QUALITY IMPROVEMENT REPORT

April 1, 2008 - June 30, 2008

Prepared By:
Magellan Health Services
Iowa Plan for Behavioral Health
Senior Quality Team

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ACCREDITED
HEALTH UTILIZATION
MANAGEMENT

QUALITY IMPROVEMENT QUARTERLY REPORT

April, May, June 2008

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2. Quality Improvement Workplan, June 2008
3. Performance Indicator Report, June 2008
4. Client Satisfaction Survey Reports, May 2008
5. Community Reinvestment Summary, June 2008

INTRODUCTION

The Iowa Plan for Behavioral Health (the Iowa Plan) integrates management of certain publicly funded mental health and substance abuse services. The Iowa Plan is administered by Magellan Behavioral Care of Iowa (Magellan), an affiliate of Magellan Health Services, under the authority of the Iowa Department of Human Services (DHS) and the Iowa Department of Public Health (DPH). Originally implemented January 1, 1999, the Iowa Plan combined two previously separate managed care programs established by DHS and DPH in 1995: the Mental Health Access Plan (MHAP) and the Iowa Managed Substance Abuse Care Plan (IMSACP). The current Iowa Plan contract was implemented July 1, 2004. DHS and DPH conducted competitive Request for Proposals processes to determine the 1999 and 2004 Iowa Plan contractor as well as the 1995 MHAP and IMSACP contractors. Magellan has been the contractor in each case; acting as subcontractor to Des Moines-based Employee and Family Resources for the IMSACP contract which required a not-for-profit entity as the contractor. In its implementation of the Iowa Plan, Magellan subcontracts with Substance Abuse Management, Inc., a division of Employee and Family Resources, to conduct specific administrative activities for Iowa Plan DPH-funded substance abuse services.
Under the Iowa Plan, Magellan is at full risk for Medicaid-funded mental health and substance abuse services and provides specific administrative services for the DPH-funded substance abuse service delivery system. Magellan also has managed mental health services delivered to persons with a state-assigned Chronic Mental Illness or Mental Illness indicator who were enrolled in DHS's State Payment Program (SPP).

This report reflects Iowa Plan activities for the April – June 2008 quarterly reporting period. The report is consistent with the following key considerations:

1. The Iowa Plan vision and characteristics for an ideal system must be the driving forces for Magellan practices, activities, and decisions.

   a. The Iowa Plan vision states:

      "The Iowa Plan for Behavioral Health enhances the opportunity for Iowans to obtain the mental health and substance abuse treatment services they need to help them live full and productive lives. Recognizing the diversity of needs manifest by those served through the Plan, services are designed to meet special needs of those who are young, those whose illnesses have resulted in disabilities, those with needs specific to their culture or ethnicity, and those who have both mental health and substance abuse treatment needs.
      By offering an array of community-based services and supports, and by coordinating with other service delivery systems, the Iowa Plan is designed to allow people to receive appropriate treatment with a minimum of disruption in their lives."

   b. The Iowa Plan was designed as a step toward the health and human services delivery system which Iowans have said they wanted to have available in the 21st century. The ideal system has been characterized as offering:

- prompt and convenient access to appropriate services and supports
- improved outcomes for consumers which span boundaries of programs and funding streams
- integrated and seamless service delivery across different service systems
- strong community involvement and investment, with the local delivery system contoured to community strengths and needs
- coordination of planning and implementation between agencies
- prevention and early intervention with those at risk
- minimal duplication between systems

c. Individual consumers and families of those consumers have described the ideal system as one which:

- serves people in the context of their families or natural support system
- provides services in the home or in the community, where possible
- includes consumers/family members in planning/evaluating services
- builds on the strengths of the individual/family and is responsive to their culture
- focuses on the problems/concerns most important to them
- strives to communicate in the first/primary language used by the individual/family
- allows freedom to purchase individual service elements tailored to the needs of the individual, child, or family
- promotes the stabilization and recovery of persons with chronic mental illness
- permits a smooth transition between funding streams and services

2. Empowerment of the client in the treatment process is essential to the recovery of that individual and so to the success of the Iowa Plan.

3. Magellan's priority areas in implementing the Iowa Plan include:

- services for those who are dually diagnosed
- reduction in readmission rates
- continued expansion of recovery and rehabilitation services
- improved services for children served in multiple systems
- coordination with other state and local agency efforts
- expanded measurement of outcomes
- replication of best practices

This Quality Improvement Quarterly Report includes, as attachments, the Data Sets that support the report, the June 2008 Quality Improvement Workplan, the June 2008 Performance Indicator report, the May 2008 Client Satisfaction Survey reports, and a Community Reinvestment Summary. This is the fourth QI Quarterly Report for the July 1, 2007 - June 30, 2008 Iowa Plan contract year.

EXECUTIVE SUMMARY

The Iowa Plan Quality Improvement Quarterly Report documents Magellan's compliance with Iowa Plan requirements, implementation and monitoring of on-going QI and operational activities, and associated improvement interventions. This process of continuous quality improvement contributes to Magellan's overall effectiveness and supports attainment of Iowa Plan goals and the evolution of the Iowa Plan.

This Executive Summary spotlights significant achievements or improvement during the quarter as well as areas targeted for improvement interventions. The most current QI Workplan report is included as an attachment to this report to document Magellan's performance relative to the indicators chosen as important by DHS, DPH, and Iowa Plan stakeholders.

During this quarter, positive achievements included:

1. Community Reinvestment (Medicaid)

Magellan released the Integrated Recovery and Access RFP on April 21st, 2008 for the following types of projects:

- Integrated Services for Co-Occurring Mental Health and Substance Abuse Disorders
- School-Based Programming
- Peer Support
- Community-Based Screening and Assessment
- Behavioral Health Workforce Shortage Solutions

Proposals were required to demonstrate use of curricula or tool kits, evidence-based or promising practices, or Iowa behavioral health stakeholder priorities. Proposals were also required to describe consumer, family, and other stakeholder involvement in development of the proposal and operation of the proposed project as well as plans for sustainability.

Eligible applicants included consumer/family and advocacy organizations and contracted Iowa Plan providers.

Projects selected for funding were likely to be funded between $10,000 and $150,000 over approximately 11 months.

27 proposals were received by the June 2nd due date. Proposals were reviewed by an evaluation committee including consumer and family representatives, Iowa Plan advisory committee members, and Magellan staff.

In the meantime, projects funded through the Medicaid Community Reinvestment System of Care Request for Proposals continued with their work. Summary information can be found in Attachment 5.

2. Iowa Plan Performance Indicators

Examples of performance measures that met or exceeded indicator thresholds for the quarter include:

a. Readmission Rates (Medicaid)

Incentive Indicator #1 states that 6% or less of Medicaid enrollees receiving mental health inpatient services will be readmitted within seven days (monitoring only); 15% or fewer will be readmitted within 30 days (incentive); and 25% or fewer will be readmitted within 90 days (monitoring only).

- The seven-day readmission rate for the contract year was 4.1% for children and 5.4% for adults. The combined rate was 5.0%.
- 30 day readmission rates were 11.6% for children and 14.7% for adults with a combined rate of 13.8%.
- 90 day readmission rates were 19.6% for children and 25.4% for adults with a combined rate of 23.6%.

Readmission rates are monitored through the QI Workplan. Intensive Care Managers work closely with clients and providers to assure appropriate and desired services are in place to support success in the community and avoid inpatient readmissions.

b. Joint Treatment Planning (Medicaid)

Incentive Indicator #2 and Penalty Indicator #5 require Magellan to conduct at least 20 Joint Treatment Planning (JTP) Conferences each month and 450 Conferences each year. Per the June 2008 Performance Indicator report, 53 conferences were done in April, 38 in May, and 39 in June, with 507 conferences conducted during the contract year. 100% of the JTP Conferences year-to-date included the enrollee or the enrollee's representative/guardian if the enrollee was a child.

c. Service Array (Medicaid)

Incentive Indicator #5 requires that at least 6% of mental health expenditures be used to provide integrated services and supports, including natural supports, consumer-run programs, and services delivered in the home. Magellan performance through June was 15.2%.

d. Discharge Plan Documentation (Medicaid)

90% of enrollees discharged from mental health inpatient or substance abuse residential must have a discharge plan documented on the day of discharge. Performance contract year-to-date through March data was 94.9% for mental health records and 97.2% for substance abuse records. In addition, a minimum of 185 mental health inpatient records must be reviewed annually, with the discharge plan implemented for at least 90% of those records. Through June 2008, discharge plans had been implemented for 95.4% of the 196 mental health records reviewed. (Incentive Indicator #8 and Penalty Indicators #2 and #7.)

e. **7-Day Follow-up (Medicaid)**
This performance indicator (Incentive Indicator #6) is one of the most challenging to achieve. 90% of persons discharged from mental health inpatient care are to receive other treatment services within seven days of their discharge date. Performance based on data available for contract year-to-date through May 2008 was 90.6%.

3. Prevention Projects

Activities continued for the ADHD/Depression, Postpartum Depression, Reward for Quality, and Behavioral Health and Medical Care Coordination prevention projects.

All activities referenced above are further described in this QI Quarterly Report.

During the quarter, Magellan continued to monitor and follow up on any identified needs as indicated through ongoing quality improvement processes.

Section I

Access and Availability

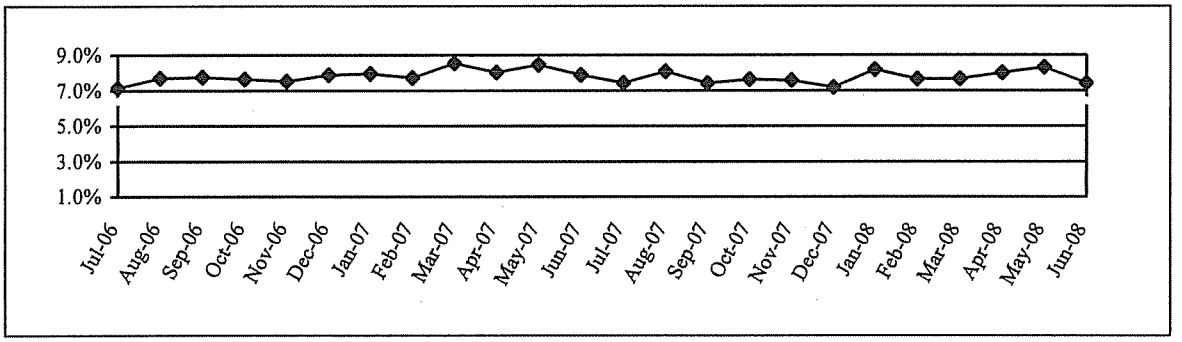
GOAL:
To ensure access to available, appropriate and timely mental health and substance abuse services.

INDICATORS OF ACCESS AND AVAILABILITY:

Medicaid Penetration Rates Based on Claims Paid

This quarter's Medicaid penetration rate averaged 7.93% per month. The chart below displays the penetration rate for each of the past 15 months based on the number of unduplicated individuals for whom services were paid. (Source: Data Sets, pages 1-10 - IAUT02 a-c - IA Plan Clients Receiving Services by County)

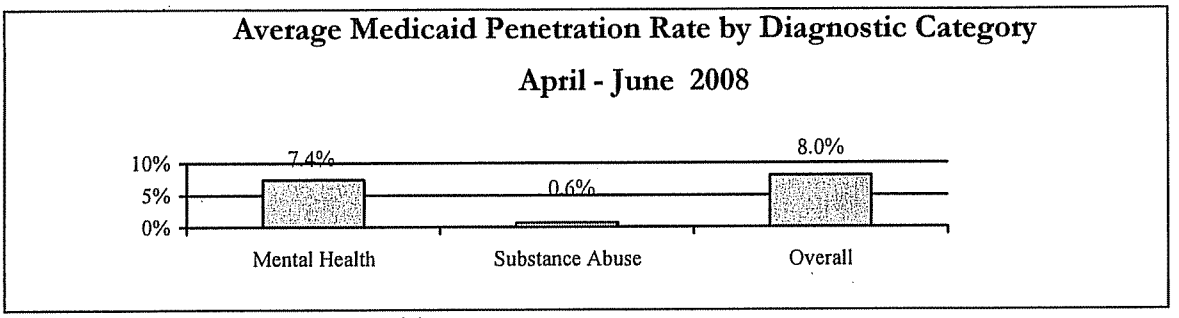
Medicaid Penetration Rate by Month



Note: Data based on paid claims

Medicaid Penetration Rates by Diagnostic Category

The Medicaid penetration rate for mental health services for the quarter averaged 7.41%. The Medicaid penetration rate for substance abuse services was 0.64%. (Source: Data Sets, pages 1-10 - IAUT02 a-c - IA Plan Clients Receiving Services by County)



Note: Data based on claims paid

Medicaid Penetration Rates by County/Under-Served Populations

A Medicaid penetration rate of 2% or less for two consecutive months in any one of Iowa's 99 counties is defined as potentially "under-served." This quarter, Ringgold County fell under the 2% threshold for the month of June 2008 at 1.62%. However, the penetration rate for Ringgold County was above the 2% threshold the remaining consecutive months. A Performance Measure was initiated at the May 2007 QI Committee meeting to better understand the Ringgold County penetration rate. The penetration rate for Ringgold County continues to be monitored by the Utilization Management Subcommittee. (Source: Data Sets, pages 11-14 - IAUT02 - Iowa Plan Clients Receiving Services by County)

Access to DPH-Funded Substance Abuse Providers

Magellan and DPH-funded substance abuse providers are required to meet the following access standards for specific client populations:

- IV drug users must be admitted to treatment within 14 days of assessment
- pregnant women must be admitted to treatment within 48 hours of assessment

Each quarter, as part of the Funding Source Monitoring process, Magellan generates a report specific to each DPH-funded provider that lists the clients for whom these access standards were not met. Providers who are not in compliance are required to respond to Magellan within 30 days with an explanation or a corrective action plan. Access to services for special substance abuse populations is also monitored during on-site Retrospective Clinical Reviews by Magellan's QI Clinical Reviewers. Again, corrective action may be required.

The following table displays the access issues identified through Funding Source Monitoring for the April - June 2008 reporting period:

Funding Source Monitoring April - June 2008		
Compliance Element	**# of Providers**	**# of Clients**
IV Drug User Wait Time Standard Not Met	9	32
Pregnant Women Wait Time Standard Not Met	5	8

Access to Medicaid Outpatient Mental Health Providers

Magellan monitors client access to Medicaid mental health outpatient providers by tracking the number of clients who received services in either the county in which they live or in an adjacent county. For the July 2007 - June 2008 contract year to date, percentages for children and adults are 84.4% and 84.7%, respectively. The combined contract year to date average for children and adults is 84.6%. (Source: Performance Indicator data, June 2008)

Geographical Access Standards for Medicaid Mental Health Services

Iowa Plan Performance Indicator goals regarding geographical access to care are as follows:

Geographical Access Standards		
Service Type	**Urban**	**Rural**
Outpatient	45 minutes	34 miles
Inpatient	30 minutes	45 miles

Since March 1997, Magellan's Iowa Plan mental health provider network has been in 100% compliance with these access standards. (Source: Performance Indicator data, June 2008)

Timeliness Access Standards for Medicaid Mental Health and Substance Abuse Services

Iowa Plan Performance Indicators include access goals regarding the length of time a client must wait to obtain Medicaid-funded services. Magellan monitors access to Medicaid mental health and substance abuse services as part of the on-site Retrospective Clinical Reviews by the QI Clinical Reviewers. The access standards are listed below.

- **Emergency Needs:** Clients with emergency needs shall be seen within 15 minutes of presentation or telephone contact.
- **Urgent Needs:** Clients with urgent non-emergency needs shall be seen within one hour of presentation or within 24 hours of telephone contact.
- **Persistent Symptoms:** Clients with persistent symptoms shall be seen within 48 hours of reporting symptoms.
- **Routine Services:** Clients in need of routine services shall be seen within four weeks of a request for an appointment.

This quarter's performance on timeliness of access is shown in the table below:

Timeliness Access Standards April - June 2008	
Number of providers contacted	47
% of providers that complied with **Emergency** standards	100%
% of providers that complied with **Urgent** standards	100%
% of providers that complied with **Persistent Symptoms** standards	100%
% of providers that complied with **Routine** standards	100%

(Source: Performance Indicator data, June 2008)

Average Medicaid Inpatient Admissions per Capita by Diagnostic Category

This quarter's Medicaid inpatient admissions by diagnostic category are as follows:

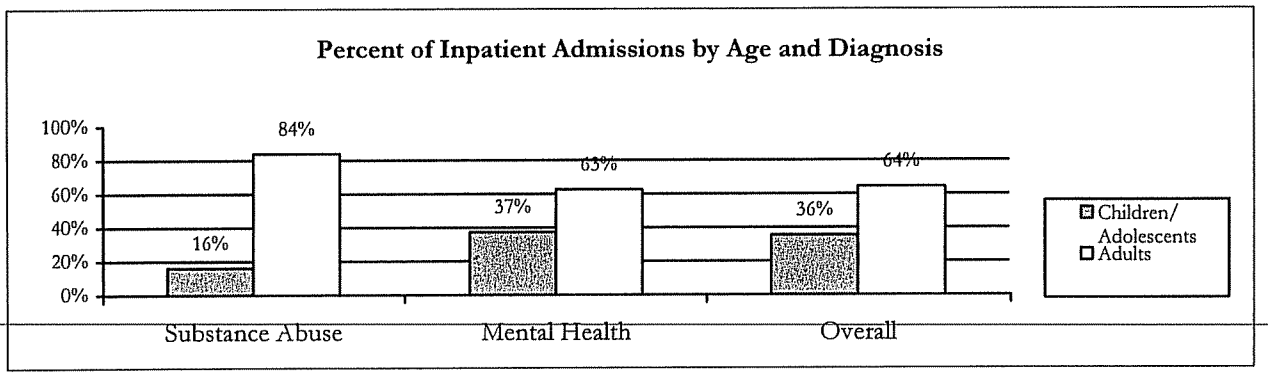
Inpatient Admissions April - June 2008	
Diagnostic Category	**Inpatient Admission Rate per 1,000 (Monthly Average)**
Mental Health	2.21
Substance Abuse	0.23
Overall	2.44

(Source: Data Sets, pages 1-14 and pages 15-18 - IAUT02, IAUT02 a-b - IA Plan Clients Receiving Services by County and IAAU01 - IA Plan Initial Authorization of Services)

Comparison of Medicaid Inpatient Rates for Adults and Children/Adolescents

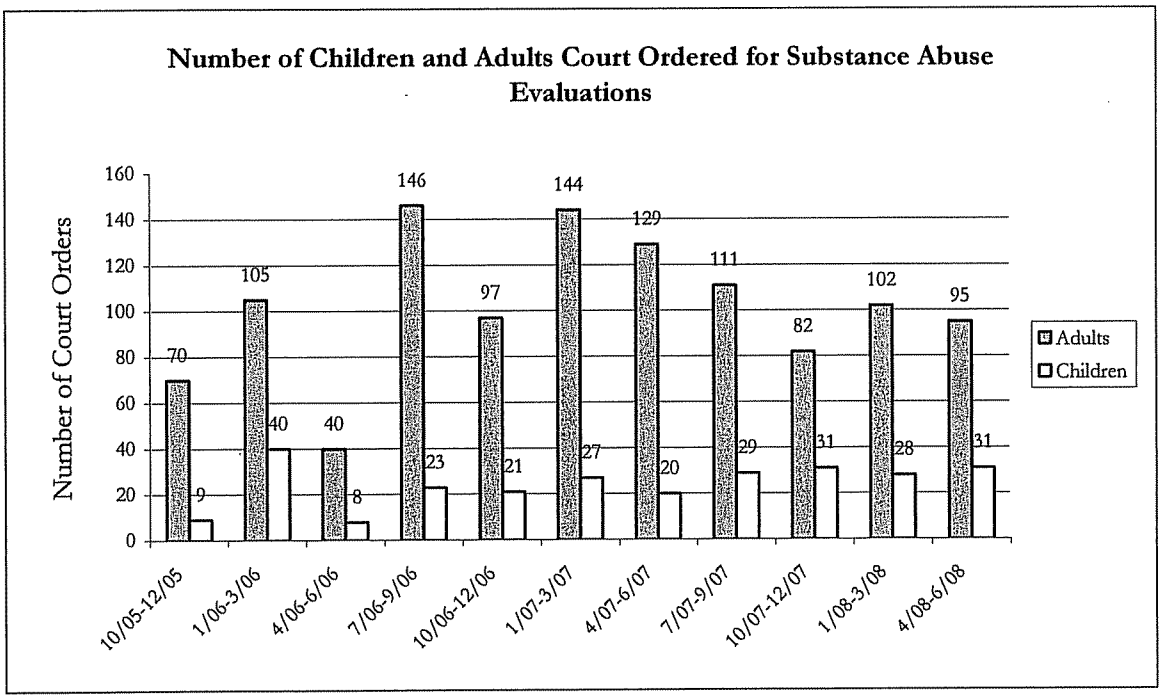
Of this quarter's 1,944 mental health inpatient admissions, 62.6% were adults and 37.3% were children/adolescents. Adults comprised 83.9% of this quarter's 162 Medicaid substance abuse admissions, while the remaining 16.1% were children/adolescents. (Source: Data Sets, pages 15-18 - IAAU01 - IA Plan Initial Authorization of Services)

The following table displays the percentages of inpatient admissions by age/diagnosis:



Medicaid Substance Abuse Court-Ordered Evaluations

There were 126 court-ordered substance abuse evaluations for Iowa Plan Medicaid enrollees April-June 2008. 95 (75%) of the evaluations were for adults and 31 (25%) were for children/adolescents.

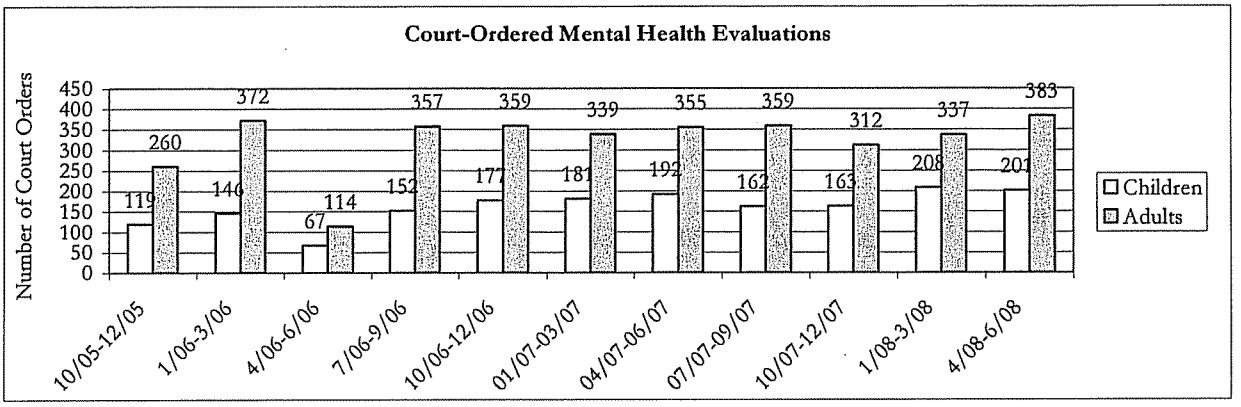


The American Society of Addiction Medicine Patient Placement Criteria, Second Edition - Revised (ASAM) is the utilization management criteria for Iowa Plan substance abuse admissions. For court-ordered substance abuse evaluations under the Iowa Plan, one day of administrative authorization can be made regardless of the clinical indicators, with additional days authorized using the ASAM clinical criteria.

Medicaid Mental Health Court-Ordered Evaluations

There were 584 court-ordered mental health evaluations for Iowa Plan Medicaid enrollees April-June 2008. 383 (66%) were adults and 201 (34%) were children/adolescents.

The breakdown between children/adolescents and adults by quarter is as follows:



Psychosocial necessity audits are conducted on all mental health court-ordered evaluations. The Iowa Plan Utilization Management Guidelines (UMGs) are used for mental health care management. For court-ordered mental health evaluations under the Iowa Plan, administrative authorization can be made for up to five days regardless of the clinical indicators, with additional days authorized using the Iowa Plan mental health UMGs.

Report on Every Medicaid Case for which Services were not Authorized

Consistent with Iowa Plan policy, 100% of the mental health or substance abuse service requests this quarter were authorized for the requested service or the provider was offered an alternate service or services. If the requested level of care was not authorized by Magellan, the provider and client made the final determination on whether to accept the alternate service(s) recommended. If the provider or client disagreed with Magellan's recommendation, an Appeal was offered. (Source: Data Sets, pages 19-22 - IAAU03 - IA Plan Service Redirections)

Telephone Access to Magellan's Clinical Department

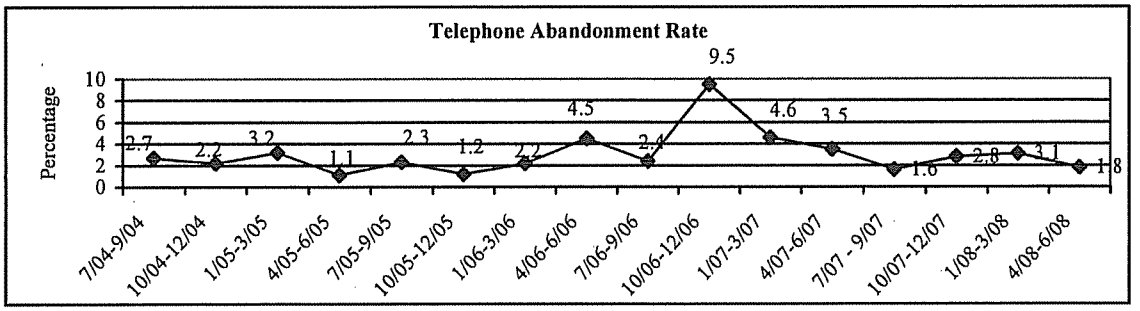
Magellan continued daily monitoring of incoming calls transferred to Iowa's clinical staff. The average hold time for such calls this quarter was 10 seconds. This was more efficient than both the Magellan Health Services corporate standard of 24 seconds and the National Committee on Quality Assurance (NCQA) standard of 30 seconds.

Call abandonment rates are also monitored on a daily basis. A call is considered abandoned when the caller hangs up before the call is answered. The average abandonment rate for the quarter for Magellan's Iowa Clinical Department was 1.8%, which met the NCQA standard of less than 5%.

A process change was initiated for intake calls as a follow-up to Magellan's new telephone system installation. If an intake Care Manager is not available to take a call, the call rolls to the general queue for another Care Manager to answer. Many calls previously classified as

abandoned involved a Customer Service Associate pulling back a call to speak to the caller when no Care Managers were available.

The QI Member Services Subcommittee continues to monitor abandonment rates and develop corrective action plans as needed.



Telephone Access to Magellan's Customer Services Department

The average hold time for incoming calls transferred to the Customer Services Department was 5.3 seconds this quarter. The average abandonment rate for such calls was 2.6%, which met the NCQA standard of less than 5%. (Source: Data Sets, pages 23-25 - IACS04 – IA Plan Telephone Responsiveness, Average Hold Time and Abandoned Call Percentage)

Telephone Access for Non-English Speaking/Sensory Impaired Clients

To ensure that non-English speaking clients receive appropriate service, a Magellan staff member connects such callers to the Pacific Interpreters service. The interpreter talks with both the caller and the involved Magellan staff member. Over 100 languages are available through this service. Magellan staff communicate with the hearing impaired through a TDD phone and through Relay of Iowa. During this quarter, 19 translation calls were conducted, all for Spanish speaking callers.

Requests for Medicaid Alternative Services

A wider array of services is available through the Iowa Plan than was reimbursed by Medicaid prior to the implementation of managed care through the MHAP program in March 1995.

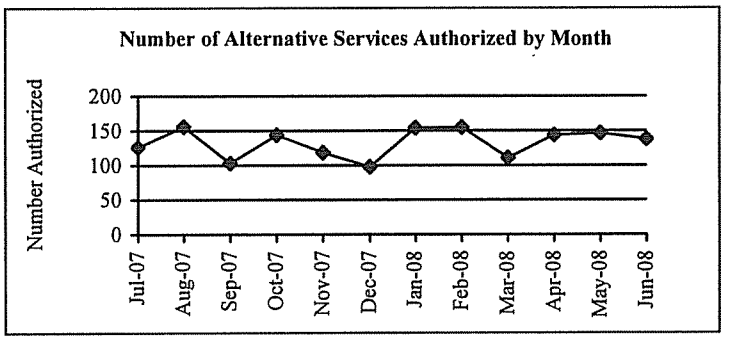
These services, known as alternative services, include:

- 23-hour observation bed
- Assertive Community Treatment (ACT)
- Community Support Services
- consumer-run programs
- Field Evaluation

- focused care management
- Home-Based Care
- Integrated Services and Supports
- Intensive Psychiatric Rehabilitation (IPR)
- Mobile Counseling
- Mobile Crisis
- Respite
- Subacute

This quarter, 429 authorizations were made for alternative services. Alternative service authorizations represented 7.8% of the total authorizations during the quarter.

The following chart displays the number of authorizations for alternative services each month for the Iowa Plan. (Source: Data Sets, pages 19-22 - IAAU03 - IA Plan Service Redirections)



Dollars Spent for Medicaid Alternative Services

Alternative services accounted for 15.29% of Iowa Plan Medicaid claims paid during the quarter. (Source: Data Sets, page 26 - Claims Paid by Quarter by Level of Care)

Medicaid Dollars Spent by Level of Care

The table below shows Medicaid expenditures this quarter for the highest service categories:

Dollars Spent by Level of Care April – June 2008	
Service	**Claims Paid Percentage**
Outpatient	42.1%
Inpatient	29%
Targeted Case Management	10.5%

(Source: Data Sets, page 26 - Claims Paid by Quarter by Level of Care)

Number of Medicaid Clients Accessing 24-Hour Levels of Care

This quarter, 1,970 authorizations were made for Medicaid mental health 24-hour levels of care. 59.6% of the authorizations were for adults. 94.9% of adult authorizations were for inpatient and 5.1% were for subacute or residential levels of care. 40.2% of the authorizations were for children/adolescents with 83.8% of those authorizations for inpatient and 16% for residential or subacute. Consistent with the Iowa Plan "Keep Children Safe" policy which states that services for a child may be administratively authorized while planning is done to identify an appropriate alternative service, children/adolescents may remain in a 24-hour level of care beyond the timeframe for which the service is clinically indicated.

This quarter, 610 authorizations were made for substance abuse 24-hour levels of care. 76.9% of the authorizations were for adults with 29% of the authorizations for inpatient and 70.4% for residential services. 23.1% of the authorizations were for children/adolescents with 18.4% of those authorizations for inpatient and 81.6% for residential services. (Source: Data Sets, pages 15-18 - IAAU01 - IA Plan Initial Authorization of Services)

Section II

Coordination and Integration of Services

GOAL:
To ensure that client services are coordinated in the manner most likely to achieve positive client outcomes.

INDICATORS OF COORDINATION AND INTEGRATION

Assertive Community Treatment

In 1998, DHS and Magellan began an Assertive Community Treatment (ACT) Initiative to enhance the availability of intensive behavioral health services for adult Iowa Plan Medicaid enrollees to increase the success, satisfaction, and independent functioning of enrollees in all aspects of their lives. The ACT Initiative built on input from NAMI - Iowa.

ACT services are targeted toward individuals with a Severe and Persistent Mental Illness (SPMI) whose illnesses impact their lives to the extent that they require a team of mental health professionals to maintain community functioning. Without this mobile intensive team support, available 24 hours a day, these individuals are unable to achieve their highest possible level of functioning in the community.

Five sites in Iowa -- 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 University of Iowa Hospitals and Clinics in Iowa City -- provide ACT services to Iowa Plan clients. All sites are visited by a Magellan QI Clinical Reviewer to monitor quality of care through client record reviews and interviews with staff. The QI Clinical Reviewer participates in fidelity site visits and attends meetings of the ACT Technical Assistance Center state-wide Advisory Board.

ACT goals include a clinical team of 10, in addition to the physician and program assistant, and a client census of 70. The current census is 72 clients at Abbe Center, 71 at Golden Circle, 35 at Heartland Family Service, 40 at North Central Iowa, and 56 at the University of Iowa Hospitals and Clinics.

Intensive Psychiatric Rehabilitation

Intensive Psychiatric Rehabilitation (IPR) services were developed in 1997 in collaboration with consumers, DHS, family members, the Iowa Psychiatric Rehabilitation Society (IAPRS), and providers. IPR services are designed to assist adult Medicaid enrollees with Severe and Persistent Mental Illness (SPMI) to overcome disabilities in the living, learning, working, and social environments and are an important adjunct to services that treat active mental health and substance abuse symptoms. Clients who participate in IPR often continue to receive medication check-ups and to participate in other outpatient services.

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 been hosting regular roundtable meetings for all interested Iowa IPR providers in efforts to help develop and maintain best practices across the state. The quarterly IPR provider roundtable was held April 11th, 2008. Roundtable attendees reported on updates and best practices from their agencies. Roundtable members continued the discussion of supervision in the IPR process and how the providers want to proceed with this. The next IPR Roundtable is scheduled for July 11th, 2008.

Intensive Care Management/Joint Treatment Planning

Intensive Care Management (ICM) is an enhancement of standard care management that focuses on structured, on-going, collaborative treatment and service planning with participating Iowa Plan clients. Magellan has six dedicated Intensive Care Managers in four locations across the state (Cedar Rapids, Council Bluffs, Sioux City, and West Des Moines) who directly recruit clients for participation in ICM and work with participating clients, their families and providers on an on-going basis. The goals of ICM are to improve client functioning over time and to establish client-directed mechanisms that sustain recovery. Details of the Intensive Care Management program are available in Section V.

Joint Treatment Planning (JTP), a component of Intensive Care Management, is used to define case-specific treatment team roles and responsibilities, develop treatment plans, build consensus among all involved parties, and to coordinate funding for services. Referrals may be made by Magellan staff or by external sources. Typically, members of a client-specific JTP team include the client, the client's family or representative, DHS/Juvenile Court Services staff, Magellan staff (generally an Intensive Care Manager), other payers, and providers.

Joint Treatment Planning is available by request to all Iowa Plan clients but has been focused primarily on clients with the following characteristics:

- children involved in the Child Welfare/Juvenile Justice (CW/JJ) system who are admitted to a 24-hour evaluation/treatment setting funded by the Iowa Plan. (For such clients, JTP is initiated within 48 hours of admission.)
- clients identified as at-risk who access mental health/substance abuse services
- children leaving CW/JJ placements and requiring coordination with Iowa Plan services
- clients for whom a request is made by an outside party
- clients identified by a Magellan clinical staff member
- clients for whom claims have been submitted by a primary care physician for the 13th mental health visit in 12 months

Upon request or Magellan's determination, a client may be scheduled for a Joint Treatment Planning Conference (JTPC), during which all involved parties, including the client, meet in person or by conference call.

Indicators for a JTPC include:

- lack of consensus on treatment planning that cannot be resolved by other methods
- multiple providers
- poor client functioning that requires close coordination
- sensitive funding issues that require consensus building
- inpatient recidivism

An Iowa Plan Performance Indicator requires a minimum of 20 JTPCs each month. The following table displays the number of JTPCs conducted this quarter with Medicaid clients:

Joint Treatment Planning Conferences April - June 2008	
Month	**# JTPCs Conducted**
April 2008	53
May 2008	38
June 2008	39

(Source: Performance Indicator data, June 2008)

Women and Children Programs

Pregnant Women and Women with Children (Women and Children) programs provide substance abuse treatment services and assure related community-based support services to pregnant or parenting women with a primary substance abuse diagnosis.

Women and Children services are provided to Iowa residents with no financial means to obtain substance abuse and/or ancillary services other than through DPH or Medicaid funding. The programs focus on pregnant women or women who are attempting to regain or maintain custody of their children. In delivering services, the provider must attempt to treat the family as a unit, admitting both women and their children when appropriate. The programs provide substance abuse services ranging from assessment and referral through outpatient services to primary residential treatment. Providers operate under standard Iowa Plan care management policies and procedures with special consideration given to the unique clinical and social factors Women and Children clients present. Providers were chosen through a competitive Request for Proposals process, most recently released in March 2004. Provider contracts remain in effect through the duration of the Iowa Plan contract, with updated contracts issued annually.

Women and Children providers include:

- Area Substance Abuse Council (ASAC/Heart of Iowa and Hightower) — Cedar Rapids/Clinton
- Center for Alcohol and Drug Services (CADS) — Davenport
- Community and Family Resources (CFR/HUGS) — Fort Dodge
- Crossroads Mental Health — Creston
- Heartland Family Service — Council Bluffs

- House of Mercy — Des Moines
- Jackson Recovery Centers — Sioux City
- Mid-Eastern Council on Chemical Abuse (MECCA) — Iowa City
- NW Iowa Alcohol and Drug Treatment Unit (NWIADTU/NEXUS) — Spencer
- Prairie Ridge Addiction Treatment Services — Mason City
- Substance Abuse Services Center (SASC) — Dubuque

The most recent Women and Children Coordinators Roundtable was held May 8, 2008. Agenda topics included:

- Community Reinvestment projects and input
- Iowa Plan Provider Roundtables/ICN presentations
- updates from attendees
- Access to Recovery grant presentation

The next roundtable meeting is scheduled for August 14, 2008.

Women and Children providers report specific service information each quarter. The table below displays information on clients served during this contract period, sorted by quarter:

Women and Children Services Summary July 2006 – June 2008					
Reporting Quarter	**# Women Receiving Treatment**	**# Children Receiving Services**	**# Children - Primary Pediatric Care**	**# Children - Therapeutic Interventions**	**# Women - Assessed but Ineligible**
April – June 2008	814	1130	381	389	122
***January – March 2008**	811	997	336	403	112
October – December 2007	886	1213	328	393	147
July – September 2007	738	997	374	303	154
April - June 2007	798	1134	340	344	106
January - March 2007	908	1138	393	388	86
October - December 2006	849	1112	365	330	79
July - September 2006	814	955	375	358	61

*(NOTE: There was one provider for which information had not been obtained for this quarter.)

The following table displays information on Iowa Plan Women and Children, sorted by quarter:

Women and Children Individuals Served Summary January 1999 – June 2008			
Reporting Quarter	**# Women Receiving Treatment**	**# Children Receiving Services**	**Total Number of Individuals Served**
April – June 2008	814	1130	1944
January – March 2008	811	997	1808
October – December 2007	886	1213	2099
July - September 2007	738	997	1735
April - June 2007	798	1134	1932
January - March 2007	931	1182	2113
October - December 2006	849	1112	1961
July - September 2006	814	955	1769
April - June 2006	828	992	1820
January - March 2006	864	1206	2070
October - December 2005	739	1087	1826
July - September 2005	915	1171	2086
April - June 2005	897	919	1816
January - March 2005	894	1039	1933
October - December 2004	789	977	1766
July - September 2004	847	970	1817
April - June 2004	895	1006	1901
January - March 2004	800	641	1441
October - December 2003	800	976	1776
July - September 2003	766	947	1713
April - June 2003	799	1308	2104
January - March 2003	738	949	1687
October - December 2002	751	966	1717
July - September 2002	818	1087	1905
April - June 2002	1387	1121	2508
January - March 2002	1213	982	2195
October - December 2001	1209	962	2171
July - September 2001	1118	877	1995
April - June 2001	1162	920	2022
January - March 2001	916	875	1791
October - December 2000	971	779	1750
July - September 2000	971	779	1750
April - June 2000	1089	837	1926
January - March 2000	845	679	1524
October - December 1999	967	766	1733
July - September 1999	690	594	1284
April - June 1999	496	724	1220
January - March 1999	554	760	1314

(Source: Women and Children providers' Quarterly Reports)

Examples of activities reported by Women and Children providers this quarter include:

- ASAC/Heart of Iowa had several facilities destroyed due to the summer floods. Alternative housing had to be found
- ASAC/Heart of Iowa communicated with referral sources to report openings as the main office was destroyed by floods
- ASAC/Heart of Iowa continued to work with Linn Community Care for prenatal needs
- ASAC/Heart of Iowa was selected as one of the sites for the Day of Caring through the United Way
- ASAC/Heart of Iowa continued to collaborate with Kirkwood Community College regarding assistance with courses to students interested in becoming substance abuse counselors, beginning August 2008
- CADS completed the Care Coordination application for Access to Recovery and began recruiting community agencies to participate as providers
- CADS met with local community agencies to discuss/familiarize them with services
- CADS staff served as a guest speaker at the local Domestic Violence Shelter
- CADS conducted a survey among clients pertaining to Nurturing Group involvement and based on the responses, implemented sessions for clients that address specific identified concerns
- CADS identified and began the process of involvement for numerous outreach activities/opportunities for the next quarter
- CADS continued to participate in meetings with outside community partners such as the Work Release center, transitional housing centers, and 7th Judicial Probation
- CFR/HUGS continued participation in the University of Northern Iowa cross-training for domestic abuse and substance abuse counselors
- CFR/HUGS continued to offer gender specific programming
- Crossroads continued involvement in Wal-Mart's Women's Health and Wellness program
- Crossroads continued to hold monthly meetings with probation and parole officers to improve relationships and service with these referral sources. They will soon implement this with the Department of Human Services
- Heartland Family Service coordinated with community resources including day care, dental/medical care, education, family planning, housing, legal aid, and recreation
- House of Mercy continued to develop its permanent housing program for women who successfully complete the House of Mercy halfway program
- House of Mercy sent out a quarterly newsletter to educate on referral sources and the services offered
- House of Mercy outreach staff provided trauma services at the local shelters
- Jackson's staff with specific skills in Native American cultural issues continued to be available to clients

- MECCA continued its collaboration with the Domestic Violence Intervention Program (DVIP) for the "Healthy Relationships" group
- MECCA continued participation in the Integrated Services Project (ISP) through the University of Northern Iowa
- MECCA began implementing Access to Recovery (ATR) for the transitional housing clients, which provides voucher covered services consisting of, but not limited to: child care, employment, financial counseling, family education, housing assistance, individual and/or family therapy, Native American Healing, transportation, and urinalysis
- NWIADTU/NEXUS package was redeveloped to include new information from the agency
- NWIADTU/NEXUS hired two new treatment staff members
- Prairie Ridge's DBT Program continued growing and many women are committed to the long term program (12 month)
- Prairie Ridge continued involvement with the Taking Charge Stimulant Program which continued to do very well with high percentages of negative urinalysis (97.5%) and screen patches (96%)
- SASC's Executive Director joined the Safety and Permanency Planning Group for the DHS region
- SASC expanded its collaboration with the Wellness Recovery Center and now facilitates a group for clients with co-occurring disorders
- Women and Children providers worked with local services including Community Corrections, counties, DHS, Domestic Violence, General Relief, medical services, Public Health, Visiting Nurses, Vocational Rehabilitation, etc.

Section III

Assuring Client Rights and Responsibilities

GOAL:
To ensure that clients understand their rights and responsibilities as consumers of mental health and/or substance abuse services.

INDICATORS OF ASSURING CLIENT RIGHTS AND RESPONSIBILITIES

New Enrollee Information Distribution

Magellan assures distribution of enrollee rights and responsibilities in addition to other information through its client handbook. The handbook was reviewed by the Iowa Plan Consumer/Family/Advocate Roundtable and Quality Improvement Committee during its development and annual revision. The handbook is mailed to all new Iowa Plan enrollees within ten business days of Magellan's receipt of the new enrollee list on the enrollment tape from DHS. A provider directory and privacy notice accompany the handbook. The handbook and notice are available in Spanish. The handbook and directory are available for distribution to any potential Iowa Plan client.

For the quarter ending June 2008, Magellan mailed materials to 10,847 new Iowa Plan Medicaid enrollees. The average turnaround time from DHS's notification to Magellan of the new enrollee to the mailing of materials to the enrollee was 2.5 days. (Source: Performance Indicator data, June 2008)

Compliments

Magellan documents compliments through the Grievance/Compliment Tracking Form. A staff member receiving a compliment by phone or in writing submits a tracking form to the QI Department. Information on compliments is reported quarterly to the QI Committee. Three compliments were received this quarter:

- One of Magellan's Follow-Up Specialists received a compliment from a provider at the Provider Roundtable in April. The provider complimented the Follow-Up Specialist on being professional and saying that she "really knows her stuff."
- A CSA received a compliment from a provider for being very helpful and having a positive and cheerful attitude. Responses to inquires are immediate and knowledgeable and if CSA cannot help the caller, the call is forwarded to someone who can be of assistance.
- A Behavioral Director for one of the hospitals complimented a Magellan ICM staff member on being very client-oriented and non-judgmental toward clients saying "she really sees the big picture."

Grievance System

The Iowa Plan has processes in place to handle disagreements with Magellan actions or dissatisfaction with the Iowa Plan, Magellan, or an Iowa Plan provider. When the Iowa Plan began in January 1999, these processes were organized as Complaints, Administrative Grievances, and Clinical Care Reviews. All three processes were revised to meet the Grievance System requirements of the Medicaid managed care regulations of the federal Balanced Budget Act of 1997 which went into effect for the Iowa Plan on August 13, 2003. This report contains Grievance and Appeal data for services occurring or requested on and after August 13, 2003.

Grievance Process

A Grievance may be requested verbally or in writing. Providers must follow-up Grievance requests in writing. The Grievance Process has one Magellan level with disposition and written notification to the person requesting the Grievance within 14 calendar days.

Disposition is the end of the Grievance Process.

Three grievances were received from providers this quarter:

- A representative from a billing service called in requesting Magellan's customer service department reprocess a claim. There was no follow-up on this request and this had happened more than once. The claim will be processed but will need approval from Magellan's General Manager as the claim is now past the one year timely filing. The representative would be working with customer service staff to make sure the issue is resolved.
- A UR nurse complained that she was not offered a 23 hour observation following the denial of inpatient level of care. The issue was resolved quickly as care manager verified that the 23 hour observation should be authorized.
- A complaint was received from a provider in which a client's mother had been going to the client's med management appointments and not taking the client. A letter was sent to the provider indicating that the information had been received and that Magellan would follow-up through quality improvement retrospective review processes. This was referred forward to be processed as a provider incident.

Two grievances were received from clients this quarter:

- A client was concerned about having mental health issues on her medical record. The client was informed that they may want to contact Iowa Medicaid Enterprise to a file a complaint considering this was in regard to their physical health record. Client was also informed (regarding another issue referenced) that if they couldn't get in for follow-up with the primary care physician that they should contact a nurse.
- A client had concerns that he/she was not getting return calls from the therapist and was also having to wait for appointments. A call was placed to the therapist by Magellan's Appeal Coordinator. The therapist indicated that they had only canceled appointments with the client twice in the past year, recently due to emergency surgery. The therapist indicated that the client's appointments are only 30 minutes long and

occasionally the client has to wait to see the therapist. The therapist indicated that they would follow-up with the client in order to resolve the concerns.

The following table displays response times for Grievances resolved this quarter:

Medicaid Grievance Decisions: Disposition Timeframes April-June 2008	
# of Days to Resolve	**Total**
1-14	5
>14	0
Total	**5**

The following table sorts Grievances resolved this quarter by source and type:

Medicaid Grievance Decisions: Source and Type April -June 2008					
Type of Grievance	**Source of Grievance**				
	Provider	**Client**	**DHS**	**Other**	**Total**
Access to care		1			**1**
Care received from provider					
Care terminations					
Customer service from Magellan	1				**1**
Other	2	**1**		**0**	**3**
Total	**3**	**2**	**0**	**0**	**5**

The QI Member Services subcommittee monitors Grievances to identify trends and address issues. The appropriate supervisor addresses Grievances expressed about Magellan staff. Grievances about providers are followed up by the QI Department, with Critical Incidents or Provider Incidents processes generated as indicated.

