan, www.MagellanoIowa.com. We continue to increase, expand, and grow our Web technologies to offer increased functionality for consumers, providers, and the Iowa Plan administrators.

“Through this reprocurement of the Iowa Plan, the Departments are jointly striving to make continued improvements to the state’s behavioral health care system.” (page 7) Magellan of Iowa’s infrastructure allows the improvements to continue now, prior to the next contract period.



Effectively Meeting the Priorities for the next Iowa Plan Contract

More funds for care will assure that Magellan can address the new priorities established by the Departments. While our proposal addresses in detail past performance and our approach to meeting the contract priorities, a few highlights illustrating our proposals are presented below.

- **Provide services to Enrollees age 65 and Older in the Iowa Plan.** To address the unique needs and challenges of this age group, Magellan is excited to propose a new program of comprehensive, coordinated services—*SeniorConnect*—to Iowa Plan Enrollees, caregivers, and stakeholders. *SeniorConnect* is a robust program that includes outreach, access to specialized provider network resources, a team of professional staff dedicated to improving the lives of older Iowans, a *SeniorConnect* information line, and meaningful stakeholder input into program features and service needs through a 65 and older Stakeholder Circle. We also propose immediate network expansion as well as an innovative pilot to address the issues of social isolation often experienced by older Americans.
- **Continue Expansion of Recovery and Rehabilitation Services.** We will continue to work closely with NAMI Iowa, the Iowa chapter of the Federation of Families for Children’s Mental Health, the Iowa Advocates for Mental Health Recovery, the local chapters of the Depression Bipolar Support Alliance to develop collaboration agreements allowing them to hire part-time consumers and families to serve as community liaisons from each of Iowa’s six managed care regions to expand our reach into the heart of Iowa communities. Community liaisons will help to conduct “experience of care” surveys as well as mentor and engage other consumers and families from their regions. With direct access to our quality improvement and network strategy efforts, this information and outreach will not only increase the voice of consumers, but provide direct feedback into our provider network improvement and expansions. While Magellan currently offers psychiatric rehabilitation services through our provider network, which includes eight providers of intensive psychiatric rehabilitation, one clubhouse, and eight peer support programs, of which five are consumer-operated recovery centers, we plan further expansions including the substance abuse peer support service.
- **Require Services Available Statewide.** Since the first iteration of the Iowa Plan in January 1999, Magellan has been in 100 percent compliance with all access standards as defined by the Iowa Plan contract. With the new standards in the RFP, we have already begun to identify and address needed capacity through program expansions and telehealth. Telehealth is but one strategy that we have utilized to increase access to care and we currently have 61 telehealth sites in 48 counties throughout Iowa and continue to expand our efforts to reach out to providers who can assist with the opportunity to improve access to psychiatric services. Magellan of Iowa plans to continue working with our contracted community mental health centers (CMHCs) and hospital providers throughout the state already benefiting from telehealth initiatives in underserved and rural counties for both children and adults. We also are recommending, upon approved by the Departments, up to \$500,000 per year in reinvestment dollars be allocated over the next three years toward expanding telehealth to increase access and meet the needs of Iowans. Realization of our plan will result in telehealth services availability in all 99 Iowa counties by 2012.
- **Coordinate Services for those with Co-Occurring Conditions.** Within the Iowa Plan membership, several groups of Eligible Persons face particularly complex challenges and require a more focused approach to care coordination to successfully meet their recovery goals. Chief among these groups are persons who have more than one diagnosis and who, as a result, often become involved with more than one public system or agency. Magellan employs different tactics for each of these groups, however, our overall approach to co-occurring, multi-system issues incorporates both systemic and individual components which include: Outreach and education with State agencies; Outreach and training for community stakeholders, and approaches that address the Individual Needs of Members and Their Families - Joint Treatment Planning, Intensive Care Management, Predictive Modeling to Identify At-Risk Members, and an Outcomes Management Program. Our detailed response describes successful initiatives currently in place and we are also excited to highlight several robust enhancements to our program that we believe will directly address the Departments’ concerns about specific subpopulations of Eligible Persons with specialized and complex needs.
- **Reduce Readmission Rates.** Magellan of Iowa is proud of the fact that we have met the prior performance indicator standards for readmission over the life of the Iowa Plan contract. We will review our community-based network capacity for compliance with the new performance standards, and simultaneously implement our enhanced predictive modeling application to assure early identification and intervention for persons at-risk for

inpatient and residential levels of care. Those at risk will be linked with our Intensive Care Management program. Magellan plans to expand the crisis stabilization services to avert future inpatient stays. We envision 24 hour mental health stabilization as a “menu” of services available for Iowan’s. Rather than trying to define a level of care, and employing a “one size fits all” approach we will enhance existing services already within the network and add new services to offer a broader array of mental health stabilization services. To increase the service array, Magellan proposes to add a new service: Crisis Support. Crisis Support will be provided by on-call nursing staff and be available to any member in crisis. Ideally, nurses are available 24/7 as part of the CMHC, agency, or group on call response system where the member usually goes for services. Member can also call the Iowa office and a referral can be made to a nurse/agency contracted for this new service and get an immediate call back to the member. We also propose to add 24 hour crisis stabilization beds in rural medical facilities.

- **Improve Services for Children and Families.** Magellan plans to implement an enhanced wraparound approach by expanding our joint treatment planning process to reach more Iowa families, engaging the top 10 percent of children at risk of extended inpatient or residential treatment. This will facilitate a person-centered plan of care for young people and their families who are at risk for out-of-home care, such as inpatient, state custody or PMIC-like settings. It will also improve the likelihood of a successful reintegration to home and community for at-risk children. We will support parents and kinship caregivers in selecting their team and designing their care, and introduce more community providers to the planning process by ensuring that therapists and psychiatrists can receive reimbursement for their participation. We will include our family specialist in joint treatment planning with approval from the child’s parents. We also will ensure that flexible funds are strategically employed for Iowa’s children. We will use a wraparound fidelity index tool to measure the effectiveness of this approach and make improvements as warranted.
- **Coordinate with Other State and Local Agency Efforts.** We agree with the Departments that consistent, ongoing inter-agency communication is the foundation for successful integrated systems and treatment planning. Magellan has had and will continue ongoing collaboration with state agencies. During the past two years we have given input into the RFP that the Division of Mental Health and Disability Services (MHDS) released for the Emergency Mental Health Crisis Services System and participated in the Mental Health Work Groups and Steering Committee that resulted in legislative recommendations during the 2008 Legislative Session. Further, we participated in the Co-Occurring Academy and the Co-Occurring Workgroup of IDPH and DHS. Moving forward, Magellan will expand coordination and integration by convening an Interagency Planning Committee to develop an action plan to improve integration and coordination across mental health and mental retardation/developmental disability services, physical and mental health, and coordination of Iowa Plan services with the counties. In addition to providers with expertise in co-occurring disorders, we will invite participation of a county Central Points of Coordination (CPC) representative, a state corrections representative, an Iowa Medicaid Enterprise (IME) representative, consumer and family advocates, a child welfare representative, DHS and IDPH staff, and a key person representing mental retardation/developmental disabilities. We will coordinate the work with the IDPH/DHS Co-Occurring Policy Academy and the work of numerous other groups that are addressing these issues. The workgroup will submit recommendations by April 30, 2010, and these recommendations will be provided in the context of existing financial constraints.
- **Expand Measurement of Outcomes.** Applying lessons learned through our experience with various outcomes tool, Magellan is well-positioned to successfully implement a meaningful state-wide outcomes measurement program for the Iowa Plan. The foundation of our approach is the Magellan *Outcomes360sm* program, which supports evidence-based practice in the field and provides a comprehensive approach to clinical measurement, integration, and reporting. Magellan designed our outcomes program, drawing not only from industry standards for effective measurement tools, but also collaborating with industry leaders to develop scientifically sound and clinically useful measurement instruments. The end result is reliable data reflecting the functional health status of individuals, with strong recovery and resiliency components and orientation. Magellan will expand *Outcomes360* across the Iowa Plan, using a staged roll-out plan to engage various provider groups.
- **Continuous Quality Improvement.** Magellan has a demonstrated record of continuous quality improvement for our own performance and of our provider network. We will continue listening to the input of the Iowa Plan participants and stakeholders through our extensive array of advisory groups, roundtables and stakeholder circles and we will utilize their input to revise our internal approaches as well as to expand our provider profiling and reward for performance initiatives. Magellan’s current Iowa Quality Assurance (QA) and Performance

Improvement Plan is scheduled for review and update in August 2009. The resulting 2009-2010 (QA) Plan, will include all enhancements necessary to meet new contract requirements, as well as any changes needed to comply with NCQA accreditation requirements. By implementing changes for the new contract early through our annual quality improvement processes, we can ensure a fully operational updated quality assurance and performance improvement program on day one of the new contract. Magellan will achieve one-year accreditations as a managed behavioral health organization from NCQA within 24 months of contract implementation date and will maintain our accreditation for the duration of the contract.

The Passion to Succeed

One of the key characteristics of the MBHO that is being sought by the Department's RFP is "...passion for innovation, system change and continued quality improvement." (page 8) Since 1995, Magellan of Iowa has been an integral component of Iowa's behavioral health system. We're more than a good corporate citizen; we are active community members of the many local Iowa communities we serve. We live here, work here and support our neighbors in times of need. We are interwoven into the fabric the community. Iowa is our home and we care deeply about the needs of our fellow citizens. Our foundation of quality and our focus on serving people and improving their lives is why we are here, it is our passion. It is that passion that drives us to continue to work in partnership with our participants, providers and the Departments to make a difference in the lives of Iowans.

7A.2.2 Enrollees 65 and Older

Describe the Bidder's experience in treating individuals aged 65 and older. Please provide information on other states in which the Bidder provides or has provided such coverage;

Magellan's Relevant Experience, Knowledge, and Relationships

Magellan Behavioral Care of Iowa, Inc. (Magellan) will bring our national experience in serving older adults to support and expand our existing program in Iowa. As a result of our conversations with leaders within Iowa's aging community such as the Area Agencies on Aging, Iowa Elder Affairs, the University of Iowa's Center on Aging, and outreach to network providers experienced in serving older adults, we are confident that we are well positioned to serve Enrollees aged 65 and older. In common with local leaders who partnered with Magellan in the planning process, we truly believe that expanding the Iowa Plan to include these individuals will make a positive change in their lives. Services and supports need not end when a person reaches the age of 65, but rather can continue without disruption in services. Community-based services in the Iowa Plan such as community support services, assertive community treatment (ACT), home-based services, mobile counseling, peer support, intensive psychiatric rehabilitation, and substance abuse residential treatment can continue and be adapted as needed to address these needs. **Our joint vision is that all Enrollees who are ages 65 and older have access to appropriate Iowa Plan services and that we ensure a continuum of services and continuity of care over the life span.**

As a national company, Magellan is active in many states managing and coordinating mental health and substance abuse services for more than half a million older adults age 65 or older who are in Medicare Advantage, are dual eligible Medicaid and Medicare, have other third-party insurance or receive services under other older adult programs. Magellan manages Medicare Advantage membership totaling 338,000 in the Northeast, Southeast, and Southwest regions of the country through eight contracts with health plans, such as Blue Cross/Blue Shield of Texas, Independence Blue Cross, and First Care. This experience has provided direct knowledge and experience in the coordination of care for older adults who have both behavioral and physical health care needs.

We also are experienced in managing care for dual eligible members (Medicare and Medicaid), with current membership in Tennessee and Pennsylvania totaling more than 170,000 lives. We presently serve this population in Iowa for persons under the age of 65. While this younger dual eligible population may have a different clinical profile of need, managing their care has highlighted the importance of coordination of benefit issues as well as the need for medical-behavioral coordination. Through this national experience Magellan recognizes the unique characteristics of older adults and has the expertise to establish delivery systems that address the specific needs of these Enrollees with mental health and/or substance abuse diagnoses. Key strategies that we have employed based on our experience, and at the request of health plans, state and local governments, and other customers, include:

- network inclusion of geriatricians including psychiatrists and other specialty providers
- contracts with geriatricians who visit Enrollees in nursing homes and consult with nursing home staff about behavioral issues
- coordination of transportation and other access concerns
- a continuum of care that includes appropriate alternative levels of care such as psychiatric home health care nursing
- specialized coordination of care with health plans' medical programs through our array of medical/behavioral integrated services
- preventive health programs that screen members over the age of 65 for depression
- development and implementation of Medicare-specific policies including appeals processes and assuring compliance with federal regulation.

In addition to our national experience, we know Iowa. We know that Iowa ranks fourth in the nation in the percentage of individuals age 65 and older and that 42 percent of them live in 73 counties with populations less than 24,000 residents each. We also know from ongoing discussions with the University of Iowa's Center on Aging that there are generally three sub-populations of elders: those that have traditional Medicaid and live in the community; those that receive services through the Home and Community Based Services-Elderly Waiver, and those that reside in nursing homes and have had a Preadmission Screening and Annual Resident Review (PASARR). Of particular note in Iowa is that we managed the care

for older Iowans through the State Payment Program from 1999 to 2006. We served individuals with a mental health diagnosis who were age 65 and older and provided them mental health services through a customized provider network including outpatient, day treatment, payee, mobile outreach, and residential and medication management. A psychiatric nurse care manager provided oversight of the authorization of psychiatric medications. We also provided care for individuals in residential care each year with services appropriate to their mental health needs. A multidisciplinary team led by our clinical director provided oversight of the treatment plan, which included psychiatric medications, to assure quality and appropriate services.

While experience in managing care for older adults is invaluable, as an integral member of the health care delivery system in Iowa, Magellan brings the additional advantage of existing knowledge and effective working relationships with key agencies and providers in Iowa's aging community. We have established relationships with IME, nursing homes, and many members of the provider community serving this population. As the current manager for the Iowa Plan, we receive referrals from the Iowa Medicaid Enterprise (IME) for members who are not enrolled in the Iowa Plan and are over age 65. We have developed a number of linkages to refer these members to other resources and community services. As noted below and elsewhere in our proposal, providers already engaged in our network have skills and abilities to provide behavioral care to Iowa seniors even when we are not responsible for managing their care. The focus of the elderly waiver is to keep people in their own homes, but sometimes individuals need the medical care offered in a nursing home. Magellan understands the needs of persons at risk for and residing in nursing homes because we have managed the providers and payments for the PASARRs for Enrollees admission to nursing homes since 1995. Considering members under age 65 sometimes require Iowa Plan services while residing in nursing homes, we currently manage that care. This knowledge of Iowa, our national experiences with older adults, and our existing relationships will assure a smooth transition for Enrollees because we will have established outlets for early communication to Enrollees and existing provider contracts that can assure continuity of care.

- particular challenges the Bidder has encountered in serving this population;

Magellan identified the everyday challenges that older adults face in accessing mental health and substance abuse services based on our experiences in other states, through knowledge of the professional literature, and, most importantly, through interviews and ongoing communication with key Iowa stakeholders and organizations serving older Iowans, such as the University of Iowa Center on Aging, Iowa Elder Affairs, and Iowa Community Mental Health Center and Substance Abuse Treatment Executive Directors. We outline those challenges below and then propose solutions to address them.

Challenges Meeting the Service Needs of Older Adults

The major challenges inherent in providing behavioral health treatment to older adults are:

- Older adults often experience social isolation and have a high prevalence of need for services.
- Older Americans are disproportionately more likely to die by suicide and have a high prevalence of depression. Comprising only 12 percent of the U.S. population, individuals age 65 and older accounted for 16 percent of all suicide deaths in 2004.¹ An estimated 6.5 million of the nearly 35 million Americans age 65 and older show symptoms of a depressive illness or subsyndromal depression.² Most older adults with depression have been suffering from episodes of the illness most of their lives. For others, however, depression can begin late in life due to an increase in dependency and disability.³
- Older adults access behavioral services at lower rates than other age groups due to stigma, a lack of symptom identification, or transportation needs. In the five counties in Pennsylvania where we manage behavioral services, we find that the age 65 and older population has a much lower penetration rate compared to the total population. For example, the penetration rate for persons of all ages in our five contracts ranges from 12.4 percent to 9.45 percent. However, for persons over the age 65, the rate is much lower, ranging from 1.83 percent to 2.05 percent.

¹ National Institute of Mental Health; "Older Adults: Depression and Suicide Facts"; 2003 (rev); <http://www.nimh.nih.gov/publicat/elderlydepsuicide.cfm>

² National Alliance for Mental Illness; "Depression in Older Persons"; 2003(rev); http://www.nami.org/Content/ContentGroups/HelpLine1/Depression_In_Older_Persons.htm

³ http://my.webmd.com/content/article/19/1728_50027?src=Inktomi&condition=Home%20&%20Top%20Stories

This low penetration rate concerns us, and we have efforts underway to identify approaches to address these needs in Pennsylvania. Clearly, we have been told by Iowa stakeholders during our ongoing conversations that access is a major issue in treating this population. In addition, depression often goes untreated due to the misconception that it is a normal part of aging due to chronic illness and loss. This is a common sentiment held by many adults and their families.

- Given the rural nature of Iowa, providers report that older adults have difficulties accessing services due to limited transportation as well as limited availability of mental health and substance abuse services. They may have limited support from family members who may not live in the area and may need additional non-family natural and community supports. During the next decade this trend will continue to be a problem, and it will increase. According to Woods & Pool Economics, 30 percent of Iowa counties had at least 20 percent of their residents age 65 and older in 2000. By 2030, more than 89 percent of Iowa counties will have 20 percent of their residents 65 and older.⁴
- Older adults with behavioral needs often have medical conditions, such as diabetes, stroke, chronic obstructive pulmonary disease, and congestive heart failure, which require medical/psychiatric integration. In Magellan's experience, coordination of care, if not done well, for Enrollees age 65 and older is a challenge. Medical issues can become prominent from a service provider standpoint. Medical issues tend to become the focus of health care and mental health and substance abuse needs become secondary. As a result, coordination with primary care is vital.

SeniorConnect: Magellan's Overarching Service Solution for Older Adults

To address the unique needs and challenges highlighted above, Magellan is excited to propose a new program of comprehensive, coordinated services—*SeniorConnect*—to Iowa Plan Enrollees, caregivers, and stakeholders. *SeniorConnect* is designed as a robust program that includes outreach, access to specialized provider network resources, a team of professional staff dedicated to improving the lives of older Iowans, a *SeniorConnect* information line, and meaningful stakeholder input into program features and service needs through a **65+ Stakeholder Circle**, which is described further below.

Outreach and Education. To address the issues of stigma and lack of information, we will actively pursue multiple strategies and avenues to conduct outreach and provide educational forums and materials specifically for persons ages 65 and older. We will coordinate with the 13 Area Agencies on Aging to conduct outreach activities at their sponsored congregate meal sites throughout the state where more than 50,000 older Iowans regularly attend.⁵ We are already confirmed to provide educational materials and exhibit at the 30th Annual Governor's Conference on Aging on May 13 and 14, 2009, at Hy-Vee Hall in downtown Des Moines where six to seven hundred professionals in the field of aging, as well as older adults themselves, are expected to attend. We will utilize the lessons learned from what has been successful from our experience in Arizona, where Magellan partners with the Area Agency on Aging to work together to identify the unique needs of local residents who are 65 and older. We will work together to develop outreach strategies, provide behavioral health information, and inform best practices. One recent activity was a presentation to Magellan's 'Brown Bag Series' that was targeted to providers, staff and the general community on working with older Americans. We also will explore the applicability of this effort in Iowa through discussion at our 65+ Stakeholder Circle.

Increased Access to Specialized Services. To address issues of barriers to access in Iowa, we will determine current penetration rates and establish goals to increase access during the contract period. Because depression is one of the most prevalent diagnoses, Magellan will work with the members of the 65+ Stakeholder Circle to recommend preventive health programs that screen members over the age of 65 for depression. We will look to work with the University of Iowa's Center on Aging to organize, inform, and conduct training for the Iowa Plan and use our own administrative funds to support this activity. For example, training for Magellan and our provider network will include Substance Abuse & Mental Health Services Administration's (SAMHSA's) Evidence-Based Practices for Preventing Substance Abuse and Mental Health Problems in Older Adults using the Alcohol Use Disorders Identification Test (AUDIT) screening tool. We will evaluate the use of the Outcome and Assessment Information Set (OASIS). This tool provides a standardized, recurrent opportunity for detection of key symptoms of depression. Additionally, we will work with nursing facilities to ensure that mental health symptoms identified during the PASARR have appropriate follow up.

⁴ <http://www.iowadatabase.org>

⁵ Iowa Department of Elder Affairs, Activity Report (State Fiscal Year 2008), October 2008.

Services such as in-home psychiatric nursing, mobile counseling, community support services, and ACT (previously unavailable to these Enrollees as they were excluded from the Iowa Plan in previous contracts) will be available to persons age 65 and older. These in-home type services will significantly help people access services when transportation is a barrier. We clearly recognize that these services need to be customized for Enrollees who are 65 and older to ensure an intensive level of coordination, particularly in addressing comorbidities, and we will provide both internal and provider training to support appropriate service provision.

Team of Professional Staff. The *SeniorConnect* team represents an exciting evolution of Magellan’s utilization management (UM) approach. The *SeniorConnect* team will conduct outreach throughout Iowa to connect with Enrollees in their communities and homes. They will focus specifically on coordinating care and services for older adults, and will include Magellan’s clinical director, director of UM, manager of special populations, *SeniorConnect* liaison, follow-up specialist, director of member services, and peer family specialists. The team will be led by our *SeniorConnect* liaison, George Dorsey, a care manager who has experience and knowledge of the needs of older Iowans. They will have access to a multidisciplinary team of professionals across the geographic regions to oversee the medical/behavioral care of older adults.

***SeniorConnect* Information Line.** Easy accessible communication also will assist in promoting access to services for Enrollees 65 and older. We will establish a dedicated information phone line—*SeniorConnect* Information Line—for Enrollees, family members, caregivers, primary care physicians (PCPs), geriatricians, and other key stakeholders to have direct access to Magellan’s *SeniorConnect* team. *SeniorConnect* team members will offer the following services to those participating in the program:

- motivational interviewing techniques to establish a relationship
- ongoing contact from SeniorConnect staff to connect with Enrollees by phone and in person in their own communities, using bilingual staff and interpreters when needed
- contact with family, caregivers and medical providers as needed
- offering Iowa Plan services for those covered under the Plan who are enrolled in Medicaid.

Medical/Behavioral Integration. To address the issues of medical integration, Magellan will continue to work with IME on a Behavioral Health and Medical Care Coordination project to optimize overall health status for Medicaid members with chronic medical problems and concomitant psychiatric needs through care management coordination. The project is designed to help members access mental health/substance abuse services and to reduce depressive symptoms as measured by the Patient Health Questionnaire-9. (This project is fully discussed in section 7A2.3. In addition, we will develop an outreach campaign to PCPs to assure referral opportunities, care coordination, and consultation with a behavioral health specialist.

[REDACTED]

[REDACTED]

[REDACTED]



- any recommended additions to the provider network to better serve those aged 65 and older, and

Recommendations for Magellan’s SeniorConnect Provider Network

In addition to the solutions proposed above, Magellan has evaluated our existing Iowa Plan provider network and has determined that we have in place a robust provider network to provide services for Iowans aged 65 and older that we will enhance. While competitors will need to establish an entire network, we will focus on the expansion of a network that already includes the following resources serving persons 65 and older: more than 500 individual providers already providing outpatient services to older Iowans; Iowa’s 35 community mental health centers that provide a full array of outpatient and community support services located throughout the state; 32 substance abuse providers; 26 mobile counselors; 120 provider locations for in-home psychiatric nurses; five ACT teams; 35 mental health units in hospitals; and four Mental Health Institutes (MHI) including the MHI in Clarinda with a long-term gero-psychiatric unit.

In addition, we completed a network match based on the list of providers for older adults provided by the state in response to bidder questions. The results demonstrate that nearly all of the behavioral health providers paid by IME are already in Magellan’s Iowa Plan provider network.

Magellan will continue to expand our provider network to include the following:

- additional geriatricians, including psychiatrists and other specialty providers to provide direct services as well as to consult with family members, PCPs, and nursing home staff about behavioral issues
- the four specialized mental health inpatient units for geriatric patients at Satori Hospital, Iowa Lutheran Hospital, Finley Hospital, and Mahaska County Hospital.

However, simply having a provider network to deliver covered Iowa Plan services is not adequate to meet all the needs of older Iowans. The addition of specialty services, integrated services and supports, and community and natural supports are critical in meeting these needs. We will pursue the addition of peer support specialist services for older Iowans to improve social ties and increase access to mental health and substance abuse services through outreach to meal sites, homes, day centers, and medical clinics. Trained peer support specialists from the same age group will have their own recovery story to tell. They can help break down barriers in accessing treatment for mental health and substance abuse. Peer support specialists, home-based psychiatric nurses, and mobile counselors will work together using a team approach to take services to older Iowans who are unable to access traditional services. There is evidence that supports the need for in-home services as an engagement strategy for older adults.⁶ We will make other covered, required, or optional services available to seniors as needed.

⁶ Van Citters, A., Nartels, S. A systematic review of the effectiveness of community-based mental health outreach services for older adults. *Psychiatric Services*, Vol. 55, No. 11, November 2004, p. 1237-1249.

Sullivan, M., LeClair, J., Stolee, P., Berta, W. Defining best practices for specialty geriatric mental health outreach services, lessons for implementing mental health reform, *Can J Psychiatry*, Vol. 49, No. 7, July 2004, pp. 456 and 466.

- a proposed transition plan to ensure continuity of care while enrolling the population into the Iowa Plan, including a communication plan.

Magellan’s transition activities are designed to assure a seamless transition into the Iowa Plan for our Enrollees. To that end, we have established guiding principles for all transition or implementation efforts:

- Every decision we make is based on our philosophy that Enrollees’ needs always come first.
- Enrollees and their families, as well as providers, advocates and other stakeholders, are informed of impending changes; therefore, communication and training are comprehensive and ongoing.
- Continuity of care is paramount; all Enrollees continue to receive needed mental health and substance abuse services.
- Enrollees have access to a full array of services and providers are supported through the transition.

Since Magellan has an established program in place for other Iowa Plan Eligible Persons, we can provide a high level of focus on the careful and thoughtful transition of Enrollees age 65 and older. Building on the infrastructure already in place, we will focus on the following activities to ensure a smooth transition and ongoing program operations.

Consensus-Based Planning Through the New 65+ Stakeholder Circle

We propose establishing a 65+ Stakeholder Circle to ensure consensus-based planning focused on a system of care approach. Circles offer a forum for a wide variety of stakeholders interested in the issues surrounding a particular group of consumers who are served through the Iowa Plan. The intention of a stakeholder circle is sharing, describing, and understanding the landscape of the system from each other’s perspectives. Building on the success of our current Iowa Circle that focuses on Children’s Mental Health, Magellan plans to extend this tool to stakeholders interested in issues affecting seniors. Recommended membership includes the following:

- | | | |
|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> ▪ Consumers ▪ Family members ▪ Magellan staff ▪ PCP | <ul style="list-style-type: none"> ▪ Adult protective services ▪ Family Services agencies ▪ University of Iowa Center on Aging ▪ Geriatric physician ▪ Iowa Elder Affairs representative | <ul style="list-style-type: none"> ▪ Senior Resource Committee representative ▪ Area Agency on Aging representative ▪ A mental health and a substance abuse provider serving older Iowans |
|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Transition of Care

Recognizing that those aged 65 and older comprise an entire population that is eligible for Iowa Plan services for the first time, Magellan has developed a targeted transition plan specifically designed to address their unique needs. We will ensure continuity of care through implementing an outreach and communication plan, specialized staffing, coordination of transition for Enrollees currently receiving services through IME, and system-level planning using a system of care approach that incorporates our proven Intensive Care Management structure.

The primary goal of our transition plan is to ensure uninterrupted services for Enrollees. Highlights of our transition of care plans for Enrollees ages 65 or older who will transition into the Iowa Plan include:

- Assuring that administrative procedures do not negatively affect continuity of care. We will make it easy for providers to obtain authorizations for continued services to Enrollees. We will honor services being provided by out-of-network providers for at least 30 days following transition. Authorizations may extend beyond this time frame based on treatment plan review and unique circumstances. For example, if someone has been seeing the same out-of-network provider for many years and services meet psychosocial/service necessity, transition to a network provider may take a longer period of time and require close communication and collaboration between providers, the Enrollee, and Magellan.
- We will test authorization and claims systems to ensure they are fully functional prior to “go live,” and we will map all services, codes, and modifiers to funding streams, so authorizations are accurate and claims are paid accurately and timely.
- Preauthorization for Enrollees new to any service will be available.

Outreach and Communication Plan

Magellan will develop a specific outreach and communication plan upon contract award that will target Area Agencies on Aging sites, meal sites, local PCPs, senior centers, adult protective services, family service agencies, in-home nursing organizations, faith-based organizations, and other stakeholders. The goal is to encourage and welcome Enrollees who

have mental health and substance abuse concerns to access Magellan's *SeniorConnect* staff, who will be available during the implementation period. The plan includes information such as how to access covered services; available treatment options for mental health and substance abuse services; how to use the provider directory; opportunities for Enrollees and their family members to be involved in treatment planning; opportunities for involvement in stakeholder circles, roundtables, work groups, community forums, and committees; opportunities for involvement in peer support and family-sponsored activities; principles of recovery; evidenced-based practices; clinical practice guidelines; care management protocols; member services; and *SeniorConnect* information line contact information; and how to file complaints, grievances, and appeals. Outreach and communication will include face-to-face meetings, community presentations, information on our dedicated Iowa Plan Web site, www.MagellanofIowa.com, and information provided in client and provider handbooks, direct mailings, newsletters, and other materials. Our draft transition plan is shown in table 7A.2.2.1 and will be finalized upon contract award.

Table 7A.2.2.1 Iowa Plan 65 + Draft Transition Plan

Task	Responsible Staff	Start Date	Completion Date
Survey key stakeholders	Malena Albo	01/05/09	02/16/09
Conduct needs assessment and provider gap analysis	Steve Johnson	01/05/09	03/05/09
Complete meetings with key consumer, family and provider associations to inform them of 65+ addition to Iowa Plan and obtain input	Joan Discher	04/23/09	07/01/09
Exhibit at the 30 th Annual Governor's Conference on Aging, HyVee Hall, Des Moines	Chris Sims	05/13/09–05/14/09	05/13/09–05/14/09
Outreach to each region to congregate meal sites, Area Agencies on Aging, select medical providers, and key county DHS sites	Steve Johnson	08/01/09	12/01/09
Establish phone capability for <i>SeniorConnect</i> line	Dennis Petersen	06/01/09	06/30/09
Send invitations to a 65+Stakeholder Circle quarterly meeting with first meeting to be held in October 2009	George Dorsey	07/01/09	08/15/09
Complete first meeting of 65+ Stakeholder Circle	George Dorsey	10/01/09	10/31/09
Develop mailing materials to 65+ population with Magellan Card contact information	Steve Johnson	07/01/09	09/30/09
Update Iowa Plan Client Handbook to include information related to services for the 65+ population	Steve Johnson	07/01/09	09/30/09
Complete mailing to all 65+ Enrollees	Christine Bryant	11/1/09	11/15/09
Analyze the list of providers where Enrollees are receiving services to identify providers already in the network and those who are not currently in the Magellan network	Gloria Scholl	05/4/09	06/01/09
Conduct outreach to providers not currently in the Magellan network to offer network participation	Gloria Scholl	06/01/09	07/30/09
Initiate provider contracting with the four specialized geriatric psychiatric inpatient units	Gloria Scholl	06/01/09	06/30/09
Complete credentialing and contracting processes	Gloria Scholl	08/01/09	11/30/09
Update Provider Manual with 65+ policies and mail to providers	Gloria Scholl	07/01/09	11/15/09
Conduct provider training statewide for 65+ over. Clinical topics covered as well as 65+ changes to the Iowa Plan	Julie Carlson	09/01/09	11/30/09
Training for current staff who will participate on the <i>SeniorConnect</i> Team and after-hours team	Steve Johnson	07/01/09	09/30/09
Provider Roundtable meeting for providers regarding 65+ population	Julie Carlson	09/01/09	11/30/09
Hire and train new staff for the <i>SeniorConnect</i> Team	Steve Johnson	09/01/09	12/20/09
Obtain list of Enrollees and those who have accessed mental health and substance abuse services in the past year from the state	Dennis Petersen	12/01/09	12/15/09
Review and authorize services for Enrollees currently in treatment	Steve Johnson	12/15/09	12/31/09
Develop key outcomes measurement strategy for 65+ population	Chris Sims	05/01/09	11/01/09
65+ population transitions to the Iowa Plan at 12:00 a.m. on 1/1/10	Joan Discher	12/31/09	01/01/10

7A.2.3 Coordination and Integration of Services

a) Describe what strategies the Bidder would employ to ensure the coordination and integration of service delivery for Eligible Persons who receive services through the Iowa Plan. In particular, please describe how the Bidder will improve integration of services for: Eligible Persons with concurrent mental health and substance abuse conditions; Eligible Persons with concurrent medical and mental health and/or substance abuse conditions; Eligible Persons with mental health and/or substance abuse conditions who are involved with the adult correctional system; Enrollees with concurrent mental health needs and mental retardation, and Eligible Persons with mental health and/or substance abuse conditions who are involved with the child welfare/juvenile justice.

Include background information, research data, and your experience in other states on how best to structure coordination and integration. Describe lessons learned and how they will be applied in Iowa.

A Systems Approach to Integrated Service Delivery

Magellan's delivery system is grounded in a philosophy that all Eligible Persons who receive services from the Iowa Plan should have access to the care and support they need, when they need it, regardless of their age, their specific diagnosis, their level of involvement with other state agencies, or their location. In Iowa and in our other public sector programs nationwide, Magellan has implemented a series of interlinked, overarching strategies to coordinate services across multiple systems, incorporate diverse and separate funding streams, and embed community and natural supports. This solid clinical infrastructure is the foundation of everything that we do. As the numerous examples in this response will demonstrate, service coordination and integration for Iowa Plan members have been a priority for Magellan since we first started managing the program. At the same time, however, we agree with the Iowa Department of Human Services' (DHS) and the Iowa Department of Public Health's (IDPH's) assessment that there is more work to be done in this area, and specifically for members with more complex co-occurring conditions and those involved with more than one public health system. In this response, we describe our proven approaches to service coordination and integration. At Magellan, service integration is not viewed narrowly as a care management function, but rather is employed by our entire team of care managers, customer service associates, provider network staff, quality improvement and senior leadership in daily operations at both the clinical and service delivery system levels. We also introduce a number of new and innovative approaches specifically designed to address the Departments' concerns, and that build on Iowa experience, as well as research and experience in other states.

Strategy for Service Integration and Coordination for All Iowa Plan Members

Today, every Iowa Plan member benefits from Magellan's multi-pronged approach to coordination and integration of services, key features of which include:

- An individualized, strength-based approach to assessment and treatment planning that optimizes peer, family, and natural supports to maximize outcomes.
- Initial and ongoing assessment and linkages to community and personal supports such as self-help groups, social and after-school activities, and support available through faith-based and community organizations.
- Person-centered planning that recognizes that there are multiple pathways to recovery; determining which path is best for a specific Iowa Plan member based on that person's unique strengths and resiliencies, as well as his or her needs, preferences, experiences, supports, and cultural background.
- Consistent application of psychosocial necessity and service necessity criteria that support not only authorization for covered services, but identification, integration, and facilitation of access to mental health and substance abuse services and supports such as community groups, self-help organizations, and natural supports into the treatment plan to address needs that are outside of covered services.
- Implementation of regularly updated clinical practice guidelines that provide our care managers, physician advisors, and network providers with the most current standards for evidence-based practices (EBPs) and with clinical decision-making support that promotes the highest quality of clinical care. EBPs currently in use in Iowa include the American Society of Addiction Medicine Patient Placement Criteria-2R (ASAM-PPC-2R), assertive community treatment (ACT), integrated treatment for co-occurring disorders, Systems Training for Emotional Predictability and Problem Solving (STEPPS)/dialectical behavioral therapy, the matrix model, motivational Interviewing, peer support, wellness recovery action planning (WRAP), and intensive psychiatric rehabilitation (IPR).

- Specific clinical interventions, including intensive care management and joint treatment planning, that bring together multidisciplinary and system stakeholders to assess, plan, implement, coordinate, monitor, and evaluate options and services to meet an Eligible Person's clinical and medical needs.
- A partnership with Iowa Plan providers to support enhanced coordination and integration goals (Magellan's quality improvement (QI) team conducts treatment record reviews for high-volume network providers that include monitoring of coordination and integration of care and appropriate communication between service systems and providers).
- A culture that promotes innovation and encourages Iowa Plan staff to go beyond routine care. An example Magellan is particularly proud of is our self-directed care (SDC) program, piloted in Iowa and highlighted in several places in our proposal.

Building on Established Best Practices: Strategies for Co-Occurring Disorders

Within the Iowa Plan membership, several groups of Eligible Persons face particularly complex challenges and require a more focused approach to care coordination to successfully meet their recovery goals. Chief among these groups are persons who have more than one diagnosis and who, as a result, often become involved with more than one public system or agency. As acknowledged by the Departments in this question, these include persons with a co-occurring mental health and substance abuse condition, with medical issues, with a developmental disability/mental retardation, and those involved with child welfare or the corrections system. Magellan employs different tactics for each of these groups, as the case studies later in our response illustrate. However, our overall approach to co-occurring, multi-system issues incorporates both systemic and individual components described below.

Outreach and Education with State Agencies. We agree with the Departments that consistent, ongoing inter-agency communication is the foundation for successful integrated treatment planning. This is especially true when different funding streams and benefit structures are involved, as is the case with children in child welfare, older adults receiving Medicare, or members in the corrections system. Magellan's ongoing collaboration with state agencies will build on our efforts to date to support DHS and IDPH on their individual projects as well as their joint projects. For example, Magellan gave input into the RFP that the Division of Mental Health and Disability Services (MHDS) released for the **Emergency Mental Health Crisis Services System**: Magellan staff reviewed the proposals and sat on the evaluation team to determine which projects would be awarded funding in 2009. We also participated in **Mental Health Work Groups and Steering Committee** in 2007 and 2008 that resulted in Legislative recommendations during the 2008 Legislative Session. Further, we participated in the **Co-Occurring Academy and the Co-Occurring Workgroup of IDPH and DHS**. Moving forward, Magellan will expand coordination and integration by:

- Magellan will convene an **Interagency Planning Committee** to develop an action plan to improve integration and coordination at multiple levels, including, at a minimum, across the continuum of mental health and substance abuse services, across mental health and mental retardation/developmental disability services, physical and mental health, and coordination of Iowa Plan services with the counties. In addition to providers with expertise in co-occurring disorders, we will invite participation of a county Central Points of Coordination (CPC) representative, a state corrections representative, an Iowa Medicaid Enterprise (IME) representative, consumer and family advocates, a child welfare representative, DHS and IDPH staff, and a key person representing mental retardation/developmental disabilities (MR/DD). We will coordinate the work with the IDPH/DHS Co-Occurring Policy Academy and the work of numerous other groups that are addressing these issues. As required in the RFP, the workgroup will submit recommendations by April 30, 2010, and these recommendations will be provided in the context of existing financial constraints.
- The success of our planning activities will depend on how effectively best practices and approaches are disseminated throughout the provider and advocacy communities. Our dedicated Iowa Plan Web site, www.magellanofowa.com, provides an ideal platform for posting news and updates, information about educational opportunities and agency events. We will encourage agency members and other stakeholders to use the Web site as a resource and information sharing tool.

Outreach and Training for Community Stakeholders. We will assist the state in sharing information in a broader more structured way. We recommend that Magellan's Iowa Plan Advisory Committee, an effective oversight mechanism that is already in place today, continue to be a primary vehicle for developing and disseminating best practices to Iowa stakeholders, and that membership be expanded to include key stakeholders such as consumers, family members,

advocates, and service providers representing mental health, substance abuse, developmental disabilities, child welfare, juvenile justice, corrections, and physical health. The Iowa Plan Advisory Committee will have direct communication from roundtables, stakeholder circles, and committees sponsored by Magellan. In addition, Magellan will continue to offer extensive training and community outreach to promote service delivery integration and strengths-based approaches. This includes staff and provider trainings, community presentations, and features via our Web site. The topics, audiences, and venues vary widely and are directly influenced by requests from consumers, members of the roundtables, advisory committees, providers, and the Departments.

Approaches that Address the Individual Needs of Members and Their Families. Several program initiatives have proven effective in facilitating the specific and complex needs of members:

- **Joint Treatment Planning.** A cornerstone of Magellan's program since its inception, and one that has been highlighted throughout this proposal. First introduced as a care management innovation, joint treatment planning continues to be an important tool in our co-occurring clinical toolkit consistently generating positive results. Most recently, in the Joint Treatment Effectiveness Study for State Fiscal Year 2008, we reviewed the distinct number of clients who had a joint treatment planning conference during that year ($N = 137$). We reviewed two measures: 30-day readmission rates and total number of hospitalizations comparing the six months prior to the first joint treatment planning and the six months after. We found a statistically significant difference ($X^2 = 3.93$, $df = 1$, $p = .047$) in readmission rates and a decrease in the total number of hospitalizations.
- **Intensive Care Management (ICM).** Specialized resources and a more focused level of intervention for those members with the most complex needs. Within each regional care team, we designated an intensive care manager who has specific responsibility for members who are identified as high need. More than 350 individuals are served in the ICM program each year. As of January 2009, data was available for 411 ICM participants who have been discharged from ICM for at least one year. Analysis of the data shows these participants had a 5.5 percent reduction in inpatient 30-day readmission rates in the 12 months since ICM discharge.
- **Predictive Modeling to Identify At-Risk Members.** In 2006, Magellan enhanced and expanded our capabilities to incorporate customized, data-driven strategies to match clients with the appropriate clinical interventions when we developed our predictive modeling program. Initially used in Magellan's commercial accounts, Magellan recently enhanced the program for public sector programs. Using all available data (including behavioral, medical, and pharmacy data) algorithms are created to apply to future data, and we are now able to use these capabilities to capitalize the use of data to make more informed treatment and business decisions. Initially used in our health plan and employer accounts, we will use the predictive modeling program in Iowa to identify children, youth, and adults with high need whose high-risk mental health and substance abuse conditions would otherwise have gone unidentified, under-treated, or inappropriately managed. This data-driven approach will facilitate proactive identification of Eligible Persons appropriate for our ICM program. The predictive modeling program is described further in our response to 7A.2.9.b, where we highlight the positive impact that the program has had on re-admission rates for persons with serious mental illness, which dropped every year from 15.7 percent in 2006 to 13.8 percent in 2008.
- **Outcomes Management Program.** We provides age- and language-appropriate outcomes instruments, written at appropriate reading levels, to help consumers and their family members identify areas of progress as well as areas of need requiring more focused attention. We ensure that outcomes are presented to the consumer in a clear, objective quantifiable manner.

Theory into Practice: Focused Initiatives for Eligible Persons with Complex Needs

As described above, for service coordination and integration to occur at the system level, it is first necessary to communicate a unified philosophy and approach. But for the needs of individual Eligible Persons to be met, the Iowa Plan team has successfully translated a recommended approach into concrete action, implemented at the individual member level. Many of these successful initiatives are described below. We are also excited to highlight several robust enhancements to our program that we believe will directly address the Departments' concerns about specific subpopulations of Eligible Persons with specialized and complex needs.

Eligible Persons with Concurrent Mental Health and Substance Abuse Conditions

Persons who have dual disorders have higher rates of recovery when provided integrated rather than parallel treatment, leading to dual recovery and reduced cost. To that end, Magellan integrates and coordinates services for persons who have

concurrent mental health and substance abuse disorders by providing specialized staffing, forums for planning, training, program development, and quality oversight as described below:

Specialized Treatment Team. Care managers based in each region include both licensed mental health professionals and certified substance abuse specialists. Two co-occurring disorder specialists provide integrated care management for mental health and substance abuse. We use an ASAM PPC-2R format to collect clinical information that is entered into our iSeries care management system to formulate next steps using the six ASAM dimensions and at-risk rating for each dimension. This standardized format allows providers to collaborate on an integrated assessment and treatment planning. A QI clinical reviewer, who is mental health licensed and substance abuse certified, provides quality oversight of services for concurrent mental health and substance abuse, using a treatment record review tool.

Co-Occurring Roundtable. Magellan will continue to host this roundtable, which has become one of the hubs of communication and action related to integrating mental health and substance abuse services across the State of Iowa. Consumers, families, IDPH, DHS, MHDS, Magellan, providers, advocacy organizations, and other stakeholders hold discussions to address barriers and improve the delivery system. Roundtable participants identify training opportunities, address licensure issues, and providers have an opportunity to share practices and policies that have worked for them as they continue their own path toward integrated services. Iowa providers also serve in a thought leadership role, promoting best practices and sharing experiences in a collegial and constructive manner.

Integrated Co-Occurring Disorder Treatment. Magellan is involved in ongoing efforts with providers to integrate treatment services for co-occurring disorders. Together with IDPH and DHS, we support training efforts, identify tools for providers to measure their co-occurring capabilities, and assist them in utilization of NIATx strategies to further their agency-identified goals. Twenty-eight projects have been funded at more than \$1.2 million with Community Reinvestment funds since 2004. In addition, more than 25 providers are currently participating in various initiatives to further the integration of mental health and substance services.

Magellan also worked with Iowa Advocates for Mental Health Recovery to establish 16 Dual Recovery Anonymous (DRA) groups within the state. DRA is a wonderful addition to the array of co-occurring service opportunities for Iowans.

Prairie View Community-Based Residential Co-Occurring Program. In 2006, Magellan collaborated with Prairie View to address the increasing number of referrals for consumers with a co-occurring disorder. The team partnered with Pathways Behavioral Health to deliver chemical dependency services. We were able to use both Medicaid and Federal Block Grant funds to meet the program's financial needs, and Magellan provided oversight and consultation for the program. To date, more than 300 persons have been served, and the initiative has been heralded by both counties' CPCs, judges, Department of Corrections, and others as a model program.

Lessons Learned. While there has been a positive response to training and program development, these cannot be simply one-time efforts. More training is needed to reinforce evidence-based practices and reach more stakeholders. Program development needs to include cross-systems planning with the goal of sustainability. Data-driven outcomes measures are critical in evaluating the effectiveness of services. Eligible persons who have real-life experiences in recovery from co-occurring mental health and substance abuse disorders can provide invaluable input into service delivery and beneficial supports to their peers.

Next Generation Innovations. We recognize that good progress has been made bringing providers, agency representatives and consumers together to coordinate treatment planning. However, we believe there is still ample opportunity to implement streamlined best practices in this area. Therefore, Magellan's implementation plan for the new contract includes significant expansion of our training and educational initiatives, including enhanced cross-training of professionals to increase referrals and coordination between mental health and substance abuse services. We also are in the process of establishing Co-Occurring Advisory Committees to support system planning; this will include consumer membership. We will use fidelity tools, such as the COMPASS, to measure integration of services and processes. In February of this year, we sent a Web-based survey to all of our contracted substance abuse providers requesting information on and interest in working with us in the development of the new program. We also reached out to Larry Fricks from Appalachian Consulting Group and National Depression Bipolar Support Alliance to support a curriculum and training development process similar to the mental health peer support specialist process Mr. Frick's facilitated for us in Iowa. Iowa substance abuse peer support training will build on this success and lesson learned, being sure to incorporate content and skills development to address the needs of Iowans age 65 and older. Magellan will partner with DHS, IDPH, and the Iowa Peer Support Training Academy to enhance the current peer support training. Our goal is to

implement peer support in homes and communities for individuals with co-occurring mental health and substance abuse disorders.

Eligible Persons with Concurrent Medical and Mental Health and/or Substance Abuse Conditions

Holistic care is important to all individuals, but has particular relevance to individuals with serious mental illness. Despite such extensive medical needs, adults who have serious mental illness often do not receive needed medical treatment. A review of studies estimated that, on average, 35 percent of individuals with serious mental disorders have at least one undiagnosed medical disorder. Among people with schizophrenia, fewer than 70 percent of those with co-occurring physical problems were currently receiving treatment for 10 of 12 physical health conditions studied. Preventive services are also lacking. A study of veterans with mental illnesses found lower rates of vaccinations and cancer screenings. The consequences are dire. Individuals with serious mental illnesses living in the community have age-related mortality rates 2.4 times the rate for the general population. The lifespan for men with schizophrenia is about 10 years shorter than average, and among women, it is nine years.⁷

Many primary care physicians (PCPs) do not receive significant training in psychiatry or practice guidelines that emphasize integration of mental health and primary care services. At the same time, a high percentage of all psychotropic medication prescriptions are written by PCPs. To address these issues, Magellan is working to integrate medical services with mental health and substance abuse services through PCP outreach, education, and consultation; through co-location of behavioral and physical health providers in schools, clinics, and federally qualified health centers (FQHCs) across Iowa; and through coordination with IME. We are also tracking the activities of the Iowa Medical Home advisory group and their interim report to be released soon. We embrace the concept as consistent with integrated medical/behavioral care. In addition, building on successful current practice, Magellan's care managers will continue to collaborate with physician advisors and behavioral health providers during the treatment review process to explicitly identify the need for coordination with medical providers. We take concrete steps to ensure medical/behavioral coordination is incorporated into the individualized treatment plan and monitored through the ongoing clinical review process. Creative initiatives implemented to date include:

PCP Consult Line. In 2008, Magellan implemented a PCP dedicated phone line for consultation and referral for behavioral services. We sent a mailing to PCPs in the Medicaid medical network encouraging them to contact Magellan's dedicated psychiatric nurse care managers for referrals to mental health and substance abuse providers, diagnostic education/information, resources on evidence-based practices, follow-up for persons who are identified as high risk, arranging consultations with psychiatrists, and meeting the specialized health care needs of children. Magellan finds this to be an excellent means of communicating with our partners in primary care; we plan to continue this successful initiative in the new contract.

PCP Authorization Letter. Currently under the Iowa Plan when a child receives an authorized level of care, we send a copy of the authorization letter to the PCP. Starting in August of 2009, we will modify the format of this letter sent to PCPs in the eligibility file of MediPass providers to include additional information about Magellan, such as information on accessing our Web site and how to contact us. PCPs can access our Web site for specific diagnosis-driven best practices, resources, and referral information, or they can contact Magellan's PCP consult line if they have specific questions about that particular child or to request a consultation with our child psychiatrist.

Coordination with IME. Magellan and IME are collaborating on an integrated behavioral health/medical screening and coordination program to optimize overall health status for Medicaid Enrollees with chronic medical problems and concomitant depression needs. While the initial focus was persons who have congestive heart failure and depression, due to the success of the initiative, we are expanding it to include any Iowa Plan Enrollee who has complicated medical needs and mental illness. Potential candidates for the project are identified by the IME using the Patient Health Questionnaire-9 (PHQ-9) screening instrument. A common tracking instrument is used by both IME and Magellan coordinators to monitor every referral. The tool includes member identification information as well as referral dates and outcomes. The IME care manager also administers follow-up PHQ-9 surveys and forwards follow-up PHQ-9 scores for any referrals

⁷ Koyanagi, C. (2004). *Get it Together: How to Integrate Physical and Mental Health Care for People with Serious Mental Disorders*. Washington, DC: Bazelon Center for Mental Health Law.

previously made to the project. The program has consistently generated positive outcomes for members. For example, from July 2007 through June 2008, we calculated positive change values from initial to follow-up PHQ-9 scores (members experienced an improvement in their depression symptoms) as follows: average initial PHQ-9 score = 13.3, average follow-up PHQ-9 score = 9.89, average change value = 3.51.

Sioux City West High School Healthy Lifestyles. This comprehensive clinic model offers school-based mental health and substance abuse counseling and support in an urban high school setting. The program is a collaboration between community providers (physical and behavioral) and Siouxland Human Investment Partnership. Healthy Lifestyles targets both high school and elementary school students. Program goals are to improve access to services, school attendance, and increase proficiency levels on the Iowa Test of Education Development. The program includes the use of the Teen Screen for suicide risk and depression. Healthy Lifestyles Clinic opened in September, 2008. From September to November 2008, 214 appointments were made, of which 35 percent related primarily to substance abuse and 41.1 percent to mental health, and the remainder related to medical issues. Those served include 31.7 percent were Iowa Plan Enrollees; 61 percent of those accessing care were Caucasian, 18.3 percent were Hispanic, 11.0 percent were African American, and 9.8 percent were Native American. The project exceeded the 50 percent projection for primary behavioral health appointments.

Initiatives for Children. For many years, Magellan has partnered with Iowa's 13 Child Health Specialty Clinics (CHSCs) to provide focused intervention around the mental health needs of children with medically complex conditions. Multidisciplinary teams of professionals provide comprehensive assessment, treatment and coordination that involves treatment providers, natural supports including family, as well as local school systems. Further, Magellan has partnered with CHSC since 2003 to provide child psychiatry services via telehealth from their Iowa City site. CHSC provides services to approximately 500 Iowa Plan children and their families each year identified through a coordinated assessment process. In 2007, the program was expanded to include additional telehealth capabilities, as well as the support of a trained nurse onsite to assist the child and family in preparing for appointments, coordinate care and services, and provide follow-up. This model provides increased access to integrated behavioral/medical services for children and families who live in areas that have limited local services.

Lessons Learned. With specific regard to the CHSC coordination project, Magellan learned that treatment compliance and success increase when the child and family receive appointment support and assistance at the local site where they receive telehealth service. As a result of this observation, the program was expanded to include an on-site nurse. We plan to continue our work to use telehealth with the CHSCs across the state. At a broader level, as a result of our experiences coordinating across funding streams, we have established a need to enhance service integration by providing expanded on-site mental health services at FQHCs. We also are contracted with three FQHCs that have behavioral health practitioners to offer integrated medical/behavioral health care. One of our primary goals in this initiative is to increase access to care for Iowa Plan members who belong to minority groups, which in general are more likely to visit a primary care practitioner than a specialist. Our FQHC strategy allows us to take behavioral health support to these members in the locations where they are most likely to access services.

Next Generation Innovations. Magellan plans to expand provider access to specialized consultation through our PCP consultation phone line, available to pediatricians, other PCPs, advanced nurse practitioners (ARNPs), and physician assistants since October 2008. We will engage the services of our child psychiatrist, Kevin Took, to consult on evidence-based practice for children, especially those children with attention deficit hyperactivity disorder (ADHD). This disorder comprises the majority of children being served in outpatient settings and many can be served by a PCP, ARNP, or physician assistant. Dr Took has done on-site education on ADHD in the past and will continue this in local areas. In addition, Magellan will build on our experience over the past two years working with a statewide collaborative on reviewing current practice for postpartum depression. We have been part of the effort to develop educational materials for the public, screening tools, and resource material for physician practices. The most common complaint we hear is that obstetricians/physicians do not know where to send new mothers for the treatment of postpartum depression, so this issue can be overlooked. We will again build on our PCP consult line to reach out to obstetricians and women's health providers to ensure they have the resources to link their clients with a therapist and/or psychiatrist as necessary.

We also will expand our collaboration with IME to include a rural population of adults with diabetes. We will use the PHQ-9 to screen for depression and collaborate on care management interventions. Magellan's clinical and network staff has already engaged in initial discussions with IME staff as they are applying for a grant to resource part of the interventions. We plan to combine these strategies with telehealth to ensure psychiatry to the rural area.

Our projects to date with IME have focused on adults. We would like to use the strength of our combined data to implement a joint project focused on children with diabetes in which IME can use existing data to identify children with diabetes and complex treatment needs. For this initiative, we will screen for behavioral needs over the phone using a standardized instrument to ensure the child's needs are addressed. Our relationship with the 13 CHSCs will facilitate referral of children with integrated care and follow-up with a child psychiatrist via telehealth.

Finally, Magellan is exploring the option of expanding the highly regarded Sioux City West High School Healthy Lifestyles program into another region through an expanded community reinvestment initiative that builds on our statewide partnership with providers and schools.

Eligible Persons with Mental Health and/or Substance Abuse Conditions Involved with the Adult Correctional System

An April 2006 report by the Iowa Department of Corrections concluded that 33.8 percent of offenders have a mental illness.⁸ A similar report published in 2007 focused on substance abuse treatment for offenders concluded that 53.4 percent of higher-risk offenders with substance abuse needs leave community-based corrections supervision without treatment. The report also found that, substance abuse treatment significantly lowers new conviction and total recidivism. Some recently incarcerated individuals become Iowa Plan members by qualifying for Medicaid services upon release, while other Iowa Plan members become involved in the corrections system as a result of receiving court-ordered services. Magellan routinely offers assistance to Eligible Persons and individuals applying for Medicaid as they leave custody of the correctional system and are identified as needing mental health and/or substance abuse services. We also incorporated substance abuse expertise into our mobile crisis teams because effective crisis intervention can stabilize a person with substance abuse issues and prevent them from falling out of compliance with their court-ordered treatment plan. Specific initiatives for individuals involved in the corrections system are highlighted below, together with a description of enhanced efforts proposed for the new contract.

Polk County Jail-Based Treatment Unit. Developed in 2003 in collaboration with the Polk County Sheriff's Office and Magellan, this jail-based clinical program addresses the needs of individuals in jail with co-occurring MH/SA disorders. The program is based on research and information from the National GAINES Center and the successes of a model program, the Wayne County Jail Treatment Program in Detroit, Michigan. Magellan helped the sheriff's office obtain funds to support the first three years of the program and assisted in selecting the first contractor for the project. The program is now a 120-bed facility and was the catalyst for the development of three other jail-based treatment programs in Iowa. These include the Davenport program, under the management of the Center for Alcohol and Drug Services (CADS); the Ames program, under the direction of Community and Family Resources; and the Prairie Ridge Treatment Center in Mason City.

Drug Court Programs. Magellan plays an active and ongoing role in the development of and participation in drug court programs in Mason City, Waterloo, and Council Bluffs. Magellan's contracted director of substance abuse, Ben Kahn, has more than 20 years of experience in coordinating services in local Iowa communities with corrections, judges, and providers. We work with the courts, departments of community-based corrections, and providers to ensure that the clinical needs of Eligible Persons in drug court programs are being met.

Transitional Housing Project. We developed a transitional housing system in Waterloo and Fort Dodge for women and children leaving residential women and children programs. A high percentage of these women were on probation or parole, and housing was identified as a primary need in supporting their recovery goals and preventing recidivism. Magellan collaborated with Iowa substance abuse providers to seek funding to build facilities for women to enter a transitional level of care. The state provided a revolving fund that allowed providers to get low-income loans and build transitional housing units. As a result, two providers built three complexes comprising 68 transitional living units. We continue to work with our providers to expand transitional housing.

In addition to these Iowa initiatives, Magellan has developed best practices in our other public sector programs as follows:

Forensic Initiative, Bucks County, Pennsylvania. In 2007, Magellan collaborated with the Bucks County Behavioral Health System, Bucks County Department of Mental Health and Mental Retardation, Bucks County Drug and Alcohol Commission, adult probation supervisors and officers, correctional facility mental health and drug/alcohol staff, and

⁸ Iowa Department of Corrections (April, 2006). Mental Health: Report to the Board of Corrections. Retrieved on June 7, 2006 from <http://www.doc.state.ia.us/Documents/BOCMentalIllnessReport.doc>

consumers to integrate a specialized forensic track into an existing Community Treatment Team (CTT) program. The goal was to address both jail diversion and inmate release. We continue to monitor and improve these specialty services and to measure outcomes. Building on the success of the CTT program, in 2008, Magellan collaborated with Bucks County stakeholders, including consumers of services, to develop a specialized Forensic Assertive Community Treatment (FACT) program which meets strict ACT fidelity standards. Outcomes to date have been very positive. Only 1 of 14 enrollees in the program has re-offended. All members are actively engaged in treatment. We are very encouraged that three members are currently employed, one member is currently volunteering, and five members are currently preparing for employment (job search and/or other type of job preparation). As described later in this response, Magellan proposes to work with corrections staff to implement an ACT program referral initiative for Iowa Plan-eligible parolees within the State of Iowa as part of our overall program to enhance community transition services for these consumers.

Lessons Learned. Balancing the needs of the corrections system and the needs of the behavioral health system is not easy. Open, face-to-face communication is essential to identify areas that need to be overcome to further our efforts and to better serve individuals. Cross training is essential to further bridge communication and coordination. Of greatest importance, efforts need to be focused not only on treatment while incarcerated but also on coordinated planning for community re-integration and tenure.

Next Generation Innovations. Magellan has solicited input from stakeholders in the corrections community and, in particular, from judges involved in substance abuse treatment sentencing. Based on feedback, we propose the following service enhancements for the new contract:

Corrections Consultation Line. To streamline the access and referral process for individuals waiting for a court disposition, Magellan will set up a consultation line for court personnel to contact Magellan's clinical staff to coordinate care and facilitate appropriate community-based alternatives prior to the judge making a disposition. The line also will be available to clerks, probation/parole officers, juvenile court, and guardian ad litem. We will outreach to state correctional institutions to let them know to call us prior to discharge for individuals who may have a mental illness. We will assist the court to identify and link to providers, check on Medicaid eligibility and enrollment information, and assist with the appropriate level of care determination.

Jail Diversion ACT Expansion. As the case example from Magellan's Pennsylvania program shows, ACT services provide support and linkages to integrate services that enhance community tenure and prevent recidivism. Building on the success of our five existing ACT teams in Iowa, we will collaborate with county attorney offices to develop a screening tool for persons age 17 and older who appear appropriate for ACT as a jail diversion based on their case history and assessment. This tool can be used as a persistence investigation is completed to evaluate the appropriateness of ACT services. A positive screen will result in an evaluation by the ACT team. For inmate release, we will work with both probation and parole offices where we have ACT teams to put into place a similar process to screen for appropriateness for ACT. We will coordinate these ideas with key staff from state corrections to ideally screen members prior to leaving an institution.

Demonstration to Maintain Independence and Employment (DMIE) Grant. Recently, Magellan staff worked on a statewide partnership to apply for federal funds focused on inmate release for those identified with mental health disorders. IME took the lead on the DMIE grant, along with DHS, the Iowa Department (IDC) of Corrections, Iowa Workforce Development (IWD), and the University of Iowa (UI). The grant has been submitted and all participants are waiting to learn if it has been successfully funded. In the proposed program, Magellan plans to dedicate ICM staff to assist in identifying individuals prior to release from select state correctional facilities. Magellan then follows up with parolees in the community to assure they have access to appropriate mental health and substance abuse services, while the treatment team, including specialized parole officers, focuses on the supports needed to prevent recidivism. We are hopeful that this collaborative initiative will be funded and look forward to working with IME, DHS, IDC, UI, and others to implement best practices related to transition planning for inmates with behavioral diagnoses.

Enrollees with Concurrent Mental Health Needs and Mental Retardation

The most effective approach to providing services to individuals with a dual diagnosis of mental illness and mental retardation (MR) is to offer an integrated array of community-based services provided by professionals who have been cross-trained in both mental health and developmental disabilities (DD). Services should be person-centered, individualized and designed to facilitate the development and retention of skills. Magellan's network management

information systems are configured to track dual mental health (MH)/MR competencies among network providers and identify appropriate referral resources for members.

Experience Meeting the Needs of Persons with Dual MH/MR Diagnoses. Magellan has developed successful initiatives and practices for Enrollees with dual behavioral/MR diagnoses in the Iowa Plan as well as other public sector programs. Highlights are provided below:

Iowa Plan. Enrollees who have both MH and MR disorders today receive coordinated services through Magellan's ICM program. To ensure comprehensive assessment of their needs, Magellan consults with experts in our provider network and with psychologists from the Woodward State Resource Center, which provides residential services for persons who have MR and developmental disabilities. Certified behavior analysts work with the team in assessing/treating target areas and setting recovery goals. We also work closely with county CPCs that fund residential care. One of the strengths of our ICM program is the fact it includes specific admission criteria focused on MR/DD that allows the treatment team to develop individualized treatment plans and recovery goals for members.

Pennsylvania HealthChoices. Customized care coordination policies ensure consumers who are dually diagnosed with a mental health or substance use disorder and a developmental disability are assessed effectively, that referrals are made to clinically appropriate and culturally competent providers, and that any special needs are considered in designing their treatment plan. Our care managers make referrals to county-designated assessment sites in close geographic proximity to the member for a full behavioral health assessment and screening for co-existing conditions including physical health. Following the assessment, the care managers contact the County Office of Mental Retardation (OMR) with appropriate releases for consultation and assistance. In consultation with the county, we collaboratively determine if the member's needs will be better served by OMR or if a joint effort between OMR and Magellan is required.

Maricopa County, Arizona. In our Arizona program, the MH/MR coordination process includes Magellan, the provider level, and state and district levels. The program includes a dedicated developmental disabilities/liaison/specialist and a family practice nurse practitioner who specializes in working with this special needs population and who is responsible for interagency meetings, technical assistance, and agency training on diagnosing mental illness and developmental disabilities. Magellan's developmental disabilities liaison holds quarterly strategy meetings with provider counterparts and representatives from the Division of Developmental Disabilities (DDD). The Arizona program also has a specialized crisis team that visits families and group homes with individuals who are at risk or in crisis, and meets with Magellan's liaison and DDD monthly to discuss cases. Further, Magellan and DDD cooperatively operate a step-down unit for consumers who are transitioning out of hospital settings, and awaiting group home placement. This home has been very successful in minimizing re-admissions for individuals with challenging case histories.

Lessons Learned. Using providers who have been cross-trained in mental health and developmental disabilities is most effective. Providing this expertise at a community-based level helps these Enrollees succeed in the community. Effective crisis intervention plans are also key to diffusing challenging situations and helping Enrollees maintain stability and make progress toward their treatment goals. Consistently engaging natural supports, in particular family members, is also highly effective. One of the significant challenges our providers face is meeting the needs of these individuals in crisis and as a result, they may end up in an inpatient psychiatric unit. Our ICM staff works closely with the treatment team to find an appropriate placement in cases when they may not be able to return to the previous setting. The placement process identifies the most appropriate resource to treat both the underlying behavioral health issues and the member's diagnosis of MR/DD.

