

# PMIC Transition Committee: Meeting Two

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PURCHASING

# Mental Health PMICs Today

- Licensed Beds
- Average Length of Stay
- Rate Setting Methodology
- PMIC Survey Responses

# Licensed PMIC Beds

Current Number of Licensed PMIC Beds	
Facility Name	Licensed Beds
Boys and Girls Homes	72
Children's Square	48
Cornerstone Recovery/Children and Families of Iowa	11
Four Oaks - Mason City Campus	46
Four Oaks-Cedar Rapids	52
Hillcrest Family Services	12
Independence MHI/PMIC	30
Jackson Recovery Centers	41
Lutheran Services in Iowa/Bremwood Campus	12
Lutheran Services Beloit	30
Orchard Place	103
Tanager Place	60
Alegent Mercy	15
Total	532

# Average Lengths of Stay (ALOS) by PMIC

SFY'11 ALOS for Medicaid Members			
Facility Name	# of members	bed days	ALOS
Boys and Girls Homes	44	7545	171
Children's Square	44	9610	218
Cornerstone Recovery/Children and Families of Iowa	13	2358	181
Four Oaks - Mason City Campus	31	11120	359
Four Oaks-Cedar Rapids	30	9960	332
Hillcrest Family Services	12	3251	271
Independence MHI/PMIC	34	4720	139
Jackson Recovery Centers	2	212	106
Lutheran Services in Iowa/Bremwood Campus	18	4013	223
Lutheran Services Beloit	19	6933	365
Orchard Place	82	21989	268
Tanager Place	64	17741	277
Overall	393	99452	253

# PMIC Rate Setting Methodology

- **Privately Owned Providers:**
  - Based on actual and allowable cost to maximum rate
    - 103% of statewide average plus inflation (\$189/day)
  - Facility submits costs reports to state
  - Payment through interim rate based on previous years retrospectively calculated rate
  - Retroactive cost settlement to adjust claims to final rate
- **State Owned Providers:**
  - Based on actual and allowable costs
  - Not subject to maximum rate
  - Rates calculated on retrospective costs and adjusted to actuals retroactively

# PMIC Survey Responses

- Responding PMICs (results on separate matrix):
  - Tanager Place (Cedar Rapids)
  - LSI (Bremwood; Beloit)
  - Boys & Girls Home (Sioux City)
  - Christian Home Association (Children's Square)
  - Orchard Place (Des Moines)
  - Hillcrest (Dubuque)

# Substance Abuse PMICs

- Currently managed within Iowa Plan:
  - Alegent
  - Jackson Recovery
- SFY 2011 Data
  - Received 253 initial SA PMIC authorizations
    - Approved 241
    - 12 redirected to another level of care
  - Average Length of Stay: 66.4 days
  - Readmission rate to PMIC-SA in Iowa Plan Network
    - 30 day rate: 14.2%
    - 90 day rate: 14.7%

# Substance Abuse PMICS (continued)

- Individuals leaving SA PMICS were discharged to:
  - Home: 59.9%
  - Supervised residential: 10.1%
  - PMIC: 4.2%
  - Hospital: 4.2%
  - Juvenile Detention: 3%
  - Mental Health Institution: 3%
  - Relative/friend home: 3%
  - Residential Care Facility: 1.7%
  - Emergency Shelter: 1.3%
  - Other (foster home, halfway house, DCS): 1.2%
  - Unknown: 8%

# What Services do PMICs Provide Today?

- Inpatient psychiatric services for children that require inpatient services and cannot be served in the community
- Conduct a psychiatric evaluation
- Develop an individual comprehensive treatment plan
  - Substantiated diagnosis
  - Short and long term goals
  - Specific treatment modalities
  - Responsibilities of the treatment team

# What services to PMICs provide today?

- Utilize professional to direct organized plan of
  - Diagnostic services
  - Psychiatric care
  - Nursing care
  - Rehabilitative services
- Discharge planning

# Findings of Children's Redesign Workgroup

- Residential/PMIC services are not providing optimal impact due to disconnect with community-based services, reimbursement practices and insufficient care/continuity management.
- Lack of appropriate step-down opportunities
  - keeps children/youth at higher levels of care,
  - impacts successful transition and impacts permanency.

# Findings of Children's Redesign Workgroup

- Transition planning in and out of institutional settings is insufficient.
  - Lack of continuity during the course of care (during admission, course of stay, return to community).
  - Insufficient support of and involvement with the family during treatment and at transition.
  - Burden falls on parents to manage successful transition.
  - Schools often unprepared, unequipped.
  - Lack of appropriate step-down services keep children/youth in a higher level of care and impacts successful transition and permanency.

# Goals of a Value-Based, Redesigned Children's Mental Health System

- Coordinated
- Family & youth driven
- Culturally competent
- Developmentally-driven & evidenced-based
- Flexible, nimble, nuanced, varied, & specialized
- Delivered where children are
- Accessible
- Attentive to families

# Recommended Enhancement of PMIC Services Under System Redesign

- Workgroup recommends more flexible use of this level of care;
- Sees service as a key resource
  - To keep children and youth in the state
  - To ensure that periods of out-of-home treatment are purpose driven and coordinated.