Appeal Process

An Appeal may be requested when there is disagreement with a Magellan Action, with Action defined as:

- denial (non-authorization) or limiting authorization of a requested service
- reduction, suspension, or termination of an existing authorization
- denial of payment
- failure to provide services in a timely manner
- failure to act within Appeal/Grievance timeframes

An Appeal may be requested verbally but must be followed up in writing. The Appeal Process has one internal Magellan step with resolution and written notification to the appellant within 14 days. Appellants who do not agree with the Magellan Appeal resolution

may request a State Fair Hearing from DHS, sometimes referred to as an ALJ or Administrative Law Judge Hearing. Magellan's Appeal resolution notification letters include instructions for requesting a State Fair Hearing.

Non-Authorizations

748 non-authorizations were issued this quarter. 209 (28%) were administrative in nature and 539 (72%) were clinical. 606 (81%) of the non-authorizations involved services for Iowa Plan Medicaid enrollees and the remaining 142 (19%) involved services for Medicaid Month of Application clients.

The table below lists the requested level of care for the 748 non-authorizations this quarter:

Medicaid Non-Authorizations: Level of Care and Type of Non-Authorization April - June 2008			
Level of Care		# Non-Authorizations	
		Administrative	Clinical
Inpatient	(Mental Health)	81	396
Emergency Room	(Mental Health)	80	0
Day Treatment/IOP	(Mental Health)	2	3
Residential	(Mental Health)	0	54
Level III.3, 5 Residential	(Substance Abuse)	10	21
Level IV/IV-D Inpatient	(Substance Abuse)	5	21
Subacute	(Mental Health)	0	26
Psychological Testing	(Mental Health)	9	0
Partial Hospitalization	(Mental Health)	3	6
Level III.7 Residential	(Substance Abuse)	2	1
23-Hour Observation	(Mental Health)	2	8
PMIC	(Substance Abuse)	2	2
Psych In-Home Nursing	(Mental Health)	7	0
Outpatient	(Mental Health)	0	1
Case Management	(Mental Health)	3	0
IPR	(Mental Health)	1	0
Transportation	(Mental Health)	2	0
Total		209	539

Appeals

270 Appeals were requested this quarter. 264(97%) were for mental health services and 6 (3%) involved substance abuse services. 250 (93%) involved Iowa Plan Medicaid enrollees and 20 (7%) involved Medicaid Month of Application clients.

The following table summarizes Appeals received this quarter, sorted by requested level of care:

Medicaid Appeals Received: Requested Level of Care April -June2008		
Level of Care		**Total # Received**
Inpatient	**(Mental Health)**	**120**
Transportation	**(Mental Health)**	**0**
Case Management	**(Mental Health)**	**2**
Residential	**(Mental Health)**	**25**
Outpatient	**(Mental Health**	**11**
Emergency Room	**(Mental Health)**	**51**
Consult/Evaluation	**(Mental Health)**	**1**
Intensive Outpatient	**(Substance Abuse)**	**1**
Subacute	**(Mental Health)**	**9**
Transportation	**(Substance Abuse)**	**0**
23-Hour Observation	**(Mental Health)**	**1**
23-Hour Observation	**(Substance Abuse)**	**0**
Intensive Outpatient	**(Mental Health)**	**1**
Emergency Room	**(Substance Abuse)**	**1**
Partial Hospitalization	**(Mental Health)**	**1**
Nursing	**(Mental Health)**	**1**
Consult/Evaluation	**(Substance Abuse)**	**0**
Level IV/IV-D Inpatient	**(Substance Abuse)**	**1**
Level III.5	**(Substance Abuse)**	**3**
Other	**(Mental Health)**	**41**
Total		**270**

The following table displays Appeals received this quarter, sorted by Action category:

Medicaid Appeals Received: Action Type April –June 2008	
Action	**Total # Received**
Denial/Limited Authorization	97
Reduction/Suspension/Termination of Existing Authorization	
Denial of Payment	173
Failure to Provide Timely Services	
Failure to Meet Appeal/Grievance Timeframes	
Total	**270**

The following table displays the number of Appeals processed this quarter:

Medicaid Appeals Processed April-June 2008	
Pended from Last Quarter	**26**
Received this Quarter	**270**
Resolved this Quarter	**270**
Pended to Next Quarter	**26**

The following table shows Appeals resolution decisions this quarter, sorted by requested level of care:

Medicaid Appeals Resolved: Requested Level of Care and Appeal Resolution April-June 2008				
Level of Care		**Resolution**		
		Upheld	**Reversed**	**Partially Reversed**
Emergency Room	**(Mental Health)**	21	30	0
Emergency Room	**(Substance Abuse)**	1	0	0
23-Hour Observation	**(Mental Health)**	1	0	0
23-Hour Observation	**(Substance Abuse)**	0	0	0
Inpatient	**(Mental Health)**	84	21	15
Level IV/IV-D Inpatient	**(Substance Abuse)**	1		0
Consult/Evaluation	**(Mental Health)**	1	0	0
Consult/Evaluation	**(Substance Abuse)**	0	0	0
Subacute	**(Mental Health)**	8	1	0
Residential	**(Mental Health)**	21	4	0
Level III.5	**(Substance Abuse)**	3	0	0
Partial Hospitalization	**(Mental Health)**	1	0	0
Day Treatment/ IOP	**(Mental Health)**	1	0	0
Day Treatment/IOP	**(Substance Abuse)**	0	1	0
Outpatient	**(Mental Health)**	9	1	1
Case Management	**(Mental Health)**	0	2	0
Transportation	**(Mental Health)**	0	0	0
Transportation	**(Substance Abuse)**	0	0	0
Other	**(Mental Health)**	21	21	0
Totals		**173**	**81**	**16**

Written notice of the Appeal resolution decision must be mailed within 14 calendar days of the request. The standard was met for 100% of the 270 Appeals resolved this quarter. Medicaid clients may request an extension of the Appeal decision timeframe or Magellan may ask DHS to approve an extension when such extension would be in the best interest of the client. This quarter, no Appeals were conducted under the extended timeframe.

The following table displays resolution decision timeframes for Appeals:

Medicaid Appeals Resolved: Resolution Timeframes April-June 2008	
Total Number of Appeals Resolved	270
Number of Standard Appeal Resolution Decisions - ≤ 14 Days	270
Number of Standard Appeal Resolution Decisions - > 14 Days	0
Number of Appeal Extensions (Additional 14 Days)	0
Number of Appeal Extensions Requested by Enrollee	0
Number of Appeal Extensions Determined by Magellan	0
Number of Extended Appeal Resolution Decisions	0
Number of Extended Appeal Resolution Decisions - Without Additional Information	0

State Fair Hearing

The State Fair Hearing is the state level appeal and applies to dissatisfaction with Magellan's Appeal resolution. An appellant dissatisfied with Magellan's Appeal resolution may request a State Fair Hearing through DHS, which determines if a hearing will be convened. Based on information presented at the hearing and in associated documents, the State Fair Hearing Administrative Law Judge and the Department of Inspections and Appeals issue a decision. Of the 11 State Fair Hearing requests received this quarter, 100% involved mental health services. 95 State Fair Hearing appeals were resolved this quarter.

Medicaid State Fair Hearing Appeals: Processed April-June 2008	
Pended from Previous Quarters	149
Received this Quarter	11
Resolved this Quarter	95
Pended to Next Quarter	65

The table below shows the outcomes of this quarter's 95 State Fair Hearing decisions:

Medicaid State Fair Hearing Appeals: Outcomes April –June 2008			
Outcome	**Mental Health**	**Substance Abuse**	**Total**
Affirmed	**91**		**91**
Modified			
Reversed	**1**		**1**
Withdrawn/Abandoned	**1**		**1**
Dismissed/Denied	2		**2**
Total	**95**		**95**

Note: State Fair Hearings are counted as resolved in the month in which the notice of decision is received from the Department of Inspections and Appeals.

Section IV

Prevention and Early Intervention

GOAL:
To begin initiatives aimed at the prevention of and limitation of the effects of mental health and substance abuse disorders.

INDICATORS OF PREVENTION AND EARLY INTERVENTION

Iowa Plan Prevention Programs

Primary prevention is accomplished by providing social and emotional support and education, promoting sensitive child-rearing for the pediatric population, screening for risk factors, and focusing efforts on special groups. Secondary prevention is based on case finding strategies and screening populations for early signs of mental health problems and then providing targeted interventions for those identified. Effective prevention deters exacerbation of symptoms and decreases the need for intensive services.

Per the Iowa Plan contract, Magellan initiates one prevention project each contract year. The ADHD/Depression Prevention Project was initiated for the 2004-2005 contract year, the Postpartum Prevention Project was initiated for 2005-2006, Reward for Quality was initiated for 2006-2007, and Behavioral and Medical Care Coordination was initiated for the 2007-2008 contract year. Magellan works with the Iowa Plan Advisory Committee on identifying potential prevention projects and evaluating the effectiveness of chosen projects. Magellan considers expansion of effective projects to other areas of the state.

Behavioral Health and Medical Care Coordination Project (2007 – 2008)

Magellan began implementing a Behavioral Health and Medical Care Coordination project in November 2007 as its Iowa Plan prevention project for the 2007-2008 contract year and as one of two new Performance Improvement Projects for 2007-2008.

Magellan and the Iowa Medicaid Enterprise (IME) are working together to optimize overall health status for Medicaid members with chronic medical problems and concomitant psychiatric needs through care management coordination. Magellan is responsible for behavioral health services for Iowa Plan enrollees and IME is responsible for physical health services for Medicaid enrollees.

Behavioral health and medical care coordination facilitates positive outcomes through identification of high-need clients who could benefit from focused care management in order to achieve, consolidate, and maintain treatment gains.

Members with complex care needs will be identified by the IME.

- The IME will identify such clients through use of the PHQ-9 screening instrument. Based on a threshold score of 10 for depression or a single affirmative response to question 9 (related to suicide), the IME Care Manager will contact Magellan's Intensive Care Manager assigned to the project and initiate care coordination.

The Depression Screening Protocol is detailed as follows:

PHQ-9 Score	Provisional Diagnosis	Treatment
0 - 4	None	Repeat screen quarterly.
5 - 9*	Mild Depression Minimal symptoms	Nurse reviewer support, educate to call if worse, send support materials, repeat screen in one (1) month.
10 - 14*	Minor Depression Dysthymia Major Depression, Mild	Send support materials, nurse reviewer support via weekly telephone contact. Referral to primary provider, possibly mental health provider or family practitioner. Weekly screening, possible referral for psychotherapy.
15 - 19*	Major Depression, moderately severe	Refer to Magellan, call for routine appointment (< 2 weeks) or community mental health. Weekly screening. Should be seen by behavioral health provider weekly.
20 – 27*	Major Depression, severe	Three-way conference call, urgent referral to Magellan 24/7 line, seen today or tomorrow, daily screening, assess member's support.

* Positive answer to Question 9, immediate conference call with Magellan via 24/7 line. Triage via teleconference. Immediate referral to Magellan or community mental health provider.

The member (when possible), the IME Care Manager, and Magellan's Intensive Care Manager will meet initially by telephone to facilitate the referral. The IME Care Manager or Magellan's Intensive Care Manager will then offer the member the option of participating in care coordination for the member's medical and behavioral health needs. Members who accept the offer will be supported in accessing needed services and will participate with the IME Care Manager and Magellan Intensive Care Manager in ongoing care coordination encompassing both medical and behavioral health symptoms as well as general recovery goals.

The Magellan Intensive Care Manager is part of an interdisciplinary team of behavioral and medical health professionals from both Magellan and IME, who works with the member to maintain an appropriate and safe environment, provide information on community resources, support and develop the member's motivation for self-management, collaborate resources for the best outcomes, and address psychosocial needs such as housing, food, or income that may inhibit successful outcomes.

While the initial focus of the Magellan-IME relationship was on members with congestive heart failure and depression, it is now expanding to include any Iowa Plan enrollee with complicated medical needs and mental illness.

The collaboration between Magellan and IME allows both members and providers to more easily coordinate and monitor members' health care needs to improve therapeutic outcomes, complete member treatment plans, and promote cooperation and communication between all members of the health care team. The basic components of the program are as follows:

- Referral from IME
- Conference call with IME, client and Magellan is completed if issues deemed high risk.
- Magellan follows with a phone call to the client
- Support offered as well as an assessment of current services
- Referrals offered for mental health/substance abuse services
- Subsequent follow up to assess status

A tracking instrument/spreadsheet will be used by both IME and Magellan coordinators for the project. Each potential referral will be tracked using this instrument. The tool will include member identification information as well as referral dates and outcome of the referral. The outcome of the referral may include information about where the member was referred for further services or whether the member declined to participate. The number of referrals and participants can easily be tracked in this way.

As noted in Psychiatric News June 3, 2005, Volume 40 Number 11, © 2005 American Psychiatric Association, p. 5, "The nine-item Patient Health Questionnaire-9 (PHQ-9) is derived from the Primary Care Evaluation of Mental Disorders (PRIME-MD) to assist general practitioners in the diagnosis and evaluation of psychiatric disorders. Robert Spitzer, M.D., Kurt Kroenke, M.D., and colleagues at Columbia University developed the PRIME-MD in the mid-1990s in collaboration with researchers at the Regenstrief Institute at Indiana University. Currently, a number of primary care practices in New York City are using the PHQ-9 to screen patients for depression (Psychiatric News, May 20). In addition, according to Kroenke, who is one of the co-principal investigators for the primary care track of the National Depression Management Leadership Initiative, the PHQ-9 is used for depression screening in some places by the VA and the Kaiser Permanente health care system. The questionnaire includes items corresponding to each of the nine depression criteria listed in the DSM-IV, and scores range from 0 to 27. Cutpoints of 5, 10, 15, and 20 represent the thresholds for mild, moderate, moderately severe, and severe depression. Pfizer Inc. owns the copyright to the PHQ-9 and makes it available to clinicians at no cost."

The PHQ-9 is administered by the IME care manager and the score is included in the initial referral information received by the Magellan intensive care manager. The IME care manager will also administer follow-up PHQ-9 surveys and forward follow-up PHQ-9 scores for any referrals previously made to the project.

Reward for Quality Prevention Project (2006 – 2007)

Reward for Quality (R4Q) is one of Magellan's two 2006-2007 Performance Improvement Projects. Magellan proposed using two R4Q performance measures for the 2006-07 Prevention Project and that proposal was accepted by DHS. Details of the R4Q Performance Improvement Project are included in Section V.

Through Reward for Quality, three participating Community Mental Health Centers (CMHCs) are eligible to receive incentive payments tied specifically to the measurement of program outcomes. The CMHCs implement strategies to reduce inpatient readmission rates and emergency room visits.

Inpatient readmission within 30 days of discharge is considered to indicate of an overall index of wellness. Strategies such as consumer-specific treatment and crisis plans have been shown to impact readmission rates. Emergency room visits are seen as an indication of gaps in the service system. Through consumer and provider collaboration, such service gaps can be addressed in ways that support consumers in building on personal strengths and accessing community resources that are more effective in managing symptoms.

Baseline measures were taken for all CMHCs from April-September 2005, resulting in an average inpatient readmission rate of 19.3% and an average emergency room visit rate of 4.1%. Performance targets for the R4Q project were set at < 15% readmission rate and < 4.1% emergency room visit rate. The three participating CMHCs must meet the performance targets for the population of consumers they saw three or more times over the measurement period. This number represents 50-65% of the total consumer population at each CMHC (a total of approximately 1,800 consumers.) Participating CMHCs include the Abbe Center for Community Mental Health, Plains Area Mental Health Center, and Siouxland Mental Health Center.

Magellan provides support and resources to the CMHCs, including training protocols and work sessions for data collection and reporting. Each month, Magellan sends the CMHCs customized data reports so they can self-monitor progress and implement continuous quality improvements. Magellan provides each CMHC with a list of consumers seen three or more times in the measurement period and emergency room and inpatient mental health services used by those consumers. Magellan offers as needed assistance to ensure the CMHCs have access to necessary technologies as well as the skills needed to use them effectively.

Performance toward goals for the project measurement periods (4/1/06 – 9/30/06 and 10/1/06 – 3/31/07) as well as for the period following the project (4/1/07 – 9/30/07) are displayed in the tables below:

Emergency Room Visits Rates prior to and during R4Q					
Community Mental Health Center	Emergency Room Visits All Visits divided by All Consumers				
	4/1/05 - 9/30/05	Goal	4/1/06 - 9/30/06	10/1/06 - 3/31/07	4/1/07 - 9/30/07
1	2.0%	≤4.1%	1.8%	2.8%	4.0%
2	1.3%		3.6%	0.6%	2.7%
3	3.2%		0.7%	1.0%	0.9%
Aggregate	2.3%		1.8%	1.9%	2.9%

Inpatient Mental Health 30-Day Readmissions Rates prior to and during R4Q					
Community Mental Health Center	Readmissions Inpatient Mental Health Discharges Readmitted in 30 Days				
	4/1 - 9/30/05	Goal	4/1/06 - 9/30/06	10/1/06 - 3/31/07	4/1/07 - 9/30/07
1	18.1%	≤15%	16.5%	13.8%	19.8%
2	18.8%		20%	9.1%	26.7%
3	23.8%		8.8%	6.5%	16.1%
Aggregate	20%		15.7%	12.1%	19.7%

Measurement Period 1 (4/1/06-9/30/06)

Emergency Room rates for each participating CMHC met the goal rate of < 4.1%. Inpatient Readmission rates for one CMHC met the goal rate of < 15%. In aggregate, the R4Q providers met the emergency room rate goal and came close to meeting the inpatient readmission rate goal.

Measurement Period 2 (10/1/06- 3/31/07)

Emergency Room rates for each participating CMHC met the goal of < 4.1%. Inpatient Readmission rates for each CMHC met the goal rate of < 15%. In aggregate, the R4Q providers met both goals during the second measurement period.

Follow-Up Measurement Period (4/1/07 – 9/30/07)

Two of the three participating CMHCs showed higher emergency room rates and inpatient readmission rates during the follow-up measurement period than they had during the baseline period. In aggregate, the R4Q providers showed increases from the incentive measurement periods for both measures.

Each CMHC has submitted a report that included a summary of performance to-date, actions taken to support meeting the performance measures, and project barriers. Examples of actions taken include developing crisis plans for frequent callers and expanding response processes for after-hours calls. It appears that efforts of the participating CMHCs resulted in good prevention of emergency room visits and inpatient readmissions for consumers who are regularly seen by the CMHC.

Discussion with the CMHC directors about their overall experiences to-date in the project indicate there are still questions to be answered regarding reasons for particular successes and barriers. The directors and Magellan have agreed to move forward with one more measurement period in order to address the sustainability of their efforts and to use an increased awareness of processes that may play a role in these prevention efforts. This measurement period will include data between 4/1/08 and 9/30/08.

Postpartum Depression Prevention Project (2005 – 2006)

For its 2005-06 prevention project, Magellan sought to provide education and screening materials on Postpartum Depression (PPD) to Iowa Medicaid enrollees, with follow-up services offered to those who screen positive.

Epidemiological research estimates the prevalence of Postpartum Depression at 12% and that rate has been confirmed with Iowa samples. During the July 2002 - June 2003 Iowa Plan contract year, clients with a primary diagnosis of Major Depressive Disorder accounted for 22% of Medicaid outpatient claims paid.

Women with PPD experience appetite and sleep disturbance, psychomotor agitation, excessive fatigue, lack of libido, depressed mood and intense anxiety. Many of the mothers feel hopeless, experience decreased concentration, isolate themselves, and feel inadequate or guilty, particularly regarding their ability to care for the newborn. Postpartum Depression increases the risk of Major Depressive Disorder as well as the severity of Major Depressive Disorder if it occurs. Major Depressive Disorder is a significant risk factor to cognitive and emotional deficits in depressed mothers' children up to age five. Children of depressed mothers see their primary care doctors more often and have higher rates of prescriptions and hospitalizations than children of non-depressed mothers.

Risk factors for PPD include a previous history of PPD, past psychiatric history, depression during pregnancy, family history of psychiatric illness, personality traits such as perfectionism, anxiety or panic, poor outcomes of past pregnancies such as miscarriages, abortion or an ill baby; stressful life events, or dissatisfaction with the marital relationship.

Research suggests that early identification and treatment of PPD can improve outcomes. Screening for PPD promotes early identification and treatment.

Magellan Health Services has developed prevention programs that screen mothers for the presence of PPD symptoms. Key elements include:

- ~~screening mothers for depression through a survey~~
- referring those who screen positive for further evaluation and treatment
- facilitating access to appropriate services for those who screen positive

The initial target population for the Iowa Plan PPD Prevention Project was Iowa Plan Medicaid enrollees who deliver newborns. However, identification of enrollees who deliver was cited as a barrier to implementation of the project. Magellan accesses Medicaid data regarding behavioral health utilization only and does not have information on Medicaid-funded medical services. Discussions with stakeholders, providers, and the Iowa Medicaid Enterprise Medical Director suggested identifying hospitals serving a large number of Medicaid enrollees and approaching those hospitals about the PPD project. DHS provided such a listing on Medicaid deliveries in 2004.

Magellan reviewed hospital delivery data to identify a provider partner to:

- distribute project packets to mothers, including a cover letter, educational materials, and PPD screening tools
- coordinate with Magellan on administration and scoring of screening tools
- communicate positive screening results to families
- offer assistance in accessing services
- ensure that those who screen positive and request assistance in accessing services are referred for further assessment and treatment

For PPD screenings, mothers would be asked to complete the Edinburgh Postnatal Depression Scale, a widely-used 10-item self-report symptom rating scale. Studies have indicated that this scale is a sensitive tool for detecting PPD symptoms in populations of varying social class, marital status, form of delivery, and age. A Spanish version of the scale is available. The mother would complete the scale herself unless she has limited English or has difficulty with reading. Each item is given a score that corresponds with the severity of the symptom. A total score of ≥ 12 is considered to be positive for possible Postpartum Depression. Follow-up contacts would be made within seven business days with those mothers with positive depression screens to provide additional information and to offer assistance in scheduling further assessment and treatment, unless the mother requested that no contact be made. Information including screening results and follow-up would be entered into a database for tracking and reporting purposes. Forty-five days after follow-up, the mother would be contacted again to review whether or not further assessment and treatment services were scheduled and/or received.

Overviews of the Prevention Project were presented to the Iowa Plan Advisory Committee, the Iowa Plan Clinical Advisory Committee, and the Consumer/Family Advisory Committee. The screening tools to be used were reviewed with the Iowa Plan Advisory Committee. Full materials for the project were reviewed by the QI Committee.

Broadlawns Medical Center, a hospital that delivers a large number of babies born to Iowa Medicaid enrollees, agreed to partner with Magellan to distribute surveys and educational materials. In the fall of 2005, the project was revised from the original plan of distributing screenings, to Magellan's participation in a statewide PPD work group. In summer 2006, the work group was joined by a PPD researcher from the University of Iowa.

There were two meetings this quarter, April 17 and May 15. VNA continues to provide services to new mothers in the Polk County area. Physicians can refer to VNS, who then go out to visit the mothers. VNS has revised their brochure to include the services they are offering. A perinatal conference was held April 9-10, 2008. Preperations are being made for

the Perinatal Summit though the Iowa Department of Public Health, scheduled for July 24th in Des Moines. The next PPD meeting will be July 17th, 2008.

ADHD/Depression Prevention Project (2004 – 2005)

For its 2004-05 prevention project, Magellan identified the population of children receiving services through the Iowa Plan for Attention Deficit Hyperactivity Disorder (ADHD) with the goals of providing educational information on ADHD and depression to their families and offering ADHD screenings for their siblings and depression screenings for their parents. Follow-up services are offered to those who screen positive.

ADHD is the most common childhood neurobehavioral disorder. Epidemiological research has estimated the prevalence of ADHD as ranging between 3% and 20%, depending on the diagnostic criteria and study design. The most commonly accepted prevalence rate for school-age children in the United States is 3-6%. During the July 2002 - June 2003 Iowa Plan contract year, clients with a primary diagnosis of ADHD accounted for 17% of Medicaid outpatient paid claims.

Individuals with ADHD experience symptoms of inattention and/or hyperactivity/ impulsivity and demonstrate impairment and poor functioning in at least two settings, e.g., social, family, school, and/or job. Often children with ADHD experience school failure, academic underachievement, troubled relationships with peers and family members, and are at increased risk for legal system involvement. Approximately 30-60% of youth with ADHD also exhibit other psychiatric disorders; most frequently oppositional defiant or conduct disorder, anxiety, or depression. Children with ADHD are more likely to suffer injuries requiring emergency treatment.

Family members of children with ADHD also experience substantial impact. Having a child with ADHD has been associated with parenting stress, negative parent-child and sibling interactions, marital discord, parental depression, alcohol problems, poorer health in general, and decreased work productivity and absenteeism. Research suggests that poor family functioning and high levels of stress occur in response to children's ADHD symptoms as opposed to causing them. Studies have documented improved family functioning following appropriate therapy for ADHD.

A high incidence of ADHD has been demonstrated among first-degree relatives. Siblings of children diagnosed with ADHD are 26% more likely to be diagnosed with ADHD than their peers. In addition, there tends to be a clustering of difficulties among first-degree relatives that includes anxiety disorders, major depression, learning and language disorders, and antisocial personality disorder. Research suggests that early identification and treatment of ADHD can improve outcomes.

One in eight individuals may require treatment for depression in their lifetimes and approximately 70% of all psychiatric hospitalizations are associated with mood disorders. Parents of children with ADHD have 2.4 times the risk of developing depression than parents of children without ADHD. Research suggests that early identification and treatment can improve the outcomes of adults with depression and that outcomes for children with ADHD are improved when their parents with depression are appropriately assessed and treated.

Magellan Health Services has developed prevention programs that screen siblings and parents of youth diagnosed with ADHD with the general goal of promoting early identification and treatment. Key elements include:

- screening siblings for ADHD and parents for depression through a survey
- referring those who screen positive for further evaluation and treatment
- facilitating access to appropriate services for those who screen positive

The target population for the ADHD/Depression Prevention Project are Iowa Plan enrollees between the ages of four and 18 who have not been diagnosed with ADHD but who have one or more biological siblings receiving services for ADHD and enrollees who have children under the age of 18 who are receiving services for ADHD. In implementing the prevention project, Magellan has worked with a provider to:

- identify families and siblings in the target populations
- distribute project packets to families, including a cover letter, educational materials, and ADHD and Depression screening tool materials
- administer and score screening tools
- communicate positive screening results to families
- offer assistance in accessing services
- ensure that those who screen positive and request assistance in accessing services are referred for further assessment and treatment

For the sibling ADHD screening portion of the prevention project, parents are asked to complete screens for each of their children, aged four to 18, who have not been diagnosed with ADHD and to mail the screens back. The ADHD screen is the 18-item SNAP-IV Teacher and Parent Rating Scale, which asks the following questions:

Inattention	**Not At All**	**Just A Little**	**Quite A Bit**	**Very Much**
Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks	0	1	2	3
Often has difficulty sustaining attention in tasks or play	0	1	2	3
Often does not seem to listen when spoken to directly	0	1	2	3
Often does not follow through on instructions and fails to finish schoolwork, chores or duties	0	1	2	3
Often has difficulty organizing tasks and activities	0	1	2	3
Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort	0	1	2	3
Often loses things necessary for activities (e.g. toys, school assignments, pencils, or books)	0	1	2	3

Often is distracted by extraneous stimuli	0	1	2	3
Often is forgetful in daily activities	0	1	2	3
Hyperactivity-Impulsivity				
Often fidgets with hands or feet or squirms in seat	0	1	2	3
Often leaves seat in classroom or in other situations in which remaining seated is expected	0	1	2	3
Often runs about or climbs excessively in situations in which it is inappropriate	0	1	2	3
Often has difficulty playing or engaging in leisure activities quietly	0	1	2	3
Often is "on the go" or acts as if "driven by a motor"	0	1	2	3
Often talks excessively	0	1	2	3
Often blurts out answers before questions have been completed	0	1	2	3
Often has difficulty awaiting turn	0	1	2	3
Often interrupts or intrudes on others (e.g. butts into conversations/games)	0	1	2	3

The screen is considered positive if five or more of the eight items are endorsed as "Quite a Bit" or "Very Much".

For depression screenings, parents are asked to complete the CES-D, a 20-item self-report symptom rating scale developed by the Center for Epidemiologic Studies. Studies indicate that this scale is a sensitive tool for detecting depressive symptoms and symptom change over time. A Spanish version of the scale is available. The CES-D asks that the following questions be answered by indicating the number which best describes how often one felt or behaved this way during the past week:

0 = Rarely or none of the time (less than 1 day)

1 = Some or little of the time (1-2 days)

2 = Occasionally or a moderate amount of the time (3-4 days)

3 = Most or all of the time (5-7 days)

DURING THE PAST WEEK:

____ 1. I was bothered by things that usually don't bother me.

____ 2. I did not feel like eating; my appetite was poor.

____	3.	I felt that I could not shake off the blues even with the help from my family.
____	4.	I felt that I was just as good as other people.
____	5.	I had trouble keeping my mind on what I was doing.
____	6.	I felt depressed.
____	7.	I felt that everything I did was an effort.
____	8.	I felt hopeful about the future.
____	9.	I thought my life had been a failure.
____	10.	I felt fearful.
____	11.	My sleep was restless.
____	12.	I was happy.
____	13.	I talked less than usual.
____	14.	I felt lonely.
____	15.	People were unfriendly.
____	16.	I enjoyed life.
____	17.	I had crying spells.
____	18.	I felt sad.
____	19.	I felt that people disliked me.
____	20.	I could not get "going".

Each item is given a score. Items 4, 8, 12 and 16 are reverse scored. Total scores can range from 0-60. If the total score is >16, it is considered to be positive for possible depression.

Follow-up contact is made within seven business days with families with positive ADHD or depression screens to offer assistance in scheduling further assessment and treatment, unless the family requested that no contact be made. Information such as screening results and follow-up are tracked and reported. Forty-five days after each positive screen, the parent is contacted again, to determine if further assessment and treatment services were scheduled and/or received and to obtain input about the project.

An overview of the project was presented to the QI Committee, the Iowa Plan Advisory Committee, and the Consumer/Family Advisory Committee. The screening tools to be used were presented to the Iowa Plan Advisory Committee.

A data pull to determine the project sample identified nearly 6,500 Iowa Plan Medicaid enrollees aged 5-17 receiving services for Attention Deficit Hyperactivity Disorder. Project management issues, including the 1.8% return rate experienced by other Magellan offices, were presented to the Clinical Advisory Committee at their summer 2005 meeting. Committee members noted that 25% of enrollees receiving services for ADHD are served by one of five providers and suggested these families are known to the providers who work with them. The Committee recommended distribution of project materials through collaboration with a provider. This recommendation was accepted by the QI Committee.

Des Moines Child and Adolescent Guidance Center, a provider serving a large number of youth with ADHD, agreed to partner with Magellan to distribute surveys and educational materials. Magellan and Des Moines Child Guidance finalized the agreement and project requirements and Magellan staff prepared packets for Des Moines Child and Adolescent Guidance clinical staff to deliver to families.

Three hundred and thirty four clients were identified by Magellan as receiving services for ADHD through Child Guidance. Most of these clients were identified as receiving a therapist service, although 70 were identified as receiving medication management only. Distribution of the packets began April 9, 2007 via mail or hand delivered by the therapist. Of the packets distributed, 22 responses resulted in the therapist meeting with or planning to meet with the client/family members, reviewing the findings with the family members, and discussing the need for referral for services. Those 22 cases are to receive a follow-up review in 45-60 days. One hundred and ninety of the clients were identified as: not participating, being a client for whom no response was received, having an adoptive parent, or as having moved without Child Guidance having a forwarding address.

One barrier that was identified was that some parents completed the scoring tool for the child already identified as having ADHD and not for a sibling. Child Guidance staff have clarified the process with involved families and will continue to clarify as they process families each month. A second barrier was the low rate of return, which Child Guidance plans to address by surveying a random selection of 10% of the non-responders, asking why they did not respond.

A later data pull captured an additional 52 new clients and information packets/surveys were sent to client/family members via mail or hand distribution by therapists. From the 52 clients, six families had a positive screening for sibling(s) with diagnosis, 40 clients/families did not respond, and six requested no participation. In addition, 10% of non-responders were randomly selected. Of these 20 clients selected: five clients stated they did not receive information and the information re-sent to them, six clients chose not to complete as their other children were adopted and the depression information did not apply, three surveys indicated a positive finding and referrals/education will be provided, and six clients did not respond to the outreach attempt.

For the project's third quarter, 130 new ADHD/Depression Prevention packets were distributed. Seven were completed for siblings with ADHD and 5 for parental depression. All screenings resulted in positive results, and each participant was contacted. All screenings were positive for services and referral and two follow-ups were reported.

Follow-up continued to be a challenge for the October – December 2007 quarter. For the October mailing, additional information was added to the cover letter to assist with the follow up process.

During the project's fourth quarter (January – March 2008), Child Guidance received a list of 430 individuals receiving services and is in the process of distributing new ADHD/Depression Prevention packets.

Delays in distributing the surveys has pushed back the processing of data. A final report will be forthcoming at the end of the next reporting quarter.

Section V

Quality Improvement

GOAL:
To use quality improvement technology to ensure the most effective services are provided to enrollees.

INDICATORS OF QUALITY IMPROVEMENT

Quality Improvement Committee

Magellan's Iowa Quality Improvement Committee (QI Committee) is a multidisciplinary team that meets monthly to establish and maintain mechanisms for the identification and review of quality of care and service issues. These include development and monitoring of the QI Workplan and the evaluation and re-evaluation of performance against the Workplan. The QI Committee is co-chaired by Magellan's General Manager and Quality and Compliance Director for Iowa. QI Committee members include a consumer representative, a family member representative, DHS's Managed Care and Clinical Services Bureau Chief, the DHS Iowa Plan Managed Care Manager, DPH's Licensure Bureau Chief, a mental health provider, a substance abuse provider, as well as the following Magellan Iowa staff members: Chief Clinical Officer, Clinical Learning Specialist, Consumer/Family Advocate, Director of Operations, Medical Director, QI Clinical Reviewers, and QI Specialists.

Standing QI Committee agenda topics include External Audits/Regulatory Compliance, Key Indicator Reports, QI Activities, Appeals/Grievances/Compliments, and QI Subcommittee Reports, with other subject areas as indicated.

The QI Workplan is reviewed at each month's QI Committee meeting. QI Committee subcommittees -- CEU/Professional Development, Clinical Advisory Committee, Consumer/Family Advisory Committee, Member Services, Professional Provider Review Committee, and Utilization Management -- report on their activities.

The QI Committee monitors activity related to:

- Appeals and Grievances
- Critical Incidents
- external reviews of Magellan and the Iowa Plan
- Fraud and Abuse
- functional assessment studies
- Performance Improvement Projects
- Performance Indicators
- Performance Measures
- prevention projects

- Provider Incidents
- the QI Program Description and associated Workplan
- quality improvement activities/monitoring
- Satisfaction Surveys - both client and provider
- stakeholder input
- technical assistance
- URAC accreditation

Several of the above topics are addressed in more detail later in this report.

The following subcommittees support and submit minutes to the QI Committee:

CEU/Professional Development Subcommittee

The Continuing Education Unit/Professional Development Subcommittee identifies and selects speakers for continuing education presentations to Magellan staff, reviews continuing education offerings, organizes education presentations for Provider Roundtables, and oversees activities that enhance professional staff development.

The CEU/Professional Development Subcommittee meets quarterly and submits minutes to the QI Committee each quarter. The Clinical Learning Lead chairs subcommittee meetings. Membership in the subcommittee is rotated among Magellan staff members and includes mental health and substance abuse care management staff.

This quarter, the subcommittee organized three presentations for Magellan staff and network providers:

- Assessing the Suicidal Patient
- Jumping Off Bridges
- Understanding the Culture of Poverty

The subcommittee also arranged three future presentations:

- Learning Styles: What Makes an Effective Presenter
- Matrix Model for Substance Abuse Treatment: Making It Work for Your Agency
- Process Improvement Using NIATx Principles

Clinical Advisory Committee (Provider Advisory Group)

The Clinical Advisory Committee advises Magellan on Iowa Plan clinical issues and operations. Membership was proposed by Magellan and approved by DHS and DPH. The committee meets on a quarterly basis. The Committee's roles and responsibilities include:

- annual review of Utilization Management Guidelines and potential changes
- review of utilization management and care management programs and protocols
- review and recommendations on level of functioning scales and associated activities
- input on quality assurance and performance improvement projects

Magellan staff attending the Clinical Advisory Committee include the Quality and Compliance Director, Chief Clinical Officer, General Manager, and Medical Director with other staff attending as indicated. DHS and DPH representatives may also attend.

The Clinical Advisory Committee met June 2, 2008. Specific information on the meeting is addressed in Section VII: Client/Consumer and Community Initiatives.

Consumer/Family Advisory Committee (Member Advisory Group)

The Consumer/Family Advisory Committee meets on a quarterly basis to advise Magellan on issues related to the Iowa Plan from the consumer and family perspectives. 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 review of performance
- review of Magellan's year-end performance relative to the QA Plan performance, including review of Performance Indicators
- feedback on operational issues experienced by consumers, family members, and providers
- input on service development/improvement opportunities

Committee membership was directed to individuals eligible to receive services through the Iowa Plan and to their family members. All interested consumers, family members, and advocacy representatives are welcome. Magellan proposed members who were approved by DHS and DPH. DHS and DPH staff also attend. Meetings are led by the Consumer/Family Advocate with other Magellan staff attending as needed.

The Consumer/Family Advisory Committee met June 5, 2008. Specific information on the meeting is addressed in Section VII: Client/Consumer and Community Initiatives.

Member Services Subcommittee

The Member Services Subcommittee reviews Iowa Plan activities related to client rights and quality improvement data on claims processing, client satisfaction, Grievances, Appeals, enrollment, and telephone access. Annual review of member materials and internal confidentiality monitoring is also part of the subcommittee's responsibilities and leadership of the subcommittee is assigned to the Consumer/Family Advocate.

The subcommittee oversees 21 QI Workplan measures, which are updated monthly. Membership includes the Magellan Customer Service Manager and Director of Operations.
This quarter, the subcommittee met once on April 30, 2008 . Topics of discussion included:

- Data sets for the QI Workplan items assigned to the subcommittee. Performance indicators continue to be well within compliance of the specified performance goals.
- Member Satisfaction: No request for change of providers was reported.

- Member Satisfaction survey results exceeded the goal of 85%.
- Annual review of member materials is planned for next quarter.
- Five compliments were received January through March.
- Four complaints were reviewed. Follow-up and resolution was completed.

Professional Provider Review Committee

The Professional Provider Review Committee (PPRC) determines membership in the Iowa Plan provider network based on review of provider credentials against Magellan criteria and the requirements of the Iowa Plan. The PPRC handles quality reviews of providers that may result from malpractice suit, professional licensure action by a state board, a Provider Incident report, etc.

Magellan's Iowa Medical Director chairs the PPRC. Membership includes three provider representatives (psychiatrist, psychologist, and social worker) as well as the following Magellan staff: Area Contract Manager, Clinical Services Manager, Network Coordinator and a QI Specialist. The PPRC meets twice each month on the second and fourth Wednesday of the month. This quarter, the PPRC met six times.

The scope of the PPRC includes review of provider quality file information, implementation of Clinical Practice Guidelines, and identification of service/provider gaps. Quality file information may include Grievances, incidents, Provider Profiling, and site visit reports.

This quarter, the PPRC approved providers, as detailed in the table below:

Providers Credentialed by the PPRC April-June 2008	
46	**Agency/ CMHC/Facility**
27	**LISW**
26	OMPT*
0	Physician Assistant
3	Psychiatrist
8	Psychologist
0	Physician (Non-Psychiatric)
110	TOTAL

*OMPT (other master's prepared therapist) includes ARNP, LMFT, LMHC, etc.

Credentialing timeframes for providers applying to join the Iowa Plan network are monitored against the performance indicator standard that requires that 60% of completed provider applications be processed in 30 days and 100% in 90 days. This quarter, 100% of completed provider applications were credentialed within 30 days. Applications are considered to be complete when Magellan receives all required documentation.

Utilization Management Subcommittee

The Utilization Management (UM) Subcommittee is responsible for evaluating the impact of Magellan policies and procedures on the accessibility and availability of care, client referral and triage, utilization management, clinical evaluation, and clinical treatment. The UM Subcommittee provides signed and dated minutes to the QI Committee. The subcommittee also reports to and receives input from Magellan's Corporate UM Committee.

The UM Subcommittee oversees 41 QI Workplan measures which are updated monthly.

Membership of the UM Subcommittee includes the following Magellan staff: Care Managers, Chief Clinical Officer, Clinical Services Manager, Medical Director, and a QI Clinical Reviewer. The UM Subcommittee meets monthly.

The UM Subcommittee met three times this quarter. Topics of discussion included:

- care manager observations.
- data sets for the QI Workplan items assigned to the subcommittee
- mental health readmissions within 30 days of inpatient discharge
- schizophrenia inpatient mental health re-admission strategy
- LPHA assessments

Magellan Corporate Support

Magellan Health Services provides oversight of the Iowa QI program through the National Quality Council. The Iowa QI Committee submits its QI Program Description, QI Workplan, and QI Annual Evaluation to the National Quality Council. The National Quality Council approves, approves with recommendations, or requests revisions to these documents. In addition, Iowa QI staff submit Iowa Plan QI Quarterly Reports for review and comment. The Council also receives a quarterly report that documents specific Magellan core performance indicators.

Iowa staff have access to clinical, quality, and operations expertise through Magellan Health Services. Magellan's National Quality Improvement Director maintains a dotted-line relationship to Iowa QI activities. Regularly scheduled conference calls provide for ongoing coordination with Magellan's corporate QI and other resources.

Examples of Magellan corporate support this quarter include:

- The Chief Clinical Officer participated in monthly corporate Public Sector ICM conference calls.
- The National QI Director participated in Iowa Plan QI Committee meetings.
- The Quality and Compliance Director participated in the quarterly corporate Compliance Officer conference call.
- The Quality and Compliance Director participated in regular and ongoing review of Magellan policies.

- Magellan's Manager of Program Innovation worked closely with CMC staff as well as provider staff in developing a final evaluation of the Self-Directed Care program.

Critical Incidents and Follow-up Actions Taken

Magellan reviews Critical Incident reports to ensure client safety and the appropriateness of care. Critical Incident reporting addresses serious incidents involving clients who requested and/or received mental health or substance abuse services under the Iowa Plan. Critical Incident reporting categories, as determined by DHS and DPH, include:

- death (i.e. suicide or homicide, from any cause after entry into treatment)
- suicide attempt
- medical death
- self-mutilation/self-assault
- assault on others
- other dangerous behavior
- AMA/ASA discharges
- sexual abuse, or allegation thereof, in a treatment setting
- use of illicit drugs/alcohol while in an inpatient, residential, or halfway house facility
- abuse of over-the-counter medications or toxic substances (i.e. glue, inhalants, etc.) while in an inpatient, residential, or halfway house facility
- escape from a locked facility
- unauthorized departure from a 24-hour facility pursuant to a court order
- adverse incidents related to seclusion and/or restraint
- other incidents

Critical Incident reports are received in the following ways:

- provider faxes a completed Critical Incident report to the QI Department
- Magellan staff report a Critical Incident when notified by the provider
- AMA/ASA discharges of Medicaid clients reported through Magellan's AS/400 clinical documentation system
- substance abuse discharges reported through DPH's SARS/I-SMART data system

Magellan researches each Critical Incident and maintains a tracking log that supports analysis of trends. In cases where a death occurs and there is a specific need for more information, the QI Department may request the death certificate through DHS or DPH. In cases where there is a need for more information, Magellan may request that information from the provider.

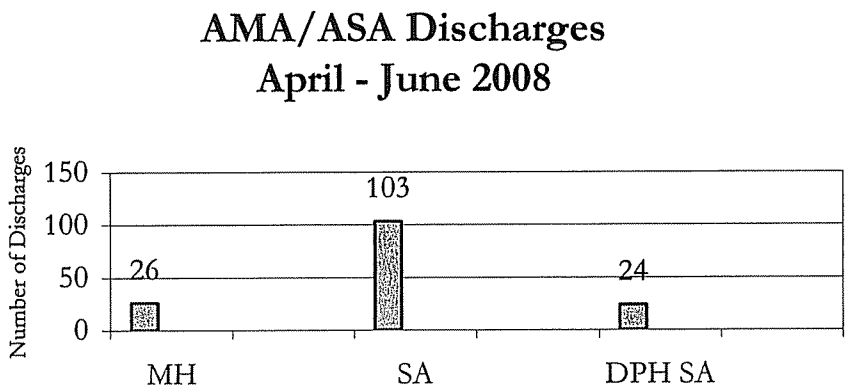
This quarter, 281 Critical Incidents were reported, as summarized in the table below. Incidents involving clients receiving services through multiple funding streams are reported in the category that best represents the reporter of the incident.

Critical Incidents Reported April-June 2008	Medicaid MH	Medicaid SA	DPH SA
Suicide			1
Medical Death	8		2
Suicide Attempt	1	2	3
Self-Mutilation/Self-Assault	4		3
Assault on others	16		2
Other Dangerous Behavior	8	1	2
Sexual Abuse or Allegation thereof	1	1	
Use of illicit drugs/alcohol while in an inpatient, residential or halfway house facility	3	2	7
Abuse of over the counter medications or toxic substances (i.e. glue, inhalants, etc.) while in an inpatient, residential, or halfway house facility.			
Leaving a 24-hour facility against medical advice (AMA/ASA)	26	103	24
Inpatient/Subacute/23 Hour Obs	(22)	(8)	
Residential	(4)	(95)	(24)
Unauthorized departure from a 24-hour facility pursuant to a Court Order	1	4	2
Incident related to seclusion and/or restraint			
Other	43	8	3
Total	**111**	**121**	**49**

Note: DPH SA AMA data pulled from SARS/I-SMART and reported on one month lag.

AMA/ASA Discharges

153 AMA/ASA discharges were reported this quarter, as summarized in the following chart:



Follow-up after Inpatient Discharge (Medicaid Mental Health)

Magellan clinical staff ensure that Medicaid clients discharged from a mental health 24-hour level of care (inpatient or subacute) receive a follow-up mental health service within seven days. Care management staff verify discharge information, assist clients in arranging an appointment within seven days if no appointment has been made, and verify that clients attend appointments.

In reviewing data prior to implementation of this policy in March 1997, Magellan found that 39% of MHAP clients obtained a mental health service within seven calendar days of an inpatient discharge. A 90% standard was established through an Iowa Plan Performance Indicator. There is a one-month time lag for this indicator to allow for claims submission. For April – May 2008, based on claims received to-date, the follow-up percentage was 92.4%.

Follow-up after Discharge (Medicaid Substance Abuse)

A Performance Indicator established in 2004 monitors the percentage of clients discharged from ASAM III.3 and III.5 residential substance abuse treatment who receive a follow-up substance abuse service within 14 days of discharge. Care Managers and the substance abuse QI Clinical Reviewer work with providers on discharge planning and timely follow-up. The Performance Indicator specifies that 60% of such clients receive follow-up within 14 days.