Next Generation Innovations. In the new contract, we will work with all Intermediate Care Facilities-Mental Retardation (ICF-MRs) to collaborate on the "Money Follow the Person" initiative with Medicaid Enrollees leaving an ICF-MR. This IME initiative provides an excellent opportunity to improve community-based services for Enrollees. We will collaborate with transition specialists to develop effective discharge plans by providing mental health expertise and technical assistance and including our providers as part of the treatment for mental health. Care managers will work proactively with the Woodward and Glenwood State Resource Centers as they discharge Enrollees with both MR and MH needs. Further, using our predictive modeling program, we will create a risk profile for those individuals with developmental disabilities and a mental illness to identify Enrollees who may benefit from early intervention.

Professionals with expertise with both MR/DD and mental health need to have mobility to meet the needs of persons with dual behavioral health and MR/DD diagnoses in the communities where they live. Magellan is working to identify a professional in each region who can respond in urgent situations in the community or in ICF-MRs. We will also work with

the State Resource Centers at Woodward and Glenwood to tap into their expertise to identify appropriate professionals and provide training as needed. We have used professionals from Woodward in the past to perform assessments, and this has been helpful in modifying treatment plans to better meet the needs of persons who have dual behavioral health and MR/DD diagnoses.

Eligible Persons with Mental Health and/or Substance Abuse Conditions Who Are Involved with the Child Welfare/Juvenile Justice

Many research studies and reports have highlighted the special treatment needs of youth with mental illness involved in the child welfare and/or juvenile justice systems. Specifically, in March 2008, the Iowa Criminal and Juvenile Justice Planning Office released a report that concluded that accurate assessment and timely referral to appropriate treatment resources were critical for these youth. However, barriers to accomplishing this included difficulty in obtaining comprehensive diagnoses (with behavioral challenges masking underlying mental illness), poorly integrated funding streams (resulting in difficulty accessing needed referrals), and specific cultural challenges faced by the disproportionate number of minority youth in the juvenile justice system. Magellan has taken steps to address many of these issues and plans enhanced initiatives in the new contract as described below:

Iowa Best Practices: Joint Treatment Planning for Children and Youth in Transition Program. Magellan has provided coordination and integration in each region for children in child welfare/juvenile justice and mental health/substance abuse needs since 1995. In fact, more than **70 percent** of our **joint treatment planning** sessions each year are performed with children and their family/guardians, the majority of whom are involved in the child welfare and/or juvenile justice system. Goals include increased community tenure and appropriate placement, especially for children transitioning from a mental health acute unit or those in need of residential/psychiatric medical institution for children (PMIC) placement in Iowa or outside the state. Magellan routinely works with DHS, Juvenile Court Services (JCS), parents, and guardian ad litem to develop a single coordinated plan of treatment for these children. Our child psychiatrist staffs cases individually or through clinical rounds to review the special needs of these children and brings this information back to the team for consideration. As challenging clinical issues present themselves, we coordinate a consultation with our child psychiatrist and the child's treating psychiatrist.

Magellan attends to the special needs of children in the Iowa Plan who will be transitioning to adult services to ensure coordination and ongoing services. The goal is to start early at the age of 16 to ensure that Medicaid and other funding streams that will assist them are in place and ready when they turn age 18.

We have encouraged intensive psychiatric rehabilitation providers to expand their services to children at the age of 17 and older, and one of the providers has expanded programming to do just that.

Maricopa County, Arizona. A team of trained parents and professionals perform interviews with people who have been children and family team (CFT) members to determine the level of fidelity to the wraparound process. The teams consist of a family member hired by the Family Involvement Center (a family-run organization) and Magellan's clinical reviewer who are trained on using the wraparound fidelity index tool. Providers are selected randomly; and calls are scheduled to interview various team members, including families and caregivers, facilitators and youth. Elements measured include voice and choice, team-based, natural supports, collaborative, community-based, culturally competent, individualized, strengths-based, persistent, and outcome-based measures. Magellan develops a summary analysis and convenes a provider feedback session for primary stakeholders to discuss the process and analysis. Providers can then use the information to improve their practice.

Complementary to the CFT process, Magellan contracts for direct-support providers who work one-on-one with children and families, using a comprehensive and intensive services approach. Families have access to flexible, individually tailored support services that meet the needs of the family. Examples include mentoring services, respite care, skills development, and buddy support for children. Subsequently, we conduct a practice improvement review process is validated through a wraparound fidelity audit score.

Lessons Learned. We have listened in our roundtables and to key stakeholder groups and conducted an online survey of family members. They describe current child service systems in Iowa as fragmented. Magellan, IME, DHS, and JCS have their own scope of child welfare/behavioral services. Parents no longer have to give up their parental custody rights to access services, but they are having difficulty in navigating the many systems. Magellan's role is to integrate and coordinate

services. Parents need support and advocacy as they participate in group planning. We can increase the effectiveness of joint treatment planning by systematically implementing a wraparound approach.

Next Generation Innovations: Enhanced Wraparound Approach. In keeping with RFP goals, Magellan plans to expand our joint treatment planning process to reach more Iowa families by engaging the top 10 percent of children at risk of extended inpatient or residential treatment by implementing an enhanced wraparound approach. This will facilitate a person-centered plan of care for young people and their families who are at risk for out-of-home care, such as state custody or PMIC-like settings. It will also improve the likelihood of a successful reintegration to home and community for at-risk children. We will support parents and kinship caregivers in selecting their team and designing their care, and introduce more community providers to the planning process by ensuring that therapists and psychiatrists can receive reimbursement for their participation. We will include our family specialist in joint treatment planning with approval from the child's parents. We also will ensure that flexible funds are strategically employed for Iowa's children. We will use a wraparound fidelity index tool to measure the effectiveness of this approach. We already use such a tool in our Maricopa County, Arizona, program.

School Partnerships. Licensed mental health professionals provide onsite services in 360 Iowa school locations. We will build on what we have already accomplished through early identification of children appropriate for joint treatment planning to prevent future hospitalization or out-of-home placement. In addition, to reach more children earlier as part of our prevention and early intervention strategies, we will work with the Departments to identify an appropriate screening tool for serious behavioral health disorders that can be used in multiple settings, including schools, as described in our response to section 7A.2.16.

In a proposed expansion of existing services, we plan to seek approval to make both Community Support Services (CSS) and ACT available to children. CSS staff can engage with the family, provide support, and act as a "navigator" to link with appropriate services. Our current CSS program for adults has both a high and low intensity in which minimum contact may vary from two to six interactions per month. CSS is a community-based service that can offer support, referral linkage, transportation, and communication to the therapist/psychiatrist. Priorities for referral would include children leaving PMIC and those transitioning from an inpatient psychiatric bed. Children who have a serious emotional disturbance with accompanying functional impairments meet criteria for engagement with an ACT team that can provide intensive oversight of the child and family. The ACT approach for children and adolescents features close contact with the school system and an emphasis on parenting techniques. Magellan consulted an expert at the ACT Technical Assistance Center in Iowa City requesting guidance around ACT best practices for children. We learned that outcomes in national child/adolescent ACT programs have been most successful when children are engaged at a younger age with family participation. However, ACT generates successful outcomes with older youth too, as measured by high school graduation rates, decreased substance abuse rates, and decreased hospitalizations. Magellan will consider this research as we implement our new ACT for children.

Technological Enhancements. Magellan is pleased to offer online meeting capabilities for collaboration and treatment planning using WebEX online meeting applications. Team members who have access to an Internet connection use the on-demand application that allows everyone to see the same thing at the same time, while talking. Individuals can see the treatment plan being written or changed in real-time. The plan is then attached to the clinical record in our iSeries system along with the crisis plan and with the appropriate consents can be sent via secure e-mail or regular mail to the appropriate parties. In addition, we will build on our previous experience by integrating an electronic treatment/crisis plan into our iSeries care management system. This plan can be sent by paper/electronically only with the consumer's/parent's/guardian's consent. This plan will be stored confidentially in our iSeries care management system.

7A.2.4 Rehabilitation, Recovery, and Strength-Based Approach to Services

a) Describe the Bidder's experience in providing behavioral health services through a recovery-oriented approach and detail the model that the Bidder would implement under the Iowa Plan to promote this approach to care, recognizing the priority that the Departments are placing on effecting change in this area during the Contract period. The description should specifically address what approach it will take with respect to: Contractor interactions with Eligible Persons; service system planning and design, and provider adoption of a rehabilitation, recovery and strength-based approach to services.

Magellan's Rehabilitation, Recovery, and Strength-Based Model

Magellan looks forward to a continued partnership with the Iowa Department of Human Services (DHS) and the Iowa Department of Public Health (IDPH) to build on the solid foundation we have in place today, so we can further enhance rehabilitation, recovery, and strength-based approaches to services throughout Iowa. As we look ahead to proposed enhancements for the new contract, we have incorporated ongoing feedback from a number of respected sources including the following:

- **Local stakeholders in Iowa**, who are familiar with the current model of service delivery and who know the particular strengths and challenges of the Iowa Plan. Their participation and support are evidenced in the program descriptions and numerous case examples throughout this response and our entire proposal.
- **Best practices from Magellan's other public sector programs**, which like the Iowa Plan, have fully embraced a systemic approach to recovery, resiliency, and strength-based services. Examples from Arizona, Tennessee, and Pennsylvania have informed our thinking, in particular, regarding our proposed recommendations for the Iowa Plan, which are highlighted in this response.
- **Technical assistance** provided by Magellan's national innovation team members to Diane Johnson and James Bremhorst on our Iowa team. Jennifer Tripp, Vice President for Program Innovation, leads the national team and has more than 12 years of experience promoting resiliency and recovery principles in managed mental health care settings. Pat Hunt, National Director of Child and Family Resiliency, has more than 20 years of experience, including seven years with the National Federation of Families for Children's Mental Health. Tom Lane, National Director of Consumer and Recovery Services, served as Project Director for the National Alliance on Mental Illness' (NAMI's) STAR Center, a federally funded consumer/support technical assistance center. Malena Albo, National Director of Cultural Competence, has more than 20 years of experience working with tribal communities, people of color, and non-profit organizations.
- Research and innovative approaches from **thought leaders in the recovery field**, including Larry Fricks from the Depression and Bipolar Support Alliance (DBSA); Lori Ashcraft, Ph.D., from Recovery Innovations in Arizona; Joseph Rogers from the Mental Health Association of Southeast Pennsylvania; Mark Ragins from MHA Village Integrated Service Agency in Long Beach; Rusty Clark, Director of National Network on Youth Transition for Behavioral Health; and Bill Anthony, a pioneer in the recovery and resiliency movement. Many of Magellan's program examples cited in this response were inspired by the work of these leaders in the field of recovery and rehabilitation.
- Lessons learned from our strategic **partnerships with national organizations**, including NAMI, DBSA, the United States Psychiatric Rehabilitation Association (USPRA), the Network for Improvement of Addiction Treatment (NIATx), and the National Federation for Children's Mental Health. Magellan serves as a sponsoring organization and advocacy partner for all these organizations.

As the recovery movement has evolved over the years, Magellan's philosophy and practice have moved in tandem so that today, we can affirm that recovery, resiliency, and strength-based service approaches permeate our operations, our internal and external communications, our staffing and hiring practices, our network development and, of course, our clinical delivery system. Our experience in Iowa is a case in point. Before managed care, Eligible Persons received a continuum of services but had little input into those services. Then in 1995, Magellan introduced a Consumer Advisory Committee and a joint treatment planning model that promoted active consumer and family participation in treatment planning. By 1998, we had expanded services to include intensive psychiatric rehabilitation (IPR) and assertive community treatment (ACT) programs throughout the state, and engaged peer support specialists to work with Iowa Plan members on their recovery goals. In 2006, we initiated the cutting-edge self-directed care (SDC) program that represents true consumer- and family-driven approaches for individual services and treatment planning as well as meaningful input into service system design. In this response, we highlight new initiatives such as a significantly expanded stakeholder advisory infrastructure, dedicated

new staff, and exciting new community reinvestment projects that will further enhance the culture of recovery and resiliency in Iowa. We are proud of the leadership we have shown in promoting recovery, resiliency, and strength-based approaches in Iowa and other public sector programs across the country, and we are confident that these initiatives have positively changed the lives of consumers and family members, allowing them to establish and reach recovery and life goals that would otherwise have been extremely challenging. At the same time, we understand that the journey toward a true recovery, resiliency, and strength-based model is a continuous one. We are excited about furthering the Departments' priorities of recovery and rehabilitation services, and we are energized about moving the service system to the next level using the following approaches:

- Initiate, facilitate, and maintain open and honest communication, with broad representation of stakeholders (including Eligible Persons, advocacy organizations, network providers, and others) and a genuine community voice in the process to shape service system planning and design and to drive system change efforts.
- Implement and improve strength-based approaches that include dialogue with each consumer to elicit his or her goals. The wraparound tool that Magellan currently uses in our Arizona program and that we will be implementing in Iowa, calls this a 'strengths and culture discovery,' which identifies a person's goals, inner strengths, skills, culture, and external supports as the cornerstone of an approach to care that promotes recovery and furthers resiliency.
- Celebrate and spread stories of success, especially those that foster hope, empowerment, and decrease internal and external stigma.
- Create additional opportunities for consumers, parents, and family members to be involved in planning, organizing, and evaluating services as well as in conducting peer education and mutual support activities. Create opportunities to work and study in the local community.
- Provide and reinforce systematic and thoughtful approaches to offer network providers the tools, resources, and technical assistance needed for broad-scale systems change efforts, including implementation of evidence-based practices to promote recovery. Monitor the rate of provider adoption of strength-based approaches to services, and provide follow-up support as part of our data-driven evaluation efforts and continuous quality improvement (CQI) process cycle.

To support these goals, Magellan has designated an entire team whose primary responsibility is to ensure the recovery, resiliency and strength-based approach continues to permeate the delivery system. The required new position, director of member services, will report directly to the general manager and will supervise an existing peer support specialist, a new peer support substance abuse specialist, and the children and family support specialist. For all of these positions, Magellan will recruit consumers, parents, or family members with a demonstrated history of leadership and success in promoting recovery-oriented approaches. Both Diane Johnson, Consumer/Family Advocate, and James Bremhorst, Peer Specialist, are highly regarded by Iowa community stakeholders for their leadership, passion, and genuine dedication to the members we serve. They will form the nucleus of the expanded rehabilitation and recovery team.

While the activities of interactions with Eligible Persons, service system planning and design, and provider adoption of rehabilitation and recovery approaches necessarily overlap and are interdependent, we have highlighted below our specific experiences and accomplishments in each of these areas (both in Iowa and in Magellan's other public sector programs) and also describe the strategies we will implement to effect system changes going forward.

Contractor Interactions with Eligible Persons

Magellan involves Eligible Persons, parents, and family members at all levels of service system planning and design, and we embed recovery-oriented approaches in all of our interactions with Eligible Persons. We believe that a systematic approach to promoting a recovery-oriented system begins with the culture inside our own service center. To this end in 2007, Magellan's national innovations team led trainings on recovery and resiliency approaches for all our Iowa care management center (CMC) staff. We followed this accomplishment in 2008 by implementing a series of events under the leadership of Diane Johnson, currently Magellan's consumer and family advocate. Through brownbag lunches, employee contests, and similar activities, she was able to reinforce a recovery-oriented organizational culture inside Magellan. Below are other pertinent examples.

Quality Assessment and Improvement. We involve consumers and family members in the quality assessment and improvement program, which is critical to achieving operational excellence and optimal consumer and family experience of care. Eligible Persons and family members will continue to be integral members of the Consumer Advisory Committee

(which we have renamed the Recovery Advisory Committee) and the Quality Improvement Committee (QI). In addition, in the new contract we will significantly expand active consumer and family participation in the newly formed Provider Integration Committee, as well as prioritize their membership in our service specific roundtables, stakeholder circles, and community and educational forums.

Joint Treatment Planning. Consumers and families must be involved in Magellan's joint treatment planning process, the foundation of our clinical approach for Eligible Persons with complex needs. In fact, we reschedule the meetings if the consumer and family members are unable to attend. Results for the annual reporting period between July 2007 and June 2008 demonstrate a 100 percent consumer/parent participation rate in 507 conferences held during that period.

Community Partnerships. Magellan's Iowa team has developed effective working relationships with many community groups. We will continue to work closely with NAMI Iowa to facilitate learning opportunities and bring issues of mental illness and stigma to the forefront. The Iowa chapter of the Federation of Families for Children's Mental Health has received funding from Magellan to support its annual conference and children's mental health awareness week activities. In April 2007, we co-sponsored national experts to meet with local community consumer organizations from across the state, culminating in the creation of a consumer-driven, family-inclusive statewide organization, Iowa Advocates for Mental Health Recovery (IAMHR). Today the group is a formal non-profit organization. One of the first IAMHR initiatives was Dual Recovery Anonymous (DRA) support groups through community reinvestment funds. The goal in 2007 was to develop six new DRA meeting sites. IAMHR exceeded that goal and developed 16 new DRA meeting sites.

Training and Community Outreach. Magellan offers extensive learning and community outreach that provide skills building, offers hope and inspiration based on real-life examples, helps to reduce stigma, and promotes self-determination on behalf of Eligible Persons and families. We offer staff and provider trainings, community presentations, and Web site resources. The topics, audiences, and venues vary widely and are directly influenced by individual consumer request, community interest, group interest, and input from the Consumer Family Advisory Committee. In Iowa, presentation topics have ranged from Promoting Choice, Direction, and Control in Care to Wellness Recovery Action Planning (WRAP). Audiences are diverse and include consumer and family support groups, foster grandparents program, the Iowa Correctional Institute for Women, and many others. One mother commented on an evaluation form for a "lunch and learn" training with parents that it was very important to her recovery journey to learn that she was not alone and that hearing from other parents going through similar issues was valuable.

Consumer and Family E-Learning Strategies. Magellan's Recovery and Resiliency E-Learning Center is available free of charge to individuals nationwide on the Magellan Web site (www.magellanhealth.com/training). It provides access to a range of consumer-services training topics, including 10 free courses on topics of resiliency and recovery that are targeted to consumers, parents of children and adolescents, family members, providers, certified as well as non-certified peer specialists, and other stakeholders. They feature videos by consumers and parents who share their personal stories as a way of providing inspiration and hope to others in similar situations. While competitors will use the language of recovery and family resiliency, only Magellan has developed and offered this type of learning opportunity free of charge.

Maricopa County MYLIFE: Involving Youth in Program Design. Magellan's approach to recovery and rehabilitation is informed not only by the experiences of our Iowa team, but also by best practices developed in other public sector programs. In our Maricopa County, Arizona, program, for example, our state customer identified youth empowerment and involvement as a critical contract priority. In response, Magellan of Arizona founded Magellan Youth Leaders Inspiring Future Empowerment (MYLIFE), a taskforce consisting of 22 youth between the ages of 13 and 23 years old who have experience with mental health, substance abuse and/or foster care-related issues. The group is tasked with advising Magellan and providers on issues affecting child, adolescent, and young adult programs and services; identifying issues and solutions to improve the children's system of care and the transition from the children's system to the adult system; and working to reduce stigma around behavioral health and substance abuse issues.

Lessons Learned. Magellan has continuously improved our services based on feedback and input from consumers. At a systems level, one of our most important lessons we learned is that bringing groups together with different points of view and needs can be challenging. It is important to respect these differences and at the same time, work together to identify common interests and find what unifies us so that we can speak in one voice to effectively advance recovery-oriented service delivery. Reaching consensus has been one of the most challenging but rewarding aspects of our work with stakeholders. We also learned that Magellan's consumer and family advocate is a core valued member of our leadership

team, who plays an important role in helping groups to find common ground by providing shared experiences with Magellan and consumer and family organizations.

Going Forward. Magellan will provide online, continuously updated outreach through our new dedicated Iowa Web site, a prototype of which is accessible today at www.MagellanofIowa.com. Consumers and families can learn about networking opportunities, take advantage of online training modules on recovery and resiliency, and find a directory of consumer and family leaders and advocates, peer specialists, and self-help groups across the state. Our new Iowa site is modeled on our pioneering Maricopa County Web site, available at www.MagellanofAZ.com. We will use teleconferencing, online meeting tools, electronic surveys, and other technologies to complement onsite and community-based activities. By making these tools and resources available at no cost to consumer and family organizations, we remove the financial and geographical barriers preventing communication and networking across the state.

We will continue to work closely with organizations such as DBSA, NAMI, the Iowa chapter of the National Federation for Families for Children's Mental Health, and IAMHR to develop collaboration agreements to allow them to hire part-time consumers and families to serve as community liaisons from each of Iowa's six managed care regions to expand our reach into the heart of Iowa communities. As required in the RFP, community liaisons will help to conduct "experience of care" surveys as well as mentor and engage other consumers and families from their regions. We will initiate the process by issuing an RFP to local advocacy organizations focused on specific constituencies represented in the Iowa Plan. Magellan's Iowa team can leverage the experiences of their colleagues in Magellan's Pennsylvania program, where consumer family satisfaction teams in Pennsylvania's Lehigh and Northampton counties interviewed consumers in their homes to assess their satisfaction with providers. Survey results were addressed by our QIC and resulted in initiatives that improved the percentage of consumers receiving timely care from 72 percent to 93 percent and the rate of provider referrals to adjunctive community support programs from 72 percent to 86 percent.

We will continue to consult with a variety of audiences to find topics that correlate to their interest and level of involvement with families and consumers. Possible topics include advance directives, relapse prevention and self-management skills, activities to develop healthy social and support networks, and anti-stigma messages. We will expand data-driven assessment and evaluation of our training programs to ensure QIC in education and trainings.

Building on our robust network of regionally aligned telehealth psychiatric services sites, we will provide improved access to educational forums, trainings, and other communication sharing for consumers, families, providers, and other stakeholders through Web cam technology onsite at provider locations in 48 counties (61 sites). Our plans include expanding these services to all 99 counties by 2011. We are currently evaluating the feasibility of including consumer-run programs on the list of expanded sites.

Service System Planning and Design

Magellan knows through our experience in Iowa and other public sector programs that service system planning and design is not easy, yet it is critical for producing lasting changes. The lived experiences and insights of Eligible Persons and their family members are critical to these efforts. The following examples describe Magellan's experience and approaches to assess and build additional capacity for recovery and rehabilitation services:

Recovery Advisory Committee. The Consumer and Family Advisory Committee (going forward to be named the Recovery Advisory Committee for Consumers and Families) meets on a quarterly basis to advise Magellan on issues related to the Iowa Plan from the consumer and family perspectives. Consistent with RFP requirements, the committee's responsibilities include: review of Magellan's annual Iowa Plan Quality Assessment and Performance Improvement Plan; input on annual Iowa Plan QI goals and performance reviews; review of Magellan's year-end performance relative to our Quality Assurance Plan performance, including review of performance indicators; feedback on operational issues experienced by consumers, family members, and providers as well as on the application of principles of rehabilitation and recovery; and finally, input on service development/improvement opportunities.

Most recently this committee provided help with consumer and family-friendly wording for the Consumer Health Inventory, which is an outcomes tool for adults as well as parents/guardians of youth. Their input directly influenced the format and content of these tools, specifically the terminology that was used to ensure accessibility to users.

Community Reinvestment. In 1996, in partnership with DHS, Magellan of Iowa created a community reinvestment pool with the goal of expanding and enhancing the Iowa Plan's service delivery system using funds saved through effective care management. From 2003 to 2009 alone, more than \$8.2 million has been allocated for reinvestment. By

including a wide range of stakeholders in the decision-making process, new services are developed that are innovative and truly meet the needs of those we serve. After incorporating feedback from community stakeholders, Magellan developed an RFP process for identifying and funding community reinvestment programs. A committee comprised of consumers, family members, state representatives, and Magellan staff reviews and ranks the proposals to reach consensus on which projects to fund. Examples of how community reinvestment has advanced the recovery-oriented, strength-based service delivery in Iowa are described below:

- **Intensive Psychiatric Rehabilitation.** Magellan was the first managed behavioral health company to design and implement an IPR initiative. IPR helps individuals who have serious mental illness to achieve goals that improve their success and satisfaction in their living, learning, working, and social environments. Magellan worked with Iowa providers, DHS, and the Boston University Center for Psychiatric Rehabilitation to implement IPR services in 1998. Today, IPR is an Iowa Plan covered service offered by eight providers across the state.
- **The Iowa Self-Directed Care Program** is an innovative evolution of IPR that was piloted by Magellan in 2006. SDC participants had access to a one-time \$2,000 budget to purchase approved goods and services not covered by insurance or existing community resources and that supported their identified recovery and resiliency plan. Consumers collaborated with a SDC coach to manage their budget to help them achieve a specific goal tied to their overall rehabilitation goal. Typical recovery and resiliency goals include moving from group to independent living, gaining employment, and school. Going forward, we will make a formal proposal to DHS to expand our SDC program to serve up to 100 adults and also to establish an additional program that would serve up to 100 parents of children, youth, or young adults with multi-system involvement. The pioneering success of the Iowa SDC inspired the implementation of Magellan SDC programs in Pennsylvania and Tennessee. Since early 2007, 26 Pennsylvania families of children with autism spectrum disorders have been able to make purchases to help them achieve resiliency goals, such as keeping their children safe and furthering their children's socialization and communication skills. Based on early success, we are expanding this program to serve up to 100 children in 2009 through community reinvestment funding. In 2007 in Tennessee, Magellan launched SDC programs in Memphis and Chattanooga, enabling as many as 100 adults with serious mental illness to establish individual recovery plans and begin working toward their personal recovery goals. Through the SDC program, one participant was able to get his tuition paid and successfully completed an online high school equivalency course, enabling him to fulfill a lifelong dream of finishing high school.
- In 2007, three **consumer-run recovery centers** were funded through community reinvestment. These centers provide consumers a place to learn to develop WRAP plans, obtain peer support, and socialize.
- **NAMI Family to Family and Visions for Tomorrow** educational programs have been funded for 10 years and provide education to consumers and family members that arms them with tools they need on their recovery journey. Trainers are consumers and family members.

Lessons Learned. Through our Advisory Committee work, we learned the importance of being vigilant in seeking out individuals to participate actively. Consumers and families joining the committee may not have had previous experience working on an advisory committee and require education and coaching to support meaningful and effective participation. We also find that featuring agenda items that are “hot topics” within the state (for example children's mental health or crisis services) boosts attendance and the level of participation.

Community reinvestment has been invaluable in developing recovery and strength-based approaches to service delivery in Iowa. At the same time, it is also critical to learn from community reinvestment initiatives that were not as effective as hoped. For example, Magellan funded a consumer recovery center in rural northwest Iowa. It did not succeed as a center because transportation was a significant barrier. After evaluation and discussions with the provider, over time it evolved into peer support services provided on an individual and in-home basis, with transportation issues being resolved through provision of home visits. Magellan identifies a liaison for each community reinvestment initiative who acts as single point of contact and conduit for two-way communication from the beginning of the initiative. Using this approach, Magellan learns more about barriers and is responsive by providing technical assistance and training to resolve them early in the implementation process. We also learned that program evaluation measurements need to be incorporated into community reinvestment initiatives early in the process. Data-driven analysis of results is essential, and providers need support and technical assistance in administering measurement tools and data analysis.

Going Forward: Service Enhancements

We will strengthen the Recovery Advisory Committee in several ways. The director of member services will coordinate committee activities and broadening membership to include an even wider variety of interests, ages, localities, and cultures. We will promote and encourage authentic consumer and family voices by seeking input in advance on agenda topics to cover and promoting joint presentations to a broad population. The committee will convene ad hoc taskforces to focus on specific issues (for time-limited periods) that are prioritized based on the goals of the new contract. Taskforces will not replace roundtables but will serve as an adjunct to the Recovery Advisory Committee.

A more strategic approach to community reinvestment is needed in order to continue to effectively align with the State's priorities. While many worthwhile initiatives have been started based on initial service analysis conducted during the current contract period, there are still some gaps from a systems perspective. Our network and member services departments will conduct a comprehensive service needs assessment in collaboration with community stakeholders. Based on the results, we will identify and prioritize expansion of existing services as well as new service development, with a focus on sustainability of recovery, rehabilitation, and strength-based services in the context of the overall delivery system. As we have done with the highly successful telehealth initiative, our focus will be to promote more *regional* service delivery approaches, rather than funding ad hoc, albeit successful, individual projects.

Magellan's Iowa team is currently considering several new innovative recovery-oriented projects for reinvestment funding. We look forward to discussing these with the Departments and developing a prioritized list of approved projects. Examples include expanding self-help and mutual-help initiatives by increasing the community reinvestment funds allocated to organizations such as IAMHR, expanding parent support training and looking at creative opportunities to offer a Web-based and telephonic coaching model of peer support with the goal of bringing peer services to rural areas. We are considering this last initiative in tandem with a proposal to evolve the current regionally based consumer warm line infrastructure to a statewide warm line model.

We also will build into the RFP process for reinvestment funds improved measurements that expand outcomes measures using common, standardized outcomes tools, and that improve program evaluation through defined goals and objectives and enhanced data collection. This will allow us to better compare services across the state and regionally. In summary, this approach will help us move from local approaches to a regional focus to promote statewide service expansion and capabilities that are far-reaching.

Provider Adoption of Rehabilitation, Recovery, and Strength-Based Approach to Services

For provider adoption of rehabilitation, recovery, and strength-based approaches to services to be successful, providers need support, the right tools, training and technical assistance, and feedback as result of monitoring and continued follow-up so that approaches can be adjusted based on data analysis and local needs. Instead of a "one size fits all" approach, our strategies are multi-faceted and feature strong stakeholder engagement, clinical, quality, and network approaches, as highlighted in table 7A.2.4.a.2.

Table 7A.2.4.a.2 Strategies for Provider Adoption of Rehabilitation, Recovery, and Strength-Based Approaches

Stakeholder Involvement	Network Approaches	Clinical Approaches	Quality Improvement Approaches
Recovery Advisory Council, QI Council, & Provider Integration Committee	Gaps assessment to identify & prioritize areas for network expansion	Training by recognized clinical experts	Provider profiles & treatment record reviews
Service-specific roundtables	Community reinvestment approach	Implementation of evidence-based practices	Rapid change QI projects
Regional forums	Expansion of services to address gaps	Train-the-trainer capabilities to expand statewide capacity	Outcomes tools & administration
Stakeholder circles	Creation of new services to address gaps	Online courses with CEU credits	Follow-up & remediation as needed

Our success in Iowa is mirrored by experiences in other Magellan programs. For example, in Maricopa County, Arizona, in response to our customer's priority for enhanced recovery approaches at provider sites, we are transforming two outpatient clinics to be aligned with the principles and practices of a nationally recognized program, the MHA Village

model based in Long Beach, California. This program centers around the values of client choice, quality of life and community focus, and has achieved outstanding results in improving the quality of life of individuals with serious mental illness. Our Maricopa clinics have received extensive training and consultation from MHA Village leaders and implemented several programmatic changes. Based on its initial success, we aim to expand this program to other clinics.

To exemplify the range and variety of strategic approaches we employ with our provider network, we have chosen to highlight below the variety of training, monitoring, and follow-up approaches we have implemented with substance abuse treatment providers. We work closely with these providers to adopt a rehabilitation, recovery, and strength-based approach to services. Magellan, through a sub-contractual relationship with Substance Abuse Management, Inc. (SAMI), has administered the SAPT Block Grant funds for the State of Iowa since 1995. We monitor provider compliance to Block Grant requirements through monthly provider reports, provider report cards, and retrospective reviews.

Motivational Interviewing. In 2003, Magellan partnered with DHS and IDPH to bring in William Miller, Professor of Psychology and Psychiatry at the University of New Mexico, for training on motivational interviewing that was attended by more than 300 providers across Iowa. This training continued throughout 2003 with a series of train-the-trainer sessions with Professor Miller's training staff. This resulted in the sustainability of the training and utilization of the practice. Since 2003, these trainers have continued to re-train new substance abuse staff as they come into the field.

The Network for Improving Addiction Treatment projects promote person-centered care in substance abuse treatment, in part, by improving access to care through reducing wait times and no shows. From 2005 to 2008, training was conducted by NIATx staff with IDPH, Magellan, and 14 participating providers. We conducted walkthroughs to observe the providers' screening and admitting processes. One of the goals of the walkthroughs was to understand consumers' perspectives on how they experience the treatment process. Based upon the lessons we learned from consumers, we initiated rapid cycle change projects that were specific to each entity's target goal related to wait times/no shows, which produced strong results. One participating provider reduced intake no-shows from 43.2 percent to 21.2 percent. Another participating provider reduced no-shows for second appointments from 12.9 percent to 8.7 percent.

Co-Occurring Roundtable. The co-occurring roundtable has become one of the hubs of communication and action related to integrating mental health and substance abuse services across the State of Iowa. Consumers, families, IDPH, the DHS Division of Mental Health and Disability Services, Magellan, providers, advocacy organizations, and other stakeholders hold discussions to address barriers to the delivery system and how to overcome them so we can improve system viability and performance. Roundtable participants identify training opportunities, address licensure issues, and providers have an opportunity to share practices and policies that have worked for them as they walk down their own path toward integrated services.

Integrated Co-Occurring Disorder Treatment. Together with IDPH and DHS, Magellan supports training efforts, identifies tools for providers to measure their co-occurring capabilities, and assist them to further their agency-identified goals. Twenty-eight projects have been funded at more than \$1.2 million with community reinvestment funds since 2004. More than 25 providers are currently participating in initiatives to further the integration of mental health and substance services. Magellan firmly believes that consumers are receiving better and more integrated services for co-occurring disorders due to these projects and this work. As noted previously, Magellan also worked with IAMHR to establish 16 DRA groups within the state. We also worked with substance abuse treatment providers to develop new programs such as Moms Off Meth, family education, and peer mentors. These efforts parallel similar efforts in other Magellan programs, including Arizona.

"In reviewing project efforts with staff, the monies expended appear to have been the most productive use of outside funding that I have experienced in my 27 years as CEO."

- Provider who received funding for dual diagnosis tools & training.

Promoting Peer and Family Support. For the last 10 years, Magellan has partnered with DHS to develop peer support services. This effort includes focused training and started with one or two sites. Currently, eight organizations are providing peer support through Magellan and incorporate wellness techniques such as WRAP. Magellan supported the creation of three consumer-run recovery centers where consumers can get peer support, learn to develop WRAP plans, attend DRA groups, and socialize. Most recently, we supported this dynamic group of peer-support specialists and organizational representatives to develop and gain approval for significantly revised utilization management guidelines for peer-support services to reflect their experiences and the expectations of consumers more accurately. This experience builds on Magellan programs in other states. For example, for all five Pennsylvania counties with which we work, we facilitate peer-support programs that train and hire consumers to serve in key employee roles within provider agencies and

county programs. In 2006, we implemented the certified peer specialist program that provides an additional support to adults with mental health needs. Peer specialists complete two weeks of intensive training by the Mental Health Association of Southeast Pennsylvania in order to be certified.

Service-Specific Roundtables. Roundtables provide a forum for providers, Enrollees and Participants, families, the Departments, and other stakeholders to network, share best practices, receive training and education related to recovery and resiliency, and raise issues and concerns for discussion and resolution. Magellan supports the roundtables by providing relevant information, training, technical assistance, and, most importantly, by listening. There are currently four Iowa service-specific roundtables: co-occurring disorders, IPR, peer support, and women and children. Membership includes representation from 44 providers across Iowa. Each group includes active participation by 15 to 25 stakeholders.

Lessons Learned. Roundtables and other collaborative approaches with providers and stakeholders in Iowa have proven to be a successful approach for promoting recovery-oriented systems change. When roundtable members set the agenda and discuss individual needs, they stay involved and are committed. They are able to openly discuss any difficulties they may have with others who provide supportive feedback. Issues discussed, such as models, barriers, or successes, encourage a feeling of connection. This spirit of open and honest dialogue is essential for providers being able to effectively adopt recovery and strength-based approaches to services.

Going Forward: Service Enhancements. Magellan will continue to work with IAMHR to expand training on topics, such as self-management skills, relapse prevention techniques, and psychiatric advance directives, and will expand the provision of mental health peer-support services. In addition, we will train parents and guardians of children and youth with serious mental or emotional disorders to be family/kinship support partners. These partners will provide services to train, support, empower, validate, and increase the advocacy skills necessary to ensure the full family or guardian engagement and active participation in treatment planning. Since older adults are less likely than any other population group to seek treatment from mental health professionals due to stigma we will offer training for older adult peer-support services for those individuals aged 65 and older using the specialized training curriculum, developed by the Appalachian Consulting Group/DBSA in collaboration with the Center for Late Life Depression at Emory University. Finally, Magellan will continue our partnership with DHS and the Iowa Peer Support Training Academy to add substance abuse competencies to the current model of training based on the Georgia peer-support model.

Magellan is excited about the opportunity to continue our partnership with the Departments and to prioritize program and service enhancements that will promote rehabilitation, recovery, and strength-based approaches to services throughout Iowa.

7A.2.5 Person-Centered Care

a) Describe the Bidder's philosophy of how best to involve Eligible Persons in the planning of their care. The description should include: how the Bidder intends to ensure Eligible Person and, as appropriate, family members, participation in treatment planning, and a description of any instances in which it employed such strategies with each of these populations under other contracts, with documentation of any related measurements of effectiveness.

Magellan's Person-Centered Care Philosophy

Magellan understands that a person-centered care approach is the cornerstone for helping people to remain connected and create new connections to their family, friends, culture, and community. Our philosophy is centered on these critical areas:

1. Setting clear expectations. We set clear expectations so that providers understand the requirements regarding involving Eligible Persons and, as appropriate, family members in the planning of their care. These requirements (including, for example, provider responsibilities with regard to upholding member rights and responsibilities, involvement of consumer/family advocates, meetings and roundtables, and client and family involvement in treatment planning) are contained in our provider manual, treatment record review tool and process, care manager review tool and process, and others.

2. Training and skills building. We conduct training and skills-building activities for Eligible Persons, family members, and providers. We help Eligible Persons develop and enhance their skills to effectively work with their therapist to understand their responsibilities in achieving their goals, managing their symptoms and preventing relapse. Through forums such as roundtables and trainings, we help parents and family members develop skills so they can navigate the service system and develop their own meaningful goals.. We also provide training and tools to providers on strengths-

based approaches to care, including topics such as discharge planning, wellness recovery action plans (WRAPs), parents' perspectives on assessment and treatment planning, and creating a vision for consumer/family empowerment and involvement in their care.

3. Creating a welcoming environment. It is important to create a welcoming environment for Eligible Persons and family members with easy access to care such as convenient appointment times and meeting children or adults at a location where he or she feels comfortable. As a result of interviews that Magellan has conducted with more than 100 parents and young adults from every area code, parents have confirmed the importance of a welcoming environment to engage them in treatment. One parent noted, for example, "Cut out all the wait and the referrals needed to get [into treatment] in the first place." Magellan takes feedback like this seriously and engages local providers and other stakeholders to address such concerns.

4. Active engagement. Eligible Persons, and family members as appropriate, need to be actively engaged in shaping a plan, as well as the resulting services, that are based on identifying and supporting their strengths, preferences, needs, choices, culture, experiences, and goals, with the purpose of building their overall resiliency and advancing their personal hopes and dreams. This is critical in building a therapeutic alliance between the Eligible Person or parent/guardian and the clinician, and many studies⁹ have shown that therapeutic alliance is highly correlated with positive member outcomes.

In addition to reviewing feedback from methods we routinely use, Magellan gathered input from more than 100 parents, families, and young adults from every calling area code in Iowa to inform this proposal. This input was accomplished through personal interviews and electronic means, based on the preference of the individual, and included a focus group discussion at Orchard Place.

5. Informing, involving, and helping Eligible Persons and family members, as appropriate, in decision making about the type and duration of services they receive as a way of promoting self-direction of their overall care and treatment. Eligible Persons and parents should have a choice of services and supports. Their decision making should include choosing the health provider, as well as deciding which community supports, family members, peer supports, and other resources an Eligible Person wants included in the plan of care. This is achieved through direct involvement in programs such as joint treatment planning, intensive psychiatric rehabilitation, self-directed care and other programs that explicitly promote consumer involvement and decision making.

6. Continuous monitoring and follow-up. We perform activities, such as the use of self-reported outcomes, internal monitoring of the care management process, and provider treatment record reviews and follow-up, to continually measure and improve the effectiveness of interventions and initiatives.

Our strategies for ensuring that clients and, as appropriate, their family members fully participate in treatment are based on our person-centered philosophy and are highlighted below.

Training and Skills Building

Training and skills building are critical for ensuring that providers, consumers, and families have the necessary knowledge and skills to be able to embrace and support person-centered treatment planning. The following are examples of the training and education we have provided in Iowa both on an ongoing basis and in response to specific requests from staff and stakeholders.

"From Intake to Discharge: Discussion on Effective Treatment Planning." This training stresses the importance of engagement with consumers as well as the use of motivational interviewing techniques to help consumers regardless of the stage of change they are currently in (from pre-contemplation through maintenance of change goal). The training was part of the July 2008 provider roundtable that included 334 attendees. Based on the success of that event, we made training available through a Webinar and offered it monthly to individual providers and their teams of staff. Today, Magellan of Iowa conducts this training with individual providers approximately once each month.

WRAP training. Some consumers may initially feel uncomfortable or unprepared to take an active role in shaping their treatment plan. Magellan sees WRAP planning as a very important recovery tool and has supported several rounds of WRAP training for providers and consumers through community reinvestment funding. WRAP is a process that teaches consumers wellness, self-management, and relapse prevention skills, and helps them create individualized wellness plans.

⁹ Lambert, Michael J.; Barley, Dean E. *Research summary on the therapeutic relationship and psychotherapy outcome.* Psychotherapy: Theory, Research, Practice, Training. Vol 38(4), Win 2001, 357-361.

Most recently, Iowa Advocates for Mental Health Recovery (IAMHR) received funding to begin a WRAP Around Iowa project in which they focus on peer support specialists becoming trained in order to use WRAP planning as a key component of peer support services.

Going forward, we will continue to strengthen and expand opportunities for skills building and training offered to Eligible Persons, family members, and providers on topics such as strengths-based planning, WRAP, motivational interviewing, advance psychiatric directives, and others.

Creating a Welcoming Environment

We have worked with providers to help them promote a welcoming environment with easy access to care, convenient appointment times, and staff commitment to consumer and family involvement. Some examples are highlighted below:

Network for Improving Addiction Treatment (NIATx) Initiative. NIATx projects are designed to support person-centered care in substance abuse treatment with a major emphasis on the walkthrough process. In fact, the walkthrough is typically the first thing NIATx trainers do with providers. During the walkthrough, to better understand the perspective of clients, the executive director and change team leader take on a specific persona, for example, imagining that he or she is a 28-year-old woman with an addiction to methamphetamine who has two young children. In conjunction with the walkthrough process, providers also conduct focus groups with individuals who are currently receiving services as an additional way to view and better understand their service processes from the perspective of members and families. Based on the findings of the walkthrough process, providers identify priorities for improvement connected with improving access to care, reducing wait times, reducing no-show appointments, and improving member retention in care. They then implement a rapid-cycle change project to address priority areas. Starting in 2005, the walkthrough and rapid-cycle change project initiatives spread across the state with both substance abuse and mental health providers. To date, 38 walkthroughs/trainings have occurred at different locations across the state.

Measurements of Effectiveness. Participating providers improved their approaches to care and operations to make them more person-centered and to create a more welcoming environment for Eligible Persons. For example, one provider improved the resolution of calls from clients on the same day from 30 to 98 percent. Now, when a client calls with a concern, that provider ensures that the concern gets effectively addressed and resolved on the very same day. For example, the provider ensures that the client gets his or her urgent care needs met on the same day, or if the member's care needs are less urgent, the provider schedules an appointment as soon as possible.

In another example, a provider increased flexibility in the scheduling procedures and as a result decreased the no-show rate at one site from 28 percent to 16 percent. Another provider reduced intake no-shows from 43.2 percent to 21.2 percent, and a third provider reduced no-shows for second appointments from 12.9 percent to 8.7 percent.

SMILE Training. We also offer experience from other Magellan programs. Specifically, in the Fall of 2008, we assessed the welcoming and front-office environments at each of 24 clinics in Maricopa County, Arizona, through site visits and interviewing members as well as front office staff. We found instances in which front office staff were afraid of interacting with individuals with serious mental illness and did not treat these members with respect and dignity. As a follow-up to these assessments, we implemented a comprehensive training for all front office staff and their supervisors at all clinics titled SMILE (Smile, Meet immediate needs; Invite and welcome visitors; Listen and provide outstanding customer service; Empower and change a routine visit into a memorable experience). The training also included personal stories of recovery by service recipients, training on how to handle and de-escalate conflicts, and techniques on how to decrease fear and stigma related to interacting with consumers. The training featured customer service elements as well as specific office protocols (i.e., answering phones within three rings, not sending calls into voicemail, and responding promptly to messages). After the SMILE trainings we conducted, we revisited each of the clinics to conduct an audit and ensure that these training points were being implemented successfully. Magellan continues to conduct site visits of each clinic on a quarterly basis to ensure that each clinic has a welcoming and recovery-oriented environment.

Peer, Family, and Parent Support for Active Engagement in Treatment Planning

Peer, family, and parent support are crucial for achieving person-centered care. Not only is it important to include peers, families, and parents, as appropriate, in the planning process, organizations, such as IAMHR, the Iowa Federation of Families for Children's Mental Health (IFFCMH), the Iowa chapter of the National Alliance on Mental Illness (NAMI), and the Iowa chapters of the Depression and Bipolar Support Alliance, have helped young people, their parents, and adult consumers to become knowledgeable about the planning process; know how to effectively participate in decision making

about their care; have the necessary skills to perform peer roles; and engage in processes that assure fidelity to practice. During the last 10 years, Magellan has partnered with the Iowa Department of Human Services (DHS) to develop peer support services. This effort started with one or two sites, and today, eight organizations are providing peer support through Magellan and incorporating wellness techniques such as WRAP. We also support the creation of three consumer-run recovery centers where consumers can get peer support, learn to develop WRAP plans, attend dual recovery anonymous groups, and socialize. To assess the effectiveness of peer specialist services in Iowa, we conducted a survey of peer specialists in February 2009. One of the survey elements was “I know consumers who have moved further in recovery with the help of peer support staff.” Each question had a 5-point Likert scale (from strongly disagree to strongly agree). The average response to this question was 4.6. (N=10), indicating strong support of the peer specialist role.

We also assessed the impact of participating in NAMI’s Provider Education Program. This is a 30-hour course taught by a five-person team consisting of consumers, family members, and clinicians. In 2007, this program was implemented at three sites in Iowa and 45 of the 65 attendees completed program evaluations. Analysis of all the responses reflected that the specific goals of the course had an impact on attendees—increased empathy, understanding and appreciation of consumer and family perspectives, new knowledge of the struggle and courage involved in the lived experience of consumers and families, and the value of collaboration in the treatment planning process.

Going forward, we will focus efforts to establish and train parents, guardians, and kinship caregivers to be family support partners to provide more opportunities for support and skills building for families of children with serious mental or emotional illness. In addition, we will create peer supports for those in substance abuse treatment, and we will continue to expand our adult mental health peer support capacities statewide.

Active Engagement in Shaping a Treatment Plan

A strengths-based approach that engages Eligible Persons and family members in shaping a treatment plan is essential to promoting a strong therapeutic alliance. In addition, consumer and parent-administered outcomes tools are other resources that providers use to ensure that Eligible Persons and their families are actively engaged in the treatment planning process.

Magellan’s Joint Treatment Planning Conferences. Magellan measures involvement in joint treatment planning by consumers and families as one of our key performance indicators. Results in 2008 demonstrate a 100 percent consumer and family participation rate in 507 joint treatment planning conferences. We accomplished this through setting up planning conferences at times convenient to consumers and families, and we systematically reschedule planning conferences if consumers or families are unable to attend.

Measurements of Effectiveness. For the 137 children and adults who had a joint treatment planning conference during State Fiscal Year 2008, we measured their pre-and post-joint treatment planning 30-day inpatient readmission rate. The average pre-joint treatment planning rate (six months before) was 43.59 percent and the post-joint treatment planning rate (six months after) was 36.0 percent. This is a statistically significant difference ($X^2 = 3.93$, $df = 1$, $p = .047$). Moreover, the total number of hospitalizations decreased among this group from 273 (six months before) to 175 (six months after).

Going forward, we will enhance the joint treatment planning process to include wraparound approaches to care. A wraparound team-based process is used to shape a plan of care tailored to the strengths, culture, and needs of children, youth, and their families. We will strengthen the current planning process by including expertise of parent support partners. We will support parents and kinship caregivers in selecting their team and designing their care, and we will introduce more community providers to the planning process by ensuring that therapists and psychiatrists can receive reimbursement for their participation. We also will ensure that flexible funds are strategically employed for Iowa’s children. This enhanced process will focus on young people and their families who are at risk for out-of-home care, such as state custody, or Psychiatric Medical Institution for Children (PMIC)-like settings. We will use the wraparound fidelity index tool to measure the effectiveness of this approach. The tool measures 10 elements including: 1) parent/family voice and choice, 2) team-based, 3) natural supports, 4) collaborative, 5) community based, 6) culturally competent, 7) individualized, 8) strengths based, 9) persistent, and 10) outcomes based. We selected this tool because we already attained positive results using it in our Maricopa County, Arizona, program. From August 2007 through October 2008, baseline scores showed a combined total score of 73 percent compared to the goal of 75 percent for children with complex needs. (Source: Maricopa Analysis of Wraparound Fidelity Assessment System Findings, 12/4/08).

Using Outcomes Tools to Promote Active Engagement in Treatment Planning. We value consumer and parent/family-reported outcomes as a key element in determining how successful we have been in promoting person-centered care. Person-centered care is dependent on the development or selection of tools based on consumer, parent, and family feedback; consumer and parent self-administration of the selected tools; use of findings by consumers, parents, and providers in treatment planning and evaluation; and analysis and use of aggregate data to further inform service delivery and program development. Real-time reporting of outcomes information through our Web-based platform is used collaboratively by consumers, parents, and providers to plan and assess treatment progress and ensure that treatment is continually adjusted to focus on issues and goals of greatest interest to consumers and parents. This process is intended to enhance therapeutic alliance, which has been demonstrated to be strongly related to positive outcomes.¹⁰

Measurements of Effectiveness. Magellan has demonstrated our commitment to person-centered care through our use of the Outcome Rating Scale and the Session Rating Scale, available in English and Spanish in adult (ORS and SRS) and child versions (CORS and CSRS). These tools are intended to elicit feedback from consumers, so providers can address their concerns to ensure strong therapeutic alliance and continued participation in treatment. Magellan has utilized this tool in Maricopa County, Arizona, where more than 1,500 consumers completed more than 5,000 ORS and SRS tools between January 2008 and February 2009. Each scale ranges from 10 to 40 points, with increasing scores indicating improved outcomes and strengthened therapeutic alliance. Analysis of results shows that consumers' average score increased 10 points from the first to the most recent administration of the tools. Magellan's priority in Iowa is to work with DHS to implement specific outcomes tools that will help us measure therapeutic alliance and member/family engagement with treatment planning. We look forward to reviewing and selecting appropriate tools in collaboration with DHS. In addition to the ORS and SRS currently in use in Arizona, Magellan has piloted several tools in Iowa that we are considering for expanded use with the Departments' approval. These tools include the Consumer Health Inventory (CHI) and the Consumer Health Inventory-Child (CHI-C), the Recovery Assessment Scale (RAS) and the corresponding consumer self-report satisfaction survey, and the Child and Adolescent Needs and Strengths-Mental Health (CANS-MH) and the Adult Needs and Strengths (ANSA). Of these, CHI and CHI-C are particularly promising, and we have integrated them into Magellan's Intensive Care Management (ICM) program in Iowa and across our public sector contracts since November 2007. Eligibles in our ICM program include high-need clients who could benefit from focused care management in order to achieve, consolidate, and maintain treatment gains. All clients in the ICM program are encouraged to complete the CHI or CHI-C as part of their treatment plan. Results are positive. Based on the completion of 472 total assessments, analysis of changes between initial and follow-up administrations shows a clinically significant increase of five or more points in emotional health for 62 percent of consumers and in physical health for 26 percent of consumers. We use these findings at multiple levels of the service delivery system. ICM care managers are trained to use individual level results to empower consumers to engage in their own individualized treatment plans. In aggregate, we can use results from the CHI/CHI-C to identify needs related to training and service development both across the system and specific to particular providers and services.

Involvement in Decision-making about Care

Informing and involving Eligible Persons and family members in decision making about the type and duration of services they receive are important ways of promoting self-direction of their overall care and treatment.

Self-Directed Care. In 2006, Magellan and the Iowa Plan was the first behavioral health managed care plan in the country to develop and pilot a self-directed care (SDC) program. This was an innovative evolution and extension of intensive psychiatric rehabilitation that added an increased focus on self-direction and control by Enrollees regarding the purchase of goods and services. Participating consumers had the opportunity to collaborate with a SDC coach to manage a \$2,000 budget for the flexible purchase of goods and services not covered by insurance or existing community resources that would help them achieve a specific goal tied to their overall rehabilitation goal.

¹⁰ Lambert, Michael J.; Barley, Dean E. *Research summary on the therapeutic relationship and psychotherapy outcome.* Psychotherapy: Theory, Research, Practice, Training. Vol 38(4), Win 2001, 357-361.

Measurements of Effectiveness. Prior to participating in the SDC program, one individual lived in a series of mental health institutions and nursing homes. Through the SDC program, he was able to purchase needed items he could not otherwise afford, and in June 2006, he moved into his first real home, a four-room apartment. Analysis of SDC clients showed that they improved their residential status and employment status, increased their monthly earned income, and attained their overall rehabilitation goal at higher rates than individuals in a comparison group. Going forward, Magellan plans to expand our SDC program to serve up to 100 adults through integrated services and supports. We also plan to establish an additional program through community reinvestment to serve parents/guardians of up to 100 children, youth, or young adults with multisystem involvement. In the proposed program, both adult and parents/guardians have access to a coach and control over a budget of flexible funds to support their overall care.

"I am happier and busier now. I am also more stable. I have a comfortable and safer apartment. I am able to stay connected with those I love and it is easier to get the support I need and want."

- Magellan SDC Program Participant

Continuous Monitoring and Follow-Up/Remediation

Continuous monitoring and follow-up of treatment plans is essential for improving the overall quality of the treatment planning process. We use a variety of strategies in conjunction with our provider network.

Magellan Care Managers' Monitoring of Treatment Plans. During each review, care managers work with providers to ensure that each treatment plan is person-centered. To ensure that our oversight of care managers included monitoring of this aspect of care management, in 2007, an internal Magellan diversified taskforce that included peer specialists reviewed documents used by care managers and supervisors. The goal was to advance their focus on recovery and resiliency principles, including person-centered treatment planning. The main documents reviewed were: precoded notes—used by care managers to review providers' requests for services; the observation monitoring tool—used by supervisors when evaluating care managers' conversations with providers; and the documentation audit tool—used by supervisors to review care manager notes. As a result of this review, we added several items to each of these documents to improve care managers' focus on recovery and resiliency. Examples of the items that relate to person-centered care include:

- Care manager asked and advocated for the treatment goals and discharge plan reflected by consumer/family members' desires by:
 - determining and documenting that current services are provided in member's preferred language
 - determining and documenting that the treatment plan takes into account member's strengths, skills, and attributes.
- Care manager initiated discussion of appropriate discharge planning and took into account member's strengths, skills, and attributes in determining and documenting the discharge plan.
- Care manager asked and documented what the consumer/family members did in the past that helped them to deal with the same or similar problem successfully and encouraged provider to integrate those activities into current treatment plan.
- Care manager verified that providers knew whether or not the consumer had developed an Advanced Directive.
- Care manager used recovery-oriented language (e.g., person first), communication style (e.g., reflecting hope, praise, and confidence) and respect toward caller, consumer, and others.

Measurement of Effectiveness. We currently audit a sampling of initial and concurrent inpatient review calls each month to ensure that care managers are using person-centered approaches. Care managers in Iowa scored an average of 85 percent for the question "Did the care manager ask and advocate for the treatment goals and discharge plan reflected by consumer/family member desires" during our audits from July 2008 to February 2009.

Treatment Record Review. Magellan conducts regularly scheduled treatment record reviews to ensure providers who deliver services to a high-volume of consumers comply with contractual requirements to maintain organized, well-documented treatment records that reflect continuity of care. In 2007–2008, Magellan developed and pilot tested a treatment record review audit tool that included additional measures specifically designed for monitoring person-centered treatment planning. The Iowa Care Management Center is currently using this tool with all providers to collect baseline performance data. The treatment record review tool measures outpatient providers' documentation of specific indicators, including the following person-centered care indicators:

- Member identified inner strengths and social conditions are documented.

- Member's talents, skills, abilities, preferences, achievements are explored and documented.
- There is evidence that a crisis plan has been developed with member's input (for example, a WRAP or other type of proactive plan).
- Strengths-based individualized treatment plan included in member's record is consistent with his or her diagnosis, advances the individualized recovery plan, and reflects the member's language and culture by including real-life goals in all life domains.
- Member's participation in development and endorsement of treatment plan is documented (for children this includes families).
- Member's expectation for future quality of life (e.g., hope, new activities, etc.) was explored.
- Progress notes describe member's strengths and challenges in achieving treatment plan goals.
- For outpatient therapy, evidence is included demonstrating that member helped define the duration of treatment.
- Psychiatric advance directives are documented (if applicable).
- Informed consent for medication is signed (if appropriate) and documentation is present of member's verbalization of understanding medication education.

The treatment record review process includes a review of which goals have been met, discontinued, or continued. Most importantly, it reviews when the consumer, and those whom the consumer identifies as family, participates in the development of the treatment plan. When a pattern of non-compliance or low performance is identified for a provider or group of providers, quality improvement (QI) and provider relations staff provide technical assistance as needed to ensure providers appropriately improve their performance. If necessary they assist the provider in developing and implementing an action plan that is monitored by Magellan until compliance is achieved. We also identify any best practices from high-performing providers from the results of the treatment record review tool and help the lower-performing providers to implement these best practices.

Going forward, in addition to having an overall score from the treatment record review, we will create "sub-scores" of the review items that specifically relate to furthering recovery, resiliency, and person-centered treatment planning. The sub-scores will appear on provider profiles, which will make it easier for us to identify providers in need of follow-up on these specific items.

Measurements of Effectiveness. Preliminary results of baseline data analysis from the treatment record review process at our Lehigh Valley, Pennsylvania, program show an 86 percent rate of documentation of person-centered care (101 of 118 records reviewed). We will continue to monitor compliance compared to this baseline, and the QI team will look for opportunities to provide technical assistance to providers around person-centered planning.

The following examples demonstrate how person-centered care can be improved in Iowa Plan through the treatment record review process. An Iowa community mental health center showed improvement in overall treatment record review results, moving from 80 percent in 2007 to 84 percent in 2008. When Magellan's QI clinical reviewer identified an opportunity for this provider to improve in the area of person-centered planning during the 2007 review, the reviewer provided training on necessary elements of a plan and how to frame the treatment plan and progress notes in recovery language. One example of improvement in this area during the 2008 review follows:

- A therapist was working with a woman who stated that her goal was to be a rock star. Rather than debate with her about the feasibility of reaching this goal, the therapist asked her how she could make this happen and helped her to redefine her goal. The consumer progressed through treatment, fine tuned her goal, and is now entertaining residents at the local nursing home.

An Iowa inpatient provider also showed marked improvement from 2007 to 2008 on the treatment record review scoring, due, in large part, to a new focus on person-centered planning. During the provider's 2007 review, the reviewer identified an opportunity for improvement in person-centered care. The hospital and all departments adopted a new treatment plan document developed to provide more recovery and person-centered focus in treatment planning. This provider improved from 94 percent to 100 percent upon re-review in 2008.

b) Provide the names, telephone numbers and email addresses of two references who can be contacted to confirm the effectiveness of the Bidder's performance.

As requested, Magellan provides the following references who can confirm our effectiveness in ensuring person-centered care in table 7A.2.5.b.1.

Table 7A.2.5.b.1 Person-Centered Care References

Program Name	Contact Name	Telephone Number	E-mail Address
Heartland Family Service (NIATx initiative)	Mary O'Neill Behavioral Health Director	712-322-1407	moneill@heartlandfamilyservice.org
Iowa Advocates for Mental Health Recovery (WRAP trainings)	Mike Wood Volunteer Director	712-234-1040	MHASiouxland@aol.com

7A.2.6 Covered Services, Required Services, Optional Services

a) Describe the Bidder's strategy to ensure statewide capacity for required services

Magellan's strategy for ensuring statewide capacity of required services begins with a strong, proven foundation—our existing Iowa provider network. Magellan of Iowa's contracted provider network includes 220 organizations with more than 500 locations and 974 individual and group practitioners in 710 locations, and provides the base for delivering required services for Iowa Plan members across the state. These statewide resources have been built, maintained, and fostered through collaborative partnerships with providers over time. As we already have a solid network in place that currently delivers required services throughout the State of Iowa, Magellan will focus our incremental network expansion efforts over the next several months on developing and implementing the new services identified in the RFP, and on increasing existing resources in a small number of locations where our ongoing network analysis has identified gaps.

To ensure ongoing capacity for required services, our strategy includes analyzing data from multiple sources that provide the essential information necessary in determining where gaps in service exist or may exist in the future. These data points include, but are not limited to, GeoAccess analysis results, current and anticipated eligibility, enrollment and penetration data, demographic data including cultural and linguistic needs, utilization data, grievance and appeals data, consumer and provider satisfaction surveys, provider onsite reviews and surveys, appointment availability, and treatment record reviews of high-volume providers.

Viewed in isolation, none of the identified data points provide an accurate picture of network needs. Perhaps the most critical source of feedback in ascertaining network adequacy and shaping the direction of network and program development is input from consumers, family members, providers, and other stakeholders. This feedback provides real-life input that supports all other sources of data. In Iowa we have a long and successful history of including these groups as active members in network development activities. Many of these opportunities will continue and additional avenues will also be implemented including the Recovery Advisory Committee (currently named the Consumer/Family Advisory Committee), Service-Specific Roundtables (among them Co-Occurring Services, Women and Children, Peer Support, etc.), Stakeholder Circles (including the new 65 Circle for the age 65 and older population), community and educational forums, and experience of care surveys.

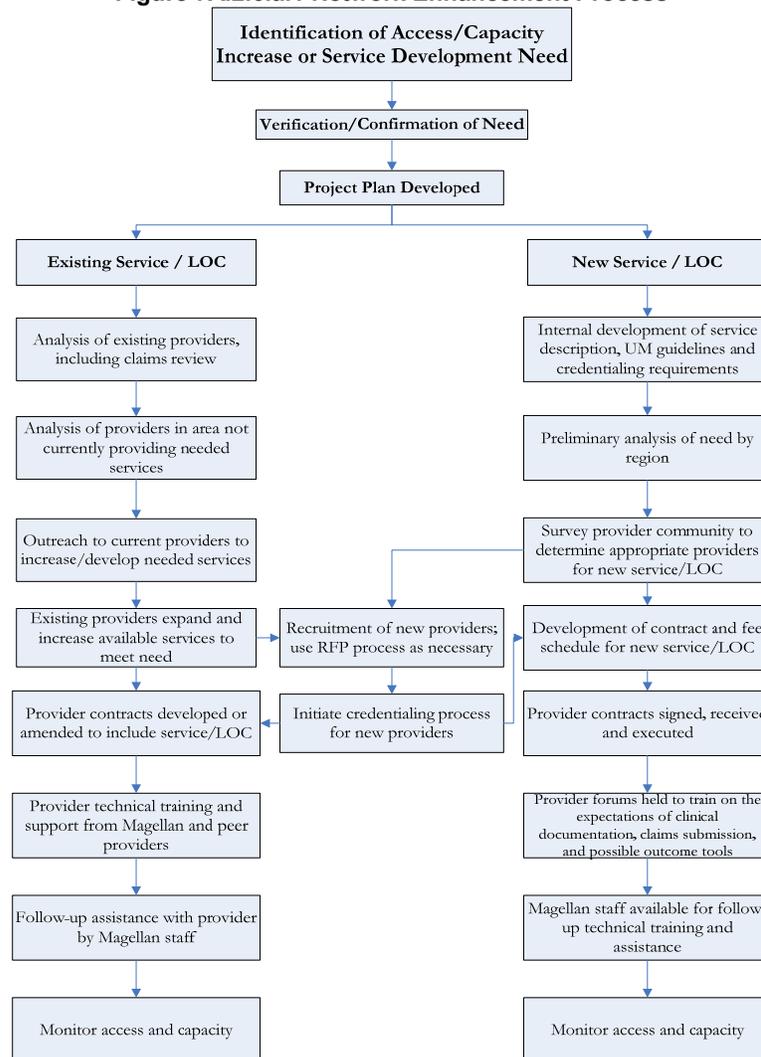
The information gathered from all of these sources will feed into our newly enhanced Network Strategy Committee (NSC), which will replace Magellan's current Provider Services Subcommittee. The NSC, which reports to the Quality Improvement Committee (QIC), will make recommendations and seek guidance from the Iowa Advisory Committee, develop strategies, develop and implement project plans to fill identified gaps, review and implement network development and network expansion-related initiatives, respond to provider availability and accessibility issues, plan for short- and long-term needs from the larger provider community, and prioritize the Iowa Department of Human Services (DHS) and the Iowa Department of Public Health (IDPH) initiatives that involve the service delivery system. The NSC will serve as the hub for information gathering and sharing on the services within the network as well as for strategic network expansion and planning for delivery system-wide initiatives, and those specific to underserved communities or targeted area-specific service development. Members of the NSC include network, clinical, QI, and member services staff

along with ad hoc members as required. The full resources of the Iowa Care Management Center, as well as Magellan corporate resources, will continue to support the NSC.

While the NSC will ensure capacity for required services, it will also have a particular focus on implementing network development initiatives for improving the coordination and integration of services for Iowan plan Eligibles with co-occurring conditions. As detailed in section 7A.2.3, strategies for coordination and integration include areas of network expansion, encompassing the input and recommendations received from DHS, IDPH, and the Iowa Medicaid Enterprise (IME) through our outreach and research efforts. One continued strategy will be to build on contracting efforts with and co-location of mental health services in federally qualified health centers (FQHCs). This medical/behavioral model of integration has eased the burden on the consumer and provides ready access to both medical and behavioral health care, including therapy and medication management in one location. We currently have three FQHCs in our network (Behavioral Health Centers of Southern Iowa, Peoples Community Health Clinic, and Council Bluffs Community Health Center) and are implementing a strategy to contact and recruit the additional 10 FQHCs throughout the state with a concentration on regional access. We expect to have an additional FQHC in the Magellan network prior to April 1, 2009.

