Iowa Plan for Behavioral Health
Iowa Plan Priorities

- Continue expansion of recovery and rehabilitation services
- Coordinate services for those with co-occurring conditions
- Reduce readmission rates
- Improve services for children and families – work with PMICs
- Provide Services to Enrollees aged 65 and older in the Iowa Plan
- Coordinate with other state and local agency efforts
- Expand measurement of outcomes
- Continuous quality improvement
- Integrate Clinical with BHIS Services
- Increase credentialing standards for BHIS Providers
Overview of Membership

IDPH (Block Grant), 22,000

Medicaid Managed Care, 398,500

June 30, 2011
DHS - Medicaid Enrollees

Iowa Plan Enrolled
- Age 65+ population (population added in 2010)
- FMAP children and adults
- SSI children and adults
- Dual Eligible -- Medicare and Medicaid
- Children in a foster care placement

Not Enrolled
- Medically needy with a cash spend-down
- Persons living at Woodward or Glenwood State Hospital Schools
- Those whose benefits are limited such as Qualified Medicare Beneficiaries, Presumptive Eligible, illegal aliens
IDPH

- Participants:
  - Up to 200% of poverty
  - Iowa resident

- Payment of “last resort”

- Providers are “block granted” for a minimum number of clients

- Providers at risk

- Providers selected through an RFP process
COVERED MENTAL HEALTH DIAGNOSES as defined in the ICD-9-CM

- 290-290.9 Senile and presenile organic psychotic conditions
- 293-293.9 Transient organic psychotic conditions
- 294-294.9 Other organic psychotic conditions (chronic)
- 295-295.9 Schizophrenic disorders
- 296-296.9 Affective psychoses
- 297-297.9 Paranoid states
- 298-298.9 Other non-organic psychoses
- 299-299.9 Psychoses with origin specific to childhood
- 300-300.9 Anxiety states
- 301-301.9 Personality disorders
- 302-302.9 Sexual deviations and disorders
306-306.9 Physiological malfunction arising from mental factors
307-307.9 Special symptoms or syndromes, not elsewhere classified
308-308.9 Acute reaction to stress
309-309.9 Adjustment reaction
311 Depressive disorder not elsewhere classified
312-312.9 Disturbance of conduct, not elsewhere classified
313-313.9 Disturbance of emotions specific to childhood and adolescence
314-314.9 Attention deficit disorder
COVERED SUBSTANCE ABUSE DIAGNOSES as defined in the ICD-9-CM

- 291 Alcoholic Psychoses
- 292 Drug Psychoses
- 303 Alcohol Dependence Syndrome
- 304 Drug Dependence
- 305 Non-Dependent Abuse of Drugs
## Medicaid Member Diagnostic Profile:
**Top 5 Inpatient and Outpatient Diagnostic Groups**

<table>
<thead>
<tr>
<th>Inpatient Diagnosis</th>
<th>% of Diagnoses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressive Disorders</td>
<td>23.30%</td>
</tr>
<tr>
<td>Bipolar Disorders</td>
<td>11.60%</td>
</tr>
<tr>
<td>Adjustment Disorders</td>
<td>7.90%</td>
</tr>
<tr>
<td>Schizophrenia Disorders</td>
<td>7.70%</td>
</tr>
<tr>
<td>Attention-Deficit/Hyperactivity Disorders</td>
<td>7.10%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outpatient Diagnosis</th>
<th>% of Diagnoses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressive Disorders</td>
<td>21.40%</td>
</tr>
<tr>
<td>Adjustment Disorders</td>
<td>12.40%</td>
</tr>
<tr>
<td>Attention-Deficit/Hyperactivity Disorders</td>
<td>10.50%</td>
</tr>
<tr>
<td>Bipolar Disorders</td>
<td>8.30%</td>
</tr>
<tr>
<td>Schizophrenia Disorders</td>
<td>6.20%</td>
</tr>
</tbody>
</table>
Mental Health Services

- ambulance services for psychiatric conditions;
- emergency services for psychiatric conditions, available 24 hours per day, 365 days per year;
- inpatient hospital care for psychiatric conditions;
- dual diagnosis mental health and substance abuse treatment provided at the state mental health institute at Mount Pleasant;
- outpatient hospital care for psychiatric conditions, including: intensive outpatient services; individual and group therapy; medication administration; activity therapies (within the milieu of placement, not as a stand-alone service); family counseling; partial hospitalization; day treatment;
- psychiatric physician, advanced registered nurse practitioner services, and physician assistant services including consultations requested for Enrollees receiving treatment for other medical conditions;
Mental Health Services (continued)