There is a one-month time lag for this indicator to allow for claims submission. For April - May 2008, based on claims received to date, the follow-up percentage was 65.9%.

An Iowa Plan Performance Indicator requires that 90% of clients at ASAM residential Levels III.3, III.5, and III.7 have a discharge plan documented on the day of discharge. The indicator is monitored through on-site clinical record reviews. This quarter, 100% of the 12 charts reviewed met that standard.

Follow-up after Emergency Room Visit

An Iowa Plan Performance Indicator requires that 95% of Medicaid clients seen in an emergency room for mental health concerns but not admitted to 24-hour care have a follow-up contact within 3 business days of Magellan being notified of the enrollee's visit.

This quarter, 100% of such clients were contacted within the 3 business days timeframe. In general, Magellan clinical staff make three attempts to contact the client by phone. If those attempts are not successful, a letter is sent encouraging the client to call Magellan to arrange any needed services. This quarter, the majority of contacts were by letter.

Readmissions to Inpatient Services

Performance Indicator goals and readmission rates are presented in the following tables:

Mental Health Inpatient Readmission Rate: Children/Adolescents					
Indicator	Goal	April 08	May 08	June 08	Quarter Avg.
7 Day	≤6%	4.8%	5.8%	1.2%	3.9%
30 Day	≤15%	11.9%	11.7%	10.7%	11.4%
90 Day	≤25%	18.8%	18.6%	20.8%	19.4%

Mental Health Inpatient Readmission Rate: Adults					
Indicator	Goal	April 08	May 08	June 08	Quarter Avg.
7 Day	≤6%	2.7%	4.3%	4.9%	3.97%
30 Day	≤15%	12.2%	10.4%	16.6%	13.1%
90 Day	≤25%	24.4%	30.8%	23.7%	26.3%

Mental Health Inpatient Readmission Rate: Overall					
Indicator	Goal	April 08	May 08	June 08	Quarter Avg.
7 Day	≤6%	3.4%	4.8%	3.9%	4.0%
30 Day	≤15%	12.1%	10.8%	14.6%	12.5%
90 Day	≤25%	22.7%	26.7%	22.7%	24.0%

Psychotropic Medication Monitoring

Since March 1997, the Drug Utilization Review (DUR) Commission, the Iowa Pharmacists Association (IPA), Magellan have conducted focused reviews of drug utilization for Iowa Medicaid enrollees. IPA conducts a monthly analysis of all Iowa Plan enrollees utilizing IPA therapeutic criteria to select individuals at risk for therapeutic misadventure.

The following criteria are used to support review of the most prevalent profiles:

- duration of therapy
- drug dose limitations
- drug interactions
  - specific drug interactions
  - therapeutic category interactions
- drug-disease contraindications
- drug-disease precautions
- drug-patient contraindications
  - age
  - gender
- drug-patient precaution
  - age
  - gender
- drug-laboratory considerations

Clients are identified each month for IPA intervention letters which are also sent to the involved providers and pharmacists. Magellan monitors identified clients for problems and IPA re-examines client data to ensure that providers have addressed the areas of concern.

Magellan's Iowa Medical Director attends DUR Commission meetings to discuss case studies, case reviews, profile reviews, and policy development and implementation. The Medical Director provides clinical information on case-specific issues where the pharmacotherapy for an Iowa Plan enrollee is in question. The meetings enhance awareness of psychotropic medication use and management on a statewide basis and by specific providers. Participation of Magellan's Medical Director with the DUR Commission supports communication with primary care physicians and fosters collaborative quality assurance activities.

Meetings will resume on a quarterly basis with Magellan Medical Director, Iowa Psychiatric Society, and representatives from the DUR Commission to address medication maximum dosages and FDA indications of psychotropics. There had been a hiatus with a change in vendors who manage the DUR Commission. For this quarter, psychotropics are representative of three of the top five positions of "Top Drugs by Dollars Spent."

Functional Assessment of High Need Populations

In initially implementing the Iowa Plan, Magellan conducted training for providers and stakeholders. The training included presentation by Magellan's Iowa Medical Director on Global Assessment of Functioning (GAF) scores as part of a complete DSM-IV multi-axial diagnosis. GAF scores were recorded in Magellan's AS/400 clinical record system during admission and concurrent review calls by care management staff. QI Clinical Reviewers checked for documentation of updated GAF scores on mental health records. Providers were urged to assign a score to each client and this expectation was noted in the Iowa Plan Utilization Management Guidelines. GAF scores can be an indicator of the overall level of client functioning and can be useful in tracking client clinical progress.

Beginning in 2000, the Multnomah Community Ability Scale (MCAS) was used to measure changes in the functioning of Iowa Plan Medicaid adult clients considered to be Seriously and Persistently Mentally Ill (SPMI) or "High Need" as defined by the client's clinical history reflected in GAF scores and other service criteria detailed below. Targeted Case Managers throughout the state administered the MCAS. The Child and Adolescent Functional Assessment Scale (CAFAS) was used to measure changes in Iowa Plan Medicaid children and adolescents considered to be Seriously Emotionally Disturbed (SED) children and adolescents or "High Need." A local provider knowledgeable about the CAFAS arranged for CAFAS interviews to be conducted telephonically statewide. Scores were taken at time intervals appropriate to the instrument and were dependent on client availability. Those scores were submitted throughout the year as interviews were completed and then repeated at the appropriate time intervals. All scores were submitted to Magellan for recording in the client's AS/400 clinical file.

During the 2005-2006 Iowa Plan contract year, the recommendation to change to the tools used in the Outcomes Project: the Child And Adolescent Needs and Strengths –MH (CANS-MH) and the

parallel tool, Adult Needs and Strengths Assessment (ANSA), was approved by the Iowa Plan Clinical Advisory Committee.

During the 2006-2007 contract year, the Reward for Quality Performance Improvement Project was initiated. In that project, clinicians at participating Community Mental Health Centers have been completing ANSA and CANS-MH assessments through a Magellan contract with Polaris Health Directions (Polaris). Clinicians received training and passed a post training vignette assessment before initiating assessments.

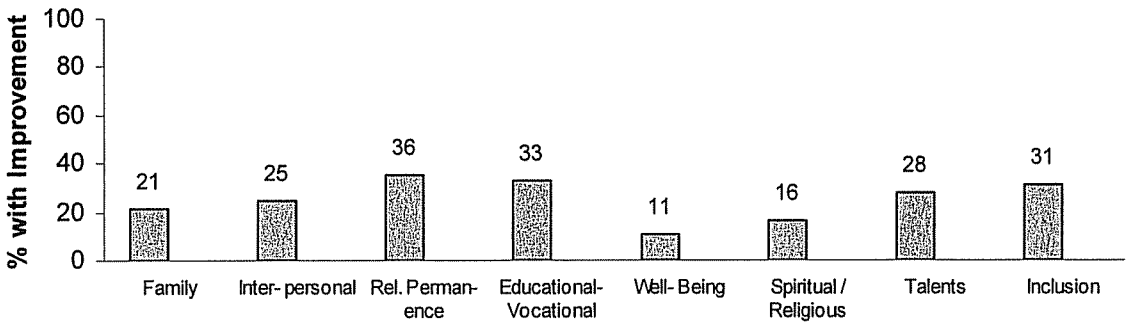
1) Level of Functioning: Adult Needs and Strengths Assessment Analysis

During the 2006-2007 contract year, clinicians at participating community mental health centers completed both intake and update Adult Needs and Strengths Assessment (ANSA) assessments on 72 adults. The ANSA assesses six Presenting Problems, six Risk Areas, seven Functioning Areas and eight strength areas. A summary of the Functioning Areas and Strengths data is presented here. ANSA Functioning Areas are Intellectual-Cognitive, Knowledge of Illness, Physical Medical, Family, Employment-Education, Living Skills, and Residential Stability. ANSA Strength areas are Relationship Permanence, Educational-Vocational, Inclusion, Talents and Interests, Interpersonal, Family, Spiritual and Religious, and Well-Being. Assessment uses a 4 point rating so clients who receive a 2 (moderate) or 3 (severe) score are recognized as having a problem in a functioning area or as having an underdeveloped strength. Analysis focuses specifically on those adults who had a moderate or severe limitation at intake and reports on the percentage of those adults who have improved at update.

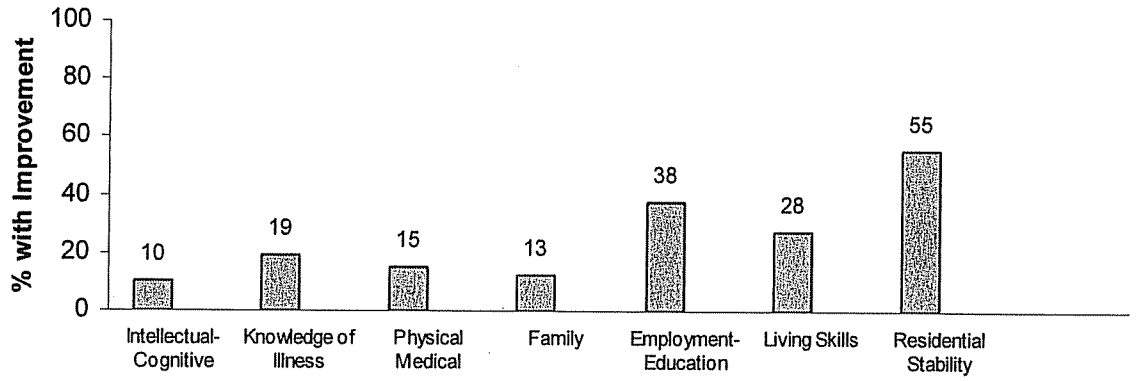
- Data Collection Procedures: Polaris Health Directions identified clients with completed Intake and Update assessments (ANSA) and reported improvement percentages for each identified strength area for the group of clients who identified underdevelopment in that particular strength area.
- Results and Data Analysis
  - The Intake score on each Strength is compared to the Update score on each Strength to determine improvement.
  - Only clients whose clinician intake found a particular functioning area to be a moderate or severe problem (scored as 2 or 3 on the ANSA) are included in the reporting on the ANSA functioning areas.
  - 2006-2007 Clinician ANSA assessment update data for R4Q adults who scored significantly at intake for various functioning areas show the following for each ANSA functioning area:
    - 55.2% improved in Residential Stability
    - 37.8% improved in Employment –Education
    - 27.6% improved in Living Skills
    - 19.3% improved in Knowledge of Illness
    - 15.2% improved in Physical-Medical
    - 12.6% improved in Family
    - 10.2% improved in Intellectual-Cognitive

- Only clients whose clinician intake found a particular strength to be moderately/severely underdeveloped (scored as 2 or 3 on the ANSA) are included in the reporting on the ANSA strength areas.
- 2006-2007 Clinician ANSA assessment update data for R4Q adults who scored significantly at intake for various underdeveloped strengths show the following for each ANSA Strength:
  - 35.6% improved in Relationship Permanence
  - 33.1% improved in Educational-Vocational
  - 31.1% improved in Inclusion
  - 28.2% improved in Talents and Interests
  - 24.8% improved in Interpersonal
  - 21.4% improved in Family
  - 16.4% improved in Spiritual and Religious
  - 10.8% improved in Well-Being

Clinician ANSA Assessment
Percentage who Showed Improvement between Intake and Most Recent Update



Clinician ANSA Assessment
Percentage who Showed Improvement between Intake and Most Recent Update



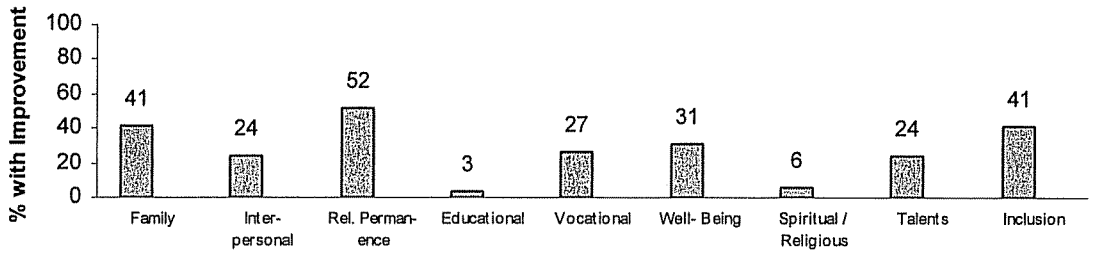
2) Level of Functioning: Child Adolescent Needs and Strengths Assessment Analysis

During the 2006-2007 contract year, clinicians at participating community mental health centers have completed both intake and update Child Adolescent Needs and Strengths –Mental Health (CANS-MH) assessments on 36 youth. The CANS-MH-MH assesses seven Presenting Problems, six Risk Areas, seven Functioning Areas and seven strength areas. A summary of the Functioning Areas and Strengths data is presented here. CANS-MH Functioning Areas are Intellectual-Cognitive, Physical Medical, Family, School Achievement, School Behavior, School Attendance, and Sexual Development. CANS-MH Strength areas are Relationship Permanence, Educational, Vocational, Inclusion, Talents and Interests, Interpersonal, Family, Spiritual and Religious, and Well-Being. Assessment uses a 4 point rating so clients who receive a 2 (moderate) or 3 (severe) score are recognized as having a problem in a functioning area or as having an underdeveloped strength. Analysis focuses specifically on those youth who had a moderate or severe limitation at intake and reports on the percentage of those youth who have improved at update.

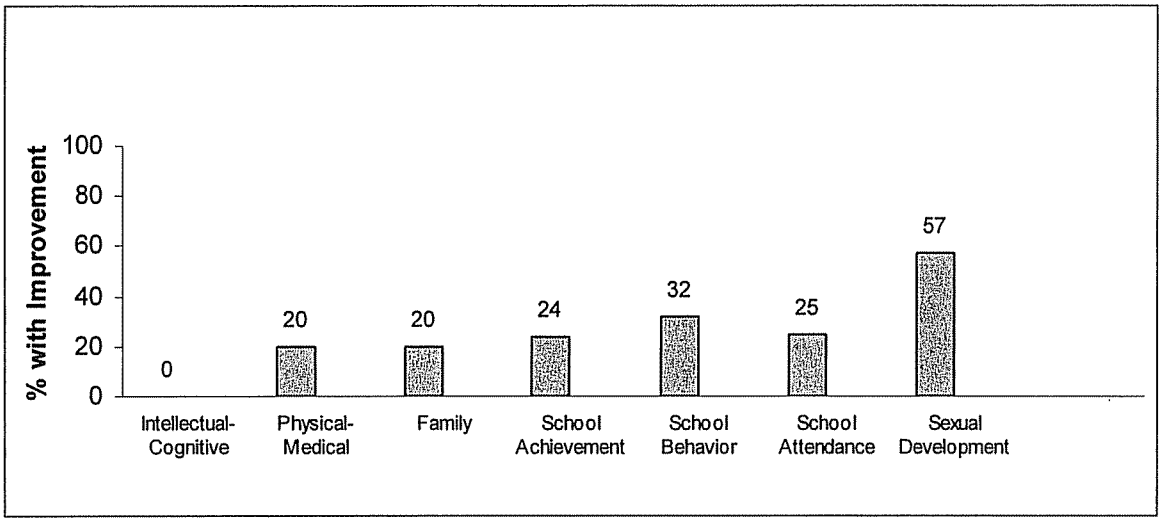
- Data Collection Procedures: Polaris Health Directions identified clients with completed Intake and Update assessments (CANS-MH) and reported improvement percentages for each identified strength area for the group of clients who identified underdevelopment in that particular strength area.
- Results and Data Analysis
  - The Intake score on each Strength is compared to the Update score on each Strength to determine improvement.
  - Only clients whose clinician intake found a particular functioning area to be a moderate or severe problem (scored as 2 or 3 on the CANS-MH) are included in the reporting on the CANS-MH functioning areas.

- 2006-2007 Clinician CANS-MH assessment update data for R4Q youth who scored significantly at intake for various functioning areas show the following for each CANS-MH functioning area:
  - 57% improved in Sexual Development
  - 43% improved in Physical Medical
  - 32% improved in School Behavior
  - 25% improved in School Attendance
  - 24% improved in School Achievement
  - 20% improved in Family
  - 00% improved in Intellectual-Cognitive
- Only clients whose clinician intake found a particular strength to be moderately/severely underdeveloped (scored as 2 or 3 on the ANSA) are included in the reporting on the CANS-MH strength areas.
- 2006-2007 Clinician CANS-MH assessment update data for R4Q youth who scored significantly at intake for various underdeveloped strengths show the following for each CANS-MH Strength:
  - 52% improved in Relationship Permanence
  - 41% improved in Inclusion
  - 41% improved in Family
  - 31% improved in Well-Being
  - 27% improved in Vocational
  - 24% improved in Talents and Interests
  - 24% improved in Interpersonal
  - 6% improved in Spiritual and Religious
  - 3% improved in Educational

Clinician CANS-MH Assessment
Percentage who Showed Improvement between Intake and Most Recent Update



Clinician CANS-MH Assessment
Percentage who Showed Improvement between Intake and Most Recent Update



Due to a great deal of provider feedback on barriers in using the Polaris tools, they will no longer be utilized either by Orchard Place or as part of the Reward for Quality project. Feedback has been focused on two main areas – difficulty of use and lack of useful reporting. In essence, providers have found that using the tools has been very time consuming and cumbersome. The technology requirements have not always been easy to address and the tools simply take a great deal of time to complete, particularly due to the desire to include self-assessment, clinician assessment, and in the case of the children's tools, caregiver assessment. In addition to those issues, providers have felt that while the immediate reporting has been useful in clinical work at times, the aggregate reporting has not helped with program management or other issues as originally intended.

Therefore, after several meetings and discussions as well as the lack of enthusiasm or willingness to continue on the part of providers, it has been decided that these tools will no longer be utilized. With stakeholder input and committee review, Magellan will consider the use of the Consumer Health Inventory (CHI) and Consumer Health Inventory – Child (CHI-C) in measuring outcomes of high need populations. The CHI is currently being used in the Intensive Care Management program as a replacement for the SF-12. Magellan Health Services, and QualityMetric Incorporated, a recognized authority in health status measurement, have developed the CHI as an assessment system that takes behavioral health clinical outcomes measurement to a new level of precision while also addressing the relationship and co-morbidity between behavioral and physical health.

The new Consumer Health Inventory is a proprietary system used exclusively by Magellan and based on a leading health assessment tool for measuring physical functioning and mental well-being. The CHI expands the scope of the existing QualityMetric tools to include new questions that address the presence and impact of behavioral health symptoms, substance use patterns, personal strengths, and the therapeutic relationship. This tool is grounded with a recovery and resiliency orientation and has

been developed with the input and expertise of consumers and family members receiving services in the public sector.

Members taking this assessment can do so at a provider location. They will enter a secure Website, completing the online assessment periodically throughout the treatment process at clinically informed time intervals. Upon submitting the assessment, members and providers both receive real-time, easy-to-understand reports that enable them to fully partner in their treatment and ultimately the outcomes of care.

Magellan care managers responsible for managing the member's benefits have access to outcomes assessment information too with the ability to access real-time reports about the member's treatment progress and symptom profile.

Magellan has long believed in empowering members to manage and monitor their health and well-being on their road to recovery. The Consumer Health Inventory gives members a tangible, convenient, and evidence-based method of monitoring their treatment progress.

Intensive Psychiatric Rehabilitation – Study of Outcomes

The desired consumer outcome of Intensive Psychiatric Rehabilitation (IPR) services is the attainment of personally valued and successful role functioning. The International Association of Psychosocial Rehabilitation Services (IAPRS) Toolkit for Measuring Psychosocial Outcomes was originally selected to gather data to measure outcomes of the eight original IPR pilot sites. The toolkit measured outcomes across a number of different domains or life areas including hospitalization, residential, employment, education, financial, and legal issues. In addition, Magellan generated claims data on types of services, units of service, service cost, length of hospital stay, and aggregate dollars paid.

Once a toolkit was completed, the IPR provider forwarded the instrument to Magellan. A unique client ID number was assigned and the Medicaid ID number removed prior to releasing data to the Boston University Center for Psychiatric Rehabilitation. The toolkit and service/claims information were forwarded to Boston University for analysis to answer the following questions:

- What are the characteristics of the participants in the IPR?
- Does IPR impact type of service, units of service and service cost?
- Does IPR impact hospitalization rates?
- Does IPR impact aggregate costs of service?
- Do the IPR units and amounts of service impact other service utilization?
- Do IPR programs differ on types of consumers served units of IPR, and outcome measures?

Magellan assisted in an article entitled "The Integration of Psychiatric Rehabilitation Services in Behavioral Health Care Structures: A State Example" that was published in the "Journal of Behavioral Health Services and Research" Vol. 29, no. 4, in November 2002.
Magellan received a February 2005 report from Boston University entitled "Research Infrastructure Support Program Final Report: Outcomes of the Intensive Psychiatric Rehabilitation Program in Iowa." The following is an excerpt (used with permission):

"CONCLUSIONS

There is reasonable evidence that for those who complete the IPR program substantial gains in rehabilitation goals, especially in the residential domain can be anticipated. We can also anticipate that the most expensive and restrictive mental health services and costs will go down for IPR groups to a greater extent than for other similar groups, but we see increases in use of community and out-patient services that result in a shallower decrease in overall units of services used for IPR groups.

This investigation of the outcomes of IPR in Iowa is important for a number of reasons. First, the IPR initiative in Iowa is one of the only state-sponsored psychiatric rehabilitation initiatives intended for statewide implementation. Iowa currently offers IPR services to hundreds of participants through 28 provider sites statewide. Development of the program model is the result of an intensive effort by numerous stakeholders in Iowa to implement a psychiatric rehabilitation intervention for individuals with serious mental illness. Thus, the IPR service, available to Iowa Medicaid beneficiaries, is a defined intervention based on choice and role recovery and is part of a system of care that includes program-specific standards and quality assurance mechanisms. Consequently, demonstration of the success of this program, specifically in terms of rehabilitation goals chosen by clients, contributes to the evidence base for psychiatric rehabilitation.

Secondly, this IPR program is not only exceptional because it is state supported, but it is especially unique because it is delivered under the fiscal and administrative structures of the state contractor for managed behavioral health services in Iowa. Its implementation demonstrates that the fiscal and administrative structures of managed care organizations are not only suitable to the delivery of psychiatric rehabilitation services but may indeed provide convergence in principles and methods. If psychiatric rehabilitation is an effective intervention for individuals with severe mental illness, it is important that this service be feasibly offered through managed care entities."

This pilot project also provided numerous methodological and statistical challenges. The data collected through this pilot were longitudinal, acquired though a quasi-experimental design with numerous missing values and including Medicaid claims data that required significant cleaning and manipulation to make files suitable for analysis. This pilot has given our staff an opportunity to develop competence in managing and analyzing large data sets. A particular challenge has been to clean, reconcile, and combine data from several years of existing Medicaid claims with IAPSRS toolkit data collected over multiple points in time. These data also provided opportunities for our Data and Statistics Unit to utilize novel statistical techniques such as the ones described in the methodology section. This pilot study was useful in an RO-1 submission to NIMH to study the IPR intervention in a more rigorous way, and has provided preliminary data for a trans-disciplinary study of quality of care in which we will draw upon behavioral, organizational, implementation and dissemination theory to study the implementation of IPR across the numerous sites in Iowa in order to understand the case-mix and contextual (organizational, fiscal, and political) factors that may affect service delivery and client outcomes."

Magellan received a November 2005 interim report from Boston University entitled "Outcomes Study of the Intensive Psychiatric Rehabilitation Program in Iowa." The following is an excerpt (used with permission) from that report:

> **"DISCUSSION**
>
> Taken together, findings portray a discernable impact of IPR for participants for rehabilitation outcomes. The positive effect of IPR is most clearly visible when reviewing the "before to after" with group comparisons of changes over time. We see that IPR effects are most discernable in the residential area where all samples completing IPR and the ITT group showed highly significant gains. Positive and significant changes are also seen for these completer groups for employment status and for earnings. Non-completers showed declines in employment status and non-significant gains in earnings. From this one may surmise that changes in residential status and in earnings are more easily affected by IPR intervention than is employment status. An alternate explanation is that the positive changes in residential status reflect shifts in state policy that promote community integration in housing for people with psychiatric disabilities, given that the positive changes are seen for both completing and non-completing groups.
>
> However, the cross group comparison of IPR completers with non-completers helps to differentiate the effect of IPR from other on-going trends in mental health service and policy in Iowa. These tables portray highly significant differences for completers in residential status, and an in employment status, as well as in gross monthly earnings when compared to non-completers.
>
> ... We can conclude that there is strong evidence that for those who engage in and complete the IPR program, substantial gains can be anticipated in rehabilitation outcomes. This is especially true for residential status and for earnings. Moreover, we can anticipate crossover effects in these areas irrespective of the domain of the overall rehabilitation goal. Further, we can conclude that a rehabilitation process appears to promote the use of mental health services or at least ameliorate any negative impact of managed care on service use and access. Lastly, the relationship of these two processes requires further empirical testing and theoretical consideration."

In November 2006, two of the principal researchers involved in the IPR Outcomes Study presented at the American Public Health Association Annual Meeting and Exposition. Their presentation, "Measuring Outcomes of a Psychiatric Rehabilitation Intervention for Medicaid Beneficiaries using Propensity Scores," focused on the Iowa IPR Outcomes Study.

While this study is complete, Magellan is moving forward to continue to measure outcomes of Intensive Psychiatric Rehabilitation services. With corporate support, the Recovery Assessment Scale (RAS) and a satisfaction survey are being administered by seven IPR providers across the state. The RAS was developed by Mark Salzer (University of Pennsylvania) and Patrick Corrigan (University of Chicago). The RAS is a 20-item self-assessment addressing five areas associated with

recovery – personal hope and confidence; willingness to ask for help; goal and success oriented; reliance on others; and person not dominated by symptoms. Participants are asked to self-report on progress in recovery and status in the community. Administration of the surveys occurred in July 2007 (N=155), October 2007 (N=147), and January 2008 (N=67). The survey was also administered in April 2008, however, results are still being analyzed. Aggregate and individual scores were presented to providers at their quarterly IPR roundtable. Average scores for the three months were 80.52, 78.61, and 82.18 (100 point scale) consecutively and the frequencies for various specific items on the questionnaire were also presented at the roundtable. Additional outcomes will be presented to providers at future meetings.

Client Satisfaction Surveys

Magellan receives feedback from clients through two rounds of client satisfaction surveys each contract year for each funding stream – DPH substance abuse services, Medicaid mental health services, and Medicaid substance abuse services. Survey information is discussed here.

Medicaid Surveys

The process for distribution of Iowa Plan Medicaid satisfaction surveys for mental health and substance abuse clients is as follows:

- Two separate survey mailings are conducted, twice a year. One survey is for adults and one is for children and adolescents age birth through 17.
- For both mailings, all unique clients with a claim paid during the selected time span are included in the study population.
- From that population, a 16% random sample is selected to receive a survey.
- The sample is reviewed to exclude any enrollees who were surveyed previously or who may have requested that they not be sent a survey.
- Client contact data is compiled by Magellan staff in Iowa and forwarded to Magellan's corporate Department of Evaluation and Outcomes which mails a cover letter, survey, and postage-paid return envelope to each selected client in the sample.
- A reminder letter including a survey and postage-paid return envelope is mailed approximately 21 days after the first mailing
- After the surveys are returned to Magellan corporate, the results are compiled and the completed reports forwarded to Magellan's staff in Iowa.

The second of the two annual Medicaid surveys for 2007-2008 was distributed in May 2008. Results are included as Attachment 4. The samples for the May 2008 distribution were based on paid claims data for services received between November 2007 – April 2008.

For the Medicaid adult survey, of the 3,338 surveys mailed, 140 (4.2%) were returned as non-deliverable and 96 were opt-outs (the client either called or returned a blank survey to indicate an opt-out). Of the 3,102 surveys delivered, 419 responses were received, for a return rate of 13.5%. ~~The overall satisfaction index, based on the score for survey item #23, was 92.6%. This exceeded~~ the performance goal of 85%.

The three items that scored the highest on the Medicaid adult survey were:

- The person I spoke to (Magellan) was friendly and courteous – 98.2%
- The courtesy and responsiveness of (provider) office staff (if you received Mental Health outpatient treatment in an office) – 97.3%
- The number of days you waited between appointments – 96.9%

The three items that scored the lowest on the Medicaid adult survey were:

- If you received the Iowa Plan Handbook, how helpful was the handbook to you in understanding the services available and how to get them – 78.0%
- I am better able to take care of myself financially – 78.3%
- I am doing better in school or work – 84.0%

For the Medicaid child/adolescent survey, of the 3,408 surveys mailed, 147 (4.3%) were returned as non-deliverable and 44 were opt-outs (the respondent either called or mailed back a blank survey to indicate an opt-out). Of the 3,217 surveys delivered, 322 responses were received, for a return rate of 10.0%. The overall satisfaction index, based on the score for survey item #23, was 89.3%. This exceeded the goal of 85%.

The three items that scored the highest on the Medicaid adolescent survey were:

- The person I spoke to (Magellan) was friendly and courteous – 96.7%
- The cleanliness of the facility itself (if you received treatment that required you to stay over night in a facility) – 96.7%
- The number of days you waited between appointments – 95.4%

The three items that scored the lowest on the Medicaid adolescent survey were:

- I am better able to take care of myself financially – 74.0%
- The availability of any in-home services you may have needed – 79.9%
- The availability of evening and/or weekend appointments – 80.2%

Results of the second of the 2007-2008 Medicaid surveys are scheduled to be presented to the QI Committee in August 2008.

DPH-Funded Surveys

DPH-funded substance abuse clients are surveyed twice each year regarding satisfaction with services. The second of the two annual survey distributions for 2007-2008 took place in May 2008 with all clients receiving a DPH-funded substance abuse service in November eligible to receive a survey. The report of the results is included here as Attachment 4.

For the May 2008 DPH-funded client satisfaction survey project:

- Magellan's corporate Department of Evaluation and Outcomes generated survey materials that included a cover letter, a survey, and a postage-paid return envelope.

- The survey materials were sent to Magellan staff in Iowa where they were packaged and forwarded to DPH-funded substance abuse providers in adequate numbers to allow for distribution to each DPH-funded client receiving services during the survey period.
- Providers offered a survey packet directly to each client as the client received a service. Each unique client receiving a service in the month was asked to participate.
- If the survey was accepted, the client was asked to fill it out and mail it directly to Magellan in the postage-paid envelope provided.
- After the surveys were received, the data were compiled by Magellan corporate staff and reported to Magellan Iowa staff.
    - The surveys were coded by provider to facilitate feedback to them regarding the rates of satisfaction reported by their clients.

For the May 2008 distribution, 3,545 surveys were mailed to DPH-funded substance abuse providers. Of the 3,545 surveys mailed, providers reported that 1,925 (54.3%) were handed out to clients. Of the 1,925 surveys handed out, 1,027 were returned, for a cooperation rate of 53.4%. The overall satisfaction index, based on the score for survey item #21, was 92.6%, exceeding the performance goal of 85%.

The three items that scored the highest on the DPH survey were:

- (The provider) actively involved you in your treatment – 98.3%
- (The provider) listened closely to you – 98.1%
- The competence of the facility's professional staff – 97.2

The three items that scored the lowest on the DPH survey were:

- If you had a family member you wanted to be involved in your treatment, how satisfied are you that the provider tried to include them – 88.4%
- I am better able to take care of myself financially – 89.8%
- To what extent have Iowa Plan DPH substance abuse services met your needs – 90.6%

Results of the second of the 2007-2008 Medicaid surveys are scheduled to be presented to the QI Committee in August 2008.

The following table summarizes client satisfaction survey results under the Iowa Plan, reported for each of the two surveys done each year:

Client Satisfaction Survey Results			
Year	**DPH Clients**	**Medicaid Children/Adolescents**	**Medicaid Adults**
1999 – 2000	91% / 88%	86% / 84%	84% / 86%
2000 – 2001	94% / 93%	87% / 86%	86% / 87%
2001 – 2002	92% / 93%	89% / 90%	85% / 86%
2002 – 2003	93% / 93%	90% / 85%	86% / 88%
2003 – 2004	90% / 90%	89% / 88%	86% / 89%
2004 – 2005	94% / 92%	87% / 86%	91% / 86%

2005 – 2006	91%/ 91%	88% / 87%	90% / 90%
2006 – 2007	91%/ 91%	88%/ 91%	89%/ 90%
2007 – 2008	92%/93%	88%/89%	90%/93%

Provider Satisfaction Survey

Magellan requests feedback from providers each year through the Iowa Plan Provider Satisfaction Survey. Data for the most recent survey, conducted in February 2008, are presented below. For the survey:

- Magellan gathered a list of all Iowa Plan network providers to whom a claim had been paid for services provided during 2007.
- A modified random sample was drawn from paid claims data to assure inclusion of high volume providers and specific provider types, including all Community Mental Health Centers, substance abuse providers, hospitals with inpatient mental health units, and agencies.
  - Additionally, a sample of small group providers, home health providers, Targeted Case Management offices, and individual providers was included.
- Magellan Iowa staff forwarded the sample list to Magellan's Evaluation and Outcomes Survey Department which mailed a survey to providers along with a cover letter and postage-paid return envelope.
  - All providers in the sample were sent a reminder letter 21 days following the original mailing with another survey and postage-paid return envelope.
- Once surveys were returned, the Evaluation and Outcomes Survey Department compiled results and forwarded completed reports to Iowa staff.

Of the 305 surveys mailed, 29 (9.5%) were returned as non-deliverable. Of the 276 surveys delivered, 144 were returned representing a 52.2% cooperation rate. The Overall Satisfaction Index, based on the score for survey item #1, was 89.6%. This exceeded the goal of 75%.
The three items that scored the highest on the Provider survey were:

- professional behavior and courtesy of Magellan staff: - 95.0%
- responsiveness of care managers when you need them – 93.4%
- availability of care managers when you need them – 91.2%

The three items that scored the lowest on the Provider survey were:

- Magellan's general concept and philosophy – 82.3%
- Amount of time it normally takes to get through to someone who can help you – 85.1%
- Time it takes Credentialing Dept to get back to you regarding your status as a provider – 86.1%

The following table summarizes provider satisfaction survey results under the Iowa Plan:

Provider Satisfaction Survey Results	
Year	**Provider Satisfaction**
1999 – 2000	80%

2000 – 2001	83%
2001 – 2002	86%
2002 – 2003	84%
2003 – 2004	82%
2004 – 2005	85%
2005 – 2006	84%
2006 – 2007	88%
2007 – 2008	90%

Note: Prior to 2003, overall satisfaction was determined by the average of all satisfaction items on the survey. Overall satisfaction is now based on one specific survey question.

Actions Taken in Response to Feedback from Stakeholders

Magellan solicits input into the Iowa Plan from a variety of stakeholders including consumers/families, providers, and other community members. Regularly scheduled roundtables and other meetings are held around the state. Magellan reviews all suggestions received and identifies items for follow-up action that may include changes in Iowa Plan operations.
The following actions were taken this quarter in response to feedback from stakeholders:

- Based on feedback from consumers and policy groups that we needed more contracted peer support providers, Magellan has added contracted peer support providers.
- Based on feedback from families/NAMI that our providers needed family specific training, MBC sponsored 30 hours of on-site training at our CMC provided by consumers/family members of NAMI. We assisted in arranging additional trainings in Iowa City and Independence.
- Meeting was held with managers and administrators from Iowa Lutheran Hospital addressing a list of interfaces with Magellan through the Iowa Plan. Said interfaces involved billing, collaboration on clients, and UM interactions. Discussions ensued as to optimizing processes for each area. Magellan has resolved and addressed all interface issues including: reimbursement for authorized inpatient stays for pregnancy related mental disorders (e.g. post partum depression), discernment of how ILH can bill for medical services related to overdoses, month of application process for notification of ER visits and authorization for inpatient, collaboration on clients frequenting the ER, utilization management discussions regarding treatment interventions (e.g. pharmacotherapy) under the supervision of the Iowa Plan medical director, optimizing triage and authorization for PHP through the Access Center, discernment of suicidality via Magellan Clinical Practice Guideline for Assessing and Managing the Suicidal Patient, and the utilization review process for documenting administrative authorizations for "Keep Kids Safe".
- St. Lukes in Cedar Rapids will be opening a mental health Access Center in the Emergency Room in September 2008. Magellan has partnered with St. Lukes in the past to ensure optimal assessments of clients entering the hospital. This effort will increase the assessment potential for each client accessing the emergency room.

Retrospective Clinical Reviews

Retrospective Clinical Reviews monitor the appropriateness and quality of services delivered to Iowa Plan clients as documented in provider clinical records. Retrospective Clinical Reviews also address contract compliance, including DPH substance abuse requirements.

Four QI Clinical Reviewers, all credentialed clinicians, review provider clinical records across the state. Two reviewers are located in Magellan's West Des Moines office, one is home-based in Montezuma, and one is in the Sioux City office.

A committee that included Care Managers, the Chief Clinical Officer, QI Clinical Reviewers, the QI Director, and a QI Specialist developed client record review tools and the format for written feedback to providers. Separate but similar review tools were developed for mental health and substance abuse records based on:

- National Committee for Quality Assurance (NCQA) standards
- Utilization Review Accreditation Commission (URAC) standards
- Iowa Plan contract requirements
- IMSACP Retrospective Review tools, which were developed using:
  - DPH licensure standards
  - Joint Commission on the Accreditation of Healthcare Organization standards
  - recommendations from IMSACP Peer Review Organization reports
  - input from providers
  - input from DHS and DPH

Magellan staff later adopted the Magellan Health Services mental health retrospective clinical record review tool for mental health reviews and modified it to include specific Iowa Plan requirements. Providers receive a site visit report that includes any corrective action requirements.

Magellan uses claims and, for substance abuse providers, SARS/I-SMART data, to determine the list of providers for review. Generally, Community Mental Health Centers, hospitals with mental health and/or substance abuse services, and most substance abuse providers are visited every year. Additionally, a percentage of agency, group, and individual providers receive on-site reviews each year.

The following process is used for standard Retrospective Clinical Reviews:

- Provider name and address are identified from provider directory lists.
- A sample of clients from the levels of care available at the provider site is identified.
- A letter regarding the Retrospective Clinical Review is mailed to the provider about three weeks before the planned on-site review date. The letter includes the list of client files to be reviewed and a copy of the review tool.
- The QI Clinical Reviewer contacts the provider to schedule the visit.
- The site visit occurs and the QI Clinical Reviewer gives feedback to the provider.
- Within four weeks of the site visit, the provider receives a written summary of the findings of the Retrospective Clinical Review. The summary contains feedback in the form of

"Suggest," "Recommend," or "Require" statements. Require statements necessitate a written correction plan from the provider within 30 days.

Results of standard Retrospective Clinical Reviews conducted are displayed below:

Retrospective Clinical Reviews Results July 2004 – June 2008				
	Mental Health		Substance Abuse	
	# of Providers Visited	% Overall Compliance	# of Providers Visited	% Overall Compliance
April – June 2008	**29**	**90%**	**18**	**94%**
January – March 2008	24	86.5%	17	95%
October – December 2007	28	87.3%	12	89.0%
July – September 2007	43	86.3%	11	93.0%
April - June 2007	58	89.4%	10	92%
January - March 2007	47	89%	12	94%
October - December 2006	38	91%	12	96%
July - September 2006	29	89.5%	18	95%
April - June 2006	38	83%	13	97%
January - March 2006	55	89%	9	93%
October - December 2005	50	87%	13	92%
July - September 2005	47	86%	11	94%
April - June 2005	45	84.5%	15	93%
January - March 2005	43	84%	15	92%
October - December 2004	45	84.5%	12	91%
July - September 2004	50	81%	12	93%
TOTAL/AVERAGE %	616	86.5%	16	93.1%

Source: QI Workplan – June 2008, page 53

Discharge Planning Audits (Medicaid Mental Health)

Iowa Plan Performance Indicators include two measures related to discharge planning for mental health clients. The first indicator states "90% of all discharge plans written for enrollees being released from a mental health inpatient hospitalization shall be implemented." The indicator is monitored through Retrospective Clinical Review of inpatient provider records.

This quarter, site visits were completed at 2 providers with 20 inpatient files reviewed. Twenty of 20 clients (100%) received the follow-up services listed in their discharge plans making year-to-date performance 95.4%.

The second discharge planning performance indicator states "A discharge plan shall be documented on the day of discharge for a minimum of 90% of enrollees being discharged from the following mental health settings: inpatient, partial hospitalization, and day treatment."

Of the 20 mental health inpatient, partial hospitalization, and day treatment files reviewed this quarter at two providers, 20 records (100%) had a discharge plan documented on the day of discharge, making year-to-date performance 94.9%.

Discharge Planning Audits (Medicaid Substance Abuse)

A performance indicator initiated during the 2000 Iowa Plan contract year stated "A discharge plan shall be documented on the day of discharge for 90% of enrollees discharged from a substance abuse ASAM level III.7, III.5 and III.3 setting." The indicator has been monitored through on-site Retrospective Clinical Review of provider records.
This quarter, site visits were completed at three providers with these levels of care. Of the 12 charts reviewed, 12 (100%) contained documented discharge plans, making year-to-date performance 97.6%.

Peer Review for Physician Advisors

Magellan works with Physician Advisors (PAs) trained and available for 24-hour consultation. All are licensed Iowa physicians practicing in behavioral health settings. PAs are board-certified in psychiatry. Certain PAs are also board-certified in child and adolescent mental health care or addictions or specialize in eating disorders, dissociative disorders, and/or mood/schizophrenia diagnoses. Magellan assures sufficient PA resources to maintain timely processes.

This quarter, the concordance rate between recommendations made by PAs during the care management process and clinical Appeal decisions was 62% (164/265). Thirty-eight percent of care management decisions were overturned or partially overturned during the Appeal process.

Care Manager Audits

Samples of Magellan care management records are reviewed quarterly to evaluate clinical and administrative effectiveness and to check the accuracy of the authorization process.
Essential elements of the audits include:

- Contact and Clinical documentation:
  - date and time of call
  - caller name, credentials and phone number
  - member phone number entered
  - presenting problem and symptoms
  - current mental status
  - current behavioral aspects of functional impairment and patient's baseline
  - proximal event (Why Now?)
  - behaviorally based progress since last review (for concurrent reviews)
  - actions taken to address "Why Now" factors/precipitants to admission since last review

- barriers to improvement and Care Manager actions to address barriers (for concurrent reviews)
- psychiatric and substance use treatment history and response
- current substance use
- actions taken to address substance abuse issues, if present
- vital signs, withdrawal symptoms, blood alcohol level
- provisional axis 1-III diagnosis
- axes I-V DSM-IV diagnosis (for concurrent reviews)
- family/social support involvement since last review
- risk related to functional impairment/inadequate support
- risk related to current dangerousness to self or others (intent, plan, means)
- medications including dosage and frequency
- changes in medications including start date, dosage and frequency
- treatment plan addressing targeted symptoms
- treatment plan changes based on progress
- evidence of activity to negotiate alternative level of care (if appropriate)
- care manager activity taken to shape and improve quality of treatment
- appropriate / timely discharge planning (Ambulatory Follow-up appointment and plan)
- ad hoc documentation correct

- Application of Utilization Review Criteria:
  - level of care requested and level of care authorized, dates and days specified
  - concordance with level of care authorized and level of care determination or administrative non-authorization/ physician advisor referral
  - appropriate criteria used/criteria met or not met specified
  - accurate/timely entry and correction of data entry related to accurate claims payment
  - appropriate identification/ referral of Intensive Care Management case

- Detection of Quality of Care Issues:
  - Quality of Care issues were identified and addressed appropriately

- Timeliness of Reviews, Notification and Data Entry:
  - date entered at the time of the review
  - timeliness of decisions and documentation of authorizations, administrative non-authorizations and physician advisor referrals
  - timely and appropriate follow-up through discharge on cases referred for physician advisor review
  - timely and adequate coordination of handoffs to/from After Hours
  - timely completion of all relevant data entry requirements
  - meets all customer/regulatory timeliness and documentation requirements

Audit data are reported to the QI Committee and to Magellan corporate departments. Care Managers falling below the performance threshold receive individual consultation from their supervisor to improve performance.

Magellan's goals for Care Manager audits are as follows:

- 100% of Care Managers will meet or exceed a 90% accuracy threshold.
- Overall accuracy will meet or exceed a 90% threshold.

During this quarter, 22 care managers and 104 total cases were audited. 100% of the Care Managers met or exceeded the 90% threshold, with the average score being 93%.

Performance Improvement Projects

As described in DHS's Iowa Medicaid Managed Care Quality Assurance System document, each contract year, Magellan either initiates or continues at least two Performance Improvement Projects (PIPs) that are designed to achieve, through on-going measurement and intervention, significant improvement, sustained over time, in clinical care and non-clinical care areas that are expected to have a favorable effect on health outcomes and enrollee satisfaction. The PIPs must involve the following:

- measurement of performance using objective quality indicators
- implementation of system interventions to achieve improvement in quality
- evaluation of the effectiveness of the interventions
- planning and initiation of activities for increasing or sustaining improvement

Expansion of projects is considered, based on evaluation of the benefits of each project to Iowa Plan enrollees. As noted in Section VIII (Site Visit – External Quality Review), information was clarified on the requirement for the number of PIPs initiated each year. Historically, Magellan has been adding two new PIPs every contract year. Instead, reviewers made it clear that the requirement is that there are two active PIPs for each year. Therefore, continuing with two current PIPs fills the requirement.

Performance Improvement Project: Outcomes Project

Through the Outcomes Project, clients self-reported information about their current symptoms and strengths as well as their perceptions about how treatment is progressing through a user-friendly computer system located in confidential space in their provider's office. The information entered is immediately available to both the client and provider for treatment planning purposes. Clinicians use the same system to input their perceptions of the client's progress.

The Iowa Plan Outcomes Project PIP was initiated for the 2004-2005 contract year. The immediate goal of the Outcomes Project was to improve client functioning through timely, consumer-led treatment planning. The Outcomes Project was intended to improve clinical outcomes as measured by client and clinician computer-based assessments of client strengths, with results immediately available to both the client and the clinician.

Based on feedback from providers using the Polaris tools (the identified tools used for the Outcomes Project), Magellan terminated its contract with Polaris. The Outcomes Project was closed in February, 2008 with approval from the Quality Improvement Committee.

Performance Improvement Project: Intensive Care Management

The Intensive Care Management PIP was initiated in the 2004-2005 Iowa Plan contract year. Intensive Care Management (ICM) is an enhancement of the Iowa Plan Joint Treatment Planning process that focuses on structured, on-going, collaborative treatment planning and care management with participating Iowa Plan clients. Magellan's Intensive Care Managers recruit clients for participation in ICM and work over time with participating clients and their families and providers. The goals of ICM are to improve client functioning and to establish client-directed mechanisms to sustain recovery. ICM is intended to increase the clinical stability and functional health status of selected consumers with severe psychiatric disorders as measured by increased community tenure and increased follow-through with care following readmission.

Following the recommendation of the February 2006 External Quality Review, the ICM PIP was revised in July 2006 and asks the study question: "Can ICM reduce 30-day readmissions to mental health inpatient services?"