Magellan has maintained or increased access for required services by following a proven method of engagement, partnership, and creative development of services with Iowa community- and facility-based providers. While network expansion tactics vary by service level and availability, our overall strategy is consistent across all capacity development initiatives and is illustrated below in the Figure 7A.2.6.a.1.

Figure 7A.2.6.a.1 Network Enhancement Process



b) Describe any additional existing service gaps, by region, which the Bidder has identified in preparing this proposal, and the basis on which the Bidder has made this determination. Describe how the Bidder would address those gaps and provide an implementation timeline showing the dates for the introduction of any new services that the Bidder would provide, by region. The Bidder shall minimally address: Level I Sub-acute Facility services delivery; 24 hour mental health stabilization services, noting that past attempts to do so for the Iowa Plan have not proven successful; and Substance abuse peer support / recovery coaching

Magellan continually assesses network access and availability to ensure that services are in place consistent with the needs of Iowa Plan Eligible Persons and are aligned with the priorities of the state. Magellan has already taken steps to address the new required statewide services and our plans are described below. Following the plans for new statewide services is a summary of our most recent service gap analysis, completed in preparation for this proposal response as shown in Table 7A.2.6.b.1. Our gap analysis included GeoAccess reports, discussions with multiple stakeholders including Eligible persons and their families, central points of coordination (CPGs), Judicial District staff, and other local authorities, and providers, along with the RFP requirements and priorities of the state. The analysis encompasses both required and optional services and those that promote recovery and resiliency for Iowans. Additionally, our analysis includes a review of current daily experiences of Magellan of Iowa staff in coordinating, managing, and reviewing services to Iowa Plan Eligible Persons, from both our Des Moines Care Management Center staff and our team members throughout the state.

Magellan will exceed RFP requirements by having new levels of care and services in place prior to January 1, 2010, including **Sub-Acute, 24-Hour Mental Health Stabilization, and Substance Abuse Peer Support/Recovery Coaching.**

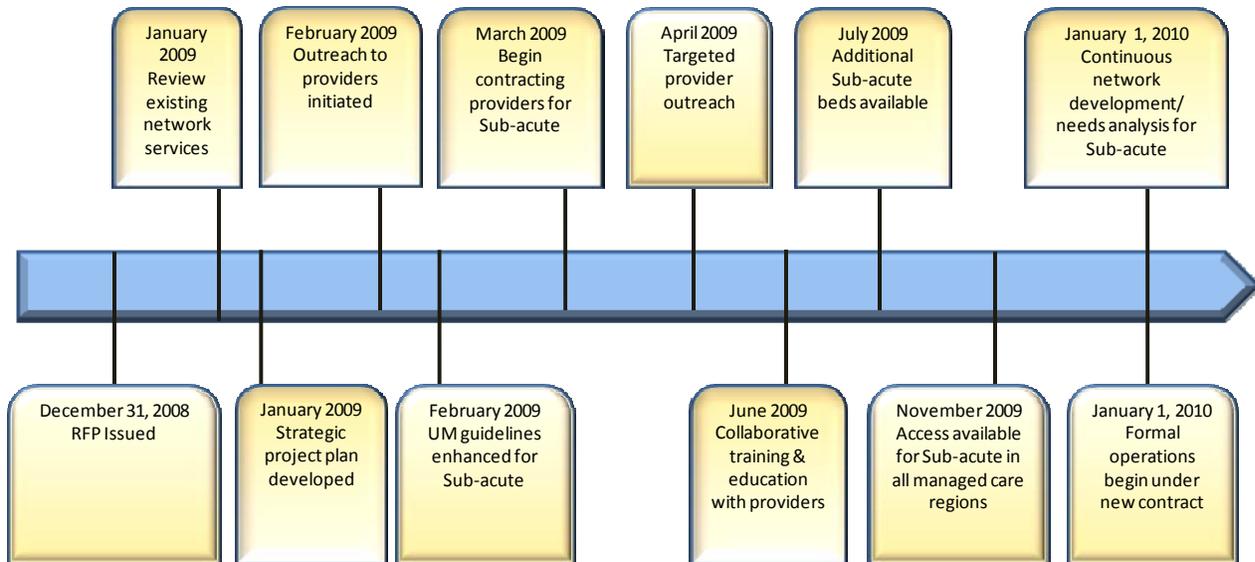
New Statewide Services

Magellan has already taken action in the development of Level I Sub-acute Facility service delivery, 24-hour mental health crisis stabilization, and substance abuse peer support and recovery coaching services. The action plans and timelines that follow illustrate our commitment to have these services in place prior to the next contract term beginning January 1, 2010. Following the steps outlined in Figure 7A.2.6.a.1, are specific implementation steps and timelines associated with each of the new services including Level I Sub-Acute Facility services shown in Figure 7A.2.6.b.1 and Figure 7A.2.6.b.2, 24-hour mental health stabilization services, and substance abuse peer support/recovery coaching shown in Figure 7A.2.6.b.3.

Statewide Level I Sub-Acute Facility Services

Magellan believes that a continuum of services should be available to meet the immediate and changing needs of Iowa Plan Enrollees, particularly when they are most vulnerable in a time of crisis or during the utilization of a higher level of care such as inpatient. We also feel that services or levels of care that stand alone in isolation are not the most appropriate or effective in helping to meet member needs and individual recovery goals.

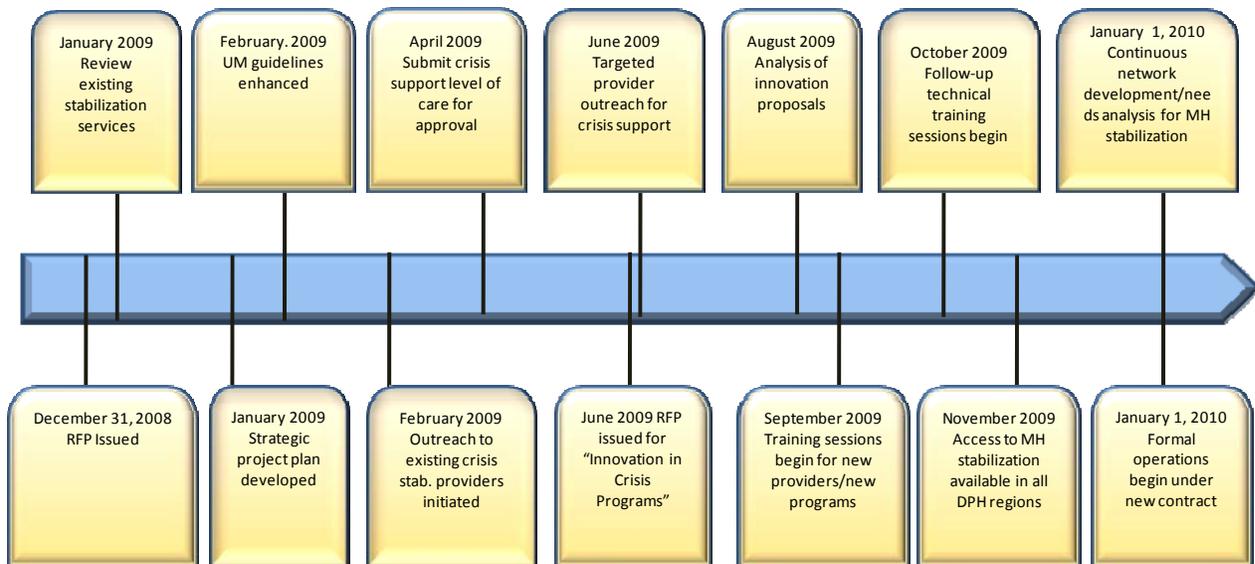
We have reviewed our existing network services, developed and enhanced utilization management guidelines, and started the project planning of strategic initiatives to develop a broader array of services for consumers when in crisis or higher levels of care. Sub-acute facility services are currently contracted by Magellan at Cherokee and Independence Mental Health Institutes (MHIs), Spencer Hospital, and Genesis Medical Center. We have initiated outreach and contracting efforts with our contracted mental health inpatient providers throughout the state. Historically, the sub-acute level of care was not popular with providers who viewed it as a holding place for children. Magellan views the clinical need for this service as a step down in treatment from inpatient and as a conduit for the other lower levels of care as needed. Through targeted outreach, development of programs, and collaborative training and education on the goals of this level of care with our inpatient providers, our plan is to have access for sub-acute services in all of the Managed Care Plan regions by November 1, 2009.

Figure 7A.2.6b1 Level 1 Sub-Acute Facility Services implementation Timeline

Statewide 24-Hour Mental Health Stabilization

Magellan envisions 24-hour mental health stabilization as a “menu” of services available for Iowans. Rather than trying to define a level of care and employing a “one size fits all” approach we will enhance existing services already within the network and add new services to offer a broader array of mental health stabilization services. Since this RFP’s release, we have enhanced our utilization management guidelines to reflect a broader array of services. We will build upon the existing crisis stabilization beds in Waubonsie Community Mental Health Center (CMHC) in Clarinda, Cass County Hospital, Atlantic, and Boys and Girls Family Services in Sioux City. We will facilitate the expansion of out-of-home respite services that are currently in 15 counties and employ a continuous network development approach to adding capacity for these services in underserved areas. To increase the service array, Magellan will add the following new services to the mental health stabilization continuum:

- 24-hour crisis stabilization beds within hospitals, in particular rural medical/surgical facilities.
- Crisis Support will be provided by on-call nursing staff and be available to any member in crisis. Ideally, nurses are available 24/7 as part of the CMHC, agency, or group on-call response system where the member usually goes for services. Member can also call the Iowa office and a referral can be made to a nurse/agency contracted for this new service and get an immediate call back to the member. For example: instead of going to the emergency room (ER), a member calls the nurse to go over stabilization strategies until member can be seen again face to face. As needed consultation occurs between the nurse and psychiatrist to call in a prescription for stabilization, and the member avoids a trip to the ER. If the member’s concern cannot be resolved over the phone, the nurse can connect the member to Magellan’s 24/7 crisis center to activate mobile resources.
- Magellan will issue RFP’s for the development of new innovative 24-hour crisis programs such as a children’s crisis residential to serve as a less restrictive alternative to psychiatric mental institutions for children (PMICs).
- As with the sub-acute level of care, Magellan plans to have access to an array of services for 24-hour mental health stabilization services in all Managed Care Plan regions by November 1, 2009, and will employ a continuous network development approach to further expand the array and availability of services.

Figure 7A.2.6b2 24 Hour Mental Health Stabilization Implementation Timeline

Statewide Substance Abuse Peer Support / Recovery Coaching

Magellan has started an enhanced dialogue with Iowa substance abuse providers to solicit input regarding these new services. In February of this year, we sent a Web-based survey to all our contracted substance abuse providers requesting information on and interest in working with us in the development of the new program. We have also reached out to Larry Fricks from Appalachian Consulting Group and National Depression and Bipolar Support Alliance (DBSA) to support a curriculum and training development process similar to the mental health peer support specialist process Larry facilitated for us in Iowa. Iowa substance abuse peer support training will build on this success and lessons learned, being sure to incorporate content and skills development to address the needs of Iowans age 65 and older. Magellan will partner with DHS, IDPH, and the State Public Policy group to enhance the current peer support training in order to add competencies for substance abuse and the aged 65 and older population. We have partnered with these stakeholders and Larry Fricks over the past three years to participate in training, facilitate panel discussions on peer employment, and to help start peer support programs.

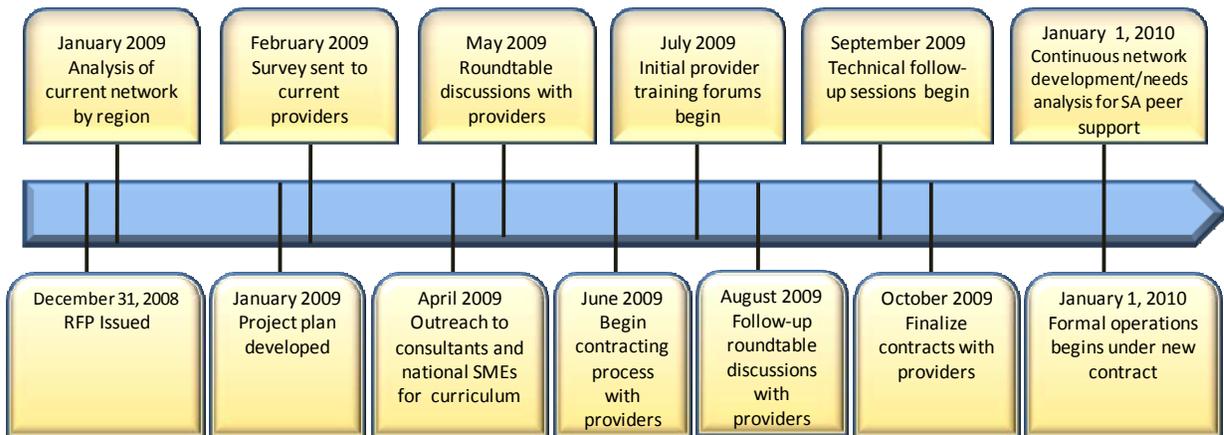
We understand the critical importance of developing these services collaboratively with input from individuals recovering from substance abuse disorders, providers, and other community stakeholders in order to tailor this new service to Iowa's unique needs. We will use our experience and well-established Iowa relationships to accomplish this. Substance abuse peer support/peer recovery coaching services will include, at a minimum: promotion of early recovery and sobriety skills through role modeling; peer support for relapse prevention; assistance in developing community supports to promote sober living; healthy lifestyle assistance and development (nutrition, exercise, overall wellness); telephonic peer support; and linkage to community resources.

Trained peer specialists who have their own personal recovery experience will provide peer support/coaching for substance abuse. Based on a survey we sent to substance abuse providers, we have identified eight providers interested in being part of a roundtable to continue discussing the planning. These providers include: Area Substance Abuse Council, Alegent Health, Keokuk Area Hospital, Substance Abuse Services Center, Northeast IA Behavioral Health, Behavioral Health Centers of Southern Iowa, and Lawson Treatment Services, LLC. These providers are obtaining experience delivering this service under Iowa's Access to Recovery (ATR) grant, and we have talked with these providers about building upon this model. We view this as an opportunity for a robust partnership with ATR and Medicaid funding.

Based on our experiences in Arizona with our MY LIFE youth leadership program, we believe that a peer support model for youth in recovery from substance use can be powerful. This program was developed by Magellan of Arizona and was designed to identify and implement strategies for inspiring and supporting young people to be fully engaged in their communities. The program is made up of youth between the ages of 13 and 23 who have experience with mental health, substance abuse, and foster care-related issues, and have a desire to have a positive impact on their community mental health system. The group gives teenagers and young adults an opportunity to use their experience, talents, and voice to make positive changes in their lives while helping others to do the same. While a relatively new initiative, it has shown great promise. With youth, and especially teenagers, the peer group is primary. We believe that engaging them in schools

with an individual and/or group experience led by a trained youth peer support staff in recovery from substance abuse would offer a positive experience. We currently have providers with satellite locations in schools in Iowa, and we propose building on this platform to engage children and especially those leaving residential substance abuse or PMIC.

Figure 7A.2.6b3 Statewide Substance Abuse Peer Support/Recovery Coaching Implementation Plan



Service Gap Analysis

Table 7A.2.6.b.1 summarizes the results of our gap analysis based upon the revised requirements of this RFP. We'll build upon our existing foundation and we'll begin by identifying overall delivery system gaps where we may already meet geo-access standards but we are committed to exceeding them so that we continuously move toward a recovery and resiliency-focused care model. Our extensive experience serving the people of Iowa, along with our knowledge of the Iowa delivery system, has allowed us to develop *detailed plans designed to meet the needs of the local community* as opposed to merely developing overarching regional development plans. This level of specificity allows us to build on our knowledge and experience and meet the very unique needs of Iowans in the communities where they live and work. We will then prioritize filling these gaps based on need and stakeholder input. Following the steps outlined in Figure 7A.2.6.a.1, we will employ proven methodology specific to each individual service to fill identified gaps.

Table 7A.2.6.b.1 – Service Gap Analysis – All Regions

Areas for Overall Continued Delivery System Enhancements	
Service/Enhancement	Action and Strategies To Be Employed
Transportation	<ul style="list-style-type: none"> Continue and expand the use of integrated services/support services to ensure access to mental health substance abuse services.
Psychiatric In-Home Nursing	<ul style="list-style-type: none"> Access is currently available throughout the state; however we will employ continuous network development, evaluation, and assessment to ensure access for enrollees including those age 65 and older.
Psychiatric Services	<ul style="list-style-type: none"> Access is available throughout the state; however we will employ continuous network development including telehealth expansion and Open Access Model (see 7A.2.13) for more timely access.
Transitional Age Youth Services	<ul style="list-style-type: none"> Initiate statewide discussion through roundtables to advance/gain consensus for potential adoption of Casey Life Skills tools and to explore the viability of implementing the Transition to Independence Process (TIP) model.
Emergency Services	<ul style="list-style-type: none"> Currently available at hospitals throughout the state; implement plan for expansion of mobile and crisis stabilization services. Investigate and perform due diligence on peer/family support model in ER.
Northeast Region Communities	
Mobile Crisis Services	<ul style="list-style-type: none"> Work with Black Hawk/Grundy Mental Health Center as they have been awarded one of the DHS emergency services grant. Approach mobile counseling providers for interest in widening their clinical outreach by contracting for this service. Hold provider forums in the region to explore additional options.

Areas for Overall Continued Delivery System Enhancements	
Service/Enhancement	Action and Strategies To Be Employed
Assertive Community Treatment	<ul style="list-style-type: none"> Target Waterloo and Dubuque areas for ACT programs with emphasis on expansion for children. Look at adding children to Abbe ACT team.
Community Support Services (CSS) for children	<ul style="list-style-type: none"> Target CSS providers such as Hillcrest CMHC who services children in area to help with transition issues for youth in Dubuque. Work with Abbe CMHC and Four Oaks in Cedar Rapids.
Co-Occurring Services	<ul style="list-style-type: none"> Encourage/promote collaboration with NE Iowa MHC and Pathways. Target Hillcrest in the Dubuque area to add services.
Intensive Psychiatric Rehabilitation (IPR)	<ul style="list-style-type: none"> Hillcrest already serves down to age 16. Hope Haven and Abbe CMHC provide the service and can expand to include age 16 and above.
MH Peer Support	<ul style="list-style-type: none"> Services currently available; expand to add capacity. Target NE Iowa and Backbone CMHCs.
Consumer-Operated Telephone "Warm Line" (optional)	<ul style="list-style-type: none"> Planning underway currently with peer support providers in region. Target Black Hawk-Grundy (Waterloo) and Hillcrest (Dubuque) CMHCs for additional development.
Clubhouse (optional)	<ul style="list-style-type: none"> Include as regional agenda item in Recovery Advisory Committee to explore need (region has 3 peer-run centers and 3 IPR programs available now.)
SA Ambulatory Detoxification (ASAM PPC-2R Level I.D.) (Enrollees only) SA Ambulatory Detoxification (ASAM PPC-2R Level II.D.) (Enrollees only)	<ul style="list-style-type: none"> Partner with DHS/IDPH and Clinical and Community advisory group to determine the need in each region.
Adolescent Residential SA	<ul style="list-style-type: none"> Target expansion with Area Substance Abuse Council (ASAC) in Cedar Rapids for adolescent residential (ASAM level - 3.5).
Northwest Region Communities	
Mobile Crisis Services	<ul style="list-style-type: none"> Partner with Berryhill CMHC in Fort Dodge for expansion of mobile crisis. Approach mobile counseling providers who may be interested in widening their clinical outreach by contracting for this service. Hold provider forums in the region to explore options.
Assertive Community Treatment (ACT)	<ul style="list-style-type: none"> Focused development in the Sioux City area with emphasis on children.
Community Support Services (CSS) for kids	<ul style="list-style-type: none"> Target CSS providers at Siouxland CMHC and children providers Jackson Recovery in area to help with transition issues for youth.
Co-Occurring Services	<ul style="list-style-type: none"> Berryhill CMHC dually licensed to provide services currently. Target Spencer and Sioux City.
Intensive Psychiatric Rehabilitation (IPR)	<ul style="list-style-type: none"> Sioux City has program. Target Fort Dodge and Spencer areas. Focus of programs to include age 16 and up.
MH Peer Support	<ul style="list-style-type: none"> Target Fort Dodge and Spencer areas and continue to monitor need.
Consumer-Operated Telephone "Warm Line" (optional)	<ul style="list-style-type: none"> Collaborate with all peer support providers asking them to include in service they are already providing. Target Hope Haven for implementation of warm line for this region.
Clubhouse (optional)	<ul style="list-style-type: none"> Include as agenda item in Recovery Advisory Committee to explore need. Target Spencer, Sioux City, Fort Dodge, and Carroll for development of peer-run center or clubhouse.
Creation of Local Systems of Care for Integrated Screening, Assessment, and Care Planning	<ul style="list-style-type: none"> Bring Sioux City Healthy Lifestyles school integrated health/behavioral health project into covered services. Discuss with Sioux City collaborative an integrated system using the FQHC, Siouxland Community Health Center.
SA Ambulatory Detoxification (ASAM PPC-2R Level I.D.) (Enrollees only) SA Ambulatory Detoxification (ASAM PPC-2R Level II.D.) (Enrollees only)	<ul style="list-style-type: none"> Partner with DHS/IDPH and Clinical and Community advisory group to determine the need in each region. Explore program with Community and Family Resources in Fort Dodge. They already provide

Areas for Overall Continued Delivery System Enhancements	
Service/Enhancement	Action and Strategies To Be Employed
	medically monitored residential (ASAM level - 3.7).
North Central Region Communities	
Mobile Crisis Services	<ul style="list-style-type: none"> ■ Partner with the Mental Health Center of North Iowa in Mason City to develop. ■ Hold provider forums in the region to explore options.
Assertive Community Treatment (ACT)	<ul style="list-style-type: none"> ■ Target Mason City area for a new program; emphasis on expansion for children.
Community Support Services (CSS) for kids	<ul style="list-style-type: none"> ■ Target CSS providers at North Iowa CMHC and Four Oaks in Mason City in area to help with transition issues for youth.
Co-Occurring Services	<ul style="list-style-type: none"> ■ North Iowa CMHC and Prairie Ridge work on collaborative. CFR and Richmond Center already doing in collaborative relationship.
Intensive Psychiatric Rehabilitation (IPR)	<ul style="list-style-type: none"> ■ Hope Haven doing program now. Need to target Ames area. Need all programs to include age 16 and above.
Peer Support	<ul style="list-style-type: none"> ■ Services throughout region; expand in Ames community.
Consumer-Operated Telephone "Warm Line" (optional)	<ul style="list-style-type: none"> ■ Regional approach through collaboration with all peer support providers asking them to include in the service they are already providing. Target CMHC in Mason City as current peer support provider to develop warm line.
Clubhouse (optional)	<ul style="list-style-type: none"> ■ Include as agenda item in Recovery Advisory Committee to explore need. ■ Target Ames, Marshalltown and Iowa Falls as potential for peer-run center or clubhouse. We have discussed peer-run activities with consumers from Marshalltown.
Creation of Local Systems of Care for Integrated Screening, Assessment, and Care Planning	<ul style="list-style-type: none"> ■ Build on existing partnership with Primary Healthcare (FQHC) to include this region with integrated health/behavioral health treatment setting in Marshalltown serving both adults and children.
SA Ambulatory Detoxification (ASAM PPC-2R Level I.D.) (Enrollees only) SA Ambulatory Detoxification (ASAM PPC-2R Level II.D.) (Enrollees only)	<ul style="list-style-type: none"> ■ Will explore a pilot in NW region and any licensing implications with IDPH. ■ Partner with DHS/IDPH and Clinical and Community advisory group to determine the need in each region.
Central Region Communities	
Assertive Community Treatment (ACT)	<ul style="list-style-type: none"> ■ Targeted expansion for children.
Community Support Services (CSS) for kids	<ul style="list-style-type: none"> ■ Target CSS providers at Eyerly-Ball CMHC and children providers. Work with Orchard Place to help with transition issues for youth.
Co-Occurring Services	<ul style="list-style-type: none"> ■ Target MECCA and Eyerly-Ball CMHC in Des Moines area for expansion.
Intensive Psychiatric Rehabilitation (IPR)	<ul style="list-style-type: none"> ■ Work with Eyerly-Ball to include age 16 and above.
MH Peer Support Services for Persons with Chronic Mental Illness	<ul style="list-style-type: none"> ■ Partner with Eyerly-Ball CMHC on a Recovery Conference in May 2009 to showcase peer support providers from Iowa. ■ Setup meetings after conference with providers and Polk County Health Services (CPC) to begin peer support. ■ Include NAMI-Iowa in discussion regarding peer support for 65 and older as they have already expressed an interest in development.
Consumer-Operated Telephone "Warm Line"(optional)	<ul style="list-style-type: none"> ■ Build on efforts listed above to integrate warm line into peer support program.
SA Ambulatory Detoxification (ASAM PPC-2R Level I.D.) (Enrollees only) SA Ambulatory Detoxification (ASAM PPC-2R Level II.D.) (Enrollees only)	<ul style="list-style-type: none"> ■ Partner with DHS/IDPH and Clinical and Community advisory group to determine the need in each region. ■ Explore Suboxone pilot and any licensing implications with IDPH.
Southeast Region Communities	
Mobile Crisis Services	<ul style="list-style-type: none"> ■ Reach out to provider groups in Davenport (Vera French, Genesis Medical Center, and Family Resources) to discuss expanding services.

Areas for Overall Continued Delivery System Enhancements	
Service/Enhancement	Action and Strategies To Be Employed
	<ul style="list-style-type: none"> Reach out to providers in Iowa City (University of Iowa Hospitals, Mid-Eastern Iowa CMHC, MECCA and Hillcrest).
Assertive Community Treatment (ACT)	<ul style="list-style-type: none"> Have programs in Linn and Johnson County. Expand in Davenport; expand for children.
Community Support Services (CSS) for kids	<ul style="list-style-type: none"> Target CSS providers at Vera French CMHC and Family Resources serving children in area to help with transition issues for youth.
Co-Occurring Services	<ul style="list-style-type: none"> Program in Mt. Pleasant currently. Target Davenport, Iowa City, and Ottumwa for expansion.
Intensive Psychiatric Rehabilitation (IPR)	<ul style="list-style-type: none"> Program currently in Iowa City. Target the Davenport area and expand to age 16.
Peer Support	<ul style="list-style-type: none"> Expand capacity by targeting Davenport, Ottumwa, and Burlington areas.
Consumer-Operated Telephone "Warm Line" (Optional Service)	<ul style="list-style-type: none"> Approach all peer support providers asking them to include in the service they are already providing. The Mid-Eastern Iowa CMHC in Iowa City to be approached to develop the warm line.
Clubhouse (Optional Service)	<ul style="list-style-type: none"> Existing Clubhouse in Grinnell. Target Davenport, Burlington, Mount Pleasant, Fort Madison, and Ottumwa for development of Peer-Run program or Clubhouse.
SA Ambulatory Detoxification (ASAM PPC-2R Level I.D.) (Enrollees only) SA Ambulatory Detoxification (ASAM PPC-2R Level II.D.) (Enrollees only)	<ul style="list-style-type: none"> Explore a pilot with the Center for Alcohol and Drug Services (CADS) in Davenport and any licensing implications with IDPH.
Adolescent Residential SA	<ul style="list-style-type: none"> Target expansion with Area Substance Abuse Council (ASAC) in Cedar Rapids for adolescent residential (ASAM level - 3.5)
Southwest Region Communities	
Mobile Crisis Services	<ul style="list-style-type: none"> We already have several mobile counseling providers who may be interested in widening their clinical outreach by contracting for this service. We will approach this group. Hold provider forum with Alegent, Heartland Family Services and other area providers to discuss options for implementation.
Assertive Community Treatment (ACT)	<ul style="list-style-type: none"> Investigate adding children to Family Services ACT team.
Community Support Services (CSS) for kids	<ul style="list-style-type: none"> Target CSS providers at Alegent Hospital and Children's Square serving children in area to help with transition issues for youth.
Co-Occurring Services	<ul style="list-style-type: none"> Provided through Heartland Family Service as they are dual licensed. Target Zion Recovery in Atlantic to start program to increase capacity.
Intensive Psychiatric Rehabilitation (IPR)	<ul style="list-style-type: none"> Alegent has current program. Target Atlantic and Creston area and discuss to include ages 16 and above.
Substance Abuse Services	<ul style="list-style-type: none"> Target potential expansion of IOP with Crossroads CMHC and Zion Recovery Services for the Clarinda and surrounding areas.

c) Describe the process by which integrated mental health services and supports will be authorized for Enrollees and who will be allowed to authorize them. Include any parameters that would be implemented to guide the authorization of integrated services and supports. The Bidder should provide examples of any past experience with the provision of such services.

We share the Departments' vision to expand opportunities for Enrollees to recover, to live independently in their communities, and to have meaningful activities in their lives. Over the years, we have found that family, friends, and natural supports can be the best resource for Enrollees to achieve their goals. We have also experienced that it is sometimes a specific individualized need at a particular time that can make the most difference. It is fortunate that the Iowa Plan has the flexibility to fund those individualized informal support services that are not part of the regular services menu through "integrated services and supports."

We know it is small things that can many times make the difference between recovery and a setback. Recently, a consumer was struggling to stay in the community. The consumer, the Magellan staff, and the provider came up with a plan to send her a regular reminder, including a \$10 gift card, when completing her twice-monthly injectable medication appointments.

This small incentive encouraged her to follow-through with the appointment, and she has now been able to stay in the community fully for six months. We often pay the mileage for parents to visit and attend family therapy sessions at the MHIs. Other successful examples we have employed include peer mentoring, funding a family support person, hotel accommodations for a parent to attend a child's treatment, and swimming lessons.

It is essential that individualized services and supports be integrated into the treatment plan and coordinated with other providers and/or funders. These interventions help individuals to remain in or return to their home, and limit the need for more intensive out-of-home mental health treatment. These authorizations offer a complement to what other funding streams are providing. A joint treatment planning process may identify the need for integrated services/supports. The consumer/family member must participate in the planning process, with other members of the team giving their input as well. Individual contacts with the consumer or family and provider may also identify the need.

Our care managers and intensive care managers can authorize these services and supports. The process can be as simple as a phone call with the consumer or could include a joint treatment planning conference for more complex issues. We involve parallel systems such as counties and remedial services to use integrated services and supports to complement what they may already be funding. The steps in the authorization process include:

- a need is identified through contact with consumer, family and/or provider by Magellan clinical staff
- review service goals for inclusion of specified integrated services/support
- identify natural support or community provider who can offer service/support
- define the reimbursement process to include payment to out-of-network provider/individual
- Magellan clinical staff enters clinical authorization and process for continuing review.

A few examples of our authorizing integrated services and supports to allow individuals to return and remain in their home communities have included the following: *"Sally" had lived in institutions since the age of 11 years and now at the age of 21 has finally been able to live in a group home. Sally was diagnosed with mental retardation and major depression and is also aggressive. A complicating factor for her to succeed at the group home was to sleep in her bed all night and to take her medications. Together with the group home staff, the targeted case manager, and Magellan's Intensive Care Manager, it was discovered that a small amount of money gave Sally the incentive to stay in her bed throughout the night and to take her medications. With the money she earns, staff at the group home take her shopping, which has helped Sally remain focused and she has been able to stay in the group home for three months, which is the longest tenure she has experienced outside of an institution for the past 10 years.*

"Judy" is a person who swallows objects. She has been in and out of 24-hour settings for more than 16 years. During a joint treatment planning session, Judy mentioned her interest in shopping, the wish that she had money to spend, and something that she could look forward to. Together with her clinical team, she was also put on an incentive plan where she could make a small amount of money daily if she did not swallow foreign objects and with her earned money, she could go shopping which aids in her socialization. Her success has allowed her to participate in intensive psychiatric rehabilitation services and to establish her own personal goals.

"Mary" is a woman who spent more than three months in the hospital who is now living in the community with the assistance of an aide and funds were provided to help her buy new clothes and other personal items.

"Joan" spent more than 60 days in a psychiatric hospital. During that time she forged trust with a nurse while on the unit. The joint treatment planning process led by Magellan authorized this nurse to make home visits to support Joan in the community. She had previously been unwilling to let others in her home.

A final example is one where Magellan authorized a mentor for a child with an attachment disorder to help encourage her interest in music, which increased her ability remain with her family.

We also recognize the Departments' priority to study a flex-funds process to empower enrollees to direct their own care, especially with children and families involved in multiple systems. We have a specific policy and procedure for flex funds as referred to below in our Maricopa County, Arizona example. We will customize this approach as a proposal for the Department's review by July 2009.

Magellan sees the value in "thinking out of the box" when it comes to being creative in our UM process. Similar experience in non-traditional funding from our other public sector programs includes:

Pennsylvania Self Directed Care (SDC) Program. Different than the Iowa SDC program, the Pennsylvania program focuses on families of children with autism. Since early 2007, 26 Pennsylvania families of children with autism spectrum disorders have been able to make purchases to help them achieve resiliency goals, such as keeping their children safe and furthering their children's socialization and communication skills, thanks to Magellan's self-directed care program. Parents

of the children in this pilot were able to tailor expenditures to meet their child's needs and also demonstrated reduced parental stress. Due to the promising findings, our customer and Magellan have committed reinvestment funds to serve an additional 100 consumers, including children and adults with a diagnosis along the autism spectrum. This reinvestment program will begin in early 2009. In addition, Magellan is working toward a new SDC initiative in Delaware County, Pennsylvania related to individual control of Medicaid funds for all outpatient covered services.

Maricopa County, Arizona. In our public sector contract in Maricopa County, we provide non-treatment covered services through this program. For example, when a consumer's living situation is in jeopardy and therefore their mental well-being is compromised, the flex-fund program can provide limited financial assistance to the consumer to pay for back rent or utilities to help prevent eviction. The program is designed to be the last resort for such requests but in many cases is needed because other funding options are not available. We have occasionally funded other items such as self-improvement classes, assistance with moving, and others. Since 2007, we have served approximately 910 people and paid more than \$500,000 in flex funds to these individuals.

d) Describe how the Bidder will incorporate evidence-based practice into its management of the Iowa Plan and how that will impact the services offered through the Iowa Plan during the term of the Contract.

As a company, Magellan has more than 15 years of experience identifying evidenced-based practices (EBPs) and clinical practice guidelines (CPGs). Prior to the adoption of each EBP or CPG, we review the relevant scientific literature as a multi-disciplinary panel that includes board certified psychiatrists, with input from providers in Magellan's clinical network and from consumers and community agencies. Specifically for CPGs, Magellan reviews adopted guidelines at least every two years and provides updates as necessary.

Magellan will use our national knowledge and resources to support our Iowa office in the development of the requested compendium of EBPs and evidenced-based CPGs. We will develop and continuously maintain the compendium as the field of mental health and substance abuse evolves. Together with DHS and IDPH, we will review the compendium and advise the Departments on any modifications to Iowa Plan services. We will also work with the Clinical Advisory and the Iowa Plan Advisory committees to get their advice on how to continue to integrate EBPs into day-to-day practice. Through community reinvestment funds, we have been able to support providers financially in implementing an EBP, and then we have worked with the provider to ensure the EBP achieves expected outcomes so the service can continue and be sustained over time.

We will incorporate EBPs into the management of the Iowa Plan in a variety of ways. As specific services are defined as EBPs, we will analyze how the service can be incorporated into Iowa Plan services. There are examples where the nationally identified EBP may fit neatly into Iowa, such as ACT. There are others where an Iowa-specific clinical practice, such as Systems Training for Emotional Predictability and Problem Solving (STEPPS), may be preferred over the national variation, dialectical behavioral therapy. As we pilot services across Magellan's contracts, we share and learn from those experiences. For example, Iowa's experiences with intensive psychiatric rehabilitation were positive and thus replicated in parts of Pennsylvania and Tennessee. Self-Directed Care projects have been piloted in Pennsylvania and Iowa with different populations, and we have learned from those experiences to continuously improve on the models.

Examples of promising practices and EBPs that Magellan has assisted in developing over the years in Iowa include ACT, integrated treatment for co-occurring disorders, STEPPS/DBT, the matrix model, motivational interviewing, peer support, WRAP, and IPR.

Magellan will continue to enhance and expand the CPGs for providers to use in the delivery of services. These guidelines are available to providers through Magellan's Web site, in the Provider Focus Newsletter, and we have utilized experts to train the Iowa providers using the Iowa Cable Network (ICN) at quarterly Provider Roundtables. Currently, Magellan has specific CPGs on acute stress disorder and post-traumatic stress disorder, ADHD, autism spectrum disorders, bipolar disorder, depression, eating disorders, generalized anxiety disorder, managing suicidal patients, treatment of obesity, obsessive-compulsive disorder, panic disorder, schizophrenia, and substance use disorders

We will build on our experience of working with our providers and the state to modify Covered, Required, and Optional Services to be consistent with established EBPs and CPGs to continuously improve the service delivery system.

e) Should the Bidder anticipate that it will elect not to provide, reimburse for, or provide coverage of, a counseling or referral service because of an objection on moral or religious grounds, describe services that it will not provide.

Magellan does not anticipate that we will elect not to provide, reimburse, or provide coverage of a counseling or referral service because of an objection on moral or religious grounds.

7A.2.7 Organization of Utilization Management Staff

a) Describe the Bidder's proposed organization of Utilization Management Staff. The description should include: the number of Utilization Management staff which the Bidder proposes, their credentials and expertise, and the rationale behind the number and the mix of expertise the Bidder has determined would be necessary; a discussion of what the precise roles of each of the different types of Utilization Management staff would be; the way in which the Bidder proposes to ensure maximum coordination between Utilization Management staff and local service delivery systems; and the method by which the Bidder would ensure continuity of Utilization Management for Eligible Persons who make frequent use of the delivery system.

Overview of Magellan's Iowa Utilization Management Staff Organization

During the last 14 years, Magellan has continuously evolved the organization of our Iowa utilization management (UM) staff to reflect the changing needs of fellow Iowans and the Departments. Our focus has been to identify and expand UM best practices, promote recovery and resiliency, and facilitate coordination of care, with an emphasis on children, youth, young adults, parents, families, and adults involved in multiple systems and who have co-occurring disorders. The UM department is organized under the leadership of Dr. Charles V. Wadle, Clinical Director, a board-certified psychiatrist who is also certified by the American Society of Addiction Medicine (ASAM), and Steve Johnson, Director of UM, who is a Licensed Independent Social Worker and Certified Alcohol and Drug Counselor (CADC). UM staff include care managers and intensive care managers who are experienced, Iowa licensed, master's level mental health and substance abuse professionals and registered nurses who are available 24 hours a day, 7 days a week for review and authorization of services. This seasoned staff serves as the backbone of our clinical delivery system, delivering much more than level of care determinations traditionally associated with the care management role. The multidisciplinary team provides care coordination and outreach, makes referrals to the appropriate provider in the most-appropriate, least-restrictive setting, identifies Eligible Persons who are in need of more intensive monitoring or support, and consults with providers on issues of fidelity to practice guidelines and unmet service needs. Team members also provide consultation to one another based on their areas of clinical expertise. The team is supported by customer service associates (CSAs), peer specialists, follow-up specialists, and quality improvement (QI) clinical reviewers. Magellan does not provide incentives for UM staff to deny, limit, or discontinue services to any eligible person.

Regional Care Management. We share the Departments' priority that UM staff be familiar with the geographical area in which they are assigned. To that end, Magellan supports this priority on two levels:

- Intensive care managers and care managers are physically located in each region and are available to work onsite in joint treatment planning conferences for individual Enrollees and in community service planning. They have extensive knowledge of and experience in meeting the unique needs of children and families who are involved in the Child Welfare/Juvenile Justice system as well as the developmental disability system. They work regularly with the Department of Human Services (DHS) Help Desk, DHS field and Juvenile Court Services. Additionally, they work closely with child welfare providers, targeted case managers and providers who serve persons who have a developmental disability.
- Care managers located in our Des Moines Care Management Center are assigned to specific providers in each of the six Iowa Plan regions. Care managers include professionals with expertise in mental health, co-occurring mental health and substance abuse (MH/SA) disorders, co-occurring physical and behavioral disorders, co-occurring developmental disabilities and behavioral health disorders, children and families, and other subspecialties.

SeniorConnect Team. As part of the evolution of our UM organizational structure and given the addition of Enrollees who are age 65 and older to the Iowa Plan, we have organized *SeniorConnect*—a specialized team that includes: Magellan's clinical director, director of UM, manager of special populations, *SeniorConnect* liaison, follow-up specialist, director of member services, and peer family specialists. The team will be led by our *SeniorConnect* Liaison, George Dorsey, a care

manager who has experience and knowledge of the needs of older Iowans. Our exciting new program for older adults is more fully described in our response to question 7A.2.2.

Our UM staff in Iowa have in-depth knowledge of regional and local services, supports, and challenges. Providers appreciate the efficiency of having a designated care manager who serves as a single point of contact for UM determinations. UM staff have strong, effective collaborative and collegial relationships with providers, consumer groups, and local agencies. These relationships support optimal care, discharge planning, and follow-up that contribute to positive outcomes for Eligible Persons. Our philosophy is to build on our provider, member, and family relationships to ensure that each person we serve has access to services of his or her choice, at the right time, right place, and right intensity. Our UM approach empowers adults in their recovery path and builds resiliency for children and families.

Cultural Competency. Magellan's UM staff are hired and trained to provide culturally and linguistically appropriate services and celebrate diversity. UM staff understand the cultural issues, beliefs, customs, skills, and context of Eligible Persons and are aware of appropriate provider referral options and community supports. This is particularly important as Iowa's population demographics continue to change and include individuals from more diverse backgrounds and cultures. Examples of Magellan's recent cultural competence training in Iowa include: Cultural Concern in Behavioral Health with Emphasis on Latinos; Cultural Competence: A Call to Action, Improving Treatment Access for Hispanic Consumers; Understanding the Culture of Poverty; and Refugee Services: Bosnian and Sudanese Cultures. We maintain online resources available to staff, providers, Eligible Persons, and their families to assist them in identifying providers with specific skills to address individual needs. We track a total of 61 languages, including American Sign Language, in our provider database. Translation services, including American Sign Language interpretation, in the treatment setting is provided at no cost to Eligible Persons if a provider who speaks the person's preferred language is not available.

In 2007, we enhanced our UM processes to include specific questions in our review tools to ensure that they reflected principles of resiliency, recovery, and cultural competence. When making UM decisions, care managers consider each person's cultural framework and community environment, including the consumer's cultural understanding of his or her symptoms, religious and spiritual needs, natural supports, socioeconomic conditions, and linguistic needs and preferences.

In addition, our goal is to hire UM staff members who reflect the cultures and backgrounds of the Iowa communities we serve. To that end, our UM staff and CSAs include staff with Caucasian, Hispanic, African-American, and Vietnamese backgrounds, and staff who are bilingual in Spanish and English.

Number, Credentials, and Roles of UM Staff

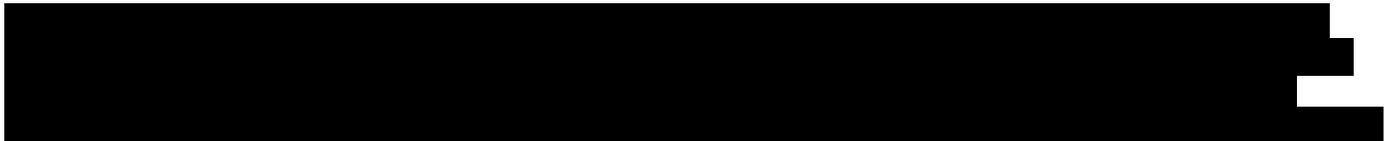
Table 7.A.2.7.1 shows the number, credentials, and roles and responsibilities of Magellan's Iowa UM staff. We have included brief biographies for managers and above, the new SeniorConnect position, and the court liaison. Please note the new manager of special populations is open and we will recruit for this position.

Table 7.A.2.7.1 Magellan's Iowa Utilization Management Staffing

Position	# of Staff	Credentials/Expertise	Roles and Responsibilities
Clinical Director ASAM-certified psychiatrist Dr. Charles Wadle	1	D.O., board-certified psychiatrist, Iowa licensed. ASAM certified. Diplomate of the American Board of Quality Assurance and Utilization Review Physicians, Registered Iowa Pharmacist. 24 years experience. 14 years experience as clinical director for Magellan, 20 years in private practice serving all ages for MH/SA, 1 year as staff psychiatrist for Broadlawns Hospital and 3 years as Director of North Central Iowa Mental Health Center. Member of Iowa Psychiatric Society.	Oversight of medical policy implementation and UM services, clinical/medical team members, consultation and training with team members, regular involvement in management of consumers who have high needs and psychosocial/service necessity decisions. Member of Iowa Drug Utilization Review Commission, Pharmacy and Therapeutics Committee, Autism Council, chairs Regional Network Credentialing Committee. Liaison with IME, providers and other stakeholders.
Child Psychiatrist Dr. Kevin Took	.15	M.D., board-certified in child and adolescent psychiatry, licensed in Iowa. 14 years experience as a child psychiatrist physician advisor for Magellan and 18.5 years as a clinical child psychiatrist.	Provides leadership, consultation and training with care managers, regular involvement in management of consumers who have high needs and psychosocial/service necessity decisions for child and adolescent services. Conducts Intensive Care Management (ICM) clinical rounds.
Director of Utilization Management	1	LISW and CADC. 8 years experience at Magellan as director of UM, 6 years experience at Magellan as a care manager. Previous experience includes outreach	Direction and management of clinical operations. Assists in development and implementation of organizational and operational plans for effective

Position	# of Staff	Credentials/Expertise	Roles and Responsibilities
Steve Johnson		to the homeless, staff development and training at Broadlawns Hospital, development and housing support coordinator for a clubhouse in St. Louis, MO, behavior planning and work coordination for adults with mental retardation as Residential Technician at Bethphage Mission in Des Moines.	clinical services delivery. Manages ICM program, multiple clinical teams and corresponding managers. Responsible for clinical performance indicators. Oversight of provider/key stakeholder relationships. Serves on key community committees.
Manager of Clinical Services Rich Daumueller	1	LISW, 5 years post graduate training at Menninger Foundation, Department of Family Therapy; approved Supervisor with the American Association of Marriage and Family Therapists. 11 years experience with Magellan: 7 years as manager of clinical services and 4 years child specialist care manager and joint treatment planning. Previous experience includes 14 years with the Iowa Department of Human Services, serving as Supervisor of the Family Research Project, which included State Training Schools and State Juvenile Home, Supervisor of the Family Counseling Program with Children's and Family Services of Iowa for 5 years and 9 years in private psychiatric clinical services.	Under the supervision of the director of UM, responsible for direction and management of Magellan's Iowa integrated clinical operations. Assists in development and implementation of organizational and operational plans for effective delivery of clinical services within Magellan's policy guidelines. Responsible for daily staffing and key performance metrics.
Manager of Clinical Services After Hours Rodney Collins	1	LMFT, 6 years experience with Magellan. Previous experiences in working with adolescents in residential and acute settings, employee assistance counselor, CISD trainings, and crisis/suicide hotline working with domestic violence, runaways, homeless, suicide, grief and loss, child and older adult abuse.	Under the supervision of the director of UM, responsible for timely and clinically appropriate delivery of crisis management services. Responsible for evening and weekend staffing and key performance metrics.
Manager of Special Populations New position	1	B.S.N., master's, or Ph.D. degree; Iowa-licensed mental health professional. 5-8 years experience to include 5 years administrative and clinical experience post licensure. 2 years managed care experience; supervisory experience preferred. Knowledge of recovery/resiliency principles. Prefer dual licensure in MH and SA.	Under the supervision of the director of UM, responsible for direction and management of Magellan's Iowa integrated clinical operations. Responsible for ICM staff, follow-up specialists, court liaison, Senior Connect, Drug and Alcohol Specialist. Assists in development and implementation of organizational and operational plans for effective delivery of clinical services within Magellan's policy guidelines. Responsible for daily staffing and key performance metrics.
SeniorConnect Care Manager/Liaison George Dorsey	1	ACADC, LMSW, M.A. in religion and health, post graduate work in gerontology. 14 years experience in MH and SA managed care. Previous experience includes 6 years clinical SA experience at Broadlawns Hospital. Previously licensed in Long-Term Care Administration.	Single point of contact for the unique issues of older Iowans. Outreach to the community and coordination with medical resources. Provides ICM and authorizes MH/SA services. Provides education in the community on MH and SA.
Corrections/Court Liaison Mary Peterson	1	LBSW., 14 years experience in managed care as the court liaison and follow-up specialist, assisted in writing the "Resource Manual on Judicial Proceedings under Iowa Code Chapters 229 and 232." Previous experience includes 5 years social work experience at Broadlawns Hospital.	Single point of contact for court/corrections staff. Provides interface and connection for MH and SA resources. Available to judges/clerks to identify opportunities for alternatives to court-ordered hospitalization. Available for referrals from corrections for needed services.
Care Manager-UM Staff for Mental Health	8	R.N., master's, or doctoral level degree; Iowa-licensed mental health professional. 5-8 years post-degree. Prefer dual licensure in MH and SA.	Authorizes and reviews mental health services, collaborates with providers on discharge planning and ambulatory follow-up activity, ensures coordination of care. Care managers are cross-trained with at least one care manager per team having experience with SPMI/SED, co-occurring disorders, treatment of children and adolescents and crisis management.
Specialized Clinical Intake-24/7	13		Care managers who are available for live answer for crisis calls and hospital UM.
Drug and Alcohol Specialist-UM Staff for Substance Abuse	1	R.N., master's, or Ph.D. degree; Iowa licensed mental health professional. Iowa certified alcohol and drug counselor. 5-8 years post-degree experience. Prefer dual licensure in MH and SA.	Authorizes and reviews utilization of substance abuse services. Assists with discharge planning and ambulatory follow up activity; ensures coordination of care.

Position	# of Staff	Credentials/Expertise	Roles and Responsibilities
Care Manager–UM Staff for Co-Occurring Disorders	2	R.N., master’s, or Ph.D. degree; Iowa-licensed mental health professional. Iowa-certified alcohol and drug counselor. 5-8 years’ post-degree experience in a behavioral health care setting with a specialty population. 5 years experience in chemical dependency services. Knowledge of UM procedures, and community resources; ability to analyze, plan and implement solutions that influence quality of care. Dual licensure in MH and SA required,	Authorizes and reviews utilization of MH and SA services. Assists with discharge planning and ambulatory follow-up activity; ensures coordination of care. Oversees and promotes integrated care.
Clinical Staff Available for Onsite Consultation Intensive Care Management (ICM) Care Management staff for Joint Treatment Planning, Local Planning, and QI Activities	6	B.S.N., master’s, or Ph.D. degree. Iowa-licensed mental health professional. 5-8 years post-degree experience in a behavioral health care setting. Experience/training in case management, recovery and resiliency, knowledge of managed care, MH and SA, community resources and providers. 2 years of child welfare experience required. Prefer dual licensure in MH and SA.	Provides outreach and care coordination with individuals in ICM program. Provides intensive care management in the community and via phone. Provides outreach and assistance with the coordination of services for Eligible Persons who have complex conditions. Utilizes motivational interviewing, cognitive skill building and behavior modification skills in working with consumers to achieve best possible outcomes.
Follow-Up Specialist	4	Bachelor’s degree in behavioral health field preferred. 2 years experience working with MH/SA population in managed care environment	Promotes engagement in appropriate services and increased community tenure by ensuring consumers discharged from inpatient care and other consumers who have high needs engage in appropriate community-based services. Acts as liaison by communicating timely and permissible information about discharge planning with staff of inpatient facilities, outpatient providers, patients and Magellan’s clinical team.
QI Clinical Reviewer	4	B.S.N, master’s, or Ph.D. degree; Iowa-licensed mental health professional. 3-5 years health care QI experience required. Experience working with total QI or behavioral health care background in treatment modalities, psychopharmacology, federal/state regulatory guidelines, performance measurement preferred.	Conducts clinical quality reviews with providers in assigned region. Identifies areas of quality practice, opportunities for improvement and collaborates with providers on key metrics.



Maximizing Coordination with Local Delivery Systems

In Iowa, Magellan maximizes coordination with local delivery systems using care managers, intensive care managers, and QI clinical reviewers dedicated to each of the six managed care regions. They are available to participate in local community planning efforts with providers, child welfare, County Central Points of coordination, DHS, adult and juvenile courts, roundtables, provider trainings, and others. They also actively participate in regional joint treatment planning conferences for Eligible Persons who are in our Intensive Care Management Program described in our response to 7A.2.h. They are known in the communities in which they live and work and have close working relationships with their

colleagues. This provides for consistency in communication with Eligible Persons, providers, funders, families, and advocates, and other key stakeholders. Clinical staff are available by phone as well as for face-to-face joint treatment planning conferences or onsite UM reviews in the local communities.

Continuity for Persons Who Use the Delivery System Frequently

Persons who are identified as using the delivery system frequently and having high needs are enrolled in Magellan's ICM Program described in our response to 7A.2.8.h. Our intensive care managers promote person-centered and consumer and family-driven recovery and resiliency using community-based and wraparound approaches. Intensive care managers work with the same Enrollees and Participants as they move through the continuum of services in joint treatment planning, monitoring, follow-up, and facilitating access to needed services and supports. This approach ensures intensive care managers know the person's history, choices, successes, services, and supports that work in supporting recovery and resiliency goals. It also ensures that information does not "fall through the cracks" by assigning different care managers to different levels of care, and avoids the need for individuals to tell their story repeatedly to different care managers

In addition, our care managers and intensive care managers have instant access to the clinical record in our iSeries care management system, including clinical history and notes and authorizations. To ensure continuity of treatment for persons identified as having high needs, we build a crisis plan into our data management system as a "look out note" that comes up immediately upon entering the person's electronic record. This means that no matter when persons access the delivery system, our clinical staff have access to the right information to use in promoting continuity of care.

b) Provide the names, telephone numbers, and e-mail addresses of three of the Bidder's clients for which it has organized its Utilization Management staff to maximize coordination with local service delivery systems and who can be contacted to confirm the effectiveness of the Bidder's performance.

The UM program implemented by Magellan in Iowa reflects a similar philosophy and approach to programs in place in other Magellan public sector programs, referenced in table 7A.2.7.b.1.

Table 7A.2.7.b.1 References

Program Name	Contact Name	Telephone Number	E-mail Address
1. Lehigh County HealthChoices	Allison Franz, HealthChoices Administrator	610-782-3520	allisonfrantz@lehighcounty.org
2. Delaware County HealthChoices	Jonna DiStefano, Administrator, Department of Human Services, Office of Behavioral Health	610-278-2375	DiStefanoJ@co.delaware.pa.us
3. Nebraska Administrative Services Organization	Vivianne M. Chaumont, Director Division of Medicaid and Long-Term Care	402-471-4535	vivianne.chaumont@dhs.ne.gov

7A.2.8 Utilization Management

a) Attach to the proposal a complete copy of any Utilization Management Guidelines that the Bidder would use in authorizing mental health services. Also, attach any guidelines the Bidder would use in applying ASAM criteria for the authorization or retrospective monitoring of substance abuse services. The attachment(s) must be clearly numbered and labeled. The pages in the attachment(s) will not be counted in the page limit established for this section of the proposal.

Please refer to Attachment A for a complete copy of the utilization management guidelines (UMGs) Magellan uses in authorizing mental health services for the Iowa Plan. These guidelines are based on psychosocial necessity and national treatment standards and have been continuously enhanced since 1995 in collaboration with providers, the mental health community, and the State of Iowa. Today, our UMGs include not only traditional levels of care but also new services that support recovery and resiliency such as assertive community treatment, intensive psychiatric rehabilitation (IPR), home-based psychiatric nursing, peer specialist, community support services, integrated services and supports.

We have reviewed and updated these criteria for the next contract cycle and are ready to submit them for review and approval by the Iowa Department of Human Services (DHS) and the Iowa Department of Public Health (IDPH). As always, the criteria will be shared with all network providers at least 30 days prior to implementation. It is also available to Eligible Persons upon request, and will be posted on our new dedicated Iowa Plan Web site, MagellanofIowa.com.

Magellan uses the American Society of Addiction Medicine Patient Placement Criteria-2R (ASAM-PPC-2R) criteria for authorization, current review, and retrospective monitoring of substance abuse services. This criteria set is proprietary to ASAM and can be accessed at www.asam.org.

In addition to the UMGs and ASAM-PPC-2R criteria, Magellan has demonstrated our commitment to implementing evidence-based practices (EBPs) across Iowa, including: assertive community treatment, integrated treatment for co-occurring disorders, Systems Training for Emotional Predictability and Problem Solving (STEPPS)/dialectical behavioral therapy, the matrix model, motivational interviewing, peer support, wellness recovery action planning (WRAP) and IPR. If an EBP is developed as an Iowa Plan service, we draft corresponding UMGs, which are then reviewed by the Iowa Clinical Advisory Committee and approved by the DHS and IDPH prior to implementation.

Magellan's clinical staff are trained as part of new staff orientation and updated yearly on the UMGs and ASAM criteria.

b) Describe how the Utilization Management Guidelines would generally be applied to authorize or retrospectively review services. Specifically address how the Bidder would both manage the appropriateness of treatment duration and the potentially high volumes of service requests.

How Magellan Applies Iowa Plan UM Guidelines

To apply these guidelines to authorize or to retrospectively review services appropriately, UM staff must consider factors identified during the member's comprehensive assessment, which services are being provided concurrently by other service systems, and special circumstances that impact the availability or accessibility of services. Our staff authorize covered and required services in the context of how other services and supports such as community groups, self-help organizations, and natural supports can help the individual meet his or her goals. In other words, mental health and substance abuse services are authorized based on a comprehensive, individualized, holistic, and culturally sensitive approach.

Magellan's clinical approach is built upon the belief that high-quality and cost-effective care can best be provided by facilitating access to the right service, at the right time for the right length of time utilizing the least intrusive/restrictive settings and modalities that are consistent with individual and family choices, and their strengths, hopes and goals, natural and community supports, clinical needs, and improved outcomes. UMGs support clinical decision making that takes into account the broader recovery and resiliency goals of Eligible Persons.

Magellan's care managers address two core areas during the process of matching an Iowa Plan consumer with the appropriate level of care:

- the Eligible Person's and family's view of current needs and strengths, problem-solving and coping skills, and level of functioning as demonstrated through outcomes measurement to maximize the ability to build on these and use appropriate services and natural supports
- determining the most appropriate and least restrictive environment and level of service to assure safety and provide the opportunity for recovery and resiliency.

Only psychiatrists make decisions for non-authorization of services with one exception—a psychologist makes the decision for non-authorization for psychological testing. A child psychiatrist makes all non-authorization decisions for 24-hour children's services. All of Magellan's Iowa Plan policies and procedures for service authorization, denials, notices of adverse action, and standard and expedited reviews meet state and federal requirements. To validate the processes, Magellan is currently accredited by URAC, reviewed by the External Quality Review Organization and the Centers for Medicaid and Medicare Services (CMS). Further, as a requirement of the RFP, we will achieve National Committee on Quality Assurance (NCQA) accreditation within two years.

Determining Treatment Duration

Duration of treatment is based on individual needs. During the treatment process, clinical reviews are conducted as needed in order to ensure that the treatment plan is comprehensive and being carried out appropriately and in a timely fashion. We base treatment duration decisions on four primary factors:

1. The Eligible Person's and family's strengths, supports, and choices in services that promote confidence in treatment leading to optimal outcomes.
2. Effectiveness of the treatment plan in ensuring that the Eligible Person can transition quickly, but appropriately, from higher levels of care to lower levels of care.

3. Treatment goals that require attention at this level of care. For example, if the goal at the inpatient level of care is to safely reduce suicidal ideation, working with all providers, agencies, family members, and the Enrollee or Participant to develop a support system for monitoring and a crisis plan may reduce suicide acuity, allowing transition to a lower level of care.
4. Maximizing recovery and resiliency to facilitate community reintegration through use of natural and community supports and improve problem-solving and coping skills for smoother transition from 24-hour levels of care.

Managing High Volume of Service Requests

When a high volume of service requests is made on behalf of an individual Enrollee or Participant, Magellan's care managers consult with providers to evaluate the reason for the requests and determine whether or not they are appropriate. The evaluation includes ruling out potential inappropriate use or duplication of services, delays in service, and other factors. This may include, for example, the same service being provided by multiple providers and frequent use of crisis or emergency room services. The evaluation also includes screening to determine if the Enrollee or Participant meets admission criteria for our intensive care management program, described in our response to 7A.2.8.h.

In addition, we monitor individual providers who request high volumes of services through authorization and claims data analysis and treatment record reviews conducted by quality improvement (QI) clinical reviewers onsite at provider locations throughout Iowa. When atypical patterns and trends are identified, we work with providers to identify the root cause and provide technical assistance in applying UMGs, and if needed, to develop an action plan to monitor and improve service request volume.

Through our telephone reporting system, we analyze the number of calls and the length of the calls by 30 minute increments. We utilize the information to monitor call volume to determine periods of the day when there are high service requests, and we staff accordingly. Such periods are typically between 5:00 p.m. and 11:00 p.m., Monday through Friday, and 11:00 a.m. to 4:00 p.m. on Saturday and Sunday.

Our managers of clinical services also anticipate time periods during which a high overall volume of service requests can be expected, for example, following a traumatic event in the community or a natural disaster and seasonal variations in requests. For high peak times, we adjust staffing levels to ensure that the number of care managers is appropriate to manage the volume, for example, by overlapping shifts and using trained, part-time care managers to cover these periods. Our intensive care managers are also available to triage service requests at times when call volume is high.

c) Discuss any special issues in applying the UM Guidelines for: i. substance abuse services for pregnant and parenting women;

Issues for women who are pregnant and parents with substance abuse disorders are complex. Research shows that a serious mental illness is common among women who abuse substances, as are domestic violence, HIV/AIDS, poverty, and inadequate housing. More than one-third of females with drug use problems have experienced a major depressive episode in the past year, and 45 percent have experienced at least one mental health problem. According to data collected by the Substance Abuse and Mental Health Services Administration (SAMHSA), methamphetamine abuse and addiction is increasing, and Iowa is among the states with the highest rate of addiction. Children of methamphetamine addicts are at increased risk for endangerment due to exposure to toxic combustible chemicals, being left unsupervised, and family members and others perpetrating physical and/or sexual abuse while under the influence. Parents who abuse substances are less likely to have effective parenting skills due to physical and mental impairments that occur while under the influence and the time utilized seeking out and using alcohol and other drugs. Expenditures for substances reduce household resources, and substance abusers are at increased risk of unemployment. As a result, children of substance-abusing parents are more likely to have poorer physical, intellectual, social, and emotional outcomes and are at greater risk of developing substance abuse problems themselves.¹¹

These findings are consistent with Magellan's experience in Iowa, and given these circumstances, it is critical that in applying UMGs, care managers consider not only ASAM PPC-2R criteria to establish treatment goals but also the safety and well-being of the family as a whole. It is necessary for treatment to occur both individually and with the family.

¹¹ *Chronic Neglect: Indicators and Strategies for Response. A Study Conducted for the Iowa Department of Human Services.* Human Systems and Outcomes, Inc. May 2006.

Pregnant women and mothers who have these issues typically begin their recovery in a residential treatment setting due to the severity of their circumstances. Often the women are attempting to regain custody of their children and are working with DHS to achieve the goals in the child's permanency plan. This setting facilitates a safe return of children to their parent(s) in a recovery-oriented environment. It also allows the treatment plan to proceed while the mother recovers from substance abuse and learns to parent while in recovery. This dual task set can be enormous and requires the customized services and supports provided by Iowa's women and children's treatment programs. Special considerations in applying UMGs for these services include:

- What is the medical status of the mother and her children? The mother may be pregnant and require a full medical assessment and prenatal care. Treatment planning needs to incorporate and coordinate these medical needs.
- What is the extent to which the children have been involved in an addictive lifestyle?
- Basic support needs of the family to ensure optimal chance at recovery.
- What is the permanency plan for the children?
- Has the mother ever parented the children in recovery? If not, this is a new recovery path and requires new skills and supports.
- Transition to a halfway house after residential treatment should always be considered for optimal likelihood of maintaining gains made in treatment.
- Focus on skills related to the anticipated recovery environment and how the family best can be supported. Involving extended family, the recovery community, and other natural supports is key.
- Level of functioning as determined through outcomes measurement.

The following case example shows how these approaches can achieve positive outcomes for women and children. Case examples showing how Magellan's clinical staff works to apply UMGs in special circumstances do not include actual names of Enrollees and Participants to protect confidentiality and privacy.

Case Example: Achieving Family Reunification Through Specialized Women and Children's Services

"Mary" is a mother who lost custody of her child who was placed in foster care as result of Mary's substance abuse. Mary was admitted to a specialized women and children residential treatment program and her child was able to move with her. Having the opportunity to parent while in the program was key for her in regaining custody of her child. Mary, the provider, and Magellan's care manager set individualized recovery goals for residential care. Discharge planning occurred throughout the stay to maximize the potential for a smooth transition. After 85 days in residential treatment, she transitioned to a halfway house with her child and is successfully integrated back into her community.

ii. substance abuse services provided to Enrollees in PMICs;

Magellan contracts with two Psychiatric Medical Institutions for Children (PMICs) under the Iowa Plan. These facilities have an important role in the service system because they treat children and youth with a dual diagnosis. Our PMIC criteria align with ASAM PPC-2R in that they acknowledge that an addictive lifestyle can impair the child's functioning without evidence of a physical addiction. When children or youth present with these issues, they typically require the intensity of a PMIC in order to maximize the child's or youth's and family's opportunity for recovery.