- services of a licensed psychologist for testing/evaluation and treatment of mental illness;
- services in state mental health institutes for Enrollees under the age of 21 or through the age of 22 if the Enrollee is hospitalized prior to the Enrollee’s 21st birthday;
- services in state mental health institutes for Enrollees 65 and over;
- services provided through a community mental health center, including: services of a psychiatrist; services of a clinical psychologist; services of a licensed social worker; services of a psychiatric nurse; day treatment; home health services;
- Targeted Case Management services to Enrollees with chronic mental illness;
- medication management and counseling by appropriately credentialed professionals such as pharmacists, or physician assistants;
- medication compliance management;
- psychiatric nursing services by a home health agency;
Mental Health Services (continued)

- psychiatric or psychological screenings required subsequent to evaluations for persons applying for admission to nursing homes;
- mobile crisis services;
- mobile counseling services;
- programs of Assertive Community Treatment;
- mental health services determined necessary subsequent to an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program screening, and
- second opinion as medically necessary and appropriate for the Enrollee’s condition and identified needs from a qualified health care professional within the network or arranged for outside the network at no cost to the Enrollee.
- Behavioral Health Intervention Services (BHIS) as of July 1, 2011
Substance Abuse Services

- Outpatient Treatment (ASAM PPC-2R Level I.);
- Ambulatory Detoxification (ASAM PPC-2R Level I.D.) (Enrollees only);
- Intensive Outpatient (ASAM PPC-2R Level II.1.);
- Partial Hospitalization (day treatment) (ASAM PPC-2R Level II.5.);
- Ambulatory Detoxification (ASAM PPC-2R Level II.D.) (Enrollees only);
- Clinically Managed Low Intensity Residential Treatment (ASAM PPC-2R Level III.1.);
- Clinically Managed Residential Detoxification (ASAM PPC-2R Level III.2-D.) (Enrollees only);
- Clinically Managed Medium Intensity Residential Treatment (ASAM PPC-2R Level III.3.);
- Clinically Managed High Intensity Residential Treatment (ASAM PPC-2R Level III.5.);
- Medically Monitored Intensive Inpatient Treatment (ASAM PPC-2R Level III.7.);
- Medically Monitored Inpatient Detoxification as per ASAM PPC-2R Level III.7-D.) (Enrollees only);
- Medically Managed Intensive Inpatient Services (ASAM PPC-2R Level IV.) (Enrollees only);
Substance Abuse Services (continued)

- Medically Managed Inpatient Detoxification (ASAM PPC-2R Level IV-D.) (Enrollees only);
- detoxification services including such services by a provider licensed under chapter 135B (Enrollees only);
- PMIC substance abuse services consisting of treatment provided by a substance abuse licensed PMIC and consistent with the nature of care provided by a PMIC as described in Iowa Code chapter 135H (Enrollees only);
- emergency services for substance abuse conditions available 24 hours a day, seven days a week (Enrollees only);
- ambulance services for substance abuse conditions (Enrollees only);
- intake, assessment and diagnosis services, including appropriate physical examinations, urine screening, and all necessary medical testing to determine a substance abuse diagnosis, identification of medical or health problems, and screening for contagious diseases;
Network Initiatives

- **TeleHealth** -- Total unique members using telehealth:
  - 2009 = 261
  - 2010 = 575
  - 2011 (to date) = 1168

- **Integrated Health Home**

- **Crisis Intervention Services**

- **Peer Support programs:**
  - Consumer Peer Support
  - Parent Peer Support
## Medicaid Members and Provider Ethnicity

<table>
<thead>
<tr>
<th>Ethnic Background</th>
<th>Members</th>
<th>Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>73%</td>
<td>69.81%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>13%</td>
<td>0.96%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>8%</td>
<td>1.47%</td>
</tr>
<tr>
<td>Native American</td>
<td></td>
<td>0.38%</td>
</tr>
<tr>
<td>Asian/Pacific Island</td>
<td></td>
<td>2.17%</td>
</tr>
<tr>
<td>Other</td>
<td>6%</td>
<td>1.40%</td>
</tr>
<tr>
<td>Not Reported</td>
<td></td>
<td>23.80%</td>
</tr>
</tbody>
</table>
IA CMC Practitioners report speaking 29 languages in addition to English.
Cultural Competency