Specific objectives for the ICM program include:

- achieve a consensus-based single plan of treatment with the client and those involved with the client
- increase days living in the community
- reduce emergency room visits
- increase community-based services
- increase the client's level of functioning
- ICM clients express satisfaction with this service

Involvement in ICM is based on referral criteria. Magellan has adopted the Magellan corporate ICM referral criteria including:

- Member with two or more admissions to an acute inpatient or residential level of treatment within 60 days
- Children age 12 and under who are hospitalized
- Member with one or more inpatient admissions for eating disorder
- Other, i.e. customer specific
- Adults and children with two or more inpatient mental health admissions in the prior 90 days
- Adults that have a diagnosis of Bipolar or Schizophrenia

ICM processes include contacting the client directly regarding interest in participating and for on-going care planning, collaborative care management calls, and tracking for 60 days. ICM Care Managers work with clients to develop ICM Treatment Plans with specific goals and interventions. ICM Care Managers contact clients weekly and may contact providers and other supports identified by the client.

The Intensive Care Management Performance Improvement Project was implemented July 2004 and asks the study question "Can Intensive Care Management (ICM) reduce 30-day readmissions to mental health inpatient services?" This project was chosen for review as a performance improvement project due to sheer curiosity as well as the resource and service intensity of the program. ICM reaches beyond our normal care management operations and Magellan staff members have always believed in the effectiveness of this program, but only with the backup of anecdotal evidence. Therefore, in order to evaluate the measurable effectiveness of ICM, it was selected as one of two new PIPs for 2004 – 2005. As of January 2008, data was available for 270 ICM participants who have been discharged from ICM for at least one year. Analysis of the data shows these participants had a 50.08% readmission rate in the 12 months prior to ICM participation and a 32.96% rate since ICM discharge. At this point, it appears that ICM has been reducing 30-day readmissions. The ICM PIP continues in order to measure for further evidence of improvement and ascertain the sustainability.

The measure of inpatient readmissions is commonly used as a performance measure in managed behavioral health care. In this case, individual readmission rates will be measured with a baseline period 12 months prior to their entry into ICM and successive remeasurement periods each year to include "ICM Completers" at least 12 months following discharge from the ICM program.

- Data Collection Procedures:
  Magellan reporting staff queried Magellan's authorization system to generate a base member list that included the member identification number and month of ICM admission for each person discharged from ICM between July 1, 2004 and November 30, 2005. A second query compared member identification numbers on the base member list to the member identification numbers of persons with an authorized inpatient mental health admission with a discharge date during the 12 months prior to the member's ICM admission month. A third query compared the member identification numbers on the base member list to the member identification numbers of persons with an authorized inpatient mental health admission with a discharge date during the full period to-date subsequent to the member's ICM discharge.

- Results and Data Analysis:
  - Pre-ICM Inpatient Readmission Rate = 50.08%
  - Post-ICM Inpatient Readmission Rate = 32.96%
  - X^2= 36.58, df=1 (At an alpha level of .01, the chi-square value is in the critical region)
  - The difference between the Pre-ICM Inpatient Readmission Rate and the Post-ICM Inpatient Readmission Rate is significant and in the desired direction. During two different remeasurement periods, participants discharged from ICM for at least one year show significantly lower inpatient readmission rates than they did in the year before they entered ICM.

ICM has been proven to be a sustainable intervention with excellent results. This project was closed as a Performance Improvement Project in April 2008 with approval of the Quality Improvement Committee.

Performance Improvement Project: Cultural Differences in Utilization

The Cultural Differences in Utilization PIP was initiated in the 2005-2006 Iowa Plan contract year. One element of the vision of the Iowa Plan is that "...services will be designed to meet special needs of those who are young, whose illnesses have resulted in disabilities, those with special needs specific to their culture or ethnicity, and those who have both mental health and substance abuse treatment needs". Magellan seeks to better understand cultural issues that may impact access to and use of Iowa Plan behavioral health services.

Between 1997 and 2005, census data showed an increase of Hispanics/Latinos from 1.9% to 3.7% of Iowa's population, an increase of African Americans from 2% to 2.3%, an increase of Asians from 1.3% to 1.4%, a decrease in Whites from 96.% to 94.9%, and no change in Native Americans percentage. Ethnicity of Iowa's Medicaid members has also changed. Kaiser Family Foundation data indicated that, in 2003, Iowa Medicaid (non-elderly) ethnicity was 79% Caucasian, 9.2% African American, and 7.6% Hispanic, with insufficient data to report the other 4.2%. In 2005, Kaiser reported a decrease in Caucasians from 79% to 70% and an increase in Hispanics from 7.6% to 11%. Magellan has talked with minority providers and with academics, public officials, farmers, and representatives of rural and farm communities to better understand cultural issues as they may pertain to the Iowa Plan.

The cultural competency of Iowa Plan providers was raised by a member of the Iowa Plan Advisory Committee and a work group discussed how Magellan might, through the Iowa Plan, assist providers in developing competency.

The Cultural Differences PIP seeks to understand utilization of services by Iowa's cultural groups and to identify opportunities to support improved client functioning. The Cultural Differences PIP asks the study question: "Are there cultural differences in how Iowa Medicaid enrollees utilize behavioral health services?". Based on initial findings, the Quality Improvement Committee continues to brainstorm ideal measurement strategies and Magellan's internal Cultural Competency Workgroup continues to develop goals and objectives related to cultural competency across the network and throughout our care management processes.

Ethnicity Iowa Plan Members vs. Members Accessing Services December 2006 - November 2007				
Ethnicity	Iowa Plan Members with Ethnicity Specified		Iowa Plan Members Using Services**	
Asian	00.97%	n = 2,097	0.33%	n = 165
Black/African American	10.23%	n = 22,061	8.46%	n = 4,214
Hispanic	8.57%	n = 18,484	3.59%	n = 1,787
American Indian/Alaskan Native	0.59%	n = 1,277	0.67%	n = 333
Native Hawaiian/ Pacific Islander	0.06%	n = 133	0.04%	n = 19
White (Non-Hispanic)	79.57%	n = 171,568	86.95%	n = 43,293
TOTAL	100.0%	n = 215,620	100%	n = 49,811

* November 2006 members with ethnicity specified on DHS enrollment data.
** Iowa Plan members using services December 2006-November 2007 with ethnicity specified.

The number of Asian, Black/African American, Hispanic, and Native Hawaiian/Pacific Islander utilizers was significantly less than expected based on the percentage of enrollees identifying those labels as ethnicity. The number of American Indian/Alaskan Native and White (Non-Hispanic) utilizers was significantly more than expected based on the percentage of enrollees identifying those labels as ethnicity.

This year, Magellan continued with assisting in implementing a Community Reinvestment project entitled SAVE-Culturally Competent Outpatient Substance Abuse Services with Urban Dreams. SAVE is a pilot project to provide culturally competent outpatient substance abuse services to a minimum of 75 Iowa Plan Medicaid enrollees in Des Moines. The goals of the SAVE project are to:

- provide culturally-competent (culture of poverty) outpatient substance abuse services
- implement a service model that incorporates outreach/referral, assessment, individual counseling, and group therapy
- increase client completion of appropriate substance abuse services
- measure and increase client satisfaction with available substance abuse services

The project will provide community outreach, assessment, individual counseling, and group therapy through expanded office hours of 9:00 AM-10:00 PM Monday-Friday and 9:00 AM-Noon on Saturdays, with 24-hour access to staff through pagers and cell phones. Services will be provided in the Des Moines Enterprise Community, which Urban Dreams has described as the "target community" of low income people in Des Moines' inner city.
SAVE will provide culturally competent outpatient substance abuse services including:

- outreach to community residents in need of substance abuse services
- assessment and referral to appropriate services
- weekly individual counseling
- weekly group therapy

The projected length of stay for Iowa Plan Medicaid enrollees participating in the SAVE program is 90 calendar days. To support clinical appropriateness and associated treatment planning, Urban

Dreams will enter into an agreement with an Iowa Plan substance abuse provider for weekly clinical supervision of Urban Dreams' substance abuse counselor, including support for counselor certification.

The Quality Improvement Committee decided to close this project as a formal Performance Improvement Project at the June 2008 meeting. However, the activities involved with this project will continue and be monitored through a Performance Measure.

Performance Improvement Project: Integrated Services for Co-Occurring Disorders

One of Magellan's priority areas in implementing the Iowa Plan is services for those with both mental health and substance abuse issues. The Co-Occurring Disorders PIP resulted from the Iowa Plan Community Reinvestment III - Best Practices Request For Proposals released in May 2005. The RFP was based on concepts in SAMHSA best practices toolkits and The President's New Freedom Initiative.

The purpose of this PIP, initiated in November 2005, is to implement integrated treatment services for co-occurring disorders that lead to improvement in client functioning over time. The Co-Occurring Disorders PIP asks the study question "Can Co-Occurring Disorders services reduce the use of inpatient/residential behavioral health services?"

Providers participating in the Co-Occurring project included:

- Crossroads Mental Health, Creston
- Jackson Recovery Centers, Sioux City
- Mid-Eastern Council on Chemical Abuse, Des Moines (in collaboration with Eyerly-Ball Mental Health Center)
- Substance Abuse Treatment Unit of Central Iowa, Marshalltown
- Waubonsie Mental Health Center, Clarinda

The Co-Occurring PIP supports delivery of integrated services for co-occurring disorders (COD) through the following elements:

- staff training
- delivery of specific integrated COD services based on the following service model:
  - screening for co-occurring disorders
  - comprehensive COD assessment with those clients who screen positive
  - integrated treatment planning for clients who receive a COD assessment
  - provision of an average of five individual therapy sessions to at least 75% of the clients who receive a COD assessment
  - provision of an average of 15 group therapy sessions to at least 75% of the clients who receive a COD assessment
  - development of an integrated discharge plan for COD clients
- reporting of all project activities using a template quarterly report that includes the following questions:

1) Total number of Project participants during the quarter:
    a. Number of Iowa Plan Medicaid enrollee participants during the quarter:
    b. Benefits to Iowa Plan Medicaid enrollees during the quarter
2) Community Collaboration activities during the quarter
3) Consumer/Family Involvement activities during the quarter
4) Status of Project activities against Implementation Plan as outlined in proposal
    a. Barriers to Project implementation encountered during the quarter and interventions initiated to address identified barriers
5) Quality Improvement activities during the quarter
6) Project Evaluation activities during the quarter
7) Participation in quarterly technical assistance activities

The data shows that inpatient and residential admission rates increased significantly during the course of the community reinvestment project focused on integrated co-occurring services. However, key discussions with stakeholders have focused on two things:

- Expected increases in services prior to stabilization and resulting decreases
- Engagement is central to positive outcomes

Basically, the measurement strategy for this performance improvement project might be inappropriate. The providers who have integrated services plan to continue to function in the ways in which they did during the course of the community reinvestment funding. Magellan is currently working on a way to continue to easily track co-occurring services through our claims system so that enrollees who begin to participate in co-occurring services and were not part of the initial projects can also be tracked. In the meantime, there are two more providers engaged in community reinvestment projects focused on integrating co-occurring services through the System of Care RFP. These projects got started in November 2007 and are moving forward with similar initiatives to those who participated in the previous projects.

The Quality Improvement Committee decided to close this as a formal Performance Improvement Project during the June 2008 meeting, understanding that there are significant efforts taking place to develop integrated co-occurring services across the state and that the end of this project does not mean the end of that work, in which Magellan will continue to be involved.

Performance Improvement Project: Self-Directed Care

The Self-Directed Care PIP was implemented for the 2006-2007 contract year and measures the impact of consumer-selected services and supports on recovery. Self-Directed Care is also an Iowa Plan Medicaid Community Reinvestment project. The Self-Directed Care PIP asks the study question: "Does participation in the Self-Directed Care project result in improved recovery outcomes for Intensive Psychiatric Rehabilitation (IPR) consumers?"

Iowa's IPR services have been successful in delivering positive outcomes for adults with mental illness, including higher rates of independent housing and employment. Iowa was one of the first

states in the nation to implement IPR services in a managed care context. Magellan decided to build on the success of the Iowa Plan IPR initiative and develop a "second generation" model by conducting a Self-Directed Care project utilizing the principles described in the Free to Choose article of the US Department of Health and Human Services, SAMHSA, Center for Mental Health Services.

The Self-Directed Care Project is an extension of the IPR framework used to help people choose and achieve life goals. The project features Recovery Purchasing Plans to support increased responsibility for and control by consumer participants over the funds that support their recovery goals. Project participants have $2,000 available to them to help them achieve chosen life plan goals. Hope Haven's IPR practitioners act as "Life Coaches" and assist participants in developing Recovery Purchasing Plans that specify reimbursable services and supports. Two Magellan IPR Care Managers review and authorize Recovery Purchasing Plans.

General guidelines for services and supports that are approved:

- related to an IPR goal
- within standards of good and generally accepted practices as reflected in scientific and peer literature, best practices, or recognized by the behavioral healthcare community
- within the standards of good common sense
- an appropriate use of public tax dollars
- no other funding resource available
- do no harm

Iowa Plan covered services are not eligible for Recovery Purchasing Plans because they are already available to Iowa Plan Medicaid enrollees.

Outcomes are measured by scores on the Recovery Assessment Scale (RAS). Scores can be analyzed by total score and by breaking the measure down into five recovery domains. The RAS was developed by Mark Salzer (University of Pennsylvania) and Patrick Corrigan (University of Chicago) with input from mental health consumers in the Midwest. The scale is a 20-question survey intended to assess a consumer's view of their recovery. Exploratory and confirmatory factor analyses resulted in identification of five key factors that support recovery: personal confidence and hope, willingness to ask for help, goal and success orientation, reliance on others, and symptom coping. The research also found an inverse relationship between psychiatric symptoms and self-reported recovery (Corrigan, P., Salzer, M., Ralph, R., Sangster, Y., and Keck, L., 2004). Consumers are asked to respond to questions on a five-point scale from Strongly Disagree to Strongly Agree.

Example questions are:

- I have my own plan for how to stay or become well.
- I can handle what happens in my life.
- I have people I can count on.
- I am willing to ask for help.
- If people really knew me, they would like me.
- Something good will eventually happen.
- I like myself.

RAS scores for SDC participants were averaged for the time periods prior to SDC participation and during SDC participation. It is not possible to look at scores following SDC participation as those individuals have left IPR altogether and are therefore, not completing the RAS any longer. The Pre-SDC average RAS score was 81.9 (n = 14) and the During SDC average RAS score was 87.09 (n = 17). While there does appear to be an increase in the scores, the difference between scores prior to SDC and during SDC was not found to be statistically significant.

This project has come to a close and work is being conducted to complete a final program evaluation. Therefore, the Quality Improvement Committee decided to close this as a Performance Improvement Project during the June 2008 meeting. Final reporting will still take place at the QIC when it is ready.

Performance Improvement Project: Reward for Quality

Reward for Quality (R4Q) is one of Magellan's two 2006-2007 Performance Improvement Projects. Through Reward for Quality, three participating Community Mental Health Centers (CMHCs) are eligible to receive incentive payments tied specifically to measurement of program outcomes. The CMHCs implement strategies to reduce inpatient readmission rates and emergency room visits.

Inpatient readmission within 30 days of discharge is considered to indicate an overall index of wellness. Strategies such as consumer-specific treatment and crisis plans have been shown to impact readmission rates. Emergency room visits are seen as indicating gaps in the service system. Through consumer and provider collaboration, such service gaps can be addressed in ways that support consumers in building on personal strengths and accessing community resources that are more effective in managing symptoms.

Baseline measures were taken for all CMHCs from April-September 2005, resulting in an average inpatient readmission rate of 19.3% and an average emergency room visit rate of 4.1%. Performance targets for the R4Q project were set at < 15% readmission rate and < 4.1% emergency room visit rate. The three participating CMHCs must meet the performance targets for the population of consumers they saw three or more times over the measurement period. This number represents 50-65% of the total consumer population at each CMHC (a total of approximately 1,800 consumers). Participating CMHCs include the Abbe Center for Community Mental Health, Plains Area Mental Health Center, and Siouxland Mental Health Center.

Magellan provides support and resources to the CMHCs, including training protocols and work sessions for data collection and reporting. Each month, Magellan sends the CMHCs customized data reports so they can self-monitor progress and implement continuous quality improvements. Magellan provides each CMHC with a list of consumers seen three or more times in the measurement period and emergency room and inpatient mental health services used by those consumers. Magellan offers assistance as needed to ensure the CMHCs have access to necessary technologies as well as the skills needed to use them effectively.

Performance toward goals for the project measurement periods (4/1/06 – 9/30/06 and 10/1/06 – 3/31/07) as well as for the period following the project (4/1/07 – 9/30/07) are displayed in the tables below:

Emergency Room Visits Rates prior to and during R4Q					
Community Mental Health Center	Emergency Room Visits All Visits divided by All Consumers				
	4/1/05 - 9/30/05	Goal	4/1/06 - 9/30/06	10/1/06 - 3/31/07	4/1/07 - 9/30/07
1	2.0%	≤4.1%	1.8%	2.8%	4.0%
2	1.3%		3.6%	0.6%	2.7%
3	3.2%		0.7%	1.0%	0.9%
Aggregate	2.3%		1.8%	1.9%	2.9%

Inpatient Mental Health 30-Day Readmissions Rates prior to and during R4Q					
Community Mental Health Center	Readmissions Inpatient Mental Health Discharges Readmitted in 30 Days				
	4/1 - 9/30/05	Goal	4/1/06 - 9/30/06	10/1/06 - 3/31/07	4/1/07 - 9/30/07
1	18.1%	≤15%	16.5%	13.8%	19.8%
2	18.8%		20%	9.1%	26.7%
3	23.8%		8.8%	6.5%	16.1%
Aggregate	20%		15.7%	12.1%	19.7%

Measurement Period 1 (4/1/06-9/30/06)
Emergency Room rates for each participating CMHC met the goal rate of < 4.1%. Inpatient Readmission rates for one CMHC met the goal rate of < 15%. In aggregate, the R4Q providers met the emergency room rate goal and came close to meeting the inpatient readmission rate goal.

Measurement Period 2 (10/1/06- 3/31/07)
Emergency Room rates for each participating CMHC met the goal of < 4.1%. Inpatient Readmission rates for each CMHC met the goal rate of < 15%. In aggregate, the R4Q providers met both goals during the second measurement period.

Follow-Up Measurement Period (4/1/07 – 9/30/07)
Two of the three participating CMHCs showed higher emergency room rates and inpatient readmission rates during the follow-up measurement period than they had during the baseline period. In aggregate, the R4Q providers showed increases from the incentive measurement periods for both measures.

Each CMHC has submitted a report that included a summary of performance to-date, actions taken to support meeting the performance measures, and project barriers. Examples of actions taken include developing crisis plans for frequent callers and expanding response processes for after-hours calls. It appears that efforts of the participating CMHCs resulted in good prevention of emergency room visits and inpatient readmissions for consumers who are regularly seen by the CMHC.

Discussion with the CMHC directors about their overall experiences to-date in the project indicate that there are still questions to be answered regarding reasons for particular successes and barriers. The directors and Magellan have agreed to move forward with one more measurement period in order to address the sustainability of their efforts and to use an increased awareness of processes that may play a role in these prevention efforts. This measurement period will include data between 4/1/08 and 9/30/08.

Again, the results of this project will be reported through the Quality Improvement Committee, but for practical purposes, at the May 2008 meeting, the committee decided to close this as a formal Performance Improvement Project.

Performance Improvement Project: Behavioral Health and Medical Care Coordination

The Behavioral Health and Medical Care Coordination project was initiated in November 2007 and asks the study question, "Does participation in behavioral health and medical care coordination improve outcomes for Iowa Plan enrollees with complex care needs?"

Magellan and the Iowa Medicaid Enterprise (IME) are working together to optimize overall health status for Medicaid members with chronic medical problems and concomitant psychiatric needs through care management coordination. Magellan is responsible for behavioral health services for Iowa Plan enrollees and IME is responsible for physical health services for Medicaid enrollees.

Behavioral health and medical care coordination facilitates positive outcomes through identification of high-need clients who could benefit from focused care management in order to achieve, consolidate, and maintain treatment gains. Members with complex care needs will be identified by the IME.

The IME will identify such clients through use of the PHQ-9 screening instrument. Based on a threshold score of 10 for depression or a single affirmative response to question 9 (related to suicide), the IME Care Manager will contact Magellan's Intensive Care Manager assigned to the project and initiate care coordination.

The member (when possible), the IME Care Manager, and Magellan's Intensive Care Manager will meet initially by telephone to facilitate the referral. The IME Care Manager or Magellan's Intensive Care Manager will then offer the member the option of participating in care coordination for the member's medical and behavioral health needs. Members who accept the offer will be supported in accessing needed services and will participate with the IME Care Manager and Magellan Intensive Care Manager in ongoing care coordination encompassing both medical and behavioral health symptoms as well as general recovery goals.

The Magellan Intensive Care Manager is part of an interdisciplinary team of behavioral and medical health professionals from both Magellan and IME, who works with the member to maintain an appropriate and safe environment, provide information on community resources, support and develop the member's motivation for self-management, collaborate resources for the best outcomes, and address psychosocial needs such as housing, food, or income that may inhibit successful outcomes.

While the initial focus of the Magellan-IME relationship was on members with congestive heart failure and depression, it is now expanding to include any Iowa Plan enrollee with complicated medical needs and mental illness.
The collaboration between Magellan and IME allows both members and providers to more easily coordinate and monitor members' health care needs to improve therapeutic outcomes, complete member treatment plans, and promote cooperation and communication between all members of the health care team. The basic components of the program are as follows:

- Referral from IME
- Conference call with IME, client and Magellan is completed if issues deemed high risk.
- Magellan follows with phone call to client
- Support offered as well as an assessment of current services
- Referrals offered for mental health/substance abuse services
- Subsequent follow up to assess status

A tracking instrument/spreadsheet will be used by both IME and Magellan coordinators for the project. Each potential referral will be tracked using this instrument. The tool will include member identification information as well as referral dates and outcome of the referral. The outcome of the referral may include information about where the member was referred for further services or whether the member declined to participate. The number of referrals and participants can easily be tracked in this way.

As noted in Psychiatric News June 3, 2005, Volume 40 Number 11, © 2005 American Psychiatric Association, p. 5, "The nine-item Patient Health Questionnaire-9 (PHQ-9) is derived from the Primary Care Evaluation of Mental Disorders (PRIME-MD) to assist general practitioners in the diagnosis and evaluation of psychiatric disorders. Robert Spitzer, M.D., Kurt Kroenke, M.D., and colleagues at Columbia University developed the PRIME-MD in the mid-1990s in collaboration with researchers at the Regenstrief Institute at Indiana University. Currently, a number of primary care practices in New York City are using the PHQ-9 to screen patients for depression (Psychiatric News, May 20). In addition, according to Kroenke, who is one of the co-principal investigators for the primary care track of the National Depression Management Leadership Initiative, the PHQ-9 is used

for depression screening in some places by the VA and the Kaiser Permanente health care system. The questionnaire includes items corresponding to each of the nine depression criteria listed in the DSM-IV, and scores range from 0 to 27. Cutpoints of 5, 10, 15, and 20 represent the thresholds for mild, moderate, moderately severe, and severe depression. Pfizer Inc. owns the copyright to the PHQ-9 and makes it available to clinicians at no cost."

The PHQ-9 is administered by the IME care manager and the score is included in the initial referral information received by the Magellan intensive care manager. The IME care manager will also administer follow-up PHQ-9 surveys and forward follow-up PHQ-9 scores for any referrals previously made to the project.

This project continues to evolve with the technical assistance of the External Quality Review consultant.

Performance Improvement Project: Peer Support Services

The Peer Support Services project was initiated in November 2007 and asks the study question, "Do increased efforts to contract with, train, and provide technical assistance to peer support providers result in better access, utilization, and quality of peer support services?"

Peer support services have been identified as a covered service under the Iowa Plan for several years. However, it has only been during the last few contract years that these services have been provided to Iowa Plan enrollees, with two providers accounting for the majority of these services. One additional provider has been providing peer support services through a model established through a community reinvestment project. They moved to the "standard" model as of October 1, 2007. The standard model is patterned after the Georgia model for Peer Support with includes one to one support to the consumer and integrated clinical services. The provider Peer Specialist sees the consumer in the community and helps support them through recovery activities. Magellan provides clinical management and technical assistance through it's Peer Specialist and clinical staff to ensure the appropriateness of the service as well as integration into a single consumer-driven clinical plan.

Under Iowa Plan Utilization Management Guidelines, Peer Support interventions are identified as collegial services delivered in the community such as the client's home or residence and/or community settings. The services are targeted toward the support of an individual with a serious and persistent mental illness. Such services are supportive and may be rehabilitative in focus and are initiated when there is a reasonable likelihood that such services will benefit the client's functioning and assist them in maintaining community tenure.

Research supports the use of peer support services for persons in recovery from mental illness. The Arizona Department of Health Services, Division of Behavioral health Services issued an annotated bibliography of the literature on the effectiveness of peer delivered services in July 2006. "The literature on consumer outcomes and effectiveness of peer-delivered services is in its infancy, yet represents an exciting body of research supportive of greater involvement of consumers and family members in the planning, delivery and monitoring of behavioral health services."

In Davidson, Chinman, Sells, and Rowe's report (Schizophrenia Bulletin, vol. 32, 2006) on peer support services for adults with serious mental illness, they identify the growth of these services within the mental health system. "Beginning in the early 1990s with programs that deployed people with mental illness to provide conventional services such as case management, opportunities for the provision and receipt of peer support within the mental health system have proliferated rapidly across the country as part of the emerging recovery movement."

Magellan feels it is important to not only increase the availability and utilization of peer support services, but to ensure the competency of the service provision in order to best achieve positive outcomes for participants.

Claims data will be used to calculate the identified measures of access and utilization. The tool for competency testing of providers is being addressed by stakeholders through monthly Peer Support Roundtable meetings. Magellan's Peer Support Specialist will visit all providers of peer support services to provide technical assistance and to review for core competencies. He will score each provider using the tool that is developed.

This project also continues to evolve with the technical assistance of the External Quality Review consultant.

Performance Measures

The February 2006 External Quality Review recommended enhancing measurement and reporting of Performance Measures. During this past quarter, the QIC has been reviewing one performance measure (detailed below). None of the previously completed Measures have resulted in QI Committee recommendation for intervention or implementation of a Performance Improvement Project.

Schizophrenia Readmission

The Schizophrenia Readmission Performance Measure was initiated November 2006 and has been discussed at subsequent QI Committee meetings. The Study Question is "Can the Clinical Readmission Strategy enhance stabilization in the community?" During its October 2006 meeting, the Utilization Management Subcommittee of the QI Committee reviewed 30-day mental health inpatient readmissions and proposed a readmission strategy for clients with Schizophrenia diagnoses that involves home-based psychiatric nurse visits to members within seven days of discharge. Data analysis will compare 30-day mental health inpatient readmissions for participating hospitals for the pre-implementation period of April-September 2006 and the six month period following implementation of the strategy. Three hospitals are participating in the readmission strategy. The goal is to direct this toward a wellness check visit as the standard for inpatient schizophrenia cases, since the CATIE studies identify that over 50% of the clients are non-compliant with medication. The Performance Measure continues and will be monitored by the UM Subcommittee, with findings to be presented regularly to the QI Committee.

Utilization Review Accreditation Commission

Magellan's Iowa office received a full two-year accreditation in October 1999 from the American Accreditation Healthcare Commission/Utilization Review Accreditation Commission (URAC).

In mid-2001, Magellan Health Services was granted an extension of its URAC accreditation through April 2002, bringing Iowa into the accreditation cycle of the majority of Magellan offices holding URAC accreditation. Iowa participated in Magellan's multi-site URAC application, submitted to URAC in December 2001. Iowa's URAC accreditation remained in effect. In 2002, Iowa hosted a URAC accreditation site visit. No deficiencies were noted. All Magellan offices were approved for full re-accreditation, effective through June 1, 2004.

In November 2003, Iowa staff again participated in Magellan's URAC application process. Required materials were submitted to URAC in December 2003 and URAC conducted re-accreditation site visits. Iowa did not receive a URAC site visit during this accreditation cycle. All Magellan offices were approved for full URAC re-accreditation, effective through June 1, 2006.

Magellan was approved for a third year accreditation extension in 2005, extending Iowa's accreditation through June 30, 2007.

The Iowa CMC participated in a URAC on-site visit on July 18, 2007 as part of Magellan's URAC re-accreditation process. All Magellan offices were approved for full URAC accreditation including a third-year extension through June 1, 2010. New URAC Standards were expected to be released in January 2008.

Section VI

Provider Network Management

GOAL:
To monitor the quality of services delivered by network providers.

INDICATORS OF PROVIDER NETWORK MANAGEMENT

Claims Processing

Magellan adjudicates Iowa Plan claims in a prompt and efficient manner. Claims payment timeliness is an Iowa Plan Performance Indicator. The following table displays claims processing timeframes for this quarter. (Source: Performance Indicator data, June 2008)

Claims Processing Timeframes April - June 2008		
Timeframe	**Goal: % Paid/Denied**	**Actual: % Paid/Denied**
0-12 Days	**85%**	99.83%
0-30 Days	**90%**	100%
0-90 Days	**100%**	100%
> 90 Days	**0%**	0%

Magellan responds to telephone calls from providers questioning specific claims or requesting general information. Staff are trained to answer claims questions and assist providers with the claims process.

Clinical Practice Guidelines

Magellan Clinical Practice Guidelines (CPGs) are based on a wide survey of best practices and expert opinions and are intended to support providers in their everyday clinical work. CPGs provide useful information but do not substitute for good clinical judgment, common sense, and established Utilization Management Guidelines. As CPGs are adopted, they are made available to Iowa Plan providers.

Magellan Health Services has adopted the following CPGs:

- Introduction and Update to Magellan's Adopted Clinical Practice Guidelines for the Treatment of Schizophrenia. Magellan Health Services. 2008.

- Introduction to Magellan's Adopted Clinical Guidelines for the Assessment and Treatment of Patients with Substance Use Disorders. 2006.
- Introduction to the Practice Guideline for the Treatment of Patients with Bipolar Disorder. Magellan Health Services. 2007.
- Introduction to the Clinical Practice Guidelines for the Assessment and Treatment of Patients with Major Depressive Disorder. Magellan Health Services. 2007.
- Introduction to the Practice Guideline for the Treatment of Patients with Panic Disorder. Magellan Health Services. 2007.
- Magellan Clinical Practice Guideline For Assessing and Managing the Suicidal Patient. Magellan Health Services. 2008.
- Magellan Clinical Practice Guideline for the Assessment and Treatment of Patients with Eating Disorders. Magellan Health Services. 2007.
- Magellan Clinical Practice Guideline for the Assessment and Treatment of Patients with Posttraumatic Stress Disorder and Acute Stress Disorder. Magellan Health Services. 2008.
- Magellan Clinical Practice Guideline for Patients with Attention Deficit/ Hyperactivity Disorder. Magellan Health Services. 2008.
- Introduction to the Practice Guidelines for the Treatment of Patients with Obesity. Magellan Health Service. 2007.
- Introduction to Magellan's Adopted Clinical Practice Guidelines for the Treeatment of Children with Autism Spectrum Disorders. 2008
- Magellan clinical Practice Guideline for the Assessment and Treatment of Patients with Generalized Anxiety Disorder. 2008
- Introduction to Practice Guideline for the Treatment of Patients with Obssessive Compulsive Disorder. 2008

Magellan's clinical staff are oriented to the guidelines and make them available to providers upon request or when indicated. The Clinical Practice Guidelines are also topics for Iowa Plan Provider Roundtables and are reviewed with providers during on-site retrospective reviews. Some Magellan Guidelines are Introductions to American Psychiatric Association Practice Guidelines which are proprietary to the APA and are available at www.appi.org.

Coordination with Primary Care Physicians

To facilitate communication with primary care physicians (PCPs), Magellan mails copies of authorization letters for Medicaid mental health services to those PCP names Magellan receives from DHS. In addition, Magellan's contracts with Iowa Plan mental health providers require coordination of services with the client's PCP. Retrospective audits of mental health provider records include documentation of PCP contact. For this quarter, audits indicate 74.3% of the files reviewed had such documentation.

Magellan is responsible for reimbursement to primary care physicians for Iowa Plan clients mental health visits beyond 12 visits each calendar year. If a client has 12 visits reimbursed by the Iowa Medicaid Enterprise (IME) in a calendar year, the physician submits any additional claims for such services to Magellan. At that point, Joint Treatment Planning is scheduled to ensure the client is receiving appropriate behavioral health services.

Contact with the IME Medical Director facilitates coordination of medical and behavioral health services to Medicaid enrollees. Collaboration between Iowa Plan and IME care managers addresses complex medical cases with co-morbid mental illness to assure appropriate service coordination and delivery.

Planning meetings are held with the Iowa Medicaid Drug Utilization Review Commission (DUR) to jointly pursue educational and quality improvement efforts. The DUR monitors medication utilization for all Medicaid recipients and providers, including PCPs.

Assertive Community Treatment programs assist SPMI clients in obtaining necessary medical care that may have been avoided by clients previously.

DPH-Funded Substance Abuse Services

In March 2004, a competitive Request for Proposals (RFP) was released inviting eligible providers to submit proposals to serve substance abuse clients through DPH funding. DPH funding, a combination of federal block grants and state appropriations, assures substance abuse services to Iowa residents who:

- are not enrolled in the Iowa Plan through Medicaid, and
- have an income at or below 200% of the Federal Poverty Level as published by the Department of Health and Human Services, and
- do not have sufficient resources to pay the full billable cost of the service.

The following individuals are not eligible for DPH-funded services:

- Medicaid beneficiaries enrolled in the Iowa Plan, including those persons (Month of Application clients) who have applied for or intend to apply for Medicaid and who become Medicaid enrollees in the Iowa Plan
- inmates of a non-medical public institution such as a jail or other public penal institution (except for jail-based assessment services and as approved by DPH and Magellan)
- individuals receiving OWI assessments only, who are not admitted to treatment.

The RFP described four proposal categories: 24 Hour Services - Adult, 24 Hour Services - Juvenile, Outpatient Services, and Women and Children Services. To be eligible to provide DPH-funded substance abuse services, the provider must be a not-for-profit entity, licensed by DPH. Proposals were evaluated by an external Evaluation Committee. Contracts were awarded to providers with implementation effective July 1, 2004. The contracts run through the duration of the Iowa Plan contract with annual amendments specific to any funding or language changes.

In September 2004, an RFP was released for the outpatient service area that combined what had formerly been service areas 1 and 14. This was based on action taken by the Iowa Substance Abuse Commission in response to a service area change request. The contract was awarded to the sole bidder and was effective January 1, 2005.

Magellan's Chief Clinical Officer and/or General Manager attends substance abuse provider association meetings to discuss Iowa Plan DPH-Funded service issues.

Technical assistance/contract monitoring during the quarter focused on SARS/I-SMART, provider-specific data pulls, minimum client number compliance, sliding fee scale application, and treatment and discharge planning. Retrospective clinical reviews were conducted.

Funding Source Monitoring

Funding Source Monitoring reviews documentation related to substance abuse services to assure that DPH and Medicaid funding are appropriately utilized and that certain federal block grant requirements are met.

This quarter, Funding Source Monitoring reports were distributed to providers for services that were inappropriately reported or that were not in compliance with contract requirements. Affected providers must respond with an explanation or an action plan within 30 days of the date of the report cover letter. The monitoring report categories and the number of providers in each category who must respond to questions raised by this quarter's report are noted below:

Funding Source Monitoring April - June 2008	
DPH Funded Detoxification/Inpatient Crosscheck	0
DPH Funded IV Drug User Wait Time Crosscheck	9
DPH Funded Pregnant Women Wait Time Crosscheck	5
DPH Funded Reporting by Ineligible Contractor	25
DPH Funded Service SARS to Non-Medicaid Eligibility	32
Medicaid Funded Service SARS to Medicaid Eligibility	42
DPH Funded Report on OWI Screening and Evaluation Crosscheck	18

Provider Communication

Magellan informs Iowa Plan providers of changes in policy, as stated in the Iowa Plan Provider Manual, by issuing Provider Releases giving providers 30 days notice of any change. In April, a release was sent to providers reminding them of the notice on the requirement of NPI numbers for electronic claims submission. This was released April 1, 2008

Provider Incidents

Magellan staff submit a Provider Incident form to the QI Department when they become aware of an incident involving an Iowa Plan provider that may need corrective action, requires special attention, or merits positive recognition. The QI Department gathers information about the incident and completes an investigation in coordination with Magellan's clinical staff and Medical Director. The client clinical record may be requested from a provider to review documentation of the care provided. DHS and Magellan's

Network Management and/or Legal departments are involved, as appropriate, when an incident may affect a provider's status in the Iowa Plan network.

Investigation of a Provider Incident can result in the determination that there was no evidence that the provider acted inappropriately. When a serious quality issue is identified, Magellan acts to ensure safety and appropriate care. DHS and/or DPH are notified immediately of serious Provider Incidents and are updated on Provider Incident trends quarterly through QI Committee meetings. The Professional Provider Review Committee reviews and must approve any action taken on a provider contract in response to a Provider Incident, prior to the implementation of that action.

This quarter's Provider Incident activity is summarized in the table below:

Provider Incident Summary April – June 2008					
Provider Incident Type	**Incidents Pended from Previous Quarter**	**New Incidents Received**	**Total Incidents**	**Incidents Resolved this Quarter**	**Incidents Pended for Resolution**
Professional manner of staff		1	1	1	
Billing compliance, claims		1	1	1	
Adequacy of the facility					
Adequacy of provider/staff	2	1	3	1	2
Discharge plan/continuation of care	1	1	2	1	1
Assessment, treatment, treatment implementation, level of care	6	3	9	5	4
Care Access		2	2	2	
Total	**9**	**9**	**18**	**11**	**7**

Provider Profiling/DPH Monitoring Reports

Provider Profiling reports are generated and distributed each quarter for both provider-specific and network-aggregate analysis. Each provider receives copies of the profiling reports specific to that provider as well as copies of aggregate profiling reports that summarize data received from similar providers and from all providers. Provider-specific information is not shared with other providers. Specific profiling reports are run for Medicaid mental health and substance abuse services based on authorization and claims data and for DPH-funded substance abuse services based on provider SARS/I-SMART reporting. Additional reports can be generated for certain provider types, specific services, or special populations.

Analysis of report data is used to identify provider technical assistance and training needs. Reports also spotlight opportunities for clinical enhancements or operational improvements. Direct follow-up by Magellan's Iowa staff with individual providers is initiated, as indicated

and/or as requested. Providers may use profiling data to compare and contrast their client population and service delivery patterns with the overall provider network.

Medicaid Provider Profiling reviews provider performance against key indicators, including:

- client demographics
- frequency of initial authorizations by levels of care
- the average length of stay
- percent of non-authorizations by levels of care
- percent of claims denials
- hospital readmission rates for inpatient mental health
- types of discharges
- percent of contacts with primary care physicians
- percent of client involvement in treatment planning
- data for 7-day follow-up after inpatient discharge

DPH Provider Monitoring Reports are distributed each quarter to providers specifically contracted to provide Iowa Plan DPH-funded substance abuse services. The Monitoring Reports incorporate several elements from Provider Profiling, such as demographic information and numbers of admits and discharges. An enhancement of these reports over standard profiling is a focus on compliance with provider-specific contractual Minimum Number and Service Mix requirements.

SARS/I-SMART Reports to Providers

Iowa Plan substance abuse providers are contractually required to report data to DPH each month. DPH transmits provider data to Magellan for processing and for specific Iowa Plan monitoring and analysis. Magellan sends data back to providers each month for their own internal use.

Magellan has worked with DPH and providers on transition from the SARS data system to I-SMART, DPH's web-based data system.

Technical Assistance

Technical assistance related to Iowa Plan policies and procedures is available to providers at their request. Assistance may also be offered by Iowa Plan staff if a need is identified based on care management interactions, Provider Profiling, retrospective clinical on-site review, or calls to Magellan Customer Service staff. Examples of technical assistance provided this quarter include:

- A QI Reviewer and a substance abuse care manager held several ASAM trainings
- A QI Reviewer held a training on substance abuse and DSM-IV criteria
- A QI Reviewer met with a large hospital to discuss the non-authorization process

- A QI Reviewer educated two providers on crisis planning and medication education
- A QI Reviewer holds monthly meetings with a large hospital to discuss billing issues
- The Clinical Director and the Medical Director did a case management presentation
- A QI Reviewer held a training on Integrated Treatment Planning
- A QI Reviewer completed a credentialing visit with a provider
- A QI Reviewer provided assistance on the use of crisis stabilization beds and options for community care vs. inpatient treatment
- QI Clinical Reviewers provided training and technical assistance to multiple providers on:
  - assessment and treatment planning
  - care management processes
  - discharge planning
  - claims processes
  - contracting and credentialing
  - policy development
  - primary source verification
  - utilization management guidelines and associated documentation

Section VII

Client/Consumer and Community Initiatives

GOAL:
To ensure client/consumer and community input in policies and procedures.

INDICATORS OF CLIENT/CONSUMER AND COMMUNITY INITIATIVES

Roundtables and Meetings

Magellan hosts or attends several regularly scheduled roundtables and organized meetings. These include:

- Clinical Advisory Committee
- Consumer/Family Advisory Committee
- Children's Mental Health Stakeholders Roundtable
- Iowa Plan Advisory Committee
- Peer Support Roundtable
- Women and Children Roundtable
- Co-Occurring Disorders Roundtable
- Intensive Psychiatric Rehabilitation (IPR) Roundtable
- Provider Roundtable
- provider association or other meetings:
    - Central Point of Coordination/Community System Consultants
    - Chemical Dependency Treatment Programs of Iowa
    - Iowa Association of Community Providers/Mental Health Advisory Committee
    - Iowa Substance Abuse Program Directors Association
    - Iowa Substance Abuse Supervisors Association

Participation in these meetings gives attendees information on the Iowa Plan, allows Magellan to receive input on the Iowa Plan from attendees and the organizations they represent, and supports feedback on Iowa Plan operations and improvement opportunities.

Clinical Advisory Committee (Provider Advisory Group)

The Clinical Advisory Committee is required by the Iowa Plan contract and is intended to advise Magellan on Iowa Plan clinical issues and operations. Magellan proposes committee members, generally providers, for DHS and DPH approval. The committee meets on a quarterly basis.

Its roles and responsibilities include:

- annual review of Utilization Management Guidelines and potential changes

- review of utilization management and care management programs and protocols
- review and recommendations on level of functioning scales and associated activities
- input on quality assurance and performance improvement projects

Magellan staff attending the Clinical Advisory Committee include the Quality and Compliance Director, Chief Clinical Officer, General Manager, and Medical Director. DHS and DPH representatives may also attend.

The Iowa Plan Clinical Advisory Committee met on June 2, 2008. Agenda items included:

- Iowa Mental Health System Transformation
- Illness Management and Recovery
- Performance Indicators

The meeting included a discussion about the numerous activities of the Iowa Mental Health System Transformation. The Illness Management and Recovery service was presented and options for continued funding was addressed. Performance Indicators involving financial incentives and penalties were discussed, with the Committee being asked for Performance Indicator recommendations for the upcoming fiscal year. The next committee meeting is scheduled for September 8, 2008.

Consumer/Family Advisory Committee (Member Advisory Group)

The Consumer/Family Advisory Committee is required by the Iowa Plan contract and is intended to advise Magellan on Iowa Plan issues and operations important to consumers and families. Magellan proposed committee members for DHS and DPH approval. The Consumer/Family Advisory Committee meets each quarter.

The Committee's responsibilities include:

- review of Magellan's annual Iowa Plan Quality Assessment and Performance Improvement Plan
- input on annual Iowa Plan Quality Improvement goals and periodic review of performance relative to those goals
- review of Magellan's year-end performance relative to the QA Plan performance, including review of Performance Indicators
- feedback on operational issues experienced by consumers, family members, and/or providers
- input on service development/improvement opportunities.

Committee membership was directed to individuals eligible to receive mental health and/or substance abuse services through the Iowa Plan and to their family members, although any interested consumers, family members, and advocacy representatives are welcome. DHS and DPH staff attend as indicated. Magellan's Consumer/Family Advocate leads the meetings with other Magellan staff attending as requested. The Consumer/Family Advisory Committee met on June 5, 2008.

Agenda items included:

- Serving on Boards, Committees and Advisory Councils presentation
- Welcome and Introductions
- Dual Recovery Anonymous, Co-Occurring Conference
- Consumer/ Family and Peer Specialist Educational Opportunities: Past, Present and Future – Filling the Gaps
- Performance Indicators
- Review of Quarterly Report
- Updates by Attendees
- Other Announcements/Future Agenda Items

Children's Mental Health Stakeholders Roundtable

The Children's Mental Health Roundtable provides a forum for those interested in children's issues. Participants have included representatives of the following organizations:

- ARC of Iowa
- ASK Family Resource Center
- Autism Society of Iowa
- Brain Injury Association
- CHADD
- Child and Family Policy Center
- Child Health Specialty Clinics
- Coalition for Family and Children Services
- Community Partnership for Protecting Children
- Depression and Bipolar Support Alliance of Southwest Iowa
- DHS Staff - Children's Mental Health Waiver, MHMRDDBI Commission, EPSDT
- Early Childhood Network
- Every Child Counts
- Family Directions of Iowa
- Family Voices
- Inter-Dyslexia Association
- Iowa Behavioral Alliance
- Iowa Child Care and Early Education Network
- Iowa Collaboration Youth Development
- Iowa Department of Education
- Iowa Family Resource Network
- Iowa Federation of Families for Children's Mental Health
- Iowa Foster and Adoptive Parents Association
- Iowa Foundation for Medical Care
- Iowa Office of Consumer Affairs
- Iowa Protection and Advocacy
- Iowa Respite and Crisis Care Coalition
- Learning Disabilities Association of Iowa
- Lutheran Services of Iowa
- Mid-Iowa Family Therapy
- National Alliance for the Mentally Ill – Iowa
- Orchard Place
- Parent Education Coordinators
- Parent Educator Connection
- Parents Anonymous of Iowa
- Polk County Decategorization
- Polk County SED Parent Group
- Prevent Child Abuse
- Program for Infant and Toddler Caregivers

The Children's Mental Health Roundtable met on April 10, 2008. Agenda items included:

- Welcome & Introductions
- Featured Speaker – Pam Alger, Bureau Chief, Child & Youth Mental Health Division
- Updates from Attendees on activities throughout the state

The CMH Stakeholder Roundtable was held jointly with the Iowa Provider Meeting at the Urbandale Library. Diane Johnson, MBH, Doug Cunningham, IRCCC and Casey Westhoff, ARC of IA co-facilitated the event

The next Roundtable is scheduled for July 2008.

DHS's Central Point of Coordination/Community System Consultants Meeting

Magellan's Iowa Chief Clinical Officer or Quality and Compliance Director attends this monthly meeting. Recent agenda items have included review of authorization of hospital services, Targeted Case Management processes, Habilitative Services, Remedial Services, and specific care coordination.

During this quarter, specific items discussed included: community reinvestment projects, peer support and WRAP training.

Judicial Task Force/Judicial Communication and Outreach

Magellan began hosting Judicial Task Force meetings in 1995. Participants included DHS, DPH, judges, and Magellan's Clinical Director, Court Liaison, General Manager, and Medical Director. Meetings supported communication between judges and Magellan for the benefit of Iowa Plan clients.

The Judicial Task Force meets one to four times a year. In May 2006, Magellan proposed meetings be held as requested by members. There were no meetings this past quarter.

Magellan's Court Liaison continues to interact with Iowa Plan Care Managers and judges to identify placement options and clarify Iowa Plan policies. The Court Liaison contacts clerks of court, county Central Point Coordinators, court personnel, DHS, providers, and Targeted Case Managers for clarification on court orders for specific Iowa Plan clients. Consultation occurs when requested.

