



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

December 14, 2016

Michael Marshall
Secretary of Senate
State Capitol Building
LOCAL

Carmine Boal
Chief Clerk of the House
State Capitol Building
LOCAL

Dear Ms. Boal and Mr. Marshall:

Enclosed please find copies of reports to the General Assembly relative to the "Psychiatric Medical Institutes for Children (PMIC) Annual Report".

This report was prepared pursuant to the directive contained in 2011 Iowa Acts, Chapter 121, Section 9.

Please feel free to contact me if you need additional information.
Sincerely,

A handwritten signature in blue ink, appearing to read "Sally Titus".

Sally Titus
Deputy Director
Department of Human Services

ST/tm

Enclosure

cc: Terry E. Branstad, Governor

Iowa Department of Human Services



Iowa Psychiatric Medical Institutes for Children (PMIC) Annual Report

December 2016

Annual PMIC Report

Executive Summary

This report was prepared pursuant to 2011 Iowa Acts, Chapter 121, Section 9. The purpose of the report is to evaluate the status and outcomes of the Psychiatric Medical Institutions for Children (PMIC).

I. Introduction

From July 1, 2015 through December 31, 2015, PMIC services were provided through the Iowa Plan for Behavioral Health (Magellan). The Iowa Plan was a managed care contract for all behavioral health services. Due to the transition to managed care, the Iowa Plan ended December 31, 2015. For dates of service on or after January 1, 2016 through March 31, 2016 the Iowa Medicaid Enterprise (IME) was responsible for paying for of Medicaid funded mental health and substance abuse services including PMIC services. Beginning April 1, 2016 three managed care organizations (MCOs) took over the administration and payment of PMICs. This initiative is called IA Health Link.

IA Health Link, is a major initiative in which the Iowa Department of Human Services (department) enrolled most of the individuals in state health insurance programs in MCOs including Children's Health Insurance Plan (CHIP), Healthy and Well Kids in Iowa (*hawk-i*) and Iowa Health and Wellness Plan members. A small number of individuals in Medicaid are not assigned to MCOs. Their services are paid through IME on a fee-for-service (FFS) basis.

The department contracted with MCOs to provide comprehensive health care services including physical health, behavioral health and long term supports and services. This single system of care promotes the delivery of efficient, coordinated and high quality health care and establishes accountability in health care coordination. Information in this report from April 1, 2016 was provided by the MCOs. The three IA Health Link managed care organizations reporting are:

Amerigroup of Iowa, Inc. (Amerigroup)

AmeriHealth Caritas Iowa, Inc. (AmeriHealth)

UnitedHealthcare Plan of the River Valley, Inc. (UnitedHealthcare or UHC)

The previous report provided by the Iowa Plan provided information through December 2015 however, due to implementation of managed care; the information provided in this report will cover the period of January 1, 2016 through October 31, 2016 for the Medicaid FFS population and April 1, 2016 through October 31, 2016 for the managed care population.

II. Children Served by PMIC Providers

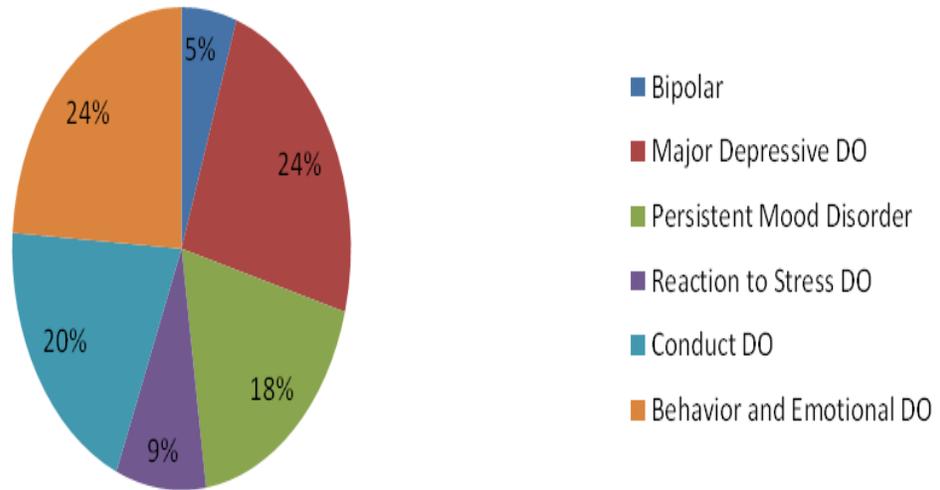
PMICs are inpatient psychiatric treatment institutions which provide twenty-four hours of continuous care involving long-term psychiatric services to three or more children in residence. The expected periods of stay for diagnosis and evaluation are fourteen days or more and for treatment the expected period of stay is ninety days or more. Children are most often admitted to PMIC because community based treatment options have been unavailable in the community or unable to meet the child's treatment needs.