When applying UMGs, our care managers consider any impairment in the child's functioning, the extent of substance use, and the entire psychosocial profile of the child, and his or her family. Once a child is admitted to a PMIC level of care, we base the duration of treatment on the child's individual circumstances. We also consider that children often travel long distances from their homes to receive PMIC services. To ensure optimal transition to local services after discharge from the PMIC's residential setting, we consider three critical factors:

- **Parent and family involvement.** Parental and family visits and phone conferences are very important to the treatment process and vital to engaging the family in treatment. Parents and families also need support in learning how to effectively participate in their child's treatment and transition to family and community living. If needed, we reimburse parents for mileage and hotels in order for them to be engaged in treatment with their child. Parents and siblings also need support in learning how to effectively participate in treatment and in the transition to family and community living.

- **Comprehensive discharge planning** that incorporates appropriate parental, family, foster family, community-based resources, and age and socially appropriate peer activities is imperative to formulate an effective transition and community reintegration plan. Identifying and involving follow-up providers in discharge and planning for a supportive environment and smooth transition is imperative. Transition plans must include specific dates and times for transition to another level of care, for example, intensive outpatient services, and resolution of any potential barriers to follow up.
- **Transition back to school** in the community requires special attention, particularly since children and youth may receive PMIC-based educational services that are not aligned with those in the community. For example, if learning a particular math skill is taught at the child's community school, and the child is admitted to a PMIC during this time, he or she may miss the opportunity to learn this skill. Careful coordination with the child's teachers to address such issues assists in ensuring that educational needs are met.

The following example shows how Magellan's care manager coordinated individualized and culturally sensitive PMIC services for a young man.

Case Example: Positive Outcomes Using PMIC Services

"Marcos" is an adolescent who was referred to Magellan by his juvenile court officer due to his abuse of inhalants. Magellan's care manager arranged for a substance abuse evaluation that resulted in a recommendation for SA-PMIC placement. The care manager facilitated admission to an Iowa Plan PMIC and Marcos was placed there within 3 days of the evaluation. In addition, since Marcos' primary language is Spanish, an interpreter was arranged and authorized so that he could participate in a meaningful way in individual and group treatment. He successfully completed treatment after 82 days and transitioned back to intensive outpatient services in his home community.

iii. mental health inpatient services provided to Enrollee children in state mental health institutes;

The Mental Health Institutes (MHIs) have long operated as the safety net for children who have often exhausted other treatment options including community-based placements. While MHIs have particular expertise in this area, there are also special considerations in the application of UMGs.

Children in MHIs are separated by long distances from their families or caregivers, communities, and school. They can feel isolated and stigmatized by their experience. They may have experienced trauma such as physical or sexual abuse or neglect. Engaging the parents and other family members in treatment can be challenging, and reintegration back into the community without careful planning and involving community and natural supports often leads to yet further institutional placements, and involvement the juvenile justice and/or child welfare systems.

Our care managers and child psychiatrist have extensive experience working with MHIs in a collaborative manner in the application of UMGs, taking into account the significant complexity of the problems that brings a child to the MHI, the distance to their community and family, the sense of failure, and the stigma of an institutional placement. We apply UMGs to consider the complexity of those problems while balancing the typical longer length of treatment (on average 36 days) with the complications of integration back to the family and school because of extended placement. Key factors in successful treatment planning for these young people include:

- **Parent and family involvement.** For Enrollee children in MHIs, parental and family involvement in the treatment process is critical, and we use similar approaches to engage them in the process as we do for children in PMICs. In addition, helping parents and the child articulate a thoughtful explanation of his or her absence from the community helps the youngster transition back to the community with fewer concerns regarding stigma.
- **Implementing a comprehensive strength-based treatment plan** that encompasses the child's strengths, desires, and hopes for the future as well as addressing the complexity of the social issues, behavioral issues, mental health, and substance abuse needs faced by the child and family.
- **Comprehensive discharge planning** that incorporates appropriate family, natural supports, and community-based resources. Care managers assist in facilitating community reintegration by connecting providers with the child, youth, and family prior to discharge, and using flexibility in authorizing therapeutic passes prior to discharge to evaluate readiness for living with the family in the community, attending school, and participating in social

activities. In the discharge plan, we assess and incorporate considerations of safety into the plan if there were any issues of abuse prior to admission into the MHI.

- **Transition back to school** in the community requires special attention to ensure credits are transferable and that specific skills have been achieved.

Case Example: Transitioning from an MHI to Community Living

"John", a 12-year-old boy, spent much of the past year in an MHI. His mother suffered a stroke and is living in a nursing home. His father will soon be released from jail. Magellan's intensive care manager worked with the MHI clinical staff and Iowa DHS to arrange for guardianship with a cousin. John was placed with his cousin's family upon discharge from MHI. The team arranged a plan for a child psychiatrist, therapist, and intensive in-home remedial services, so John's schooling was secured to provide continuity in his education. The team continues to assess his father's involvement post-release.

iv. Eligible Persons with concurrent need for both mental health and substance abuse treatment,

SAMHSA has found that more than half of the adults with severe mental illness in public mental health systems are further impaired by the presence of co-occurring substance use disorders. Consumers with dual disorders have high rates of recovery when provided integrated rather than parallel treatment, leading to dual recovery and reduced cost.

In applying UMGs for Eligible Persons with concurrent mental health and substance abuse treatment, the Iowa Plan requires flexibility of managing services based on three sets of criteria: Mental Health UMGs, the ASAM-PPC-R2 guidelines, and the PMIC criteria. For these individuals, although the availability of extensive guidelines allows for a flexible approach, the individual clinical assessment must include both mental health and substance abuse factors. Magellan uses an ASAM six dimension format to document service requests for individuals with co-occurring disorders. Both mental health and substance abuse information is gathered in this format and risk ratings are assigned (from 0 to 4) with 4 being the highest severity. The specific set of UMGs are then applied to make the level of care determination.

We also follow ASAM guidelines which include special consideration of readiness to change, relapse potential, and recovery environment. These areas are vital to those individuals who have co-occurring disorders. Authorization and care coordination for these services are provided by specialized care managers who are Iowa licensed mental health professionals and certified alcohol drug and counselors.

Further, Magellan has developed specialized clinical criteria in collaboration with the MHI at Mt. Pleasant's hospital-based dual diagnosis program. This program provides co-occurring services for persons with a serious mental illness and substance abuse. Because of the complex needs faced by these individuals, we manage the services based on the ASAM medically monitored residential level of care criteria (III.7), which allows for additional flexibility and customization of treatment planning. The following example shows how integrated services and a strengths-based, person-centered approach leads to positive outcomes.

Case Study: Individualized Integrated Services for Co-Occurring Disorders

"Jerry" is 18 years old and has a bipolar disorder, a history of methamphetamine addiction, and a borderline intellectual level. He experienced many challenges in adolescence including family loss and multiple hospital admissions. Our intensive care manager engaged Jerry using motivational interviewing techniques to help him identify goals he had not considered. Working with Jerry and his providers, we set up a plan for him to enter an integrated mental health and substance abuse residential treatment program. His treatment plan was individualized relative to his intellectual functioning and capitalized on his love of working outside with his hands. After a 40-day length of stay, he returned to his community with the support of an intensive psychiatric rehabilitation program and has a goal of finding employment.

v. Assertive Community Treatment (ACT).

Magellan is one of the earliest adopters of assertive community treatment (ACT), and we developed UMGs for these services for the Iowa Plan in 1998. These guidelines include a strong focus on supporting Eligible Persons in their homes and communities using comprehensive, intensive, multi-disciplinary, recovery-based approaches and frequent and focused visits by ACT team members. We are proud of our track record developing services that support consumers' goals of rehabilitation and recovery. ACT is appropriate for adults who have a serious mental health disorder, such as bipolar or

schizophrenia disorder, and associated functional impairments and who also may have concurrent substance abuse disorders. Our guidelines also support the use of ACT services for youth who are 17 years old or older to assist with transition to adulthood. In addition, we will expand ACT guidelines to support the use of these services for Enrollees age 65 and older.

While the UM review process does include a review of psychosocial necessity for authorization, authorization is not focused on reducing length of stay, rather it is considered a long-term service that is available for as long as needed. The goal is to provide services and supports that assist an Eligible Person in community living that is not dominated by his or her mental illness.

In rural areas, we have adapted our standard UMGs to promote availability of the ACT team 24 hours a day, 7 days a week. Our care managers and the rural ACT teams ensure that individual needs are met by involving natural and community supports that are identified by the Enrollee as a safe and positive support and resource to them on a 24-hour basis. The following example demonstrates how Magellan's care manager worked with an ACT team to help an Enrollee achieve his recovery goals.

Case Example: ACT Services and Successful Community Living

"Andy" was hospitalized 10 times in his early 20s as a result of having severe symptoms of paranoid schizophrenia. Medication regimens were ineffective and caused serious side effects that impaired his daily life. He was referred to an ACT program by his psychiatrist. Using a strengths-based, person-centered care approach that involved close communication with Andy, his family, the ACT team, and Magellan's care manager, along with rapid response to potential barriers, he developed skills to manage his symptoms, an effective medication regime was identified, and Andy is successfully living in his community. He has not been hospitalized in seven years. Last year, he reached his goal of graduating with an associate's degree in finance and is engaged to be married.

d) List each Medicaid mental health or substance abuse service or level of care for which the Bidder would not require prior authorization. i. Describe a quality improvement related circumstance that would lead the Bidder to request Departments approval to require prior authorization for a service that does not usually require authorization.

Services for which Prior Authorization is not Required

The authorization parameters shown in table 7A.2.8.d.i.1 apply to all providers who hold standard contracts with Magellan in Iowa. We developed these parameters based on authorization and claims data analysis to determine services that are routinely authorized by our UM staff when reviewed for prior authorization. These services are retrospectively reviewed as part of provider treatment record reviews conducted by our QI clinical reviewers to ensure that providers are using required UMGs for determination of service level.

Table 7A.2.8.d.i.1 Services Not Requiring Preauthorization

Mental Health Services	Substance Abuse Services
Individual, family, and group therapy	III.1 Clinically Managed Low Intensity Residential Services (halfway house)
Medication management	II.5 Partial Hospitalization
Initial evaluation and Licensed Practitioner of the Healing Arts Assessments	II.1 Intensive Outpatient
Community support services including low intensity/telehealth care coordination	I. Outpatient Services/Continuing Care
Psychological testing (1 hour)	
Ambulatory electro-convulsive therapy (ECT)	

Quality Improvement Circumstance for Requesting Prior Authorization

Based on regular retrospective provider treatment record reviews, QI clinical reviewers give providers a variety of feedback in subject areas essential to provision of quality services, including outcomes. When providers are deficient in a particular area, they are required to submit an action plan addressing identified issues. Reviewers offer and provide technical assistance in these situations, and then revisit the provider and assess whether improvement has taken place. If there is no improvement, the next course of action might be to ask for the Departments' approval to require prior authorization of services that would otherwise not be required. This type of request is typically prompted by provider activity that is identified by Magellan as over-utilization (indicated by the number of units of service not matching the

documented consumer need), under-utilization (in which a provider chooses a lower level of care for which prior authorization is not required), and duplication or inappropriate use of services. An example follows:

Quality Improvement Circumstance Requiring Preauthorization

In 2004, during the treatment record review process, Magellan's QI clinical reviewer discovered that a provider was delivering residential services that require prior authorization, but was billing for substance abuse intensive outpatient with housing, which does not require prior authorization. Initially, the QI reviewer required an action plan to change this practice. As the process evolved, it became necessary to seek DHS and IDPH approval to require prior authorization for intensive outpatient with housing services to assure that consumers were receiving the appropriate level of care. Magellan viewed this policy change as an opportunity to educate the provider and promote appropriate utilization of the residential level of care. After the provider had successfully complied with the revised UM requirements for six consecutive months, Magellan and the Departments determined that the intervention had been effective, and the prior authorization requirement was subsequently discontinued.

e) Discuss how the Bidder would self-evaluate both the clinical effectiveness and administrative efficiency of these authorization processes. Describe in what circumstances, if any, the Bidder would consider waiving prospective utilization review for certain providers based on a provider's past performance.

Evaluating Clinical Effectiveness and Administrative Efficiency

Magellan offers a combination of smart technology and experienced clinical resources that allow us to continuously monitor and ensure the administrative efficiency of our authorization processes. As managed care technology has continued to evolve across our industry, our systems are moving from a permission-based authorization approach to a more automated process in which we auto-adjudicate the majority of requests based on pre-set algorithms, and focus our clinical authorizations and reviews on those complex, potentially high-need, cases that fall outside routine parameters. Specifically, to support the oversight mechanisms described below, Magellan is developing a Web-based, password-protected system for providers to request authorizations for higher level of care services that would take the evaluation of service levels into account. When providers enter a request, the system triggers automatic authorizations for a bundled set of services based on Iowa-specific criteria. This tool is in the development phase with implementation targeted for late 2009; we will make the technology available to providers via the new Web site, www.MagellanofIowa.com.

This combination of robust technology and experienced staff produces clinically sound outcomes that are also administratively and cost-efficient. To ensure the integrity of this process, we have developed broad-ranging checks and balances designed to self-evaluate the effectiveness of our clinical and administrative authorization processes. The checks and balances that are described below include: using data to measure our performance against state and national standards; using data to measure the effectiveness of the authorization process by provider; ensuring that our clinical and customer service staff are effective in their conversations with callers through our live call monitoring system; and monitoring functional outcomes to assess clinical effectiveness of authorizations.

Data-Driven Evaluation

In a well designed behavioral health system, the authorization process adds value to treatment planning and contributes to improvement in symptoms that lead to better outcomes. To evaluate the effectiveness of our authorization processes, Magellan's clinical and quality improvement (QI) staff review comprehensive utilization, outcomes, authorization, and claims data regularly.

Monthly, we review our performance on the many measures that are part of the QI Workplan during the QI Committee and also in our data reports that we send to the Iowa Department of Human Services (DHS) and the Iowa Department of Public Health (IDPH). The performance measures include targets that we measure against to ensure clinical effectiveness. Some targets are based on national standards, some on past performance, and some on state standards. Based on the monthly results, we construct QI activities designed to disseminate best practices and address corrective actions when needed.

For example, if inpatient/residential follow-up rates do not meet pre-established standards, we develop action plans to meet the standards. The action plan for this example includes ensuring that providers help arrange appointments after discharge, that discharge instructions include the specific date and time of the appointment, and that either the provider or Magellan calls to remind clients of their appointments. To implement the action plan, we work with the provider during

the authorization process to ensure those activities are completed, and we document the information in our clinical record. Once a corrective strategy is defined, we implement it, and then review the data to evaluate the impact of the strategy and make adjustments accordingly.

Provider Profiling

Each quarter we also measure Magellan’s clinical interactions with individual providers using provider profiling. Our comprehensive provider profiling program gives feedback to providers on their performance in areas of high priority such as average length of stay, readmission rates, clinical concordance rates, and seven-day follow-up rates. We will be adding new indicators such as access standards, retrospective review scores, and results of assessment tools. Provider profiling is a measurement of both clinical and administrative effectiveness. It is used when we are working with providers on specific indicators. For example, if we identify that a particular provider has a high readmission rate, we utilize the activities described above in our care management processes, and we use the provider profile to measure effectiveness. Provider profiling is also used to consider waiving utilization review.

Self-Evaluation of Care Management

Magellan uses several methods to self-evaluate internal clinical effectiveness of our authorization processes, including live call monitoring and documentation audits using the Qfiniti Enterprise suite—a comprehensive and integrated system that enables Magellan to deploy proven scalable quality monitoring and care manager evaluation programs. We use Qfiniti Observe to record voice and screen interactions, and Qfiniti Advise to provide care manager evaluations. We also conduct annual inter-rater reliability studies to evaluate consistency in application of psychosocial/service necessity criteria by care managers, physician advisor consultants, and medical directors. The measurement process is designed to conform to customer, NCQA, URAC, and licensing requirements.

Waiving Prospective Utilization Review

Magellan uses two approaches to waiving prospective utilization review requirements. We use an evaluation of service-level authorization data approach, and an approach of evaluation of provider-specific utilization data through provider profiling.

Evaluation of service level. Magellan has a long history of continuing to evaluate the appropriateness of waiving prospective utilization review for specific services. For example, we analyzed non-authorization rates for outpatient therapy, and determined that these services were routinely authorized for at least 10 visits. We implemented a “pass-through” policy for all providers that required prospective review only after 10 visits. Upon reevaluation, we determined that outpatient services were not being over- or under-utilized or provided inappropriately, and waived the need for prospective review entirely. We used a similar process for the other services that no longer require prior authorization described earlier in this section. These services are retrospectively reviewed as part of provider treatment record reviews conducted by our QI clinical reviewers to ensure that providers are using required utilization management guidelines (UMGs) for determination of service level.

Magellan is also developing a Web-based, password-protected system for providers to request authorizations for higher level of care services that would take the evaluation of service levels into account. Providers will enter their request and the system will trigger, based on completion of all mandatory items, certain consumer eligibility characteristics, and Iowa Plan-specific UM criteria, and automatic authorizations for a bundled set of services. We will roll this tool out for use by the Iowa Plan upon completion of final development and testing in late 2009. It will be available to providers via the new Web site, www.MagellanofIowa.com as shown in Figure 7A.2.8.e.1.

Evaluation of Provider Utilization. We may waive prospective utilization review for individual providers who consistently demonstrate clinical and administrative effectiveness in applying UMGs, and when the provider is consistently within the standards for such indicators as: average length of stay, readmission rates, clinical non-authorization rates, and seven-day follow-up rates. For example, provider profiling showed that one provider’s non-authorization and readmission rates for inpatient services fell dramatically over a three-year period. We modified the utilization management processes

with this provider. If the client meets admission criteria, we authorize four days of inpatient services. It is the provider's responsibility to discharge and implement discharge plans if it is clinically indicated before the concurrent review on the fifth day. We monitor service provision through provider profiling data analysis and enhanced retrospective review.

Provider Quality Collaboratives (PQCs) and Reward for Quality (R4Q). We will establish a Provider Quality Collaborative (PQC) program in which groups of providers are formed into "collaboratives" that work together with Magellan. Magellan will use our automated Provider Profiling Report and other system-generated standard and ad hoc reports to develop utilization and outcomes data. We will review these with each PQC to analyze utilization and outcomes data, and identify initiatives focused on improving results. As a result, Magellan will reduce administrative requirements that may include waiving prospective authorization. The Reward for Quality (R4Q) projects may include particular PQCs, or we may develop them outside of that program. We will offer a variety of financial and other rewards for improvement including decreased requirements for prospective authorization. PQCs and the R4Q projects are described further in section 7A.2.15.

f) Describe how the Bidder would operationalize the state's concept of "psychosocial necessity" in the authorization process for mental health services and "service need" in the authorization process for substance abuse services. Contrast this to the Bidder's use of a stricter "medical necessity" approach with clients under other contracts, or, if not applicable, describe how, in the Bidder's understanding, the authorization process approaches differ.

At Magellan, we believe that it is critical for psychosocial necessity and service necessity to be integrated into medical necessity determinations. We do not use a strict medical necessity approach for any of our public sector contracts. Application of psychosocial and service necessity is imbedded into our daily operations. Simply put, it is what we do every day. When reviewing requests for authorization, our care managers and physicians advisors are required to document psychosocial and service necessity and criteria for authorization determinations. Changes in functioning are assessed through the use of outcomes instruments. In addition, our care managers and physicians advisors work with the treatment team and consumers and families to identify, integrate, and facilitate access to mental health services and supports, such as community groups, self-help organizations, and natural supports into the treatment plan to address needs that are outside of covered services. To support consumer and family involvement in treatment, we also provide compensation to attend treatment planning meetings as needed. We have refined our internal operations over the last 14 years as administrator for the Iowa Plan based on evidence-based practices, provider feedback, and latest developments derived from expert clinical consensus and peer-reviewed scientific literature. We review guidelines at least annually and develop additional or enhanced psychosocial and service necessity criteria for new levels of care in collaboration with the appropriate stakeholders to become part of the Iowa Plan. Subsequently, we submit our recommendations to the Departments for review and approval. For example, working with the peer support roundtable, which included input from peer specialists across the state, we developed specific UMGs for peer support specialist services that include a service description, service components, and admission and continued stay criteria. Our practices are consistent with the State of Iowa's definitions of psychosocial necessity and service necessity.

Contrasting Psychosocial/Service Necessity and Medical Necessity

Psychosocial and Service Need Approach in Practice. This approach considers each Enrollee's and Participant's history and choice in planning interventions and developing a comprehensive, person-centered, strengths-based, culturally competent treatment plan building on strategies that have been successful over time. It avoids using interventions that have been unsuccessful in the past and have failed to increase community tenure. It takes into account the interventions and supports the Enrollee or Participant needs to succeed at home, in the community, at work, and at school. It facilitates the use of natural and community supports, such as transportation, housing, financial aid, employment, assistance with child care, mentoring, and social supports, based on choice and supports recovery and resiliency goals.

Medical Necessity Approach in Practice. A medical-necessity-only approach considers current acute symptomatology and immediate clinical needs. It supports the provision of specific treatment/supports only when strict medical necessity criteria for those services are met. Medical necessity alone does not consider a person's unique needs or personal and environmental factors that help support recovery and resiliency, and provide the framework for Eligible Persons to realize their hopes and dreams, while using valuable mental health and substance abuse resources in the most cost-effective manner. In Magellan's experience, this approach is not effective for managing public sector behavioral health services.

Magellan's everyday practical application of psychosocial/service necessity criteria is shown in the following case example.

Case Study: Smooth Transition for a Veteran Using Psychosocial/Service Necessity

"Bill" is a 63-year-old veteran who was admitted to a psychiatric hospital for detoxification from alcohol. The hospital assisted him in applying for Medicaid. Magellan's care manager and hospital staff collaborated to ensure his treatment plan was comprehensive to meet his multiple needs including: treatment for long-term alcohol abuse, multiple medical issues as a consequence of alcohol abuse, depression, and cognitive impairment. Following Bill's detoxification, Magellan's care manager continued to authorize inpatient care because there was no safe alternative for him. Bill has no housing or available relatives, and shelter is not appropriate. Residential substance abuse treatment is an inappropriate setting as he cannot participate in treatment due to his cognitive impairments. Using a strict medical necessity model, Bill would have been discharged at this point. Using a psychosocial/service necessity approach, the team worked with Bill to develop a safe, appropriate discharge plan. Bill chose to transition to a state veteran's home, and the team agreed that it was the most appropriate setting to meet his needs since it has all the resources for his medical and mental health needs, and substance abuse counselors on staff. Magellan placed calls to administrators and the Veteran's Administration to assist in his placement. After almost one month in the hospital, Bill transitioned safely to the veteran's home.

g) Describe the process the Bidder would implement for the administrative authorization of services. Include the way in which the Bidder would allow for authorization for services provided during all the months of enrollment even if Medicaid eligibility is determined after the initiation of services.

When special circumstances exist, for example, situations involving retroactive Medicaid eligibility, court-ordered treatment or services, or issues involving safe and appropriate placement, Magellan has special administrative authorization processes in place for the Iowa Plan as described below:

Month of Application Policy. Magellan will continue our effective "Month of Application" (MOA) policy. Our iSeries system allows us to create a case and process authorization requests for consumers who are not yet eligible for Iowa Plan services. Care managers review clinical and psychosocial information and make appropriate authorizations just as they do for an Enrollee, and the system maintains the case history. The system then continuously checks new eligibility records received and if a match is found, any authorizations and case notes entered previously are automatically attached to that file so that claims can be paid for those services.

Court-Ordered Evaluations Policy. When an Iowa Plan consumer has a court order for an evaluation of his or her mental health or substance abuse issues, we make an administrative authorization regardless of psychosocial/service necessity. For mental health court orders, we authorize at least five days for the evaluation to occur. For substance abuse evaluations we authorize at least one day. Additionally, we authorize all 48 hour legal holds for at least two days to ensure the consumer's safety. We then authorize further services based on the results of the evaluations and the UMGs.

Keep Kids Safe Policy. Magellan introduced the Keep Kids Safe policy in 1995 and supported the incorporation of this process into Iowa Administrative Code [441IAC88.67 (8)] for the Iowa Plan. Under this policy, Magellan continues to pay for inpatient and other intensive treatment for children up to 14 days in the absence of meeting psychosocial/service necessity criteria. This allows time for the child to be transitioned to a safe and appropriate alternative setting.

Adult Policy. Consistent with the new requirements, Magellan has expanded our Keep Kids Safe policy to include adult Enrollees. We will further expand this policy for Enrollees who are age 65 and older.

Administrative Authorizations Beyond the Keep Kids Safe Policy. Magellan's primary concern is the safety and well-being for all of the Eligible Persons we serve. While discharge planning begins at the time of admission and is a focus of every review, with the goal of ensuring timely and appropriate discharge, there are times when safety and well-being would be placed at risk if discharge proceeded on the targeted discharge date. In these circumstances, care managers may authorize administrative days for a short period of time until services identified in the discharge plan become available. The following example illustrates such a circumstance.

Case Study: Administrative Authorization for Appropriate Transition

"Helen" is a 32 year old woman who required hospitalization in an acute inpatient psychiatric unit in Des Moines due to serious self-harm behaviors, including swallowing foreign objects, which she was unable to self-manage. Magellan's intensive care manager worked with Helen, hospital staff and the county central point of coordination to implement an effective comprehensive treatment plan, including medications, specialized therapy, and 24 hour close supervision. Helen's symptoms improved, but she continued to need close monitoring in order to maintain treatment gains made while in the acute level of care. The team worked to find an appropriate placement and this continued with Magellan and the hospital collaborating on outreach to facilities, and administrative authorization was provided during this time. An appropriate and secure residential program was located and Helen was transferred. Our intensive care manager and clinical director continue to provide clinical consultation to the treatment team and Helen's psychiatrist.

h) Describe how the Bidder would provide Intensive Clinical Management to certain Iowa Plan Enrollees, and the relationship of those activities to Targeted Case Management.

Intensive Clinical Management

Our Intensive Care Management (ICM) program provides a focused and frequent level of care manager involvement as a result of an Enrollee's frequent use of crisis services or readmissions to 24-hour levels of care. Program goals are to prevent or reduce admission or readmission, improve treatment adherence and outcomes, maintain outpatient treatment goals, and ensure high quality care for the most at risk Enrollees. Functional outcomes are measured and monitored for all program participants. To avoid duplication of effort and gaps in service planning, the roles and responsibilities of Magellan's care manager, targeted case managers, and other service providers and agencies are clearly defined in our ICM policies and procedures. For adults, the focus is on recovery, and for children and families, the focus is on supporting and enhancing their resiliency. In addition to licensed ICM care managers, a peer support specialist is available to enrollees in the ICM program. ICM staff use a multi-disciplinary team-based joint treatment planning conference process to develop a single coordinated plan of treatment. The goal is consensus based on the member/family goals along with a set of options to reach these goals. Customized Iowa Plan ICM admission criteria include the following:

- children, adolescents, and adults who are defined as high need
- Enrollees identified through our new predicative modeling program (described in proposal section 7A.2.9. b) to prevent 24 hour services
- Enrollees who have active substance abuse and mental health symptoms
- any inpatient mental health admission for a child (under 12)
- two or more emergency room presentations in a three-month period
- complex mental health/substance abuse and medical symptoms.

Results. More than 350 individuals are served in the ICM program each year. Average length of stay in the program is 240 days. As of January 2009, data was available for 411 ICM participants who have been discharged from ICM for at least one year. Analysis of the data shows these participants had a 5.5 percent reduction in inpatient 30 day readmission rates in the 12 months since ICM discharge.

Relationship of ICM to Targeted Case Management Activities

Our intensive care managers work closely with targeted case managers (TCMs), recognizing that they have a personal relationship with the Enrollee. TCMs are responsible for developing an individualized case plan that incorporates community-based services and supports, and county-funded services. It is critical that these are incorporated into the treatment plan to avoid duplication of effort in coordination of care and services, and to ensure that TCM services are aligned with individual treatment goals and choices. Table 7A.2.08.h.1 highlights the relationship of ICM to TCM activities.

Table 7A.2.8.h.1 ICM and TCM Roles and Responsibilities

Function	Targeted Case Management	Magellan Intensive Care Management
Primary Role	Responsible for Individualized Case Plan, coordinating linkages for support services, monitoring, advocacy and requesting authorization for services	Authorizes MH/SA services outreach, implementing ICM process to meet clinical needs of Enrollees and families
Joint Treatment Planning	Attends and actively participates in joint treatment planning conferences, reports progress, makes	Schedules and attends joint treatment planning meetings and follow-up; ensures family members and other appropriate persons

Function	Targeted Case Management	Magellan Intensive Care Management
	recommendations for changes in case plan and for including county-funded services	are involved with joint treatment planning; develops consensus-based clinical plan; monitors Enrollee/family needs.
Care Coordination	Ensures Enrollee services and supports are being received and meeting individual needs	Ensures care and services are being coordinated with service providers, primary care, corrections, and other agencies involved with Enrollee
Case Documentation	Completes case documentation according to state/agency standards	Ensures documentation of authorizations/progress/crisis plan in clinical data (iSeries) system

Innovative Solutions through Technology. To support optimal and enhanced coordination with TCMs, Magellan is pleased to offer online meeting capabilities for collaboration and treatment planning using WebEx online meeting applications. Team members who have access to an Internet connection use the on-demand application that allows everyone to see the same thing at the same time, while talking. Individuals can see the treatment plan being written or changed in real time. The plan is then attached to the clinical record in our iSeries system and with the appropriate consents can be sent via secure e-mail or regular mail to the appropriate parties.

i) Describe how the Bidder would provide 24 hour crisis management, and provide examples of how that service has been provided in other states.

Magellan's Iowa Plan Crisis Management Services

Magellan has a responsive system, state-of-the-art resources, and proven infrastructure to handle emergency and crisis calls. We provide the same comprehensive crisis management services both in Iowa and in our Florida public sector programs.

Our Crisis Services Center in Des Moines is staffed 24 hours a day, 7 days a week, 365 days a year by care managers and customer service associates (CSAs). Care managers are licensed Iowa mental health and substance abuse professionals. Iowa-licensed clinical managers and board-certified psychiatrists/addictions specialists are also on call 24 hours a day for consultation and supervision. Crisis services are accessed through our existing toll-free number, 1-800-638-8820. CSAs answer the phone live after a brief auto attendant greeting. CSAs are trained to recognize crisis calls and the need for immediate referral to a licensed care manager. When the CSA hears verbal cues or other indications that suggest an emergency, he or she immediately passes the call "live" (without placing the caller on hold) using our "no hold transfer" phone function to a care manager. It allows a care manager to immediately join the call, along with the CSA who answered the phone, to respond to the caller.

Crisis line staff are trained extensively in crisis intervention and techniques for engaging callers who pose an imminent danger to themselves or others; they are proficient at quickly assessing level of danger and using a process of deescalating the caller. When immediate access to services is required, we use a team approach so a staff member can contact mobile counseling, mobile crisis services, or law enforcement while the caller is still on the phone with the care manager. Regardless of the intervention provided, care managers follow up to ensure that services are accessed, and they follow up the next day to ensure the person's continued safety and to provide any further authorizations for necessary services.

To ensure continuity of treatment for persons identified as having high needs, we build a crisis plan into our data management system as a "look out note" that comes up immediately upon entering the person's electronic record. This is of particular importance if a person with high needs presents at an emergency room. We assist emergency room staff with information regarding the person's crisis plan, any advance directives, medications, natural supports to contact, and previous/current services that support continuity of care according to the person's strengths and choices.

When a language barrier is present, staff communicate—regardless of the person's language preferences—using Pacific Interpreters, Inc. language translation service. Magellan's staff and Eligible Persons have instant, round-the-clock access to accurate, clear, and culturally sensitive interpretation in more than 200 languages. Magellan's teletypewriter/telecommunications device for the deaf and text telephone (TDD/TTY) technology is available at all times to communicate with persons who have a hearing or speech impairment.

Information on how to access Magellan's Iowa Care Management Center crisis services is published in the Iowa Plan Client Handbook, and will be available on a business sized card and published on our new dedicated Iowa Plan Web site, MagellanofIowa.com.

7A.2.9 Required Elements of Individual Service Coordination and Treatment Planning

a) Describe the 24-hour crisis and referral service that the Bidder would make available to Iowa Plan Eligible Persons. The description should include a discussion of: how the Bidder would ensure the availability of clinicians with expertise in providing mental health and substance abuse services to children, and how the 24-hour crisis and referral service would interface with the emergency crisis service system.

Overview of Magellan's Iowa Crisis and Referral Service

Magellan will continue to operate our 24-hour crisis and referral center in Des Moines, which is staffed 24 hours a day, 7 days a week, 365 days a year, and that meets all requirements of the current contract and the RFP. There are Iowa licensed/certified clinicians onsite in Iowa 24 hours a day and board-certified psychiatrists/addictions specialists, and children's specialists are on call 24 hours a day for consultation and supervision. This crisis and referral service is accessed through our existing toll-free number, 1-800-638-8820. Licensed care managers and customer service associates (CSAs) respond to telephone calls from Eligible Persons, families, providers, the Iowa Department of Human Services (DHS) or the Iowa Department of Public Health (IDPH) staff, targeted case managers, and courts, corrections, and juvenile court staff. Phone calls range from a true crisis call, to clients checking in, to families seeking referral information, and providers seeking an authorization for services. Magellan's responsive, internal crisis and referral service structure and process is fully described in our response to question 7A.2.8.i.

If a caller needs a referral for mental health or substance abuse services, CSAs and care managers use the Provider Search function of our provider database to match the caller with the appropriate services. We can sort provider data by location, type of practitioner, levels of care provided, mental health and substance abuse expertise, age categories served (children, adolescents, adults, and ages 65 and older), genders served, and types of disorders treated, for example, attention deficit hyperactivity disorder (ADHD), language proficiency, and other data. CSAs and care managers refer callers to providers based on consumer and family choice, location, and provider expertise. For Eligible Persons, the 24-hour crisis line provides the following services:

- Information and referrals to community providers.
- Crisis counseling with a mental health or substance abuse clinician.
- A place where Eligible Persons can file their crisis plan in our data system so specific predetermined steps of crisis stabilization can be reinforced and shared when appropriate.
- Crisis intervention when a client is assessed to be dangerous to him or herself. In these instances, we coordinate an immediate response with the local sheriff's office to ensure the consumer's safety. When this happens we keep the consumer on the phone as we retrieve identifying information, such as their name and address, so another staff person can call the local sheriff's office for immediate assistance.

Providers may also contact us through this line for the following services: case consultation with an Iowa-licensed/certified professional; an immediate response to requests for authorization for urgent and emergent levels of care; and information and referrals.

Crisis and Referral Clinical Expertise for Children. Our care management team in Iowa has a combined 120 years of experience in children's mental health and substance abuse services, including experience in inpatient, outpatient, juvenile justice, and child welfare settings. Crisis services are provided by mental health and substance abuse practitioners who are licensed or certified in the State of Iowa, who have a minimum of five years experience in mental health and/or substance abuse, and who have at least two years of experience with special need populations including children and youth with serious emotional disturbances and/or who are involved in the child welfare or juvenile justice system; persons who have a serious and persistent mental illness; and persons who have co-occurring disorders. Magellan of Iowa's clinical managers, the clinical director, the director of utilization management, and our consulting physician advisors are also available to the clinical staff after regular business hours to provide on-call consultation and support. Clinicians are available 24 hours each day, seven days a week for DHS/IDPH staff and for consumers or families who have questions and need consultation or resources for mental health/substance abuse issues.

Communicating with Persons Who Have Special Language Needs. We process calls received from non-English speaking persons using the Pacific Interpreters Language Line, through which Magellan has immediate access to

interpreters who speak more than 100 languages. When a call from a non-English speaker comes in, we immediately contact Pacific Interpreters. The interpreter acts as a translator during the consumer's interaction with our staff and stays on the line until the staff member or Iowa Plan provider is satisfied that all necessary information has been obtained. Languages that have been requested by members of the current programs include Arabic, Bosnian, Mandarin, and Spanish.

Communicating with Persons Who Are Deaf or Hard of Hearing. Magellan utilizes both a text teletype/telecommunications device for the deaf (TTY/TDD) and Relay Iowa to serve Eligible Persons who are hearing impaired. The TTY/TDD is a special telephone unit which allows the care manager to communicate with a caller via typed sentences. This special unit is housed in the crisis center, and care managers may communicate with consumers on the TTY/TDD 24 hours a day. The TTY/TDD device answers calls automatically after two rings. Subsequently, the CSA answers any non-clinical questions and the care manager answers any clinical questions. The call is documented into the computerized medical record, the iSeries care management system. Relay Iowa is a service that allows care managers to communicate verbally with an interpreter who then types on a TTY/TDD to communicate with a hearing-impaired client. Some clients who have hearing impairments may prefer to use the Relay Iowa interpreters rather than communicating directly by TTY/TDD with Magellan staff.

The TTY/TDD telephone number is included in all provider newsletters, consumer newsletters, and other literature published by Magellan. We have found that this technology is extremely effective in assisting consumers with special needs. It has been our experience that these consumers need assistance with overall community resources as well as mental health/substance abuse referrals. We provide referrals based on the identified specialty of the provider.

Interfacing with the Emergency Crisis System

Magellan has provided crisis management and coordinated crisis response for the Iowa Plan since 1995. We work continually to improve these services, and we are ready to work with our providers to meet the required standard of mobile crisis services within one hour of presentation or request by July 1, 2010.

Magellan will continue to work closely with the Division of Mental Health and Disability Services (MHDS) to advance Iowa's emergency services system. We are committed to an emergency mental health system that provides time-limited interventions to reduce escalation of mental health crisis situations, relieve immediate distress, reduce risk of persons in crisis harming themselves or others, and promoting timely access to appropriate services for those requiring ongoing care.

When MHDS was legislatively mandated to establish an emergency mental health crisis services system that will begin as a pilot in 2009, Magellan worked with MHDS staff in review of the request for proposal (RFP) for this pilot. Steve Johnson, Magellan's Director of Utilization Management, reviewed the proposals and sat on the evaluation committee that selected the two pilot projects in the Waterloo and Des Moines areas.

Throughout the term of the contract, we will work with MHDS on further development of the pilot projects to expand the use of emergency crisis services. Expanding on our experience and lessons learned in working with the Polk County Crisis Services, we will interface new emergency crisis services in many ways, including:

- making referrals to emergency crisis services providers
- coordinating referrals and resources with the Rural Concern hotline
- ensuring appropriate disposition including hospitalization when necessary
- identifying appropriate alternatives and/or follow-up care
- identifying appropriate referrals for Magellan's Intensive Care Management (ICM) program
- authorizing mobile emergency services based on notification of the service versus requiring prior authorization and using the "prudent layperson" definition of an emergency
- working with providers to meet the State's standard of Eligible Persons receiving services within one hour of presentation.

b) Describe the Bidder's process for identifying those Eligible Persons who have demonstrated the need for a high level of service or who are at risk of high utilization of services. Describe how the Bidder would initiate ongoing treatment planning and coordination with the Iowa Plan Eligible Persons and all others appropriate for planning the Eligible Person's treatment.

Magellan's Iowa team will enhance our capability to identify Eligible Persons who have demonstrated the need for high level of services through predictive modeling algorithms and continuation of our daily care management interactions.

Iowa Predictive Disease Management Across Multiple Risk Factors

Magellan proposes to identify Eligible Persons who demonstrate a need for high levels of services or who are at risk of high utilization using predictive modeling. In 2006, we enhanced and expanded our capabilities to use customized, data-driven strategies to match clients with appropriate clinical interventions. We create and use available data predictive algorithms to predict future risk and need for intensive levels of care. We are now able to use these capabilities in the Iowa Plan to identify children, youth, and adults who have high needs and whose high-risk mental health and substance abuse conditions would otherwise have gone unidentified, under-treated, or inappropriately managed.

How it Works. We summarize patient-level data on a weekly basis for the prior 12 months and apply predictive high-risk algorithms to variables such as age, gender, behavioral diagnosis, medical co-morbidities, dual diagnosis, prior higher level of care utilization, and others. Specialized algorithms exist for both adults and children (ages 18 years or less), and we build program-specific algorithms to reflect special population differences. We preliminarily customized the algorithm against Iowa's unique population characteristics in order to identify high-risk patients. We gave special weighting to both males and females ages 19-24 based upon a prior analysis of Iowa readmissions that identified this age group as high risk. We weight children in Iowa that are referred to several select high-risk providers more heavily in the children's algorithm.

High-risk patient populations in Iowa account for a relatively small percentage of the total patients managed, yet a very large percentage of the estimated costs. High-risk groups also have a high rate of higher level of care (HLOC) admissions and readmissions. Table 7A.2.9.b.1 shows the risk summary of Iowa Medicaid analysis based on authorizations from February 1, 2008–January 31, 2009 for adults who are 19 years old and above. Table 7A.2.9.b.2 shows the analysis for children ages 0-18 years based on authorization data from February 1, 2007–January 1, 2009.

Table 7A.2.9.b.1 Iowa Medicaid Risk Summary Analysis 2/1/2008-1/31/09 Adults Age 19+

Risk Summary – Adults Aged 19+							
Risk Level	# of Patients	Estimated Cost	% of Patients	% of Estimated Cost	% of Patients with a HLOC Admission	% of Patients with a HLOC Readmission	% of Patients with ER
Low Risk	7451	\$13,402,669	89%	50%	41%	8%	16%
High Risk	922	\$13,267,482	11%	50%	99%	60%	34%
Total	8373	\$26,670,151	100%	100%	48%	20%	18%

Table 7A.2.9.b.2 Iowa Medicaid Risk Summary Analysis 2/1/2007-1/31/2009 Children Ages 0-18

Risk Summary for Pediatric Population Ages 0-18							
Risk Level	# of Patients	% of Patients	Estimated Cost	% of Estimated Cost	% of Patients with a HLOC Admission	% of Patients with a HLOC Readmission	% of Patients with ER
Low Risk	2,977	90.02%	\$ 14,959,528	77.13%	67%	15%	1%
High Risk	330	9.98%	\$ 4,434,925	22.87%	100%	88%	4%
Total	3,307	100.00%	\$ 19,394,453	100.00%	70%	25%	1%

We will use the data to develop population-specific strategies and interventions that enhance services. We also will utilize this data proactively to identify individuals who are at high risk to develop individual strategies for ongoing treatment planning and coordination through our ICM program (described in our response to 7A.2.8h), joint treatment planning, collaboration with caseworkers (targeted case managers, child welfare, juvenile court services), and with providers who are providing services in the community. Our predictive modeling program supports our efforts to improve services to Eligible Persons who are served by the Iowa Plan.

We are excited about this proactive predictive modeling application because we have similar positive experience in the Iowa Plan using data to identify Enrollees who used high levels of services. In 2004, we were concerned that the 30 day inpatient readmission rate was at 17 percent, which was above the performance indicator target of 15 percent. Our national health care informatics unit conducted retrospective research to determine what variables most significantly predicted readmissions to inpatient levels of care within 30 days so that we could use a data-driven approach to develop and assess targeted interventions to decrease the readmission rate. The study included all Enrollees for whom claims were paid for services incurred for mental health and substance abuse services through the Iowa Plan from January 1, 2002 to December 31, 2004. Findings revealed that persons most likely to be readmitted to an inpatient level of care within 30 days of discharge included the following:

- a mental health only diagnosis (94 percent)
- 25-32 year old males, followed by 33-44 year old males, followed by 19-24 year old males, and 45-54 year old females followed by 7-12 year old males
- an average length of stay of more than 4.60 days (average was 7.38 days)
- a history which includes four or more diagnoses
- prevalent diagnosis (defined as the diagnosis with the most claims dollars paid) including schizophrenia, anxiety, pervasive development disorders, bipolar disorder, and impulse control disorders.

With this information at hand, we focused attention to discharge planning for males who had a diagnosis of schizophrenia. We enrolled them in our ICM program, facilitated joint treatment planning, added specificity to discharge plans, and Magellan's peer specialist conducted follow-up interventions. This study and the positive results gave us a starting point and a focus that certainly helped us achieve a reduction in 30-day readmissions as shown below in table 7A.2.9.b.3.

Table 7A.2.9.b.3 Iowa Plan 30-day Readmission Rates

SFY 2005	SFY 2006	SFY 2007	SFY 2008
16.4%	15.7%	14.6%	13.8%

This successful example in Iowa was done using a retrospective study approach. With our updated and prospective predictive model, we can identify multiple cases in advance of adverse individual and systematic impacts.

Day-to-Day Care Management. On the care management level, our care managers and intensive care managers have instant access to the clinical record in our iSeries care management system, including clinical history and notes, authorizations, and claims data enabling them to quickly identify Eligible Persons who have used a high level of services over time. To ensure continuity of treatment for persons identified as having high needs, we build a crisis plan into our data management system as a "look out note" that comes up immediately upon entering the person's electronic record. This means that no matter when persons access the delivery system, our clinical staff has access to the right information to use for consistency in ongoing treatment planning and coordination. In addition to the "look out note," the system also flags the record of persons involved in our intensive care program for individuals identified as high need (described in our response to question 7A.2.8.h.)

c) Describe the program the Bidder would implement in conjunction with officers of the courts to assure that court-ordered treatment complies with substance abuse criteria and therefore is reimbursable through the Iowa Plan.

To assure that court-ordered treatment complies with the substance abuse criteria and therefore will be reimbursable through the Iowa Plan, officers of the courts need to know at a minimum the following:

- eligibility requirements for Iowa Plan services, including Medicaid and Substance Abuse Block Grant funds (Iowa resident at or below 200 percent of the federal poverty level but not on Medicaid)
- levels of care that are reimbursable through those two funding streams
- locations of providers that provide those services
- services needed based on individual assessment using American Society of Addiction Medicine (ASAM) criteria.

Magellan's contracted Director of Substance Abuse, Ben Kahn, who has formed close working relationships with court officers and substance abuse providers across Iowa during the past 14 years, will meet with court personnel to provide education and information about eligibility, provider networks, and ASAM criteria. We also will develop written communications including this information for the courts as reference material.

Our experience indicates that even with training, there are continuing questions related to specific clients before the court. To assist with that, Magellan will provide a corrections consultation line staffed by Magellan's Court Liaison, Mary Peterson, for court personnel to contact to check eligibility, make referrals for assessments, assist with level of care determinations, and offer appropriate community based alternatives prior to the judge making a disposition.

d) Describe how the Bidder would actively promote and ensure coordination by Iowa Plan network providers with Enrollee's primary care physicians; describe how the Bidder will assess network provider compliance with such care coordination requirements; and provide results of monitoring efforts conducted for other clients of the Bidder to verify that coordination had been occurring effectively. Information provided should include the names of the programs and the names and telephone numbers and e-mail addresses of three references that can be contacted to verify the description submitted by the Bidder.

Promoting and Ensuring Primary Care Coordination

Magellan actively promotes and ensures coordination by Iowa Plan network providers with Enrollees' primary care physicians (PCPs) in a variety of ways, including through provider collocation in primary care settings, our PCP consult line, our Web site, and PCP consultation and education by our medical director and child psychiatrist, telehealth services, pharmacy data analysis, the care management process, and the Iowa Plan Provider Manual, each described below.

Provider Co-location. Magellan network providers are co-located in 14 Child Health Specialty Clinics and three Federally Qualified Health Centers across the state to facilitate primary care coordination, and we are actively working to expand the number of sites where our providers are collocated as described in section 7.A2.13. This approach provides easy access for consumers and families to receive "one-stop" services and real-time coordination between primary care and behavioral health providers.

PCP Consult Line. To support PCP coordination, Magellan implemented our PCP consult line in 2008. As described in the RFP, we will continue this service paid for through administrative funds for consultation and referral for mental health and substance abuse services. We sent a mailing to physician offices in the Medicaid medical network to describe the program and provide contact information. Magellan staffs the line with dedicated psychiatric nurse care managers who provide referrals to mental health and substance abuse providers, diagnostic education/information, resources on evidence-based practices, and follow-up for individuals identified as being at high-risk. They also arrange for consultation with a psychiatrist, meeting the specialized health care needs of children, and coordinate medication issues.

MagellanofIowa.com. Magellan's new Web site for the Iowa Plan, MagellanofIowa.com, will provide a convenient means to provide information to PCPs including a convenient list of resources specifically for the PCP. Additionally, we will have links to clinical practice guidelines, information for treatment of common diagnosis such as ADHD, and links to Magellan's extensive library of clinical and educational material.

PCP Education. Magellan sponsors educational forums in communities with PCPs and other medical professionals. For example, Dr. Kevin Took presented "An Overview of Psychiatric Medications" in partnership with the Child Health Specialty Clinics. Twenty physicians and nurse practitioners from Carroll and the surrounding area attended. An informational packet was shared regarding psychiatric medications and evidenced-based practice for ADHD, along with information on how to contact Magellan's clinical director, who is an adult psychiatrist, as well as our child psychiatrist for PCPs and other professionals for consultation upon request.

Telehealth for PCPs. Telehealth is another method of promoting PCP coordination. In addition to providing treatment options, this technology is a perfect method for distance learning that can be used to facilitate consultation and education between Magellan's medical staff and PCPs.

Pharmacy Data Analysis. Magellan's in-house pharmacy specialists Charles V. Wadle, D.O., R.Ph.; Diane Johnson, R.Ph.; and our care management team will implement a comprehensive pharmacy data analysis and intervention program, which includes identification of utilization that deviates from clinical practice guidelines for major depression and schizophrenia and Enrollees whose utilization of controlled substances warrants intervention. We also will use pharmacy data to update our clinical management system, to make the information available to case managers for use in care planning and monitoring with consumers, and to ensure that our network providers coordinate with the PCP as needed.

Care Management. During our care management process, care managers ask the behavioral health provider about any physical health and medical conditions that may pose a risk. Any that require follow-up or concern are incorporated into

the treatment plan and require provider coordination with the PCP. This is particularly important with medications that lead to weight gain, diabetes, or other side effects that might cause a person to stop taking medications. If medical conditions reach a certain level of complexity based on a screening tool that our care managers use, we refer to the Iowa Medicaid Enterprise Complex Care Management Unit for further coordination. We also send copies of individual authorization letters for Iowa Plan services to Enrollees' assigned PCP. Magellan receives monthly updates of the PCP listing for the MediPass Enrollees in order to send them to the appropriate PCP. We will modify this letter to include information about our new Iowa Plan Web site, www.MagellanofIowa.com.

Provider Manual. When providers contract with Magellan, they receive the Iowa Plan Provider Manual detailing provider roles, responsibilities, and requirements. Requirements related to PCP coordination include the following language: "Providers must coordinate Medicaid mental health services, including notification of any medication changes with the client's MediPASS primary care physician and must request a release of information from the client to allow for such coordination."

Assessing Network Provider Compliance

Magellan assesses network provider compliance of care coordination requirements through our treatment record review process. Quality improvement (QI) clinical reviewers review a sample of clinical charts at provider sites. The review tool includes a section on coordination of care specifically reviewing for the following:

- evidence of the provider's request for the member's authorization to communicate with the PCP
- signed documentation if the member refused authorization for PCP communication or that he or she did not have a PCP
- PCP communication after the initial evaluation
- evidence of at least one PCP communication at other significant points in treatment, for example, safety issues, medication changes, treatment plan changes, hospitalization, or termination
- documentation that reflects continuity and coordination of care between the primary clinician and the psychiatrist, an ancillary provider, a treatment program or institution, another behavioral health provider, and/or consultant.

After each review, the provider receives a final report with this item scored. If the report does not demonstrate coordination of care requirements, we ask the provider to write an action plan. Subsequently, we follow up on any areas that we identified to be deficient in the report to ensure provider implemented the plan. QI clinical reviewers also provide technical assistance to providers to support them in meeting the requirements.

Results of Monitoring Efforts

As a result of treatment record review findings related to PCP care coordination, we launched quality improvement activities (QIAs) to increase communication between PCPs and behavioral health providers in Magellan's Lehigh County, Pennsylvania; Southwest Dallas, Texas; and Tri-State Care Management Centers (CMCs). We selected high-volume providers across the continuum of care and included them in treatment record review efforts specific to PCP communication and coordination of care. Following the interventions, we conducted treatment record reviews again to determine level of improvement in PCP coordination. All three CMCs showed significant improvement as shown in table 7A.2.9.d.1.

Table 7A.2.9.d.1 PCP Coordination Results

CMC	Baseline Scores	Re-measurement Scores	Percent Improvement
Lehigh Valley, PA	46 %	91%	45%
Southwest	17%	46%	29%
Tri-state	41%	94%	53%

Barriers to PCP coordination that we identified include:

- providers did not believe it was necessary to contact the PCP.
- providers were not aware of the requirement.
- if a PCP was contacted by phone, some PCPs were not interested in communicating with the provider.
- providers felt that it was too time consuming for them and their staff; particularly when members did not know their PCP's name, so providers had to spend additional time identifying the appropriate contacts.
- providers reported that if they did not get a referral from the PCP, they did not feel obligated to communicate.

- providers believed communication is only relevant when there is an Axis III diagnosis present.
- some providers felt it was only the psychiatrist who should communicate with the PCP.

Based on the barriers identified, we implemented various interventions in each of the CMCs based on local needs and lessons learned in past QIAs. Interventions included the following initiatives:

- discussion of recommendations and requirements for improvement
- conducting targeted provider educational trainings conducted by QI staff
- mailings and additional information on authorization letters, tip sheets, and using online treatment sharing forms
- publishing an article in our Provider Focus newsletter emphasizing the importance of PCP communication
- requiring action plans for providers falling below 85 percent compliance with the indicators
- including the requirement as an agenda item for quarterly Provider Advisory Group meetings
- collaborating with the physical health plan's QI committee under Magellan's medical director's oversight.

We continue to monitor, evaluate, and implement interventions to improve PCP communication and coordination.

References. References who can verify these results are provided in Table 7A.2.9.d.2.

Table 7A.2.9.d.2 PCP Coordination References

Program Name	Contact Name	Telephone Number	E-mail Address
1. Lehigh County HealthChoices	Allison Frantz, Lehigh County HealthChoices Administrator	610-782-3520	allisonfrantz@lehighcounty.org
2. Southwest Care Management Center	Sherry Childress Blue Cross Blue Shield of Texas	972-996-8350	Sherry_Childress@bcbstx.com
3. Tri-State Care Management Center	Debbie Clay, RN, Director, Central Clinical Quality Healthcare Quality and Innovation, Anthem State Sponsored Business	317-287-2044	Debbie.Clay@anthem.com

7A.2.10 Children in Transition

Describe the Bidder's experience in transitioning children from inpatient settings (including inpatient hospital and PMIC-like entities) and provide successful strategies for putting in place appropriate discharge placement from such settings.

Magellan understands and supports the Departments' priority in the next contract to improve services for children and families and to reduce lengths of stay in mental health Psychiatric Medical Institutions for Children (PMICs).

We also embrace the principles for service delivery as outlined in the RFP that: "Mental health services for children are most appropriately directed toward helping a child and the child's family to develop and maintain a stable and safe family environment for the child." While we have success and significant experience in serving children and their families in Iowa and elsewhere as described below, we acknowledge that there is more work to be done. Magellan's overarching strategy is to enhance and build upon our current capabilities in Iowa to develop a system of care that meets the complex needs of children, parents, and families as they move through their treatment, keeping children safe and building resiliency within the family. As described further in this response, our primary mechanism for achieving this is an enhanced wraparound, team-based approach to shape a plan of care tailored to the strengths, culture, and needs of children and their families.

Magellan's Experience: Successful Transition of Children from Inpatient Settings *National Experience*

We serve children and youth in each of our public sector programs in Arizona, Florida, Tennessee, Pennsylvania, Nebraska, and Iowa. Each of these program is tailored to the unique requirements of the state and our contracts, but uniformly we are committed to assuring that the children are safe, that discharge planning begins at admission to an inpatient or residential setting, that families are engaged in this planning, that community-based alternatives are available, and other community resources are wrapped around the family to promote successful outcomes for those involved.

In Tennessee, we manage coordinated behavioral and physical health services for children who are at risk for or already in state custody. We have served many children who have challenges that make placement from inpatient or residential settings extremely difficult, such as severe aggression or multiple behavioral and physical challenges. To facilitate appropriate discharge placement, Magellan utilizes a wraparound approach in which we work closely with all others

involved in the child's life, such as parents and family members, the Department of Developmental Disabilities, the schools, and the member's health plan. We have developed creative solutions, including sharing payment for services between Magellan and the medical health plan for those children with co-occurring mental and physical health disabilities.

Magellan has managed both inpatient and residential treatment facility (RTF) treatment in five counties in Pennsylvania (Bucks, Delaware, Lehigh, Montgomery, and Northampton) since the late 1990s. To assure appropriate community-based alternatives are available, we have developed and expanded evidenced-based services such as functional family therapy (FFT), multisystemic family therapy (MFT), school-based mental health treatment, and family-focused solution-based services (FFSBS). As a result of expanding these community-based services during the past year, we were able to reduce both the number of admissions and lengths of stay in inpatient and RTF.

In Florida, we serve Medicaid eligible children and youth who are at risk for, or are leaving an inpatient or therapeutic foster care placement. In a unique partnership with the community-based child welfare system, we assure that the child's permanency plan and mental health plan are aligned, and we utilize a shared clinical work flow with the child welfare agency to assure that children remain safe while their health improves.

In Nebraska, we manage and coordinate care for Medicaid eligible youth as well as for 7,000 youth in child welfare and juvenile justice who are not Medicaid eligible, specifically, children (ages 0-18) who are involved in a proceeding in the juvenile court system and placed with Children and Family Services for reasons of abuse, neglect, status offense, and/or delinquency. We provide comprehensive care coordination for children transitioning to the community from more intensive levels of care through case conferences that include the family, case worker, Magellan's clinical staff, providers, and other stakeholders involved in the child's permanency plan. We use an intensive care management approach for high-risk children and youth and their families.

In Maricopa County, Arizona, we provide three key components of supporting transition and success back into the community. The overarching process is the clinical interface with the child and family team prior to discharge with hospitals and residential facilities in addition to the assignment of a high-needs case manager for better coordination and oversight of the services to be implemented. Once the child has transitioned to a community setting, peer and family support is a critical coordination mechanism as is the array of direct support services offered to the child and his or her family members.

Iowa Specific Experience

While competitors will describe their work elsewhere, only Magellan has the specific knowledge, experience, and infrastructure in Iowa to inform an enhanced focus on system of care enhancements for children and youth.

Magellan has been responsible for working with children and their families throughout the duration of our contracts with the Departments. This includes working with both the inpatient and community-based provider community as well as supporting families for the return of their children. During 2008, 2,544 children were discharged from inpatient settings, with 74 percent leaving after completing treatment based on psychosocial necessity guidelines. Twenty-six percent of children remained in inpatient settings based on the "Keep Kids Safe Policy," described below. The success of the discharge planning process is evident in the fact that, upon discharge, fully 84 percent of these children returned to their families, communities, and schools. Sixteen percent transitioned to another 24-hour level of care, based on psychosocial necessity for continued services.

Magellan is committed to every child's safety, health, and well-being. Magellan began a policy early in our tenure in Iowa of continuing a child's inpatient placement if a safe and appropriate level of care is not available. This internal policy subsequently led to Iowa's "Keep Kids Safe" policy defined in 441 IAC Ch 88.67(8) which requires the contractor to administratively authorize inpatient services for up to 14 days after the criteria of psychosocial or service necessity has been met. The policy is intended to assure a safe and appropriate living arrangement is made for the child by getting necessary court orders, locating a placement in a clinically appropriate level of care, and/or arranging for services and supports to assist the family for the child's return home. During 2008, 609 children remained in the hospital as a result of this policy. Importantly, this additional time allowed 78 percent of those children subsequently to go home after this requirement was met. As a demonstration of our commitment to this policy of safety, 50 children remained at the hospital beyond the 14-day requirement. Many of the children with extended inpatient treatment were there because an appropriate level of care could not be located. Of the 50 children who remained in inpatient care beyond 14 days, 78

percent subsequently went into a placement other than their familial home, while 22 percent were able to go home following discharge and treatment planning.

Magellan also has direct experience in Iowa with psychiatric medical institutions for children (PMICs) because we work closely with the two PMICs that specialize in co-occurring substance abuse and mental health disorders: Alegent Medical Center in Glenwood and Jackson Recovery Center in Sioux City. These PMICs are in Magellan's Iowa Plan network and services are authorized by our utilization management team. In 2008, 141 children were discharged from these two PMIC settings, and 80 percent of them went home following discharge.

We also work closely with the other PMICs that specialize in mental health disorders and many of the out-of-state facilities used by Iowa for residential placements. Although those PMICs are not formally in the Iowa Plan network, we are involved with the children in their care because Magellan is responsible for the payment of the psychiatric services provided to children leaving inpatient care who are discharged to these settings. Our lengthy experience coordinating care of children in PMICs and PMIC-like settings in Iowa provides a strong foundation on which to build the proposed service enhancements for the children's system of care, described below.

Magellan's significant experience with transitioning children from inpatient, PMICs, and PMIC-like settings tells us that no matter how successful an inpatient or PMIC placement is, the effectiveness of longer term treatment outcomes will largely be predicated on how well the child transitions back to the community, family setting, and school.

Continual Improvement of Our Strategies and Approaches

Our experience tells us that we must continually review and revise our strategies and approaches, and seek input and advice from children and families who "live the experience." Magellan accomplishes this in a variety of ways, including reviewing the literature, analyzing different modalities, and asking for input and feedback from providers.

Discussions with Iowa Parents

As an integral partner of the delivery of service to youth and their families, we routinely reach out to them to assess their suggestions, thoughts, wishes, and concerns through many avenues. Magellan sponsors the Iowa Plan Consumer and Family Member Roundtable every quarter, Diane Johnson, our consumer and family advocate, speaks with parents daily and through her Visions for Tomorrow NAMI-sponsored classes, she receives additional information. In addition to our ongoing processes for feedback, Magellan during the last several months conducted more than 100 interviews with biological, adoptive and foster parents, and kinship caregivers of children in Iowa. These individuals had an opportunity to provide feedback through individual discussions as well as through an electronic survey process. This process provided us with compelling information about approaches, services, and supports that are essential to resiliency and key to advancing recovery. Parents suggested strategies for incorporating and building on their strengths, linking them with outside supports in times of transition, expanding the services for children and youth, providing opportunities for new skills to be developed, and ensuring an environment that promotes success. Their comments also reflected their need for assistance in navigating the service delivery system. While Iowa has a wide array of services available, they are available through different agencies and funding streams. Due to the different requirements for accessing services through different funding streams, families and providers understandably often have challenges in knowing how to access available services, where they are, who provides them, and what the eligibility requirements are for specific services.

While the interviews covered many topics, parents specifically identified key components that would improve discharge planning. They said that discharge planning must be done ahead of time; the family should be included as part of that planning; services need to be readily available; and the community needs to be involved in every stage of the process. Caregivers need skill building and training and so do their children to be more successful when they come home.

When asked "What services might have prevented your child from needing the PMIC?" they responded: respite, community-based options; skill training; remedial services skill coaches; and parent and sibling support groups. When asked "What kind of supports do you need in order for your child to return home from a hospital or PMIC facility?" They responded: involvement in the discharge planning process which includes a clearly mapped transition plan, coaching and mentoring, parent education, and connections with the schools.

Discussions with PMIC Providers

In addition to the individual interviews described above, Magellan’s General Manager Joan Discher also met with PMIC providers at their meeting on February 4, 2009. The PMIC providers reported three primary issues that Magellan should work with them on to reduce length of stay. They were:

- Developing alternative levels of treatment. Many services described in Magellan’s white paper were highlighted.
- Developing strategies to help families navigate the service system, knowing what services are available and how to access them. PMIC providers pointed out that more than 60 percent of the children in their facilities were now placed voluntarily by parents and that the various services and funding streams were too complicated for parents to understand. This led to difficulties accessing services or even developing a comprehensive understanding of the services available to assist their family.
- Discharging and transitioning children based on the school calendar. PMIC providers pointed out that often children could be discharged earlier than they were, but the school transition was easier for the youngster if it occurred during a semester break.

A National Discussion: Magellan’s White Paper “Perspectives on Residential and Community-Based Treatment for Youth and Families”

As a national thought leader in managed behavioral services and in response to questions of the long-term impact of inpatient and residential treatment for children and youth, Magellan Health Services organized an internal Children’s Services Task Force in 2008 to investigate and research the issue in order to re-evaluate our strategies to meet the needs of children. The task force was made up of psychologists, psychiatrists, clinicians, family members, and other Magellan staff with experience in children services. Together we researched and wrote a white paper: “Perspectives on Residential and Community-Based Treatment for Youth and Families” that has been widely distributed.

The white paper yielded a number of conclusions and recommendations. We determined that although residential treatment is a necessary element in the spectrum of care for youth with serious emotional disturbance—particularly for youth who cannot be treated safely in the community—whenever possible, community-based programs should be considered. During the last several decades, numerous evidence-based outpatient programs have been developed. In particular, MST and FFT have shown strong positive outcomes in research and practice. In addition, case management and the wraparound approach to integrated community-based services are deemed evidence-based practices.

The best residential treatment programs focus on individualized treatment planning, intensive family involvement, discharge planning, and reintegration back to the community. Because youth admitted to residential treatment make most of their gains in the first six months and because of the adverse impacts of extended length of stays (for example, loss of connection to natural supports, treatment gains frequently not sustained post-discharge, and modeling of deviant peer behavior), long-term residential stays are often not in the best interest of the individual, family, or society.

In summary, our research concluded that many effective alternatives to residential treatment exist that are cost-effective and have better clinical outcomes. When residential treatment is required, programs that focus on family involvement discharge planning, and reintegration back into the community, and average three to six months in duration should be considered. This White paper directly informed Magellan’s approach to transition planning, described below.

Magellan’s Strategies To Improve the Transition for Youth and Ensure Appropriate Discharge Placement from Inpatient and PMIC Settings

There is a clear convergence of the research, our experience, the comments of families and providers, and the requirements of the RFP. Our approach in Iowa will be one that uses multiple, but integrated strategies. These strategies focus not only on the discharge itself, but assuring that the children and youth remain in the community and the risk of readmission is reduced. They include the following approaches:

- Strengthening our approach to person/family-centered planning, as described in our response in section 7.A.2.05, in all areas of treatment planning, including discharge planning and identifying informal and natural supports that can help stabilize the child’s behavioral health symptoms.
- Ensuring that the child and family are intricately involved in planning and treatment during inpatient stay, assuring that our Iowa hospital providers have the family as the focus of treatment while in the hospital, and holding family sessions on evenings and weekends.
- Continuing adherence to Iowa’s “Keep Kids Safe” policy.