Provider Roundtables

Provider Roundtables are held three to four times per year and offer a forum for discussion of any Iowa Plan issue. Providers and other stakeholders, such as professional association representatives, county Central Point Coordinators, the Iowa Department of Corrections, Targeted Case Managers, and DHS and DPH attend.

Based on input from attendees, Roundtables are conducted over the Iowa Communication Network (ICN), Iowa's interactive fiber-optic system, and include a continuing education presentation in addition to Iowa Plan updates.

The most recent Provider Roundtable was held on April 3. There were 378 attendees at 20 ICN sites. Agenda topics included a continuing education presentation on "Assessing the Suicidal Patient" by Charles Wadle D.O..
The next Roundtable is planned for July 17, 2008. The continuing education component is titled "From Intake to Discharge: A Discussion of Treatment Planning" and will be presented by Magellan's Quality Improvement Reviewers.

Iowa Association of Community Providers/Mental Health Advisory Committee

Magellan's General Manager or Chief Clinical Officer attends the monthly meetings of the Mental Health Advisory Committee of the Iowa Association of Community Providers.

Chemical Dependency Treatment Programs of Iowa

Magellan's Iowa Chief Clinical Officer attends the quarterly meetings of the Chemical Dependency Treatment Programs of Iowa, an association of hospital-affiliated providers, as scheduled. Due to scheduling issues there were no meetings this quarter.

Iowa Behavioral Health Association (formerly known as Iowa Substance Abuse Program Directors Meeting)

Magellan's Chief Clinical Officer or General Manager attends the Iowa Behavioral Health Association meetings to specifically discuss substance abuse service issues and the Iowa Plan. Over the past quarter, the Association made significant changes in their name, membership and organization so our involvement with them was minimal.

Other Community Outreach Efforts

Examples of additional community outreach during the quarter include:

- A QI Reviewer and Substance Abuse Reviewer held several ASAM workshops
- A QI Reviewer hosted a Post Partum Depression meeting
- A QI Reviewer did a training on the DSM-IV criteria and substance abuse
- Magellan hosted a booth at the Iowa Governor's Conference
- The Consumer and Family Advocate facilitated a monthly parent group
- The Consumer and Family Advocate held a WRAP training for a Polk county group
- The Medical Director and the Clinical Director held a case management presentation
- A QI Reviewer hosted a table at the Siouxland Mental Health Conference
- Participation in local and state-wide advisory groups such as:
  - Iowa Mental Health Planning and Advisory Council
  - MH/DD/MR/BI Commission mental health redesign activities, including the Children's Disability System Design Committee
  - Network for Improving Addiction Treatment (NIATx)
  - Polk County SED Committee
  - Robert Wood Johnson Cross System Financing Strategies for Substance Abuse Treatment

Community Reinvestment Funding

To help realize the vision of a statewide mental health and substance abuse service system, the Iowa Department of Human Services (DHS) established an Iowa Plan Community Reinvestment fund. 2.5% of the Medicaid capitation payment that Magellan receives from DHS for the Iowa Plan goes to Community Reinvestment as do any unspent claims fund dollars at the end of each audited contract year. Community Reinvestment supports two categories of projects:

Beneficiary Services are defined as 1915(b)(3) services to Medicaid enrollees as allowed under the cost savings aspect of the Iowa Plan waiver. Projects must be approved by DHS and CMS (the Centers for Medicare and Medicaid Services).

- Priorities include:
  - Assertive Community Treatment
  - dual diagnosis/co-occurring mental health/substance abuse
  - Wellness Management and Recovery
  - in-home services
  - crisis services
  - Intensive Psychiatric Rehabilitation

  At least 70% of all Community Reinvestment dollars expended must be directed to Beneficiary Services projects.

Provider Development/Consumer Outreach projects must be approved by DHS.

- Priorities include:
  - consumer and family education and outreach
  - provider development and training

  No more than 30% of Community Reinvestment dollars may be directed to Provider Development/Consumer Outreach projects.

All projects must demonstrate benefit to Medicaid enrollees and project materials are required to include the following statement:

> "Paid for by the Iowa Department of Human Services through its contract with Magellan Health Services for Iowa Plan for Behavioral Health Medicaid Community Reinvestment funding."

Medicaid Community Reinvestment System of Care Request for Proposals:

Magellan released the System of Care RFP in May 2007, requesting applicants to submit proposals for projects that benefit Iowa Plan Medicaid enrollees and their families by

enhancing the State's system of behavioral health services and supports. Proposals were due by July 16, 2007.

Proposed projects were required to fit at least one of the following proposal categories:

- Integrated Services for Co-Occurring Mental Health and Substance Abuse Disorders
- Evidence-Based Practices
- Intensive Psychiatric Rehabilitation
- Filling Service Gaps for Minority Populations/Development of Cultural and/or Linguistic Competencies
- Peer Support (Georgia model)
- Recovery-Oriented Services and Supports
- Behavioral Health Workforce Shortage Solutions

Proposal categories were developed based on a process of gathering input from multiple Iowa Plan stakeholders over several months time.

Eligible applicants include current Iowa Plan network providers, consumer organizations, and family/advocate groups. All proposed projects must conform to the provisions of Magellan's Iowa Plan contract with DHS and with the service definitions and requirements in the Iowa Plan CMS waiver. If a proposed project includes a service or activity that is required to be licensed or accredited by the State of Iowa or other entity, the applicant must be licensed/accredited to provide that service and must meet standards for that service as defined in the Iowa Administrative Code or other applicable regulation and by the Iowa Plan at the time of submission of a proposal. Proposals must demonstrate understanding and use of models and resources applicable to the project proposed, such as:

- curricula and/or tool kits
- evidence-based practices and/or promising practices
- Iowa mental health and/or substance abuse stakeholder priorities

In July 2007, Iowa Plan advisory committee representatives and other stakeholders as well as Magellan staff reviewed more than 30 proposals and made recommendations for funding. Eleven projects were submitted to DHS for approval. All eleven projects received approval and most were able to get started during November 2007. The first quarterly reports from providers were due March 31, 2008. Providers have been working closely with Magellan liaison staff to get the projects off the ground with the best possible plans for implementation and measurement. All eleven projects turned in the second round of quarterly reports that were due June 30, 2008 and continue to work closely with Magellan staff to ensure successful work.

Medicaid Community Reinvestment Integrated Recovery and Access Request for Proposals

Magellan released the Integrated Recovery and Access RFP on April 21st, 2008 for the following types of projects:

- Integrated Services for Co-Occurring Mental Health and Substance Abuse Disorders
- School-Based Programming

- Peer Support
- Community-Based Screening and Assessment
- Behavioral Health Workforce Shortage Solutions

Proposals were required to demonstrate use of curricula or tool kits, evidence-based or promising practices, or Iowa behavioral health stakeholder priorities. Proposals were also required to describe consumer, family, and other stakeholder involvement in development of the proposal and operation of the proposed project as well as plans for sustainability.

Eligible applicants included consumer/family and advocacy organizations and contracted Iowa Plan providers.

Projects selected for funding were likely to be funded between $10,000 and $150,000 over approximately 11 months.

27 proposals were received by the June 2nd due date. Proposals were reviewed by an evaluation committee including consumer and family representatives, Iowa Plan advisory committee members, and Magellan staff.

A summary of current Community Reinvestment Activities is included as Attachment 5.

Magellan Website

Magellan's website, http://www.MagellanHealth.com, includes a members section designed for clients, consumers, and family members, a provider section, and a customer section. Specific content areas include:

- benefits description
- eligibility verification
- claims submission/remittance functionality
- Iowa-specific provider news
- medication and medication interaction
- member handbook
- member rights and responsibilities
- provider manual
- provider search capability
- provider type description
- recommendations for planning for an appointment
- self assessments
- wellness tools

Section VIII

External Oversight/Monitoring

GOAL:
To document Iowa Plan contract oversight and monitoring conducted by or on behalf of the Iowa Department of Human Services and/or the Iowa Department of Public Health.

INDICATORS OF EXTERNAL OVERSIGHT/MONITORING

Departments Meetings

Departments Meetings are generally held twice each month, at Magellan, to review Iowa Plan operations and policy-related issues. Attendees include DHS and DPH representatives and Magellan clinical, operational, and QI management staff as well as the SAMI/EFR Substance Abuse Director. Standing agenda topic areas include:

- DHS - Medicaid
- DPH
- Claims/Management Information Systems
- Care Management
- Community Relations
- Network Development
- Quality Improvement
- Coming events

Examples of issues discussed this quarter include:

- Appeals
- Client-specific issues
- Community Reinvestment
- DPH-funded provider contracts and monitoring
- External Quality Review
- Magellan policies and procedures
- Monitoring of Magellan notices (non-auth and appeal letters)
- Performance Improvement Projects
- Provider Releases
- Provider Roundtables
- Provider-specific issues
- Report delivery

- Substance abuse licensure and provider credentialing
- Technical assistance and training
- Targeted Case Management
- Ambulance appeals
- Magellan Fraud and Abuse policies and activities

Iowa Plan Advisory Committee

The Iowa Plan Advisory Committee meets quarterly to advise DHS and DPH on strategic and operational issues and to assure on-going public input into the Iowa Plan and its evolution. Its responsibilities include:

- review of Magellan's annual Iowa Plan Quality Assessment and Performance Improvement Plan (QA Plan)
- input on annual Quality Improvement goals
- year-end review of QA Plan performance, including Performance Indicators
- feedback on operational issues
- input on service development/improvement opportunities.

Advisory Committee membership was determined by DHS and DPH and was directed to representatives of mental health and substance abuse stakeholder groups. Magellan's Iowa General Manager and Quality and Compliance Director staff the Advisory Committee.

This Quarter, the Committee met on May 13, 2008. Agenda items included:

- DHS updates
- DPH updates
  - Access to Recovery
  - Family Drug Court Projects
- Iowa Plan updates
  - Provider Roundtable
  - Community Reinvestment
  - Performance Indicators

Management Meetings

Iowa Plan Management Meetings are scheduled monthly and are attended by the DHS and DPH staff who oversee the Iowa Plan and by Magellan's General Manager and Quality and Compliance Director for Iowa. Other DHS, DPH and Magellan staff attend on an as needed basis.

The Management Meeting focuses on policy level review and decision-making. Examples of topics discussed have included:

- The Children's Mental Health Waiver
- Community Reinvestment processes and projects
- Contract amendments
- Deficit Reduction Act language and requirements

- Transition to DHS's Remedial Services system, including Iowa Plan assessments by Licensed Practitioners of the Healing Arts
- Emergency room services
- External Quality Review
- Iowa Plan waiver
- Legislative actions
- Medicaid State Plan
- Mental health system development and collaboration
- New technology assessment
- Performance Improvement Projects
- Prevention
- Provider credentialing
- Waiver renewal

Fraud and Abuse Program

Magellan is committed to its role in preventing and detecting health care fraud and abuse and complying with applicable federal and state laws. Magellan will safeguard against the potential for and promptly investigate reports of suspected fraud and abuse by employees, providers, and others with whom we do business.

The general goals and objectives of the Magellan Behavioral Care of Iowa/Magellan Health Services Fraud and Abuse Program are as follows.

- Compliance with Iowa Plan for Behavioral Health contractual requirements.
- Compliance with the Deficit Reduction Act of 2005.
- Preventing and detecting fraud and abuse.

Specific program objectives include:

- Compliance Program -- Maintain a comprehensive compliance plan including written policies and procedures outlining detection and prevention of fraud, waste, and abuse as well as requirements of the Federal False Claims Act, federal whistleblower protections, and administrative remedies for false claims statements. Magellan has a comprehensive compliance program to ensure compliance with the DRA including the following:
    - A Medicaid Fraud and Abuse Program policy that outlines Magellan's comprehensive compliance program for the detection and prevention of fraud, waste and abuse in the Medicaid program.
    - A False Claims and Whistleblower Protection policy that includes a summary of the Federal False Claims Act, federal whistleblower protections and the federal administrative remedies for Federal False Claims.
    - A Corporate Compliance Handbook that includes information on Magellan's Fraud and Abuse program.

- Training -- Provide adequate training and supervision of all Magellan employees. Magellan provides a comprehensive learning system and there are many courses that are required annually of all Magellan employees, including:
  - All Magellan employees must complete an annual training on Magellan's Corporate Compliance Handbook. This training includes information on the Federal False Claims Act, 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.
  - All Magellan employees must complete an annual training on Fraud Identification & Recognition Education (F.I.R.E.), designed to provide a high level overview of Magellan's efforts at addressing fraud, waste, and abuse.

- Detection and Investigation -- Conduct ethical business activities that assist in detecting and investigating possible fraud and abuse. Magellan may detect potential fraud and abuse through a variety of channels including:
  - Grievances
  - Retrospective Clinical Reviews
  - Professional Provider Review Committee (PPRC)
  - Claims
  - Other (e.g. OIG Exclusion notices)

  Potential indicators, or "red flags," of fraud are:
  - Complaints from members regarding quality of services or services not rendered
  - Claims that have been altered
  - Two or more members 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 members 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

- Tracking and Reporting -- Provide tracking and reporting of all fraud and abuse program activity to the Departments. Magellan will systematically track all suspected fraud and abuse cases. When Magellan identifies evidence of potential fraud or abuse, it will be immediately reported to Magellan's corporate Special Investigations Unit (SIU) and to the Department(s) for any necessary investigation. Magellan's SIU may use a variety of investigative techniques, including:
  - Background Investigations

- Provider Record Reviews and Site Visits
- Review of Billing History
- Use of Outside Organizations
- Collaboration with Other Departments

- Notification -- Notify providers and enrollees of the fraud and abuse program.
- Enrollees are informed about the definitions of fraud and abuse. They are given instructions of how to handle questions or concerns about fraud or abuse by following the Iowa Plan grievance process.
- Providers are informed of the fraud and abuse program and practices, including the fact that allegations will be reported and investigated.

  - Iowa Plan enrollees and providers are notified of Magellan's fraud and abuse program through the Enrollee Handbook and the Provider Manual. These documents may also be accessed through the Magellan website:

    https://www.magellanassist.com/mem/benefits/pspdf/ia_clienthandbkrevaug03.pdf

    https://www.magellanprovider.com/MHS/MGL/about/handbooks/supplements/iowaplan/iowa_providermanual.pdf

Magellan will include summary information on fraud and abuse in quarterly Quality Improvement Reports as well as the Annual Quality Assurance Report.

Site Visits/Data Collection/Project Participation

Monitoring and research related to the Iowa Plan often involves site visits or data collection by external entities.

Site Visit - External Quality Review

An External Quality Review of the Iowa Plan for the timeframe spanning September 2006 through August 2007 was conducted February 12th – 13th, 2008. The review team included representatives from the Iowa Foundation for Medical Care, including the Iowa Medicaid Enterprise Medical Director, and an independent consultant to analyze and summarize review findings.

The content of the review included:

Validation of Performance Improvement Projects (PIPs):

- Intensive Care Management Program
- Outcomes Project
- Cultural Differences in Utilization
- Co-Occurring Disorders Services
- Reward for Quality

- Self-Directed Care

Validation of Performance Measures (PMs):

- Inpatient Facility Safety Survey
- Schizophrenia Readmission Rates

Review of compliance with EQR requirements of 42 CFR 438.

The EQR report, received in May, noted a "strong commitment to excellence" and "a working knowledge of protocols and corresponding policies & procedures." The report goes on to acknowledge that "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."

Recommendations for improvement included:

- Quality Assessment and Performance Improvement
  - Refine the written reports for Performance Improvement Projects and Performance Measures, i.e. documentation of study population, indicators, tracking of study components beginning to end, interpretation of the information and development of intervention strategies.

CMS Waiver Application

Magellan provided all requested information to DHS for submission of the Iowa Plan waiver application, and the waiver was accepted by CMS.

Project Participation - Co-Occurring Academy

DPH pulled together a group of Iowa stakeholders to participate in SAMHSA's Co-Occurring Academy to support integrated mental health and substance abuse services. Through the Academy and associated technical assistance, DPH drafted and began implementation of a state plan that included public policy considerations and specific mechanisms for comprehensive services to clients with co-occurring mental health and substance abuse symptoms.

A work group of the Academy recommended brief screening tools to be used by mental health providers to screen for substance abuse symptoms and by substance abuse providers to screen for mental health symptoms. If such symptoms were identified through screening, clients would receive or be referred for a full assessment with coordinated treatment planning, where indicated. Magellan piloted the recommended screening tools with the providers participating in the Integrated Services for Co-Occurring Disorders Community Reinvestment projects and reported findings to the Co-Occurring Academy steering committee. Magellan continues to participate in the Co-Occurring Academy.

This group did not meet this quarter.

Project Participation - Network for Improving Addiction Treatment (NIATx)

SAMHSA and the Robert Wood Johnson Foundation have funded provider projects that introduce process improvement techniques to addiction treatment. NIATx projects are built around four aims: improving access and retention, and reducing wait times and no shows. Two Iowa providers, MECCA and Prairie Ridge, received grants to participate.

In 2004, DPH submitted a grant application and Iowa became one of four states chosen to participate in SAMHSA's State/Payor Initiative. While process improvement and the four aims form the base of the Initiative, the focus for State/Payor participants was expanded to include review of state and payor processes that may act as barriers to provider improvement or that support dissemination of process improvement techniques through the provider network.

From April-June 2005, training was done by NIATx staff with DPH, Magellan, MECCA, and Prairie Ridge and with the four providers participating in the State/Payor Initiative: The Bridge, Employee and Family Resources, Substance Abuse Treatment Unit of Central Iowa, and United Community Services. Walkthroughs were conducted of the four providers' screening and admitting processes and of Magellan's care management authorization calls. A focus group was held with provider representatives to better understand DPH licensure requirements and their impact, real or perceived, on screening and admission. Rapid cycle change projects were initiated, specific to each entity's target goal related to access/retention or wait times/no shows.

NIATx concepts were built into the Access and Continuation Community Reinvestment project involving 14 mental health and substance abuse providers.

Magellan is currently participating in DPH's Strengthening Treatment Access and Retention - State Implementation (STAR-SI) program.

Magellan's corporation has also agreed to serve as a national sponsor for NIATx's ACTION (Adopting Changes to Improve Outcomes Now) Campaign, which seeks to increase access and keep individuals engaged in substance abuse treatment. This initiative will allow for the use of NIATx principles on a broader spectrum and may include the availability of additional training and resources to Iowa Plan providers and members.

Project Participation - Robert Wood Johnson Cross System Financing Strategies

DPH led this project to review and developed financing strategies for substance abuse services that span funding streams and federal and state systems. The project involves states or other government configurations with successful experiences in such strategies and seeks to expand those states' expertise and use their experiences as a resource for other states.

MBC of Iowa
Iowa Plan Reports

Reporting Classification: Utilization Analysis

IAUT02 – Clients Receiving Services by County

Purpose: *To reflect the number of individuals actually receiving services.*

Displayed Information: *The report will have the following data:*

1. *The number eligible per county.*
2. *The number of clients with a paid claim during the reporting period, by service type, eligibility, plan and region.*

Note: *A client should be counted only once within each service type and county. For example, if a client has 2 claims paid for mental health inpatient services the total client count would be 1. However, if a client has 1 claim paid for mental health inpatient services and 1 claim paid for substance abuse outpatient services, the client would be counted once in each service type.*

Report ID: IAUT02
Run Date: 05/14/2008
Run Time: 11:00:04 AM
Organization Name: State of Iowa/IA Plan
Organization Number/ID: 006734

ALL

MBC of Iowa

IA Plan Clients Receiving Services by County

Date: 4/1/2008 - 4/30/2008

County	Eligible	Receiving Services	%
ADAIR	614	28	4.56%
ADAMS	425	26	6.12%
ALLAMAKEE	1,369	49	3.58%
APPANOOSE	2,138	145	6.78%
AUDUBON	432	18	4.17%
BENTON	1,950	187	9.59%
BLACK HAWK	15,312	1,202	7.85%
BOONE	2,169	177	8.16%
BREMER	1,287	109	8.47%
BUCHANAN	1,796	187	10.41%
BUENA VISTA	2,177	113	5.19%
BUTLER	1,123	84	7.48%
CALHOUN	849	38	4.48%
CARROLL	1,520	88	5.79%
CASS	1,713	168	9.81%
CEDAR	1,020	52	5.10%
CERRO GORDO	4,761	446	9.37%
CHEROKEE	973	110	11.31%
CHICKASAW	1,021	95	9.30%
CLARKE	1,067	61	5.72%
CLAY	1,565	125	7.99%
CLAYTON	1,208	94	7.78%
CLINTON	6,217	675	10.86%
CRAWFORD	2,022	116	5.74%
DALLAS	3,359	225	6.70%
DAVIS	702	76	10.83%
DECATUR	1,046	25	2.39%
DELAWARE	1,307	111	8.49%
DES MOINES	5,917	461	7.79%
DICKINSON	1,002	83	8.28%
DUBUQUE	8,516	727	8.54%
EMMET	1,066	56	5.25%
FAYETTE	2,233	206	9.23%
FLOYD	1,715	108	6.30%
FRANKLIN	1,005	41	4.08%
FREMONT	838	72	8.59%
GREENE	956	48	5.02%
GRUNDY	575	41	7.13%
GUTHRIE	807	56	6.94%
HAMILTON	1,439	89	6.18%
HANCOCK	890	50	5.62%
HARDIN	1,618	129	7.97%
HARRISON	1,559	115	7.38%
HENRY	2,262	221	9.77%
HOWARD	808	45	5.57%
HUMBOLDT	907	50	5.51%
IDA	588	60	10.20%
IOWA	1,099	44	4.00%
JACKSON	1,880	175	9.31%
JASPER	3,334	235	7.05%
JEFFERSON	1,736	214	12.33%
JOHNSON	8,057	601	7.46%
JONES	1,516	109	7.19%
KEOKUK	1,105	96	8.69%
KOSSUTH	1,164	77	6.62%
LEE	4,778	427	8.94%
LINN	19,623	2,272	11.58%
LOUISA	1,326	73	5.51%
LUCAS	1,104	54	4.89%
LYON	609	44	7.22%
MADISON	1,019	68	6.67%
MAHASKA	2,599	229	8.81%
MARION	2,414	139	5.76%
MARSHALL	5,491	371	6.76%
MILLS	1,369	90	6.57%
MITCHELL	561	24	4.28%
MONONA	958	46	4.80%
MONROE	856	52	6.07%
MONTGOMERY	1,576	133	8.44%
MUSCATINE	5,236	315	6.02%
O'BRIEN	1,129	82	7.26%
OSCEOLA	362	24	6.63%
PAGE	1,895	205	10.82%
PALO ALTO	721	45	6.24%
PLYMOUTH	1,569	167	10.64%
POCAHONTAS	608	32	5.26%
POLK	41,152	3,612	8.78%
POTTAWATTAMIE	10,993	645	5.87%
POWESHIEK	1,384	136	9.83%
RINGGOLD	446	12	2.69%
SAC	810	45	5.56%
SCOTT	20,108	1,448	7.20%
SHELBY	1,049	110	10.49%
SIOUX	1,730	119	6.88%
STORY	4,626	346	7.48%
TAMA	1,301	119	9.15%
TAYLOR	597	35	5.86%
UNION	1,468	110	7.49%
VAN BUREN	763	79	10.35%
WAPELLO	5,962	609	10.21%
WARREN	2,630	174	6.62%
WASHINGTON	1,841	161	8.75%
WAYNE	718	22	3.06%
WEBSTER	5,027	445	8.85%
WINNEBAGO	881	39	4.43%
WINNESHIEK	1,212	72	5.94%
WOODBURY	13,936	1,111	7.97%
WORTH	475	16	3.37%
WRIGHT	1,326	48	3.62%
UNKNOWN	279	22	7.89%
Total	**292,251**	**23,466**	**8.03%**

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MH

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CEDAR	1,020	50	4.90%
CERRO GORDO	4,761	406	8.53%
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CLINTON	6,217	631	10.15%
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DALLAS	3,359	204	6.07%
DAVIS	702	72	10.26%
DECATUR	1,046	19	1.82%
DELAWARE	1,307	105	8.03%
DES MOINES	5,917	434	7.33%
DICKINSON	1,002	80	7.98%
DUBUQUE	8,516	664	7.80%
EMMET	1,066	54	5.07%
FAYETTE	2,233	191	8.55%
FLOYD	1,715	97	5.66%
FRANKLIN	1,005	40	3.98%
FREMONT	838	67	8.00%
GREENE	956	46	4.81%
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HARDIN	1,618	123	7.60%
HARRISON	1,559	105	6.74%
HENRY	2,262	215	9.50%
HOWARD	808	42	5.20%
HUMBOLDT	907	50	5.51%
IDA	588	60	10.20%
IOWA	1,099	44	4.00%
JACKSON	1,880	165	8.78%
JASPER	3,334	218	6.54%
JEFFERSON	1,736	207	11.92%
JOHNSON	8,057	554	6.88%
JONES	1,516	100	6.60%
KEOKUK	1,105	93	8.42%
KOSSUTH	1,164	74	6.36%
LEE	4,778	418	8.75%
LINN	19,623	2,114	10.77%
LOUISA	1,326	69	5.20%
LUCAS	1,104	48	4.35%
LYON	609	44	7.22%
MADISON	1,019	66	6.48%
MAHASKA	2,599	209	8.04%
MARION	2,414	131	5.43%
MARSHALL	5,491	341	6.21%
MILLS	1,369	85	6.21%
MITCHELL	561	23	4.10%
MONONA	958	46	4.80%
MONROE	856	42	4.91%
MONTGOMERY	1,576	121	7.68%
MUSCATINE	5,236	282	5.39%
O'BRIEN	1,129	81	7.17%
OSCEOLA	362	24	6.63%
PAGE	1,895	199	10.50%
PALO ALTO	721	41	5.69%
PLYMOUTH	1,569	165	10.52%
POCAHONTAS	608	32	5.26%
POLK	41,152	3,393	8.25%
POTTAWATTAMIE	10,993	599	5.45%
POWESHIEK	1,384	134	9.68%
RINGGOLD	446	11	2.47%
SAC	810	43	5.31%
SCOTT	20,108	1,362	6.77%
SHELBY	1,049	107	10.20%
SIOUX	1,730	117	6.76%
STORY	4,626	328	7.09%
TAMA	1,301	113	8.69%
TAYLOR	597	34	5.70%
UNION	1,468	100	6.81%
VAN BUREN	763	73	9.57%
WAPELLO	5,962	559	9.38%
WARREN	2,630	167	6.35%
WASHINGTON	1,841	157	8.53%
WAYNE	718	20	2.79%
WEBSTER	5,027	408	8.12%
WINNEBAGO	881	38	4.31%
WINNESHIEK	1,212	66	5.45%
WOODBURY	13,936	1,055	7.57%
WORTH	475	16	3.37%
WRIGHT	1,326	47	3.54%
UNKNOWN	279	20	7.17%
Total	**292,251**	**22,015**	**7.53%**

Report ID: IAUT02
Run Date: 05/14/2008
Run Time: 11:00:05 AM
Organization Name: State of Iowa/IA Plan
Organization Number/ID: 006734

SA

MBC of Iowa

IA Plan Clients Receiving Services by County

Date: 4/1/2008 - 4/30/2008

County	Eligible	Receiving Services	%
ADAIR	614	1	0.16%
ADAMS	425	4	0.94%
ALLAMAKEE	1,369	4	0.29%
APPANOOSE	2,138	14	0.65%
AUDUBON	432	0	0.00%
BENTON	1,950	11	0.56%
BLACK HAWK	15,312	83	0.54%
BOONE	2,169	14	0.65%
BREMER	1,287	6	0.47%
BUCHANAN	1,796	7	0.39%
BUENA VISTA	2,177	1	0.05%
BUTLER	1,123	0	0.00%
CALHOUN	849	3	0.35%
CARROLL	1,520	9	0.59%
CASS	1,713	9	0.53%
CEDAR	1,020	1	0.10%
CERRO GORDO	4,761	53	1.11%
CHEROKEE	973	1	0.10%
CHICKASAW	1,021	18	1.76%
CLARKE	1,067	5	0.47%
CLAY	1,565	5	0.32%
CLAYTON	1,208	6	0.50%
CLINTON	6,217	56	0.90%
CRAWFORD	2,022	1	0.05%
DALLAS	3,359	23	0.68%
DAVIS	702	4	0.57%
DECATUR	1,046	6	0.57%
DELAWARE	1,307	8	0.61%
DES MOINES	5,917	38	0.64%
DICKINSON	1,002	4	0.40%
DUBUQUE	8,516	79	0.93%
EMMET	1,066	2	0.19%
FAYETTE	2,233	26	1.16%
FLOYD	1,715	9	0.52%
FRANKLIN	1,005	1	0.10%
FREMONT	838	6	0.72%
GREENE	956	2	0.21%
GRUNDY	575	2	0.35%
GUTHRIE	807	3	0.37%
HAMILTON	1,439	1	0.07%
HANCOCK	890	3	0.34%
HARDIN	1,618	8	0.49%
HARRISON	1,559	11	0.71%
HENRY	2,262	6	0.27%
HOWARD	808	3	0.37%
HUMBOLDT	907	1	0.11%
IDA	588	0	0.00%
IOWA	1,099	1	0.09%
JACKSON	1,880	8	0.43%
JASPER	3,334	28	0.84%
JEFFERSON	1,736	8	0.46%
JOHNSON	8,057	54	0.67%
JONES	1,516	7	0.46%
KEOKUK	1,105	5	0.45%
KOSSUTH	1,164	5	0.43%
LEE	4,778	9	0.19%
LINN	19,623	237	1.21%
LOUISA	1,326	8	0.60%
LUCAS	1,104	6	0.54%
LYON	609	0	0.00%
MADISON	1,019	1	0.10%
MAHASKA	2,599	24	0.92%
MARION	2,414	9	0.37%
MARSHALL	5,491	36	0.66%
MILLS	1,369	6	0.44%
MITCHELL	561	1	0.18%
MONONA	958	0	0.00%
MONROE	856	11	1.29%
MONTGOMERY	1,576	14	0.89%
MUSCATINE	5,236	43	0.82%
O'BRIEN	1,129	4	0.35%
OSCEOLA	362	0	0.00%
PAGE	1,895	9	0.47%
PALO ALTO	721	4	0.55%
PLYMOUTH	1,569	3	0.19%
POCAHONTAS	608	0	0.00%
POLK	41,152	257	0.62%
POTTAWATTAMIE	10,993	60	0.55%
POWESHIEK	1,384	4	0.29%
RINGGOLD	446	1	0.22%
SAC	810	1	0.12%
SCOTT	20,108	99	0.49%
SHELBY	1,049	4	0.38%
SIOUX	1,730	3	0.17%
STORY	4,626	20	0.43%
TAMA	1,301	6	0.46%
TAYLOR	597	1	0.17%
UNION	1,468	12	0.82%
VAN BUREN	763	7	0.92%
WAPELLO	5,962	71	1.19%
WARREN	2,630	6	0.23%
WASHINGTON	1,841	5	0.27%
WAYNE	718	2	0.28%
WEBSTER	5,027	42	0.84%
WINNEBAGO	881	2	0.23%
WINNESHIEK	1,212	9	0.74%
WOODBURY	13,936	67	0.48%
WORTH	475	0	0.00%
WRIGHT	1,326	2	0.15%
UNKNOWN	279	2	0.72%
Total	**292,251**	**1,782**	**0.61%**

Report ID: IAUT02
Run Date: 05/14/2008
Run Time: 11:00:05 AM
Organization Name: State of Iowa/IA Plan
Organization Number/ID: 006734

UK

MBC of Iowa

IA Plan Clients Receiving Services by County

Date: 4/1/2008 - 4/30/2008

County	Eligible	Receiving Services	%
ADAIR	614	0	0.00%
ADAMS	425	0	0.00%
ALLAMAKEE	1,369	0	0.00%
APPANOOSE	2,138	0	0.00%
AUDUBON	432	0	0.00%
BENTON	1,950	0	0.00%
BLACK HAWK	15,312	48	0.31%
BOONE	2,169	0	0.00%
BREMER	1,287	1	0.08%
BUCHANAN	1,796	1	0.06%
BUENA VISTA	2,177	0	0.00%
BUTLER	1,123	1	0.09%
CALHOUN	849	0	0.00%
CARROLL	1,520	2	0.13%
CASS	1,713	1	0.06%
CEDAR	1,020	1	0.10%
CERRO GORDO	4,761	3	0.06%
CHEROKEE	973	0	0.00%
CHICKASAW	1,021	4	0.39%
CLARKE	1,067	1	0.09%
CLAY	1,565	1	0.06%
CLAYTON	1,208	0	0.00%
CLINTON	6,217	1	0.02%
CRAWFORD	2,022	0	0.00%
DALLAS	3,359	2	0.06%
DAVIS	702	0	0.00%
DECATUR	1,046	0	0.00%
DELAWARE	1,307	0	0.00%
DES MOINES	5,917	0	0.00%
DICKINSON	1,002	0	0.00%
DUBUQUE	8,516	3	0.04%
EMMET	1,066	0	0.00%
FAYETTE	2,233	0	0.00%
FLOYD	1,715	4	0.23%
FRANKLIN	1,005	0	0.00%
FREMONT	838	0	0.00%
GREENE	956	0	0.00%
GRUNDY	575	0	0.00%
GUTHRIE	807	0	0.00%
HAMILTON	1,439	2	0.14%
HANCOCK	890	1	0.11%
HARDIN	1,618	2	0.12%
HARRISON	1,559	0	0.00%
HENRY	2,262	1	0.04%
HOWARD	808	0	0.00%
HUMBOLDT	907	0	0.00%
IDA	588	0	0.00%
IOWA	1,099	0	0.00%
JACKSON	1,880	2	0.11%
JASPER	3,334	0	0.00%
JEFFERSON	1,736	2	0.12%
JOHNSON	8,057	3	0.04%
JONES	1,516	2	0.13%
KEOKUK	1,105	0	0.00%
KOSSUTH	1,164	0	0.00%
LEE	4,778	1	0.02%
LINN	19,623	7	0.04%
LOUISA	1,326	1	0.08%
LUCAS	1,104	0	0.00%
LYON	609	0	0.00%
MADISON	1,019	1	0.10%
MAHASKA	2,599	3	0.12%
MARION	2,414	1	0.04%
MARSHALL	5,491	3	0.05%
MILLS	1,369	0	0.00%
MITCHELL	561	0	0.00%
MONONA	958	0	0.00%
MONROE	856	0	0.00%
MONTGOMERY	1,576	0	0.00%
MUSCATINE	5,236	1	0.02%
O'BRIEN	1,129	0	0.00%
OSCEOLA	362	0	0.00%
PAGE	1,895	1	0.05%
PALO ALTO	721	0	0.00%
PLYMOUTH	1,569	0	0.00%
POCAHONTAS	608	0	0.00%
POLK	41,152	53	0.13%
POTTAWATTAMIE	10,993	1	0.01%
POWESHIEK	1,384	1	0.07%
RINGGOLD	446	0	0.00%
SAC	810	1	0.12%
SCOTT	20,108	17	0.08%
SHELBY	1,049	0	0.00%
SIOUX	1,730	0	0.00%
STORY	4,626	3	0.06%
TAMA	1,301	0	0.00%
TAYLOR	597	0	0.00%
UNION	1,468	0	0.00%
VAN BUREN	763	1	0.13%
WAPELLO	5,962	2	0.03%
WARREN	2,630	5	0.19%
WASHINGTON	1,841	2	0.11%
WAYNE	718	0	0.00%
WEBSTER	5,027	7	0.14%
WINNEBAGO	881	0	0.00%
WINNESHIEK	1,212	0	0.00%
WOODBURY	13,936	4	0.03%
WORTH	475	0	0.00%
WRIGHT	1,326	0	0.00%
UNKNOWN	279	0	0.00%
Total	**292,251**	**205**	**0.07%**

Run Date: 08/13/2008
Run Time: 2:26:04 PM

Organization Name: State of Iowa/IA Plan
Organization Number/ID: 006734

IA Plan Clients Receiving Services by County

Date: 5/1/2008 - 5/31/2008

ALL

County	Eligible	Receiving Services	%
ADAIR	612	23	3.76%
ADAMS	432	29	6.71%
ALLAMAKEE	1,431	51	3.56%
APPANOOSE	2,166	143	6.60%
AUDUBON	418	16	3.83%
BENTON	1,911	193	10.10%
BLACK HAWK	15,351	1,156	7.53%
BOONE	2,223	171	7.69%
BREMER	1,253	124	9.90%
BUCHANAN	1,826	201	11.01%
BUENA VISTA	2,185	144	6.59%
BUTLER	1,109	93	8.39%
CALHOUN	832	41	4.93%
CARROLL	1,599	102	6.38%
CASS	1,699	153	9.01%
CEDAR	1,050	65	6.19%
CERRO GORDO	4,829	466	9.65%
CHEROKEE	1,018	109	10.71%
CHICKASAW	1,012	85	8.40%
CLARKE	1,060	72	6.79%
CLAY	1,569	144	9.18%
CLAYTON	1,212	103	8.50%
CLINTON	6,220	755	12.14%
CRAWFORD	2,028	115	5.67%
DALLAS	3,429	243	7.09%
DAVIS	716	74	10.34%
DECATUR	1,077	27	2.51%
DELAWARE	1,331	107	8.04%
DES MOINES	6,016	478	7.95%
DICKINSON	1,021	99	9.70%
DUBUQUE	8,580	772	9.00%
EMMET	1,078	96	8.91%
FAYETTE	2,254	177	7.85%
FLOYD	1,775	112	6.31%
FRANKLIN	1,035	42	4.06%
FREMONT	817	89	10.89%
GREENE	986	42	4.26%
GRUNDY	583	41	7.03%
GUTHRIE	788	57	7.23%
HAMILTON	1,448	77	5.32%
HANCOCK	896	58	6.47%
HARDIN	1,613	135	8.37%
HARRISON	1,573	117	7.44%
HENRY	2,269	215	9.48%
HOWARD	806	44	5.46%
HUMBOLDT	906	55	6.07%
IDA	591	62	10.49%
IOWA	1,121	56	5.00%
JACKSON	1,869	199	10.65%
JASPER	3,415	249	7.29%
JEFFERSON	1,716	206	12.00%
JOHNSON	8,134	706	8.68%
JONES	1,540	109	7.08%
KEOKUK	1,109	74	6.67%
KOSSUTH	1,188	76	6.40%
LEE	4,846	399	8.23%
LINN	19,747	2,199	11.14%
LOUISA	1,325	76	5.74%
LUCAS	1,129	48	4.25%
LYON	611	53	8.67%
MADISON	1,024	63	6.15%
MAHASKA	2,617	208	7.95%
MARION	2,462	151	6.13%
MARSHALL	5,544	361	6.51%
MILLS	1,370	105	7.66%
MITCHELL	571	28	4.90%
MONONA	987	53	5.37%
MONROE	871	62	7.12%
MONTGOMERY	1,566	156	9.96%
MUSCATINE	5,274	352	6.67%
O'BRIEN	1,150	98	8.52%
OSCEOLA	364	27	7.42%
PAGE	1,919	213	11.10%
PALO ALTO	718	68	9.47%
PLYMOUTH	1,598	191	11.95%
POCAHONTAS	639	29	4.54%
POLK	41,858	3,701	8.84%
POTTAWATTAMIE	11,138	830	7.45%
POWESHIEK	1,399	127	9.08%
RINGGOLD	443	14	3.16%
SAC	795	49	6.16%
SCOTT	20,469	1,551	7.58%
SHELBY	1,050	90	8.57%
SIOUX	1,761	130	7.38%
STORY	4,778	379	7.93%
TAMA	1,352	125	9.25%
TAYLOR	627	43	6.86%
UNION	1,461	119	8.15%
VAN BUREN	782	84	10.74%
WAPELLO	6,029	567	9.40%
WARREN	2,681	216	8.06%
WASHINGTON	1,875	176	9.39%
WAYNE	730	28	3.84%
WEBSTER	5,035	450	8.94%
WINNEBAGO	883	47	5.32%
WINNESHIEK	1,213	72	5.94%
WOODBURY	14,212	1,164	8.19%
WORTH	482	28	5.81%
WRIGHT	1,349	50	3.71%
UNKNOWN	266	28	10.53%
Total	**295,725**	**24,456**	**8.27%**

Run Date: 08/13/2008
Run Time: 2:26:06 PM

Organization Name: State of Iowa/IA Plan
Organization Number/ID: 006734

IA Plan Clients Receiving Services by County

Date: 5/1/2008 - 5/31/2008

MH

County	Eligible	Receiving Services	%
ADAIR	612	22	3.59%
ADAMS	432	27	6.25%
ALLAMAKEE	1,431	51	3.56%
APPANOOSE	2,166	129	5.96%
AUDUBON	418	12	2.87%
BENTON	1,911	188	9.84%
BLACK HAWK	15,351	1,038	6.76%
BOONE	2,223	160	7.20%
BREMER	1,253	113	9.02%
BUCHANAN	1,826	190	10.41%
BUENA VISTA	2,185	140	6.41%
BUTLER	1,109	90	8.12%
CALHOUN	832	39	4.69%
CARROLL	1,599	97	6.07%
CASS	1,699	144	8.48%
CEDAR	1,050	62	5.90%
CERRO GORDO	4,829	417	8.64%
CHEROKEE	1,018	104	10.22%
CHICKASAW	1,012	77	7.61%
CLARKE	1,060	67	6.32%
CLAY	1,569	135	8.60%
CLAYTON	1,212	100	8.25%
CLINTON	6,220	715	11.50%
CRAWFORD	2,028	109	5.37%
DALLAS	3,429	225	6.56%
DAVIS	716	70	9.78%
DECATUR	1,077	22	2.04%
DELAWARE	1,331	100	7.51%
DES MOINES	6,016	447	7.43%
DICKINSON	1,021	87	8.52%
DUBUQUE	8,580	694	8.09%
EMMET	1,078	88	8.16%
FAYETTE	2,254	165	7.32%
FLOYD	1,775	105	5.92%
FRANKLIN	1,035	38	3.67%
FREMONT	817	84	10.28%
GREENE	986	40	4.06%
GRUNDY	583	36	6.17%
GUTHRIE	788	54	6.85%
HAMILTON	1,448	74	5.11%
HANCOCK	896	58	6.47%
HARDIN	1,613	132	8.18%
HARRISON	1,573	107	6.80%
HENRY	2,269	204	8.99%
HOWARD	806	39	4.84%
HUMBOLDT	906	54	5.96%
IDA	591	58	9.81%
IOWA	1,121	55	4.91%
JACKSON	1,869	190	10.17%
JASPER	3,415	232	6.79%
JEFFERSON	1,716	200	11.66%
JOHNSON	8,134	669	8.22%
JONES	1,540	105	6.82%
KEOKUK	1,109	71	6.40%
KOSSUTH	1,188	70	5.89%
LEE	4,846	389	8.03%
LINN	19,747	2,054	10.40%
LOUISA	1,325	68	5.13%
LUCAS	1,129	41	3.63%
LYON	611	52	8.51%
MADISON	1,024	57	5.57%
MAHASKA	2,617	187	7.15%
MARION	2,462	142	5.77%
MARSHALL	5,544	333	6.01%
MILLS	1,370	98	7.15%
MITCHELL	571	28	4.90%
MONONA	987	50	5.07%
MONROE	871	53	6.08%
MONTGOMERY	1,566	145	9.26%
MUSCATINE	5,274	332	6.30%
O'BRIEN	1,150	91	7.91%
OSCEOLA	364	26	7.14%
PAGE	1,919	198	10.32%
PALO ALTO	718	65	9.05%
PLYMOUTH	1,598	175	10.95%
POCAHONTAS	639	29	4.54%
POLK	41,858	3,427	8.19%
POTTAWATTAMIE	11,138	787	7.07%
POWESHIEK	1,399	124	8.86%
RINGGOLD	443	13	2.93%
SAC	795	45	5.66%
SCOTT	20,469	1,468	7.17%
SHELBY	1,050	87	8.29%
SIOUX	1,761	127	7.21%
STORY	4,778	364	7.62%
TAMA	1,352	121	8.95%
TAYLOR	627	41	6.54%
UNION	1,461	109	7.46%
VAN BUREN	782	79	10.10%
WAPELLO	6,029	519	8.61%
WARREN	2,681	206	7.68%
WASHINGTON	1,875	172	9.17%
WAYNE	730	22	3.01%
WEBSTER	5,035	426	8.46%
WINNEBAGO	883	45	5.10%
WINNESHIEK	1,213	65	5.36%
WOODBURY	14,212	1,016	7.15%
WORTH	482	24	4.98%
WRIGHT	1,349	47	3.48%
UNKNOWN	266	26	9.77%
Total	**295,725**	**22,772**	**7.70%**

Run Date: 08/13/2008
Run Time: 2:26:06 PM

Organization Name: State of Iowa/IA Plan
Organization Number/ID: 006734

SA

IA Plan Clients Receiving Services by County

Date: 5/1/2008 - 5/31/2008

County	Eligible	Receiving Services	%
ADAIR	612	1	0.16%
ADAMS	432	2	0.46%
ALLAMAKEE	1,431	1	0.07%
APPANOOSE	2,166	16	0.74%
AUDUBON	418	3	0.72%
BENTON	1,911	7	0.37%
BLACK HAWK	15,351	111	0.72%
BOONE	2,223	18	0.81%
BREMER	1,253	13	1.04%
BUCHANAN	1,826	14	0.77%
BUENA VISTA	2,185	12	0.55%
BUTLER	1,109	1	0.09%
CALHOUN	832	3	0.36%
CARROLL	1,599	6	0.38%
CASS	1,699	8	0.47%
CEDAR	1,050	2	0.19%
CERRO GORDO	4,829	65	1.35%
CHEROKEE	1,018	7	0.69%
CHICKASAW	1,012	10	0.99%
CLARKE	1,060	5	0.47%
CLAY	1,569	14	0.89%
CLAYTON	1,212	6	0.50%
CLINTON	6,220	53	0.85%
CRAWFORD	2,028	7	0.35%
DALLAS	3,429	19	0.55%
DAVIS	716	4	0.56%
DECATUR	1,077	5	0.46%
DELAWARE	1,331	8	0.60%
DES MOINES	6,016	44	0.73%
DICKINSON	1,021	16	1.57%
DUBUQUE	8,580	93	1.08%
EMMET	1,078	9	0.83%
FAYETTE	2,254	20	0.89%
FLOYD	1,775	8	0.45%
FRANKLIN	1,035	4	0.39%
FREMONT	817	7	0.86%
GREENE	986	2	0.20%
GRUNDY	583	4	0.69%
GUTHRIE	788	4	0.51%
HAMILTON	1,448	3	0.21%
HANCOCK	896	3	0.33%
HARDIN	1,613	5	0.31%
HARRISON	1,573	14	0.89%
HENRY	2,269	12	0.53%
HOWARD	806	5	0.62%
HUMBOLDT	906	1	0.11%
IDA	591	6	1.02%
IOWA	1,121	2	0.18%
JACKSON	1,869	13	0.70%
JASPER	3,415	26	0.76%
JEFFERSON	1,716	12	0.70%
JOHNSON	8,134	49	0.60%
JONES	1,540	5	0.32%
KEOKUK	1,109	4	0.36%
KOSSUTH	1,188	7	0.59%
LEE	4,846	11	0.23%
LINN	19,747	196	0.99%
LOUISA	1,325	10	0.75%
LUCAS	1,129	7	0.62%
LYON	611	4	0.65%
MADISON	1,024	3	0.29%
MAHASKA	2,617	24	0.92%
MARION	2,462	13	0.53%
MARSHALL	5,544	33	0.60%
MILLS	1,370	7	0.51%
MITCHELL	571	0	0.00%
MONONA	987	3	0.30%
MONROE	871	13	1.49%
MONTGOMERY	1,566	14	0.89%
MUSCATINE	5,274	31	0.59%
O'BRIEN	1,150	10	0.87%
OSCEOLA	364	1	0.27%
PAGE	1,919	16	0.83%
PALO ALTO	718	4	0.56%
PLYMOUTH	1,598	20	1.25%
POCAHONTAS	639	0	0.00%
POLK	41,858	322	0.77%
POTTAWATTAMIE	11,138	57	0.51%
POWESHIEK	1,399	6	0.43%
RINGGOLD	443	1	0.23%
SAC	795	4	0.50%
SCOTT	20,469	107	0.52%
SHELBY	1,050	6	0.57%
SIOUX	1,761	7	0.40%
STORY	4,778	17	0.36%
TAMA	1,352	6	0.44%
TAYLOR	627	4	0.64%
UNION	1,461	11	0.75%
VAN BUREN	782	8	1.02%
WAPELLO	6,029	68	1.13%
WARREN	2,681	14	0.52%
WASHINGTON	1,875	4	0.21%
WAYNE	730	6	0.82%
WEBSTER	5,035	29	0.58%
WINNEBAGO	883	2	0.23%
WINNESHIEK	1,213	6	0.49%
WOODBURY	14,212	174	1.22%
WORTH	482	2	0.41%
WRIGHT	1,349	2	0.15%
UNKNOWN	266	3	1.13%
Total	**295,725**	**2,085**	**0.71%**