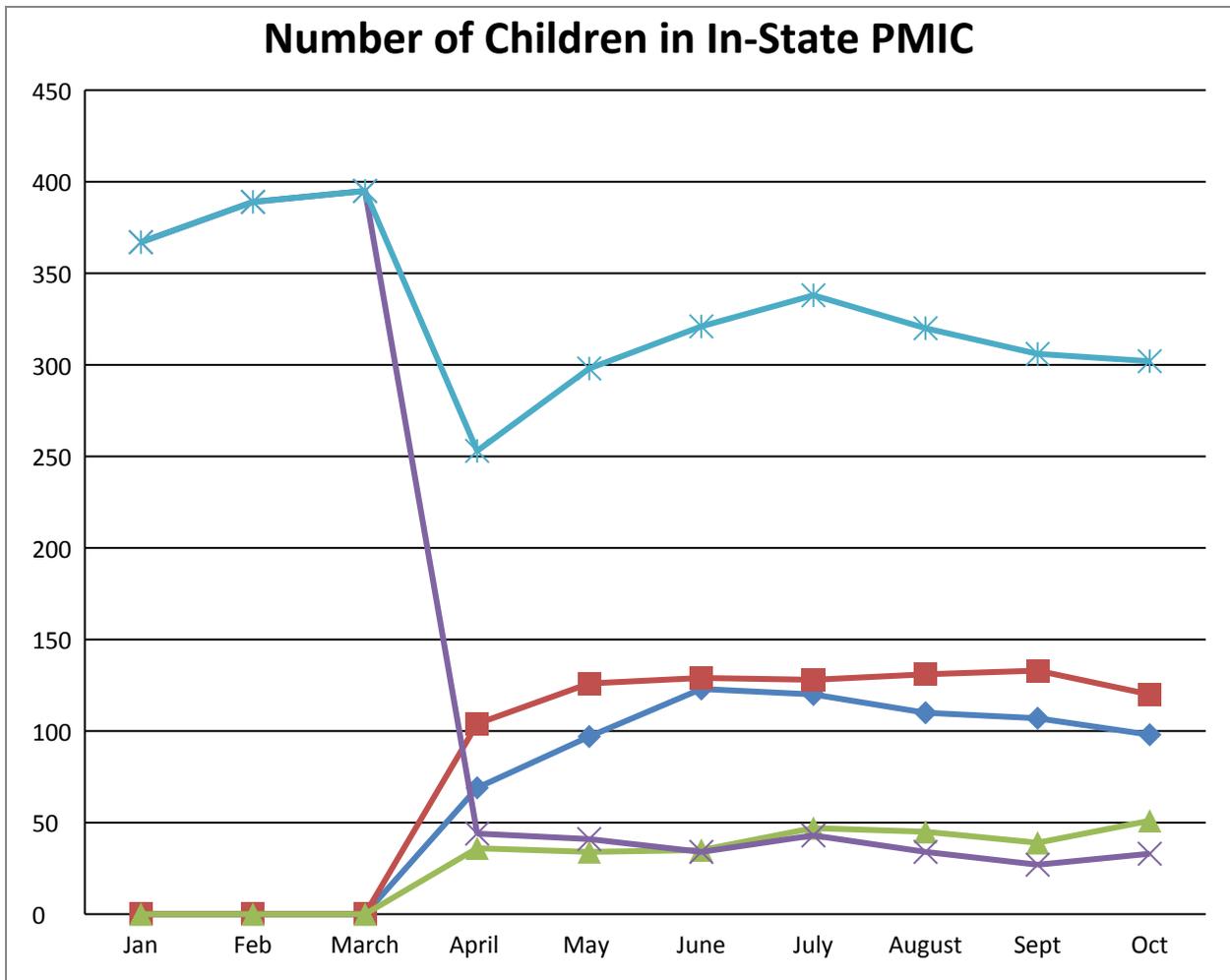
Instate PMIC Services

From January 1, 2016 – October 31, 2016, a total of 498 Medicaid members with a primary mental health diagnosis have been served by PMIC providers. For the period of April, 2016 through October 31, 2016, the number of days between identifying a PMIC that will accept a child and the day the child was admitted varied among the plans and was 1.24 to 6 days. Initial authorization for PMIC admission varied across the plans occurring within 1.8 days to 13 days of the request and continued stay authorizations also varied occurring within 1.16 days to 16 days. The amount of time the United Healthcare required for authorization reflects the time it took for the requestor to provide the plan with the documentation requested in order to make a determination.

	PMIC Initial Authorization - average number of days between the admission request and approval 4/1/16 - 10/31/16	Average number of days between identifying a PMIC placement and the PMIC admission 4/1/16 - 10/31/16	PMIC Subsequent Authorization - average number of days between the continuing stay request and approval 4/1/16 - 10/31/16
Amerigroup	3.25	4.36	6.5
AmeriHealth	1.8	1.24	1.16
United Healthcare	13	6	16
FFS	1	Not applicable to the State Medicaid Agency	3