- Assuring that discharge planning begins at admission.
- Expanding our intensive care management and joint treatment planning process to reach more Iowa families and engaging the top 10 percent of children at risk of or returning from extended inpatient or residential treatment by implementing an enhanced wraparound approach.
- Scheduling follow-up appointments prior to discharge. As identified in the RFP, Magellan shares the vision of the Departments in assuring follow-up appointments within seven days of the hospital discharge. We have experience meeting and exceeding these standards. We work with providers to continuously improve these efforts.

This will facilitate a person-centered plan of care for young people and their families who are at risk for or who are returning from out-of-home care, such as inpatient care or PMIC-like settings. It also will improve the likelihood of a successful reintegration to home and community for at-risk children. We will support parents and kinship caregivers in selecting their team and designing their care, and introduce more community providers to the planning process by ensuring that therapists and psychiatrists can receive reimbursement for their participation. We will include our child and family support specialist in joint treatment planning sessions with the approval of the child's parents. We also will ensure that flexible funds are strategically employed for Iowa's children.

During the past four years we have facilitated 2,120 joint treatment planning sessions, and we take seriously the role that clients, parents, and other significant people play in the success of a treatment plan. In 100 percent of the treatment planning sessions, the client (or the family or legal representative if the client is a child) was present. Indeed, if the client, parents or other significant people cannot attend, we reschedule treatment planning, so they can be present.

In addition, Magellan will expand and enhance our current capabilities and practices to improve the transition of youth and ensure their appropriate discharge placement from inpatient and PMIC settings by applying the following strategies and approaches:

- We will maintain our extensive provider network for community-based treatment options for children. Magellan ensures availability of providers with expertise in mental health and substance abuse services for children through our expansive network of providers across the state, and we connect children with those providers through our care management and referral services. Our network includes 1,685 individuals, groups, and facilities who report that they see children and adolescents in their practice. This includes community-based psychiatrists in 77 locations, psychologists in 142 sites, and master's level practitioners in 707 locations throughout Iowa. Through GeoAccess and other methods, we continuously analyze provider availability. To enhance the availability of providers for children, we continue to expand sites through school-based services and through telehealth.
- We will work collaboratively with the Departments, the providers, and the community at large to expand new evidenced-based treatment models to offer alternatives to inpatient or PMIC levels of care. As an example, FFT is currently available in Iowa, but also often provided through providers outside of the Iowa Plan network. We will reach out to those providers to determine the capacity to provide additional services. We also will discuss with the Iowa Department of Health Services (DHS) the potential priority for reinvestment funds to address the specific services that both the research and the families have identified, including MST. We will make a formal proposal to DHS to establish an additional self-directed care (SDC) program through community reinvestment to serve parents/guardians of up to 100 children, youth, or young adults with multi-system involvement. Both adult and parents/guardians would have access to a coach and control over a budget of flexible funds to support their child's overall care once they return from an inpatient or PMIC setting.
- We will work with providers to assure the development of a crisis plan that helps the family to identify triggers and timely interventions to reduce the need for future inpatient or PMIC stays.
- Building upon our existing relationships with inpatient providers and PMICs, we will reach out to include the non-contracted PMICs in our ongoing dialog about services and service expansion.
- We will improve our outreach and collaborative efforts with parents, schools, and the community to offer education consultation, intervention and referral linkages. As noted above, families and providers report challenges with understanding and accessing community services. Magellan has a thorough understanding of these complexities and will continue to work with providers and families in navigating the system.

Magellan will build upon our capabilities, the strengths of families, the availability of the community-based provider community, our existing working relationships with inpatient and PMIC facilities to assure that children have the opportunity to grow and thrive as they return to their homes and remain there.

7A.2.11 Appeal Process

a) Describe the process the Bidder would put in place for the review of Enrollee appeals, including which staff would be involved. Provide a flowchart that depicts the process and time frames the Bidder would employ, from the receipt of a request through each phase of the review to notification of disposition.

Magellan Enrollee Appeal Process

Magellan is committed to continue providing a fair and timely process for resolving Enrollee appeals. Our appeals policies and procedures comply with Centers for Medicare and Medicaid Services (CMS) requirements for Medicaid managed care, National Committee on Quality Assurance (NCQA), and URAC accreditation standards, and all Iowa Plan contract requirements. We consistently receive excellent results from External Quality Review audits and URAC accreditation reviews of our appeal process. These results demonstrate our ability to deliver a responsive and efficient appeal process that respects Enrollee and family member rights. The description below describes our existing and demonstrated appeal process in place for the Iowa Plan.

All levels evaluated during this review demonstrate an awareness of the member as the end-user with a commitment to timeliness, access, and quality of care. What stands out with this Plan is their awareness of these traits and the impact on member health outcomes, not simply fulfilling a regulatory requirement."

- Iowa External Quality Review: Report on Findings, 2006-2007

Appeals Staff

Our director of quality assurance (QA) and performance improvement has overall responsibility for the appeal process, including ensuring compliance with all contractual, regulatory and accreditation requirements. Our experienced manager of grievances, appeals, and complaints is responsible for tracking every appeal from receipt through resolution to ensure that all appeals meet turnaround standards and are processed in accordance with all established policies and procedures. Magellan staff members who make decisions regarding appeals have not and do not directly report to anyone who has been involved in any previous level of review or decision making of the action being appealed. All clinical appeals decisions are made by licensed psychiatrists, either our clinical director or a physician advisor. Magellan's physician advisors are licensed and board-certified Iowa psychiatrists or child psychiatrists with a minimum of five years of clinical experience, including significant experience in one or more specialized areas of expertise such as substance abuse, children and adolescents, older adults, psychosocial rehabilitation, and/or medication evaluation and management. Magellan provides instruction on grievance system requirements and processes as part of our core requirement training program for all employees and contracted providers. The training focuses on the importance of compliance with all contractual and regulatory requirements and developing the capability to clearly and accurately communicate appeals rights and processes to Enrollees, their families, and other stakeholders. Staff must establish competency by passing a post-test. The manager provides ongoing technical assistance in interpreting and complying with the Iowa Department of Human Services' (DHS's) and the Iowa Department of Public Health's (IDPH's) requirements. Additional refresher training is provided when ongoing monitoring of the appeal process identifies performance standards that are not being met.

Information to Enrollees and Providers

Magellan provides information on the appeal process through the Iowa Plan Client Handbook and the annual Iowa Plan Newsletter. This information, which has been approved by DHS, includes all contractually required elements including appeals filing requirements and timeframes, the availability of assistance, and contact information. We also provide contractually required information on appeals to providers and subcontractors at the time of contracting and include this information in the Provider Manual and will include it on Magellan's new dedicated Iowa Web site, www.MagellanofIowa.com.

First-Level Appeals

Enrollees have the right to appeal any Magellan action. Magellan has one level of internal appeal, which includes both standard and expedited appeals.

Standard Appeals

Enrollees, their representatives, or providers may file an appeal within 30 days of Magellan's written notice of action. Magellan considers the Enrollee's representative or an estate representative of a deceased Enrollee as parties to the appeal. The appeal can be oral or in writing, but an oral filing must be followed with a written, signed appeal. Magellan's manager

of appeals, grievances, and complaints will arrange additional assistance for Enrollees as necessary, including but not limited to, interpreter services and connecting with toll-free numbers that offer text teletype/telecommunications device for the deaf (TTY/TDD) as well as other interpreter capabilities.

Upon receipt of an appeal, the manager logs the appeal into the grievance and appeal tracking system and forwards it to a reviewer who was not involved in and does not report to anyone involved in the original determination. The manager also sends written acknowledgment of the appeal within five days to the person who filed the appeal request. If the appeal was for an action based on the lack of psychosocial or service necessity, or if it involved clinical issues, the manager will ensure that the reviewers are physician advisors with clinical expertise in treating the Enrollee's condition or disease.

The appeal reviewer thoroughly researches and documents the substance of the appeal. The Enrollee, the Enrollee's representative, or a provider on behalf of an Enrollee may present information related to an appeal in person or in writing and may review Magellan documents related to the appeal. An appeal reviewer makes an appeal decision within 14 days of Magellan's receipt of the appeal request and the manager logs it into the tracking system. The resolution time frame can be extended 14 calendar days if the Enrollee requests an extension, or if Magellan determines with the approval of DHS that it is in the best interest of the Enrollee to extend the decision time frame, for example, if there is a delay in the provider getting relevant clinical information to us that is different than or clarifies the clinical information communicated at the time of the original non-authorization. In these cases, the manager notifies the Enrollee of the reason for the extension.

For administrative appeals, the manager presents the appeal to the Administrative Appeal committee made up of clinical, operations, customer service, and quality staff members. The committee meets weekly to review appeal requests and the supporting information gathered and researched by the manager and makes decisions to approve or deny the appeal.

The manager mails a written notice of the resolution to the Enrollee and the provider. If the Enrollee is still receiving the service for which the appeal was filed, the manager also notifies the provider of the resolution by telephone.

Expedited Appeals

Magellan's first-level appeal process includes procedures for expedited review of appeals when Magellan clinical staff determines or the provider indicates (in making the request on the Enrollee's behalf or supporting the Enrollee's request) that taking the time for a standard resolution could seriously jeopardize the Enrollee's life or health or ability to attain, maintain, or regain maximum function. We also grant an expedited review to all requests concerning admissions, continued stay, or other mental health care services for an Enrollee who has received emergency services but has not been discharged from a facility. Expedited appeals follow the standard appeal process except the requirements unique to expedited resolution that are highlighted in the following summary of the expedited process.

The Enrollee, Enrollee representative, or provider may file an expedited appeal either orally or in writing. No additional Enrollee follow up is required. Magellan asks providers to include a brief written request with the materials that are needed for review. Upon receipt of an appeal, the manager of grievances, appeals, and complaints logs the appeal into the grievance and appeal tracking system and immediately forwards all relevant case information to an appropriate physician advisor who was not involved in and does not report to anyone involved in the original determination, but has equivalent licensure and expertise. The manager also acknowledges the appeal. Because the expedited appeal is turned around in no more than 72 hours, the manager verbally acknowledges receipt of the appeal at the time of resolution notification. The notification letter includes details about the date and time of the verbal notification as well as who was contacted. At the time of the request for expedited review, the manager informs the Enrollee or provider on behalf of the Enrollee of the limited time available for the presentation of evidence and allegations of fact or law, in person and in writing.

If the request for expedited appeal does not meet requirements, the physician advisor promptly notifies the manager to follow up with the appellant. The manager will issue a written notice within two calendar days and make a reasonable effort to provide oral verification promptly via telephone. The Enrollee may file a grievance in response to this decision. The manager documents the denial in the grievance and appeal tracking system and reclassifies it as a standard appeal to be resolved within the standard 14 day time frame.

If the appeal review results in a decision to uphold the original psychosocial necessity decision in whole or part, the physician advisor or our staff immediately attempts to contact the attending or treating clinician (or designee) prior to issuing a written determination. Magellan resolves the expedited appeal as expeditiously as the Enrollee's health condition requires, but no later than 72 hours after receipt of the expedited appeal request. We are committed to this tighter timeframe, which exceeds the three business day time frame required by the contract, in order to meet NCQA requirements and to move us toward meeting the new contract's performance incentive target timeframe of 24 hours. As with standard appeals, the resolution time frame can be extended to 14 days if it meets the specified requirements. Following resolution of the appeal, the manager sends a notification letter to the Enrollee and the treating clinician and/or facility, if applicable. The date of the notification letter will be considered the official decision date for the purpose of determining timeliness of notification.

Magellan has consistently completed 100% of all appeals within the contractual time frame for every year of the current contract.

We understand and support the Enrollee's right and that of a provider or advocate acting on behalf of an Enrollee to file an appeal at any time. We will ensure that punitive action is never taken against an Enrollee or a provider who either requests an expedited appeal or supports an Enrollee's appeal, and we document this policy in our appeals policies and procedures.

Written Notification

Magellan provides timely written notification of all appeals decisions to the Enrollee and the treating clinician and/or facility if applicable. The manager of grievances, appeals, and complaints issues the *Notification of Appeal Resolution* as soon as possible after the appeal decision is made but no later than 14 calendar days after Magellan's receipt of the standard appeal request, or 72 hours of receipt of an expedited appeal request, unless an extension of up to 14 days has been requested by an Enrollee or approved by DHS. The *Notification of Appeal Resolution*, which complies with all Iowa Plan contractual requirements for content, includes the results of the appeal determination and the date it was completed. If the appeal determination upholds the original action in whole or part, the notice will also include the following information required to meet contract and NCQA accreditation requirements:

- the factual and legal basis of the decision, including the relevant citation from the Iowa Administrative code, which supports the decision
- notification that the Enrollee can obtain, upon request, a copy of the actual benefit provision, guideline, protocol or other similar criterion on which the appeal decision was based
- notification that the Enrollee is entitled to receive, upon request, reasonable access to and copies of all documents relevant to the appeal
- a list of titles and qualifications of each individual participating in the appeal review, including specialty (as appropriate) and notification that reviewer names will be provided upon request
- the right to a state fair hearing and how to request one
- information about the state fair hearing process specifying the following:
 - the Enrollee may represent him(her)self or use legal counsel, a relative, a friend, or a spokesperson
 - the specific regulations that support, or the change in federal or state law that requires the action
 - an explanation of the individual's right to request an evidentiary hearing if one is available or a state agency hearing, or in cases of an action based on change in law, the circumstances in which a hearing will be granted
- notification that the Enrollee may be asked to pay for the cost of those benefits, under the continuation of the benefits policy, if the hearing decision upholds the original action.

We provide notices and other appeal documents in English and Spanish, and in alternative formats including Braille, large print, and enhanced audio tape format. We also provide free oral translation services for individuals for whom English is not their preferred language, to explain information contained in the notice or as part of the appeal process. All notices will inform the Enrollee of the availability of oral interpretation and alternative formats.

The director of QA routinely reviews appeals documentation to ensure that appeals are processed appropriately and in compliance with contractual, federal, and state requirements. In addition, the clinical director conducts a quarterly review of appeals decisions made by each physician advisor.

State Fair Hearing Process

Enrollees have the right to a state fair hearing if dissatisfied with a Magellan appeal determination not to grant prior authorization or decisions to discontinue services that have received prior authorization. The Enrollee or the Enrollee's representative must request the state fair hearing of DHS in writing within 30 days of the date of Magellan's appeal resolution notice. At the hearing, Enrollees may represent themselves or be represented by a friend, a relative, or a spokesperson; or by legal counsel. Magellan understands and will continue to fulfill our obligation to represent DHS as a party to the state fair hearing.

Continuation of Benefits

When requested by the Enrollee or a provider on behalf of an Enrollee, Magellan will continue benefits during the appeal and state fair hearing process when changes are made to an existing authorization and when all the following apply: the authorization period has not expired; the Enrollee requests continuation of benefits; the services are ordered by an authorized provider; and the request is made on or before the later of 10 days of the notice date or before the effective date of Magellan's proposed action.

If the appeal or state fair hearing decision supports the Enrollee request, Magellan will pay for the services that the Enrollee requested to be continued, in keeping with related Iowa Plan reimbursement policies. However, if the final decision does not support the Enrollee request, the Enrollee may be responsible for payment. Therefore, we require providers to maintain written documentation of the Enrollee's request for continuation of benefits.

Tracking and Monitoring Appeals

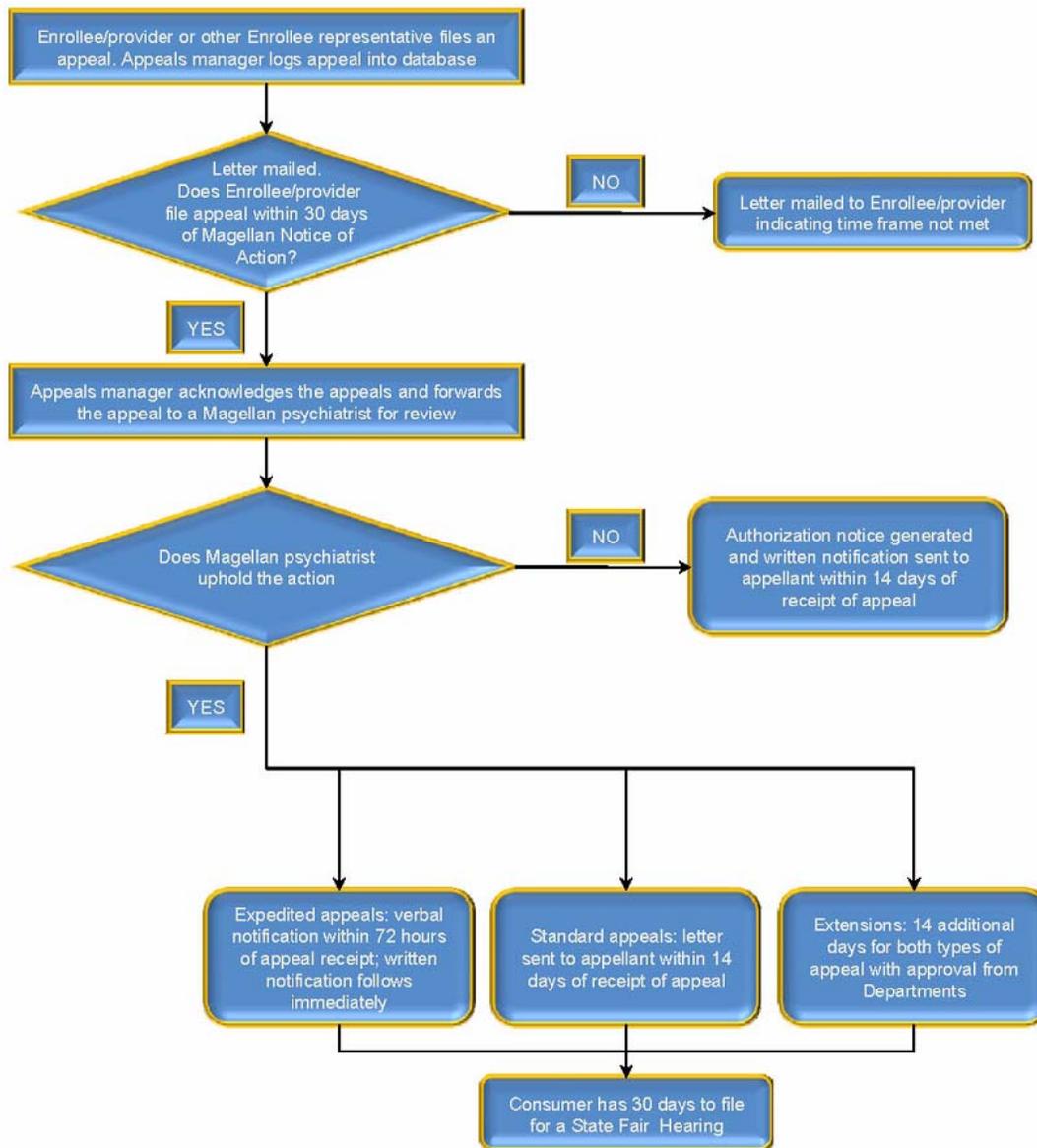
Magellan maintains a system that tracks decisions to deny, terminate, reduce, or suspend services to all Enrollees, as well as appeals. The record of each decision includes the Enrollee's name, the effective dates, the nature and rationale of the decision, and other relevant information. Magellan's grievance and appeal tracking system facilitates notice and appeal processing, and collects information for performance monitoring and reporting. For example, we use a formula based upon the appeals time frames that provides a tickler to notify staff when decisions and notices are due.

As noted earlier, the manager of grievances, appeals, and complaints works closely with the director of QA to assure compliance with established procedures and follow-up activities that may be required as the result of appeal resolution. Additionally, the Recovery Advisory Committee reviews regular reports on compliance with timeliness standards. We consistently meet or exceed contractual requirements to resolve and provide notice for 95 percent of appeals within 14 calendar days and all appeals within 45 calendar days. For contract year 2007-2008, we completed 100 percent of all appeals within the 14 day time frame. We also track aggregate appeal data by 20 levels of care and by disposition type for negative or noteworthy trends either specific to Magellan or one of our network provider agencies and within a category of appeal. We review and discuss this information at regular QI committee meetings for improvement opportunities.

Appeal Process Flowchart

The flowchart in Figure 7A-2.11-1 illustrates Magellan's appeal process and time frames, from the receipt of an appeal through each phase of the review phase through notification of disposition.

Figure 7A-2.11.1: Magellan Appeal Process



7A.2.12 Grievance and Complaint Processes

a) Describe the processes the Bidder would put in place for the review of Enrollee grievances and Eligible Persons complaints.

Enrollee Grievances

Magellan proposes to continue our established and proven Enrollee and provider-friendly process for resolving Enrollee grievances. This process, which is a component of the overall Iowa Plan Grievance System, is consistent with the Medicaid managed care regulations of the federal Balanced Budget Act of 1997 and complies with all current and new contract requirements, as well as relevant URAC and National Committee on Quality Assurance (NCQA) accreditation standards. All written or verbal expressions of dissatisfaction are handled as formal Enrollee grievances. We describe in this section our existing Iowa Plan Enrollee grievance process that has met the timeliness requirements 100 percent of the time during the current contract.

Grievance Staffing

The director of quality assurance (QA) and performance improvement has overall responsibility for Magellan’s grievance system including the grievance process. The director of QA ensures compliance with all contractual, regulatory, and accreditation requirements. Reporting to the director of QA, the manager of grievances, appeals, and complaints is

responsible for tracking grievances from receipt through resolution to ensure that all grievances meet turnaround standards and are processed in accordance with all established policies and procedures. Magellan staff members who make decisions regarding grievances were not involved in previous decisions related to the grievance issue. Our clinical director or physician advisors, who are licensed physicians with clinical expertise in treating the Enrollee's condition or disease, handle all grievances involving clinical issues or a denial of expedited resolution of an appeal. Magellan's physician advisors must be licensed in Iowa and board certified in psychiatry, child psychiatry, or a specialty other than psychiatry with additional behavioral health background and training.

Magellan provides instruction on grievance system requirements and processes as part of our core requirement training program for all employees and contracted providers. The training focuses on the importance of compliance with all contractual and regulatory requirements and developing the capability to clearly and accurately communicate grievance system rights and processes to Enrollees, their families, and other stakeholders.

Grievance Process

Enrollees or their designees may file a grievance orally or in writing. Upon receipt of a grievance, the manager logs the grievance into the grievance and appeal tracking system and forwards the written grievance to the appropriate staff for investigation and resolution. The manager is responsible for identifying clinically urgent, legal, network, or privacy concerns and follows documentation and resolution procedures as outlined in Magellan grievance policies and procedures. For example, the manager refers quality issues to the director of QA; clinical issues to the clinical director; and billing, claims, and customer service issues to the customer service supervisor or chief operations officer. The manager issues an acknowledgment of receipt of the grievance, typically by phone, but in writing if the person cannot be reached by phone. The manager continues to track the resolution of the grievance to ensure that Magellan investigates and resolves at least 95 percent of all grievances within 14 days of receipt of all required documentation, and resolves all grievances within 30 days.

Magellan consistently meets timeliness standards for responding to 100 percent of grievances for each year of the current contract.

Upon resolution of the grievance, the manager logs the information into the tracking system and sends a resolution notification letter to the Enrollee and, as necessary, others involved in the grievance within 72 hours. Whenever possible, the manager will also contact the person who filed the grievance by telephone to explain the resolution and answer any questions he or she might have; however, the date of the resolution notification letter will be considered the official resolution date for the purpose of determining timeliness of notification. The grievance resolution notification is the final step in the grievance process.

Tracking and Reporting of Grievances

Magellan maintains an accurate record of each grievance and appeal from receipt to resolution. Each record includes the following information:

- all demographic information, such as the consumer's name, address, telephone, and Medicaid ID number; the provider's name and address, if applicable; Magellan's name and address; and the date the grievance or appeal was filed
- a complete description of the grievance or appeal, including type (standard or expedited) and category of grievance (For Example., access to care, clinical care, service provision, claims, benefit plan)
- a complete description of Magellan's investigation of the grievance or appeal
- a complete description of Magellan's findings and actions pertaining to the grievance or appeal, as well as to its final disposition, including the dates of action and notification
- a statement about whether the consumer found the grievance resolution to be satisfactory or unsatisfactory.

Magellan uses an established methodology for categorizing appeals and grievances by type to facilitate identification of trends or patterns in consumer satisfaction related to service, access to care, quality of treatment, cultural competency, and other key issues.

The grievance and appeals tracking system facilitates accurate and timely internal and external reporting and provides Magellan the flexibility to meet all data collection requirements of the Iowa Department of Human Services (DHS), the Iowa Department of Public Health (IDPH), and the Centers for Medicare and Medicaid Services (CMS).

Analyzing and Evaluating Data

Each quarter, the manager prepares a report with trended grievance and appeals data for review by the Recovery Advisory Committee. The report is also included in the Quality Improvement Quarterly Report. The grievance section of the report displays the grievances by established category (for example access, clinical care, claims; subject of the grievance including provider, agency, or Magellan; source of the grievance; and percentage of grievances meeting the timeliness of resolution standards.

The Recovery Advisory Committee analyzes quarterly grievance data against previous quarters, looking for patterns and trends, such as a disproportionate number of an individual type of grievance or a high or increasing number of grievances lodged against a particular provider. The committee also analyzes grievance data against established thresholds. When the Recovery Advisory Committee identifies an aberrant pattern or trend, the appropriate committee will conduct a drill-down analysis of root causes or barriers and recommend interventions to be implemented. The Recovery Advisory Committee documents discussion, analysis, and actions taken in the meeting minutes and reports to the Quality Improvement Committee (QIC). The QIC reviews the grievance and appeal analyses, along with feedback from the subcommittees each month, to identify opportunities for improvement, conduct further root cause and barrier analyses as needed, recommend and implement interventions, and monitor the effectiveness of interventions in improving consumer satisfaction.

Providing Information on the Grievance System

Magellan provides Enrollees with written information about the grievance process in the Iowa Plan Client Handbook, the annual Iowa Plan Newsletter, and will provide it on www.MagellanofIowa.com. The grievance process will also be discussed during consumer, family, and other stakeholder forums to identify improvement opportunities from their perspectives.

Magellan communicates information on the grievance system to providers through the Iowa Plan Provider Manual that is given to each provider during the contracting process. We also incorporate grievance information into every provider contract. The grievance process will continue to be reviewed during provider roundtables to identify improvement opportunities from the provider perspective.

Participant Complaint Process

Magellan recognizes the new requirement for establishment of a Participant complaint process for persons served through IDPH. We will work with IDPH to develop and implement a formal complaint process for Participants no later than the start of the new contract. Our proposed process for responding to complaints will be modeled on the established grievance policies and procedures Magellan uses with Enrollees, with customization to address the unique needs of the IDPH Participants. The process will comply with accreditation standards and any relevant regulatory requirements and will include policies and procedures to address the following: procedures to protect the privacy of IDPH Participants; documentation, acknowledgment, and investigation of the complaint; written notification to the complainant; provision for timely response; tracking and reporting of the complaint including established reporting categories; and monitoring by appropriate QIC and/or subcommittee.

To ensure our proposed process is responsive to the needs of Participants, we will solicit feedback from the IDPH provider network as well as appropriate advocacy groups typically concerned with substance abuse and co-occurring issues, such as Iowa Advocates for Mental Health Recovery and consumer advocates involved with Dual Recovery Anonymous groups. After the new process is approved by IDPH, we will prepare educational materials for consumers and providers, including the Iowa Plan Client Handbook and the annual Iowa Plan Newsletter, to be distributed by providers and included on www.MagellanofIowa.com.

7A.2.13 Requirements for the Provider Network

a) Describe how the Bidder would ensure that the provider network is adequate and that access is maintained or increased to meet the needs of Iowa Plan Eligible Persons. Where there are potential issues of lack of capacity within the Bidder's network, please describe the steps the Bidder would take to increase capacity. Provide examples from current contracts of how the Bidder has ensured network adequacy in states with a shortage of psychiatrists or other specific behavioral health professionals.

Magellan has the singular advantage of currently having in place fully contracted and credentialed statewide networks that meet the needs of the existing requirements of the Iowa Plan for Behavioral Health. Our policies and procedures related to the Iowa Plan provider network have been approved by the Iowa Department of Health Services (DHS) and the Iowa Department of Public Health (IDPH) and meet all state and federal requirements, and we will adapt them as necessary to

include the new GeoAccess standards, to ensure that non-network providers can have access to the provider manual, and to provide quarterly orientation for new providers. These networks have evolved and expanded during the past 14 years as the needs of Iowans and the expectations of the Departments have changed and have allowed us to foster and strengthen our relationships with providers across the state. Our Medicaid mental health and substance abuse networks follow an open panel approach to provider recruitment for services to Enrollees. We have in place documented processes and procedures for the credentialing and recredentialing of all Iowa providers under the current contract. Magellan has contracted with IDPH licensed Block Grant providers through a competitive process during the life of the Iowa Plan contract, and throughout our tenure, we have successfully managed three Request for Proposal (RFP) processes, ensuring that the community-based substance abuse treatment (CSAT) requirements were met in each procurement to consistently provide a qualified professional network that supports IDPH Participants. We have successfully met CSAT and IDPH requirements throughout the life of the contract and will to continue our successful management of this process while focusing on any new CSAT requirements.

While a competitor will be required to spend their time and resources through January 2010 recruiting, credentialing, and contracting a new provider network, Magellan's networks and relationships are in place. We will focus our resources throughout the rest of 2009 on developing additional capacity for the new age 65 and over Enrollee population, filling identified service gaps, and implementing new programs and services such as Level I Sub-acute, 24-hour mental health stabilization, and substance abuse peer support to meet the emerging needs of Iowans and the initiatives of the state prior to the start of the new contract.

In addition we will be introducing several new innovations to ensure network adequacy including:

- enhanced role of the Network Strategy Committee (NSC) for coordinated network monitoring and program development
- real-time stakeholder input on the new Iowa program Web site, www.MagellanofIowa.com, that allows input and recommendations on service gaps for overall or localized service delivery system enhancements
- online staff roster update capability reflects the composition of the network in real time while decreasing administrative burden for providers.

Ensuring Network Adequacy – Ongoing Network Monitoring Activities

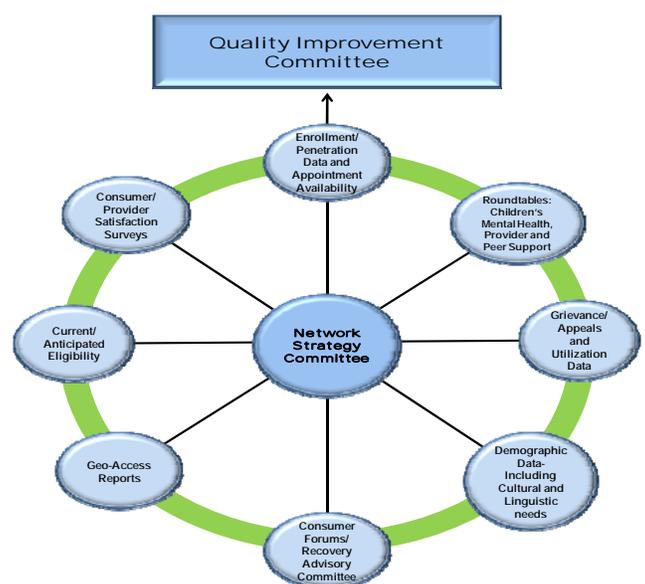
Ensuring that the provider network is robust, that capacity is expanded as needs arise, and that consumers get the right care at the right time requires a multi-faceted approach that includes data monitoring and analysis, a true representation of the composition of the provider network, and stakeholder involvement.

Data Monitoring and Analysis – Enhanced Role of the Network Strategy Committee (NSC). The Iowa NSC, described in detail in section 2.2.6, will analyze data from several sources that provide the essential information necessary in determining where gaps in service exist or may exist in the future. These data points as shown in figure 7A.2.13.a.1 include, but are not limited to, GeoAccess results, current and anticipated eligibility, enrollment and penetration data, demographic data including cultural and linguistic needs, utilization data, grievance and appeals data, consumer and provider satisfaction surveys, provider on-site reviews, appointment availability, non-participating provider utilization, and credentialing and staff roster data. Review of these data points is ongoing throughout the year.

Stakeholders – Providing Opportunities for Meaningful Input.

Viewed in isolation, none of the identified data points can provide an accurate picture of network needs. Perhaps the most critical source of feedback in ascertaining network adequacy and helping to shape the direction for network and program development is input from consumers, family members, providers, and other stakeholders. This feedback provides real-life input that supports the other sources of data.

Figure 7A.2.13.a.1 Network Strategy Committee Data Points



In Iowa we have a long and successful history of including these groups as active participants in network development activities. Avenues for participation have included stakeholder participation in our committee structure (QIC). Feedback received from Eligible Persons at quarterly forums, the Recovery Advisory Committee, the Children’s Mental Health Stakeholder’s Roundtable, the Iowa Plan Advisory Committee, Peer Support Services Roundtables, and Consumer Forums have and will continue to help determine service delivery system needs. **In addition, all stakeholders will now be able to help identify gaps, recommend a provider to join our network, and make suggestions for service system enhancements on our Web site, www.MagellanofIowa.com, by utilizing the Service Gap/Program Development form, which we will review on a monthly basis in our NSC.** Based on the feedback received from stakeholders, and in conjunction with the data received from our various data collection methods, the NSC will develop and implement strategies to meet emerging needs and set the course for network expansion, including that which will be needed to expand services to persons age 65 and older.

Online Provider Network Updates – an Innovation for Iowa. Our new Web-based staff roster lets providers update their staff roster and specialty information (for example, co-occurring services) online and also ensures that we are continuously aware of the size, scope, sufficiency, and mix of the network. Having the electronic capability to update information ensures that the composition of the network is reflected in real time while also easing the administrative burden on providers who can now update roster information electronically. Magellan will have the ability to monitor updates through reports from each provider and to ensure compliance. We will offer training and technical assistance for the application as part of provider roundtables, quarterly provider training sessions, new provider orientation, and on-demand as requested. Please refer to Figure 7A.2.13.a.2 for a sample screenshot of the Iowa Web-based provider staff roster.

Maintaining and Increasing Access, Filling Capacity Gaps

Throughout our tenure in Iowa, Magellan has been 100 percent compliant with Iowa Plan GeoAccess standards. Since GeoAccess reports do not always tell the full story of whether access to services is obtainable, we will

continue to utilize additional data, including trends in utilization and eligibility, combined with stakeholder feedback and input, to determine immediate and future access needs. Our network management model with proven and flexible credentialing modalities, positive professional relationships with our Iowa provider partners, and intimate knowledge of the Iowa delivery system allow us to quickly put strategic plans in place to meet the evolving needs of Iowa’s public behavioral health system as they are identified.

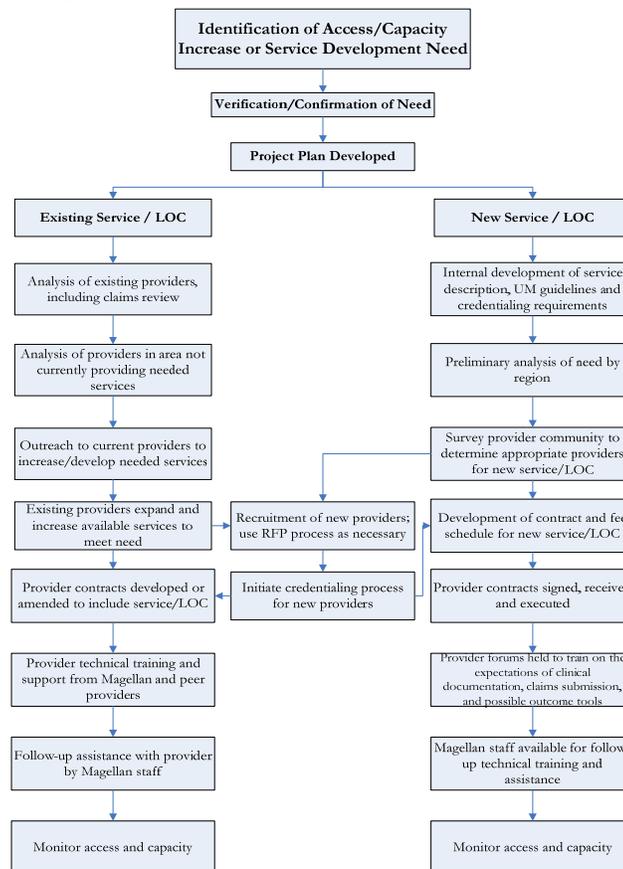
When access to pressing needs is identified, expedited service acquisition is fundamental to quality of care. In cases where urgent needs cannot be met in-network, we will continue to employ an expedited out-of-network provider or ad-hoc process to ensure access to care. We will facilitate this process by Magellan’s extensive depth of experience with contacts within and knowledge of mental health and substance abuse assessment and treatment services throughout Iowa and out of state as needed. As an example, recently a young female Iowa Plan Enrollee with an eating disorder required more intense treatment than could be offered at existing in-network facilities, so we secured an ad-hoc agreement with a specialty eating disorder partial hospital program within the Children’s Hospital in Omaha, Nebraska. When Magellan or stakeholders identify larger system-wide initiatives, such as those championed by the National Alliance on Mental Illness of Iowa (NAMI-Iowa) to bring assertive community treatment (ACT) services to Iowa, Magellan partnered with NAMI-Iowa and DHS in the development and successful implementation of ACT services in five locations throughout Iowa.

Since the first iteration of the Iowa Plan in January 1999, Magellan has been in **100 percent compliance** with all access standards as defined by the Iowa Plan Contract.

As part of our current Iowa network, Magellan contracts with all 35 Medicaid enrolled mental health and substance abuse inpatient facilities in the state, with all 35 community mental health centers (CMHCs), with the two Psychiatric Medical Institutions for Children (PMICs) substance abuse facilities in Iowa, and with hundreds of individual behavioral health professionals throughout the state. We also contract with 19 facilities in Iowa border states, 13 of which provide inpatient mental health, 4 providing both mental health and substance inpatient services, and 2 substance abuse-only inpatient programs to provide better accessibility to persons living near Iowa’s borders. Based on the new GeoAccess standards effective January 1, 2010, which separately measure access for new mental health and substance facilities, we have noted that some of the 24-hour levels of care fall outside the new access requirement and may constitute increased capacity needs.

Our experience in Iowa has shown us that one single approach to meeting all capacity, access, or program development needs will not yield optimal results. Each opportunity that presents itself must be treated independently to achieve the desired outcome. However, while each opportunity is unique, the overall steps and template in facilitating the outcome follow a common progression. The steps to increasing access, meeting new GeoAccess standards, and filling gaps are depicted in Figure 7A.2.13.a.3.

Figure A.2.13.a.3 - Network Enhancement Process



Ensuring Network Adequacy in Iowa

Our detailed and comprehensive understanding of the Iowa delivery system, including our provider partners and involvement with stakeholders throughout the state, has allowed us to develop services to increase or ensure network adequacy when there is a shortage of psychiatric and other behavioral health professionals. We have accomplished this through traditional network development activities and also through non-traditional activities such as workforce enhancement.

Increasing Psychiatric, ARNP/PA, and Nursing Availability

Magellan of Iowa has in place psychiatric nursing services and mobile counseling services to reach out to Enrollees unable to travel or participate in treatment services at a provider location. Mobile services also meet specialized needs through services such as ACT or high-intensity community support services. Magellan currently contracts with 26 mobile counselors throughout the state.

PA and ARNP Staff Extenders. In response to the workforce shortage of psychiatrists Magellan developed guidelines for physician extenders, including physician assistants (PAs) and advanced registered nurse practitioners (ARNPs). Iowa includes in their network PAs and ARNPs that meet the appropriate credentialing guidelines. From 2006 through 2008, the number of services and billable units provided by PAs has increased by 135 percent and billable units for ARNPs have increased by 55 percent.

Targeted Recruitment - Nursing. In late 2007, a Magellan initiative to help reduce the inpatient readmission rate to below 15 percent involved additional recruitment of home health nursing services. We targeted three areas using GeoAccess and readmission data and developed a project plan targeting providers, including Iowa Home Care (central Iowa), Hillcrest Family Services (Iowa City area), and St. Luke's Nursing (Cedar Rapids area). Following the recruitment effort, we conducted a study focused on 55 consumers who received this service during calendar year 2008. We measured their readmission rate for six months prior to their first nursing visit service and then for six months following the first service. The readmission rate was reduced by nearly 10 percent after implementation of home health nursing.

Open Access. To better serve Iowa Plan consumers who were experiencing difficulty accessing outpatient psychiatric care, the Iowa Psychiatric Society partnered with Dr. Robert Smith, clinical associate professor in the Department of Psychiatry at the University of Iowa, to offer training in a new model of conducting business for Iowa providers—"The Psychiatrist Can See You Today" approach. Through this new business model, access to services has improved resulting in a positive impact on the client's satisfaction. Improved consumer access can also lead to improved mental health symptoms and can ultimately lead to lower health care costs. Together with the Iowa Psychiatric Society, we are training providers to use the principles of open access, so clients receive more timely and increased access to outpatient services in mental health centers and psychiatric clinics in Iowa.

Workforce Enhancement

Magellan has demonstrated performance in working with IDPH and the provider network to increase availability of substance abuse services to Iowans by targeting additional funding to meet specific needs. The most recent example of this is the addition of \$1.3 million to the IDPH-funded providers designated specifically for workforce enhancement in state fiscal year (FY) 2009. We worked closely with the IDPH to add contractual requirements regarding the use of this funding, and requiring that the providers report to us and IDPH on that use by December 2008. The funding was designated to "assure quality substance abuse service by supporting provider efforts to recruit, retain, develop, and expand treatment staff." In the summary presented to IDPH on January 23, 2009, providers outlined a variety of different approaches to enhance the quality and retention of their staff. The most common enhancements included: additional trainings for staff; salary increases for all staff ranging from two to four percent, new positions added to staff rosters including the addition of dually licensed counselors to enhance the co-occurring movement; and supplemental payments made in the coverage of insurance premiums for the ever increasing costs of medical coverage for staff.

b) Describe proposed strategies to bring services to underserved communities, including but not limited to the use of telehealth and distance treatment options; and provision of child psychiatric consultation services to primary care clinicians.

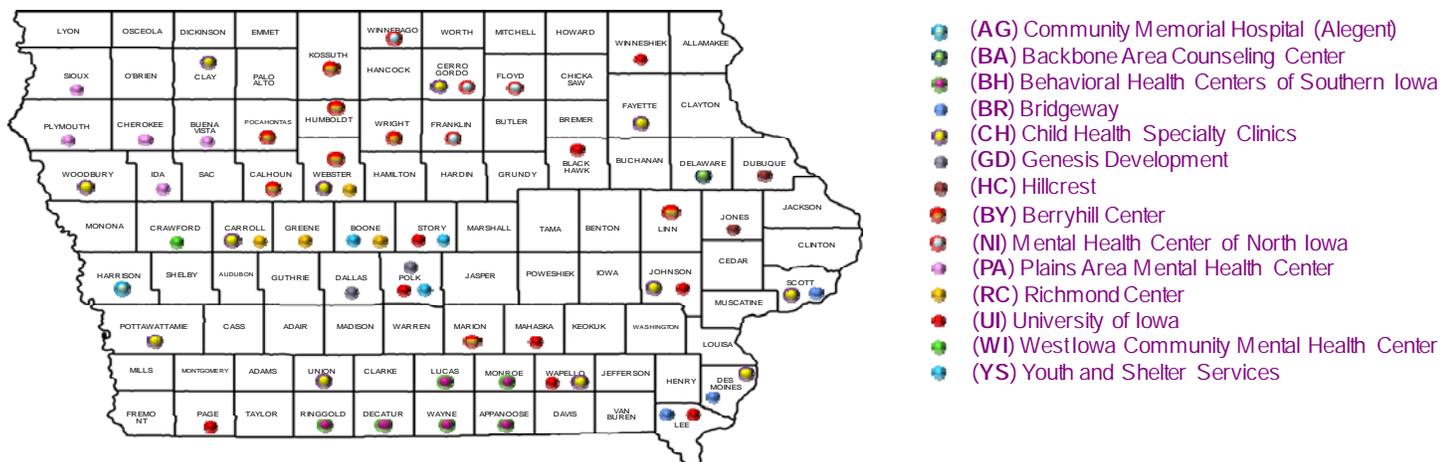
The strategies that Magellan will employ to bring services to underserved communities throughout the state are designed around the infrastructure that we have developed with stakeholders throughout Iowa, coupled with the wisdom that we have gained from being an integral part of the community. We also recognize that new initiatives and new approaches

designed to meet the emerging needs of all Iowans must ensure that access to the appropriate levels of care is available in underserved areas of the state. We will revisit past attempts in Iowa, including both successful strategies and those that were not successful, or where the longevity of the attempt was not lasting, to reinforce and build on positive strategies and to learn from the opportunities for improvement.

Building on Success: Iowa Telehealth Program

Magellan has had great success implementing telehealth services, particularly for children through Child Health Specialty Clinics (CHSCs). Since 2003, Magellan has been supporting CHSCs to improve services to rural Iowa children by connecting statewide resources through the telehealth initiative. Webcams and computer technology are now accessible in all of the 14 CHSC sites across the state. More than 1,500 children and their families have received child psychiatric services through this initiative. In 2008, we awarded 3 new telehealth projects through community reinvestment resulting in 21 new sites able to serve more than 1,750 consumers. We further expanded the initiative and funded 9 new projects with 28 sites, anticipating service nearly 1,000 consumers. We currently have 61 telehealth sites in 48 counties throughout Iowa as depicted in figure 7A.2.13.b.1 and continue to expand our efforts to reach out to providers who can assist with the opportunity to improve access to psychiatric services.

Figure 7A.2.13.b.1 – Iowa Telehealth Program Sites



Go-Forward Strategies. Magellan plans to continue working with our contracted CMHCs and hospital providers throughout the state already benefiting from the telehealth initiative in the continued expansion in underserved and rural counties for both children and adults. We are also recommending, upon approved by the Departments, up to \$500,000 per year in reinvestment dollars for the next three years toward expanding telehealth to increase access and meet the needs of Iowans. Realization of our plan will result in telehealth services availability in all 99 Iowa counties by 2012. When expanding telehealth service, Magellan will be cognizant of the concerns of consumer and family members and will plan appropriate education, outreach, and training to all stakeholders before and during implementation of new telehealth services.

Distance Treatment

Wellness Coaching Pilot Program. We propose using community reinvestment dollars to pilot a wellness coaching program that would connect individuals with serious mental illness or substance abuse issues to telephonic health coaching as well as with in-person support from psychiatric rehabilitation or peer specialists. Magellan will work with both mental health and substance abuse providers in developing the pilot program.

Magellan envisions that individuals, after enrolling in the program, would be contacted by a health coach via telephone to begin the coaching process which would integrate information from the health-risk appraisal. Individuals would pick one or more health goals on which they want to work. The key will be to help them set goals that are specific, realistic, and attainable, for example, an ultra-brief personal action plan. By employing motivational interviewing strategies, coaches will help individuals feel confident in their ability to achieve their goals. The goal is to help them first achieve small successes that create momentum for longer-term change and to support and maintain the gains they achieved.

Magellan is committed to working with the Departments in system-wide enhancements to distance treatment services. We are supportive of the IDPH-sponsored pilot distance treatment program for problem gamblers. We will coordinate with the Departments in the implementation of Web-based, Webinar, and video counseling initiatives that address Iowa Plan Eligible Persons needs.

Providing Child Psychiatric Consultation Services to Primary Care Clinicians

Many primary care physicians (PCPs) do not receive significant training in psychiatry or practice guidelines that emphasize integration of mental health and primary care services for children. As a result, there is a need to enhance recognition of, and appropriate follow-up or referral for, behavioral disorders in primary care settings. Studies show that half to two-thirds of diagnosable mental disorders go unrecognized. Holistic care is important to everyone but has particular relevance to children with serious emotional disorders. Three strategies that we have already begun to implement and will continue to enhance in Iowa that increase the availability of psychiatric services to PCPs include education and training, coordination with the Iowa Medicaid Enterprise (IME), and collocation strategies.

Provider Communication and Education

PCP Authorization Letter. Currently under the Iowa Plan, when a consumer receives an authorized level of care, we send a copy of the authorization letter to the PCP. Starting in August of 2009, we will modify the format of this letter sent to PCPs to include additional information about Magellan, including information on accessing our Web site and how to contact us. PCPs can access our Web site for specific diagnosis-driven best practices, resources, referral information, or instructions to contact Magellan's PCP consult line if they have specific questions about that particular child and need to request a consultation with our child psychiatrist.

MagellanofIowa.com. Our new Iowa specific Web site, www.MagellanofIowa.com, will provide a convenient means to provide information to PCPs including a comprehensive list of resources specifically for the PCP. Additionally, we will have links to clinical practice guidelines, information for treatment of common diagnosis such as attention deficit hyperactivity disorder (ADHD), and links to Magellan's extensive library of clinical and educational material.

PCP Consult Line. To further support PCP coordination, Magellan implemented our PCP consult line in 2008. As described in the RFP, we will continue this service paid for through administrative funds for consultation and referral for mental health and substance abuse services. Magellan staffs the line with dedicated psychiatric nurse care managers who provide referrals to mental health and substance abuse providers, diagnostic education/information, resources on evidence-based practices, follow-up for individuals identified as being at high risk, and arrangements for consultation with a psychiatrist. They also are trained to meet the specialized health care needs of children and coordinate medication issues. We are excited about continuing and expanding this service.

Telehealth for PCPs. Telehealth is another method of providing information and consultation to PCPs. Telehealth technology is available in 61 locations in 48 Iowa counties with plans to expand to all 99 counties by 2012. In addition to providing treatment options, this technology is a perfect method for distance learning and can be used to facilitate consultation and education between Magellan medical staff and PCPs.

Other Strategies for Underserved Communities

Co-location Strategies

Federally Qualified Health Centers. Magellan has developed a strong partnership with Iowa Federally Qualified Health Centers (FQHCs) with the recent inclusion of three centers in the Magellan network. We are coordinating behavioral health needs for children especially, but also adults, by reimbursing behavioral health therapy and medication management services within their office. The overall theme of all FQHCs that have discussed their inclusion in the Magellan Iowa Plan network is a common thread of working together as a delivery system to best meet the needs of Iowans. Iowa has 13 FQHCs throughout the state, and based on our recent success, we are in the process of reaching out to the remaining 10 to determine need and interest in contracting with us under similar arrangements with a focus on regional access. We expect to have an additional FQHC included in the Magellan network prior to April 1, 2009.

Medical Clinics. Magellan contracts with several medical clinics that employ a behavioral health professional within their clinic. We will develop a targeted recruitment initiative of other medical clinics, starting with the large pediatric clinics throughout the state, along with medical clinics in more rural areas that have a behavioral health specialist on staff, and include them in the network thus increasing access and availability for Iowa Plan Eligible Persons.

Integrated Co-Occurring MH/SA Disorder Treatment in Iowa

We have also identified co-occurring disorders treatment as another underserved Iowa community. Magellan is involved in ongoing efforts with providers to integrate treatment services for co-occurring disorders. Together with IDPH and DHS, we have supported training efforts, identified tools for providers to measure their co-occurring capabilities, and assisted them in utilization of NIATx strategies to further their agency-identified goals. Twenty-eight projects have been funded at more than \$1.2 million with community reinvestment funds since 2004. In addition, more than 25 providers are currently participating in various initiatives to further the integration of mental health and substance services.

Go-Forward Strategies. Through Magellan’s participation in the Co-Occurring Academy and the training opportunities led by IDPH and DHS, the COMPASS tool has been identified as a potential “measuring stick” for co-occurring disorders. Magellan shares the Departments’ vision of for co-occurring competencies for the future that includes a continuum of provider categories that are based on the following groupings from ASAM PPC-2R: addiction-only, co-occurring-capable, and co-occurring-enhanced. We will drive the implementation of these initiatives. The fully integrated enhanced programs will offer appropriate treatment to the most serious of co-occurring disorders.

To ensure that we can clearly identify and refer consumers to providers with appropriate co-occurring competencies, we will enhance our proprietary Integrated Provider Database (IPD) provider system capability to identify providers, individuals within organizations, and organizations with co-occurring competencies. System enhancements will allow for their display in our provider search tool of co-occurring providers and will facilitate additional reporting and analytics on co-occurring providers throughout the delivery system to identify potential gaps.

c) Describe the Bidder’s experience under other contracts to ensure delivery of services to these populations when provider network capacity was initially found to be inadequate. Include the names of the programs and provide the names, telephone numbers and e-mail addresses of three references who can be contacted to verify the description submitted by the Bidder.

The use of multiple methods to monitor appointment availability, the availability of specialty services, and the ability to identify gaps within the network has allowed us to effectively identify and fill service needs as they arise and has also prevented provider shortages in our other public sector programs. Trending gaps in service, readmission rates, and intensity of service needs also may identify areas in which the availability of providers is sparse and when prevention strategies should be implemented. Some examples of how Magellan has successfully addressed issues of network inadequacy in programs other than Iowa are included below. While other competitors may bring experience from other programs, only Magellan can combine this rich experience with an intimate knowledge of the Iowa delivery system, allowing for measurable benefits to the Departments. The lessons learned from our experience with telehealth in Tennessee, along with our experience in Iowa, will serve us well as we expand telehealth capabilities to all 99 Iowa counties by 2012. Our experience in Montgomery County, Pennsylvania, will provide valuable lessons learned as we develop enhanced co-occurring programs in Iowa that are fully integrated and that will offer appropriate treatment to the most serious of co-occurring disorders. Our experience in developing mobile crisis services in Pennsylvania is directly related to our initiatives encompassing the provision of services to the more rural communities in Iowa and increasing access to psychiatric services.

Tennessee Telehealth

In Tennessee, where the majority of the state is designated as a Health Care Professional Shortage Area, in particular for mental health by the Department of Health and Human Services Health Research and Services Administrations, Magellan planned and implemented telehealth services focused on children and adolescents in underserved areas. Magellan has funded and continually expanded telemedicine as a way to increase access to services for children in targeted areas by identifying the counties that were underserved and focused our efforts in those areas. Magellan partnered with community mental health centers and assisted them in purchasing necessary equipment and implemented equitable reimbursement mechanisms. Through each successful implementation of a new site, we modified and streamlined our processes, but were sure to consider all stakeholders in new implementations, especially consumers and family members. Magellan had 50 telehealth sites across Tennessee contracted at the end of 2008.

Co-Occurring MH/SA – Montgomery County, PA

Similar to the State of Iowa, the Commonwealth of Pennsylvania has worked for the years toward developing a more integrated and robust co-occurring disorder treatment delivery system to fill the service and competency gap for service

recipients. Magellan has been involved for many years in the Pennsylvania's initiative, and in particular with our Montgomery County HealthChoices program. Dr. Jim Bechtel, a Magellan Drug and Alcohol Treatment Specialist Care Manager, participated in a statewide workgroup in the development of the Pennsylvania Co-Occurring Disorder (COD) Competence Project designed to certify community-based mental health and substance abuse programs to be COD competent. Dr. Bechtel was selected to manage the project, on behalf of both our client and Magellan, to develop co-occurring competence programs for seven community-based providers servicing Montgomery County recipients. During a six-month period of time in 2008, Dr. Bechtel successfully provided consultation and technical assistance to these organizations, including monthly on-site meetings to help prepare each for the Pennsylvania's certification application process. Each successfully completed the application process at the end of 2008 and is awaiting full certification from the state. While the provider certification initiative was being developed, our care managers in the Newtown Care Management Center (CMC) were all afforded the opportunity to be fully trained on Substance Abuse and Mental Health Services Administration's (SAMHSA's) "TIP 42 – Substance Abuse Treatment for Persons with Co-Occurring Disorders." The nationally recognized CSAT training on co-occurring disorders reinforced to all our staff members the priority needs and treatment for co-occurring disorders.

Pennsylvania – Medical Mobile Crisis

In March 2007, Magellan of Pennsylvania implemented a Medical Mobile Crisis Service as a result of identified gaps in underserved rural areas of Lehigh and Northampton counties. We developed the service to provide assessment and intervention for individuals in crisis who are also believed to be in need of medical support to address an acute problem of disturbed thought, behavior, mood, or social relationships. The program serves adults, adolescents, and children in both counties and provides a rapid response to mental health crises, controls and diffuses the crisis situation, decreases reliance on hospitalization as the first and/or only response to mental health crises, assesses the crisis and the immediate situation surrounding it, mobilizes the appropriate community resources and response systems in order to move expeditiously toward an appropriate disposition of the crisis, provides appropriate referrals and the necessary support to ensure their use and success, develops community linkages that support rapid and effective response to mental health crises, follows up to help ensure that ongoing treatment and support connections are established, and obtains releases of information to allow the crisis team to make follow-up contact with the referral treatment agency.

The use of this service has been found to reduce the incidence of unnecessary emergency room (ER) visits and/or hospitalizations. On average, 18 mobile services are provided per month, significantly reducing subsequent ER visits. In fact, of the 131 mobile crisis services episodes in the last seven months, there was not a subsequent ER visit.

References: References who can verify these descriptions are shown in Table 7A.2.13.c.1.

Table 7A.2.13.c.1 References

Program Name	Contact Name	Telephone Number	E-mail Address
Tennessee Department of Mental Health and Developmental Disabilities	Candace L. Gilligan, R.N., M.S.N., Executive Director	615-253-5291	candace.gilligan@state.tn.us
Montgomery County, Pennsylvania	LeeAnn Moyer, Project Director	610-292-4575	lmoyer@mail.montcopa.org
Lehigh County, Pennsylvania	Allison Frantz, Administrator	610-782-3520	AllisonFrantz@lehighcounty

d) Describe the Bidder's experience in implementing Medicaid managed behavioral health programs in which the Bidder successfully promoted the development of: psychiatric rehabilitation services; mental health self-help and peer support groups, and peer education services.

Provide the names of the programs and provide the names, telephone numbers and e-mail addresses of three references that can be contacted to verify the description submitted by the Bidder.

Magellan's most important role as a behavioral health managed care company is to promote and support consumers in their own personal recovery by developing, providing, adapting, and offering high-quality services in a cost-effective manner. We have done this in Iowa by partnering with DHS and IDPH along with providers, consumers, and family members to offer a full continuum of care that will help individuals change, grow, and develop meaning and purpose in their lives and in communities of their choice. Examples of successful development and implementation of psychiatric rehabilitation services, mental health self-help and peer support groups, and peer education services in Iowa include:

Psychiatric Rehabilitation Services

Magellan offers psychiatric rehabilitation services through our provider network, which includes nine providers of intensive psychiatric rehabilitation, two clubhouses, and eight peer support programs, of which five are consumer-operated recovery centers.

Magellan of Iowa was the first managed behavioral health organization to design and implement a formal intensive psychiatric rehabilitation (IPR) program

Magellan of Iowa was the first managed behavioral health organization to design and implement a formal intensive psychiatric rehabilitation (IPR) program that helps adults with serious mental illness to choose, achieve, and sustain an overall psychiatric rehabilitation goal. Magellan of Iowa worked with Iowa DHS, Iowa providers, and the Center for Psychiatric Rehabilitation to implement IPR services starting in 1998. Through community reinvestment funding, eight IPR providers were identified through a competitive bidding process. This funding continued to support IPR for several years, allowing for training and consultation with national experts and ongoing support of providers. IPR is now funded as a covered service under the Iowa Plan and is offered by nine providers across the state.

Key success factors include the origination of this program based on consumer-identified needs, community reinvestment funding that allowed for the development of this innovative program, participation of IPR providers in quarterly roundtable meetings, facilitated by Magellan, that continue to be used to share ideas and concerns about the continued implementation of IPR, and training of the trainers offered on a fairly regular basis to continue to maintain and expand the base of IPR practitioners in the state. Training for new IPR providers has been ongoing since the project implementation. Training has also been made available to DHS and county representatives as well as Magellan staff. IPR practitioners have received follow-up training on supervision, service plans, and cohort groups as a way to support practitioner competence and continued service improvement.

Magellan has a very close relationship with the IPR providers across the state, and we meet in a roundtable format on at least a quarterly basis. The group has worked very well together and, in fact, they participate in a list serve that allows for ongoing communication concerning difficult or exciting trends they see with providing IPR services. Over the last year and a half, the providers have been working to develop an approach to outcomes measurement that continues down the path started by Boston University's study to show that participation in IPR results in improved recovery outcomes for individuals. The providers have been using the Recovery Assessment Scale (RAS) developed and revised by Mark Salzer as well as a group-developed satisfaction survey. RAS results show a statistically significant functional improvement for IPR participants who are participants in the program for approximately one year ($N = 52$). Their initial RAS scores average 80.4 (on a scale from 20–100), and their RAS scores one year later average 83.4 ($t(51) = -2.33, p = .024$).

Consumer satisfaction survey results also showed statistically significant improvement over time on several key indicators. Customer comments included "I get what I need in this program," and "I feel good about being in IPR."

Magellan of Iowa implemented the first self-directed care (SDC) pilot in public sector behavioral health programs. As an extension of an ongoing IPR program, consumers at Hope Haven had the opportunity to collaborate with an SDC coach to manage a \$2,000 budget for the purchase of goods and services not covered by insurance or existing community resources corresponding to specific resiliency goals. This project exemplifies real-life application of person-centered practices designed to promote choice and self-determination. The Iowa SDC pilot provides resources for participants to make meaningful social inclusion a reality.

Magellan has extensive national experience implementing psychiatric rehabilitation services in our other public sector programs. Selected examples of this experience include the following:

Intensive Psychiatric Rehabilitation in Tennessee and Pennsylvania. In Tennessee, working in partnership with two psychiatric rehabilitation providers, we developed innovative pay-for-performance programs. These programs offer expanded and enhanced psychiatric rehabilitation services, support training opportunities for individuals to become certified peer specialists, and also hire individuals into certified peer specialist positions.

In Pennsylvania, using reinvestment funding, Magellan and Bucks County have partnered with a community provider to develop an intensive psychiatric rehabilitation program. The program, built around the Iowa IPR model, stresses the mission of enhanced role functioning and readiness, skill, and support development intervention strategies. In Delaware County, Pennsylvania, Magellan contracts mobile psychiatric rehabilitation services.

Social Inclusion and Employment in Pennsylvania and Tennessee. Magellan contracts with Fountain-house model Clubhouses in Delaware County. For all five of our Pennsylvania, counties we facilitate peer-support programs that train and hire consumers to serve in key employee roles within provider agencies and county programs. In Tennessee, we

partnered with a provider agency to promote an innovative supported housing program, run by VISTA, a volunteer program that helps participants prepare for and secure housing and employment.

Self-Directed Care Programs in Tennessee and Pennsylvania. In addition to our Iowa SDC program described above, we piloted two SDC programs with two mental health service providers in Tennessee. These pilot models were one year in duration and promoted greater choice, direction, and control by adults with serious mental illness in their recovery process. More than 65 individuals participated. They were successful in demonstrating the development of individualized recovery and psychiatric rehabilitation plans and provided up to \$2,000 for each participant to obtain services and supports necessary to reach their recovery goals.

Since 2007, Magellan's Pennsylvania autism SDC pilot in Lehigh County has provided 26 Pennsylvania families of children with autism spectrum disorders funds to purchase goods and services that are often not covered by insurance but have the potential to enhance the resiliency of the families and children. Based on the success of this pilot, a community reinvestment plan is in development to expand the program to 150 families.

Village Model Implementation in Arizona. Magellan is implementing the nationally recognized Village program (originally established in Long Beach, California) in Maricopa County, Arizona, in two direct care clinics, with technical assistance, training, and consultation from leaders at the Village. This approach integrates treatment, rehabilitation, self-help, and family/community involvement in an environment emphasizing choice, equality between staff and the people we serve, and encourages continued growth. A crucial element is equality between those receiving services and service providers, allowing service recipients to establish social roles beyond identities as mental health consumers. The focus is on "quality of life" outcomes by measuring living, work, education, finance, and social goals to ensure effectiveness and accountability. Leaders from all 23 clinics have participated in training and ongoing learning to transform clinic culture to be grounded in the Village philosophy.

Mental Health Self-Help and Peer Support Groups

Magellan recognizes and values the integration of self-help and peer support as an important resource to promote recovery and build resiliency. We sponsored the first annual Iowa Consumer Empowerment Conference in 1998, and have done so every year since then, providing an opportunity for consumer organizations and self-help groups from around the state to meet, learn, network for expansion, and grow their membership. As a result, with expert consultation from national leaders and co-sponsored by Magellan, peer and family self-help advocacy organizations came together in 2007 and formed Iowa Advocates for Mental Health Recovery (IAMHR), a statewide coalition to strengthen self-help and support group development through shared ongoing relationships. We have fostered the growth of Iowa grassroots self-help and peer-support groups including Depression Bipolar Support Alliance (DBSA) affiliates, NAMI Iowa and local affiliates, Dual Recovery Anonymous (DRA) groups, and other self-help opportunities. Five consumer-operated recovery centers have been developed through reinvestment funds. Each of these serves as a community resource where peer-support groups and self-help programs are organized and facilitated by consumers, fostering hope for recovery for others.

One example of our success in promoting the development of self-help peer support groups in response to an identified need is the establishment of DRA groups. Consumers throughout Iowa identified a need for a co-occurring support group. An initiative began in the fall of 2008 with an aggressive goal to establish 10 DRA groups across the state. Magellan participated in all aspects of the project. Working collaboratively with consumer leaders from across the state, Magellan of Iowa, and in particular Diane Johnson, were able to bring Tim Hamilton, the founder of DRA, and Dan Fisher of the Empowerment Center, and a member of the President's New Freedom Commission on Mental Health to the 2008 IAMHR conference to provide consultation and technical assistance for this initiative. Through ongoing support and promotion, there are now 16 DRA groups in communities across Iowa providing hope for recovery for Iowans living with co-occurring disorders.

Magellan's Iowa Care Management Center team is familiar with self-help and peer support group opportunities throughout the state and provides information about these vital community resources to providers, consumers, family members, and other system stakeholders. Our community outreach and education activities provide additional avenues to promote self-help and peer-support programs, in many instances partnering with support group leaders to raise awareness about self-help and peer-support group meetings and availability.