Run Date: 08/13/2008

Run Time: 2:26:06 PM

Organization Name: State of Iowa/IA Plan

Organization Number/ID: 006734

UK

IA Plan Clients Receiving Services by County

Date: 5/1/2008 - 5/31/2008

County	Eligible	Receiving Services	%
ADAIR	612	0	0.00%
ADAMS	432	0	0.00%
ALLAMAKEE	1,431	0	0.00%
APPANOOSE	2,166	0	0.00%
AUDUBON	418	2	0.48%
BENTON	1,911	0	0.00%
BLACK HAWK	15,351	48	0.31%
BOONE	2,223	1	0.04%
BREMER	1,253	2	0.16%
BUCHANAN	1,826	3	0.16%
BUENA VISTA	2,185	0	0.00%
BUTLER	1,109	3	0.27%
CALHOUN	832	0	0.00%
CARROLL	1,599	1	0.06%
CASS	1,699	2	0.12%
CEDAR	1,050	1	0.10%
CERRO GORDO	4,829	8	0.17%
CHEROKEE	1,018	0	0.00%
CHICKASAW	1,012	2	0.20%
CLARKE	1,060	2	0.19%
CLAY	1,569	0	0.00%
CLAYTON	1,212	0	0.00%
CLINTON	6,220	1	0.02%
CRAWFORD	2,028	0	0.00%
DALLAS	3,429	4	0.12%
DAVIS	716	0	0.00%
DECATUR	1,077	0	0.00%
DELAWARE	1,331	1	0.08%
DES MOINES	6,016	1	0.02%
DICKINSON	1,021	0	0.00%
DUBUQUE	8,580	6	0.07%
EMMET	1,078	0	0.00%
FAYETTE	2,254	0	0.00%
FLOYD	1,775	3	0.17%
FRANKLIN	1,035	1	0.10%
FREMONT	817	0	0.00%
GREENE	986	1	0.10%
GRUNDY	583	1	0.17%
GUTHRIE	788	0	0.00%
HAMILTON	1,448	1	0.07%
HANCOCK	896	1	0.11%
HARDIN	1,613	0	0.00%
HARRISON	1,573	1	0.06%
HENRY	2,269	2	0.09%
HOWARD	806	0	0.00%
HUMBOLDT	906	0	0.00%
IDA	591	0	0.00%
IOWA	1,121	0	0.00%
JACKSON	1,869	1	0.05%
JASPER	3,415	1	0.03%
JEFFERSON	1,716	1	0.06%
JOHNSON	8,134	2	0.02%
JONES	1,540	0	0.00%
KEOKUK	1,109	0	0.00%
KOSSUTH	1,188	1	0.08%
LEE	4,846	1	0.02%
LINN	19,747	12	0.06%
LOUISA	1,325	1	0.08%
LUCAS	1,129	0	0.00%
LYON	611	0	0.00%
MADISON	1,024	5	0.49%
MAHASKA	2,617	4	0.15%
MARION	2,462	1	0.04%
MARSHALL	5,544	3	0.05%
MILLS	1,370	1	0.07%
MITCHELL	571	0	0.00%
MONONA	987	0	0.00%
MONROE	871	3	0.34%
MONTGOMERY	1,566	2	0.13%
MUSCATINE	5,274	0	0.00%
O'BRIEN	1,150	0	0.00%
OSCEOLA	364	0	0.00%
PAGE	1,919	5	0.26%
PALO ALTO	718	1	0.14%
PLYMOUTH	1,598	0	0.00%
POCAHONTAS	639	0	0.00%
POLK	41,858	52	0.12%
POTTAWATTAMIE	11,138	2	0.02%
POWESHIEK	1,399	1	0.07%
RINGGOLD	443	0	0.00%
SAC	795	0	0.00%
SCOTT	20,469	7	0.03%
SHELBY	1,050	0	0.00%
SIOUX	1,761	0	0.00%
STORY	4,778	2	0.04%
TAMA	1,352	0	0.00%
TAYLOR	627	1	0.16%
UNION	1,461	0	0.00%
VAN BUREN	782	0	0.00%
WAPELLO	6,029	3	0.05%
WARREN	2,681	2	0.07%
WASHINGTON	1,875	1	0.05%
WAYNE	730	0	0.00%
WEBSTER	5,035	4	0.08%
WINNEBAGO	883	1	0.11%
WINNESHIEK	1,213	1	0.08%
WOODBURY	14,212	3	0.02%
WORTH	482	2	0.41%
WRIGHT	1,349	1	0.07%
UNKNOWN	266	0	0.00%
Total	**295,725**	**227**	**0.08%**

Report ID: IAUT02
Run Date: 07/14/2008
Run Time: 11:50:24 AM
Organization Name: State of Iowa/IA Plan
Organization Number/ID: 006734

ALL

MBC of Iowa

IA Plan Clients Receiving Services by County

Date: 6/1/2008 - 6/30/2008

County	Eligible	Receiving Services	%
ADAIR	601	22	3.66%
ADAMS	418	27	6.46%
ALLAMAKEE	1,420	31	2.18%
APPANOOSE	2,143	138	6.44%
AUDUBON	402	15	3.73%
BENTON	1,897	150	7.91%
BLACK HAWK	15,190	1,192	7.85%
BOONE	2,191	158	7.21%
BREMER	1,247	116	9.30%
BUCHANAN	1,806	143	7.92%
BUENA VISTA	2,172	102	4.70%
BUTLER	1,110	94	8.47%
CALHOUN	844	45	5.33%
CARROLL	1,577	92	5.83%
CASS	1,696	148	8.73%
CEDAR	1,045	39	3.73%
CERRO GORDO	4,791	407	8.50%
CHEROKEE	973	96	9.87%
CHICKASAW	984	77	7.83%
CLARKE	1,059	64	6.04%
CLAY	1,533	108	7.05%
CLAYTON	1,198	59	4.92%
CLINTON	6,126	699	11.41%
CRAWFORD	2,015	87	4.32%
DALLAS	3,389	209	6.17%
DAVIS	699	69	9.87%
DECATUR	1,092	24	2.20%
DELAWARE	1,340	106	7.91%
DES MOINES	5,888	416	7.07%
DICKINSON	1,018	85	8.35%
DUBUQUE	8,500	768	9.04%
EMMET	1,071	78	7.28%
FAYETTE	2,212	165	7.46%
FLOYD	1,711	95	5.55%
FRANKLIN	1,030	27	2.62%
FREMONT	838	72	8.59%
GREENE	1,003	48	4.79%
GRUNDY	536	37	6.90%
GUTHRIE	768	64	8.33%
HAMILTON	1,449	81	5.59%
HANCOCK	899	43	4.78%
HARDIN	1,616	136	8.42%
HARRISON	1,560	110	7.05%
HENRY	2,250	176	7.82%
HOWARD	806	51	6.33%
HUMBOLDT	903	49	5.43%
IDA	598	65	10.87%
IOWA	1,186	44	3.71%
JACKSON	1,815	171	9.42%
JASPER	3,405	235	6.90%
JEFFERSON	1,683	192	11.41%
JOHNSON	8,098	591	7.30%
JONES	1,503	79	5.26%
KEOKUK	1,083	70	6.46%
KOSSUTH	1,145	75	6.55%
LEE	4,845	365	7.53%
LINN	19,447	1,798	9.25%
LOUISA	1,305	65	4.98%
LUCAS	1,136	53	4.67%
LYON	589	36	6.11%
MADISON	1,028	61	5.93%
MAHASKA	2,611	202	7.74%
MARION	2,457	138	5.62%
MARSHALL	5,550	338	6.09%
MILLS	1,351	88	6.51%
MITCHELL	560	18	3.21%
MONONA	969	52	5.37%
MONROE	867	46	5.31%
MONTGOMERY	1,543	134	8.68%
MUSCATINE	5,265	290	5.51%
O'BRIEN	1,153	72	6.24%
OSCEOLA	346	26	7.51%
PAGE	1,904	183	9.61%
PALO ALTO	720	45	6.25%
PLYMOUTH	1,578	183	11.60%
POCAHONTAS	639	20	3.13%
POLK	41,551	3,212	7.73%
POTTAWATTAMIE	11,092	657	5.92%
POWESHIEK	1,396	136	9.74%
RINGGOLD	433	7	1.62%
SAC	820	33	4.02%
SCOTT	20,363	1,487	7.30%
SHELBY	1,059	83	7.84%
SIOUX	1,763	110	6.24%
STORY	4,762	327	6.87%
TAMA	1,321	113	8.55%
TAYLOR	604	33	5.46%
UNION	1,449	113	7.80%
VAN BUREN	768	77	10.03%
WAPELLO	6,014	518	8.61%
WARREN	2,642	195	7.38%
WASHINGTON	1,901	169	8.89%
WAYNE	728	19	2.61%
WEBSTER	5,028	397	7.90%
WINNEBAGO	891	42	4.71%
WINNESHIEK	1,186	68	5.73%
WOODBURY	14,114	1,155	8.18%
WORTH	477	18	3.77%
WRIGHT	1,332	49	3.68%
UNKNOWN	266	27	10.15%
Total	**293,355**	**21,798**	**7.43%**

Report ID: IAUT02
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rganization Number/ID: 006734

MBC of Iowa

IA Plan Clients Receiving Services by County

Date: 6/1/2008 - 6/30/2008

MH

County	Eligible	Receiving Services	%
ADAIR	601	20	3.33%
ADAMS	418	25	5.98%
ALLAMAKEE	1,420	31	2.18%
APPANOOSE	2,143	129	6.02%
AUDUBON	402	14	3.48%
BENTON	1,897	143	7.54%
BLACK HAWK	15,190	1,114	7.33%
BOONE	2,191	145	6.62%
BREMER	1,247	111	8.90%
BUCHANAN	1,806	138	7.64%
BUENA VISTA	2,172	102	4.70%
BUTLER	1,110	94	8.47%
CALHOUN	844	42	4.98%
CARROLL	1,577	88	5.58%
CASS	1,696	136	8.02%
CEDAR	1,045	37	3.54%
CERRO GORDO	4,791	359	7.49%
CHEROKEE	973	92	9.46%
CHICKASAW	984	74	7.52%
CLARKE	1,059	58	5.48%
CLAY	1,533	104	6.78%
CLAYTON	1,198	53	4.42%
CLINTON	6,126	656	10.71%
CRAWFORD	2,015	81	4.02%
DALLAS	3,389	191	5.64%
DAVIS	699	66	9.44%
DECATUR	1,092	13	1.19%
DELAWARE	1,340	98	7.31%
DES MOINES	5,888	387	6.57%
DICKINSON	1,018	82	8.06%
DUBUQUE	8,500	701	8.25%
EMMET	1,071	78	7.28%
FAYETTE	2,212	150	6.78%
FLOYD	1,711	85	4.97%
FRANKLIN	1,030	25	2.43%
FREMONT	838	70	8.35%
GREENE	1,003	48	4.79%
GRUNDY	536	35	6.53%
GUTHRIE	768	58	7.55%
HAMILTON	1,449	74	5.11%
HANCOCK	899	41	4.56%
HARDIN	1,616	126	7.80%
HARRISON	1,560	101	6.47%
HENRY	2,250	168	7.47%
HOWARD	806	47	5.83%
HUMBOLDT	903	47	5.20%
IDA	598	64	10.70%
IOWA	1,186	42	3.54%
JACKSON	1,815	167	9.20%
JASPER	3,405	217	6.37%
JEFFERSON	1,683	185	10.99%
JOHNSON	8,098	561	6.93%
JONES	1,503	70	4.66%
KEOKUK	1,083	66	6.09%
KOSSUTH	1,145	71	6.20%
LEE	4,845	356	7.35%
LINN	19,447	1,625	8.36%
LOUISA	1,305	57	4.37%
LUCAS	1,136	46	4.05%
LYON	589	36	6.11%
MADISON	1,028	56	5.45%
MAHASKA	2,611	180	6.89%
MARION	2,457	124	5.05%
MARSHALL	5,550	317	5.71%
MILLS	1,351	83	6.14%
MITCHELL	560	17	3.04%
MONONA	969	51	5.26%
MONROE	867	37	4.27%
MONTGOMERY	1,543	117	7.58%
MUSCATINE	5,265	267	5.07%
O'BRIEN	1,153	71	6.16%
OSCEOLA	346	25	7.23%
PAGE	1,904	171	8.98%
PALO ALTO	720	45	6.25%
PLYMOUTH	1,578	170	10.77%
POCAHONTAS	639	19	2.97%
POLK	41,551	3,088	7.43%
POTTAWATTAMIE	11,092	619	5.58%
POWESHIEK	1,396	134	9.60%
RINGGOLD	433	4	0.92%
SAC	820	32	3.90%
SCOTT	20,363	1,402	6.89%
SHELBY	1,059	82	7.74%
SIOUX	1,763	105	5.96%
STORY	4,762	309	6.49%
TAMA	1,321	107	8.10%
TAYLOR	604	32	5.30%
UNION	1,449	107	7.38%
VAN BUREN	768	71	9.24%
WAPELLO	6,014	476	7.91%
WARREN	2,642	184	6.96%
WASHINGTON	1,901	163	8.57%
WAYNE	728	15	2.06%
WEBSTER	5,028	354	7.04%
WINNEBAGO	891	36	4.04%
WINNESHIEK	1,186	62	5.23%
WOODBURY	14,114	1,033	7.32%
WORTH	477	16	3.35%
WRIGHT	1,332	45	3.38%
UNKNOWN	266	25	9.40%
Total	**293,355**	**20,351**	**6.94%**

Report ID: IAUT02
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rganization Number/ID: 006734

SA

MBC of Iowa

IA Plan Clients Receiving Services by County

Date: 6/1/2008 - 6/30/2008

County	Eligible	Receiving Services	%
ADAIR	601	1	0.17%
ADAMS	418	2	0.48%
ALLAMAKEE	1,420	0	0.00%
APPANOOSE	2,143	12	0.56%
AUDUBON	402	0	0.00%
BENTON	1,897	8	0.42%
BLACK HAWK	15,190	73	0.48%
BOONE	2,191	17	0.78%
BREMER	1,247	3	0.24%
BUCHANAN	1,806	3	0.17%
BUENA VISTA	2,172	0	0.00%
BUTLER	1,110	0	0.00%
CALHOUN	844	4	0.47%
CARROLL	1,577	5	0.32%
CASS	1,696	8	0.47%
CEDAR	1,045	2	0.19%
CERRO GORDO	4,791	59	1.23%
CHEROKEE	973	6	0.62%
CHICKASAW	984	9	0.91%
CLARKE	1,059	6	0.57%
CLAY	1,533	5	0.33%
CLAYTON	1,198	6	0.50%
CLINTON	6,126	53	0.87%
CRAWFORD	2,015	7	0.35%
DALLAS	3,389	23	0.68%
DAVIS	699	5	0.72%
DECATUR	1,092	11	1.01%
DELAWARE	1,340	10	0.75%
DES MOINES	5,888	35	0.59%
DICKINSON	1,018	3	0.29%
DUBUQUE	8,500	88	1.04%
EMMET	1,071	0	0.00%
FAYETTE	2,212	20	0.90%
FLOYD	1,711	8	0.47%
FRANKLIN	1,030	2	0.19%
FREMONT	838	3	0.36%
GREENE	1,003	0	0.00%
GRUNDY	536	2	0.37%
GUTHRIE	768	7	0.91%
HAMILTON	1,449	6	0.41%
HANCOCK	899	3	0.33%
HARDIN	1,616	11	0.68%
HARRISON	1,560	10	0.64%
HENRY	2,250	10	0.44%
HOWARD	806	4	0.50%
HUMBOLDT	903	1	0.11%
IDA	598	2	0.33%
IOWA	1,186	2	0.17%
JACKSON	1,815	6	0.33%
JASPER	3,405	25	0.73%
JEFFERSON	1,683	10	0.59%
JOHNSON	8,098	36	0.44%
JONES	1,503	9	0.60%
KEOKUK	1,083	3	0.28%
KOSSUTH	1,145	5	0.44%
LEE	4,845	14	0.29%
LINN	19,447	232	1.19%
LOUISA	1,305	10	0.77%
LUCAS	1,136	7	0.62%
LYON	589	0	0.00%
MADISON	1,028	8	0.78%
MAHASKA	2,611	28	1.07%
MARION	2,457	17	0.69%
MARSHALL	5,550	30	0.54%
MILLS	1,351	5	0.37%
MITCHELL	560	1	0.18%
MONONA	969	1	0.10%
MONROE	867	10	1.15%
MONTGOMERY	1,543	22	1.43%
MUSCATINE	5,265	29	0.55%
O'BRIEN	1,153	3	0.26%
OSCEOLA	346	1	0.29%
PAGE	1,904	17	0.89%
PALO ALTO	720	0	0.00%
PLYMOUTH	1,578	14	0.89%
POCAHONTAS	639	1	0.16%
POLK	41,551	140	0.34%
POTTAWATTAMIE	11,092	47	0.42%
POWESHIEK	1,396	7	0.50%
RINGGOLD	433	3	0.69%
SAC	820	1	0.12%
SCOTT	20,363	97	0.48%
SHELBY	1,059	4	0.38%
SIOUX	1,763	7	0.40%
STORY	4,762	20	0.42%
TAMA	1,321	7	0.53%
TAYLOR	604	1	0.17%
UNION	1,449	10	0.69%
VAN BUREN	768	7	0.91%
WAPELLO	6,014	60	1.00%
WARREN	2,642	9	0.34%
WASHINGTON	1,901	8	0.42%
WAYNE	728	4	0.55%
WEBSTER	5,028	49	0.97%
WINNEBAGO	891	6	0.67%
WINNESHIEK	1,186	7	0.59%
WOODBURY	14,114	148	1.05%
WORTH	477	2	0.42%
WRIGHT	1,332	5	0.38%
UNKNOWN	266	2	0.75%
Total	**293,355**	**1,750**	**0.60%**

Report ID: IAUT02
Run Date: 07/14/2008
Run Time: 11:50:24 AM
Organization Name: State of Iowa/IA Plan
Organization Number/ID: 006734

UK

MBC of Iowa

IA Plan Clients Receiving Services by County

Date: 6/1/2008 - 6/30/2008

County	Eligible	Receiving Services	%
ADAIR	601	1	0.17%
ADAMS	418	0	0.00%
ALLAMAKEE	1,420	0	0.00%
APPANOOSE	2,143	0	0.00%
AUDUBON	402	1	0.25%
BENTON	1,897	1	0.05%
BLACK HAWK	15,190	57	0.38%
BOONE	2,191	1	0.05%
BREMER	1,247	2	0.16%
BUCHANAN	1,806	5	0.28%
BUENA VISTA	2,172	0	0.00%
BUTLER	1,110	1	0.09%
CALHOUN	844	0	0.00%
CARROLL	1,577	0	0.00%
CASS	1,696	6	0.35%
CEDAR	1,045	0	0.00%
CERRO GORDO	4,791	7	0.15%
CHEROKEE	973	0	0.00%
CHICKASAW	984	0	0.00%
CLARKE	1,059	0	0.00%
CLAY	1,533	0	0.00%
CLAYTON	1,198	1	0.08%
CLINTON	6,126	3	0.05%
CRAWFORD	2,015	0	0.00%
DALLAS	3,389	2	0.06%
DAVIS	699	0	0.00%
DECATUR	1,092	0	0.00%
DELAWARE	1,340	2	0.15%
DES MOINES	5,888	1	0.02%
DICKINSON	1,018	0	0.00%
DUBUQUE	8,500	6	0.07%
EMMET	1,071	0	0.00%
FAYETTE	2,212	2	0.09%
FLOYD	1,711	5	0.29%
FRANKLIN	1,030	0	0.00%
FREMONT	838	1	0.12%
GREENE	1,003	0	0.00%
GRUNDY	536	0	0.00%
GUTHRIE	768	1	0.13%
HAMILTON	1,449	2	0.14%
HANCOCK	899	0	0.00%
HARDIN	1,616	2	0.12%
HARRISON	1,560	1	0.06%
HENRY	2,250	0	0.00%
HOWARD	806	0	0.00%
HUMBOLDT	903	1	0.11%
IDA	598	0	0.00%
IOWA	1,186	0	0.00%
JACKSON	1,815	0	0.00%
JASPER	3,405	0	0.00%
JEFFERSON	1,683	0	0.00%
JOHNSON	8,098	7	0.09%
JONES	1,503	1	0.07%
KEOKUK	1,083	1	0.09%
KOSSUTH	1,145	0	0.00%
LEE	4,845	0	0.00%
LINN	19,447	12	0.06%
LOUISA	1,305	1	0.08%
LUCAS	1,136	1	0.09%
LYON	589	0	0.00%
MADISON	1,028	0	0.00%
MAHASKA	2,611	3	0.11%
MARION	2,457	0	0.00%
MARSHALL	5,550	1	0.02%
MILLS	1,351	1	0.07%
MITCHELL	560	0	0.00%
MONONA	969	0	0.00%
MONROE	867	0	0.00%
MONTGOMERY	1,543	1	0.06%
MUSCATINE	5,265	4	0.08%
O'BRIEN	1,153	0	0.00%
OSCEOLA	346	0	0.00%
PAGE	1,904	1	0.05%
PALO ALTO	720	0	0.00%
PLYMOUTH	1,578	1	0.06%
POCAHONTAS	639	0	0.00%
POLK	41,551	31	0.07%
POTTAWATTAMIE	11,092	1	0.01%
POWESHIEK	1,396	0	0.00%
RINGGOLD	433	0	0.00%
SAC	820	0	0.00%
SCOTT	20,363	19	0.09%
SHELBY	1,059	0	0.00%
SIOUX	1,763	0	0.00%
STORY	4,762	0	0.00%
TAMA	1,321	1	0.08%
TAYLOR	604	0	0.00%
UNION	1,449	0	0.00%
VAN BUREN	768	1	0.13%
WAPELLO	6,014	1	0.02%
WARREN	2,642	8	0.30%
WASHINGTON	1,901	2	0.11%
WAYNE	728	0	0.00%
WEBSTER	5,028	4	0.08%
WINNEBAGO	891	1	0.11%
WINNESHIEK	1,186	0	0.00%
WOODBURY	14,114	4	0.03%
WORTH	477	1	0.21%
WRIGHT	1,332	0	0.00%
UNKNOWN	266	0	0.00%
Total	**293,355**	**221**	**0.08%**

MBC of Iowa
Iowa Plan Reports

Reporting Classification: Authorization

IAAU01 - Initial Authorization of Services

Purpose:	*To reflect the number of individuals receiving initial authorizations for care.*
Displayed information:	*The number of individuals who have been authorized for services, by level of care (outcome).*
Grouped By:	*Eligibility Type* *Age Category* *DHS Region*

Report ID: IAAU01

Run Date: 05/14/2008

Run Time: 10:32:55 AM

Organization Name: State of Iowa/IA Plan
Organization Number/ID: 006734

MBC of Iowa

IA Plan Initial Authorization Services

Date Range: 4/1/2008 - 4/30/2008

Level of Care (Outcome)	Total	FMAP <18	FMAP 18+	FMAP Total	SSI <18	SSI 18+	SSI Total	Dual 0 - 64	Foster Care Adopt	Foster Care Plcmnt	Foster Care Total	PMIC MHI	Unkn Total	DHS Region 1	DHS Region 2	DHS Region 3	DHS Region 4	DHS Region 5	DHS Region Unk
Inpatient - MH	689	107	147	254	42	218	260	15	5	78	83	22	53	62	122	149	76	224	56
Level IV - Med Managed IP - SA	59	7	18	25	0	20	20	1	0	1	1	0	12	5	20	3	0	19	12
Subacute	37	5	8	13	0	11	11	0	1	6	7	3	2	14	4	1	1	14	3
23 Hour Observation	86	17	19	36	5	24	29	2	1	7	8	3	8	2	13	14	27	22	8
Residential	38	10	1	11	6	0	6	0	0	15	15	4	1	21	9	3	0	3	2
Level III.7 - Med Monitored - SA	35	5	11	16	0	15	15	0	0	1	1	0	3	3	13	2	0	14	3
Level III.5/III.3 - Pri. Ext. Residential - SA	120	12	44	56	2	36	38	4	0	16	16	3	3	22	17	21	8	49	3
PMIC	8	1	0	1	0	0	0	0	0	1	1	5	1	5	0	1	1	0	1
Respite	6	0	2	2	1	3	4	0	0	0	0	0	0	0	1	0	3	2	0
Partial Hospitalization	71	32	11	43	3	9	12	2	3	6	9	1	4	3	2	40	15	7	4
Intensive Outpatient	48	19	7	26	5	9	14	1	1	3	4	3	0	4	3	24	1	16	0
Outpatient	727	122	117	239	59	284	343	37	7	66	73	28	7	71	139	176	90	244	7
Community Support Services	29	0	2	2	1	19	20	6	0	0	0	0	1	6	8	4	0	10	1
Day Treatment	7	0	2	2	0	4	4	1	0	0	0	0	0	0	0	0	0	7	0
ACT/PACT	3	0	0	0	0	2	2	1	0	0	0	0	0	0	0	1	1	1	0
Intensive Psych Rehab	30	0	1	1	1	20	21	5	0	2	2	0	1	2	7	1	5	14	1
Total	1,993	337	390	727	125	674	799	75	18	202	220	72	96	220	358	440	228	646	101

Note: initial authorizations only

Report ID: IAAU01

Run Date: 06/20/2008

Run Time: 3:12:41 PM

Organization Name: State of Iowa/IA Plan
Organization Number/ID: 006734

MBC of Iowa

IA Plan Initial Authorization Services

Date Range: 5/1/2008 - 5/31/2008

Level of Care (Outcome)	Total	FMAP			SSI			Dual	Foster Care			PMIC	Unkn	DHS Region					
		<18	18+	Total	<18	18+	Total	0 - 64	Adopt	Plcmnt	Total	MHI	Total	1	2	3	4	5	Unk
Inpatient - MH	660	94	113	207	58	240	298	24	5	52	57	20	54	73	119	125	87	201	55
Level IV - Med Managed IP - SA	78	4	26	30	2	27	29	2	0	3	3	2	12	9	21	7	7	22	12
Subacute	32	5	2	7	1	9	10	0	0	6	6	7	2	17	5	3	0	5	2
23 Hour Observation	105	17	19	36	8	36	44	1	0	9	9	3	12	3	15	7	28	40	12
Residential	25	2	0	2	4	0	4	0	0	10	10	8	1	12	10	2	0	0	1
Level III.7 - Med Monitored - SA	29	1	8	9	0	13	13	1	0	0	0	0	6	1	9	0	0	13	6
Level III.5/III.3 - Pri. Ext. Residential - SA	116	14	45	59	1	39	40	3	0	10	10	1	3	19	24	13	6	51	3
PMIC	12	1	0	1	0	0	0	0	0	2	2	7	2	7	1	1	1	0	2
Respite	8	1	0	1	1	4	5	2	0	0	0	0	0	1	4	0	2	1	0
Partial Hospitalization	62	22	9	31	4	13	17	1	3	5	8	4	1	3	1	38	10	9	1
Intensive Outpatient	57	20	9	29	5	13	18	2	1	4	5	1	2	10	7	17	2	19	2
Outpatient	639	124	103	227	51	246	297	38	5	54	59	10	8	59	117	147	74	233	9
Community Support Services	26	0	1	1	0	20	20	4	0	0	0	0	1	5	2	0	6	11	2
Day Treatment	8	0	1	1	0	5	5	2	0	0	0	0	0	0	0	0	0	8	0
ACT/PACT	5	0	0	0	0	3	3	1	0	0	0	0	1	0	0	2	0	2	1
Intensive Psych Rehab	31	0	0	0	1	21	22	8	0	0	0	1	0	4	10	2	1	14	0
Total	1,893	305	336	641	136	689	825	89	14	155	169	64	105	223	345	364	224	629	108

Report ID: IAAU01

Run Date: 07/15/2008

Run Time: 8:45:46 AM

Organization Name: State of Iowa/IA Plan
Organization Number/ID: 006734

MBC of Iowa

IA Plan Initial Authorization Services

Date Range: 6/1/2008 - 6/30/2008

Level of Care (Outcome)	Total	FMAP			SSI			Dual	Foster Care			PMIC	Unkn	DHS Region					
		<18	18+	Total	<18	18+	Total	0 - 64	Adopt	Plcmnt	Total	MHI	Total	1	2	3	4	5	Unk
Inpatient - MH	595	79	130	209	39	215	254	12	4	46	50	13	57	53	108	116	63	196	59
Level IV - Med Managed IP - SA	63	5	21	26	1	21	22	0	0	1	1	0	14	10	13	10	1	15	14
Subacute	29	6	5	11	0	11	11	0	0	2	2	2	3	6	5	0	2	13	3
23 Hour Observation	89	15	17	32	7	28	35	4	0	8	8	4	6	5	17	12	17	32	6
Residential	22	7	0	7	8	0	8	0	0	4	4	3	0	7	12	0	1	2	0
Level III.7 - Med Monitored - SA	41	3	14	17	0	17	17	2	0	1	1	0	4	4	10	1	1	21	4
Level III.5/III.3 - Pri. Ext. Residential - SA	101	7	53	60	1	23	24	5	0	8	8	0	4	20	12	17	6	42	4
PMIC	15	2	0	2	0	0	0	0	0	3	3	7	3	4	2	1	3	1	4
Respite	3	0	0	0	0	0	0	2	0	0	0	0	1	0	0	0	0	2	1
Partial Hospitalization	45	7	10	17	10	7	17	0	1	5	6	4	1	8	0	23	11	2	1
Intensive Outpatient	35	7	11	18	0	10	10	1	0	2	2	4	0	5	7	9	2	12	0
Outpatient	521	67	95	162	33	226	259	35	2	41	43	16	6	61	95	103	68	186	8
Community Support Services	15	0	2	2	0	8	8	4	0	0	0	0	1	1	3	1	5	4	1
Day Treatment	6	0	1	1	0	3	3	2	0	0	0	0	0	1	0	0	0	5	0
ACT/PACT	10	1	0	1	0	5	5	2	0	0	0	0	2	1	0	2	3	2	2
Intensive Psych Rehab	50	1	2	3	2	33	35	8	0	4	4	0	0	16	9	1	8	16	0
Total	1,640	207	361	568	101	607	708	77	7	125	132	53	102	202	293	296	191	551	107

Reporting Classification: Authorization

IAAU03 – Service Redirections

Purpose: *To identify the number of individuals who have been redirected to alternative levels of care (outcomes) based on a level of care assessment. Additionally, this reports will allow monitoring of the number of individuals for whom no care was authorized.*

Displayed information: *The number of individuals who have made requests at each level of care (outcome) and the corresponding level of care (outcome) authorized. (The intent is develop a matrix report).*

Report ID: IAAU03
Run Date: 05/14/2008
Run Time: 10:39:23 AM

Organization Name: State of Iowa/IA Plan
Organization Number/ID: 006734

MBC of Iowa

IA Plan Service Redirections

Date: 4/1/2008 - 4/30/2008

Requested Level of Care		Total Requested	Inpatient MH	Level IV Inpatient SA	Sub acute	23 Hour Observ.	Residen-tial	Level III.7 - Med Mon - SA	Level III.5/III.3	PMIC	Respite	Home Based Care	Partial Hosp	IOP	Outpatient	Community Support Services	Day Treatment	ACT/ PACT	Intensive Psych Rehab	None
Inpatient - MH		879	688	3	29	63	15	0	3	0	3	0	5	4	66	0	0	0	0	0
	%	100.0%	78.3%	0.3%	3.3%	7.2%	1.7%	0.0%	0.3%	0.0%	0.3%	0.0%	0.6%	0.5%	7.5%	0.0%	0.0%	0.0%	0.0%	0.0%
Level IV - Med Managed IP - SA		72	1	56	0	1	1	11	0	0	0	0	0	2	0	0	0	0	0	0
	%	100.0%	1.4%	77.8%	0.0%	1.4%	1.4%	15.3%	0.0%	0.0%	0.0%	0.0%	0.0%	2.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Subacute		17	0	0	8	0	9	0	0	0	0	0	0	0	0	0	0	0	0	0
	%	100.0%	0.0%	0.0%	47.1%	0.0%	52.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
23 Hour Observation		23	0	0	0	22	0	0	0	0	0	0	0	0	1	0	0	0	0	0
	%	100.0%	0.0%	0.0%	0.0%	95.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.3%	0.0%	0.0%	0.0%	0.0%	0.0%
Residential		17	0	0	0	0	13	0	0	0	0	0	0	0	4	0	0	0	0	0
	%	100.0%	0.0%	0.0%	0.0%	0.0%	76.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	23.5%	0.0%	0.0%	0.0%	0.0%	0.0%
Level III.7 - Med Monitored - SA		27	0	0	0	0	0	24	3	0	0	0	0	0	0	0	0	0	0	0
	%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	88.9%	11.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Level III.5/III.3 - Pri. Ext. Residential - SA		120	0	0	0	0	0	0	114	1	0	0	0	2	3	0	0	0	0	0
	%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	95.0%	0.8%	0.0%	0.0%	0.0%	1.7%	2.5%	0.0%	0.0%	0.0%	0.0%	0.0%
PMIC		10	0	0	0	0	0	0	0	7	0	0	0	0	3	0	0	0	0	0
	%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	70.0%	0.0%	0.0%	0.0%	0.0%	30.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Respite		3	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0
	%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Partial Hospitalization		71	0	0	0	0	0	0	0	0	0	0	66	1	4	0	0	0	0	0
	%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	93.0%	1.4%	5.6%	0.0%	0.0%	0.0%	0.0%	0.0%
Intensive Outpatient		39	0	0	0	0	0	0	0	0	0	0	0	39	0	0	0	0	0	0
	%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Outpatient		646	0	0	0	0	0	0	0	0	0	0	0	0	646	0	0	0	0	0
	%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Community Support Services		29	0	0	0	0	0	0	0	0	0	0	0	0	0	29	0	0	0	0
	%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%
Day Treatment		7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7	0	0	0
	%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%
ACT/PACT		3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0
	%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Intensive Psych Rehab		30	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	30	0
	%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%
All Levels (Outcomes)		1,993	689	59	37	86	38	35	120	8	6	0	71	48	727	29	7	3	30	0
	%	100.0%	34.6%	3.0%	1.9%	4.3%	1.9%	1.8%	6.0%	0.4%	0.3%	0.0%	3.6%	2.4%	36.5%	1.5%	0.4%	0.2%	1.5%	0.0%

Note: initial requests only

Report ID: IAAU03
Run Date: 06/20/2008
Run Time: 3:14:04 PM

Organization Name: State of Iowa/IA Plan
Organization Number/ID: 006734

MBC of Iowa

IA Plan Service Redirections

Date: 5/1/2008 - 5/31/2008

Requested Level of Care		Total Requested	Inpatient MH	Level IV Inpatient SA	Sub acute	23 Hour Observ.	Residen-tial	Level III.7 - Med Mon - SA	Level III.5/III.3	PMIC	Respite	Home Based Care	Partial Hosp	IOP	Outpatient	Community Support Services	Day Treatment	ACT/ PACT	Intensive Psych Rehab	None
Inpatient - MH		865	660	6	24	89	13	1	4	0	1	0	6	2	59	0	0	0	0	0
	%	100.0%	76.3%	0.7%	2.8%	10.3%	1.5%	0.1%	0.5%	0.0%	0.1%	0.0%	0.7%	0.2%	6.8%	0.0%	0.0%	0.0%	0.0%	0.0%
Level IV - Med Managed IP - SA		81	0	72	0	1	0	6	1	0	0	0	0	0	1	0	0	0	0	0
	%	100.0%	0.0%	88.9%	0.0%	1.2%	0.0%	7.4%	1.2%	0.0%	0.0%	0.0%	0.0%	0.0%	1.2%	0.0%	0.0%	0.0%	0.0%	0.0%
Subacute		14	0	0	8	0	5	0	0	0	0	0	0	1	0	0	0	0	0	0
	%	100.0%	0.0%	0.0%	57.1%	0.0%	35.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	7.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
23 Hour Observation		19	0	0	0	15	0	0	0	1	0	0	0	0	3	0	0	0	0	0
	%	100.0%	0.0%	0.0%	0.0%	78.9%	0.0%	0.0%	0.0%	5.3%	0.0%	0.0%	0.0%	0.0%	15.8%	0.0%	0.0%	0.0%	0.0%	0.0%
Residential		13	0	0	0	0	7	0	0	0	0	0	0	0	6	0	0	0	0	0
	%	100.0%	0.0%	0.0%	0.0%	0.0%	53.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	46.2%	0.0%	0.0%	0.0%	0.0%	0.0%
Level III.7 - Med Monitored - SA		25	0	0	0	0	0	22	3	0	0	0	0	0	0	0	0	0	0	0
	%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	88.0%	12.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Level III.5/III.3 - Pri. Ext. Residential - SA		116	0	0	0	0	0	0	107	0	0	0	0	7	2	0	0	0	0	0
	%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	92.2%	0.0%	0.0%	0.0%	0.0%	6.0%	1.7%	0.0%	0.0%	0.0%	0.0%	0.0%
PMIC		12	0	0	0	0	0	0	1	11	0	0	0	0	0	0	0	0	0	0
	%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	8.3%	91.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Respite		7	0	0	0	0	0	0	0	0	7	0	0	0	0	0	0	0	0	0
	%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Partial Hospitalization		58	0	0	0	0	0	0	0	0	0	0	56	2	0	0	0	0	0	0
	%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	96.6%	3.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Intensive Outpatient		44	0	0	0	0	0	0	0	0	0	0	0	44	0	0	0	0	0	0
	%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Outpatient		567	0	0	0	0	0	0	0	0	0	0	0	0	567	0	0	0	0	0
	%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Community Support Services		27	0	0	0	0	0	0	0	0	0	0	0	0	1	26	0	0	0	0
	%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.7%	96.3%	0.0%	0.0%	0.0%	0.0%
Day Treatment		9	0	0	0	0	0	0	0	0	0	0	0	1	0	0	8	0	0	0
	%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	11.1%	0.0%	0.0%	88.9%	0.0%	0.0%	0.0%
ACT/PACT		5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0	0
	%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Intensive Psych Rehab		31	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	31	0
	%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%
All Levels (Outcomes)		1,893	660	78	32	105	25	29	116	12	8	0	62	57	639	26	8	5	31	0
	%	100.0%	34.9%	4.1%	1.7%	5.5%	1.3%	1.5%	6.1%	0.6%	0.4%	0.0%	3.3%	3.0%	33.8%	1.4%	0.4%	0.3%	1.6%	0.0%

Report ID: IAAU03
Run Date: 07/14/2008
Run Time: 11:13:15 AM

Organization Name: State of Iowa/IA Plan
Organization Number/ID: 006734

MBC of Iowa

IA Plan Service Redirections

Date: 6/1/2008 - 6/30/2008

Requested Level of Care		Total Requested	Inpatient MH	Level IV Inpatient SA	Sub acute	23 Hour Observ.	Residen-tial	Level III.7 - Med Mon - SA	Level III.5/III.3	PMIC	Respite	Home Based Care	Partial Hosp	IOP	Outpatient	Community Support Services	Day Treatment	ACT/ PACT	Intensive Psych Rehab	None
Inpatient - MH		760	593	6	19	67	10	1	1	4	0	0	5	5	49	0	0	0	0	0
	%	100.0%	78.0%	0.8%	2.5%	8.8%	1.3%	0.1%	0.1%	0.5%	0.0%	0.0%	0.7%	0.7%	6.4%	0.0%	0.0%	0.0%	0.0%	0.0%
Level IV - Med Managed IP - SA		75	1	57	0	1	0	11	4	0	0	0	0	0	1	0	0	0	0	0
	%	100.0%	1.3%	76.0%	0.0%	1.3%	0.0%	14.7%	5.3%	0.0%	0.0%	0.0%	0.0%	0.0%	1.3%	0.0%	0.0%	0.0%	0.0%	0.0%
Subacute		12	0	0	10	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0
	%	100.0%	0.0%	0.0%	83.3%	0.0%	16.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
23 Hour Observation		23	1	0	0	21	0	0	0	0	0	0	0	0	1	0	0	0	0	0
	%	100.0%	4.3%	0.0%	0.0%	91.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.3%	0.0%	0.0%	0.0%	0.0%	0.0%
Residential		11	0	0	0	0	10	0	0	0	0	0	0	0	1	0	0	0	0	0
	%	100.0%	0.0%	0.0%	0.0%	0.0%	90.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	9.1%	0.0%	0.0%	0.0%	0.0%	0.0%
Level III.7 - Med Monitored - SA		34	0	0	0	0	0	29	5	0	0	0	0	0	0	0	0	0	0	0
	%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	85.3%	14.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Level III.5/III.3 - Pri. Ext. Residential - SA		96	0	0	0	0	0	0	90	0	0	0	1	3	1	0	0	0	0	0
	%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	93.8%	0.0%	0.0%	0.0%	1.0%	3.1%	1.0%	0.0%	0.0%	0.0%	0.0%	0.0%
PMIC		11	0	0	0	0	0	0	0	11	0	0	0	0	0	0	0	0	0	0
	%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Respite		3	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0
	%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Partial Hospitalization		45	0	0	0	0	0	0	1	0	0	0	39	3	2	0	0	0	0	0
	%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.2%	0.0%	0.0%	0.0%	86.7%	6.7%	4.4%	0.0%	0.0%	0.0%	0.0%	0.0%
Intensive Outpatient		25	0	0	0	0	0	0	0	0	0	0	0	23	1	0	1	0	0	0
	%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	92.0%	4.0%	0.0%	4.0%	0.0%	0.0%	0.0%
Outpatient		465	0	0	0	0	0	0	0	0	0	0	0	0	459	0	0	0	0	0
	%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	98.7%	0.0%	0.0%	0.0%	0.0%	0.0%
Community Support Services		15	0	0	0	0	0	0	0	0	0	0	0	0	0	15	0	0	0	0
	%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%
Day Treatment		5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0	0	0
	%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%
ACT/PACT		10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10	0	0
	%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Intensive Psych Rehab		50	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	50	0
	%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%
All Levels (Outcomes)		1,640	595	63	29	89	22	41	101	15	3	0	45	34	515	15	6	10	50	0
	%	100.0%	36.3%	3.8%	1.8%	5.4%	1.3%	2.5%	6.2%	0.9%	0.2%	0.0%	2.7%	2.1%	31.4%	0.9%	0.4%	0.6%	3.0%	0.0%