Primary Diagnosis of Children Admitted to PMIC

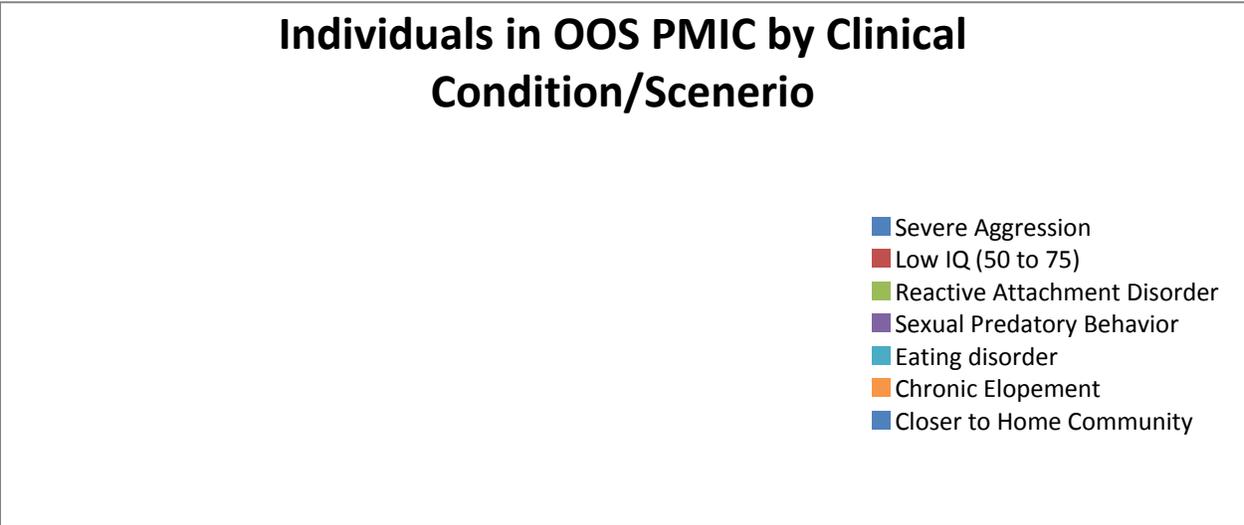
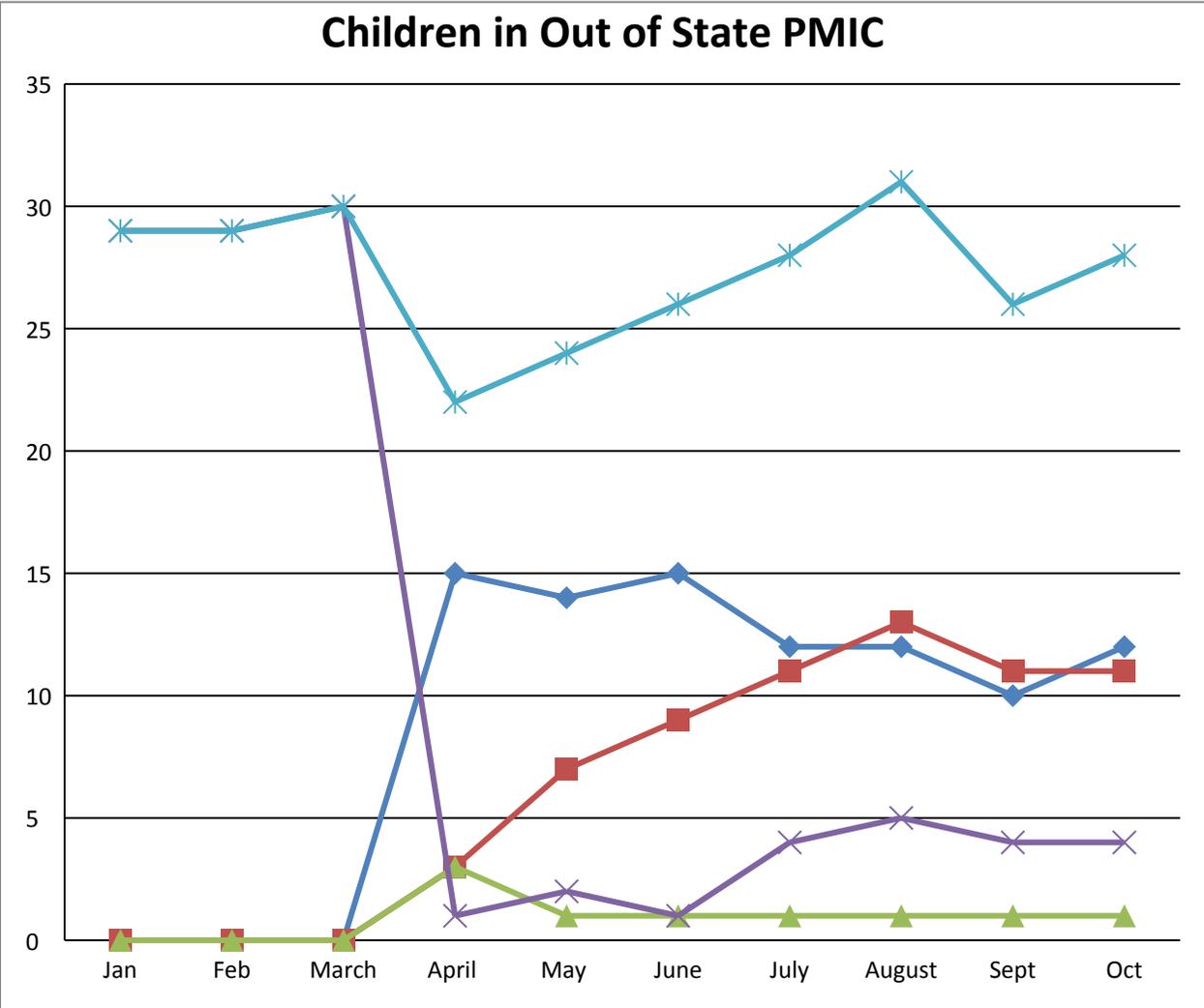




NOTE: Information represented in the Number of Children in In-State PMIC is subject to change as the department works with the managed care organizations to refine data collection.