Magellan's national experience implementing peer-support programs includes the following examples:

Community Partnerships in Arizona. Through strong collaboration with consumer- and family-operated organizations in Maricopa County, Magellan contracts with these organizations to provide peer, parent, and family support groups in clinic settings and in the community. The Family Involvement Center provides a range of family support group meetings. In addition, five different consumer-operated organizations provide peer-facilitated wellness support groups, recovery through journaling, employment support groups, 12-step groups, and group and 1:1 peer specialist supports.

Transition Age Youth in Arizona. In Maricopa County, Arizona MYLIFE (Magellan Youth Leaders Inspiring Future Empowerment) is made up of youth between the ages of 13 and 23 who have experience with mental health, substance abuse- and/or foster care-related issues. By supporting the development and sustainability of MYLIFE, Magellan helps youth celebrate recovery and inspire other youth living with similar challenges to get involved by using their experience, talents, and voice to help make positive changes in their lives.

Tennessee Mental Health Consumer Association. Magellan worked closely with this statewide consumer organization to promote BRIDGES (Building Recovery & Individual Dreams & Goals through Education & Support), a self-help program providing education and support to adults living with psychiatric disabilities.

Peer Education Services

By working with DBSA affiliates, DRA groups, IAMHR, NAMI Iowa and other local NAMI affiliates, consumers from the Mental Health Planning and Advisory Board, provider agencies, and others, we have promoted existing peer education services and assisted in developing new peer education services across the state. Many of these new services were funded through community reinvestment dollars, including five peer-run recovery centers around the state where consumers learn to develop wellness recovery action plans (WRAP) plans, get peer support, and socialize.

For the past six years, Magellan has provided both financial and staff support to programs such as NAMI education classes, peer-to-peer education, family-to-family education and support, and Visions for Tomorrow, allowing consumers, families, and caregivers to attend classes at no personal expense. Thousands have taken advantage of these opportunities. In addition, James Bremhorst, Magellan's peer specialist, is a trained facilitator for the Peer-to-Peer program, and Diane Johnson, Magellan's consumer family advocate, is a trained facilitator for both the Family-to-Family and Visions for Tomorrow programs. Both individuals facilitate classes around the state that enable Magellan to connect with small groups of stakeholders in the local communities. As a result, stakeholders can voice issues that are important to them, care management centers can learn about and benefit from community and stakeholder concerns, and a feedback loop is established. Personal connections are established putting stakeholders at ease to advocate for consumers and families.

Magellan sponsored the first Peer Support Specialist Training program in 2005, a five-day training at four sites across Iowa. We engaged nationally recognized expert Larry Fricks to help develop the training curriculum. We sponsored peer specialists roundtables around the state, inviting all consumer organizations to participate to discuss ideas, learn how to integrate peer specialists into their programs, and where Magellan consumer staff played an important leadership role.

In April 2007, we co-sponsored national experts including Dan Fisher, Executive Director of the National Empowerment Center, and Molly Cisco, Executive Director of the Wisconsin Grassroots Empowerment Project, to meet with grassroots consumer organizations from across the state, culminating in the creation of a consumer-driven, family-inclusive statewide organization, IAMHR. All these activities and initiatives in collaboration with consumers, families, and providers have served to support the development and expansion of consumer-driven services to support recovery and resiliency in communities across Iowa.

Some examples highlighting our national experience in the areas of peer education services include:

Advocacy Unlimited in Connecticut. Magellan has recently partnered with Advocacy Unlimited, a consumer advocacy organization based in Connecticut, to develop a peer specialist training and certification program. Advocacy Unlimited's proposal to design and execute a program for the training and certification of recovery support specialists for peer-delivered services in Connecticut has recently been accepted by the Department of Mental Health and Addiction Services. The Recovery University will include a new manualized curriculum, incorporating Magellan's six e-courses on recovery (available at www.magellanhealth.com/training).

National E-Learning Courses for Peer Counselors and Their Supervisors. Magellan has created online training courses developed in partnership with DBSA, nationally recognized experts on the topic of peer specialist services, to expand the knowledge and skills of peer specialists and their supervisors. The e-courses help peer specialists to develop skills that help consumers achieve their recovery and wellness goals and provide compassion, empathy, and hope to

consumers. The courses will be available free of charge in English and Spanish via Magellan's Resiliency and Recovery E-Learning Center at www.magellanhealth.com/training.

References. As requested, references are shown in Table 7A.2.13.d.1.

Table 7A.2.13.d.1 References

Program Name	Contact Name	Telephone Number	E-mail Address
1. First Resources (IPR)	Tim Bedford, Director of Mental Health	641-683-1302	tbedford@firstresources.us
2. Hope Haven (Peer Support)	Scott Witte, Director of Client Services	712-476-2737	switte@hopehaven.org
3. NAMI (Peer Education)	Margaret Stout, Executive Director	515-254-0417	mstout123@aol.com

e) Describe the Bidder's experience with contracts that include SAPT Block Grant funding. Provide the names, telephone numbers and email addresses of two references that can be contacted to verify the description submitted by the Bidder.

Magellan's experience with Substance Abuse Prevention and Treatment (SAPT) Block Grant funding includes the State of Iowa and the Maricopa County, Arizona program.

Iowa. Magellan, through a subcontractual relationship with Substance Abuse Management, Inc. (SAMI) has administered the SAPT Block Grant funds for the State of Iowa since 1995. We monitor provider compliance to Block Grant requirements through monthly provider reports, provider report cards, and retrospective reviews by looking at services provided to high-risk members within a specific time frame. At the end of each fiscal year, we perform a full contract compliance review to verify that providers have appropriately applied their sliding fee scale, given priority for treatment to special populations in the correct order 1) pregnant IV drug users, 2) other pregnant substance abusers, 3) other IV drug users, 4) and all others, and that appropriate services and supports are in place or are arranged for providers receiving set-aside funds for women and children.

Magellan has developed a comprehensive referral method for high-risk populations while fostering a collaborative relationship with the provider network that successfully meets the needs of these members. A provider who is unable to place a high-risk member because of capacity can contact Magellan, and we will find placement within the network. We have never failed to find a residential bed within our network or been forced to compromise by providing a lower level of care. During their exit interview with Magellan on December 12, 2008, reviewers from CSAT technical assistance commended us for prioritizing SAPT Block Grant requirements in managing substance abuse services and emphasizing adherence to the requirements through the provider contract.

At the beginning of each contract period, a joint letter from the IDPH and Magellan clarifying to providers the priority of care for special populations and reiterating the necessity of routine TB testing for individuals receiving substance abuse services. This correspondence also reminds providers of their responsibility to meet all SAPT Block Grant requirements relative to TB testing. We monitor adherence through a retrospective review process which ensures that clients receiving treatment have a corresponding TB test on file and verifies providers' compliance with contract requirements.

Maricopa County, Arizona. Magellan, as the Regional Behavioral Health Authority (RBHA) for Maricopa County, manages service delivery and fund distribution on behalf of the State for Maricopa County Grant funds are acquired through an annual application process that details how the State will expend federal funds to provide treatment and prevention of substance abuse in Arizona. SAPT Block Grant funds support a variety of covered substance abuse services in both specialized addiction treatment and more generalized behavioral health settings Grant funds are allocated on a per capita basis to ensure equity in the utilization of tax dollars for Arizona communities.

One challenge we faced when we began to administer the program in September of 2007 was that there was very little tracking of and information about how SAPT funds were managed or spent prior to Magellan as the RBHA. While the allocation of funds was meant to benefit specific Arizona-identified target groups, there was no way to track the percentage of funds being used by each of the target groups. In response to a request from the Arizona Department of Behavioral Health Services (DBHS), we began to explore ways to better manage and report on the spending and allocation of SAPT Block Grant funds.

We created a new eligibility code that allows us to track usage of SAPT Block Grant funds by consumers. For the first time, Maricopa County and DBHS are able to see detailed data on allocation of funds spent and confirm, for example,

that the 30 percent of the SAPT Block Grant funding intended to be allocated to pregnant women using substances is actually reaching the target population.

Magellan has also developed a database dedicated to the SAPT Block Grant program. The database allows providers to enter information in real time via our Web site by accessing MagellanProvider.com. This proprietary database provides accurate and timely information and has also served to ease some of the providers' administrative burdens. The Arizona Department of Health Services (ADHS) has recommended the Magellan SAPT database as the model to be adopted by other RBHAs throughout Arizona. Feedback from one provider is that the database is simple and easy to use and has reduced the provider's reporting time by 30 percent.

We continue to adapt and explore new and better ways to administer SAPT Block Grant funding in Maricopa County. In the short time Magellan has managed the program, our efforts have delivered tangible results, including providers having more accountability for how they spend SAPT Block grant funds, efficient and accurate reporting both for Magellan and our providers, an easing of the administrative burden placed on providers, as well as improved monitoring of network capacity and availability pertaining to the administration of SAPT block grant fund target groups.

References: References are provided in Table 7A.2.13.e.1.

Table 7A.2.13.e.1 References

Program Name	Contact Name	Telephone Number	E-mail Address
4. House of Mercy- Iowa	Todd Beveridge, Director	515-643-6500	tbeveridge@mercydesmoines.org
5. Maricopa County, Arizona	Dr. Laura Nelson, Acting Deputy Director	602-364-1947	NELSONLA@azdhs.gov

f) Describe the Bidder's experience contracting with networks of comparable or greater size than those of the Iowa Plan within the timeframe afforded by this procurement. Provide the names of the programs and provide the names, telephone numbers and e-mail addresses of three references that can be contacted to verify the description submitted by the Bidder.

Magellan has successfully contracted specialized behavioral health provider networks in every one of our public sector programs. While other companies may have experience with comparable networks, Magellan provides the demonstrated capability specifically for the Iowa Plan as well in other states. Magellan offers a robust, established provider network that meets current requirements and has this as a foundation upon which to build new capacity for persons age 65 and older as well as filling identified gaps and implementing Level I Sub-acute, 24-hour mental health stabilization services, and developing the Substance Abuse Peer Support program to meet the revised access and RFP requirements. This foundation of the existing network assures that all requirements will be met.

To demonstrate our experience elsewhere, we provide examples below from our Florida, Pennsylvania, and Maricopa County, Arizona, contracts that are comparable or greater in size to the Iowa program and that were all credentialed and contracted within the timeframes required by those states or counties.

Florida. In 2006, Magellan developed and currently maintains two networks in the State of Florida supporting four Area-specific Prepaid Mental Health Program (PMHP) contracts and a statewide Child Welfare PMHP program. For the Child Welfare program, Magellan built a statewide provider network of 160 organizations with 386 locations during a 60-day period to the satisfaction of the State. In all public sector programs in Florida that Magellan currently manages, we have 190 organizations with 400 sites and more than 550 individuals.

Pennsylvania. In Pennsylvania Magellan contracts with our five county customers to serve the public sector HealthChoices population in Bucks, Delaware, Montgomery, Lehigh, and Northampton Counties. While each county has its separate network, our local network team manages the providers who often serve consumers in all counties, while also meeting the specific county or client-specific requirements of each county. In 2000, we developed a network of more than 135 organizations with more than 200 locations in a period of three months for Bucks, Delaware, and Montgomery counties. In 2001, we further expanded and developed the Lehigh and Northampton counties' network and added 60 organizations during a six-month time period.

Maricopa County, Arizona. Magellan credentialed and contracted a network of 100 organizations with 356 sites and credentialed more than 600 individuals in less than 60 days in 2007 for our Maricopa County RBHA program.

References: References are provided in Table 7A.2.13.f.1.

Table 7A.2.13.f.1 References

Program Name	Contact Name	Telephone Number	E-mail Address
6. Florida	Kaleema Muhammad, Administrator	850-414-6613	muhammak@ahca.myflorida.com
7. Pennsylvania	LeeAnn Moyer, Project Director	610-292-4575	lmoyer@mail.montcopa.org
8. Maricopa County, Arizona	Dr. Laura Nelson, Acting Deputy Director	602-364-1947	NELSONLA@azdhs.gov

7A.2.14 Network Management

a) Describe how the Bidder would actively manage quality of care provided by network providers of all covered services. The description should include: the Bidder's proposed methodology for conducting provider profiling, including as examples, the content of the report for providers of inpatient mental health services to children; providers of outpatient mental health services to adults, and providers of substance abuse services. The Bidder shall specify the frequency of report distribution, and a timeline for developing and implementing provider profiles for all provider and service types; the explicit steps the Bidder would take with each profiled provider following the production of each profile report, including a description of how the Bidder would generate and facilitate improvement in the performance of each profiled provider; the process and timeline the Bidder proposes for periodically assessing provider progress on its implementation of strategies to attain improvement goals; examples of how the Bidder has used provider profiling to improve services delivered by a provider, or provider type in a managed care program; a description of how the Bidder would reward providers who demonstrate continued excellence and/or significant performance improvement over time, and how the Bidder would share "best practice" methods or programs with providers of similar programs in its network, and a description of how the Bidder would penalize providers who demonstrate continued unacceptable performance or performance that does not improve over time.

Magellan's provider network is one of our most valuable assets for the Iowa Plan; therefore, we are committed to a provider relations approach to network management and service development. We have developed strong, lasting relationships with our providers to affect positive system change—relationships that a new vendor would have to establish. To this end, we expand and enhance the service delivery system through provider education and development, proactively communicate with providers, and reduce their administrative burden through activities such as streamlining claims and reimbursement mechanisms. Magellan has recently adopted the use of Provider Relations Plans to ensure that we meet the needs of providers for continuously improving the quality of service delivery, rather than dictating to them. Going forward, we will customize an annual Provider Relations Plan specific to the Iowa service delivery system.

In addition to the provider profiling and follow-up activities detailed in our response below, Magellan's network management program has an array of components, including a comprehensive provider handbook and provider Web site, that meet all contract requirements listed in 5.C.5.1 and 5.C.5.2 of the RFP, a multi-pronged education and training program, credentialing, contract management, and other provider quality monitoring activities. We also manage the quality of care delivered by providers through our utilization management (UM) process. We currently have provider roundtable to solicit provider input. Going forward, we are establishing a Provider Integration Committee (PIC) that will draw on provider experience and expertise to identify and address opportunities for improvement cross the network, including those related to our provider profiling approach. The PIC will meet at least three times prior to implementation and quarterly thereafter. For more details on the PIC, please see our response to question 7.A.2.15.e.

Proposed Profiling Methodology

Our comprehensive provider profiling program gives feedback to providers on their performance in areas of high priority to consumers and families, stakeholders, and the Departments. We have integrated provider-specific data from multiple quality initiatives into a user-friendly "report card" format showing comparative data for providers of the same type, and for providers throughout the state as a whole.

Currently, Magellan's Quality Improvement (QI) department coordinates development of quarterly provider profiles for high-volume providers that meet pre-determined thresholds for the number of Eligible persons in their care. We select thresholds to meet contract requirements, support statistically valid results, and provide sufficient protection against identification of Eligible Persons whose data make up the profile. Our thresholds for Community Mental Health Centers (CMHCs) and Iowa Department of Public Health-funded substance abuse providers meet 100 percent of contract requirements. For all other provider categories, our thresholds **substantially exceed new contract minimum requirements** (high-volume mental health inpatient providers and outpatient providers who collectively represent 50

percent of the aggregate annual mental health inpatient admissions and outpatient visits, respectively, and for those substance abuse inpatient providers and outpatient providers who collectively represent 50 percent of the aggregate annual substance abuse inpatient admissions and outpatient visits.) We estimate that contract requirements would require us to profile 74 providers each quarter, while Magellan's thresholds result in approximately 250 providers per quarter, including those meeting contractual thresholds. Because of favorable feedback from our providers on the value of our profile information, we will continue using our current threshold that meets and exceeds contract requirements.

Profiles for providers of Medicaid mental health and substance abuse services are based on authorization and claims data. For providers of IDPH-funded substance abuse services, profiles are based on provider-reported SARS/I-SMART data and treatment record reviews results. Reports for all providers draw from data collected through quality improvement activities, such as treatment record reviews.

Magellan Provider Profile Indicators

Magellan's current and proposed provider profiles provide a multi-dimensional assessment of performance, including indicators for the categories now required by the Departments. Our proposed profile content builds on existing profiles and incorporates additional indicators we selected based on priorities identified by the Departments. When selecting indicators, we considered the usefulness of the data produced by each measure for evaluating provider performance, ensuring provider accountability, and initiating specific improvement actions. All indicators are clinically relevant, quantifiable, and relevant to the Iowa Plan population.

Profile reports show the providers' performance in comparison to benchmarks for each indicator and to performance in previous reporting periods to show progress over time. Benchmarks may be based on averages for similar providers, external standards such as the National Outcomes Measures (NOMS), or internal benchmarks based on Magellan corporate-wide experience. Typical benchmarks will be indicators of like-type providers across the state and of the Iowa Plan network as a whole. The PIC, director of quality assurance (QA) and performance improvement, and Iowa Plan Advisory Committee will review the profiling indicators and benchmarks annually or as otherwise required to ensure provider profiles use the most appropriate measures to support program goals. These reviews will include feedback from consumers, stakeholders, the Departments, and providers, as well as Magellan staff involved in producing and analyzing the profile data. We will submit our proposed content and formats to the Departments for approval prior to implementation.

Profile Content Examples

Table 7A.2.14.a.1 shows examples of profile content for providers of inpatient mental health services for children, providers of outpatient mental health services for adults, and providers of substance abuse services. For providers of substance abuse services, the profiles will report data separately for Medicaid and IDPH clients as well as in aggregate for all clients. These profiles also will include elements based on I-SMART data and will be supplemented by quarterly IDPH Provider Monitoring Reports for providers specifically contracted to provide IDPH-funded substance abuse services. The monitoring reports incorporate several required elements not included in the profiles, such as compliance with provider-specific contractual minimum number and service mix requirement.

Table 7A.2.14.1 Provider Profile Content Examples for Three Provider Types

Profiling Indicator (indicators marked with an asterisk are included in current Magellan provider profiles) (indicators marked with a "Λ" are I-SMART data elements)	Applicability by Provider Type		
	IP MH Children	OP MH Adults	SA Services
A. Demographic information			
Consumers served by provider – unique consumer count*	√	√	√
Age by grouping (0 – 5; 6 – 12; 13 – 17; 18 – 21; 22 – 44; 45 – 64; 65 +)	√	√	√
Gender*	√	√	√
Diagnosis (MH only; SA only; MH and SA)*	√	√	√
Race/ethnicity as self-identified	√	√	√
Block Grant required demographics* Λ	N/A	N/A	√
B. Clinical Quality and Outcomes			
Grievances/complaints total – number per 1,000	√	√	√

Profiling Indicator (indicators marked with an asterisk are included in current Magellan provider profiles) (indicators marked with a “^” are I-SMART data elements)	Applicability by Provider Type		
	IP MH Children	OP MH Adults	SA Services
Functional/clinical outcomes scores by domain (e.g., scores for strengths, physical and emotional health)	√	√	√
Functional/clinical outcomes change scores by domain	√	√	√
I-SMART client satisfaction*^	N/A	N/A	√
C. Access			
Emergency needs – within 15 minutes	√	√	√
Urgent needs – within 1 hour of presentation or 24 hours of phone contact	√	√	√
Persistent symptoms – within 48 hours of reporting symptoms	√	√	√
Routine treatment – within 4 weeks of request	√	√	√
Appointment availability – evenings	N/A	√	√
Appointment availability – weekends	N/A	√	√
D. Utilization Management			
Initial Authorizations*	√	N/A	√
Managed ALOS (days)*	√	N/A	√
Actual ALOS (days)*	√	N/A	√
Total Number of Units – units per 1,000*	√	√	√
Clinical Concordance Rate – Initial*	√	√	√
Clinical Concordance Rate – Concurrent*	√	√	√
7-day follow-up – percent of total discharges*	√	√	√
Readmissions: percent for 7-day inpatient admission*	√	√	√
Readmissions: percent for 30-day inpatient admission*	√	√	√
Readmissions: percent for 90-day inpatient admission*	√	√	√
Discharge Types: percentage per type *	√	√	√
I-SMART Discharge Types* ^	N/A	N/A	√
E. Application of Principles of Recovery and Resiliency			
Specific Mental Health Treatment Record Review indicators – For example, member identified inner strengths including talents, skills, abilities, preferences, achievements; peer and community supports; “crisis plan” developed w/member; inclusion of natural supports; expectation for future quality of life (hope, new activities, etc.)	√	√	N/A
Specific Substance Abuse Retrospective Review indicators	N/A	N/A	√
Specific experience of care survey indicators related to recovery and resiliency	√	√	√
Specific scores from functional/clinical assessment tool	√	√	√
F. Pharmaceutical Management			
Percentage of consumers prescribed psychotropic medications	√	√	√
Percentage of consumers prescribed duplicative medications (For Example., anti-anxiety and sedative-hypnotic, antipsychotics, antidepressants)	√	√	√
Percentage of consumers with multiple prescribers	√	√	√
G. Linkage With Primary Care Physicians			
Coordination of Care scores from Treatment Record Review	√	√	N/A
H. Clinical Recordkeeping			
Mental Health Treatment Record Review scoring by category	√	√	N/A
Substance Abuse Retrospective Review scoring by category	N/A	N/A	√
Provider Monitoring Survey (Block Grant Review) scoring (IDPH Providers only)	N/A	N/A	√

Frequency of Distribution and Timeline for Developing and Implementing Profiles

Magellan will produce and distribute quarterly profiles for all provider/service types. We will have all profile prototypes ready for the Departments' approval prior by December 1, 2009, more than a full year ahead of the contract requirement. We will work with the Departments to finalize the profile reports during the period from contract award until implementation date and will seek consultation from the newly established PIC and other stakeholders. Following receipt of the Departments' approval, we will develop a Web-based profile that will be ready for use by March 31, 2010. To facilitate further integration of continuous QI into provider practices, we will develop a Web based application that will allow providers to drill-down into the data tables for their profile results to conduct further analysis. While this is not a requirement of the RFP, we believe that it is a value-added feature for providers.

Follow-up Steps with Profiled Providers

Step 1: Report Evaluation

Magellan network and QI staff will review and analyze the provider profiles to identify outliers and determine which providers demonstrate exemplary practices and which may require assistance for improvement. Significant quality issues related to provider performance will be referred to our Regional Network Credentialing Committee (RNCC) for peer review and use in provider credentialing decisions. Following review and analysis by Magellan's QI and network staff, Magellan's PIC will review de-identified individual and aggregate profiles in order to steer needed service and system interventions and make recommendations to the Iowa Plan Advisory Committee.

Step 2: Report Distribution

Magellan is enhancing the provider profile program by adding an online profile review capability that gives providers a dynamic tool to integrate performance data analysis into their own QI initiatives. Providers will be able to view their own profiles and appropriate aggregate profiles for comparative analysis. They will also have access to the data from which the profile was developed, enabling them to better understand their own data and performance. We will send quarterly e-mail notifications of profile availability with appropriate links to the Web based profile reports and data. During the first few months, while we are developing Web-based profiles, we will continue to mail each profiled provider a copy of individual data and aggregate comparative data for similar providers and all providers.

Aggregate network wide Web based profile reports will be available to the Departments immediately upon contract implementation. Consumers will also have access to aggregate provider profile data for key elements that will be determined through input from consumer-led advisory groups that feed into our Quality Improvement Committee (QIC).

Step 3: Technical Assistance

The profile report will include highlighted opportunities for improvement. QI and network management representatives will engage providers who show deficiencies that reach agreed upon thresholds and will be available for "on demand" technical assistance as requested by providers. We offer technical assistance to any provider on a one-to-one basis or to large numbers of providers through provider forums, newsletters, mailings, or electronic provider notices. Magellan staff assists providers in understanding and overcoming barriers to meeting performance standards, and work with them to develop an action plan with performance goals, milestones, and time frames. In some cases, Magellan may identify a "best practices" provider mentor to voluntarily work with an under-performing provider on appropriate service delivery and associated documentation.

Step 4: Ongoing Training and Orientation

Analysis of profile report data is used to identify provider technical assistance and training needs. Magellan uses a multi-pronged approach to make it easy for providers to access training opportunities including computer-based, live, small group, technical assistance, and self-study to improve in areas identified as deficient within profiles. Our training team includes the Magellan network representative and Magellan subject matter experts, stakeholders, provider staff, and other community experts. Magellan will continue to offer quarterly provider trainings, which encompasses new provider orientation along with training for the entire provider network. We will also continue to offer free Continuing Education Units (CEUs) that can be applied to licensing requirements when feasible or appropriate. We are employing a variety of methodologies for these trainings including the Iowa Cable Network and Webinar sessions.

Training curriculum will address, at a minimum, application of the principles of rehabilitation and recovery, quality management, services for Eligible Persons with multiple issues and complex needs, orientation to Magellan policies and

procedures, and other appropriate topics we identify through our QI processes. The proposed agenda will be submitted to the Departments for approval prior to commencement of the training sessions.

Web-Based Training Support. Magellan offers a variety of technical assistance and service delivery training programs via our provider portal. Topics on our Web site will range from training on use of the Web site, electronic billing, enrollment and eligibility, coding, and medical education. These programs are available at any time to participating providers. Free CEUs are available for nearly all categories of licensed practitioners. Highlights of our online training program include the following:

e-Learning Center. Magellan offers a Resiliency and Recovery e-Learning Center as a free resource for providers, consumers, and families that currently hosts 10 interactive “e-courses” in English and Spanish, offering in-depth strategies and techniques for promoting resiliency and recovery.

Essential Learning. We also offer online courses in conjunction with our partner, Essential Learning. These clinical courses provide concise, practical, and immediate information for busy clinicians and in a variety of important clinical areas.

Process and Timelines for Assessing Provider Progress

Magellan QI and network staff monitor and report on providers’ progress toward improvement goals through reassessment at intervals established in their action plans. The frequency of follow-up depends on the nature of the improvement goals. If, for example, a provider’s profile indicates a need to improve in application of the principles of recovery and resiliency, we might provide technical assistance and training; however, a provider with outlier results in numbers of grievances or complaints would require more immediate action and frequent monitoring.

The QIC evaluates provider progress against milestones on a quarterly basis. If the QIC determines that providers are not making sufficient progress, the committee members may make recommendations for further technical assistance or peer review in the rare case of sustained non-improvement. When performance improvement goals are met, we focus on making sure the providers have the infrastructure in place for sustained performance over time.

Examples of Improved Provider Service through Profiling

Example 1 – Improved Non-Authorization and Readmission Rates for Provider A. Magellan has been working with an inpatient provider in eastern Iowa on issues related to high non-authorization rates observed through profiling. Magellan’s clinical and quality staff held planning meetings with the provider and determined together that one possible cause was that the assessment process was not as detailed as it could be. To resolve this barrier to improvement, the provider partnered with mental health professionals in the community to conduct face-to-face behavioral evaluations in the emergency room. The clinical non-authorization rate dropped below 10 percent; however, by early 2008 the provider’s profile indicated the non-authorization rate had risen back up to 18.6 percent for children’s inpatient admissions and 9.3 percent for adults. Magellan staff again met with the provider to identify improvement opportunities. Over time, the provider had stopped using the face-to-face evaluations and instead was directing these admissions to the inpatient unit with little assessment. Magellan agreed to authorize 23-hour observations to allow time for more thorough evaluation, and the provider implemented an access center as part of its emergency room (ER) services. The subsequent profile showed that non-authorization rates had dropped back down to 10.5 percent for children and 4.5 percent for adults.

Example 2 – Improved Non-Authorization and Readmission Rates for Provider B. Provider profiling revealed similar findings of high non-authorization and inpatient readmission rates for an inpatient provider in southwest Iowa. Through further analysis, our QI staff found that many of the non-authorizations were due to insufficient clinical information for initial authorization requests. Magellan met with this provider and determined that ER staff was often calling in the request for inpatient authorization without having any clinical information. Quarterly meetings ensued and the collaboration between Magellan and the provider identified further improvement opportunities including modifying ER protocols and assisting in post inpatient treatment follow-up. Magellan continued to meet with the provider quarterly to develop a progressive approach to managing the inpatient level of care with this provider.

Ongoing profile reports showed that the non-authorization rate fell from the initial high of 19.5 percent to a consistent rate of less than 2 percent over the last three years. The 30-day inpatient readmission fell from 21 percent to a consistent rate under 15 percent over the last three years. Due to this impressive improvement, we have reduced concurrent review requirements. We continue to monitor utilization through the profiles and enhanced retrospective review. Magellan has also been supporting this provider through community reinvestment funding in the development of community-based and peer run services in building a more recovery-oriented service delivery system.

Rewarding Providers for Excellence

Magellan is committed to partnering with our providers to achieve continuous quality improvement in the services provided through the Iowa Plan. To demonstrate our commitment, we will offer financial and non-financial incentives to providers who demonstrate continued excellence in the services they provide.



Provider Quality Collaborative (PQCs). Magellan also will establish a Provider Quality Collaborative (PQC) program that relaxes UM oversight for providers who demonstrate their ability to deliver services in accordance with the standards and goals of the Iowa Plan. We will include providers in the planning process, development of indicator targets, and reporting. For example, an inpatient facility might be offered a reduction in concurrent UM activity with Magellan when it is able to maintain target performance for ambulatory follow-up, readmission, consumer complaints, and critical incident rate, as reported on the provider profile. Facilities will be invited to participate based on analysis of their historic performance on these measures.

Sharing Provider Best Practices

Magellan uses multiple methods to share provider best practices, which we identify through our provider profiling and evaluation activities. Methods used to share best practices with providers of similar programs and services include:

- inclusion of relevant excerpts from the compendium of best practices with the provider profile report
- dissemination through QI and network management site visits
- publication on the Magellan provider Web site
- presentations during service specific provider roundtables
- presentation during Magellan’s annual Stars of Excellence Program event for recognition of exemplary stakeholder practices
- assigning a “best practices” provider mentor to another provider who needs help in meeting performance goals.

Providers with Continued Unacceptable Performance or Lack of Improvement over Time

Magellan is generally successful in our collaborative approach to improving provider performance through information sharing, technical assistance, and training. If these strategies, however, are not effective and the provider continues an unacceptable level of performance or lack of improvement over time, we have the ability to impose sanctions as needed, through our peer review process. The Regional Network and Credentialing Committee (RNCC) comprised of network

providers and chaired by the Magellan clinical director, is responsible for the peer review function. The RNCC is guided by Magellan's written policies and procedures for altering network provider participation and/or contract status as the result of quality monitoring activities. The policies and procedures also ensure due process for the provider in compliance with all state and federal regulations for imposing remedies on providers.

b) Describe any comparable network management activities performed by the Bidder for other state clients.

Magellan has used provider profiling to monitor and improve the quality of care and services in our public sector contracts in Pennsylvania, Arizona, and Tennessee. Although each program is tailored to meet the specific needs of the customer and local consumers and stakeholders, all Magellan provider profiling programs are based on our core principles of QI and data integrity, and align with Magellan Health Services best practices. We described our provider profiling program for the Iowa Plan within the discussion of our proposed enhanced program in question (a) above. As another example of Magellan's strength in network management through provider profiling, we describe Magellan's profiling program for the Pennsylvania HealthChoices program below.

Profiles are completed for high volume providers by level of care, identified in collaboration with the county. In the most recent profiling period, all providers serving more than 10 consumers during the period were included in the profiled population.

Sample/Methodology. Information is reported at the provider tax identification number and the site location levels. Similar to Magellan's Iowa Plan profiles, the profiles review performance against the following key demographic, utilization, outcome, and administrative measures:

- demographics include unduplicated consumers served by age, race and gender
- complaints per 1,000 consumers served in comparison to the counties per 1,000 consumer served
- paid and denied claims in comparison to the county overall average of claims and percentage of county claims adjudicated as well as the provider denial percentage
- adverse incidents reported, unduplicated consumers reporting incidents, and incidents reported per 1000 consumers
- provider performance concerns (PPCs), provider total PPCs, and PPCs per 1000 members served
- chart audits by level of care, number of charts audited and score of the audit
- reward for quality reports on readmission and average length of stay (ALOS) performance of 24-hour level of care providers in comparison to the county averages for the same levels of care
- provider performance in reporting co-occurring diagnosis
- access to treatment report for provider of evaluations.

Profile Distribution. The Pennsylvania Care Management Centers (CMCs) distribute profiling reports annually for both provider-specific and network-aggregate analysis. As in other provider profiling programs, each provider receives a copy of the profiling results specific to that provider as well as copies of aggregate profiling results. Providers may use profiling data to compare their client population and service delivery patterns with their peers and the overall provider network.

Provider Profiling Follow-up. As in the Iowa provider profiling program, the Pennsylvania program includes specific steps for following up with providers whose performance is significantly below performance standards or does not show improvement. These activities include technical assistance, training, action plans, and in rare cases of sustained substandard performance, disciplinary action.

Provider Survey Results. The Magellan HealthChoices provider profiling program is continuously evolving through our quality improvement process. The Pennsylvania CMCs survey providers on their satisfaction with the profiling process. The survey results demonstrate providers' satisfaction with profile content and include valuable recommendations for future profiles. County staff noted the usefulness of the county-specific data for comparison of providers on complaints, provider performance concerns, mental health inpatient readmissions, and ALOS. The results also noted the ongoing concern in the provider community about sharing provider performance data between various providers unless provider information is de-identified.

The Pennsylvania CMCs discuss the profile results with customer (the counties) representatives through regular Quality Improvement Committee meetings so the counties have an opportunity to make suggestions for improvement prior to the next profile mailing. The CMCs also offer to meet separately with county representative to discuss profile results.

c) Provide copies of provider profiles that the Bidder has employed for two clients, and describe measurable performance improvement achieved as a result of such efforts.

Copies of Profiles

Please see Attachment B for a copy of a current Magellan provider profile for an Iowa Plan Medicaid provider. The profile mailing includes a summary letter, the Iowa Plan Provider Profiling Guide and Template, a provider-specific profile, a peer profile, and an aggregate Iowa Plan profile. Attachment B also includes a copy of the current provider profile used by Magellan's Pennsylvania CMCs for the HealthChoices program providers.

Measurable Performance Improvement

Provider profiling is an integral part of Magellan's overall QI program, which applies Six Sigma principles and methodologies for our quality process. Magellan's QIC, advisory committees, and QI staff who review provider profile data follow Six Sigma's Define, Measure, Analyze, Improve, Control (DMAIC) model to ensure that profiling results are used to improve the quality of care and services provided to Iowa Plan Eligible persons. The following examples describe measurable improvement for the profiling programs for which we have attached sample provider profiles.

Iowa Plan for Behavioral Health

As described in our responses to 7A.2.15.a, Magellan's Iowa Plan provider profiling program has been active since 1996 and, as noted above, will be expanded going forward. The following example illustrates measurable performance achieved by one particular inpatient provider based on efforts around performance improvement.

In 2005, this provider approached Magellan staff with questions regarding the claims denial rate in their profiling report. Because Magellan's initial technical assistance did not fully resolve the underlying issue, Magellan QI and operations staff began meeting with the provider on a monthly basis to walk through its profile and identify potential solutions for several ongoing issues. Claims denial rates continued to be significantly higher than that of similar providers. Magellan provided technical assistance to establish process improvements that would allow claims to be paid the first time without resubmission. Subsequently, these meetings have decreased in frequency to quarterly, and the same processes continue. The provider has been able to implement system changes that allow for more thorough investigation of whether consumers had other insurance, which decreases the likelihood of claims denials based on other payers first. The drop in claims denial rates from 46.4 percent in 2005–2006 to 35.9 percent in 2007–2008 has been gradual, but the rate is getting closer to that of other like facilities (23 percent in 2007–2008). Quarterly meetings continue and will address other opportunities for improvement.

Pennsylvania HealthChoices Provider Profiling

The Pennsylvania HealthChoices Provider Profiling Program is a dynamic and continuously improving approach to measuring provider performance. Through a strong, collaborative network management approach, Magellan's network and quality improvement team have successfully improved individual and aggregate provider performance in a number of key areas. The following examples demonstrate improvement for two hospitals between 2006 and 2007.

Provider A. Throughout the measurement period, network staff provided Provider A with technical assistance on administrative requirements for claims submission, while QI staff provided training and assistance on clinical quality issues and UM requirements. As a result, we achieved the following improvements: (a) decreased percentage of denied claims from 53 percent in 2006 to 25 percent in 2007, (b) decreased ALOS from 6.9 to 5.0 days, (c) decreased complaints from one to zero, and (d) decreased quality of care concerns from 13 to 4.

Provider B. Through a similar approach of technical assistance and education, QI and network staff worked with Provider B to improve compliance with claims submission requirements and understanding of UM goals. They also helped the provider to reduce the number of readmissions by focusing on increasing seven day ambulatory follow-up after an admission and other critical factors. As a result of these actions, Provider B achieved the following improvements: (a) decreased percentage of denied claims from 21 percent to 18 percent, (b) decreased ALOS from 9.6 to 8.8 days, (c) decreased 30 day readmission rate from 12.9 percent to 11.9 percent.

d) Describe the Bidder's plan to assure the accuracy of I-SMART data submitted by the providers of substance abuse services (Section 4B.5).

To ensure the accuracy of I-SMART data submitted by providers, Magellan uses a multi-faceted approach that includes the following components:

Provider Contract and Ongoing Communication. Each provider's contract documents the requirement for accurate and timely submission of data via I-SMART. We communicate verbally and in written correspondence with providers on the importance of accurate data for use in both overall network management and their individual performance evaluation.

Retrospective Reviews. To further maintain the integrity of I-SMART data, Magellan's QI staff conduct an annual retrospective chart review of every licensed substance abuse provider to verify that the provider's documentation of services matches the services and service dates reported in I-SMART. We review records for each funding source as well as services for all contracted American Society of Addiction Medicine (ASAM) levels of care at each provider. We work closely with the provider to correct any discrepancies found with the data. If a significant percentage of the records are found to be in error, we will specifically check for improvement of the issue on our follow-up visit to that provider and provide technical assistance as necessary.

Reports. We produce monthly and quarterly reports to monitor the accuracy of data submission. Monthly reports detail the clients each provider has reported receiving services, by ASAM level of care, enabling both Magellan and the providers to review their data to ensure that all of their consumers are entered into I-SMART accurately. For example, the Monthly Service Detail allows us to monitor the provider's performance of the contract's service detail. The report shows every client that has not had a clinical contact within 30 days, so providers are able to easily see which client records they need to discharge or update with additional clinical information.

We also send Funding Source Monitoring reports quarterly to providers. The reports check for problems in the coding of the funding source applied to a client's services. We are able to check for Iowa Plan eligibility for all clients coded as IDPH Participants, and if they are found to be Enrollees, then we require the provider to correct the I-SMART data. The report also checks for the opposite situation, for example, if a client is coded as an Enrollee that does not have eligibility under Iowa Plan Medicaid, and thus can be counted as a Participant, such errors would benefit providers in reaching their contractual minimum Participant numbers.

One of the most beneficial reports to both providers and Magellan is the quarterly IDPH Provider Monitoring Report. This "provider report card" is an easy way to check the provider's performance on contract compliance issues by reporting the actual number of clients the provider served by level of care. If Magellan or the provider thinks the report is not an accurate reflection of the provider's performance, then further data analysis is undertaken to isolate and correct the issue. For example, we recently identified a provider whose data indicated under-performance for its capacity. Further analysis of data indicated the actual problem was how the provider submitted data to the state. Magellan's network management staff worked closely with the provider and IDPH to establish an appropriate method for the provider's data collection and submission, and the provider's data is now an accurate reflection of their activity.

Incentive Payments. Magellan's contract for IDPH funding designates an amount each year to be used to pay provider incentives to those providers who over-perform their contractual obligations. The methods for calculating these incentives were collaboratively developed by IDPH and Magellan in 2001, and we have used them each subsequent year. Providers earn an incentive payment if they have exceeded their contractual obligation not only in terms of number of clients served, but also in average duration of engagement of each client. Providers understand the incentive payment calculations are based on data they submit, and that in order for us to ensure an appropriate distribution of the incentive plan, their I-SMART data must be current and accurate. This gives the providers additional motivation to submit accurate and timely data. Our history regarding the management of the Iowa Plan includes an active and open relationship with the provider network. When we make a decision regarding incentive payments, a provider receives a letter from IDPH and Magellan outlining the methodology used to calculate incentive payments and how much the provider will receive. We are proud to report that to date, we have never had any providers to question their incentive payment based on their I-SMART data, which further demonstrates Magellan's effectiveness in promoting accurate and timely I-SMART data submission.

7A.2.15 Quality Assessment and Performance Improvement Program

a) Describe the Bidder's experience in using data-driven evaluation of organization-wide initiatives to improve the health status of covered populations. Provide quantified, statistically significant evidence of improved mental health quality – process measures; improved substance abuse quality – process measures; improved mental health quality – functional or clinical outcome measures; improved substance abuse quality – functional or clinical outcome measures; improved mental health quality – consumer-reported outcome measures, and improved substance abuse quality – consumer-reported outcome measures.

Include the names of the programs and provide the names, telephone numbers and e-mail addresses of three references that can be contacted to verify the description submitted by the Bidder.

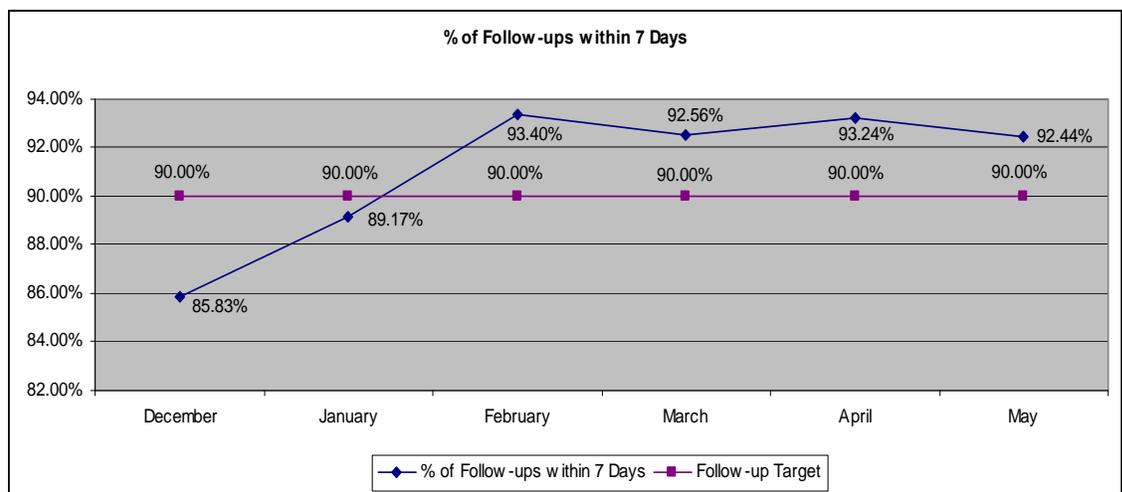
Experience with Data-Driven Initiatives

Magellan maintains a culture of quality through the application of continuous quality improvement (CQI) principles including ongoing data-driven evaluation of process and outcome measures. We recently moved from the Plan, Do Check Act (PDCA) model for continuous quality improvement to the Six Sigma Define, Measure, Analyze, Improve, Control (DMAIC) model to make our processes even more effective. The Six Sigma DMAIC model enhances our ability to integrate direct input and involvement of all stakeholders including consumers, advocates, and providers when addressing the Departments' requirements and expectations. The DMAIC model will continue to serve as the foundation of our quality improvement approach under the new contract. Specific examples of our data-driven initiatives that have incorporated these quality improvement principles are provided below.

Improved Mental Health Quality – Process Measure

A critical process measure included each year in the Magellan QI Work Plan is seven-day ambulatory follow-up rates for consumers discharged from mental health inpatient services. While annual performance had been above standard and at or near 90 percent, it had remained stable

Figure 7A.2.15.a-1: Seven-Day Ambulatory Follow-Up Rates



over time, and we sought to improve it. Therefore, Magellan initiated multiple strategies to improve follow-up rates including: (a) increased follow-up phone calls by Magellan follow-up specialists, (b) increased psychiatric nurse follow-up services for consumers with a diagnosis of schizophrenia or schizoaffective disorder who participate in Magellan's Intensive Care Management (ICM) program, and (c) increased Magellan care manager involvement in discharge planning with providers. These and other targeted actions resulted in statistically significant improvement in the mental health 7-day follow-up rate from 85.83 percent in December 2007 to 92.44 percent in May 2008 ($N=542$; $X^2 = 19.62$, $df = 1$, $p < .0001$). As of November 2008, the rate was 92.8 percent, showing sustained statistically significant improvement from the December 2007 measure of 85.83 percent ($N = 484$; $X^2 = 19.5$, $df = 1$, $p < .0001$).

Improved Substance Abuse Quality – Process Measures

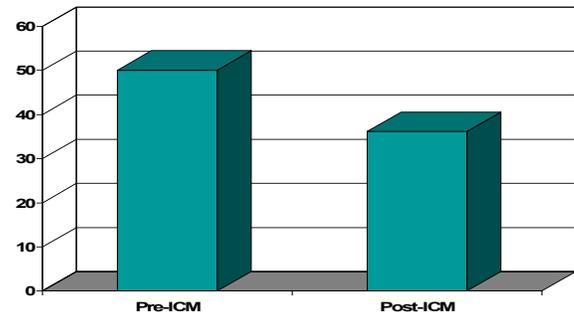
Another critical process measure included on Magellan's annual QI Workplan is 14-day follow-up for discharges from substance abuse 24-hour levels of care, as this is an important indicator of quality services for persons with substance abuse disorders. As with the mental health indicator above, performance had remained stable. Magellan implemented a variety of interventions to improve follow-up rates including: (a) increased follow-up calls from Magellan follow-up specialists, and (b) increased efforts by our substance abuse care managers to coordinate discharge planning with

providers. Both follow-up and discharge planning with consumers are also emphasized in QI retrospective reviews of treatment records. QI clinical reviewers provide technical assistance related to treatment and discharge planning consistent with American Society of Addiction Medicine (ASAM) criteria. These sustained coordinated efforts have resulted in statistically significant improvement across time, with follow-up care improving more than 10 percent over one year, from 64.9 percent in July 2007 to 77.2 percent in September 2008 ($N = 96$; $X^2 = 6.56$, $df = 1$, $p = .01$). While not statistically significant, the measure still showed improvement as of November 2008 with a rate of 67.1 percent ($N = 76$).

Improved Mental Health Quality – Functional or Clinical Outcome Measures

One critical mental health clinical outcome is improved stability, as reflected in readmission rates. Magellan's ICM program was designed to increase the clinical stability and functional health status of consumers with diagnoses of severe psychiatric disorders. In a study conducted from July 2004 to December 2006, significantly fewer inpatient readmissions occurred for participating individuals at one-year follow-up after completing the ICM program ($X^2 (1, N = 284) = 36.58$, $p < .01$) in comparison to the year preceding entry into the ICM program. Specifically, individuals participating in the ICM program demonstrated a decrease in the 30-day readmission rate from more than 50 percent in the year prior to beginning ICM, to 36 percent at one-year follow-up after completing ICM ($X^2 (1, N = 112) = 8.01$, $p < .01$).

Figure 7A.2.15.a-2: Readmission Rates Pre and Post ICM Participation



Improved Substance Abuse Quality – Functional or Clinical Outcome Measures

Readmission rates are also a critical functional outcome measure following completion of a substance abuse program. In one recent example, a substance abuse services provider from Cedar Rapids called the Area Substance Abuse Council (ASAC) consulted with Magellan to systemically address concerns with client relapse following discharge from the Heart of Iowa, a women and children residential program. Lack of housing was identified as a significant root cause, resulting in difficulty locating consumers at follow-up as well as increased risk of relapse and readmission. ASAC worked with state legislators to improve their understanding of the underlying issues; the Iowa State Legislature provided funding for transitional housing units to ASAC; and as a result, ASAC opened a 24 apartment unit in Cedar Rapids and a 10 unit facility in Clinton. Magellan analyzed readmission rates for women with and without transitional housing from June 2006 to December 2008 and found that those with transitional housing available ($N=32$) demonstrated a significantly improved readmission rate of 13 percent in comparison to the 26 percent for those for whom it was not available ($N=261$) ($X^2 = 3.24$, $df = 1$, $p = .07$).

Improved Mental Health Quality – Consumer-Reported Outcome Measures

Guided by the values of consumer involvement, choice, and self-determination, and by principles drawn from the field of physical rehabilitation, in 1997, Magellan implemented an intensive psychiatric rehabilitation (IPR) pilot program based on the Choose-Get-Keep model of psychiatric rehabilitation. IPR is now a covered service under the Iowa Plan, helping individuals with serious and persistent mental illness to achieve goals that improve their success and satisfaction in the living, learning, working, and social environments. IPR providers administer the Recovery Assessment Scale (RAS) and an accompanying satisfaction survey quarterly with consumers to determine the consumer's view of their own recovery progress as a result of participation in IPR. RAS results show a statistically significant functional improvement for individuals in the program between fourth quarter 2007 and fourth quarter 2008 ($N = 52$). Their initial RAS scores average 80.4 (on a scale from 20–100) and their RAS scores one year later average 83.4 ($t (51) = -2.33$, $p = .024$). Self-reported consumer satisfaction survey results also showed improvement on all nine survey items. In fact, there was statistically significant improvement from fourth quarter 2007 to fourth quarter 2008 on the following key indicators:

- “I get what I need in this program.” Satisfaction rates (completely satisfied) increased from 59 to 70 percent ($X^2 (1, N = 82) = 4.07$, $p = .04$)
- “I feel good about being in IPR.” Satisfaction rates (completely satisfied) increased from 64 to 83 percent ($X^2 (1, N = 78) = 12.54$, $p = .0004$)

Improved Substance Abuse Quality – Consumer-Reported Outcome Measure

IDPH Participants are surveyed twice each year on their satisfaction with services. Survey packets are produced by Magellan and sent to substance abuse providers who administer the survey to IDPH Participants who receive services. Although satisfaction results in general have been very positive and continue to exceed performance goals, the QI committee utilizes survey results to continuously improve satisfaction scores. Targeted activities that were implemented over the last few years in response to consumer survey feedback include multiple community reinvestment projects focused on training substance abuse providers on the use of motivational interviewing, integrating and improving services for individuals with co-occurring substance abuse and mental health disorders, and additional focused projects involving rapid cycle change projects specifically addressing the Network for Improvement of Addiction Treatment (NIATx) principles of improving access and continuation in substance abuse services. These activities resulted in the following statistically significant improvements in consumer-reported outcomes:

- Question 17: “I am better able to take care of myself.” This question showed a positive response rate of 91.3 percent on the May 2003 survey and a statistically significantly improved rate of 94.9 percent on the May 2008 administration ($X^2 = 15.79$, $df = 1$, $p < .0001$).
- Question 20 asks for participants to rate: “Have the services you received helped you deal more effectively with your problems?” This question showed a positive response rate of 92.4 percent on the May 2003 survey and a statistically significantly improved rate of 94.6 percent on the May 2008 administration ($X^2 = 6.45$, $df = 1$, $p = .01$).

Table 7A.2.15.a.1 includes the program names as well as the contact names, telephone numbers, and e-mail addresses of three references that can be contacted to verify the information we have provided.

Table 7A.2.15.a.1 - References

Example Name	Contact Name	Telephone Number	E-mail Address
MH and SA QI Process	Rick Rice (QIC Provider Representative)	641-782-8457	RRRice@iowatelecom.net
SA Functional/Clinical Outcomes	John Garringer (ASAC Executive Director)	319-390-4611	kgarringer@asac.us
MH Consumer Reported Outcome	Gil Cervený (Alegent, Manager of BH Services)	712-642-2045	Gilbert.Cervený@alegent.org

b) Describe the Bidder's experience with implementing instruments in publicly funded managed care programs that assess changes in functional status and/or recovery. Specify the tools, the populations and subpopulations of consumers with whom the tools were applied, the size of the sampled groups, the nature of the findings, and what was done with the captured information.

Magellan has worked with the Iowa Plan and other publicly funded managed behavioral health programs in Pennsylvania, Arizona, Tennessee, Florida, and Nebraska to identify a range of appropriate consumer-reported and other assessment tools, which together form the foundation of the Magellan *Outcomes360*SM program—our comprehensive, integrated approach to clinical measurement and outcomes reporting. The program employs an approach to measurement of outcomes from a variety of sources, including clinical outcomes instruments, demographic data and claims-based data. Designed to address the recovery and resiliency process, *Outcomes 360* relies on quantifiable measures to track progress and identify areas for continued improvement. In designing the Magellan *Outcomes 360*, we not only drew from industry standards for effective measurement tools, but also collaborated with industry leaders, including former SAMHSA administrator, Charles Curie, who led the development of the National Outcome Measures (NOMs) at a federal level. to develop scientifically sound and clinically useful measurement instruments. We also incorporated input from consumers, family members, and providers. The end result is reliable data reflecting the functional health status of individuals, with a strong recovery and resiliency orientation. Real-time reporting and feedback is a hallmark feature of our outcomes approach, often achieved by creating the capability to administer tools in a Web-based format. The *Outcomes360* System is used widely across our outpatient levels of care.

Outcomes 360 can be used with a variety of tools designed to assess changes in functional status and/or recovery. *Outcomes 360* tools used to date include the: Consumer Health Inventory (CHI)/Consumer Health Inventory – Child Version (CHI-C), Outcomes Rating Scale (ORS)/ Child Outcomes Rating Scale (CORS), Session Rating Scale (SRS)/Child Session Rating Scale (CSRS), Adult Needs and Strengths Assessment (ANSA)/Child Assessment of Needs and Strengths (CANS), Functional Assessment Rating Scale (FARS)/Children’s Functional Assessment Rating Scale (CFARS), Child and Adolescent Functional Assessment Scale (CAFAS), Multnomah Community Ability Scale (MCAS), and RAS.

The CHI/CHI-C is Magellan's most commonly used public sector outcomes tool. We now have access to more than 3,000 assessments in our database that, while preliminary, show results of decreased depression and anxiety for individuals in outpatient treatment. While the CHI tools were designed specifically for the public sector, we also have more than 30,000 additional related assessments based on many of the same items and domains that were completed by individuals enrolled in commercial sector programs nationwide. This expanded database enables comparative normative examination of findings and rich exploration of generalized findings across populations and programs. Additional tools are also well-represented in our comprehensive database. For example, in Arizona, we have more than 5,000 ORS/SRS assessments in our database. The ORS/SRS results are helping to shape both individual treatment planning as well as the service delivery system as a whole because they are based around the therapeutic alliance and consumers' own view of progress in treatment. We are currently using the RAS in IPR programs in Iowa and Pennsylvania, and have more than 10,000 assessments in our database. As mentioned previously, RAS results are particularly useful at the individual level, but have been used in aggregate in drawing comparisons between consumers who have done wellness recovery action planning (WRAP) and those who have not. We also have approximately 1,000 CANS assessments completed by trained providers in Pennsylvania. The CANS is a tool that can assist providers in making significant decisions with regard to levels of care and appropriate treatment options.

Based on our rich experience in implementing various outcomes tools and measurement with providers in the Iowa Plan, as well as other public sector contracts, we have identified the following four priorities for selecting outcomes tools: usefulness of reporting; sensitivity to change; ease of use; and appropriateness of respondents.

Our findings related to these priorities are detailed in the following descriptions of three tools that we have recently used:

Recovery Assessment Scale

The RAS is a 20-item functional assessment completed by the consumer that addresses five areas associated with recovery: (1) personal hope and confidence, (2) willingness to ask for help, (3) goal and success orientation, (4) reliance on others, and (5) symptom impact. As stated previously, we currently use the RAS in programs in Iowa and Pennsylvania, and have collected more than 10,000 surveys. Our experience in Iowa is described below:

Population, Sample, and Findings. Magellan first used the RAS in Iowa to measure outcomes for our innovative self-directed care (SDC) project in comparison to a control group that continued receiving regular IPR services. Adult consumers with serious mental illness who participated in Hope Haven's IPR program were given the opportunity to collaborate with an SDC coach to manage a \$2,000 budget for services that supported their overall psychiatric rehabilitation goal and were not otherwise covered. The SDC program had a rolling enrollment that totaled 36 Enrollees during the evaluation period from first quarter 2006 to first quarter 2008. The comparison group was comprised of 36 randomly selected Enrollees who only participated in the IPR program. The results of the comparison showed an increase in recovery orientation for both groups from baseline to final RAS, with a slightly greater increase for the SDC group (SDC mean change score =9, +/- sd=9, N=33; IPR-only mean change score=6, +/- sd=13, N=14). Because the other Iowa IPR providers expressed a strong interest in the RAS when they were presented the results of the SDC project, we began using the RAS in 2007 to measure outcomes for all adult consumers who receive services from eight IPR providers across the state. After one year of participation in IPR, consumers (N=52) demonstrated statistically significant improvement averaging three points, increasing from an initial average score of 80.4 to 83.4 ($t(51) = -2.33, p = .024$).

Application of RAS Findings. Reporting has included individual profiles showing change over time for use with consumers in treatment planning and goal setting. IPR providers have reported being pleased with the individual level reporting they are able to get from use of the RAS because they are able to ask consumers to assess their own progress and to identify areas in which they would like to focus. However, IPR Provider Roundtable attendees indicated concern with the length of time it takes to receive aggregate reporting, which made it less useful. To address this concern, Magellan recently created a user-friendly version of the RAS that allows providers to enter data directly online. This capability improves usability and timeliness of reporting by eliminating the need to fax and scan each completed tool into the database. Our review of aggregate results, however, indicates that RAS lacks sensitivity to change. One likely reason for this result is that the tool was used with IPR consumers with improved functioning. These consumers typically have adopted the concept of recovery, set clear goals for themselves, and consistently work on them in the IPR programs.

Polaris Health Directions Outcomes Management System

Magellan also has experience in using the Polaris Health Directions outcomes management system, which includes self-, caregiver, and clinician assessments to measure outcomes for consumers in Iowa and Pennsylvania. Specific functional

assessment tools include the CANS, ANSA, BASIS-24, Addiction Severity Index, and other scales developed under the National Institutes of Health (NIH) grants. In Iowa, we used the Polaris system for a number of adolescent and adult outcomes initiatives in community mental health centers, including the most recent the Reward for Quality project. In Pennsylvania, we are using the Polaris system to measure outcomes for wraparound services for children.

Population, Sample, and Findings. During the 2006–2007, clinicians at three Iowa community mental health centers participating in the Reward for Quality program completed both intake and update CANS-MH assessments with 36 youths and ANSA assessments with 72 adults. The Polaris system identified consumers with completed intake and update assessments and produced reports that compared the intake and update scores for each strength and functional area to determine improvement. Results showed improved rates in each functional and strength area for the group of consumers who identified underdevelopment in those areas. The results on CANS-MH functional areas showed a wide range of improvement ranging from 0.0 percent for intellectual-cognitive to 57 percent for sexual development. Results for the CANS-MH strength areas also showed improvement ranging from 3 percent for education to 52 percent for relationship permanence. The ANSA results showed similar improvements in both strength and functional areas. In functional areas, improvement ranged from 10.2 percent for intellectual-cognitive to 55.2 percent for relationship stability. ANSA strength areas showed improvements ranging from 10.8 percent for well-being to 35.6 percent for relationship permanence.

In Pennsylvania, CANS data for children receiving wraparound services was used in a cluster analysis to identify clinical profiles and related service combinations that result in the best outcomes. The population was all children 3-18 years of age (except children with autism) in Bucks County since March 2005 and Delaware and Montgomery counties since November 2006. The sample included 809 children identified in a tri-county integrated data set by CANS assessment and Magellan claims data. Polaris conducted cluster analysis resulting in six distinct combinations of routine services. Relatively better outcomes were related to participating in the combination of Mobile Therapy and Case Management, in contrast to other combinations of services.

Application of Polaris Findings. While the providers found the domains measured by the tool to be useful, there was less positive feedback regarding the amount of time needed to complete the Polaris tools, the cumbersome nature of the tools, and lack of adequate aggregate information in the reports. As a result of this feedback, Magellan discontinued use of the Polaris system. But, it was clear that providers still wanted to use the CANS tool because the domains it measured and the clinician-reporting orientation made it useful in their practice. As a result, Magellan is adding the CANS to our online suite of outcomes tools. John Lyons, developer of the CANS and ANSA, has offered to provide online training modules and has given permission for Magellan to build this into our Outcomes360 program. Magellan also will consider inclusion of the ANSA based on provider and stakeholder feedback. Ideally, these clinician-reported tools can be used in conjunction with consumer-reported (and/or caregiver) tools and measures for a more robust approach.

Consumer Health Inventory

Magellan's CHI/CHI-C is a functional assessment system that takes behavioral health clinical outcomes measurement to a new level of precision, while also addressing the therapeutic relationship, and comorbidity between behavioral and physical health. The CHI/CHI-C is based on the SF-12 suite of tools and is grounded in a recovery and resiliency orientation. It was developed with the input and expertise of consumers and family members receiving services in the public sector including Iowa consumers, and by applying lessons learned through our use of other outcomes tools.

Population, Sample, and Findings. We have integrated the CHI and CHI-C into Magellan's ICM program across our public sector contracts since November 2007. Participants in our ICM program include high-need clients who could benefit from focused care management to achieve, consolidate, and maintain treatment gains. All participants in the ICM program are encouraged to complete the CHI or CHI-C as part of their treatment plan. Based on 472 total assessments completed, analysis of changes between initial and follow-up administrations show a clinically significant increase of five or more points in emotional health for 62 percent of consumers and in physical health for 26 percent of consumers.

In Maricopa County, Arizona, we have successfully implemented the CHI with consumers receiving services through more than 55 behavioral health providers and are beginning to grow our base of multiple administrations. We now have 2,590 first administrations, 193 second administrations, and 27 third administrations. Data sets, though small on repeat measures, already demonstrate that consumers report reduced symptoms of depression and anxiety.

Application of CHI/CHI-C Findings. We apply CHI/CHI-C findings to multiple levels of the service delivery system. ICM care managers are trained to use individual level results to empower consumers to engage in their own individualized

treatment plans. In aggregate, we will use findings from CHI/CHI-C screenings to identify needs related to training and service development both across the system and specific to particular providers and services. We will expand our use of aggregate data to identify clinical profile demographics, symptom sets, resiliency factors, or risk adjusters related to better and worse outcomes in an effort to identify best practices and target necessary interventions for quality improvement.

c) Describe how the Bidder would involve Eligible Persons and family members in the quality assessment and performance improvement program

Magellan has been including consumers and family members in the Iowa Plan Quality Assurance and Performance Improvement (QA) program since its inception. We have established trusting relationships in communities across the state and have worked with consumers and families to empower them to get involved in their own services and the larger system of care. With a solid infrastructure already in place, we can now focus on improving those opportunities and enhancing the impact of their engagement while competitors will first need to establish relationships.

Firmly committed to a person-centered approach to care, Magellan offers multiple ways for consumers and families to become directly involved QA program to achieve operational excellence and optimal consumer experience of care. We track consumer and family input and assess its impact on our operations through our quarterly and annual Quality Assurance and Performance Improvement reports.

Quality Improvement Committee Participation

Eligible Persons and their family members will continue to engage in formal QI communication loops through the QI committee, advisory committees, service-specific roundtables, stakeholder circles, and community and educational forums as illustrated in Figure 7A.2.15.c.1. These forums enable Eligible Persons and families to provide input into the selection, ongoing monitoring, and analysis of performance indicators; quality initiatives; and program goals across all Magellan operational areas.

The QIC is the central component of Magellan's QI program, and consumer participation is essential to its effectiveness. Magellan is committed to maximizing the effectiveness of Eligible Persons and family member participation in the quality committee process, and we have identified the following Magellan best practices, which we have implemented in our Iowa operations and will continue to promote:

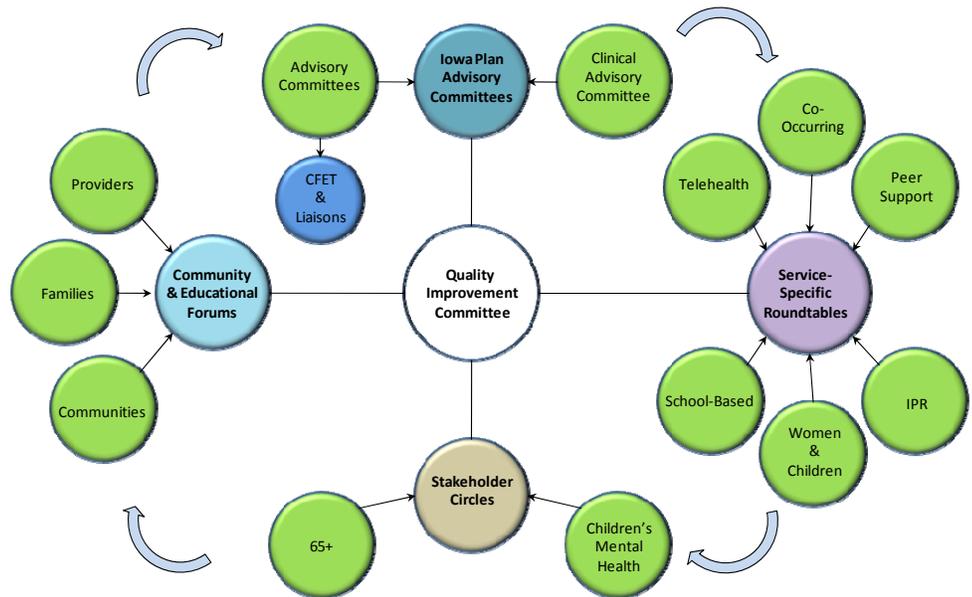
Representing Diverse Constituencies. In partnership with the Departments, we will continue to recruit and support the participation of consumers and family members that represent a variety of diverse constituencies. Our experience has shown that committee members are most effective in helping us accomplish QI program goals when they represent a constituency beyond their individual views.

Enhancing Accessibility. We will also continue to pay for mileage-related expenses, make toll-free conference calling available, and enhance the availability of other communication portals to facilitate participation.

Training. Magellan will continue to provide targeted training to enhance the effectiveness of consumer and family participation in QI committees. We will continue to encourage consumer and family participants to attend other training programs such as those facilitated by advocacy organizations across the state.