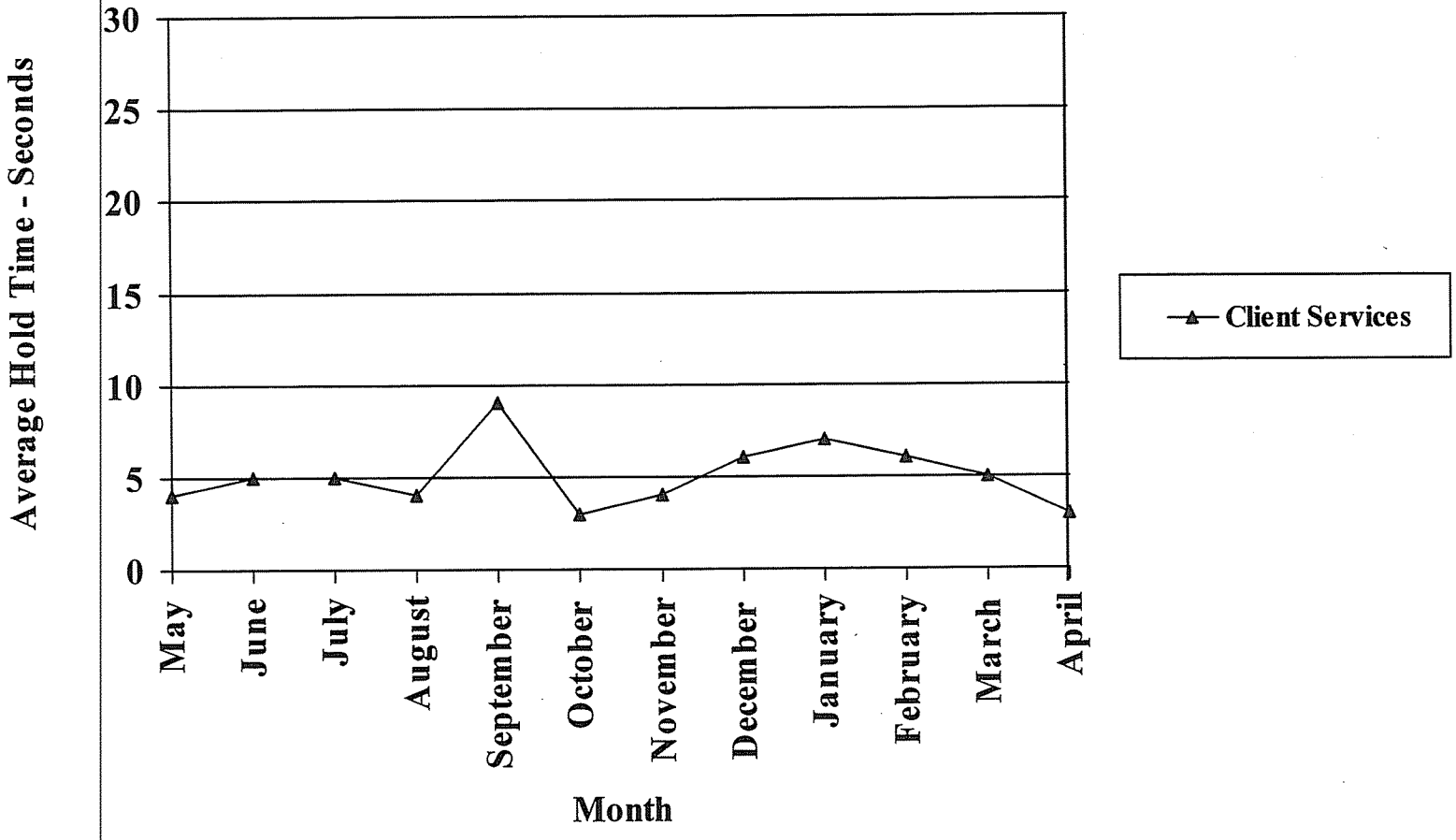
Note: initial requests only

Reporting Classification: Customer Service Reports

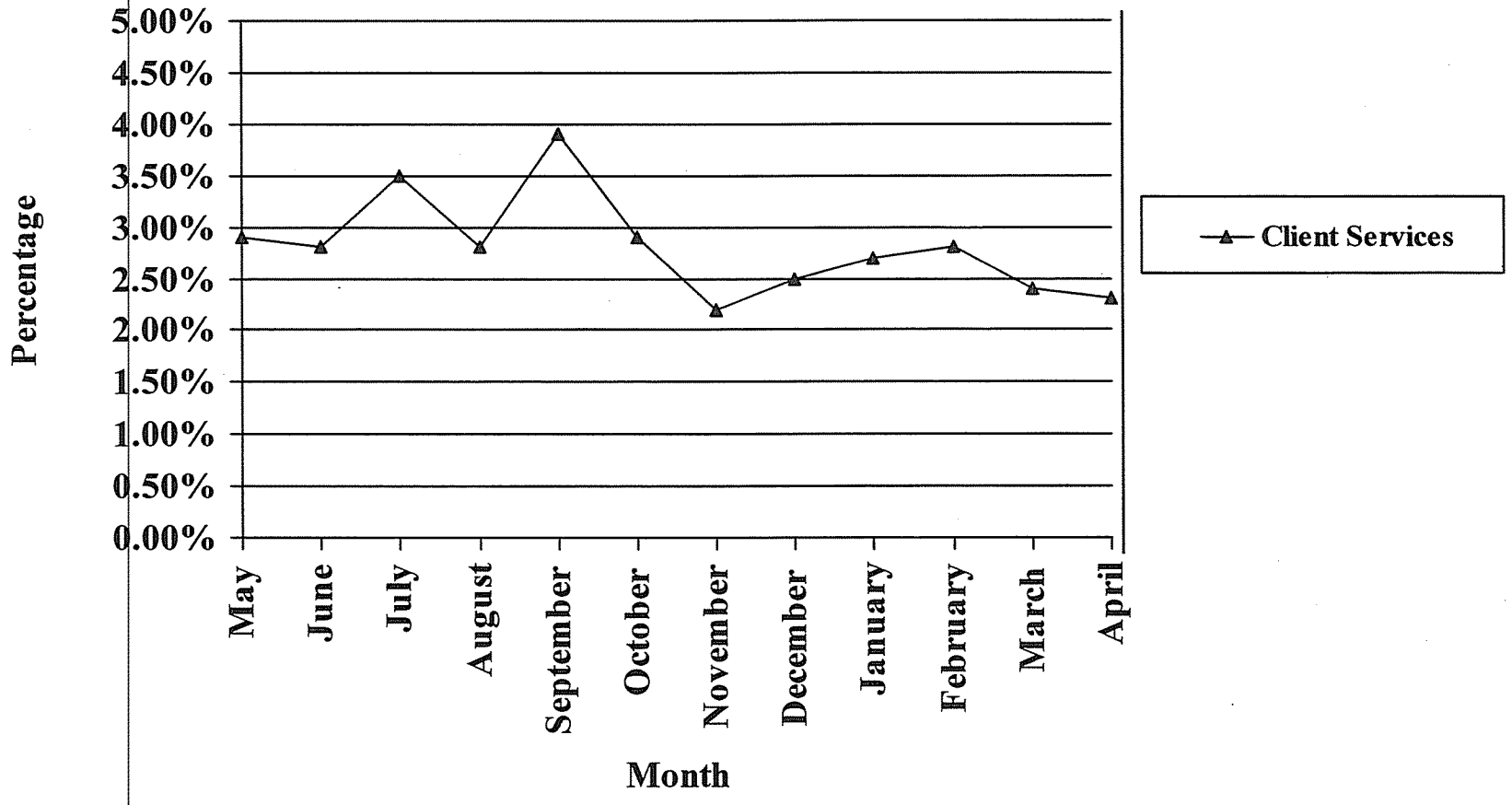
IACS04 – Telephone Responsiveness

Reports:	Average Hold Time Abandoned Call Percentage
Purpose:	To reflect the telephone responsiveness through average hold time and abandoned calls.
Displayed Information:	Client Services 1. The average hold time by month for the following operational departments: 2. The abandoned call percentages by month for the following operational departments:

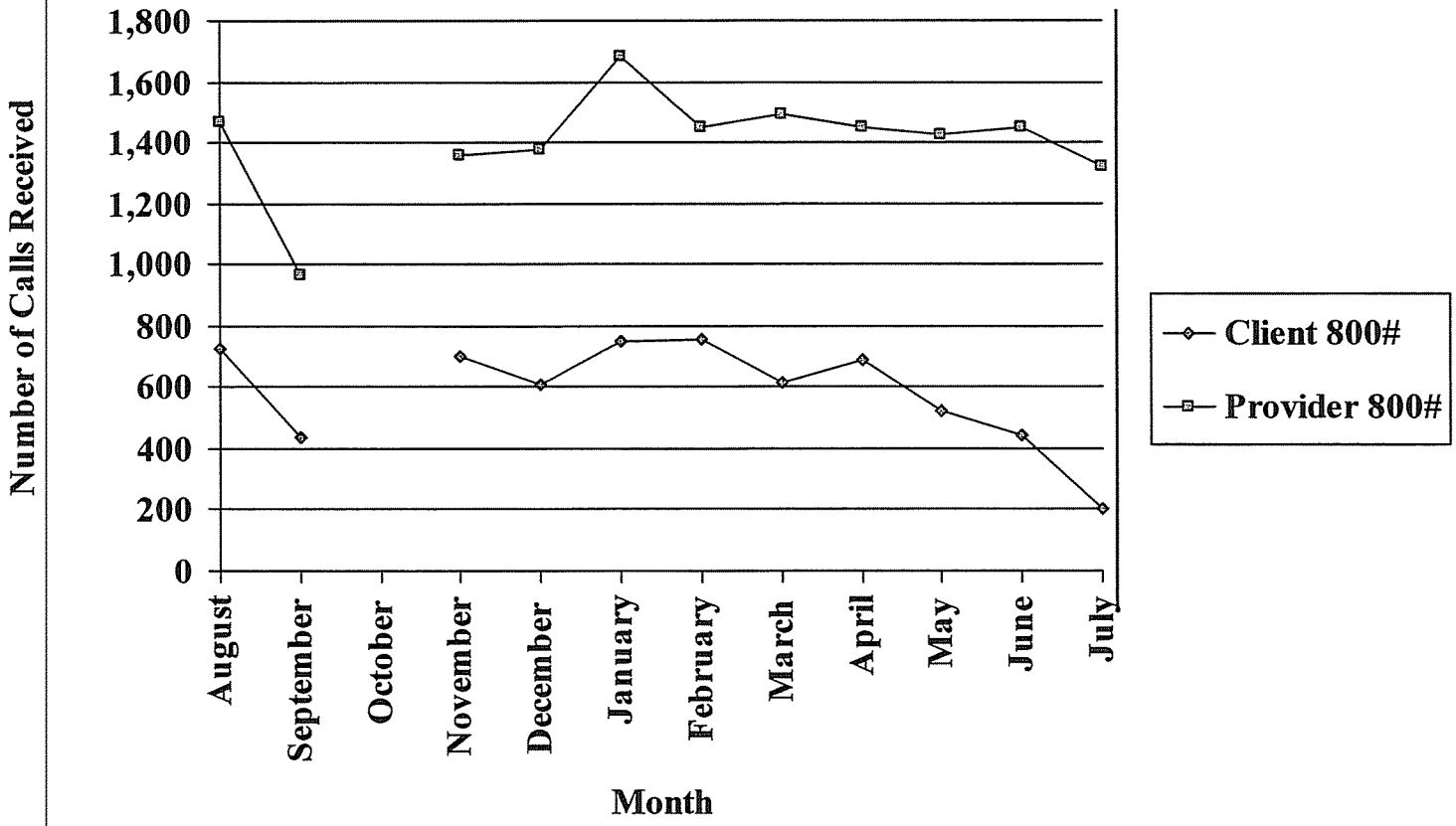
MBC of Iowa
IA Plan Telephone Responsiveness
Average Hold Time



MBC of Iowa
IA Plan Telephone Responsiveness
Abandoned Call Percentage



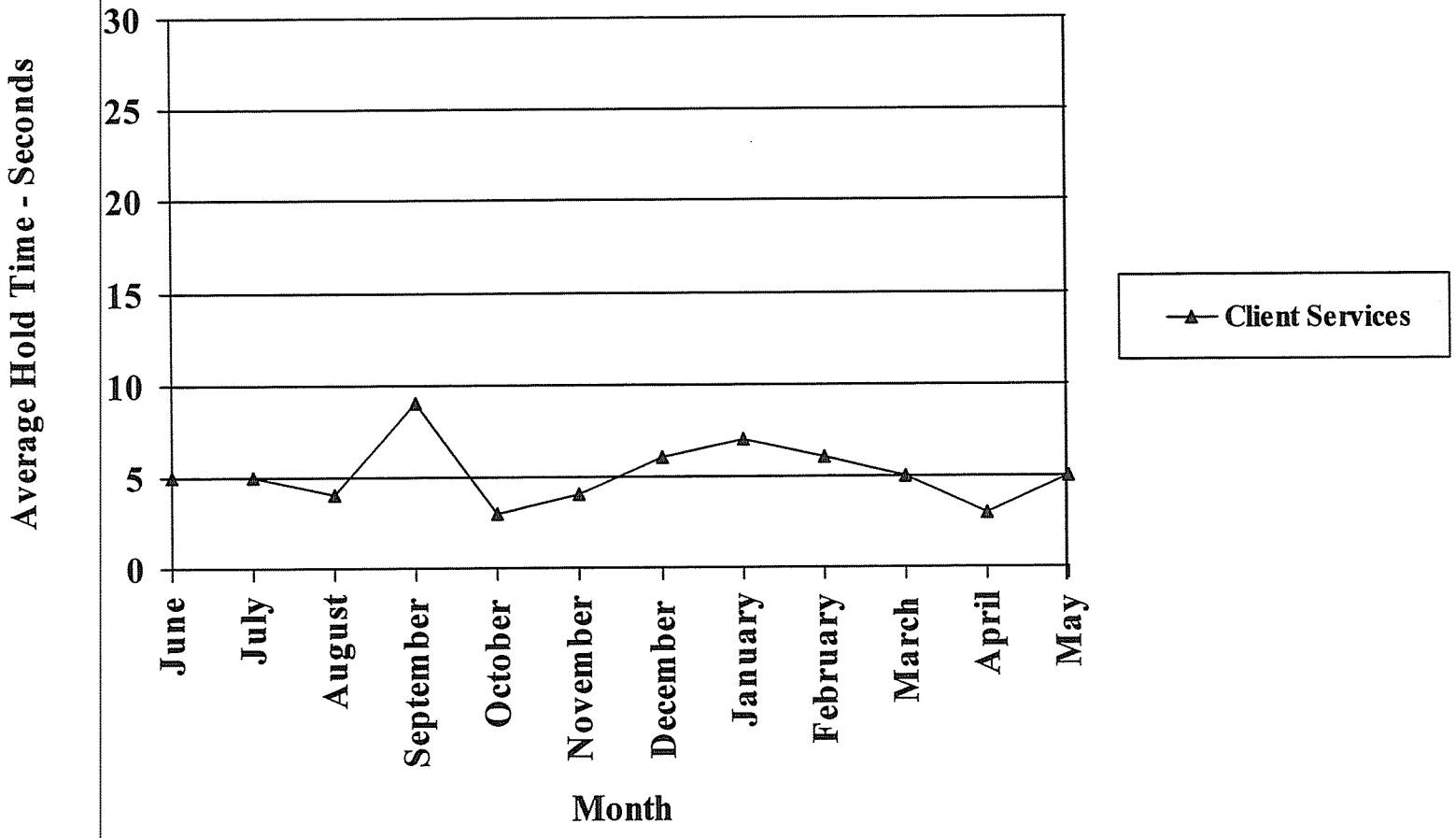
MBC of Iowa
IA Plan Telephone Responsiveness
Client and Provider "800" Calls Received



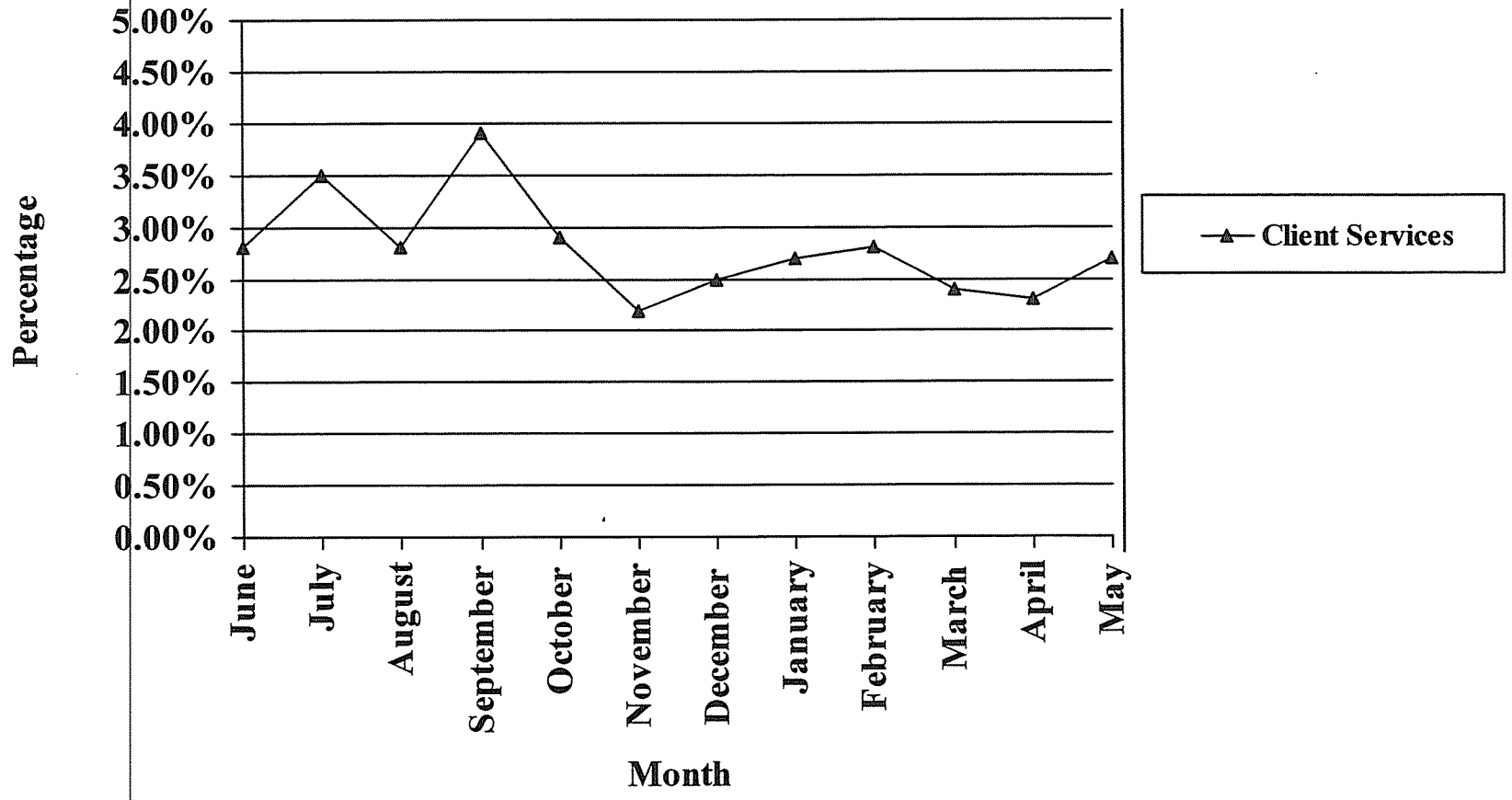
Note: Data reflected represents all incoming calls.

Telephone reporting system problem resulted in limited data for September and no data for October.

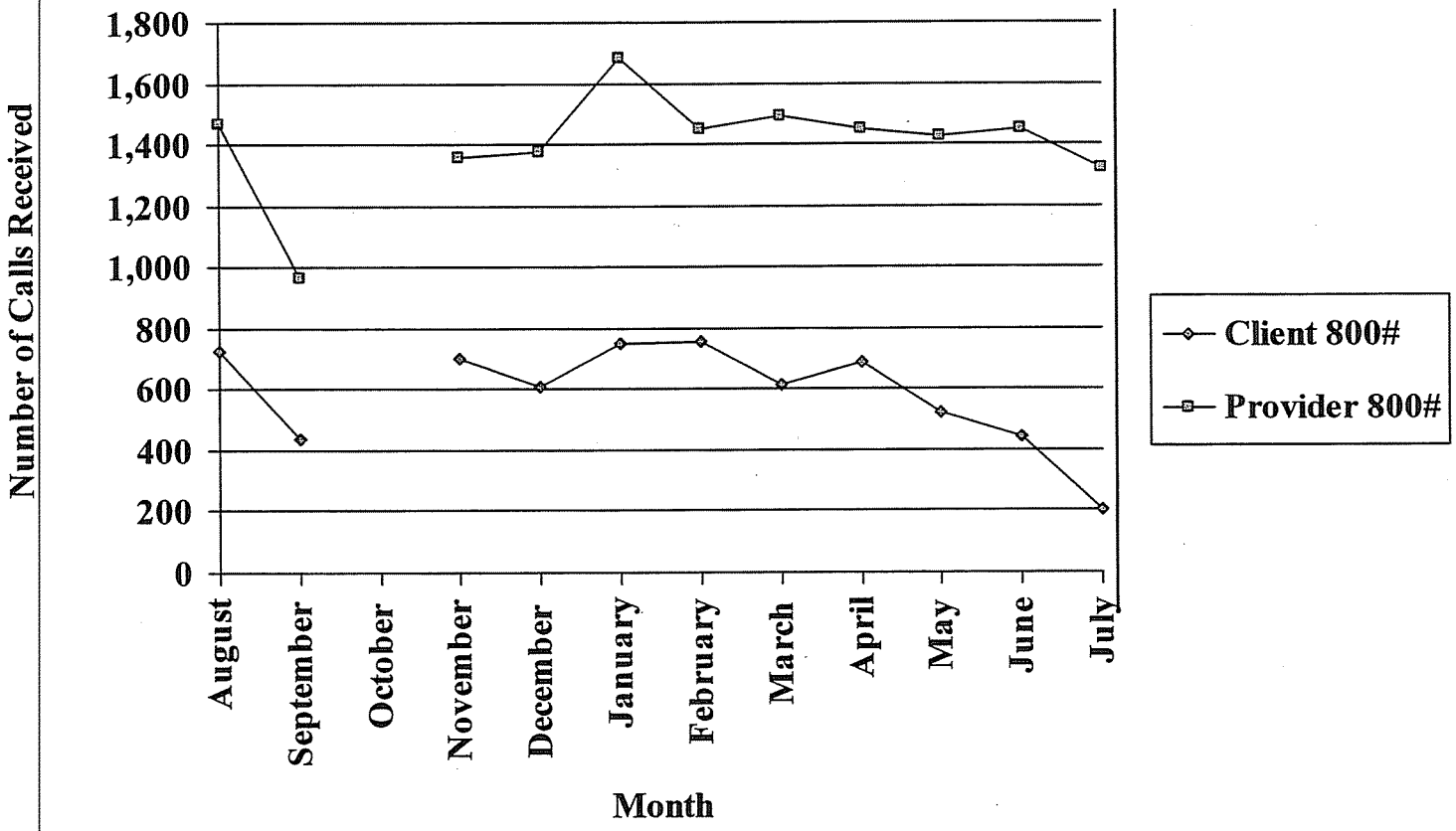
MBC of Iowa
IA Plan Telephone Responsiveness
Average Hold Time



MBC of Iowa
IA Plan Telephone Responsiveness
Abandoned Call Percentage



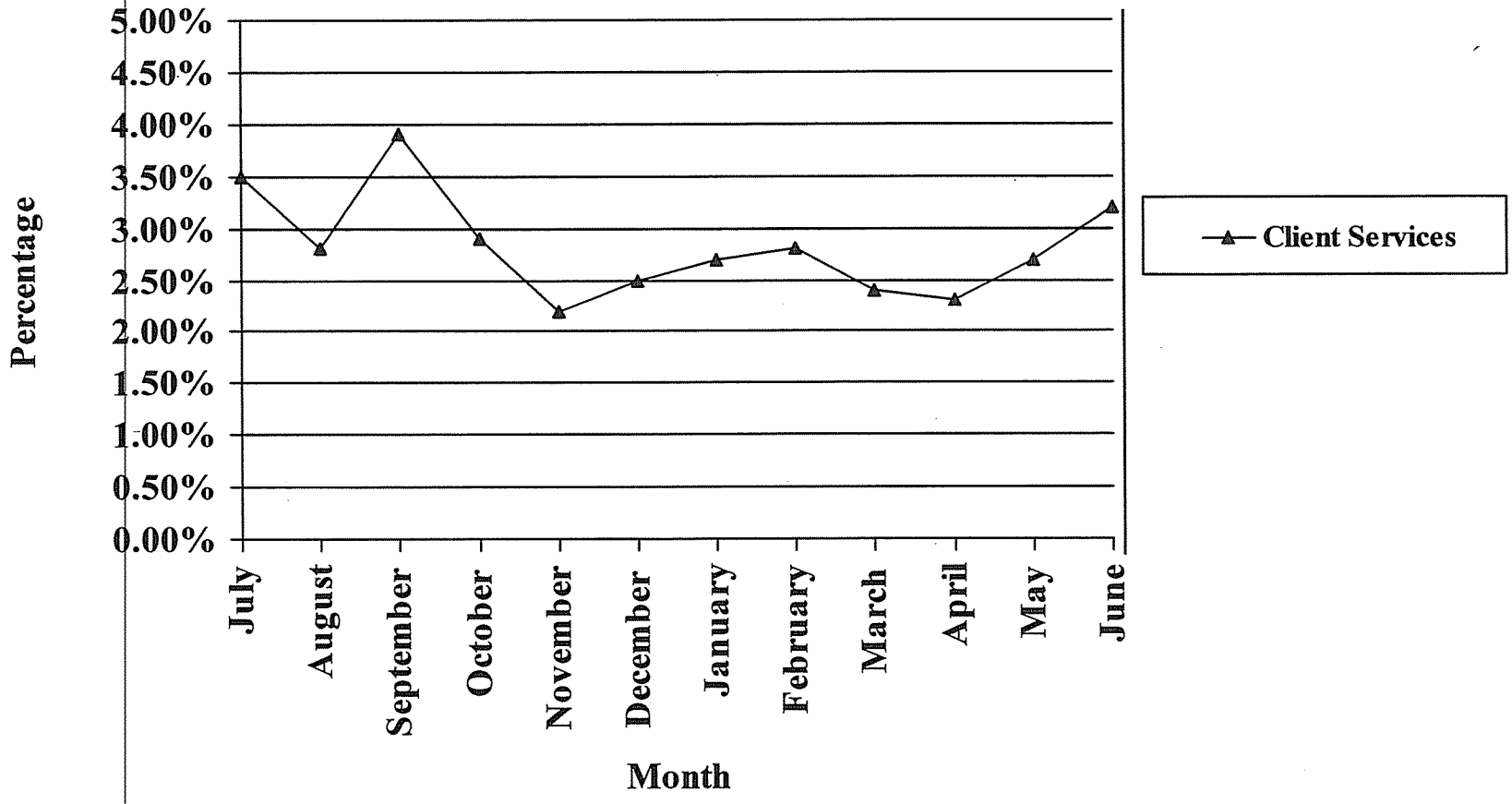
MBC of Iowa
IA Plan Telephone Responsiveness
Client and Provider "800" Calls Received



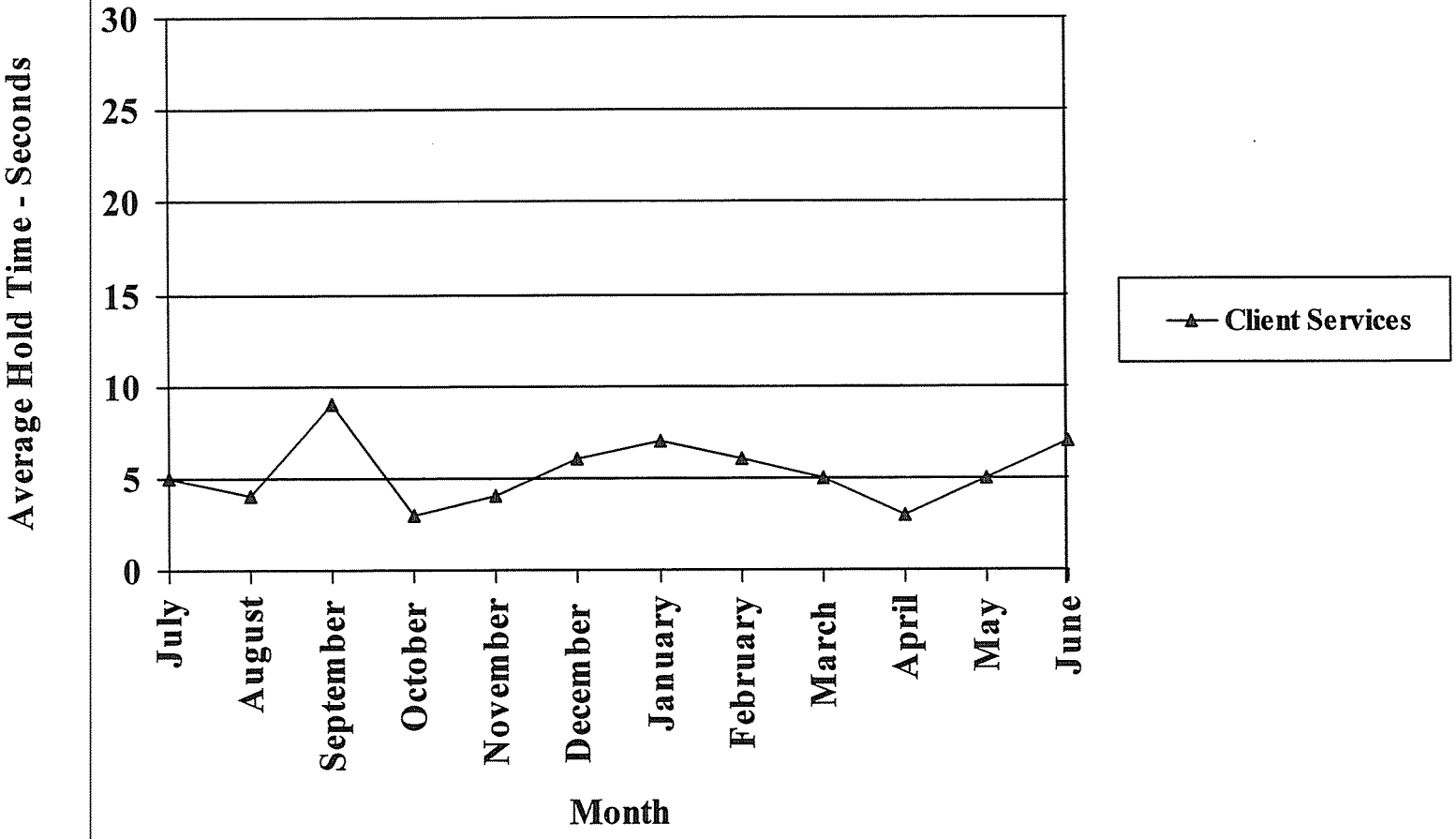
Note: Data reflected represents all incoming calls.

Telephone reporting system problem resulted in limited data for September and no data for October.

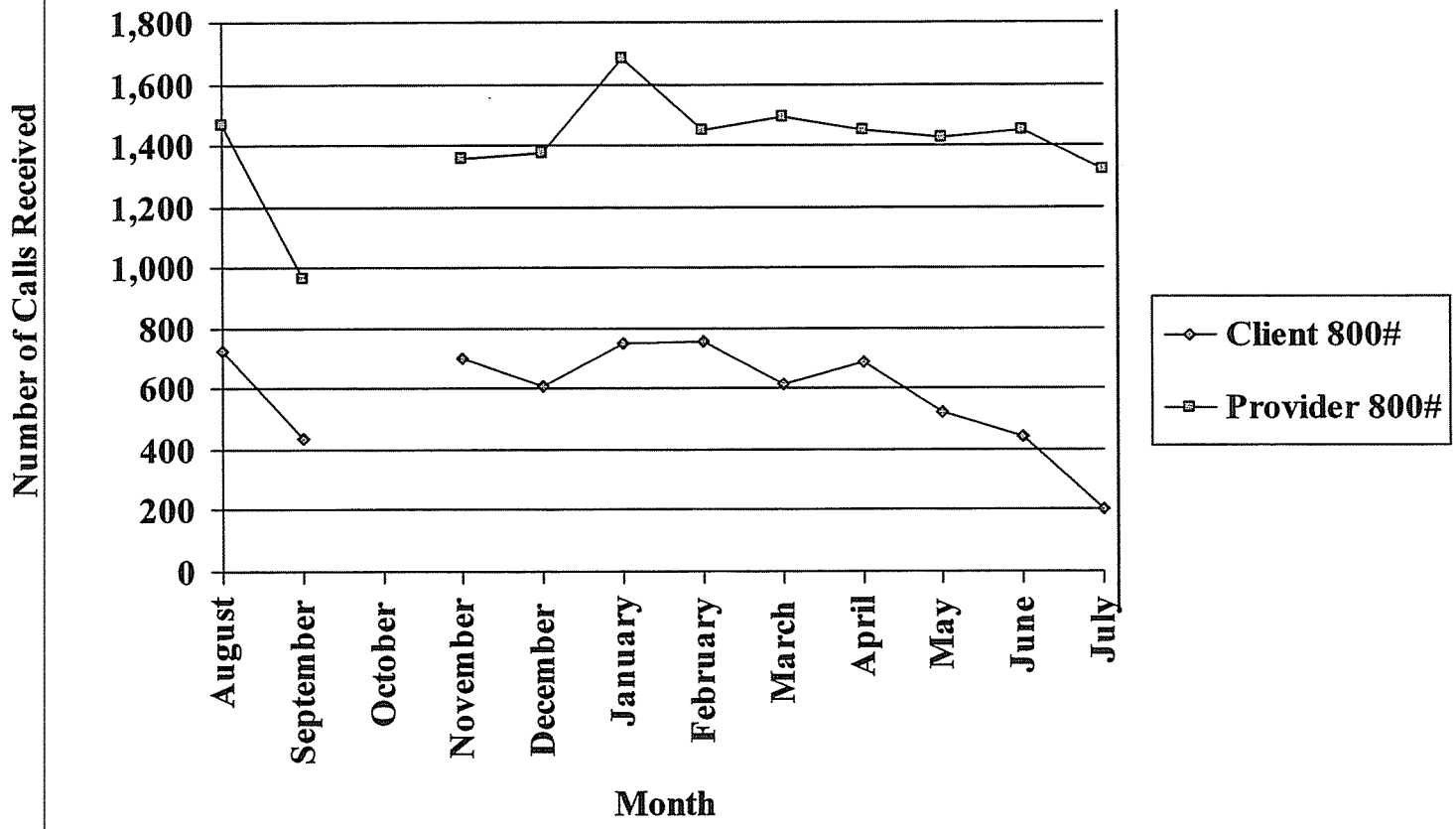
MBC of Iowa
IA Plan Telephone Responsiveness
Abandoned Call Percentage



MBC of Iowa
IA Plan Telephone Responsiveness
Average Hold Time



MBC of Iowa
IA Plan Telephone Responsiveness
Client and Provider "800" Calls Received



Note: Data reflected represents all incoming calls.

Telephone reporting system problem resulted in limited data for September and no data for October.

Claims Paid by Quarter
by Level of Care

All	IA Plan Jul 06 - Sep 06		IA Plan Oct 06 - Dec 06		IA Plan Jan 07 - Mar 07		IA Plan Apr 07 - Jun 07		IA Plan Jul 07 - Sep 07		IA Plan Oct 07 - Dec 07		IA Plan Jan 08 - Mar 08		IA Plan Apr 08 - Jun 08	
	1st QTR-07	1st QTR-07	2nd QTR-07	2nd QTR-07	3rd QTR-07	3rd QTR-07	4th QTR-07	4th QTR-07	1st QTR-08	1st QTR-08	2nd QTR-08	2nd QTR-08	3rd QTR-08	3rd QTR-08	4th QTR-08	4th QTR-08
Traditional	%Trad/Alt	%All	%Trad/Alt	%All	%Trad/Alt	%All	%Trad/Alt	%All	%Trad/Alt	%All	%Trad/Alt	%All	%Trad/Alt	%All	%Trad/Alt	%All
Clozapine	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Community Support Services	0.03%	0.03%	0.02%	0.02%	0.04%	0.04%	0.03%	0.02%	0.02%	0.02%	0.02%	0.02%	0.03%	0.02%	0.02%	0.02%
Day Treat	0.91%	0.76%	0.84%	0.71%	0.77%	0.65%	0.85%	0.74%	0.19%	0.16%	0.33%	0.28%	0.22%	0.18%	0.14%	0.12%
Em. Trans.	1.49%	1.25%	1.53%	1.30%	1.47%	1.24%	1.35%	1.17%	1.05%	0.90%	1.37%	1.16%	0.69%	0.57%	0.41%	0.35%
Halfway House	0.00%	0.00%	0.01%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Home Psych Nursing	1.61%	1.34%	1.54%	1.31%	1.77%	1.49%	1.39%	1.21%	1.41%	1.21%	1.70%	1.44%	1.92%	1.52%	1.56%	1.32%
Inpatient	29.80%	24.85%	26.33%	22.44%	28.60%	24.05%	29.88%	26.00%	42.60%	36.66%	33.77%	28.68%	34.61%	28.72%	34.29%	29.04%
Medically Monitored Residential	0.02%	0.01%	0.01%	0.01%	0.03%	0.02%	0.01%	0.01%	0.01%	0.00%	0.01%	0.01%	0.01%	0.01%	0.03%	0.03%
Outpatient	47.05%	39.24%	50.66%	43.18%	49.10%	41.30%	48.30%	42.03%	41.38%	35.61%	46.20%	39.24%	44.58%	36.99%	49.66%	42.06%
Partial Hosp	1.23%	1.03%	1.42%	1.21%	2.16%	1.81%	1.50%	1.31%	1.17%	1.01%	1.41%	1.19%	1.40%	1.16%	1.40%	1.19%
Pasarr	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
PMIC*	0.02%	0.02%	0.03%	0.03%	0.00%	0.00%	0.00%	0.00%	0.03%	0.03%	0.06%	0.05%	0.49%	0.40%	0.08%	0.07%
Primary/Extended Residential	0.03%	0.02%	0.01%	0.01%	0.06%	0.05%	0.12%	0.10%	0.00%	0.00%	0.03%	0.02%	0.00%	0.00%	0.04%	0.04%
TCM	17.81%	14.86%	17.60%	15.00%	15.99%	13.45%	16.57%	14.42%	12.15%	10.45%	15.10%	12.83%	16.05%	13.32%	12.37%	10.48%
Total	100.00%	83.41%	100.00%	85.22%	100.00%	84.10%	100.00%	87.01%	100.00%	86.06%	100.00%	84.93%	100.00%	82.96%	100.00%	84.71%
Alternative																
23 hr.	0.78%	0.13%	0.95%	0.14%	0.52%	0.08%	0.83%	0.11%	0.97%	0.14%	0.71%	0.11%	0.73%	0.12%	0.88%	0.13%
ACT/PACT	28.98%	4.81%	26.22%	3.87%	30.10%	4.79%	28.50%	3.70%	27.58%	3.84%	27.22%	4.10%	24.36%	4.15%	25.66%	3.92%
CSP	29.98%	4.97%	37.16%	5.49%	31.15%	4.95%	35.76%	4.64%	37.40%	5.21%	38.55%	5.81%	40.51%	6.90%	40.20%	6.15%
Field Eval	2.05%	0.34%	1.67%	0.25%	0.72%	0.11%	0.20%	0.03%	0.07%	0.01%	0.08%	0.01%	0.02%	0.00%	0.00%	0.00%
Group Home	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Home based	0.66%	0.11%	0.84%	0.12%	0.85%	0.13%	0.88%	0.11%	0.24%	0.03%	0.44%	0.07%	1.09%	0.19%	1.01%	15.00%
IOP	5.44%	0.90%	4.91%	0.72%	4.92%	0.78%	4.98%	0.65%	3.80%	0.53%	3.30%	0.50%	2.86%	0.49%	2.83%	0.43%
Intensive Psych Rehab**	18.84%	3.13%	18.51%	2.74%	19.21%	3.05%	21.64%	2.81%	19.78%	2.76%	20.13%	3.03%	18.85%	3.21%	19.79%	3.03%
Mobile Crisis	0.42%	0.07%	0.30%	0.04%	0.90%	0.14%	0.52%	0.07%	0.72%	0.10%	0.14%	0.02%	0.28%	0.05%	0.57%	0.09%
Non-em. Transp.	0.01%	0.00%	0.03%	0.00%	0.01%	0.00%	0.01%	0.00%	0.01%	0.00%	0.05%	0.01%	0.01%	0.00%	0.02%	0.00%
Residential	3.78%	0.63%	3.21%	0.47%	5.09%	0.81%	2.62%	0.34%	5.51%	0.77%	3.70%	0.56%	3.52%	0.60%	5.45%	0.83%
Respite	0.29%	0.05%	0.07%	0.01%	0.18%	0.03%	0.14%	0.02%	0.05%	0.01%	0.03%	0.00%	0.26%	0.04%	0.28%	0.04%
Subacute	8.74%	1.45%	6.13%	0.91%	6.36%	1.01%	3.92%	0.51%	3.87%	0.54%	5.64%	0.85%	7.51%	1.28%	3.32%	0.51%
Total	100.00%	16.59%	100.00%	14.78%	100.00%	15.90%	100.00%	12.99%	100.00%	13.94%	100.00%	15.07%	100.00%	17.04%	100.00%	15.29%

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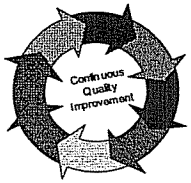
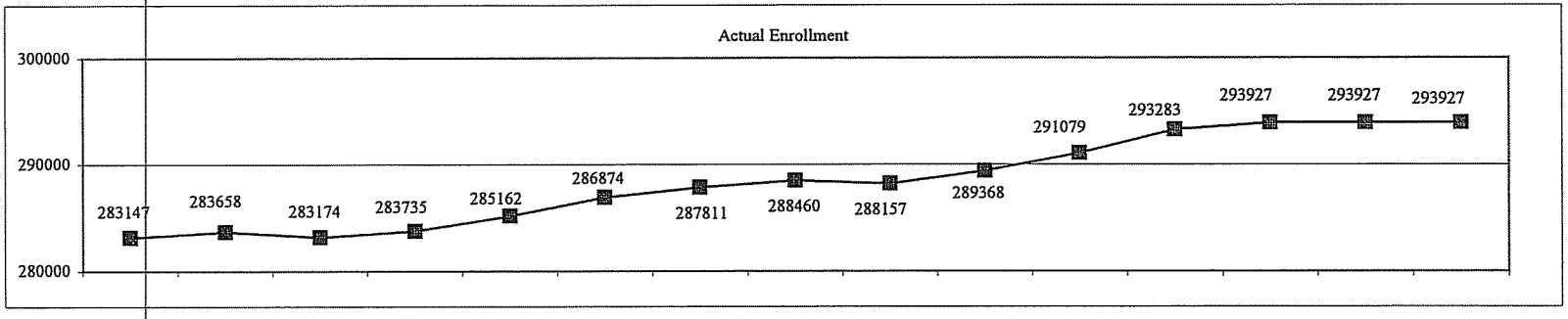


June 2008

Measure	Definition	Goal	Data Source	Reporting Interval	Responsible Subcommittee
COVERED LIVES					
Membership	Total of all Medicaid enrolled clients:	N/A	- Budgeted: IUR - Actual: report named iaplancaprec.xls - cap payments	Monthly	Member Services
Time Frame: 6/1/08 - 6/30/08 Actual: April 2008 - 293,927					



Actual Enrollment has a two month lag. Most recent two months are estimates.

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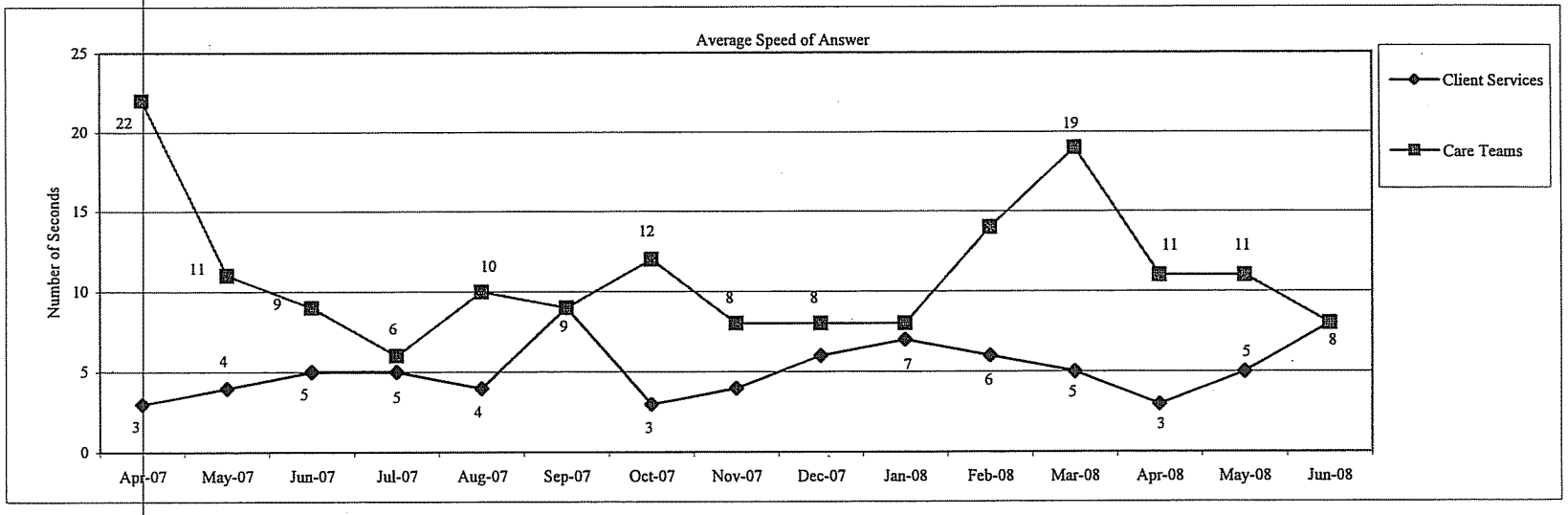
Measure	Definition	Goal	Data Source	Reporting Interval	Responsible Subcommittee
ACCESS AND AVAILABILITY					
Timeliness of Telephone Access	**Average Speed of Answer (ASA):** For all calls answered, this is the average number of seconds that a caller waited to be answered, for the reporting period. **Numerator:** The number of seconds between first ring and live answer; **Denominator:** The number of calls answered during the reporting month. - Includes all clients who call the Iowa Plan client number	CSA <= 30 seconds CM <= 60 seconds	- Care Teams: report ID IACS04 - Client Services: report ID IACS04	Monthly	Member Services

Time Frame: 6/1/08 - 6/30/08
Client Services: 8 seconds
Care Teams: 8 seconds



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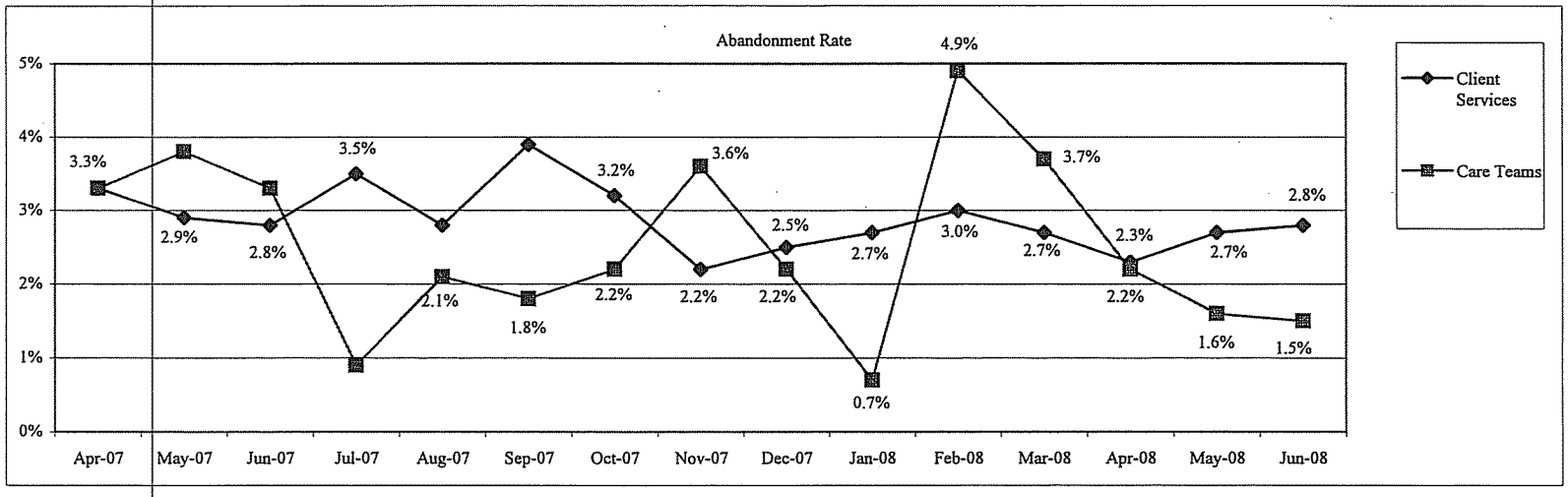
Measure	Definition	Goal	Data Source	Reporting Interval	Responsible Subcommittee
Call Abandonment	**Call Abandonment Rate (CAR):** Percent of calls that were offered, but the caller elected to hang up before being answered. **Numerator:** Number of incoming calls that are terminated by caller prior to being answered; **Denominator:** Number of incoming calls for the reporting period. - Includes all clients who call the Iowa Plan client number	5% or less – NCQA standard	- Care Teams: report ID IACS04 - Client Services: report ID IACS04	Monthly	Member Services

Time Frame: 6/1/08 - 6/30/08
Client Services: 2.8%
Care Teams: 1.5%



Note: The Abandonment Rate for the Care Teams only includes the ACD line.