# Workgroup Recommends that PMIC Services Be:

- Flexible – a child can go back for brief stays when needed
- Accessible – no waiting list for admission
- Used more strategically for the highest need children
- Fully integrated within the children's System of Care
- Inclusive of family and community involvement in treatment
- Coordinated at both on the front end (goal-directed, timely admission) and back end (carefully coordinated discharge to assure successful transition back to community and reduce need for readmission)

# Goals for PMICs in Transition Plan

- For Discussion:
  - Same as recommended by the Redesign Workgroup?
  - Additional goals?
    - Focused on outcomes for children through use of performance measurement requirements
    - Others?

# Management of PMIC Services within the Iowa Plan

- Licensing Standards
- Prior authorization
  - Initial admission
  - Continued stay criteria
- PMIC Standards – outcomes measurement

# Licensing Standards

- PMICs required to be licensed to provide services
  - Details in Iowa Administrative Code 481- Chapter 41
- Current requirements for Licensing/Renewal
  - Application
  - Current license
  - Facility floor plan
  - Evidence of:
    - Accreditation by JCAHO
    - Certificate of Need
    - DHS determination of approval
    - 3 years experience under direction of agency that has operated a facility.

# Licensing Standards (continued)

- PMIC care is for children under age 21 and must be provided under direction of a physician
- Inpatient psychiatric services must include “active treatment” through implementation of individualized, comprehensive care plan
- Restrictions on how use physical restraint

# Licensing Standards under Iowa Plan

- For discussion:
  - Continue to be licensed by state
  - Any additional standards?
    - Staffing requirements?
    - Focus on quality?
    - Accessibility of services?
    - Discharge planning capacity?

# Prior Authorization for Services

- As detailed in IAC 481, Ch. 41 of the IAC, written certification must ensure:
  - Ambulatory care resources available in the community do not meet treatment needs of recipient,
  - Proper treatment of the recipient's psychiatric condition requires services on an inpatient basis under the direction of a physician, and
  - Services can reasonably be expected to improve the recipient's condition or prevent further regression so services will no longer be needed
- Certification completed by an independent care team

# Authorization for SA PMIC Services in Iowa Plan Today

- Utilization Management Guidelines based on the 6 Dimensions of ASAM Criteria
- Service Components
  - Multi-disciplinary staff (psychiatrist, RNs, psychologists, social works, ancillary staff) that complete daily assessments and active intervention based on care plan
  - Consumer must have a substance related disorder as defined by DSM-IV TR that is amenable to active treatment focused on stabilizing or reversing symptoms
  - Consumer is sufficiently mentally competent and cognitively stable to benefit from admission
  - Individualized plan of active behavioral health treatment and residential living support; must include intensive individual, group & family education and therapy
  - Ongoing updates to plan
  - Active discharge planning begins at time of admission

# Authorization for SA PMIC Services in the Iowa Plan Today (continued)

- Admissions Criteria:
  - Low chance of physical withdrawal symptoms
  - Biomedical conditions and complications
    - Require that there has been proper assessment of medical origins of behavior
    - Current medical conditions should not interfere with daily PMIC program
    - Serious mental disorders require frequent psychiatric visits (minimum monthly)
  - Emotional/Behavioral Conditions and Complications
    - Meet DMS-IV-TR criteria that impacts school or family life

# Authorization for SA PMIC Services in the Iowa Plan Today (continued)

- Admission Criteria (continued)
  - Treatment acceptance/resistance
    - Attitude towards treatment assessed and reflected in care plan
    - Plan should address treatment of all symptoms
    - Plan goals provide basis for continued stay
  - Relapse/Continued use potential
    - Discharge plan focuses on relapse prevention plan
  - Recovery Environment
    - Discharge plan focuses on support system for function outside of 24-hour treatment center

# Prior Authorization for Mental Health PMICs in the Iowa Plan

- How are processes similar to current process for SA PMICs?
- How are processes different?
- What works and doesn't work today?
- What changes would need to make to meet goals of system redesign? Does it make sense to make them now?
  - Is there more need for focus on discharge planning from start given high ALOS?

# Performance Measurement Standards

- For Discussion:
  - How are PMICs measured on performance today?
  - What measurement standards make sense?
    - ALOS (with goals)
    - Readmission rates
    - Other?

# Next Steps

- Ancillary subgroup to begin to meet
- Next meeting of PMIC Transition Committee  
December 7<sup>th</sup>; 12:30-3:30
  - Focus on rate methodology
    - PMIC basic rate
    - Ancillary services update
  - Discussion of proposed changes to licensing, prior authorization, and measurement to include in transition plan
- Transition Plan due to legislative committee on 12/9