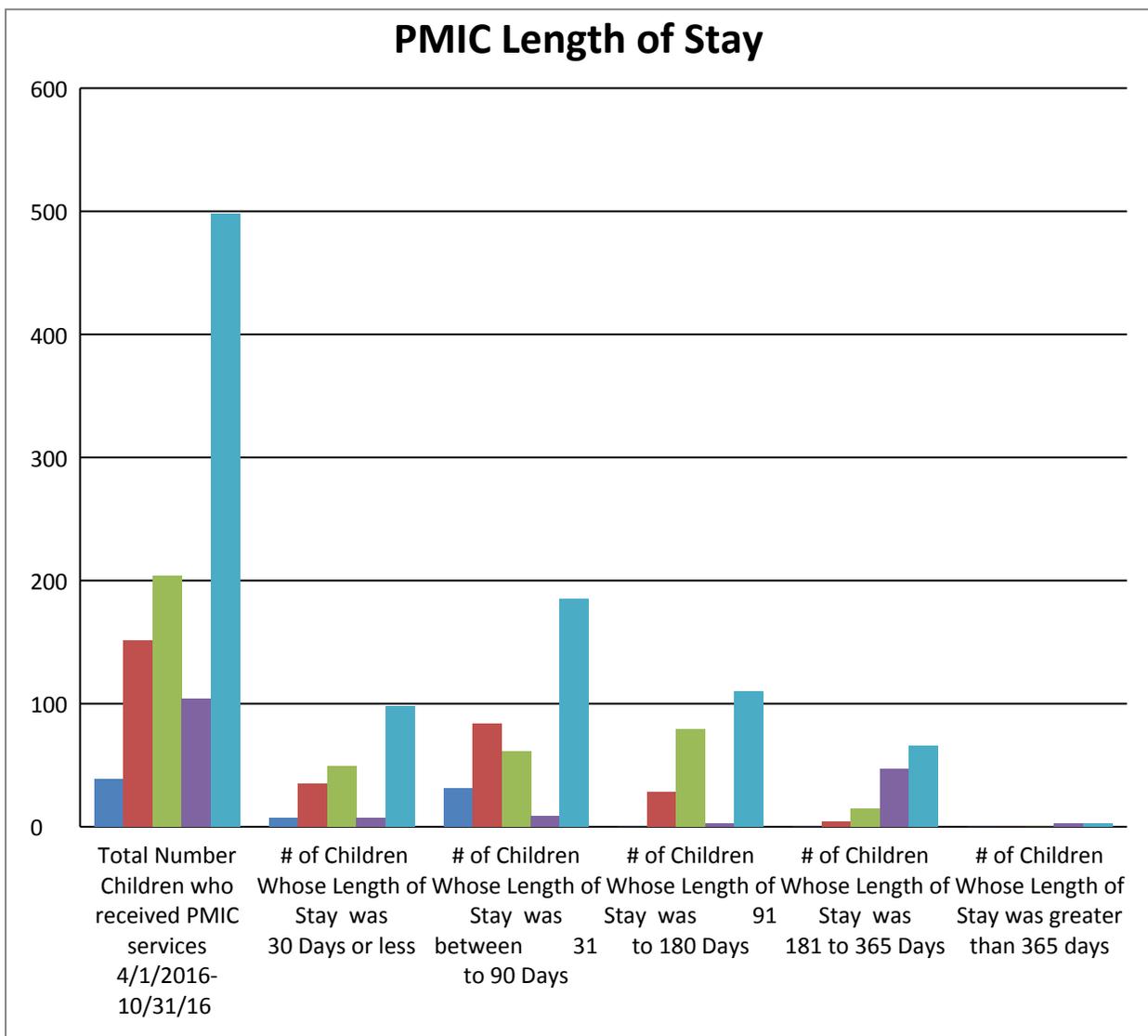
Out of State PMIC Services

The numbers of children who have received services by a PMIC provider out of state (OOS) by month are demonstrated in the table below. Children who are served out of state tend to be those who exhibit behaviors that in-state PMIC providers report they do not have the capability or capacity to serve. Most frequently this includes individuals who have severe aggression behaviors, exhibit sexual acting-out behaviors, have had multiple placement failures, or have Intellectual Disabilities with co-occurring mental health diagnoses. As demonstrated in the graph below, the trend of children receiving PMIC treatment OOS has remained consistent as capacity to serve these children remains below the demand for treatment and there are ongoing efforts to build appropriate treatment options in Iowa for children needing PMIC treatment.