Iowa Plan Advisory Committee. The Iowa Plan Advisory Committee membership, determined by the Departments, has been directed to representatives of mental health and substance abuse stakeholder groups. Magellan proposes to further enhance the value the committee brings to the Iowa Plan by extending avenues for input from consumers and family members. We propose to establish committee agenda items for routine reporting from advisory committees, roundtables, stakeholder circles, and task forces that feed into the Magellan QIC and the overall QI program. This will allow us to take meaningful action on feedback related to the vision and priorities of the Iowa Plan.

Figure 7A.2.15.c.1 – Quality Improvement Communication Looping



Recovery Advisory

Committee. The Recovery Advisory Committee (currently named the Consumer/Family Advisory Committee) meets on a quarterly basis to advise Magellan on issues related to the Iowa Plan. Formal committee responsibilities include all requirements identified by the Departments. Informally, this committee is the “go to” group for specific issues and questions that arise in our daily operations. We are able to reach out to these committed volunteers to better understand the climate of behavioral health services from the perspective of consumers and families and to initiate change based on their feedback. For example, this committee has provided ideas of specific educational opportunities they would like to see provided to communities across Iowa by Magellan’s consumer/family advocate and peer support specialist. They have been particularly interested in trainings that assist in connecting community resources, specifically law enforcement or educators. As a result, Magellan’s consumer/family advocate has presented trainings to law enforcement and school personnel in various communities to heighten awareness of persons with mental health diagnoses. The current membership includes 17 individuals representing multiple stakeholder entities including self-identified consumers, parents, family members, and representatives of advocacy organizations.

Additional Avenues for Consumer/Family Input into Magellan’s QI Program

Service-Specific Roundtables. Magellan hosts service-specific roundtables to define and address issues related to identified service needs. Often, these roundtables are formed to facilitate implementation of a community reinvestment initiative; however, they quickly develop into a productive exchange of ideas that historically have influenced significant positive changes in the overall service delivery system. For example, the Peer Support Roundtable revised our utilization management guidelines for peer support services by setting clear expectations for training requirements and the amount of contact required from peer support specialists in delivering the service. In addition, the Co-Occurring Roundtable has been participating in calls with Kim Johnson from the NIATx ACTION Campaign, which has allowed providers to share ideas and motivate each other toward integrating mental health and substance abuse services in their practices. Magellan is diligent about maintaining a facilitation role to ensure roundtable leadership remains with the providers and consumer participants. Although the roundtables are focused on provider activities, the participation of consumers and families is essential to understand what services are really wanted or needed. Magellan currently hosts four roundtables: Intensive Psychiatric Rehabilitation, Peer Support, Co-Occurring Services, and Women and Children. We also are in the process of establishing round tables for School-Based and Psychiatric Telehealth services.

Stakeholder Circles. Stakeholder circles offer a forum for a wide variety of stakeholders interested in the issues surrounding a particular group of consumers who are served through the Iowa Plan. The intention of a circle is sharing, describing, and understanding the landscape of the system from each other’s perspectives. Building on the success of our

current circle that focuses on Children's Mental Health, Magellan plans to extend this tool to stakeholders interested in age 65 and older issues and will establish other circles based on stakeholder interest.

Community and Educational Forums. At least quarterly, and more often as needed, Magellan will host formal community and educational forums at provider and community locations around the state. We currently offer a multitude of educational opportunities in communities across the state, typically led by our consumer/family advocate. Consumers and family members often provide us with comments and input at these forums, but the new forums will provide a more formalized opportunity for Magellan to solicit recommendations that may result in changes in policies or procedures to more effectively meet the needs of consumers and families. Recommendations and input will be tracked and results will be documented and shared with stakeholders through subsequent forums as well as QI reporting.

Experience of Care Surveys. Magellan will lead development, with input from the Departments and stakeholders, to transition current satisfaction surveys to full experience of care surveys. We will administer the surveys semi-annually and will address recovery and resiliency-oriented issues related to the experience of consumers under the Iowa Plan.

Peer-to-Peer Assessment – Consumer and Family Experience Teams. To meet the requirement for administration of a semi-annual peer-to-peer assessment using recovering persons trained to do system evaluation, Magellan will establish Consumer Family Experience Teams (CFETs) to conduct the surveys and report back through Magellan's quality improvement committee. We will initiate the process by issuing an RFP to advocacy organizations focused on specific constituencies represented in the Iowa Plan. The RFP will detail the need for the program, organization responsibilities, and reimbursement. The organizations selected to manage the CFET process will initially be asked to assist in development of the survey tools and will then be required to administer the survey and collect the data. Magellan will provide data analysis and initial reporting, but will look to the CFETs to provide qualitative analysis and recommendations to report back to the Recovery Advisory Committee, QIC, and the Iowa Plan Advisory Committee.

Expanded Information Sharing – Community Liaisons. In addition to responsibilities related to the CFETs, the selected advocacy organizations will receive funding to hire consumers to serve as community liaisons. The liaisons will extend Magellan's communication loops further into the heart of Iowa communities. We will be able to get messages out to consumers and family members; but even more importantly, consumers and family members will be able to access Magellan more easily to provide input and feedback. Representing a variety of locations and a variety of service needs, the liaison work will help to identify needs and gaps, communicate Magellan's work to communities, and assist with initiatives related to recovery and resiliency. The liaisons will serve as an extension both of the Recovery Advisory Committee and of the Magellan director of member services. Magellan will call on the liaisons for feedback on strategic decisions. This work may be accomplished in a variety of ways, some through natural connections these individuals already have in their communities, and some through more strategic approaches with recovery centers and other providers in communities across the state.

Magellan Accessibility. We are establishing a dedicated Magellan Web site, www.MagellanoIowa.com, for the Iowa Plan that will allow us to customize and expand our offerings to Eligible Persons, family members, providers, and other visitors. The consumer section of the Web site will include a *Your Thoughts Matter* feature to provide consumers and other site visitors the opportunity to provide feedback on Iowa Plan services and Magellan operations. Additionally, customized Survey Monkey tools will collect consumer and family member feedback related to high-priority quality improvement activities. The director of member services, with assistance from the QI department, will monitor and report on Web-based consumer feedback and share results with various Magellan staff and stakeholders as appropriate to the issue.

Realizing access to the Internet can sometimes be limited for consumers and family members, Magellan will continue to make available our existing toll-free number (800-317-3738) by which consumers and family members can contact us with issues and concerns. Magellan is developing an information card to provide consumers with Magellan contact information that was previously on their Medicaid ID cards. We will distribute the card in all Iowan Plan Client Handbooks, with the annual newsletter, and through other avenues.

d) Describe the way in which the Bidder would utilize state pharmacy data to: Identify utilization that deviates from clinical practice guidelines for schizophrenia and major depression, and identify those Enrollees whose utilization of controlled substances warrants intervention either because of multiple prescribers, excessive quantities or prescribing that is inconsistent with the clinical profile of the Enrollee.

Magellan's clinical director, Charles Wadle, DO., R.Ph, as an advisory member to the Iowa Drug Utilization Review Commission (DUR) from 1997 to the present, has facilitated coordination of multiple joint projects related to managing psychotropic medications for Iowa consumers. As a result of our involvement with DUR programs and studies, Magellan, through Dr. Wadle, has become a trusted expert resource to the DUR administrators. We look forward to the continued opportunity to build upon this successful collaboration and further our mutual goals of maximizing the use of appropriate pharmacotherapy while managing costs for the Iowa Plan.

Going forward for the new contract, Dr. Wadle and Magellan's other in-house pharmacy specialist, Diane Johnson, R.Ph, together with our care management team, will implement a comprehensive pharmacy data analysis and intervention program. This program will include identification of utilization that deviates from clinical practice guidelines for major depression and schizophrenia and identification of Enrollees whose utilization of controlled substances warrants intervention. We will be informed by Magellan's experience with our *EnhanceMed* pharmacy program and will access our corporate health care informatics department, a team of expert data mining and statistical analysts who develop predictive models and proactively identify opportunities to apply data mining and analytics using valid and reliable metrics. The health care informatics department will apply established algorithms for monitoring prescribing patterns for more than 130 behavioral health drugs to Iowa Plan pharmacy data each month. These algorithms are based on a set of evidence-based prescribing guidelines developed by a cross functional panel of experts convened by Magellan and supported by current medical literature. Pharmacy data will also be used to update our clinical management system to make the information available to case managers for use in care planning and monitoring with consumers.

Identifying Utilization Deviating from Schizophrenia and Major Depression Clinical Practice Guidelines

The Magellan health care informatics department will apply algorithms for prescribing practices to the pharmacy data we receive from the Departments. These algorithms are based on best practices for behavioral health diagnoses and are applicable to classes of medications used by persons with various behavioral health conditions, including schizophrenia and major depression. Examples of edits we will use to identify utilization deviating from practice guidelines include:

- duplicative anti-anxiety and sedative-hypnotic
- duplicative antipsychotics
- duplicative antidepressants (for example, two selective serotonin reuptake inhibitors)
- antidepressant use with a diagnosis of bipolar
- optimization of antidepressant and antipsychotic dosing
- consideration of all interventions in our armamentarium for those with refractory illness (for example, clozapine for schizophrenia and electroconvulsive therapy for depression)
- medication regimen adherence.

Within these categories, there are age-specific edits of critical importance for the Iowa Plan, including age alerts for pediatric use of anti-depressants, antipsychotics, and stimulants. Additional algorithms will address prescribing practice guidelines for the elderly and youth in targeted areas, such as those described in our answers below.

Magellan's pharmacists will review the reports to identify outliers and determine appropriate interventions as needed. For provider issues, Magellan will coordinate with the DUR and Iowa Medicaid Enterprise (IME) on follow-up activities to improve prescribing behavior and treatment follow-up. When our data analysis identifies the need for follow-up with consumers, the information will be forwarded to the care management department. The following examples describe Magellan's focused analysis and interventions for targeted areas of deviation from practice guidelines:

Medication Adherence. As we learned from the national STAR-D study on the treatment of depression and the CATIE study on the treatment of schizophrenia, medication adherence can be as low as 30 percent. Therefore, we will monitor timely refills of psychotropic medication for Enrollees with repeated presentation to the emergency room or repeated

inpatient hospitalization. Because gaps in refills may indicate non-adherence to a medication regimen, the analysis might result in referral to Magellan's ICM program, identification of local pharmacist resources, scheduling of medication therapy management, and outreach via visiting nurses or peer specialists. When the outliers involve consumers who are in treatment for mental health or substance-related problems, findings will be shared with the treatment team providing direct services.

Use of Psychotropics in Persons Age 65 and Older. Another focus for data analysis will be inappropriate use of behavioral health medications for persons 65 years and older with schizophrenia or major depression. Persons in this age group take three times more medications than those in other age groups in addition to having greater susceptibility to adverse drug reactions. Therefore, our analysis will focus on potentially disproportionately high doses and other medications that could induce depression. When outliers are identified, Magellan will collaborate with IME and DUR on interventions with the providers, and refer the information to our intensive case management staff for monitoring.

Identifying Enrollees with Inappropriate Utilization of Controlled Substances

To identify Enrollees with potential inappropriate use of controlled substances, the Magellan Health Care Informatics Department will analyze state pharmacy data using established algorithms to identify providers whose consumers are receiving prescriptions of controlled substances from multiple prescribers, excessive doses or quantities, repetitious or early refills, and/or show indications of inappropriate usage. Magellan will analyze reports to identify consumers who need follow-up through our care management program, and notify their providers as appropriate. Magellan will also coordinate with the IME to refer Enrollees who meet criteria to the IME's lock-in program. In addition to use of the established algorithms, Magellan will also conduct focused analysis of areas identified to be of high import, for example:

Inappropriate Utilization of Subutex/Suboxone. Magellan will screen for inappropriate use of Subutex (buprenorphine) and Suboxone (buprenorphine/naloxone). These medications are prescribed for withdrawal and/or maintenance therapy for opioid dependence and therefore concomitant use of other opioids would be contraindicated. In addition, because the naloxone component curbs illicit intravenous use and diversion, Suboxone is the preferred medication except for use with persons with a known allergy to naloxone or pregnant females. We will share our findings with providers as allowed by federal and state regulations to promote an exchange between prescribers and consumers about optimal use of these agents and address concerns about inappropriate use.

Prescription Drug Abuse in Adolescents. Another specific area of controlled substance abuse that Magellan will target is the ever-increasing abuse of prescription drugs by adolescents, as evidenced by the prevalence of "Pharm Parties" where adolescents raid their parents' medicine cabinets and share the contents indiscriminately with their friends. We will analyze data to identify patterns such as frequent medication refills and/or medication changes and transitions that result in unused medications in the household. Pairing the trended data with anecdotal case and media reports, Magellan will identify opportunities to promote public service endeavors directly and through network resources to educate communities and sponsor "Drug Drop Off" events for proper disposal of unused prescription medications.

Magellan Support for General Practitioners and Primary Care Clinicians. Magellan has established a variety of approaches to assist general practitioners and primary care physicians in appropriately prescribing medications for behavioral health conditions without a full review by a psychiatrist. These include training for PCPs with a specific focus on minimizing adverse medication reactions and increasing appropriate prescribing patterns. Another focus of our PCP training is identification of and best practices for the treatment of substance abuse. Magellan has also developed a Primary Care Physician (PCP) Consult Line for general practitioners and primary care clinicians to call anytime for information and guidance on any mental health concerns they have for their patients, including but not limited to advice on prescribing psychotropic medications.

e) Identify what the Bidder believes to be the greatest opportunities for quality improvement in public managed behavioral health programs like the Iowa Plan. Discuss the approaches the Bidder would pursue to realize two such opportunities in Iowa.

Greatest Opportunities for Quality Improvement in the Iowa Plan

The consumer movement has reshaped the way public managed behavioral health programs, such as the Iowa Plan, must approach behavioral health delivery. As a result, these programs face new opportunities and challenges for innovative approaches that recognize the consumer as the primary user, customer, beneficiary, and focus of behavioral health services. Therefore, the consumer has the right to receive the highest quality care in a manner that allows the consumer to unequivocally see and feel the benefit of that care.

Magellan is intimately familiar with and eminently capable of identifying the greatest opportunities for QI for public sector programs like the Iowa Plan. Not only do we have experience and knowledge gained from working closely with Iowa consumers, providers, and other stakeholders in operating the Iowa Plan's QI program for the past 14 years, but we also have the benefit of tapping the experience and expertise of seven other Magellan public sector programs and our national Innovations Team. Magellan's Innovations Team offers nationally recognized expertise in the areas of recovery, resiliency, cultural competency, and outcomes.

By applying principles of continuous quality improvement to our community-based understanding of the needs of Iowa Plan consumers and our extensive and thorough knowledge base of best practices in public managed behavioral health programs, we identified a number of QI opportunities that align with the Departments' identified priorities as the goal of the *Iowa Plan Vision* to support every Eligible Person and their family on their own recovery paths. From this more extensive list of opportunities, we identified the following to be the greatest QI opportunities for the Iowa Plan:

Continue Expansion of Recovery and Rehabilitation Services. Magellan has identified several opportunities to facilitate expansion of recovery and resiliency services that build on the momentum and support we receive from the community of consumers and family members across the state. In particular, we will increase the availability of peer support services specific to substance abuse services and to specific demographic groups such as persons over the age of 65. We will also establish a Parent/Caregiver Support model.

Coordinate Services for Those with Co-Occurring Conditions. Working with stakeholders, Magellan has facilitated significant improvement in integrated services for individuals with co-occurring mental health and substance use disorders. More than 15 projects funded through community reinvestment have focused on achieving integrated services and supports in communities across Iowa. Greater integration is needed for other co-occurring disorders such as mental retardation, developmental or other disabilities, and problem gambling. Magellan's proposed solutions include expanding the scope of our technical assistance and training to include these additional groups of providers/agencies and expanding our day-to-day connections and relationships with other state and local agencies and stakeholders.

Improve Services for Children and Families. Recent changes related to remedial services in the delivery system for children and families have highlighted opportunities for improved coordination and communication among payors, providers, and other stakeholders. Our communication from multiple stakeholders has identified several QI opportunities related to improving services for children and families. These include development of parent/caregiver/kinship support services, better coordination of treatment and discharge planning with the staffs of psychiatric medical institutions for children (PMICs) and implementation of self directed care (SDC) for families.

Expand Measurement of Outcomes. With a history of using focused outcomes measurement initiatives in Iowa and other states, Magellan has identified a number of opportunities not only to expand the use of measures, but to improve the efficacy of functional and clinical outcomes measurement. Magellan will work with the Departments to select clinically relevant consumer-reported outcomes tools, as well as others if appropriate, with valuable reporting for consumers, clinicians, program administrators, Magellan, the Departments, and communities. We will provide extensive training and technical assistance prior to implementing the tools statewide.

Continuous Quality Improvement. Magellan has a well-established culture of quality in which we systematically and consistently apply principles of CQI to everything we do. Having successfully integrated CQI into our own activities, we have determined that the greatest opportunity to further CQI for the Iowa Plan is to facilitate integration of CQI processes into provider practice.

Magellan Approach for Realizing Two Identified Opportunities

Magellan has drawn upon our experience in Iowa and elsewhere to propose innovative approaches for two of the identified opportunities. We have selected these critical QI activities because of their potential impact on all other identified opportunities.

Achieving Effective and Meaningful Outcomes Measurement

Applying lessons learned through our experience with various outcomes tool, Magellan is well-positioned to successfully implement a meaningful state-wide outcomes measurement program for the Iowa Plan. The foundation of our approach is the Magellan *Outcomes360sm* program, which supports evidence-based practice in the field and provides a comprehensive approach to clinical measurement, integration, and reporting. Magellan's outcomes program draws not only from industry standards for effective measurement tools, but also from collaborating with industry leaders to develop scientifically sound

and clinically useful measurement instruments. The end result is reliable data reflecting the functional health status of individuals, with strong recovery and resiliency components and orientation. Magellan will expand *Outcomes360* across the Iowa Plan, using a staged roll-out plan to engage various provider groups through the following steps:

Step 1: Choose the right tools and make them readily available. Selecting and appropriately using tools that have been rigorously scientifically validated is critical to producing meaningful and generalizable results. Magellan developed significant expertise in this area in part through our established relationships with leading authorities in health status measurement and recovery-driven outcomes tools, including former SAMHSA administrator Charles Curie. Through experience with multiple outcomes tools, we identified four priorities for selecting tools: (1) ease of use, (2) sensitivity to change, (3) usefulness of reporting, and (4) appropriateness of respondents.

The Magellan *Outcomes360* tools are typically available in both English and Spanish, with developmentally appropriate versions for adults and children. Tools are almost always made available in Web-based format and through alternative administration methods. Furthermore, tools emphasize consumer and caretaker input, in addition to provider input.

As note above, our menu of tools is continually evolving as practice standards change. Please see our response to 15.b for our current list. Magellan proposes a collaborative approach for identifying the most appropriate tools for use in the *Outcomes360* program for the Iowa Plan. Based on our experience in Iowa and other states, we believe the CHI and CHI-C are the most appropriate. However, Magellan has the flexibility to implement multiple tools according to industry best practices as well as our proven experience and expertise. We are committed to working with the Departments and other stakeholders to identify the best tools and processes to meet the needs of Iowa Plan consumers and stakeholders.

Step 2: Promote use of the tools and provide expert training and technical assistance. Magellan recognizes that clinical outcomes measurement tools should enhance the treatment process for individual consumers. For any tool that becomes part of the *Outcomes360* program for the Iowa Plan, Magellan assures the Departments that we either have or will develop the necessary expertise to ensure that consumers feel confident in using the tools and understanding the reporting and to address any concerns or barriers that arise. We also know from experience, that it is imperative to get provider buy-in before attempting to implement outcomes measurement. Providers will be more committed to the initiative if they understand the benefit of integrating the tools into their clinical practice and appreciate the return on investment in such an approach. Magellan ensures the availability of dedicated QI staff members assigned to the *Outcomes360* program to provide training on how the measurement can enhance services and engage consumers on their own recovery paths.

Step 3: Collect and integrate all relevant data sources. Magellan has the technology, data warehouse capability, and staff expertise to integrate demographic, utilization, claims, or other delivery system data with outcomes data into one database where it can easily be manipulated to address internal and external stakeholder needs for information and reporting. Our data warehouse currently stores more than 3,000 CHI/CHI-C assessments; 5,000 completed ORS/SRS scales; 10,000 RAS surveys; 1,000 CANS assessments; and more than 30,000 additional related assessments. This expanded database enables us to conduct comparative normative examination of findings and explore the generalizability of findings across populations and programs.

Step 4: Provide meaningful and useful reporting for actionable analysis. Magellan provides real-time reporting to allow integration of outcomes measures into treatment planning. In addition, Magellan makes available aggregate reporting for assessment of outcomes at the provider, service, population, and overall system levels. Individual and aggregate findings will be used in the following ways:

- **Individual baseline data.** All findings from the initial administration are summarized and reported in real time to establish a baseline, empower the consumer, facilitate treatment planning, and establish collaborative rapport between the consumer and the provider.
- **Individual outcome data and therapeutic relationship.** Findings based on subsequent administrations are also used in real time to track progress, revise treatment plans, and develop discharge plans. Findings are also used in real-time to address consumer feedback on progress and to closely monitor their functional status as well as the therapeutic relationship. Research has shown that the therapeutic alliance predicts successful treatment outcomes even more directly than the treatment modality.
- **Aggregate program and service evaluation.** Aggregate results are used to evaluate the effectiveness of specific programs and services; for example, normative data comparisons can be made to similar programs and services.

- **Aggregate system evaluation.** Aggregate findings are also used to assess overall system performance and improvement. For example, the CHI/CHI-C data will be integrated into provider profiling and can be used to develop clinical profiles to determine best practices. Normative data can be integrated into a framework for system-level reporting based on NOMs.

Integrating Continuous Quality Improvement into Provider Practices

To take the next logical step in expanding CQI for the Iowa Plan, Magellan will leverage our proven quality improvement expertise to extend our CQI process into providers' own practices. We have made some tools available previously that assist providers in conducting QI activities, such as NIATx project training and funding, provider profiles, and technical assistance. We will now provide the resources, structure, tools, and support that providers need to implement full-scale, effective QI activities within their own agencies and facilities. Magellan QI and network staff will work with providers to establish or improve their processes for collecting and analyzing data, translate analysis into improvement opportunities, and initiating QI approaches using the DMAIC continuous quality improvement model to address those opportunities. Magellan's approach to integrating CQI into providers' practices will begin with the following elements:

Establishing a Provider Forum for CQI Leadership. Upon award of the new contract, Magellan will establish a Provider Integration Committee (PIC) comprised of providers who are interested in active participation in Magellan's QI program to provide leadership to their peers on integration of CQI into provider practice. We will recruit providers from diverse geographic areas and practice settings and also will invite the Departments and other involved stakeholders to participate. Immediate agenda items for the PIC will include finalizing approaches for key network management and provider QI integration initiatives including provider profiling, Provider Quality Collaboratives, and the Reward for Quality (pay-for-performance) program. Magellan will train the PIC members on using Six Sigma's DMAIC model so that they effectively assist in QI integration across the Iowa Plan network. The PIC will meet monthly for the first several months and quarterly thereafter.

Initiating Provider Quality Collaboratives. In another initiative to promote CQI in provider practices, we will establish a Provider Quality Collaborative (PQC) program in which groups of providers are formed into "collaboratives" that work together with Magellan to achieve the following:

- use of evidence-based clinical programmatic and system indicators that communicate efficacy benchmarks for programs serving consumers with serious or persistent mental illness
- increased provider responsibility for the coordination and management of services for consumers through the implementation of recovery and resiliency-based outcomes for adult, child, and adolescent services
- promotion of programs and systems that are evidence-based and reflect best practices.

Magellan will have multiple PQC groups functioning at any given time. Groups may be formed based on specific quality opportunities by geographic area or specific service type. Magellan staff will meet regularly with each PQC to review and analyze utilization and outcomes data and to identify initiatives focused on improving results. In return, Magellan will reduce administrative requirements for the providers.

When developing our PQC program, Magellan will collaborate with the PIC. We will also leverage the experience of similar programs being used for Magellan's Pennsylvania HealthChoices contracts that have been very successful in engaging providers in quality improvement, establishing best practices, and improving outcomes.

Expanding Reward for Quality. Magellan will expand our Reward for Quality (R4Q) program into a statewide pay-for-performance initiative that offers incentives to providers to improve their performance related to key quality indicators that reflect areas of clinical importance. Selection of R4Q projects will specifically reflect the priorities of the Iowa Plan and the Departments. Provider indicators may reach across a specific type of service. In some cases, the indicators may be community-specific to reflect local priorities. The R4Q projects may include particular PQCs or may be developed outside of that program. Magellan will work closely with the PIC to identify appropriate quality indicators and meaningful awards and submit the proposed program to the Departments for approval prior to implementation. We piloted the R4Q program with three community mental health centers during (CMHCs) 2007–2009. The positive results in decreasing use of the emergency room and in improving inpatient readmission rates support the use of this type of program statewide.

We will offer a variety of financial and other rewards for improvement including provider recognition initiatives, decreased administrative oversight requirements, increased reimbursement rates for selected services, or other creative rewards. One recommendation we will submit to the PIC and the Departments in year one of the new contract will be a pilot project

targeted toward specific Iowa Plan performance indicators that, if earned, will be shared with the provider type(s) that played a role in earning the incentive. As an example, we will develop pay-for-performance contract language for substance abuse service providers that provide ASAM III.3 and III.5 levels of care and deliver ambulatory follow-up services to Enrollees within seven days of discharge. If we achieve the performance indicator and earn the incentive, Magellan will pass on 50 percent of the incentive to the providers. We propose to target the incentive to the top four to five providers with the highest ambulatory follow-up rates. Sharing our incentives with providers shows we recognize that it takes the entire service delivery system to make the Iowa Plan successful.

f) Describe the Bidder's experience in adapting policies or procedures based on input from publicly funded consumers and from advocacy groups. Describe the measured impact of the changes based on quality assessment studies, feedback from affected groups, or other data. Include the names of the programs and provide the names, telephone numbers and e-mail addresses of consumer advocacy groups that can be contacted to verify the description submitted by the Bidder.

Experience Using Consumer and Advocate Input in Magellan Operations

Magellan has a long history of adapting policies, procedures, and daily operations based on the highly valued input of consumers and advocacy groups. For example, we responded to consumer requests to avoid confusing correspondence by eliminating the practice of sending authorization letters and Explanation of Benefits (EOBs) to consumers. More importantly, consumer and advocate input has led Magellan to facilitate even broader changes to the Iowa Plan to provide needed services and desired approaches to behavioral health care. These initiatives often required significant changes to Magellan policies and procedures. Whether developing or revising utilization management guidelines, or hiring staff with specific life experiences and expertise to put an idea into real practice, Magellan has supported numerous successful consumer and advocate -driven efforts to improve the quality of care and service as shown in the examples below.

Assertive Community Treatment

Several years ago, Magellan sat at a table with National Alliance on Mental Illness (NAMI) advocates, listening to them describe a need for assertive community treatment (ACT) services in Iowa. As a result, Magellan staff, University of Iowa staff, and DHS representatives made a trip to Madison, Wisconsin, to better understand how successful ACT programs work effectively for consumers with serious and persistent mental illness. We collaborated with NAMI to implement the very first ACT programs in the State of Iowa with the University of Iowa Hospitals and Clinics (U of I) in Iowa City through community reinvestment. Magellan issued an RFP in collaboration with DHS and NAMI, which resulted in three additional ACT programs in Cedar Rapids (Abbe Center CMHC), Des Moines (Eyerly-Ball CMHC), and Waukee (ResCare). ACT services soon became part of the fee-for-service structure, which required significant changes in Magellan's care management policies and procedures. Since then, Magellan has supported development and continuation of the ACT Technical Assistance Center (TAC) at the University, furthering development of ACT in Iowa, both in numbers of clients and programs, and in the quality of the services provided.

"My ACT team gave me hope when there was only despair. I trust them because they are effective so I don't hide things from them. They are elastic – they rally the wagons when I need it and when I am centered, they walk with me."
– Abbe Center ACT participant

Measured Impact. Five Iowa sites—Abbe Center in Cedar Rapids, Golden Circle in Des Moines, Heartland Family Service in Council Bluffs, North Central Iowa Mental Health Center in Fort Dodge, and the U of I in Iowa City—provide ACT services to an average of 279 Enrollees at any given time. The ACT TAC statewide advisory board has been gathering results on participation in ACT and measuring fidelity to the ACT model for the last few years. Fidelity scores have continued to improve over time. Figures 7A.2.15.h.1 and 7A.2.15.h.2 compare two functional variables for 145 clients participating with Iowa ACT teams between August 2005 and June 2008. Pre-data is based on numbers from the year prior to joining ACT. Post-data are based on outcomes collected after the same individuals joined ACT.

Figure 7A.2.15. f.1 – Average Number of Days Hospitalized

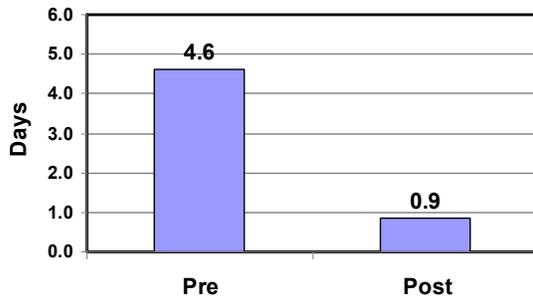
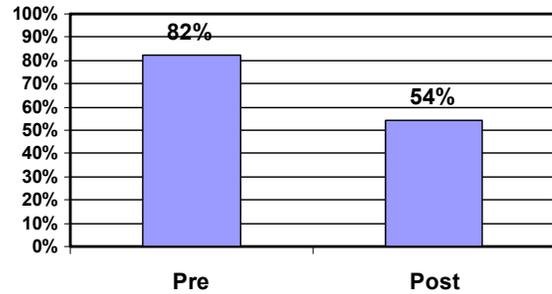


Figure 7A.2.15. f.2 – Percent of Clients Unemployed



Peer Support Services

The Mental Health Center of North Iowa approached Magellan’s clinical director because the consumers who attended the Renew Center wanted to extend the hours into the evening. One consumer thought he could lead this effort as long as a staff person was available if needed. Magellan recognized an opportunity to provide integrated services that had never been available to consumers in recovery, so Magellan clinical staff met with Renew Center staff in Mason City to identify clinical supervision and training requirements. Services were initially funded through community reinvestment, but through the development of a specific service description and authorization processes, Magellan was able to transition peer support services to the fee-for-service model and work with DHS to obtain approval from then Centers for Medicare and Medicaid (CMS) for inclusion in the Iowa Plan. With the support of consumers and advocacy groups, Magellan facilitated integration of peer support services into provider organizations. Magellan then participated with DHS and the State Public Policy Group for the first Peer Support Specialist Training program in 2005, bringing in nationally recognized expert Larry Fricks, with whom we have a continued relationship to help develop and present the training curriculum. This nationally recognized “Georgia model” training has been offered once per year since the original offering and includes testing and certification. In 2006, Magellan added a peer support specialist position to our clinical team and changed the procedure for authorizing these services. Continuing to evolve, we now sponsor a quarterly Peer Support Roundtable, in which Magellan consumer staff members have played an important facilitator role. Most recently, this dynamic group of peer support specialists and organization representatives have worked diligently to develop and gain approval for significantly revised utilization management guidelines for peer support services to more accurately reflect their experiences and the expectations of consumers.

One Peer Support Roundtable attendee commented, “We need more people across the state that see peer support as a viable and legitimate profession. The Roundtable has been excellent and empowering.”

Measured Impact. Peer Support Roundtable meetings typically have attendance of around 20 to 25 peer support specialists, additional staff members from provider organizations, and other stakeholders. A survey was conducted at the January 2009 meeting to better understand the views of roundtable attendees on the status of peer support services in Iowa as well as the benefits of the roundtable itself. Ten attendees responded to the anonymous survey, indicating a strong desire to continue with the work of the roundtable and a belief that Magellan and roundtable participants are doing important work in improving the quality and increasing access to peer support services around the state. The highest scoring item, averaging a score of 5 on a scale from 1 to 5, was “I hope the roundtable continues with this work.” Other items scoring very high (all with an average of 4.9) included: “Magellan values the work of the Roundtable participants;” “Magellan acts as a partner in the work of the Roundtable;” “I feel valued within my organization as a member of the Peer Support team.”

Recovery Centers

Through application of CQI principles to our procedures for releasing the community reinvestment RFP, Magellan identified an opportunity to expand stakeholder input in the selection of projects by actively soliciting input from consumers, advocacy organizations, providers, and others, prior to developing and releasing the 2007 System of Care RFP. Based on input from Depression and Bipolar Support Alliance (DBSA) affiliates, DRA groups, NAMI-Iowa and local affiliates, consumers from the Mental Health Planning and Advisory Board, provider agencies, and others, we included a category for “Recovery-Oriented Services and Supports.” The resulting proposals were reviewed by a committee made up of a variety of stakeholders, including advocacy organization representatives, which had a significant impact on the projects proposed to DHS and CMS for funding. The three Recovery Centers to receive funding now provide consumers

a place to develop WRAP, obtain peer support, and socialize. These centers have become integral parts of their communities and continue to cultivate a recovery orientation.

Measured Impact. The self-reported accomplishments of the three recovery centers highlighted in table 7A.2.15.f.1 summarize the leadership role that Magellan has provided in advancing consumer-driven services across the state.

Table 7A.2.15.f.1 Accomplishments for Three Recovery Centers

Dubuque Recovery Center (Hillcrest Family Services)	H.O.P.E. Center (Waubonsie)	Peer Connection (Psychiatric Associates/Alegent)
46 WRAP meetings 20 women's support meetings 8 men's support meetings 13 emotional support meetings 2 suicide survivors support meetings 13 anger management meetings	Served 35 IA Plan enrollees Advisory Board with 88% consumers Provided services 3 days per week	Average of 35 participants per month Average of 190 visits per month Average daily attendance of 8 individuals Average # of days open per month = 25 Average # of new referrals per month = 6

Dual Recovery Anonymous

In April 2007, we co-sponsored national experts to meet with grassroots consumer organizations from across the state, culminating in the creation of a consumer-driven, family-inclusive statewide organization called the Iowa Advocates for Mental Health Recovery (IAMHR). Magellan has continued to support IAMHR through community reinvestment funding for specific projects that have been key in advancing a consumer-driven service system.

One of the most innovative IAMHR projects was the expansion of the availability of DRA groups across the state. This unique endeavor merged the recovery and peer support concepts of substance abuse and mental health into one approach for consumers with co-occurring disorders. All of the IAMHR activities and initiatives in collaboration with consumers, families, and providers have supported the development and expansion of consumer-driven recovery and resiliency-oriented services in communities across Iowa.

Measured Impact. The IAMHR has been successful in this endeavor, starting with only two the groups. There are now 16 groups throughout the state. The 2008 Co-Occurring Disorders/DRA Conference was attended by 135 individuals, more than double the expected 65 participants. These participants rated the overall conference with an average score of 3.5 on a scale from 1 to 4. Unsolicited feedback from providers, consumers, and other stakeholders has been that the conference was a huge success and served to open conversations around a multitude of issues regarding the further development of successful approaches to co-occurring substance abuse and mental health disorders, including the further growth of DRA groups across the state.

Table 7A.2.15.f.2 includes the program names as well as the contact names, telephone numbers, and e-mail addresses of three references that can be contacted to verify the information we have provided.

Table 7A.2.15.f.2 Consumer Advocacy References

Program Name	Contact Name	Telephone Number	E-mail Address
ACT	Margaret Stout, Executive Director, NAMI Iowa	515-254-0417	Mstout123@aol.com
Recovery Centers	Carolyn Ingram, Coordinator, Hillcrest Wellness Center	563-690-1239 x257	carolyn.ingram@hillcrest-fs.org
Peer Support Services & DRA	Mike Wood, Volunteer Director, Iowa Advocates for Mental Health Recovery	712-234-1040	MHASiouxland@aol.com

g) Describe the process by which the Bidder would conduct retrospective monitoring of all substance abuse service providers in accordance with Section 5.D.1.2. The description should include: the source of the evaluation tool with which the Bidder would assess the appropriateness of clinical services delivered, and what actions the Bidder would propose to take with a provider who it has determined does not deliver services or follow contract guidelines appropriately, both in the event of an initial finding and of a repeated finding.

Process for Retrospective Monitoring of Substance Abuse Providers

Magellan will continue using our comprehensive and effective policies, procedures, and tools for monitoring substance abuse service providers in accordance with the Departments' requirements. Our retrospective review process has two

components—Retrospective Clinical Review and Block Grant Provider Performance (Block Grant) Review. Together these components address all contractual requirements for retrospective review of both IDPH and Medicaid providers of substance abuse including the following:

- monitor the appropriateness of clinical decisions to ensure that service necessity requirements are met through application of the ASAM and PMIC criteria
- ensure that services are consistent with the authorized level of care
- ensure that provider clinical records meet quality expectations
- enforce provider compliance with specific contractual requirements
- identify and support improvement opportunities and best practices
- ensure that I-SMART data are accurately reported
- ensure that IDPH funds are used as payment of last resort for IDPH Participants.

Through the retrospective review process, we identify provider-specific and aggregate strengths and weaknesses to help us determine the needs of individual or aggregate technical assistance or training needs for substance abuse service providers.

Source of Review Tool

Magellan uses two separate tools for retrospective reviews related to substance abuse reviews.

Retrospective Clinical Review Tool. Magellan established a workgroup composed of the chief clinical officer, the director of QA, QI clinical reviewers, QI specialists, and care managers to develop the *Retrospective Clinical Review Tool* and the format for written feedback to providers. In developing the tool, the committee considered the historical Iowa Managed Substance Abuse Care Plan (IMSACP) tools as well as the following resources: Iowa Plan contract requirements; input from providers; input from DHS and IDPH; Joint Commission on the Accreditation of Healthcare Organization (JCAHO) standards; NCQA and URAC standards; and IDPH licensure standards.

Magellan is now developing a Co-Occurring Clinical Record Review tool for conducting one integrated retrospective audit of the treatment records maintained by providers who provide services for persons with co-occurring needs.

Block Grant Compliance Review Tool. For retrospective reviews related to Substance Abuse Prevention and Treatment Block Grant recipients (IDPH providers), the review tool is a checklist that addresses each of those requirements, including appropriate use of the sliding-fee scale, capacity management, priority populations, ancillary services, service mix and fee assessment.

The QIC annually reviews the retrospective review tools and updates them as necessary to incorporate new requirements and/or enhancements based on feedback from the Departments, consumers, families, providers, and other stakeholders.

Provider Selection and Sample Selection

Magellan uses claims and I-SMART data to determine the list of providers for review. Magellan's QI reviewer for Retrospective Clinical Reviews and the director, substance abuse services for block grant reviews visit all substance abuse providers annually unless they have not actually provided services during the prior year. To identify providers for review, we propose to continue using our current stratified random sampling methodology that uses random record selection, while ensuring that we include representative files for each level of care the provider offers and for each funding source for which the provider is contracted. We select a minimum sample of five records for each funding source and a maximum of 15 records for both funding sources combined. Records include both open/active and closed/discharged consumer files. We may collect additional files for review when indicated by authorization, incident reports, IDPH licensure, performance indicators, or provider profiling information.

On-Site Process

A dedicated Magellan QI reviewer who is a certified alcohol and drug counselor conducts annual on-site retrospective clinical reviews of treatment records, first sending a letter announcing the review about three weeks before the review date. The letter includes the list of consumer files to be reviewed and a copy of the review tool. The QI reviewer conducts the site visit and gives verbal feedback and initial technical assistance to the provider as requested and/or indicated.

For block grant reviews, we subcontract with Substance Abuse Management Inc. for the services of Ben Khan, a well-established and respected individual who has over 10 years of experience conducting these reviews. Mr. Kahn serves as Magellan's director of substance abuse services. The reviewer makes an appointment with the providers once we are

certain their I-SMART data have been submitted and corrected as necessary. While onsite, the reviewer randomly pulls files and other items needed to review compliance with block grant requirements. As in the retrospective clinical reviews, the reviewer meets with the provider at the end of the visit, noting issues of concern and providing technical assistance as needed.

Actions Taken With Providers Who Do Not Meet Standards

Within four weeks of the site visit, the providers receive a written summary of the findings of the retrospective clinical or block grant review.

Initial Findings

Providers scoring less than 90 percent in any Retrospective Clinical Review category or showing deficiencies in Block Grant review areas are required to submit action plans within 30 days to address deficiencies. The reviewers assess the action plan to determine if further action is required to ensure service delivery and contract compliance requirements are met. Actions may include, but are not limited to: technical assistance and follow-up site visits to monitor improvement; referral to other resources and/or training; identification and funding of a “best practices” provider mentor to work with the provider on appropriate service delivery and associated documentation.

Repeat Findings

The reviewers follow up on action plans based on the timeline established within the plan. If the provider continues to show lack of improvement after the established timeframe or repeats substandard results at follow-up site visits, the findings are referred to Magellan’s Regional Network Credentialing Committee (RNCC) for specific recommendations, which may include, but are not limited to, the following:

- disallow service to new Medicaid Enrollees and require that existing Enrollees be transitioned to other providers
- withhold IDPH monthly disbursement funding related to the services in question
- refer to the appropriate credentialing body for licensure/accreditation review
- review the provider’s eligibility to contract with Magellan for the Iowa Plan (Medicaid only)
- review the provider’s contract to serve IDPH-funded participants and consider revised contracting.

We will communicate information on our monitoring activities to the Departments through the QIC meetings, the QI Quarterly Report, and the annual Substance Abuse Retrospective Review Report. The reports will include retrospective review findings and associated provider action plans, as well as descriptions of our support activities.

h) Provide a copy of a 2008 QA plan that the Bidder developed for a publicly funded client.

Magellan’s Quality Assurance (QA) plan is comprised of the QI Program Description and its attachments including the annual QI Work Plan. Please see Attachment C: *Magellan Health Services of Iowa Quality Improvement Program Description 2008-2009* for Magellan’s approved 2008 QA Plan for the Iowa Plan for Behavioral Health. Magellan’s current QA Plan is scheduled for review and update in August 2009. The resulting 2009-2010 QA plan, will include all enhancements necessary to meet new contract requirements, as well as any changes needed to comply with NCQA accreditation requirements. By implementing changes for the new contract early through our annual QI processes, we can ensure a fully operational updated quality assurance and performance improvement program on Day 1 of the new contract.

Magellan will achieve one-year accreditation as a managed behavioral health organization from NCQA within 24 months of the contract implementation date and will maintain our accreditation for the duration of the contract.

7A.2.16 Prevention and Early Intervention

a) Describe the strategy that the Bidder will invoke in order to increase access to and utilization of prevention and early intervention services. Describe the Bidder’s experience in implementing such strategies under other contracts. Describe the measured impact of such programs in terms of changes in the process and outcomes of care.

Magellan’s Strategy for Prevention and Early Intervention Services

We are committed to increasing access to and utilization of prevention and early intervention services in Iowa. Our strategies will build on our past efforts in the Iowa Plan by utilizing the lessons learned from these projects’ successes and shortcomings and then adding the structure and approaches that are guided by our history of developing National Committee on Quality Assurance (NCQA) compliant preventive health programs. Our strategy as a company is to

research and analyze screening and evaluation tools used throughout the country and related science-based literature to determine appropriate evidence-based practices for prevention. Using this information, we then tailor our strategies for each of our programs based on our assessment and analysis of local needs.

We will use our experience to plan, implement, and evaluate the effectiveness of the Iowa preventive health programs with a focus on the Departments' priorities for primary and secondary prevention programs, with a focus on screening and follow-up referrals and interventions. We will present these recommendations to the Departments for review and approval.

Research shows that the promise of and potential of lifetime benefits of preventing mental, emotional, and behavioral disorders are greatest by focusing on young people and that early interventions can be effective in delaying or preventing the onset of such disorders. Most of these disorders have their roots in childhood and youth. Among adults reporting such a disorder in their lifetime, more than half report the onset as occurring in childhood or adolescence. These disorders interfere with their ability to accomplish normal developmental tasks and affect the lives of their family members.¹² According to a study of Early and Periodic Screening Diagnosis and Treatment tools used in 15 states conducted by the Bazelon Center for Mental Health Law¹³, effective screening tools for children, youth, and young adults should include the following elements: rapid administration, acceptance by parents, immediate availability of results, inclusion of age-specific questions, and inclusion of questions about child and family background and substance use.

We will build on lessons learned from past efforts in Iowa and Maricopa County, Arizona prevention programs. We will also leverage experience working with children and families in Pennsylvania where Magellan is currently partnering with Keystone Mercy (KMHP), a local health plan, to pilot a prenatal risk-reduction initiative for mothers and newborns. This program is still in the implementation stage, and has an overall goal to improve the obstetrical outcomes of Keystone's members who are pregnant. The program is available to pregnant women from the beginning of pregnancy to eight weeks post partum. Participants are contacted by a KMHP care manager, and are screened for medical, social and behavioral risk factors. A specific screening for depression is administered during pregnancy and again post partum. In the course of the social screening, other behavioral health issues may be identified as well. The goal of the program regarding behavioral health issues is identification of the condition, education, and early intervention. Our experience in Iowa has demonstrated that partnering with behavioral health treatment providers to implement prevention programs can present challenges. Often families that come in for treatment view filling out a screening tool simply as more paperwork to complete, resulting in low screening rates. From our Maricopa County prevention programs, we learned the importance of collaborating with a range of community partners to design and implement prevention strategies and targeting communities based on results of demographic analyses that show which communities have the most need. We built our strategies going forward based on these lessons learned. Our planning, implementation, and evaluation strategies are described below:

Planning

Ultimately, the success of effective prevention programs begins with comprehensive and consistent planning. The program planning and development process will include the following components:

Identification of Target Population. Key populations that can benefit from prevention strategies are children and adolescents, adults with complex medical needs, and individuals over the age of 65. We have conducted data analysis by ZIP code and penetration rates to identify demographic profiles for Iowa counties and will use the findings from this analysis to target specific counties for prevention and early intervention programs.

Agency Collaboration and Community/Stakeholder Outreach. After identifying the key population and counties to target, Magellan will identify agencies to collaborate with, such as Iowa Medicaid Enterprise, and/or will identify community leaders and stakeholders, such as Eligible Persons, providers, community agencies, community leaders, parent groups, school representatives, and community mental health centers. These agencies and/or community stakeholders will

¹² O'Connell, M.E., Boat, T. Warner, K.E. editors. Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities. 2009. Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth and Young Adults: Research Advances and Promising Interventions; Institute of Medicine; National Research Council

¹³ An Evaluation of State EPSDT Screening Tools. *Issue Paper #3 on Contracting for Managed Behavioral Health Care by the Bazelon Center for Mental Health Law*. <http://www.bazelon.org/issues/managedcare/morerresources/epsdtfactsheet.htm#fn1>

be invited to participate in discussions about the prevention programs under consideration, explore any other options or populations that could be included, and help determine the most effective means to reach the target populations.

Screening Tool Selection. We will select screening tools from instruments recognized within the industry and established as reliable and valid measures of specific behavioral indicators. Magellan and the stakeholders will collaborate to identify the tools best suited for the identified populations.

Children's screening tools that may be considered include tools that can be used in various settings such as Child Health Specialty Clinics, primary care/pediatrician offices, and school-based services locations. These tools may include, for example, the Pediatric Symptom Checklist, a one-page questionnaire listing a broad range of children's emotional and behavioral concerns that reflects parents' impressions of their children's psychosocial functioning and the Parents Evaluation of Developmental Status (PEDS) which serves to measure children's developmental milestones based on recommendations from the American Academy of Pediatricians. Substance abuse screening tools that we may evaluate include the Cut down-Annoyed-Guilty-Eye-opener (CAGE); the Alcohol Use Disorders Identification Test (AUDIT); the Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST); and the Drug Abuse Screening Test (DAST).

For Enrollees who are age 65 and older, we may expand many efforts including the Depression Screening program, described further under the experience section later in this section, using the Patient Health Questionnaire-9 (PHQ-9) screening instrument. The Outcome and Assessment Information Set (OASIS) tool also provides a standardized, recurrent opportunity for detection of key symptoms of depression. This tool is currently being used in screening persons applying for the Home and Community Based Services and Elderly Waiver, and may be considered for Iowa Plan prevention efforts. Prevention activities also may include SAMHSA's Evidence-Based Practices for Preventing Substance Abuse and Mental Health Problems in Older Adults using the AUDIT screening tool.

Program Design. In Iowa, Magellan will use NCQA standards as the model for the prevention program we develop. Magellan and the stakeholders will collaborate regarding the following:

- determination of the goals of the program (primary or secondary)
- development of supportive materials (handbook, brochures, tips sheets, and others)
- mechanisms to identify target populations
- mechanisms to engage target populations through education, screening, skills building, and other outreach
- existing community programs or services for collaboration with preventative health programs
- potential barriers to successful identification, outreach, and engagement
- strategies to overcome identified barriers
- reliable measures to determine program effectiveness
- targeting goals for the metrics in each program and collecting baseline measures
- mechanisms for ongoing communication with all stakeholders about program activities and results.

Implementation

Magellan knows from experience that a successful implementation is a direct result of effective planning. We will establish strategies for implementation during the planning phase of each program. Key components of each program implementation include the following:

Meaningful and Ongoing Consultation with Community Stakeholders and Agency Partners. Building on the successes of our Maricopa County, Arizona, prevention programs, we realize that successful engagement in any preventive health program needs broad-based community support and/or collaboration with community partners. Strong prevention programs require participation by multiple community agencies, health care providers, parents, and other family members. During the planning and implementation phases, Magellan will reach out and communicate, coordinate, and seek input and feedback from community leaders and agency partners on the overall design and implementation of our prevention program to ensure their willingness to participate each step of the way.

Distribution of Information. Programs will be supported by educational materials distributed to key members.

Preparation and Training. Participating community organizations and agencies will be thoroughly trained on the design, tool administration, scoring, and goals of each program. In addition, Magellan's care managers are trained to use motivational interviewing to help consumers beyond identifying a potential problem, so they can be engaged at a therapeutic or treatment level.

Engagement and Follow-Up. The goals of each program will include the following: engaging and educating the target population and community; identifying the target population; administering the appropriate tool to screen individuals; scoring the tool and responding with results; encouraging follow-up with referral; following up to ensure effective engagement and continuation of care; performing periodic re-measurement to determine program effectiveness and the sustainability of change.

Evaluation

Magellan designs each prevention program with outcomes in mind. Each program will be based on the use of proven assessment tools; application of best practice protocols to achieve positive results; and valid, reliable and objective measurement to determine results. Programs will have an established baseline and target goals for each measurement, as well as regular qualitative and quantitative analysis to determine the outcome of each program. In Iowa, Magellan will use NCQA standards as the basis for program design and implementation. Each measurement period includes the following:

Quantitative Analysis. This is a comparison of the result with the baseline and goal for each objective measurement. Statistical analysis is performed for each measure to determine the significance of any change.

Qualitative Analysis. Key stakeholders perform a review of program activities, an evaluation of what has contributed to positive results, and a barrier analysis to determine potential factors contributing to any performance below goal.

Strategies and Interventions. Each barrier is addressed by a specific strategy and intervention. Magellan develops our prevention programs in accordance with principles of continuous quality improvement. Every periodic evaluation identifies opportunities to improve. When goals are reached, we reassess to determine the most logical level at which to set the goal for the next measurement period. Each program is sustained through repetitive cycles of planning, action, measurement, and assessment, which then repeats with planning for new strategies to improve.

Iowa Experience

Magellan's prevention projects to date in Iowa include education as well as case finding through screening for early signs of mental health problems and providing interventions to those identified. Magellan has initiated one Iowa Plan prevention project each contract year. Examples include Depression Screening for Persons with Complex Medical Needs, Post Partum Depression Screening, and Attention Deficit Hyperactivity Disorder (ADHD) Sibling/Parent Screening. The Iowa Plan Advisory Committee reviews these projects. Two representative projects are highlighted below:

ADHD Sibling/Parent Screening

In 2004, we implemented the ADHD Sibling/Parent Screening to identify children receiving services for ADHD to provide educational information to their families on ADHD and on depression, and to screen siblings for ADHD and parents for depression. We offered referrals and follow-up services to those who screened positive. We partnered with the Child Guidance Center in Des Moines on the implementation of this initiative. The screening tool was mailed in the first phase of the project; due to low rates of return, however, Magellan changed the process so that the clinician handed the screening tool to the parent to complete. Return rates remained quite low, so we concluded that parents often viewed the screening tool as simply more paperwork to complete. We also encountered barriers in identifying the eligible target population. For parents who did complete the screening tool, we found that relying on therapists to conduct the referrals and needed follow up had mixed results. We concluded that: 1) accountability for the referral process needed to be consistent and clear, and 2) provider training to highlight the benefit of screening would increase compliance. While the ADHD screening did not expand beyond the pilot phase, we directly applied these lessons learned to other prevention initiatives including the Complex Medical Need partnership described below.

Depression Screening for Persons with Complex Medical Needs

Building on lessons learned from the ADHD Screening Project, in November 2007, we implemented a new screening project—Depression Screening For People With Complex Medical Needs—as Magellan's Iowa Plan prevention project for 2007–2008. The initial focus of the project was on members with congestive heart failure. Based on the project's success, we expanded it to include any Iowa Plan Enrollee who has complicated medical needs. Magellan and the Iowa Medicaid Enterprise (IME) worked together to screen these Enrollees for depression and then referred those with high scores to Magellan's care management program. In order to make the referral process as streamlined as possible for providers, depression screening is administered by IME staff; and our care managers complete follow up. In addition to working with IME, we also refined the methods we used for conducting the screening and making the follow-up referrals for coordination of care for those with high scores on the screening tool. In this process, providers are not directly

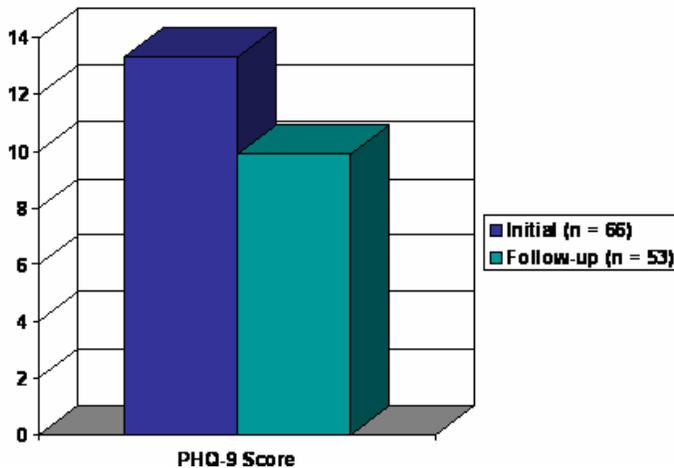
responsible for the screenings/follow-up and thus do not have to assign resources or change their internal processes. We have been able to demonstrate the value of the program to providers: timely referrals and follow-up on behalf of members whose screenings show signs of depression receive better medical and behavioral outcomes, as described below.

Potential candidates for the project are identified by IME using the PHQ-9 screening instrument. The nine item questionnaire is derived from the Primary Care Evaluation of Mental Disorders (PRIME-MD) to assist general practitioners in diagnosis and evaluation of psychiatric disorders. IME's care manager conducts the initial PHQ-9 screening within 14 business days of enrollment into the program. Screenings are conducted by phone and can last between 2 and 30 minutes depending on responses. If the answers are "not at all" to the first two questions, the care manager stops screening and the member is given a score of zero. If the member answers yes to either question 1 or 2, then the other seven questions are asked and answered. Based on a threshold score of 15 for depression or a single affirmative response to question 9 (related to suicide), the IME care manager contacts Magellan's intensive care manager assigned to the project and initiates care coordination. A positive answer to question 9 triggers an immediate conference call with Magellan via 24/7 line, triage via teleconference, and immediate referral to Magellan or community mental health provider. Follow-up depression screenings are typically conducted approximately one month later.

The collaboration between Magellan and IME allows members and providers to easily coordinate and monitor members' health care needs to improve outcomes, complete treatment plans, and promote cooperation and communication between all members of the health care team. A tracking instrument is used by both IME and Magellan coordinators for the project. Each potential referral is tracked using this instrument. The tool includes member identification information as well as referral dates and outcome of the referral. The IME care manager also administers follow-up PHQ-9 surveys and forwards follow-up PHQ-9 scores to Magellan for any referrals previously made to the project.

We noted positive changes during the baseline period from July 2007 through June 2008. Specifically, we calculated positive change values from initial to follow-up PHQ-9 scores, meaning members experienced an improvement in their depression symptoms as shown in figure 7A.2.16.a.1.

Figure 7A.2.16.a.1 PHQ-9 Screening Results



- Total number of people referred to Magellan based on screening results: 66
- Average initial PHQ-9 score = 13.3 (n = 66)
- Average follow-up PHQ-9 score = 9.89 (n = 53)
- Average change value = 3.51 (n = 53)

Arizona Experience

Magellan is responsible for overseeing Non-Title19 and Substance Abuse Prevention and Treatment block grant dollars targeting primary substance abuse and suicide prevention programs in Maricopa County. Currently, we contract with 18 providers to deliver these services across our geographic area. In partnership with our State customer, the prevention programs funded by Magellan target individuals, families, and communities at risk of developing behavioral health problems with the primary

target issue of preventing substance abuse and substance abuse-related suicides. We plan to incorporate many of the successful components of our Maricopa prevention program into our design for Iowa's prevention program, such as:

- Magellan adopted SAMHSA's Strategic Prevention Framework (SPF) as the model for this system. This model requires that each provider must be part of a coalition that will provide meaningful and ongoing consultation with and input from community members and program participants in developing the application and administering the program or activity. In Iowa, we will ensure that consultation with community stakeholders and agency partners occurs throughout the program design and implementation phases.
- Development of the programs included a demographic profile of the Medicaid population by age, gender, and ethnicity. We used ZIP code analysis to ensure programming would be available in the areas with the highest concentration of Medicaid enrolled members. In Iowa, we will complete a similar demographic analysis in order to identify target populations and counties in which to focus our prevention strategies.

Prevention providers are also working on building community coalitions to assess the needs and resources in their communities and to customize programs to address the identified priorities. This process has resulted in the development of data driven programs that change substance abuse-related issues affecting the community at large and not just the individuals attending the programs. Magellan currently funds 20 programs across Maricopa County that serve people across the life span. Two of these programs are highlighted below:

Comunidades Saludables. This Scottsdale program includes multiple prevention strategies and activities aimed at: 1) delaying the onset of early use of alcohol and illegal substances; 2) promoting healthy family interactions to reduce the risks associated with alcohol, tobacco, and other drugs and child abuse and neglect; and 3) promoting leadership, awareness, and participation to support a healthy and safe community. In fiscal year 2008, the program mobilized 120 community members to identify drug houses and report them to the police as part of its **community development strategy**. It waged a comprehensive **public information and social marketing campaign** that reached 3,321 people. The program made various presentations through its **community education strategy** that reached 101 people and conducted parenting classes and other **family support and education strategies** that reached 47 people. (Note: All totals may include duplicated counts.) Outcomes included a 27 percent increase in the youth's knowledge of the dangers and consequences of substance abuse, a 30 percent increase in knowledge of parenting skills, and most excitingly a 50 percent reduction in drug-related activity in the community-identified houses as reported by the Scottsdale Police Department.

Improving Chandler Area Neighborhoods (ICAN). The Chandler community is in great need of services based on data indicating a number of substance use-related consequences and risk factors including: favorable youth attitudes toward drug use, youth interacting with anti-social peers, high prevalence of family conflict and management problems, and community laws and norms favorable to drug use. To address the consequences and risk factors associated with youth underage drinking, ICAN implemented research-based environmental change prevention strategies, such as **Peer Leadership** programming with youth ages 13–18 and adults age 18 and older that reached 68 people and **Community Development-Environmental Strategies**. These initiatives included enforcement/compliance activities and provided training to merchants, teachers/educators, and law enforcement to promote knowledge of local community health issues, and reached 21 people. ICAN also implemented **Family Support and Education** strategies to equip parents of youth with stronger parenting skills that reached 59 people, and presented **Life Skills training strategies** to youth during school and through after-school activities that reached 113 people. (Note: All totals may include duplicated counts.) Table 7A.2.16.a.2 highlights program objectives and outcomes.

Table 7A.2.16.a.2 ICAN Program Sample Objectives and Outcomes

Objective	Outcome
Parents of youth ages 5-18 will show a 10% increase in knowledge of parenting skills.	Parents demonstrated a 49.5% increase in knowledge of parenting skills.
Parents of youth ages 5-18 will show a 10% increase in parent/child bonding opportunities.	Parents demonstrated a 47.2% increase in positive parent bonding behavior.
ICAN Peer Leaders will reduce by 10% the street visibility of merchant alcohol advertisements in ICAN community.	The ICAN-Task Force decreased alcohol signage by 35.2%.
ICAN Peer Leaders will decrease by 10% the number of adult patrons willing to purchase alcohol for minors in the ICAN community.	The ICAN-Task Force decreased the amount of adult patrons who are willing to buy alcohol for a minor by 44.4%.

Include the names of the programs and provide the names, telephone numbers and e-mail addresses of three references that can be contacted to verify the description submitted by the Bidder.

Magellan provides references who can verify our prevention and early intervention services in table 7A.2.16.a.3.

Table 7A.2.16.a.3 References

Program Name	Contact Name	Telephone Number	E-mail Address
1. Iowa Medicaid Enterprise Behavioral Health and Medical Care Coordination	Tom Kline, D.O. Medical Director, Medicaid Programs	515-725-1297 IME	tkline@ifmc.org tkline@dhs.state.ia.us
2. Improving Chandler Area Neighborhoods	Christy McClendon, CEO	480-821-4207 x107	Christy@icanaz.org
3. Comunidades Saludables	Maria Porta-Ward, Program Manager	480-312-0003	Mporta-ward@spi-az.org

7A.2.17 Management Information System

a) Describe in detail the management information system the Bidder would implement for the Iowa Plan. The description should emphasize the way in which the MIS system would function to gather required data and produce required reports as well as providing detail on hardware capabilities.

Magellan maintains a fully integrated information system platform supporting all the functions required by the Iowa Plan. Since the inception of the contract between the State of Iowa and Magellan, the core systems that manage the data elements of Iowa’s program have continually evolved as the needs of the program have grown. We have updated from an IBM AS/400 platform to the more current IBM iSeries and increased our analytic and reporting capabilities powered by upgrades to our data warehousing. This has given us added facility in producing more robust standard reports as well as the ability to deliver a majority of ad hoc reports within two days of their request from the Iowa Plan.

Magellan is implementing a new Web site in 2009 specifically for the Iowa Plan, www.MagellanofIowa.com. We continue to increase, expand, and grow our Web technologies to offer increased functionality for consumers, providers, and the Iowa Plan administrators. During the past year, we added value to the current contract by providing our online Dashboard Reports for both Iowa Department of Human Services (DHS) and Iowa Department of Public Health (IDPH).

These and other new technologies are made available to Iowans as they evolve, and in the case of system platform upgrades positive changes are made without negatively impacting the delivery of services. Our commitment to innovation has continued to add value to the Iowa Plan throughout the span of the contract.

Our information technology (IT) systems form the backbone of Magellan’s clinical, claims, Web site, provider, reporting, and consumer verification operations and represents our commitment to operational excellence and response to customer need. Magellan is committed to sourcing best-in-class IT systems for our customers and constantly evaluates our platforms for potential upgrades and enhancements. Our synergy with the State of Iowa has provided a model for us to follow in our other public sector contracts.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Integrated Product Application

The **i5 Integrated Product (IP) System** is a proprietary preauthorization system designed to meet Magellan's complex interface requirements and to collect and store the wide variety of data needed to meet reporting requirements of the Iowa Plan as well as the uniform reporting requirements of organizations such as the Centers for Medicare and Medicaid Services (CMS), the National Committee for Quality Assurance (NCQA), and other federal and state entities. The system is also compliant with current Health Insurance Portability and Accountability Act (HIPAA) standards for the protection of consumer privacy. IP was developed by an internal team of developers and is fully integrated with our claims system. Magellan is the sole owner of this application's source code, which makes the system flexible and able to accommodate customer-specific data elements. IP is designed to provide intake staff with appropriate information online including:

- **Care management support.** Patient intake and referral, utilization review, medical/case management, and current and prior authorizations for treatment, including the treatments authorized to date across multiple episodes of care. Specific functions include eligibility information, provider search, ZIP code matching, certification, correspondence generation, evaluation and assessment information, medication and diagnosis tracking, concurrent review, case management, discharge planning, and physician review.
- **Inquiry capability.** Membership eligibility look-up, online benefits, and provider search
- **Data handling.** Comprehensive data capture, internal data linkages, external interfaces, and queuing
- **Member treatment planning.** Tracking member or member representative involvement in treatment planning
- **Court-ordered admissions.** Authorize and track court-ordered admissions
- **Account specificity.** Account-specific system edits or algorithms, such as those used to guide clinical decisions.

Claims Processing Application

Magellan's **Claims Adjudication and Payment System (CAPS)** is a commercially developed claims application that supports all eligibility, benefit, and claim functions. Magellan supports the application internally and owns the source code, which allows maximum flexibility to modify the application as our business needs evolve. CAPS is linked to our clinical system, IP. The integration between CAPS and IP allows eligibility information to display in IP, ensuring appropriate authorizations. In addition, clinical authorizations load automatically into CAPS, facilitating timely and accurate claims processing and payment. CAPS is a robust claims pre-processing, adjudication, and administration system that Magellan has used since 1994. We selected CAPS because it is a superior integrated claims adjudication and payment system. It accommodated 11 million claims company-wide in 2008 while exceeding the current claims processing requirement that 90 percent of claims for the Iowa plan be processed within 30 days.

The claims processing system supports claims payment to authorized providers based on the authorizations contained in the clinical information system and can support payment to non-participating or non-authorized services as supported by the benefit plan. The system supports auto-adjudication of clean claims that are received electronically or submitted on paper. The system and processes are tested and audited on an annual basis to meet the Sarbanes-Oxley and Statement on Auditing Standards (SAS) 70 requirements and demonstrates that Magellan has rigorous controls and safeguards in place.