- Spanish Versions of Member Materials
- Pay for Interpreters
- Use Pacific Interpreters Translation Services
- Provide access to TDD (Telecommunications Device for the Deaf)
- Cultural Competency Work Plan and supporting committee
- Member Satisfaction Assessed Through Annual Survey & Complaint Analysis
- Annual Cultural Competency Continuing Education offerings and other required Cultural Competency Training for all Staff
Opportunities for Public Input

- Advisory Committees
- Roundtables
- Transition Committee for BHIS
- Stakeholder Circles
Input Opportunities

- **Advisory Committees**
  - Advise on specific issues regarding the Iowa Plan
  - Contractually required – members approved by Departments

- **Subcommittees**
  - Subcommittees of QIC
  - Membership includes Magellan staff who represent various departments

- **Service-Specific Roundtables**
  - Further the development of particular services across the state
  - Identify and implement best practices, address barriers, bring new ideas, and share experiences

- **Stakeholder Circles**
  - Networking opportunity specific to particular demographics and constituencies
  - Open invitation to anyone interested
Communication Loops Through…

- **Iowa Plan Advisory Committee**
  - Appointed by Departments
  - Advises on strategic and operational issues
  - Provides ongoing public input into Iowa Plan evolution
  - Reviews the annual Quality Assessment and Performance Improvement Plan
  - Provides input to the Departments on annual Quality Improvement Goals and periodic review of performance relative to those goals;
  - Reviews year-end performance relative to the QA Plan, including review of the Performance Indicators;
  - Provides feedback on operational issues being experienced by consumers, family members, and/or providers, and
Quality Improvement Committee (QIC)

- Magellan, Departments, Providers, Consumers, and Family Members
- Authority over the Iowa Plan QI Program
- Review, evaluation, and documentation of all QI initiatives
Member Satisfaction with Magellan

The Iowa CMC Member satisfaction scores have improved between 2009 - 2010.
# Member Satisfaction with Magellan Providers

## Adult and Adolescent Member Satisfaction Survey

<table>
<thead>
<tr>
<th>Question</th>
<th>Adult</th>
<th>Adolescent</th>
</tr>
</thead>
<tbody>
<tr>
<td>I liked the services I received from my provider.</td>
<td>87.2% 88.1%</td>
<td>85.9% 86.3%</td>
</tr>
<tr>
<td>I was able to see a psychiatrist when I wanted to.</td>
<td>75.6% 77.4%</td>
<td>76.8% 77.9%</td>
</tr>
<tr>
<td>Staff members were sensitive to my cultural background (race, religion,</td>
<td>79.6% 84.9%</td>
<td>84.1% 86.6%</td>
</tr>
<tr>
<td>language, customs, etc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I, not a staff member, decided what my treatment goals should be.</td>
<td>68.0% 73.3%</td>
<td>84.3% 84.9%</td>
</tr>
<tr>
<td>My child was encouraged to use consumer-run programs (support groups,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>drop-in centers, crisis phone line, etc.)</td>
<td>53.4% 56.4%</td>
<td></td>
</tr>
</tbody>
</table>
Provider Satisfaction with Magellan

Provider Satisfaction

<table>
<thead>
<tr>
<th>Year</th>
<th>Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>90.9%</td>
</tr>
<tr>
<td>2010</td>
<td>91.6%</td>
</tr>
</tbody>
</table>
Input from the Iowa Plan

Customers

- Operational discussions – as needed and often daily
- Monthly Quality Improvement Committee
- Monthly Iowa Plan Operations Committee
- Quarterly Iowa Plan Advisory Committee
- Participants in all Community Opportunities for Input
- Collaborative Quality Improvement Projects
- Accreditation & Regulatory Support
Organizational Structure
## Capitation Break-Out for Medicaid and DPH ASO Fee

<table>
<thead>
<tr>
<th>Medicaid - Full Risk</th>
<th>DPH – ASO fee</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical</strong></td>
<td></td>
</tr>
<tr>
<td>85.0% = Services/Claims Costs</td>
<td>97.1% = Services</td>
</tr>
<tr>
<td>2.5% = Community Reinvestment Fund</td>
<td>2.9% = Administration</td>
</tr>
<tr>
<td>12.5% = Administration/Profit/Overhead</td>
<td></td>
</tr>
<tr>
<td><strong>BHIS</strong></td>
<td></td>
</tr>
<tr>
<td>94% = Services/Claims Costs</td>
<td></td>
</tr>
<tr>
<td>6% = Administration/Profit/Overhead</td>
<td></td>
</tr>
</tbody>
</table>
Magellan of Iowa

Making a Difference in the lives of Iowans TOGETHER