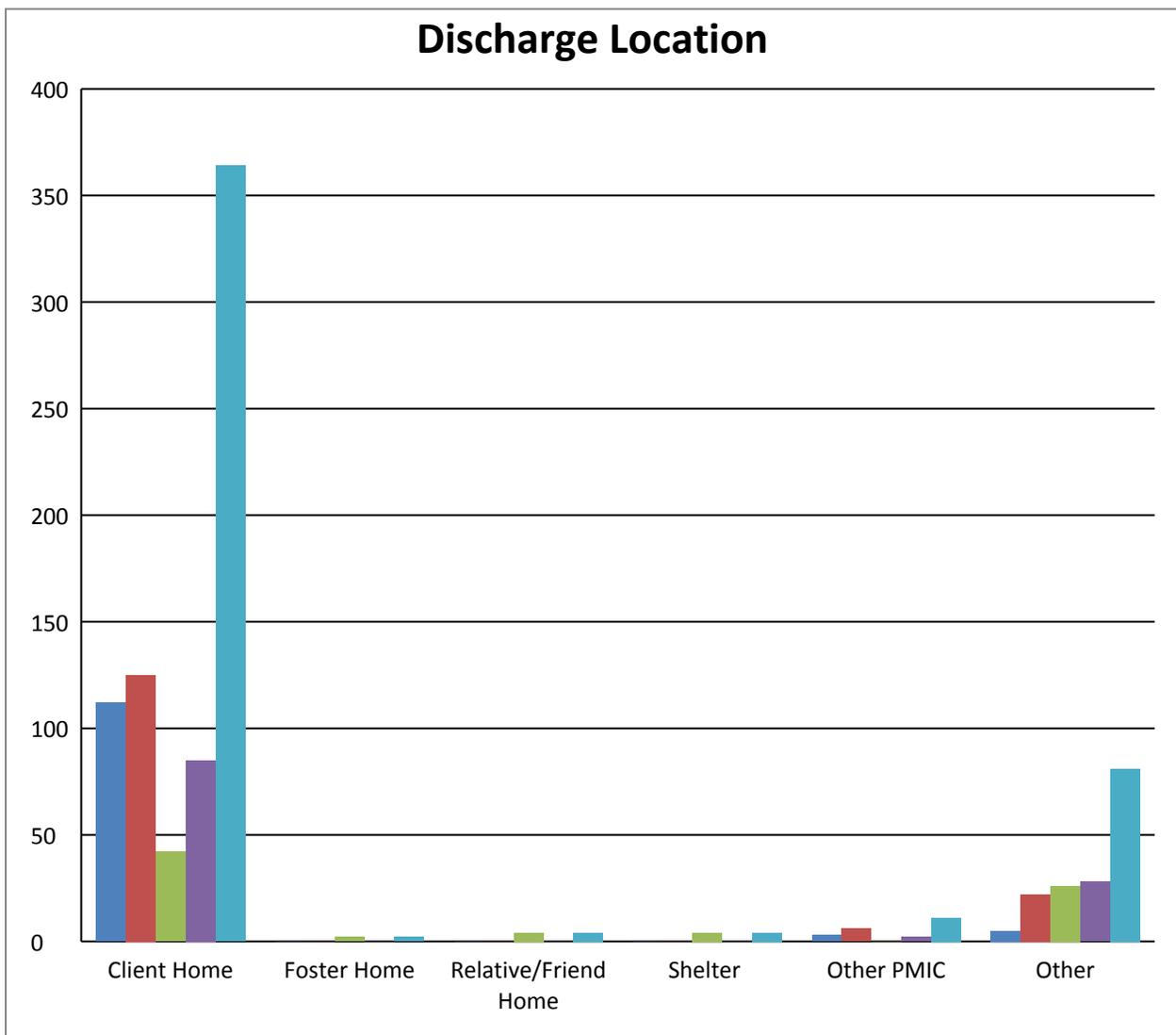
III. Length of Stay

During this reporting period, the length of stay ranged from 31 to 90 days compared to 2016, when the average length of stay was 204 days compared to 226 days in SFY 2014. With nine months of data for calendar year 2016, it appears that the number of days a child receives treatment in the PMIC facility over the course of three years has decreased and therefore, more children have been able to be served in the PMIC setting. 36 percent of the children receiving PMIC services require treatment for ninety days or more with only one percent requiring treatment for a year or more. the number of days a child received treatment in the