The key features of this application that are specific to the delivery of behavioral health services to Iowa include: integration of claims and care management systems; claims auto-adjudication; electronic data interchange (EDI) capabilities and batch processing; benefit codes organized by types of service and diagnostic groupings; incurred but not reported (IBNR) reports; coordination of benefits (COB) and savings reports.

Provider Application

Magellan's provider system, the **Integrated Provider Database (IPD)** is an internally developed application housed on the iSeries 570, which Magellan has used since 1994. Magellan owns the source code to the IPD application, allowing us to add and enhance modules as we expand our product line to keep pace with emerging industry trends and specific customer needs.

IPD is the single provider data repository that supports the contracting process, credentialing process, and subsequent data. This data includes provider practice and demographic data, languages spoken, specialty, network participation status, licensure, reimbursement schedules, billing relationships, rates, and electronic funds transfer (EFT) information.

The provider data in the IPD is utilized and tightly integrated with all other functions within Magellan, including IP (clinical system), provider search, CAPS, reporting, and Magellan's new Web site, www.MagellanofIowa.com. The data feeds into the provider search function to enable clinicians, consumers, and other stakeholders to locate and identify providers most appropriate for consumer needs and preferences.

The clinical authorization system (IP) stores identifying provider data from the IPD in the member authorization, which is used by the claims system, supporting appropriate provider payment. Provider billing and network status information is shared with the CAPS claims system to support appropriate claims processing. Magellan's Web site allows providers to view their information in the IPD and submit any necessary updates to the provider network department. The provider data is used as the foundation to produce client reports either directly from the IPD or from the Data Warehouse.

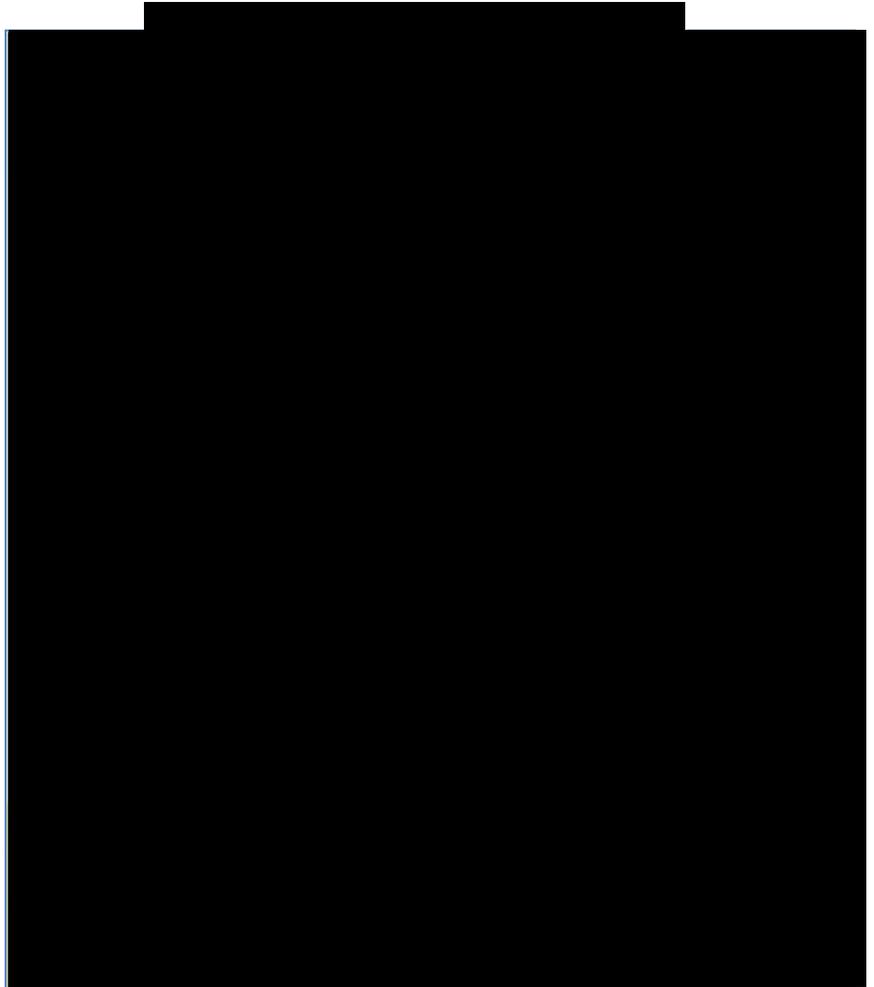
MagellanofIowa.com

As a part of our ongoing commitment to consumer service and innovation, in 2009 Magellan is launching an Iowa-specific Web site, www.MagellanofIowa.com, tailored to the nuances of the Iowa plan. We anticipate the site to be available by summer 2009, in advance of the new contract. This dedicated site will include all of the useful features available to consumers and providers today, while adding additional materials and functionality in a manner that makes materials easier to locate. Please see figure 7A.2.17.a.1 for a sample www.MagellanofIowa.com screenshot.

MagellanofIowa.com will include a new group of resources dedicated to those enrollees age 65 and older. In addition to the offerings available to all consumers, this area of the site will include a provider directory, Iowa Plan Client handbook, links to community resources, articles, and other information specific to this population.

Consumers currently have access to an extensive range of self-service options that enables them to locate accurate information and help on sensitive issues quickly. Features available on the Magellan Health Services Web site include a provider directory, enrollee handbook, self-assessment programs, interactive online seminars, drug and medication information modules, and wellness tools. Additionally, there are links to community resources such as the National Alliance on Mental Illness-Iowa, the DHS, the Iowa Medicaid Enterprise (IME), consumer information, peer counseling, and family organizations. Sections available on how to access care, how to prepare for counseling sessions, and how to take an active role in counseling improve the prospects for early intervention and prepare members for a positive behavioral treatment experience. Consumers also have access to a secure messaging feature that allows them to ask questions confidentially through the Web site. These features will now be available to Iowans on MagellanofIowa.com.

Magellan has embraced the Internet as a source of health information and continues to offer our sophisticated and user-friendly suite of Web services that provides fast and easy access to a full range of online tools and resources. We recognize that access to our Web site provides the benefits of destigmatizing and demystifying counseling and behavioral treatments,



creates informed consumers, provides links to self-help and advocacy groups, and offers best-practice information to consumers. Our Web site was recently selected as the winner of the Outstanding Web Site WebAward by the Web Marketing Association. The association stated that our Web site goes above and beyond the standard of excellence.

Providers today have access to Iowa Plan specific information such as provider manuals, utilization management guidelines, clinical practice guidelines, consumer eligibility verification, claims submission, claims inquiry, authorization inquiry, links to the outcomes reporting modules, and self-directed training programs where providers can earn continuing education units (CEUs) for maintenance of their credentials. Additional offerings provided through the redesigned Web site will give providers access to their individual provider profiling report as well as the state aggregate reports for comparison, a calendar of events maintained and updated from the Des Moines, Iowa, care management center, and a provider bulletin board. The provider bulletin board will allow providers to submit questions, and view questions posted by other providers, as well as responses from Magellan to those questions.

Interfacing Capabilities

Magellan has extensive experience interfacing with the various entities and systems in Iowa and processing inbound eligibility files and outbound reporting files on a regularly scheduled basis. Recently we implemented a successful data interface with the IDPH Iowa Service Management and Report Tool (I-SMART), which improved security by transmitting consumer data by electronic transfer. The systems Magellan has interfaced with also include the DHS Medicaid Management Information System (MMIS), the DHS Title XIX eligibility system, and the Mental Health Institute (MHI) information system. As stakeholders in Iowa have made changes in formats and platforms, Magellan has accommodated these changes in processing in a timely manner with no service disruptions reported as a result of these changes to Magellan systems.

Magellan supports EDI, file transfer protocol (FTP), Microsoft Internet Explorer, network data mover (NDM), and other forms of media, maintaining a variety of EDI arrangements with the State as well as the providers in Iowa. Magellan's system can both generate and accept a wide range of file layouts, including those needed to meet the uniform reporting requirements established by the CMS and other federal and state regulations.

Magellan has developed and tested all the HIPAA-compliant transactions, including the components for coordination of benefits, and receives and sends 837P, 837I, 820, 835, 270, 276, and 834 transactions, in addition to the 278. We use the TA1 and 997 standard responses and the 3070 version of the 277 unsolicited transactions as an additional host-load notice for 837 claims feeds. Our fully functional HIPAA validator provides Workgroup for Electronic Data Interchange level-1 through level-6 validations, as well as level-7 companion guide edits.

Magellan also maintains applications with enough memory to open, store, and process all FTP transmissions. We have never experienced an issue related to file size or type in the processing of files received via FTP.

Eligibility Data Interface

Magellan currently receives and processes a daily HIPAA-compliant 834 eligibility interface with the State of Iowa. Enrollment data is received and uploaded into the eligibility subsystem. CAPS maintains relevant member profile data, including enrollment per eligibility date spans, benefit plans (i.e., types of coverage), historical data (i.e., enrollment audit trail), and demographic data (i.e., member ID number, social security number, date of birth, gender, and county of legal settlement). Consumers can be located within the system using various search elements, including Medicaid state ID number, member number, name, and social security number. The member's eligibility data is maintained on the system following termination to allow for historical reporting, lapses in coverage, and lag time for claims submission.

Encounter Data Interface

Magellan submits a monthly claim extract file to the State of Iowa using a proprietary format specified by DHS. This file includes all of the required information about the providers, consumers, service dates, diagnoses, service types, payment amounts, payment dates, and other items. Magellan's standard format for exchanging encounter data is the ASC X12N 837. If during this procurement the state would like to explore the use of the HIPAA 837 file layout, Magellan has developed a Standard Companion Guide for this format that provides detailed information on exchanging electronic information with our trading partners.

Edits, Audits, and Error Tracking

Magellan's systems are highly configurable and are programmed with Iowa-specific system edits and algorithms, such as those used to guide clinical decision making, verification of consumer eligibility, covered services, benefits, prior authorizations, third party liability, duplicate claims submission, timely provision requirements, and coding validation. Interactive data entry functions issue edit/error messages right on the screen and will not allow data to be updated until passing all of the edits. System edits will stop the completion of an authorization or claim adjudication.

Batch entry functions that update production data are controlled by edit/audit reports. Data that does not pass the appropriate edits must be corrected prior to being accepted for update. Data records contain audit stamp fields for the last date, time, and user ID (or Program name), which reflect the last time the data was updated and by whom.

Error Tracking

Magellan uses strict internal processes, procedures, and controls to maintain the quality and integrity of data received for, and data conveyed to, the Iowa Plan. Magellan systems validate transactions at various control points through loads, audits, reconciliation processes, and cross-reference reports. Header and trailer records enable us to track the completeness of any feed, and record-level edits track and report all data additions, deletions, and changes. Operations staff monitors process outputs and reports to validate data integrity. These procedural and automated controls operate at appropriate points throughout the cycle. Magellan always creates customized edit and error reporting to track error types and frequencies related to all processing.

Audit Trails

We monitor all systems activity, including user activity, in accordance with policy. We also investigate all deviations from accepted practices outlined in policy to mitigate risks associated with these events accordingly.

Computer systems handling sensitive information securely log all significant security-relevant events such as: password guessing attempts, attempts to use unauthorized privileges, authorized or unauthorized modifications to production application software, authorized or unauthorized modifications to system software, and attempts to modify or disable logging.

All systems that process personal, private, and confidential information maintain audit trails. All production application systems that handle personal, private, and confidential Magellan information generate logs that show every addition, modification, and deletion to such personal, private, and confidential information. These audit trails contain a unique logon or terminal ID, the date and time of any create/modify/delete action and, if applicable, the ID of the system job that effected the action. Trails include the date and identification "stamp" displayed on any online inquiry. Audit trails enable us to trace data from the final place of recording back to its source data file and/or document. Audit trails are supported by listings, transaction reports, update reports, transaction logs, or error logs.

All audit/management trails are backed up on a regular basis and are stored in a secure location. They include sufficient information to establish what event occurred and who (or what) caused it. The scope and contents of the audit trail will balance security needs with performance needs, privacy, and cost. At a minimum the event record must specify the type of event, when the event occurred, the user ID associated with the event, and the program or command used to initiate the event.

All computer systems running Magellan production application systems must include logs that record, at a minimum, the following data: user session activity including user IDs, log-in date/time, log-out date/time, and applications invoked; creations, changes and/or deletions to critical application system files; additions and changes to the privileges of users; system start-ups and shut-downs; and password activity, specifically when and who last changed a password, and when and who last changed account privileges.

System Controls and Balancing

Magellan's standard data exchanges include the building of quality and monitoring measures using header, trailer, file counts, record counts, totals, etc., whenever available. Header and trailer records enable us to track the completeness of any feed. Record-level edits track and report all data additions, deletions, and changes.

Some of the many procedures Magellan uses to ensure data quality and maintain the integrity of reference information include the following safeguards for processing inbound files:

- restricting critical fields to appropriate data types and pre-defined lists of values

- linking associated fields to ensure data follows business rules
- comparing inbound files, prior to loading, against file specifications to confirm proper formatting, presence of required fields, and that the number of records sent matches the number of records received
- using secure transmissions to ensure against data loss.

Safeguards for outbound files include the following: define formats according to appropriate data types, pre-defined lists, and business rules; and compare outbound files, prior to release, against file specifications to confirm proper formatting, presence of required fields, that the number of records sent matches the number of records received, and job transmission completion and statistics.

To support internal completeness and customer-initiated audits, we complete the following: log inbound and outbound files; retain a copy of received and sent files; retain records of items that required editing prior to filing or sending; retain audit trails of critical data edited; retain records of implementation of system changes, including requirements gathering through deployment of a new interface; and perform two full cycles of user acceptance testing prior to deployment of any system changes.

Magellan complies with all HIPAA Transaction and Code Set standards for the electronic processing of covered transactions. Magellan commits to maintaining compliance with HIPAA, industry standards, and client data quality standards throughout the term of the contract.



Data Management

Magellan utilizes the clinical data it receives to appropriately manage the care being provided to Eligible Persons. Clinical data received in I-SMART is used to retrospectively authorize services provided to Participants, and clinical data received from providers via the authorization process and through claims is used to manage care provided to Enrollees.

As outlined in our introduction, our work with the Iowa Plan was instrumental in our development of the clinical management system in use today, which is the i5 IP system. This system provides a focus on data elements such as special populations, joint treatment planning/discharge planning, criteria referenced and met, court-ordered authorization, and lack of community services. During the tenure of our contract, we added features to IP to meet the changing clinical record-keeping and reporting needs of the Iowa Plan.

The IP System is designed to capture the variety of data elements required to facilitate the care management process, from eligibility on the front end through reporting on the back end. Magellan currently maintains our eligibility system by Medicaid state identification number on a county-by-county basis. The Medicaid state identification number provides a unique identifier to capture data regarding service requests, authorizations, and claims adjudication. All data in the information system is maintained in a manner that allows the generation of information specific to both mental health and substance abuse, as well as the combination of mental health and substance abuse information. We use the data contained in the information system to support the various reporting functions, including performance indicators, contractual reports as specified in the RFP, provider profiling, and consumer/recovering person, and provider satisfaction surveys. We also use this data to manage providers, assess care, and develop new services that will increase access and improve the cost effectiveness of the Iowa Plan.

When an eligible person or a provider requests mental health or substance abuse services, the service requested and authorized is captured in the clinical system. Supporting data, such as treatment plans, clinical reviews and notes, and history, are also captured and maintained in the clinical system. When a provider submits a claim for services, data from the clinical system are automatically linked to the claims system to appropriately determine claims processing outcomes. The clinical system will also capture data for eligible persons referred for services outside of the Iowa Plan for tracking and reporting purposes, as well as those eligible persons who also are receiving child welfare/juvenile justice services.

Magellan Provider Profile Indicators

Magellan has been using provider profile reports to improve the quality of care and service for Iowa Plan Eligible Persons since October 1996. Our provider profiling program gives feedback to providers on their performance in areas of high priority to consumers and families, stakeholders, and the Departments. We integrate provider-specific data from multiple quality initiatives into a user-friendly report card format with comparative data for providers of the same type, and for providers throughout the state as a whole. Providers may use profiling data to compare and contrast their client population and service delivery patterns with the overall provider network. Furthermore, Magellan works collaboratively with providers to use profile data to establish and achieve quality improvement goals.

Magellan will produce and distribute quarterly profiles for all provider/service types. We will have all updated profile prototypes ready for the Departments' approval prior to implementation by December 1, 2009, more than a full year ahead of the contract requirement. We will work with the Departments to finalize the profile reports during the period from contract award until implementation date and seek consultation from the newly established Provider Integration Committee (PIC) and other stakeholders. Following receipt of Department approval, we will develop a Web-based profile that will be ready for use by March 31, 2010. To facilitate further integration of continuous quality improvement into provider practices, we will develop a Web-based application that will allow providers to drill-down into the data tables for their profile results to conduct further analysis. While this ability is not required by the RFP, we believe this to be a value-add enhancement. We will make profiles available to providers via a secure, downloadable report on the provider Web portal. Providers will be able to view their own profile and appropriate aggregate profiles containing data from across the State of Iowa. Magellan will be able to provide the detail behind any and all profiling elements to providers should they wish to analyze and understand the drivers of a given element on their report.

Aggregate network-wide Web-based profile reports will be available to the Departments immediately upon contract implementation. Consumers will also have access to aggregate provider profile data for key elements that will be determined through input from consumer-led advisory groups that feed into the Quality Improvement Committee (QIC).

Pharmacy Information

Magellan has experience in receiving, processing, and utilizing files containing pharmacy data and will be able to accept from IME, the monthly data file reflecting all pharmacy claims paid on behalf of Iowa Plan enrollees. Additionally, Magellan has an established Healthcare Informatics Unit that will work with the Iowa Drug Utilization Review Commission on studies relating to the utilization of psychotropic medication. The Healthcare Informatics Unit has worked extensively with other customers to receive and analyze external medical and pharmacy data to identify patients with whom there is opportunity for behavioral health outreach.

Contract Monitoring and General Reporting Requirements

Magellan supplies general statistical reports in both hard copy and electronic format as required. Magellan offers the Iowa Plan one of the more comprehensive reporting packages available in the behavioral health managed care industry.

Throughout the tenure of this contract, we have added reports to our standard report set that were created specifically to meet the needs of the Iowa Plan. These reports provide a wide range of detailed data and performance benchmarks that will continue to assist the Iowa Plan in monitoring Magellan as its behavioral health care provider. We submit monthly reports on or before the 20th of each month. We submit quarterly reports within 30 days of the close of each quarter.

Magellan generates standard and ad hoc reports for the Iowa Plan that meet and exceed the requirements in sections 6.4 and 6.5; this includes reporting on measures such as: a breakdown of expenditures from the Claims Fund; electronic submission of encounter data; I-SMART reports; access standards; encounters; identification of third party liability (TPL); fraud and abuse detection activities; delegation oversight activities; and legal timelines for services involving children in state custody.

Our account management team is always available to meet with representatives of the Iowa Plan to review our current reports and discuss any changes necessary to meet the Plan's future needs.

Through a combination of industry-leading online *Customer Dashboard* reporting, as well as traditional monthly, quarterly and annual reports, the Iowa Plan will have the insight needed to effectively measure the success of its behavioral health care program.

Standard Reporting

Magellan is committed to continuing to provide the Iowa Plan with the quality and timely reporting needed to run a successful behavioral health care program. Our approach to reporting is characterized by a commitment to transparency. We believe that the Departments should have just as much—if not more—information than if they were managing the Iowa Plan themselves.

Our reporting systems have the capability of developing reports on any of the data submitted to and collected by Magellan from the Iowa Plan. Magellan draws upon our vast Data Warehouse to deliver business information to clients. Our Data Warehouse includes information for more than 129 million members, including more than 115 million behavioral health claim lines, 101 million pharmacy claim lines, and 22 million authorizations. In total, we hold more than 14 years of data, amounting to more than 7 terabytes of information. The Magellan Data Warehouse collects information in the form of clinical data, authorizations, claims and encounters, provider-based information, membership-related data, marketing-focused information, financial information, and data on clients, products, and services. The Data Warehouse transforms the information into an easily accessible format that makes business information readily available to the Iowa Plan.

Magellan uses the Actuate e.reporting Suite, a highly flexible, browser-based reporting tool, as the standard analytic tool. Actuate has been used to program hundreds of unique reports that are scheduled and manually run on demand each month. Each month on average, we generate more than 6,000 reports with this tool. Actuate is a platform-independent tool that we use with both Microsoft SQL Server and Oracle databases. This tool is used internally and is not directly accessible by the Departments.

Magellan utilizes Discoverer for ad hoc reporting by field reporting analysts to meet customer-specific, non-standard reporting needs. This tool allows our care management centers quick and easy access to claims and authorization data in the Data Warehouse through a browser-based interface. The parameterized reports that are created using this tool can be “shared” with non-technical staff that have a need for the same customer-specific reports using Discoverer Viewer.

For analytic (Online Analytical Processing, or OLAP) reporting, Magellan has deployed the ProClarity product that is owned by Microsoft. ProClarity is the front-end, Web-based tool for MS SQL server cube constructs. We also use

Microsoft’s Reporting Services to interrogate cubes to create more traditional reports. We primarily use ProClarity and Reporting Services as a management tool at this time.

Once we develop a reports package, we can program reports to run at scheduled times or on an ad hoc basis. Reports can be accessible online, in hard copy, or via electronic transfer. All reports go through a thorough quality check to ensure the accuracy and completeness of data prior to delivery. Information is more than the production of a report; it is the analysis and translation of data into information for decision making for the Iowa Plan.

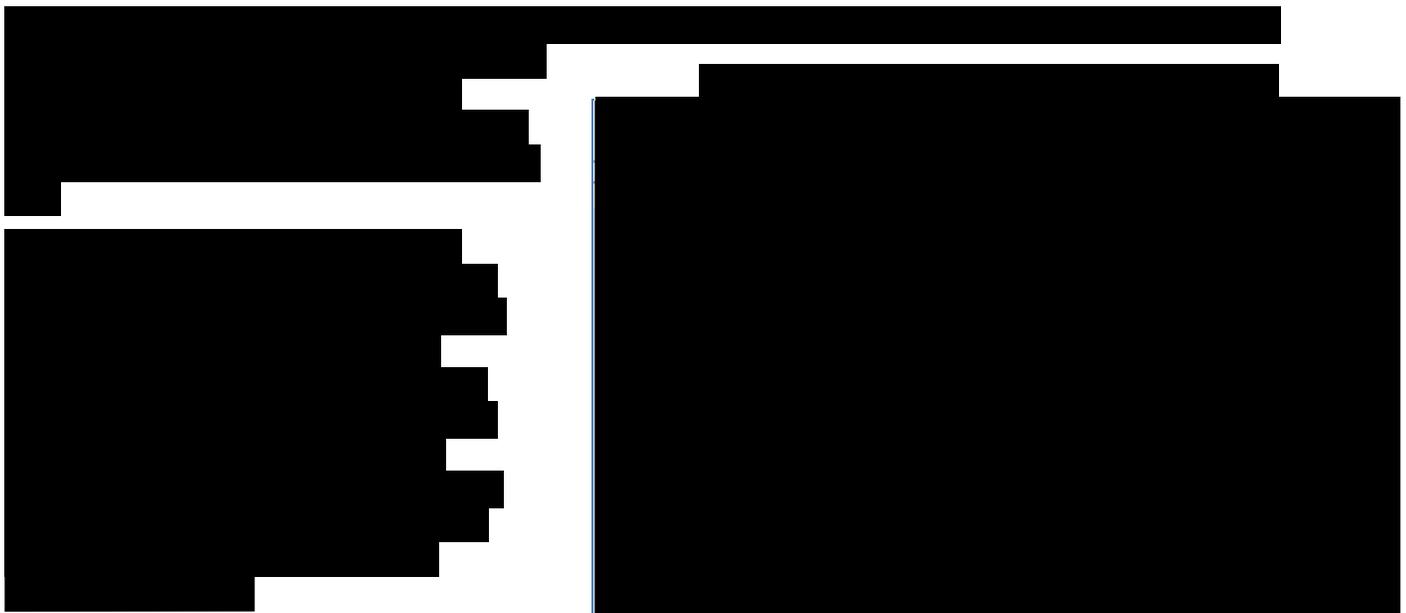
Ad Hoc Reporting

By dedicating reporting resources to meet the Departments’ needs we have on average supplied responses to ad hoc report requests within two days. Our reporting resources enable Magellan to provide unique and innovative reporting capabilities that allow for the customization of reports specific to the needs of the Iowa Plan. Once a request for an ad hoc report has been approved by the Iowa Plan, Magellan report analysts develop queries in SQL to extract the data required for the requested report from the Magellan Data Warehouse. The data is compiled and then formatted into a report that provides the user with data-based information in a readily understandable presentation. Any ad hoc report that presents data that is separated by type or entity can be sorted by a header field to differentiate sections of the report.

Magellan supplies requested ad hoc reports within two days on average, exceeding the five-day requirement for the Iowa Plan.

All of Magellan’s reports can be customized based on various parameters, and Magellan will continue to dedicate resources to providing ad hoc report requests in a timely manner that exceed the expectations. We can generate customizations and details based on any data element used in the basic report. Common customizations requested by the State have included date ranges, demographics, eligibility categories, and specific levels of care.

[REDACTED]



Reports Required Annually ***Annual Independent Audit***

Magellan has always delivered the required annual audited financial statement to the Departments in the required time frame since 1999, and has been issuing that audit using Statutory Accounting Principles since being designated a Limited Service Organization by the Iowa Insurance Division in 2001.

Magellan will continue to have an annual independent audit performed and distributed to all required parties within six months of the end of each calendar year. This audit will be performed by an independent certified public accountant using Statutory Accounting Principles in accordance with the National Association of Insurance Commissioners.

Magellan will submit to the Departments a list of at least three certified public accounting firms for selection of an auditor. The report will contain, at a minimum, those requirements outlined in the RFP. We will work with the Departments to finalize the format and contents of the annual audit. Upon completion, Magellan will issue a press release announcing the availability of the audit for review by the public.

Annual Quality Assessment and Performance Improvement Report

As outlined in our response to 7A.2.15, Magellan has established a culture of quality through our application of continuous quality improvement principles including ongoing data-driven evaluation of process and outcome measures. Furthermore, Magellan has initiated data-driven reporting for performance improvement using the Six Sigma Define, Measure, Analyze, Improve, Control (DMAIC) model. As required, Magellan will provide a multipart report that includes non-identifying (confidential) information about the consumers who use our services, whether online, by telephone, or in person. Each report includes detailed and trended data.

b) Describe adaptations to the Bidder's MIS which would be made to allow reimbursement for covered, required and optional services provided even if the Enrollee's Medicaid eligibility and Iowa Plan enrollment effective date were determined subsequent to the Eligible Person's month of application.

Magellan's eligibility and claims systems (CAPS) described above are already configured to allow reimbursement of covered, required, and optional services, even when the Enrollee's eligibility and Iowa Plan enrollment is not determined until after the effective date of that person's eligibility. We will do this by continuing our well-established and highly effective "Month of Application" process, which allows us to prospectively authorize care for these individuals. This process will include the new population of Iowans aged 65 and older.

Our iSeries system (IP) allows us to create a case and process authorization requests for consumers who are not yet eligible for Iowa Plan services. Care managers review clinical and psychosocial information and make appropriate authorizations just as they do for an Enrollee, and the system maintains the case history. The system then continuously checks new eligibility records received and if a match is found, the system automatically attaches any authorizations and case notes entered previously to that file so claims can be paid for those services.

The integrated nature of IP/CAPS then permits the adjudication function to automatically apply needed information related to membership, benefits, authorizations, providers, and rates applications, so the claim can be adjudicated based on this information. Specifically, this includes the following:

Membership Benefits Information. After the claim is entered for adjudication, the system searches the membership database for the consumer name and retrieves associated data, including the group/division/benefit plan to which the consumer belongs (business segment), and the consumer's eligibility and benefit package information.

Authorization Requirements. The system reviews the authorization requirements and maps the claim to a qualifying authorization based on configured factors including service, provider, date of service, type of service, service location, etc.

Provider and Rates Information. The system searches the provider database and retrieves such data as the provider's name, the provider's status (participating or nonparticipating), where the claims check should be sent, and how much to pay the provider based on the provider's contracted rate, varied types of reasonable and customary schedules for nonparticipating providers, or special rates.

This process has been effectively allowing appropriate reimbursement in these situations since the implementation of the Iowa Plan.

c) Describe the process the Bidder would put into place to ensure appropriate allocation of reimbursement in the following situations: services were being provided to a person who was an Enrollee and whose Medicaid eligibility terminated and the person then, during the same treatment episode, became a IDPH Participant; and services were being provided to a person who was an IDPH Participant receiving services and, during the same treatment episode, became an Enrollee.

Magellan has had processes in place to ensure the appropriate allocation of reimbursement for persons whose eligibility changes from being a Medicaid Enrollee to IDPH Participant during the same treatment episode, and vice-versa.

As described in the response to question 7A.2.17.b above, CAPS will accurately reflect the date spans and the gaps in a Medicaid Enrollee's eligibility. During those gaps, prior to gaining Medicaid eligibility, or after losing eligibility, the person may become an IDPH Participant, and the IDPH Block Grant provider will code the person as such in the I-SMART system in order to apply IDPH funding to the provision of services during those times.

Magellan has created a set of reports called Funding Source Monitoring in order to ensure that providers are not coding a person as an IDPH Participant for the same period of time that the person is a Medicaid Enrollee. When that situation occurs, Magellan works with the provider to correct the coding of the person in I-SMART so that appropriate funding is applied. For instance, if a person, originally coded by the provider as an IDPH Participant, retroactively became enrolled in Medicaid, this report will inform the provider to change the coding in the I-SMART system and to bill Magellan under Medicaid for the Enrollee.

Provide as references the name, telephone number and e-mail addresses of three publicly funded clients that can be contacted to discuss the Bidder's MIS performance under similar contracts.

The program names, program contact name, contact telephone number, and contact e-mail address of three references to verify the description submitted by Magellan are in table 7A.2.17.c.1

Table 7A.2.17.c.1 - References

Program Name	Contact Name	Telephone Number	Contact e-mail Address
Nebraska Administrative Service Organization	Vivianne M. Chaumont, Director Division of Medicaid and Long-Term Care	402-471-4535	vivianne.chaumont@dhhs.ne.gov
Pennsylvania HealthChoices	Jonna DiStefano, Administrator, HealthChoices—Delaware County	610-713-2375	DiStefanoJ@co.delaware.pa.us

Program Name	Contact Name	Telephone Number	Contact e-mail Address
Maricopa County, Arizona	Dr. Laura Nelson, Acting Deputy Director	602-364-1947	NELSONLA@azdhs.gov

7A.2.18 Financial Requirements

a) Disclose the financial instruments the Bidder would use to meet the requirements of all fund and accounts required in Section 6.6. Disclose the source of the capital required.

Magellan Behavioral Care of Iowa, Inc. (Magellan of Iowa) will use a combination of short-term investments (one year or less maturity) and cash to meet the requirements of all funds and accounts required in Section 6.6 of the RFP. Magellan of Iowa has consistently met the funding requirements of the current contract, and currently has approximately \$20,176,000 in place for the Insolvency Protection Account, Surplus Fund, and Working Capital requirements. This amount was funded by one of Magellan of Iowa's two parent companies, Magellan Behavioral Health, Inc. (MBH). Magellan of Iowa has two parent companies, Magellan Health Services, Inc. and MBH. Any additional capital initially required by the new contract will be provided by MBH as well, and will be in place prior to the first capitation payment for the contract.

Magellan of Iowa will fund the Community Reinvestment Account by placing 2.5 percent of monthly capitation into a separate interest-bearing account. Magellan will also hold all funds in the Claims Fund in a separate interest-bearing account. Pursuant to the requirements of section 6.6.5 of the RFP, Magellan of Iowa will remit to DHS at the end of each quarter all interest earned on funds held in the Community Reinvestment Account and the Claims Fund Account.

b) Demonstrate that the Bidder's organization is in sound financial condition and/or that appropriate corrective measures are being taken to address and resolve any identified financial problems. The Bidder must attach the most recent two (2) years of independently certified audited financial statements of the Bidder's organization as well as the most recent two years of financial statements for the Bidder's parent company, if applicable. These financial statements are not included in the page limit established for this section.

Magellan Health Services Inc. has a strong financial position. Since Magellan is a publicly traded company, our financial stability is also a matter of public record. This is a characteristic not shared by some of our competitors. This public status also holds the company to a very high standard of financial reporting. It is of note that during the past two years, Magellan's market share of the public sector behavioral health carve-out business has increased while it has decreased for our competitors.

Magellan of Iowa is in sound financial condition as demonstrated by the copies of our audited financial statements. Furthermore, Magellan of Iowa's parent company, Magellan Health Services, Inc. has sufficient cash to make financial contributions to Magellan of Iowa, should a need arise. As requested, Attachment D includes copies of Magellan Health Services audited consolidated Form 10K as well as copies of Magellan of Iowa audited financial statements. The financial statements of our parent company clearly indicate the availability of financial resources. As reported on our parent company's most recent annual financial statement, which is available to the public, the company had unrestricted cash and investments for the year ending December 31, 2008, of \$321.1 million. A few items of note from the most recent quarterly filing include:

- For the year ended December 31, 2008, the Company reported net revenue of \$2.63 billion and net income of \$86.2 million.
- The Company ended the December 31, 2008, year with unrestricted cash and investments of \$321.1 million.

Notable information from the last three fiscal year filings includes:

- Positive cash flow for the last three fiscal periods of \$82.7 million, \$148.6 million, and \$35.7million (prior to acquisition of treasury stock of \$136.2 million) for the fiscal years ended December 31, 2006, 2007 and 2008, respectively.
- Current ratio of 1.7, 2.1, and 2.3 as of December 31, 2006, 2007 and 2008, respectively.
- Stockholders Equity of \$763.6 million, \$908.2 million and \$908.1 million for the fiscal years ended December 31, 2006, 2007 and 2008, respectively.

Our most recently released FY09 financial guidance states:

- Cash flow from operations is expected to be in the range of \$129 million to \$178 million in 2009, with a net increase in cash, cash equivalents, and unrestricted investments of \$96 million to \$157 million by the end of 2009, excluding the impact of any further share repurchases.
- Magellan expects to generate net revenue in the range of \$2.5 billion to \$2.6 billion and net income in the range of \$73.4 million to \$93.7 million.

Presently, Magellan is a guarantor of the obligations of Magellan of Iowa under the Iowa Plan Contract. Magellan is willing to guaranty to obligations of Magellan of Iowa under the new contract to be issued pursuant to this RFP.

c) Discuss what impact the recent declines in the stock market have had on the Bidder's financial stability, how the Bidder has responded, and any implications for the Bidder's ability to meet the requirements of this RFP.

The recent stock market declines have had no impact on our financial stability or any impact on the Company's ability to meet the requirements of this RFP. Magellan Health Services Inc. has a strong financial position.

Magellan Health Services Inc. and its subsidiaries maintain a high quality, liquid, diversified portfolio of investments. As disclosed in our most recent Form 10K as of December 31, 2008, the Company has the intent and ability to hold all securities until maturity and until they recover from temporary unrealized losses or until they mature.

The Company had in excess of \$321.1 million of unrestricted cash and investments as of December 31, 2008. We have a strong financial position with no long term debt, and our operations continue to generate positive cash flow and positive earnings.

7A.2.19 Claims Payment by the Contractor

a) Describe the process the Bidder would implement to ensure compliance with the required time frames for claims processing. The Bidder may suggest more restrictive time frames than those required in Section 6.7 of this RFP for the processing of claims that the Bidder wishes to implement.

Magellan has a proven track record of timely claims processing for Iowa Plan claims and guarantees continued compliance with all required time frames going forward. While a competitor will be faced with implementing a new claims processing platform for the program, only Magellan can bring a demonstrated history of timely claims processing for Iowa Plan claims. Magellan's claims system, the Claims Adjudication and Payment System (CAPS), accurately processes claims for mental health and substance abuse treatment, and has the flexibility built in to the claims processing system to be able to set timely filing limits by contract. We have consistently maintained the timely filing limit for the Iowa Plan at one year since 1999, and we will continue to allow providers at least 12 months following the provision of service to submit a claim.

Magellan's claims processing time frames have consistently exceeded the contractual targets of 85% within 12 days and 90% within 30 days. In 2008, we processed 94.74 % of all Iowa plan claims in 12 days and processed 99.99% in 30 days.

In 2008, Magellan processed 99.99 percent of all Iowa Plan claims in 30 days and processed 94.74 percent in 12 days. Our claims processing time frames have exceeded the contractual targets set forth in section 6.7 of the current RFP, of 85 percent within 12 days, 90 percent within 30 days, and 100 percent within 90 days. Company-wide, Magellan processed approximately 11 million claims in 2008, and we routinely met our corporate baseline standard of processing 99 percent of all claims within 30 days.

Based on this information, Magellan is proposing to increase the target percentage of claims processed in 12 days and 30 days. Table 7A.2.19.a.1 outlines the current contractual target, and the proposed new contractual targets.

Table 7A.2.19.a.1 – Current and Proposed Claims Processing Standards

Claims Performance Processing Timeframe	RFP Performance Guarantee Target – Claims Processed	Magellan's Proposed Performance Guarantee Target – Claims Processed
12 Days	85%	90%
30 Days	90%	99%
90 Days	100%	100%

We have reported, and will continue to report, our claims processing performance to the Departments on a monthly basis or as requested by the Departments.

Claims System Structure

CAPS is our commercially developed claims system that supports all eligibility, benefit, and claim functions. Magellan supports the system internally and owns the source code, which allows us maximum flexibility to modify the application as our business needs evolve and to meet the ever-changing needs of our customers. CAPS is linked to our clinical system (IP). This integration between the applications allows eligibility information to display in IP, ensuring appropriate authorizations. In addition, clinical authorizations load automatically into CAPS, facilitating timely and accurate claims processing and payment. CAPS is a robust claims pre-processing, adjudication, and administration system that Magellan has used since 1994. We selected CAPS because it is a superior integrated claims adjudication and payment system.

The claims processing system supports claims payment to authorized providers based on the authorizations contained in the clinical information system and can support payment to non-participating or non-authorized services as supported by the benefit plan. The system supports auto-adjudication of clean claims that we receive electronically as well as those submitted on paper. We test and audit the system and processes on an annual basis to meet Sarbanes-Oxley and Statement on Auditing Standards (SAS) 70 requirements, demonstrating that Magellan has rigorous controls and safeguards in place.

Key Claims System Features and Capabilities

Provider rates and payment arrangements are entered into the claims system by Magellan's network staff. We process and check electronic and paper claims or invoices that we receive against the authorization system. Each claim or invoice is reviewed line by line to determine whether the service was authorized and provided within the service period. The system also reviews the number of units authorized and any special payment arrangements or fees. We follow the same process for claims received from out-of-plan providers, using the authorization as the guide for determining the appropriate payment. Refer to Table 7A.2.19.a.2 for a list of the key CAPS features specific to the behavioral health delivery system.

Table 7A.2.19.a.2 Key CAPS Features

Key Features of CAPS Specific to the Delivery of Behavioral Health Services	
CMS Healthcare Common Procedural Codes System (HCPC)	Level I and Level II codes recognized exist
Online consumer eligibility information	Automated editing for verification of patient maximums or benefit limitations
Built-in, integrated ICD-9, HCPC, CPT-4, and HIPAA validation tables, including Level I and Level II codes	COB and savings reports; subrogation is available in all states in which subrogation is permitted
National Provider ID (NPI)	Full membership capabilities
Claims auto-adjudication	Batch processing, OCR, and EDI capabilities
Duplicate claims checking	Inquiry capability—look up claims and status
Pricing capabilities that allow for specific nuances with respect to provider reimbursement such as capitation, fee for service, case rates, Medicare reimbursement, usual and customary rate (UCR), or default pricing by plan	Sponsor-specific nuance screens, allowing for comments and/or special handling by account management, customer service, care managers, and claims processors
Linkage of a provider to multiple individual and network funding streams	Integration of claims and care management systems
Utilization Management department access to the system for reference to fee schedules and claims-related information regarding network providers	Online adjudication of claims using plan-specific maximum or benefit limitations and provider network contract fee arrangements
Selection of a reimbursement schedule according to the enrollment status of the patient	Benefit codes organized by types of service and diagnostic groupings
Group setup capability that includes multiple benefit plans	EOB statements provided on every claim

Electronic Claim Acceptance

Magellan has reporting and processes in place to identify and work with providers who still submit claims via paper to help them convert to electronic submission. The total volume of claims submitted on behalf of the Iowa Plan have remained largely the same since 2006, while electronic submissions by providers have increased by 50 percent over the past three years. Magellan's efforts to increase electronic submissions in Iowa have met with success as demonstrated in the chart below, and our Provider Network department will continue to work with providers to find solutions that will help them gain the ability to submit claims electronically.

To offer providers the broadest range of options for submitting claims, Magellan has electronic or paperless claims arrangements with a number of key clearinghouse vendors such as Payerpath, Availity, Emdeon Business Group, NaviNet Claims, Relay Health, and medAvant Healthcare Solutions. We obtain support from multiple clearinghouses in order to provide redundancy. In addition to clearinghouse submissions, providers can submit their Centers for Medicare and Medicaid Services (CMS) 1500 claims electronically via Magellan’s Web site using an easy-to-use, Web-based claims submission tool, Claims Courier. Benefits of this system for providers when compared to paper submissions include shorter claims turnaround times, elimination of fees and postage, reduced paperwork, and immediate notification of potential errors in claims submissions—allowing providers to resolve the errors quickly, so they can resubmit their claims in a timely manner. We also have the capability to receive electronic claims directly from the provider via a Direct Submit process. Using Direct Submit, providers can submit claims through a secure file transfer protocol (FTP) server or post files directly to Magellan’s Web site. There are no charges associated with claims submitted directly to Magellan.

Auto-Adjudication Capabilities

Magellan adjudicates routine electronic claims automatically, and can transfer payment and remittance advices back to the provider electronically. The batch processing team processes routine outpatient claims submitted on paper and, if claims are eligible, they are adjudicated using auto-adjudication algorithms as well. Please refer to Table 7A.2.19.a.3 for a list of functions automatically administered and maintained by the claims system.

Table 7A.2.19.a.3 Claims System Functions Automatically Administered and Maintained

Functions Automatically Administered and Maintained by the Claims System	
Online eligibility maintenance and verification process	Application of plan provisions (i.e., deductible, out-of-pocket limit, benefit maximums)
Reasonable and customary edits	Payment authority limits
COB calculation	Identification of potential duplicate submissions
System tracking of pended claims	Application of payment discounts
Precertification/concurrent review verification	Identification of network providers
Network provider profile	Provider fee schedules

Claims Processing Workflow

Magellan has a dedicated Iowa Plan claims processing team consisting of the following personnel: 1 claims supervisor; 4.75 FTE claims processors; 1 claims resolution specialist; and 1 claims auditor.

Magellan’s Claims department operates in a paperless environment. The claims processing team scans images of all claims in-house and electronically routes them within the department, eliminating paper handling. This feature improves the efficiency of claims processing and enhances the storage and retrieval process. Scanned versions of claims are stored indefinitely. After claims are scanned, they are available for viewing immediately. The turnaround time for retrieval of hard copy claims for audit and other purposes is 48 hours, with expedited retrievals possible when necessary.

Claims personnel scan red-type CMS 1500 forms directly into the system and electronically route all other claims eligible for auto-adjudication to the appropriate data entry workflow queue or the optical character recognition (OCR) as part of the transformation process. Claims that are successfully read by OCR are electronically transferred to the claims system. Claims that do not pass the OCR transformation process are routed to a processor responsible for data verification. Those claims that can be successfully verified are transferred to the claims system; otherwise, they are routed to the appropriate data entry workflow queue. Magellan’s batch entry claim unit utilizes a desktop application (Image Worker) to view the image of the claim within the data entry workflow queue and enters the claim into the claims system. Electronic data interchange (EDI) claims are loaded directly into the system along with the data-entered claims. Together, these claims run through scheduled batch adjudication cycles during which the system applies standard edits. Standard system edits include enrollee eligibility, provider status and rates, authorization requirements, covered diagnoses, covered services, and coordination of benefits (COB) and duplicate checking. Magellan’s system has the flexibility to run additional jobs on an as-needed basis without adversely affecting system availability or performance.

Once the adjudication process applies the system edits, a claim either adjudicates to a pay/deny status or is pended for additional review. The system supports an online pended queue that can be assigned to staff using multiple rules. Staff may be assigned by a group of accounts, by a specific account, or even by a specific type of pended code. Once a claims

processor enters the pended queue, claims are presented to the processor using a first-in/first-out rule. The processor examines the edits; has access to view the claim image, provider, and authorization information; and then is able to finalize the pended claim using the online adjudication process. Those claims that are not eligible for auto-adjudication (such as CMS 1500 with attachments and UB04s) are routed electronically to the appropriate claim unit for online adjudication by claims processors.

We track pended claims for reporting purposes. If a claim with missing information is entered, the system is coded to deny the claim and provide an explanation of the additional information needed. Depending on the type of denial, contract, or procedures, providers can call in additional information that can be used to readjudicate the claim.

After claims are finalized and assigned a pay/deny status, Magellan initiates a scheduled check run to issue checks to providers, and Explanations of Benefits (EOBs) to consumers when appropriate. This communication provides details of Magellan's payment and/or denial of payment.

Eligibility System

Magellan's system successfully manages changes to eligibility for retroactive eligibility and adjudicates claims based on a consumer's eligibility status on any given day.

Our eligibility system processes changes in eligibility received from the Iowa Plan on a daily basis. The system and workflow in place today is configurable and will readily accommodate the new and older 65 population. The eligibility system of CAPS maintains relevant consumer profile data, including enrollment per eligibility date spans, benefit plans (i.e., types of coverage), historical data (i.e., enrollment audit trail), and demographic data (For Example., Medicaid ID number, social security number, date of birth, gender). Enrollment data is received and uploaded into the eligibility system. Once loaded, eligibility information is used by the claims system for establishing benefit plans and approving services. We can locate consumers within the system using various search elements, including member number, name, and social security number. The member's eligibility data is maintained on the system following termination to allow for historical reporting, lapses in coverage, and lag time for claims submission.

EFT/ERA

Providers can sign up for Electronic Fund Transfer (EFT) and Electronic Remittance Advice (ERA). With EFT, funds are transferred electronically into the provider's bank account. The alternative to an EFT is to send/receive payments via paper check. ERA is an electronic version of the Explanation of Payment (EOP) that providers typically receive via mail on paper. The options of EFT and ERA are available to providers whether the provider is submitting files directly to Magellan, working with a clearinghouse, or submitting claims on paper, but by combining electronic file submission, EFT, and ERA, providers have the opportunity to benefit from a completely paperless claim encounter process.

IDPH Funds

Magellan has significant experience validating payment levels with the Iowa Service Management and Reporting Tool (I-SMART) utilization data in Iowa. We have been serving the statewide program since 1996 using prospective reimbursement arrangements that are reconciled to actual encounter-based case rate reimbursements, grant funding, and block purchases. Our internal programmers are very familiar with the reporting needs of IDPH.

Magellan utilizes accounting systems that identify expenditures at the funding source level. Specifically, we utilize the Lawson general ledger system for the Iowa Plan. Through the use of a cost-center-based system, Lawson allows for the reporting of expenditures at the contract and funding source level that this RFP requires. This enables us to capture separately the service costs for Medicaid versus the IDPH provider payments. Our accounts payable system allows for segregated coding that identifies payment to the distinct fund source.

We apply specialized reporting processes from the general ledger to match payment and utilization data, allowing for a reconciliation and payment validation for any block payment or grant funding in this program.

Coordination of Benefits

Magellan recognizes that Medicaid is always the payor of last resort, and will report any findings of Third Party Liability (TPL) for an Enrollee or IDPH Participant to the Departments.

It is critical to have procedures in place for determining TPL and for handling third-party collections. System edits are in place to identify potential TPL situations, and proper coordination of benefits logic is applied in claims payments. This

system is programmed using “Order of Benefit Determination” logic, assuming Medicaid is the payor of last resort. Additionally, for those services that are covered by the Iowa Plan but are known not to be covered by Medicare, the system is configured to allow claims for those services to process without denying Medicare coverage. This configuration is already in place and lessens the administrative burden on providers by allowing the claims for the new and older 65 Enrollee population to pay using this logic.

Magellan dedicates an entire department to capturing savings for our customers and developing methods for detecting “Other” or TPL. Our cost containment department is accessible and highly visible to customers and providers of care. Its main function is to provide claims examiners with the best resources for discovering and processing claims involving COB, and for tracking the amount of money saved through COB.

b) Describe the Bidder's experience in implementing contracts in which the claims payment process supported the accurate and timely payment of claims as of the first day of operations.

Include the names of the programs, the number of covered lives in each, and provide the names, telephone numbers and e-mail addresses of three references that can be contacted to verify the description submitted by the Bidder.

Magellan welcomes the opportunity to continue working with the Departments. We are already in place to serve the needs of the new contract with additional system processors, storage, and memory resources available on demand for immediate allocation if needed. Since Magellan systems are currently available and online for the Iowa Plan, the Departments are guaranteed continued exemplary performance on day one of the contract renewal.

As outlined in question 7A.2.19.a, Magellan is currently exceeding the requirements for accurate and timely processing of claims for the Iowa Plan today, and will continue to do so. Our hardware systems platform is scalable, reliable, and proven capable of accommodating new application volumes without adversely affecting system performance.

After review of the new requirements of this RFP and the inclusion of the and older 65 population, we have determined that there are no programming changes or major implementation tasks that are required. Our systems are highly configurable and can easily accommodate the new populations and benefits as required.

Magellan's claims system, CAPS, has been in use by Magellan since 1994 and continues to be enhanced and grow with the needs of our customers. CAPS supports 41 million eligible lives today and paid approximately 11 million claims in 2008. We implement CAPS for every contract for which claims are paid. Magellan has many years of experience implementing our payment management system for several public sector contracts including but not limited to Maricopa County, Arizona, all three regions of Tennessee's TennCare program, and five counties in Pennsylvania. Each of these contracts includes multiple funding streams with many providers. We successfully implemented all these contracts by the scheduled due date, paying claims accurately and timely beginning the first day of operations.

The program names, number of covered lives, program contact name, contact telephone number, and contact e-mail address of three references to verify the description submitted by Magellan are included in Table 7A.2.19.b.1.

Table 7A.2.19.b.1 – References

Program Name	Number of Covered Lives	Contact Name	Contact Telephone Number	Contact e-mail Address
Maricopa County, Arizona	590,000	Dr. Laura Nelson, Acting Deputy Director	602-364-1947	NELSONLA@azdhs.gov
Tennessee – TennCare Select	71,500	Candace L. Gilligan, R.N., Executive Director of Managed Care, Tennessee Department of Mental Health and Developmental Disabilities	615-253-5291	candace.gilligan@state.tn.us
Pennsylvania – Delaware County	62,900	Jonna DiStefano, Administrator, Delaware County, Pennsylvania Department of Human Services, Office of Behavioral Health	610-713-2375	DiStefano@co.delaware.pa.us

7A.2.20 Fraud and Abuse

a) Describe how the Bidder will comply with the Departments' Fraud and Abuse requirements and provide examples of how your internal controls successfully work to prevent such Fraud and Abuse.

Complying with the Departments' Fraud and Abuse Requirements

Magellan is committed to and has demonstrated exemplary performance in preventing, detecting, and reporting health care fraud and abuse in compliance with the Departments' requirements and all applicable federal and Iowa laws. We maintain the following internal controls, policies, and procedures that are designed to prevent, detect, review, report, and assist in the prosecution of fraud and abuse activities by employees, providers, subcontractors, and Eligible Persons.

Fraud and Abuse Plan

Magellan's comprehensive fraud and abuse program is documented in our Iowa Plan Fraud and Abuse Plan, which complies with all current contractual and regulatory requirements. We will update our plan and submit it to the Department of Human Services (DHS) for approval prior to the new contract implementation date. The following description is a summary of the content that we will include in the updated Magellan Fraud and Abuse Plan.

Designated Iowa Compliance Officer and Compliance Committee

Magellan's executive director is accountable for reducing fraud and abuse for the Iowa Plan contract. Reporting to the executive director is the director of quality assurance (QA and performance improvement), who serves as our designated Iowa compliance officer. The Magellan Quality Improvement Committee (QIC), which includes management representatives from all key functional areas, serves as our local Iowa compliance committee. Fraud and abuse is a standing agenda item on the QIC's monthly meetings. As the compliance committee, the QIC oversees the implementations and operations of contractual and regulatory requirements, as well as the fraud and abuse program. The compliance committee reviews recommendations for any program changes including specific activities designed to prevent and detect fraud and abuse. The committee also reviews data in an effort to identify any trends that would require further analysis.

Other Organizational Resources

The Magellan Fraud and Abuse Program is supported by the following corporate Magellan Health Services, Inc. organizational resources:

Special Investigations Unit. The foundation of Magellan's fraud and abuse investigation and reporting activities is handled by the corporate Special Investigations Unit (SIU), which is responsible for protecting the assets of Magellan and its clients by detecting, identifying, and deterring fraud and abuse through internal and external auditing. SIU handles the investigation of any alleged fraud or act of dishonesty on the part of any employee or agent of Magellan; any affiliated company or partnership; and any supplier, borrower, or other person with whom Magellan does business. SIU is responsible for conducting the following activities:

- detecting, investigating, and reporting potential and actual fraud and abuse on the part of consumers or providers
- recovering monies received through fraudulent means
- investigating referrals and tips identified through internal and external auditing
- maintaining thorough and objective documentation of all findings
- developing appropriate strategies to bring cases to timely, successful conclusions
- developing relationships with and using the resources of other Magellan departments, law enforcement, government agencies, professional associations, and client SIU departments during the course of investigations
- complying with federal and state regulatory compliance and fraud reporting requirements
- ensuring staff training and understanding on fraud and abuse.

Because we use an investigation unit outside of Iowa, we are able to deliver completely impartial investigations which would be more difficult for Magellan Iowa staff that are imbedded in the Iowa community and have relationships with providers through administration of the Iowa Plan. The SIU has an investigator specifically assigned to Iowa who works closely with the Iowa compliance officer and other staff to implement our fraud and abuse efforts and to review potential issues.

Magellan Health Services, Inc. Corporate Compliance Officer and Compliance Committee. Magellan of Iowa's compliance officer and compliance committee are supported by the Magellan Health Services, Inc. Corporate Compliance Department (Corporate Compliance Department) and Corporate Compliance Committee. The Corporate Compliance Department consists of four attorneys and four corporate compliance directors and is headed by the corporate compliance officer. The Iowa compliance officer maintains regular communication with the attorney and regional compliance director specifically assigned to Iowa as well as the corporate compliance officer. This relationship allows the Iowa compliance officer to draw upon and access a broader range of resources in implementing the Iowa Compliance Program, including but not limited to, the fraud, waste, abuse prevention, detection, and remediation.

The chief compliance officer (CCO) reports to the general counsel and board of directors, administers the corporate compliance department, and heads the Corporate Compliance Committee. Magellan's Iowa compliance officer in conjunction with the CCO maintains communication with employees related to the detection and prevention of fraud and abuse and ensures that policies and procedures relating to compliance, fraud, and abuse are effectively communicated to Magellan employees through coordinated oversight.

The Corporate Compliance Committee consists of executive management representing Magellan's operational and business units and the following departments: clinical, network, human resources, health plan, public sector, finance, employer solutions, and legal department. The CCO also sits on the National Quality Council, which oversees quality improvement activities for the company. The Corporate Compliance Committee oversees the implementation and operation of the Corporate Compliance Program including review of reports and recommendations of the CCO regarding compliance and fraud and abuse activities.

Written Policies and Procedures and Standards of Conduct

The Magellan Corporate Compliance Handbook outlines the written policies, procedures, and standards of conduct that include the fundamental rules that Magellan employees are required to follow. We distribute the Corporate Compliance Handbook to all employees when they begin working at Magellan, and all employees review it annually, so they are familiar with the ethical and legal standards with which they are required to comply. The Corporate Compliance Handbook addresses but is not limited to the following topics:

- confidentiality of health information
- licensure and/or certification
- Sarbanes-Oxley Act
- employment reference checks and drug screening (background checks)
- Federal Anti-Kickback Statute
- Federal False Claims Act, including federal whistleblower protection
- billing
- state false claims laws, including state whistleblower protections.

In addition to the Corporate Compliance Handbook, Magellan also has corporate policies and/or procedures in place to address the following areas:

- compliance with federal laws including, but not limited to, Medicaid fraud and abuse
- Medicare fraud and abuse
- Federal False Claims Act (31 U.S.C. § 3279);
 - Anti-Kickback Statute (42 U.S.C. § 1320a-7b)
 - Health Insurance Portability and Accountability Act (45 CFR 160 and 164)
 - Federal Debarment and Suspension regulations (45 CFR 74 Appendix A (8) and Executive Order 12549 and 12689)
- network and credentialing
- overpayment and underpayment identification
- reviewing employees, board members, and officers for Office of Inspector General (OIG) debarment or exclusion at hire and at least monthly thereafter
- reviewing providers and subcontractors for OIG debarment or exclusion upon contract execution and on a monthly basis thereafter
- prescription drug fraud
- fraud, waste, and abuse violation referrals to state agencies and/or law enforcement
- responding to data requests from Centers for Medicare and Medicaid Services (CMS), state and federal agencies, and law enforcement.

Employee Training and Education

Magellan conducts and documents compliance training sessions for all new employees (including managers), physician advisors, and behavioral health care professional advisors within 30 days of hire. The initial training for all employees and professional staff members includes a review of the Corporate Compliance Handbook, the standards of conduct, and all applicable policies and procedures. All employees are advised of changes to these documents within 30 days through re-distribution or via the corporate intranet. In addition, to ensure that employees and agents are familiar with our Corporate Compliance Program, Magellan's corporate compliance department maintains ongoing communication with our employees in Iowa. If the CCO determines that written materials are not sufficient to familiarize employees and advisors with amendments to the Magellan Corporate Compliance Handbook or Magellan's policies and procedures or changes in the applicable law, we conduct interim training sessions.

In addition, all Magellan employees must complete annual training on the following topics:

- Magellan's Corporate Compliance Handbook, which includes a review of the Federal False Claims Act and associated whistleblower protections
- applicable state false claims laws including civil or criminal penalties for making false claims and statements, the "whistleblower" protections afforded under such laws, and the role of such laws in preventing and detecting fraud, waste, and abuse
- Fraud Identification and Recognition Education (F.I.R.E.), designed to provide a high-level overview of Magellan's efforts at addressing fraud, waste, and abuse.

Notification

Magellan notifies Enrollees of Magellan's fraud and abuse program through the Iowa Plan Client Handbook. Information provided therein includes definitions of fraud and abuse, the provisions of the Deficit Reduction Act, and instructions on how to address questions or concerns about fraud or abuse through the Iowa Plan grievance process. We notify providers through the Provider Manual about Magellan's fraud and abuse program and practices, including the fact that allegations will be reported and investigated. Notification documents will also be accessible to both Eligible Persons and providers through Magellan's new dedicated Iowa Web site: www.MagellanofIowa.com.

Publicizing Disciplinary Guidelines

We enforce consumer and provider standards through well-publicized disciplinary guidelines, review employee disciplinary guidelines during all initial orientations, distribute them in the Employee Handbook, and make them available to all employees through the Magellan Web site. Provider responsibilities and disciplinary guidelines are stated in provider contracts and handbooks, and through the Magellan Web site. The CCO works with the appropriate internal and external departments to implement follow-up actions and other mechanisms for disciplinary action when appropriate.

Magellan's policy on confidentiality applies to all fraud information from the initial identification to resolution and through record maintenance. Magellan ensures that the identities of individuals reporting violations of the Compliance Plan are protected and ensures that no retaliation be brought against any individual who reports plan violations or suspected fraud.

Fraud and Abuse Activities

In addition to the fraud and abuse activities already described above in the Fraud and Abuse Plan summary, Magellan conducts the following activities to detect and investigate fraud and abuse.

Claims Edits

Magellan has established specific objectives to prevent and detect fraud. The Magellan claims processing systems use an assortment of controls including user IDs and passwords, profiles, and system edits, which in combination provide control over access to specific systems and functions. User IDs and passwords limit system access to those individuals designated as approved users. We use menu options to control and limit claim handling functions available to any one individual. In addition, we segregate duties so that no one user has control of a process from start to finish.

System edits are configured to adjudicate claims in accordance with processing requirements. The edits validate claim information against existing system data in order to determine the final status of the claim. Various types of system edits exist within the systems and are classified into two categories: *soft edits*, which generate informational messages. Soft edits do not stop processing; and *hard edits*, which display messages on the input screen and stop processing. Override capability for hard edits is restricted to a limited number of users.

Internal Monitoring and Auditing

We train all personnel to recognize fraud indicators or issues that may warrant additional investigation by the Magellan SIU. Initial identification of suspicious activity may occur through any one of the following means: internal claims audits; recognition of altered bills; eligible person's grievances and complaints; case record audits/on-site provider reviews; peer review activities; and other (For Example., OIG exclusion notices).

Claim Fraud Indicators

SIU publishes an extensive list of fraud profile indicators on Magellan's internal SIU Web site to assist our claims personnel in identifying claims that merit further investigation. Indicators include but are not limited to the following conditions:

- multiple bills submitted for the same service for the same patient
- improper coding of services provided
- misrepresentation of provided service locations or service units provided
- frequent telephone inquiries on the status of a claim
- charges for services by someone other than the billing provider, or outside the scope of the practitioner's license
- charges paid in error and acknowledged by the provider for which the provider refuses to return compensation
- complaints from consumers regarding quality of services or services not rendered
- claims that have been altered
- two or more consumers of the same family receiving the same services on the same dates by the same provider
- billing for more services than are likely to be performed in one day
- pressure or threats from providers or consumers for rapid claims payment or special treatment
- being told to "just forget it" when asking for more information or documentation relating to a claim
- routine services performed on holidays
- excessive distance between the provider's location and the patient's home for outpatient services performed in the provider's office.

Investigation of Claim Fraud

All Magellan employees are responsible for reporting potentially fraudulent behavior. For issues identified through the claims department, initial responsibility for recognition of potential fraud rests with the claim supervisors, processors, cost containment personnel, managed care personnel, and customer service associates. SIU maintains a 24-hour hotline for employees to report suspected fraud and abuse. The hotline is staffed by trained personnel who treat all calls confidentially and document such reports on an SIU Referral Form. Magellan prohibits any employee from taking retribution against an employee that contacts the Compliance or SIU Hotline.

SIU staff investigates all reports of potential fraud and abuse. Investigation of suspected fraudulent claims payment may include, but not be limited to:

- review of all claims submitted by a particular provider and/or consumer seeking potential patterns and outliers of claim submission
- completion of a 1099 file analysis of claim payments
- communication to provider and/or consumer as deemed appropriate to determine needed information, for example, letter to consumer confirming treatment dates submitted by provider. These reviews will focus only on records and information.

Unresolved issues are forwarded to the CCO for resolution.

Fraud and Abuse Reporting

Magellan systematically tracks all suspected fraud and abuse cases in our fraud and abuse tracking system. On initial suspicion that an issue might constitute fraudulent or abusive practices, Magellan quality staff review the provider's quality file for indication that the issue has been addressed previously. If it has not, Magellan provides targeted training on the identified practice, advises the provider to make necessary corrections, and documents the activities in the tracking system. If Magellan is in doubt about whether the situation has been addressed previously, quality staff will consult with the corporate SIU to determine the appropriate action. If provider education has already taken place related to the issue, Magellan quality staff will immediately refer the issue to SIU and to the Departments within 10 days of identification of

the potential fraud and abuse. The general manager (executive director) or the director of QA will use forms approved by the Departments and include detailed information about the concern. At that point, the Departments staff will be referred directly to SIU for any further necessary communication regarding the case. Magellan's Iowa staff will only be involved going forward if the Departments or SIU requests their assistance. Magellan includes summary information on fraud and abuse in quarterly Quality Improvement Reports as well as the Annual Quality Assurance Report.

Examples of How Internal Controls Successfully Prevent Fraud and Abuse

Magellan has implemented a number of internal controls in Iowa to prevent fraud and abuse, including the following.

Data Mining

The Iowa Care Management Center staff works with SIU to regularly identify specific areas to use claims data for identifying any further concerns that would warrant further investigation. For example, if a QI clinical reviewer finds an issue when checking records against claims in which a provider was billing incorrectly, the reviewer refers the issue to the corporate recovery unit to address the overpayment. If the QI staff notices a pattern in repayment issues, we may ask SIU to mine the claims data to search for similar patterns that may be indicative of the same issue with other providers. If SIU finds similar billing patterns, the QI clinical reviewers may do targeted reviews to determine if these billing patterns indicate a problem across the network. As is the case with other first-time issues, the reviewers or other Magellan staff conduct technical assistance and document the issues. If the same issues with the same providers show up in the future, the QI clinical reviewer refers the case to SIU and to DHS for further investigation of potential fraud.

As a result of last year's data mining effort in Iowa, SIU started two high-priority investigations. One is still in process and the other resulted in identified overpayments of \$490,962.11 and was reported to our client, DHS. Our corporate compliance unit assumed responsibility for recovering this money.

Iowa Plan Member Service Verification

Monthly, Magellan mails a questionnaire listing services that were billed to a random selection of 100 Iowa Plan consumers with paid claims during the previous quarter. The questionnaire asks for the individual to indicate whether services were received or not and to return the form in a postage-paid envelope. We keep the results in a database and a QI specialist follows up on any discrepancies. If there are any concerns about whether consumers received actual services for which they were billed, the case is forwarded to SIU for further investigation to determine whether the activity was fraudulent or abusive. This process began in November 2008, and the response rate for the first few months has averaged 37 percent with an average of one discrepancy per month. The QI specialist initially evaluated these discrepancies and determined that the cases in question were related to consumers' misinterpretation of the services reported in the questionnaire. In fact, consumers had received the services in question. In response to the QI specialist's findings, Magellan adjusted the questionnaire to indicate monthly services more clearly and, therefore, avoid confusion on the part of consumers completing the questionnaire.