PMIC facility over the course of the past three years, more children have been able to be served in the PMIC setting.



IV Discharge Locations and Community Based Services

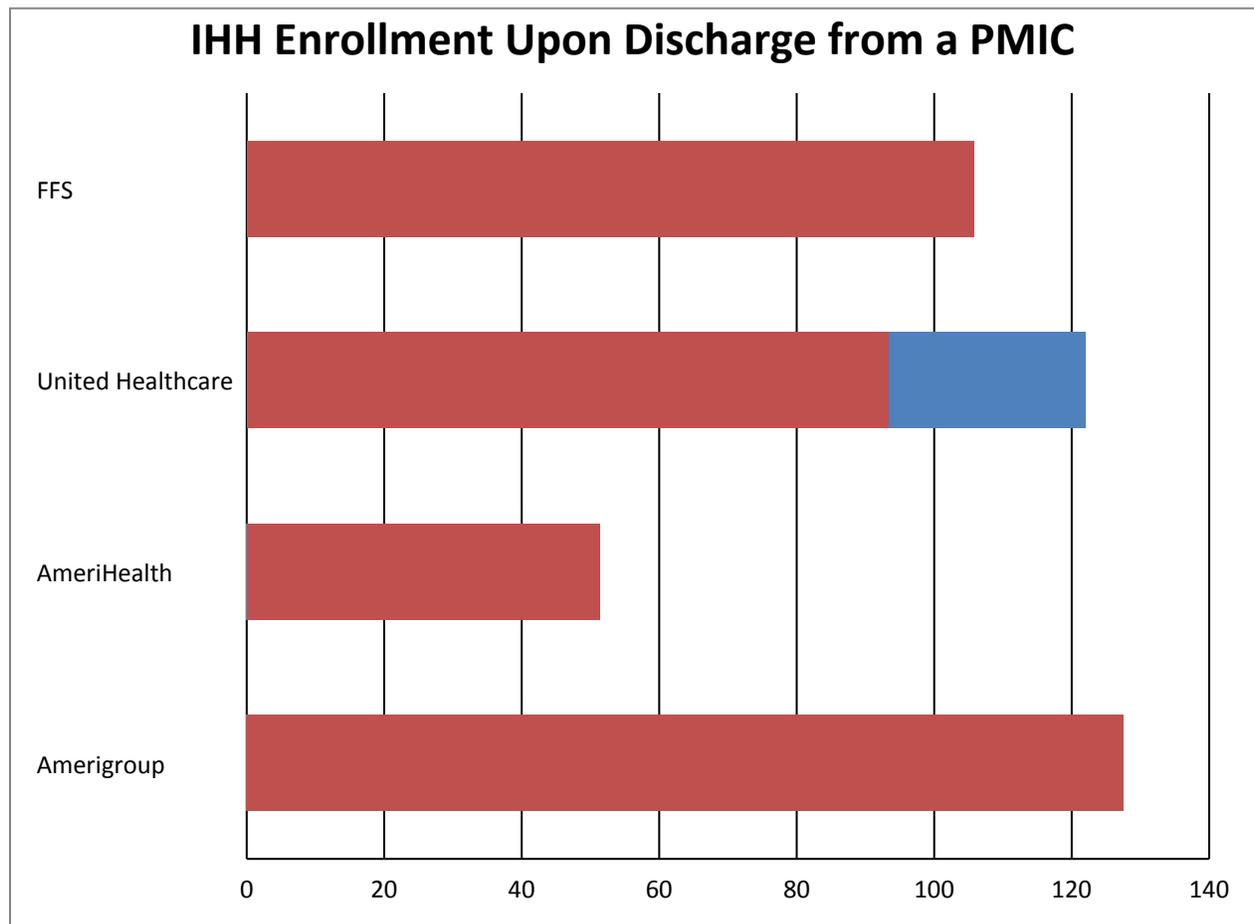
The following charts shows how many children were discharged to a “desired living arrangement”. This is defined as the resident of the parent, adoptive parent, guardian, or for minors in the custody of the DHS as identified in the permanency plan. Categories of “home” include: Medicaid member’s home, foster home, and relative/friend home. For the period covered by this report April 1, 2016 through October 31, 2016, 93% of children were discharged to a desired living arrangement.



Upon discharge, Medicaid funded community-based services that are available include any combination of outpatient therapy, medication management, Behavioral Health

Intervention Services (BHIS), family peer support, systems of care, Home and Community Based Services (HCBS) Children’s Mental Health Waiver, HCBS Habilitation services or Integrated Health Home (IHH) involvement.

An Integrated Health Home provides holistic, team-based care coordination for the child and the child’s family across all dimensions of the child’s life including health care. The inclusion of IHH as a component of treatment planning for children in PMICs assists with improving discharge planning. From the onset of PMIC treatment IHHs will be involved with the PMIC and the families, adding a more robust care coordination component to discharge planning and community treatment engagement in the transition from the PMIC level of care to the child’s home community. The Family Peer Support Specialist, who is part of the IHH care coordination team, will also work closely with the family of the child to support them while the child is receiving treatment and upon the child’s return home. The number of children assigned to an Integrated Health Home within 30 days of discharge from a PMIC is represented in the chart below.



IV. PMIC Expenditures

Analysis of the cost associated with mental health PMIC service included a total cost in SFY 2015 of \$33.56 million with a total number of 1,012 unique youth served in that time period; a decrease from the fiscal year prior.

SFY	# of youth served	Total Cost
2009	854	\$18.27 million
2010	946	\$27.64 million
2011	862	\$25.79 million
2013	987	\$31.79 million
2014	1,010	\$34.24 million
2015	1,012	\$33.56 million
2016*	498	\$20.7 million

Note: 2016 data represents all claims paid for DOS 4/1/16 through 10/31/16. Providers have 180 days to submit a claim to MCOs and 365 days for FFS. The data for 2016 represents 9 months of claims.

V. PMIC Workgroup Committee

The PMIC Transition Committee was required to meet through 2013 as mandated by Iowa Senate File 525. The committee opted to continue meeting on a quarterly basis throughout 2015 and met additionally in 2016 to assist with the transition to the IA Health Link. Committee membership included all PMIC providers, Magellan staff, department staff, and a representative from the Coalition for Families and Children in Iowa. Agenda items have included:

- PMIC data,
- The DHS/Juvenile Court Officers (JCO) referral process changes,
- Satisfaction survey results and analysis,
- PMIC and IHH involvement and process workflows, and
- Critical incident reporting.

VI. Recommendations

To better augment the care coordination for children receiving PMIC services, there is a need for improvement in the number of children who are enrolled with an IHH upon discharge from PMIC services. There is an ongoing need for enhanced parental, family, or guardian involvement during the child's treatment. Research has demonstrated that outcomes for children improve when parents are involved from admission to discharge while a child resides in residential facilities and when those families receive care coordination of community based services through an Integrated Health Home.

The work to identify gaps in effective community-based services continues for the children and their families seeking treatment. With the inclusion of the IHH Initiative and Iowa Health Link, the IHHs can continue to provide the continuity of services for families whose children remain Medicaid eligible when they return to their home communities and will play a critical role in identifying these gaps as the State moves forward.