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Measure	Definition	Goal	Data Source	Reporting Interval	Responsible Subcommittee
Accessibility of Behavioral Healthcare Services	**A. <u>Wait Times for Initial Appointments:</u>** Assessment of access to the Medicaid mental health and substance abuse provider network by maintaining waiting times within standard. Sample of Medicaid mental health and substance abuse providers for: - Emergency - Urgent Non-Emergency - Persistent Symptoms - Routine Services	**Emergency:** within 15 minutes of presentation at a service delivery site **Urgent Non-Emergency**: within 1 hr of presentation at a service delivery site or within 24 hrs of telephone contact with provider or MBCI **Persistent Symptoms**: within 48 hrs of reporting symptoms **Routine Services**: within 4 weeks of the request for appointment (RFP Requirement)	Non Incentive/ Penalty Performance Indicator; QI survey of Medicaid mental health and substance abuse providers and retrospective review data	Quarterly	Utilization Management

<u>April-June 2008</u>
<u>29</u> Mental Health Facilities Contacted
Emergent: 100% of providers in compliance
Urgent: 100% of providers in compliance
Persistent Symptoms: 100% of providers in compliance
Routine Services: 100% of providers in compliance

<u>18</u> Substance Abuse Facilities contacted
Emergent: 100% of providers in compliance
Urgent: 100% of providers in compliance
Persistent Symptoms: 100% of providers in compliance
Routine Services: 100% of providers in compliance

<u>July 2007 - June 2008</u>
<u>125</u> Mental Health Facilities Contacted
Emergent: 100% of providers in compliance
Urgent: 100% of providers in compliance
Persistent Symptoms: 100% of providers in compliance
Routine Services: 100% of providers in compliance

<u>48</u> Substance Abuse Facilities contacted
Emergent: 100% of providers in compliance
Urgent: 100% of providers in compliance
Persistent Symptoms: 100% of providers in compliance
Routine Services: 100% of providers in compliance

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Accessibility of Behavioral Healthcare Services (con't)	**C. <u>Availability of Evening and Weekend Appointments</u>:** Assessment of access to provider network after regular business hours. Sample of mental health and substance abuse providers for: - Evening - Weekend - Medicaid Mental Health - Medicaid Substance Abuse - DPH Substance Abuse	Monitor Only	QI survey of mental health providers and retrospective review data	Quarterly	Utilization Management
Time Frame: 4/1/08 - 6/30/08 Performance: Evening: Medicaid MH 23 of 29 - 79.3%; Medicaid SA 5 of 8 - 62.5%; DPH SA 8 of 10 - 80.0% Weekend: Medicaid MH 22 of 29 - 75.9% ; Medicaid SA 2 of 8 - 25.0%; DPH SA 0 of 10 - 0.0%					
Time Frame: 7/1/07 - 6/30/08 Performance: Evening: Medicaid MH 104 of 127 - 81.9%; Medicaid SA 34 of 38 - 89.5%; DPH SA 16 of 19 - 84.2% Weekend: Medicaid MH 75 of 127 - 59.1% ; Medicaid SA 14 of 38 - 36.8%; DPH SA 3 of 19 - 15.8%					

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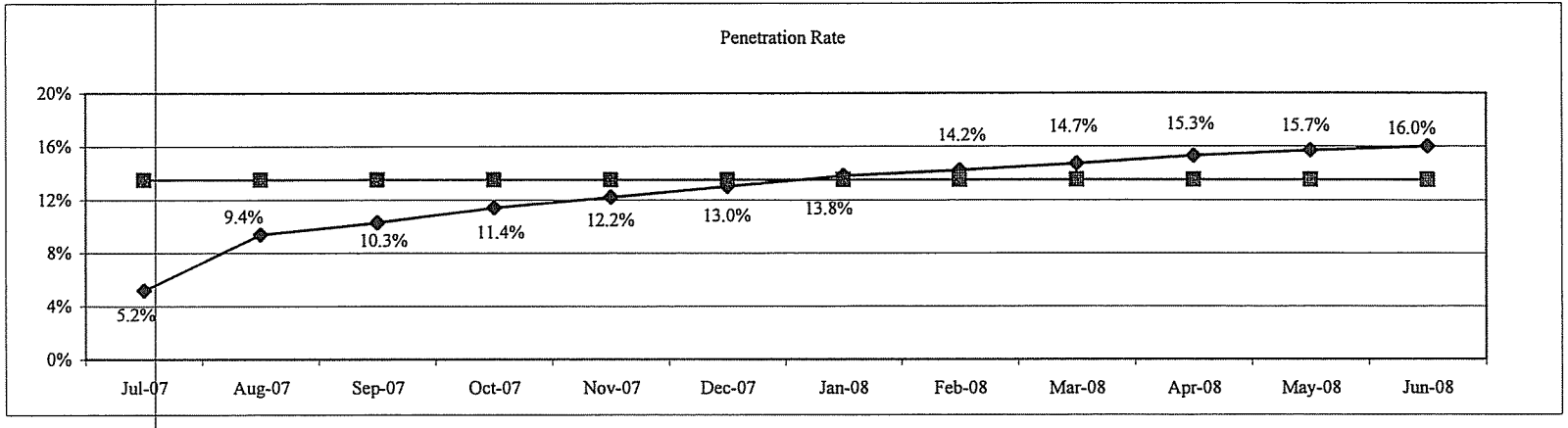
Measure	Definition	Goal	Data Source	Reporting Interval	Responsible Subcommittee
UTILIZATION MANAGEMENT					
Penetration	This definition / calculation provides an accumulative monthly percentage of the number of unique members that are treated at any level of care during the contract year. **Numerator:** Unduplicated number of enrollees receiving at least one service reimbursed by MBC of Iowa (includes mental health and substance abuse services reimbursed for Medicaid enrollees) **Denominator:** Unduplicated number of enrollees - Medicaid Mental Health and Substance Abuse	>=13.5%	Monitoring Performance Indicator #11 - Claims data and eligibility data	Contract Year-to-Date	Utilization Management

Time Frame: 7/01/07 - 6/30/08
Performance: 16.0%



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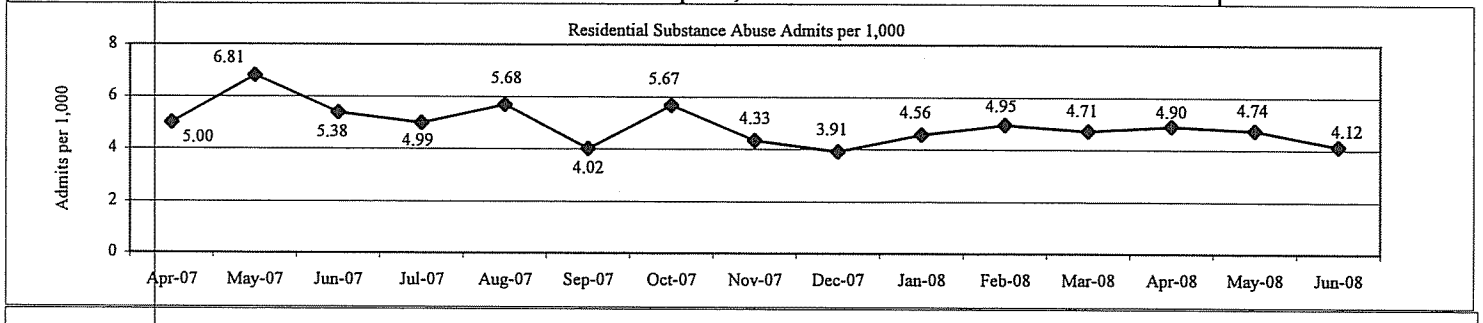
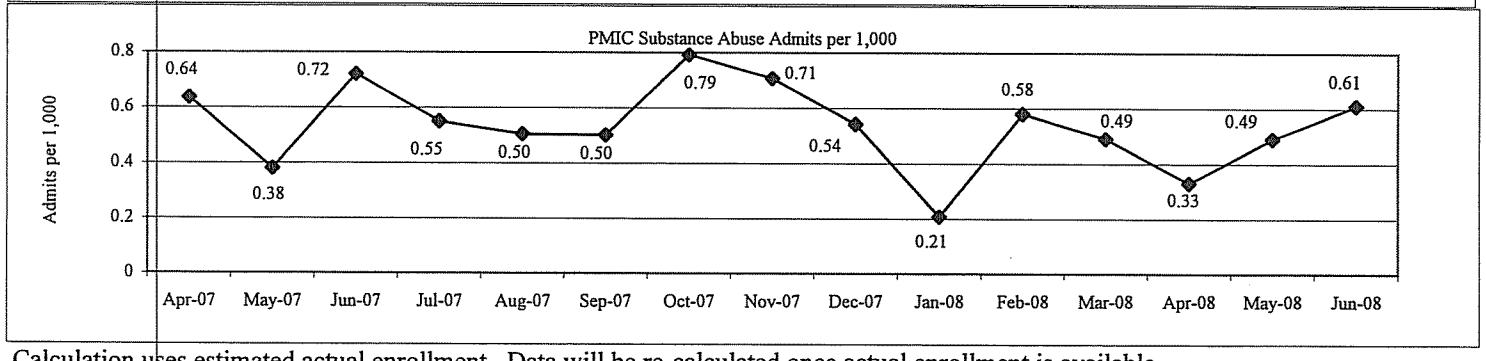
Measure	Definition	Goal	Data Source	Reporting Interval	Responsible Subcommittee
Residential Substance Abuse Utilization	**A. Residential Admits per 1,000**: This definition / calculation provides an annualized rate of substance abuse residential admissions per month, based on utilization each month. **Numerator:** Number of Medicaid Substance Abuse Residential admissions during the reporting period (month) x (365 / Number of days in the reporting period); **Denominator:** Membership for the reporting period /1000	Monitor Only	IAAU01	Monthly	Utilization Management

Time Frame: 6/1/08 - 6/30/08
Performance: Medicaid Substance Abuse - levels III.3 and III.5: 4.12 admits per 1,000
Medicaid Substance Abuse - PMIC: 0.61 admits per 1,000





Calculation uses estimated actual enrollment. Data will be re-calculated once actual enrollment is available.

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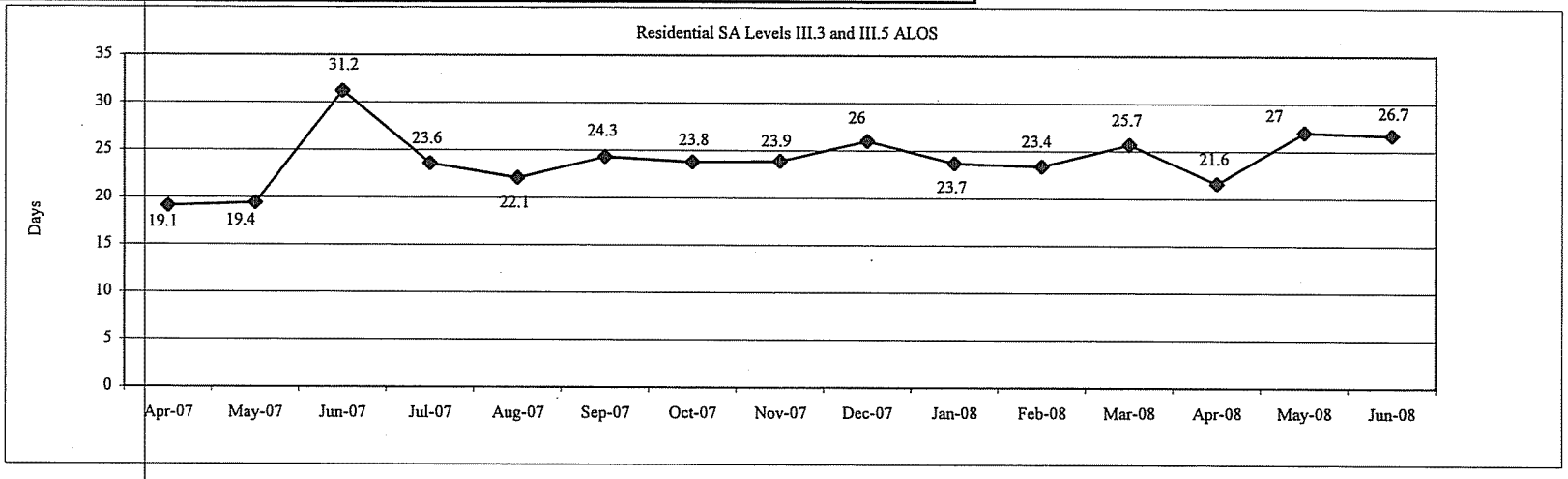
Measure	Definition	Goal	Data Source	Reporting Interval	Responsible Subcommittee
Residential Substance Abuse Utilization (con't)	**B. <u>Residential Average Length of Stay</u>**: Provides an arithmetic mean of the number of days that members' spend in a Medicaid Substance Abuse residential level of care. **Numerator:** Number of Medicaid Substance Abuse Residential days used by patients who were discharged during the reporting period; **Denominator:** Number of discharges from Medicaid Substance Abuse Residential during the reporting period. - This definition / calculation provides an average; - Requires discharge during the reporting period.	Monitor Only	IAAU10	Monthly	Utilization Management

Time Frame: 6/1/08 - 6/30/08
Performance: Medicaid Substance Abuse - levels III.3 and III.5: 26.7 days
Medicaid Substance Abuse - PMIC: 100.7 days



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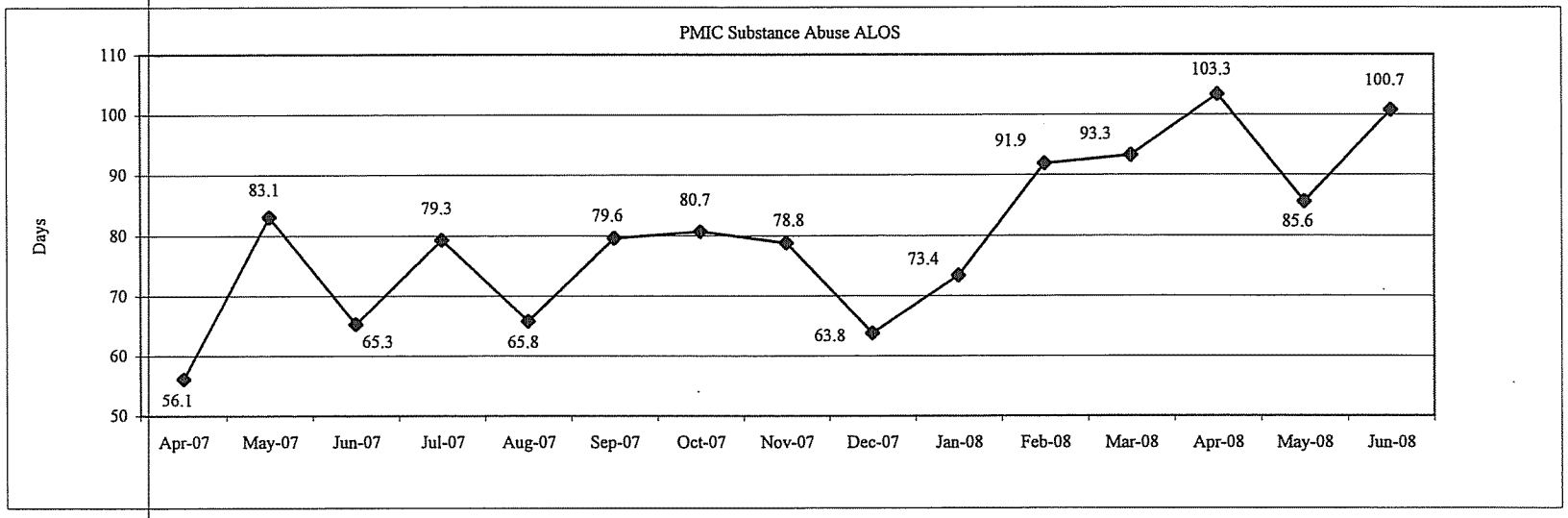

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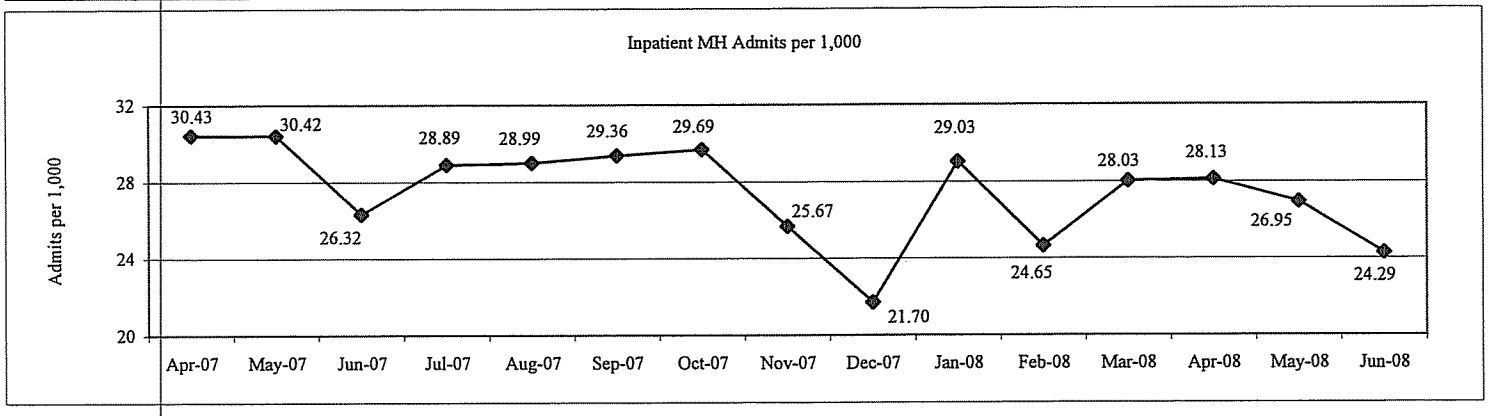
Measure	Definition	Goal	Data Source	Reporting Interval	Responsible Subcommittee
Inpatient Utilization	**A. <u>Inpatient Admits per 1,000</u>**: This definition / calculation provides an annualized rate of inpatient admissions per month, based on utilization each month. **Numerator:** Number of Inpatient admissions during the reporting period (month) x (365 / Number of days in the reporting period); **Denominator:** Membership for the reporting period /1000	Monitor Only	IAAU01	Monthly	Utilization Management

Time Frame: 6/1/08 - 6/30/08
Performance: Medicaid Mental Health - IP: 24.29 admits per 1,000
Medicaid Substance Abuse - levels IV and IVD: 2.57 admits per 1,000



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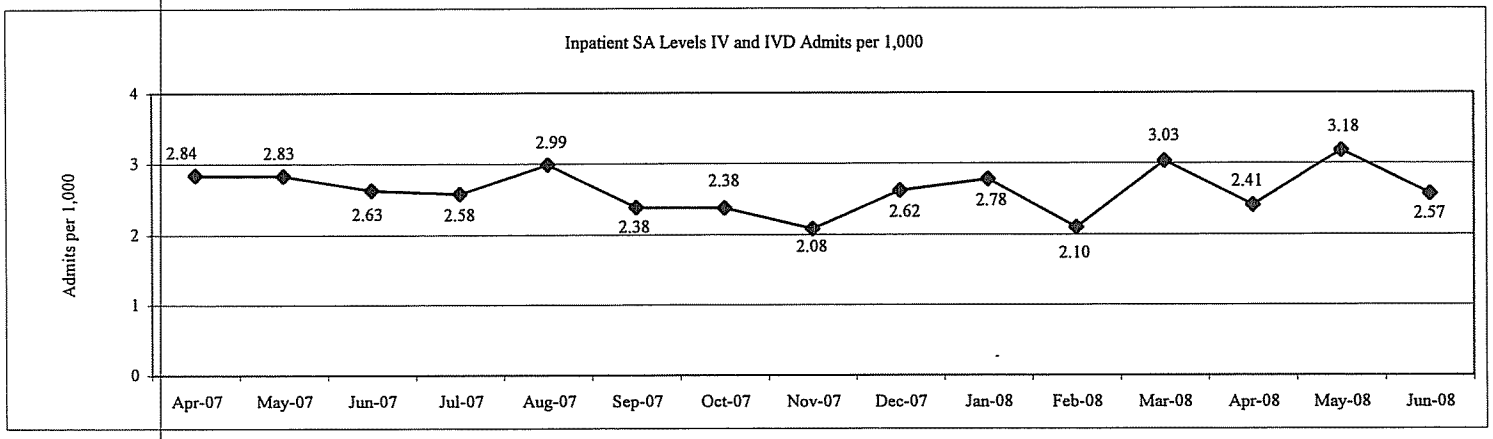

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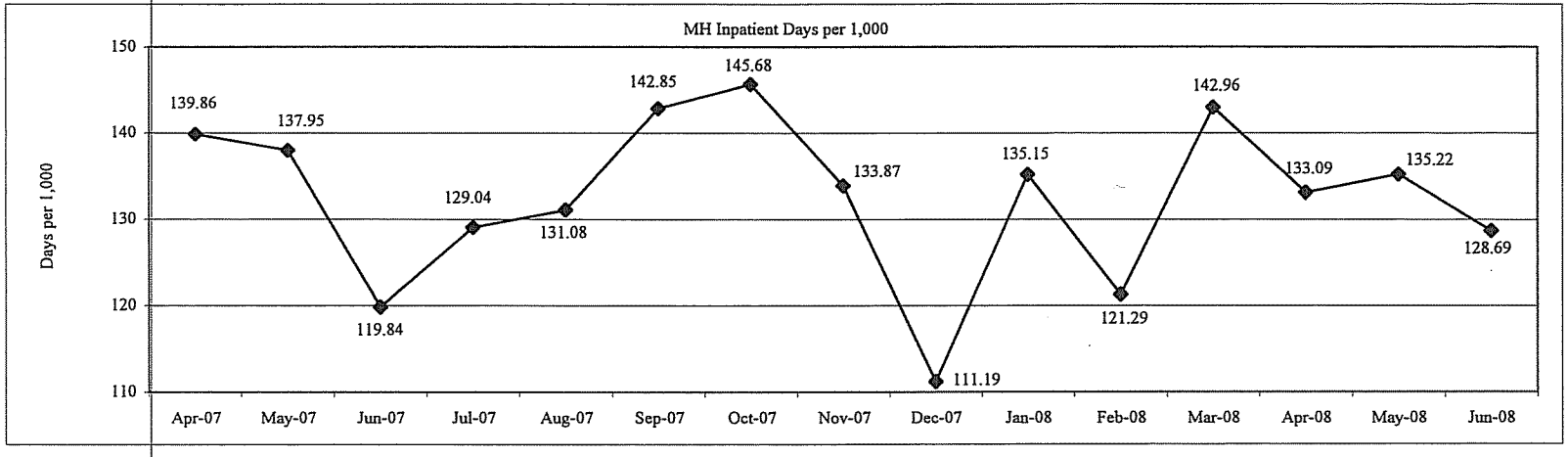
Measure	Definition	Goal	Data Source	Reporting Interval	Responsible Subcommittee
Inpatient Utilization (con't)	**B. Days per 1,000:** This definition / calculation provides an annualized rate of inpatient days per reporting period (month), based on utilization data. **Numerator:** Number of Inpatient days authorized during the reporting period (month) x (365 / Number of days in the reporting period); **Denominator:** Membership for the reporting period / 1000. - This definition / calculation provides an annualized rate, based on utilization each month; - Does not require either admission or discharge during the month	Monitor Only	Ad-hoc monthly report	Monthly	Utilization Management

Time Frame: 6/1/08 - 6/30/08
Performance: Medicaid Mental Health - IP: 128.69 days per 1,000
Medicaid Substance Abuse - levels IV and IVD: 7.43 days per 1,000



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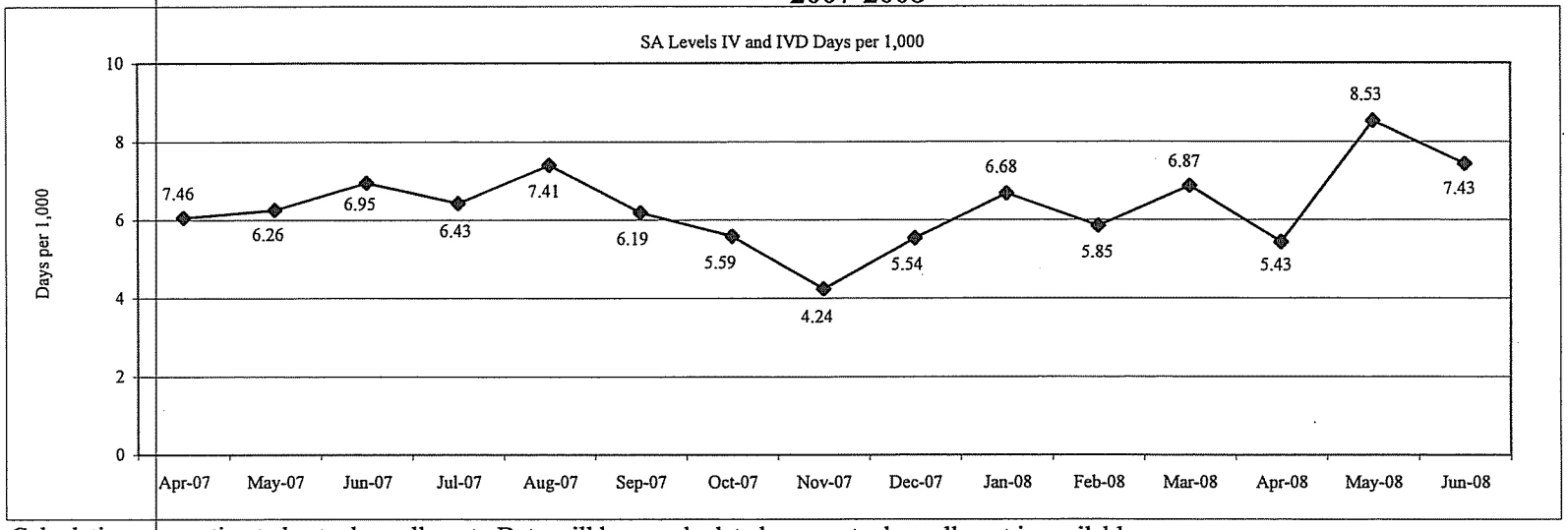

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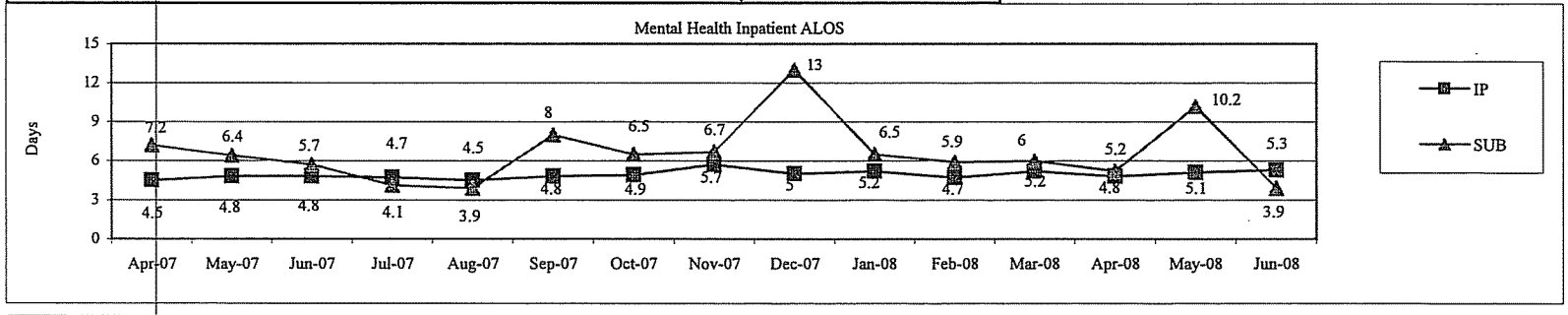
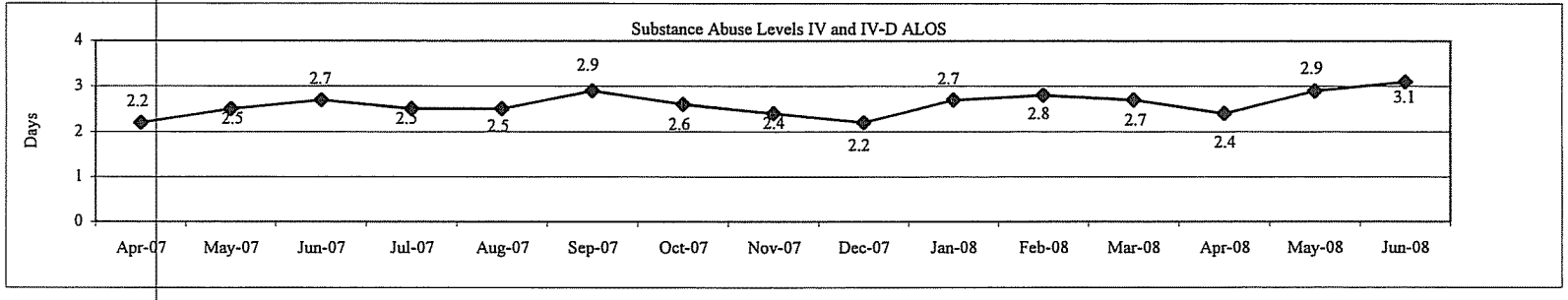
Measure	Definition	Goal	Data Source	Reporting Interval	Responsible Subcommittee
Inpatient Utilization (con't)	**C. Average Length of Stay:** Provides an arithmetic mean of the number of days that members' spend in the hospital. **Numerator:** Number of IP days used by patients who were discharged during the reporting period; **Denominator:** Number of discharges from IP during the reporting period. - This definition / calculation provides an average; - Requires discharge during the reporting period.	- Medicaid Mental Health: <= the 12 day average under fee-for-service - Medicaid Substance Abuse: Monitor Only	IAAU10	Monthly	Utilization Management

Time Frame: 6/1/08 - 6/30/08
Performance: Medicaid Mental Health - IP: 5.3 days; Subacute: 3.9 days
Medicaid Substance Abuse - levels IV and IVD: 3.1 days





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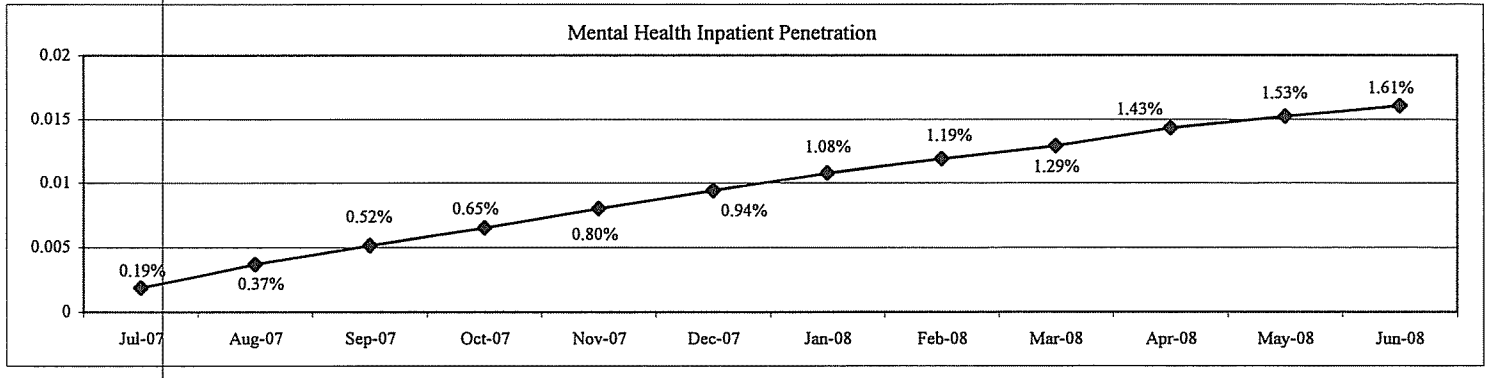
Inpatient Utilization (con't)	**D. <u>Inpatient Penetration</u>:** This definition / calculation provides an accumulative monthly rate of the number of unique members that are treated in inpatient settings for the calendar year to date. **Numerator:** Number of patients that used IP services for the first time year to date during the reporting month; **Denominator:** Number of members. - Each member is counted once during each calendar year; - The monthly rates represent contract to date penetration	Monitor only	Monitoring Performance Indicator #11, ad-hoc query	Contract Year-to-Date	Utilization Management

Time Frame: 7/01/07 - 6/30/08
Performance: Medicaid Mental Health - IP: 1.61%
Medicaid Substance Abuse - levels IV and IVD: 0.32%



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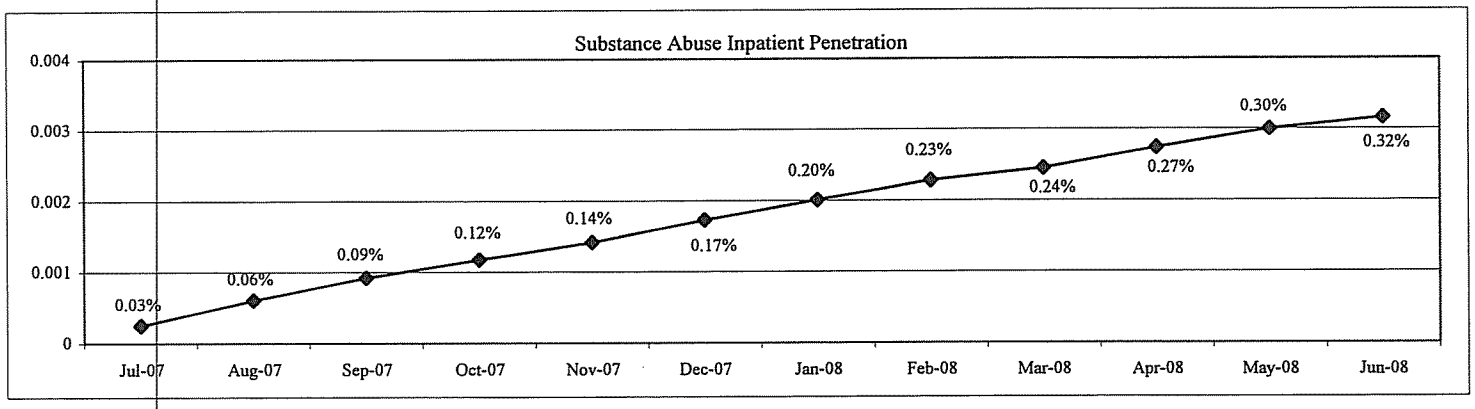

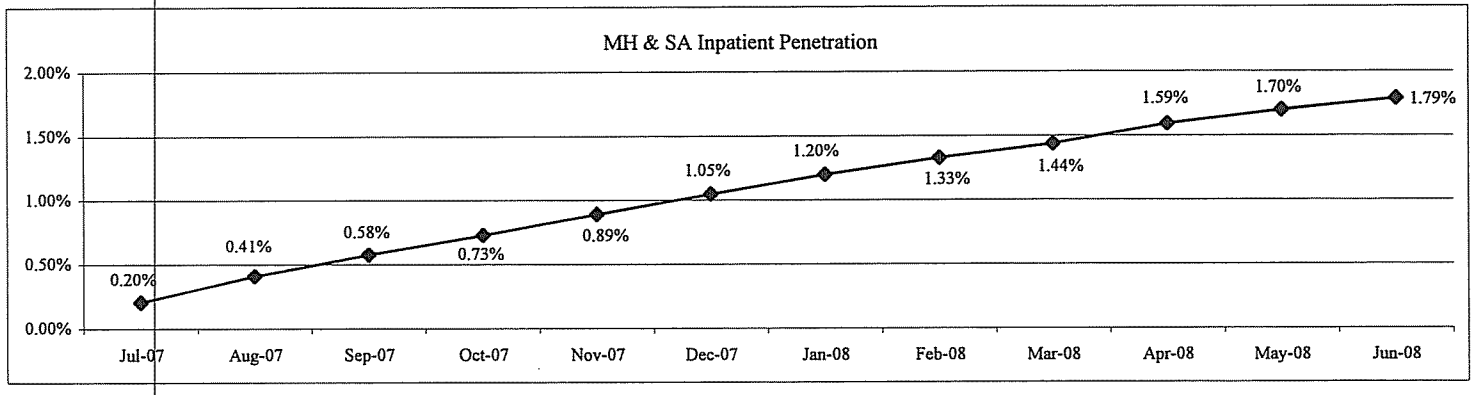

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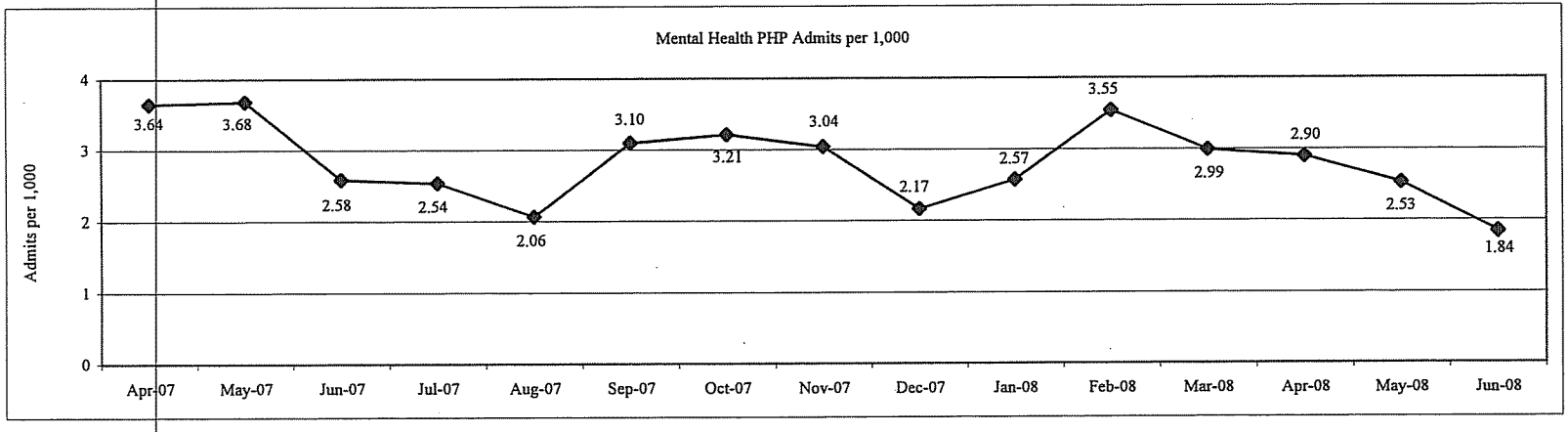
Measure	Definition	Goal	Data Source	Reporting Interval	Responsible Subcommittee
Partial Hospital Utilization	**A. Admissions per 1,000:** This definition / calculation provides an annualized rate of partial hospitalization admissions per month, based on utilization each month. **Numerator:** Number of Partial Hosp. Admissions during the reporting period x (365 / Number of days in the reporting period); **Denominator:** Membership for the reporting period / 1000. - Medicaid Mental Health only - This definition / calculation provides an annualized rate, based on utilization each month.	Monitor Only	IAAU01	Monthly	Utilization Management

Time Frame: 6/1/08 - 6/30/08
Performance: 1.84 admits per 1,000



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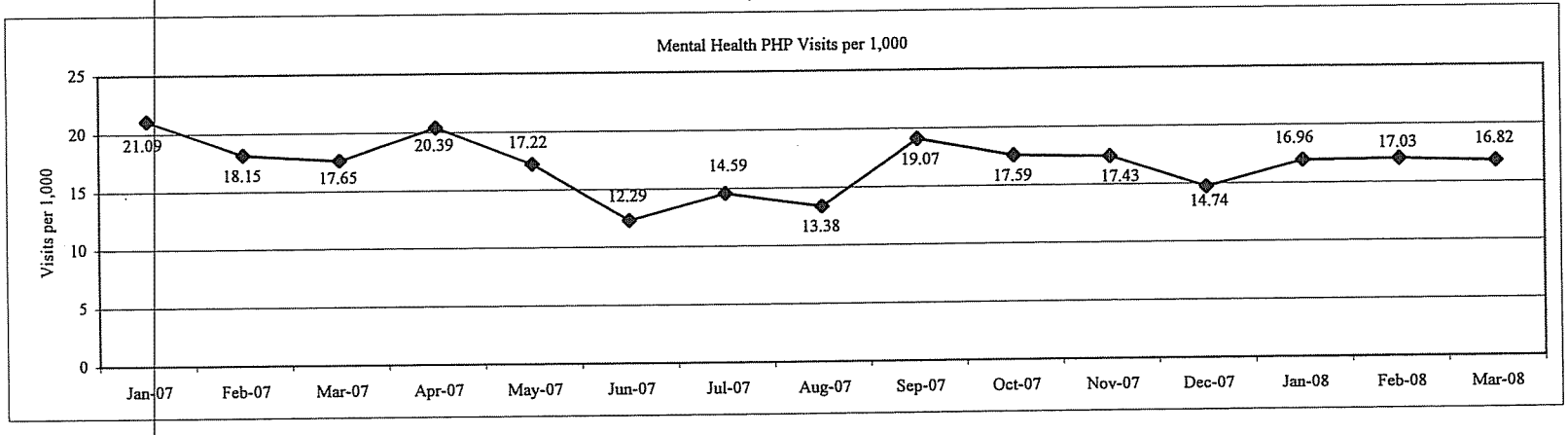
Measure	Definition	Goal	Data Source	Reporting Interval	Responsible Subcommittee
Partial Hospital Utilization (con't)	**B. Visits per 1,000**: This definition / calculation provides an annualized rate of Partial Hospital days per reporting period (month), based on monthly utilization data. **Numerator:** Number of Partial Hosp. visits used for the month x (365 / Number of days in the reporting period);. **Denominator:** Membership for the reporting period / 1000. - Medicaid Mental Health only - This definition / calculation provides an annualized rate, based on utilization each month. - Does not require either admission or discharge during the month.	Monitor Only	Ad-hoc query, claims data	Monthly	Utilization Management

Time Frame: 3/1/08 - 3/31/08
Performance: 16.82 visits per 1,000



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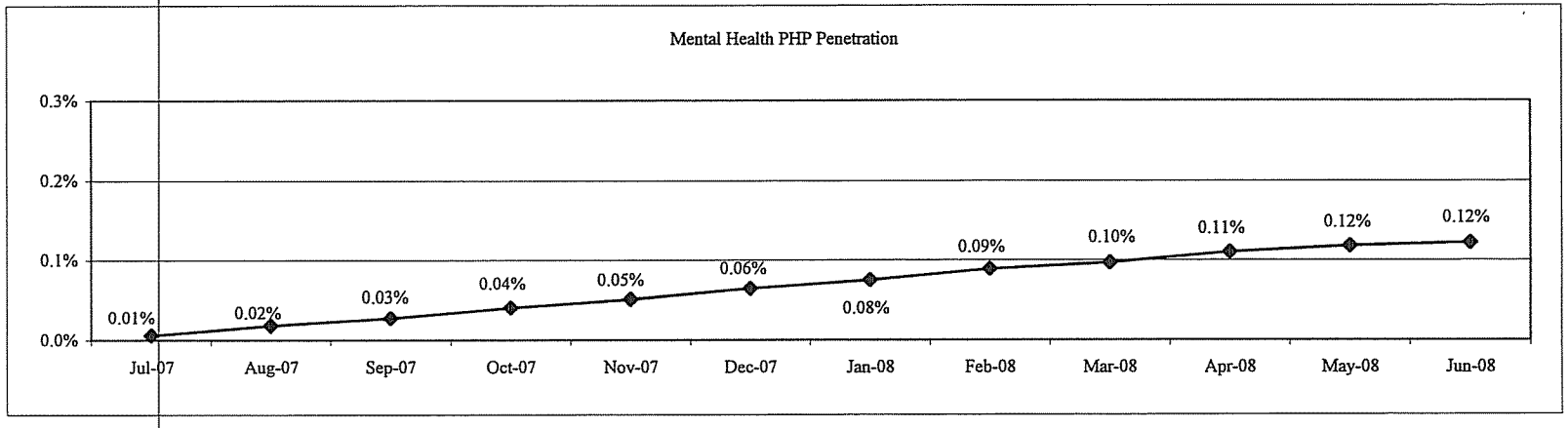
Measure	Definition	Goal	Data Source	Reporting Interval	Responsible Subcommittee
Partial Hospital Utilization (con't)	**C. Penetration Rate:** This definition / calculation provides an accumulative monthly rate of the number of unique members that are treated in Partial Hospital settings for the calendar year to date. **Numerator:** Number of patients that used Partial Hosp. Services for the first time year to date during the reporting month; **Denominator:** Number of members. - Medicaid Mental Health only - Each member is counted once during each contract year; - The monthly rates represent year to date penetration	Monitor Only	Monitoring Performance Indicator #11	Contract Year-to-Date	Utilization Management

Time Frame: 7/01/07 - 6/30/08
Performance: 0.12%



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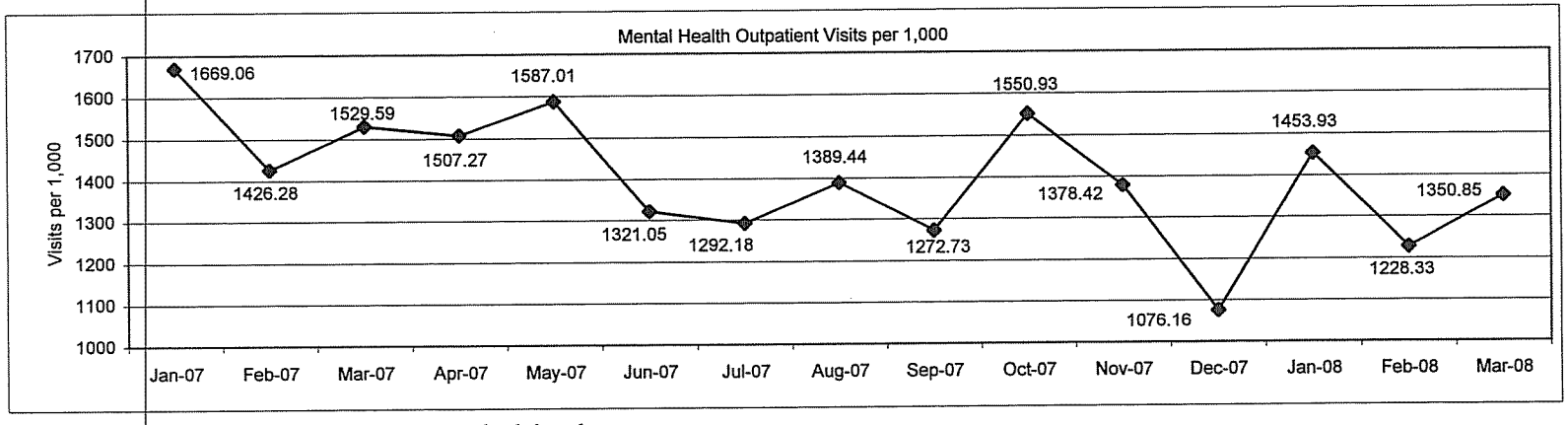
Measure	Definition	Goal	Data Source	Reporting Interval	Responsible Subcommittee
Outpatient Utilization	**A. Outpatient Visits Per 1,000**: This definition / calculation provides an annualized rate of Outpatient visits that occurred during the reporting period (month), based on monthly utilization data. **Numerator:** Number of Outpatient visits used during the reporting month x (365) / (Number of days in reporting period); **Denominator:** Membership for the reporting period / 1000 - Does not require either admission or discharge during the month	- Medicaid Mental Health: 1058.09* visits per 1,000 (established baseline from 1998 contract period) - Medicaid Substance Abuse: Monitor Only	Claims Data – 3 months claim lag required	Monthly	Utilization Management

Time Frame: 3/1/08 - 3/31/08
Performance: Medicaid Mental Health: 1,350.85 visits per 1,000
Medicaid Substance Abuse: 176.47 visits per 1,000



Please note: This indicator requires a 3 month claims lag
* Baseline adjusted to only include routine Outpatient Visits (does not include any authorized level of outpatient)

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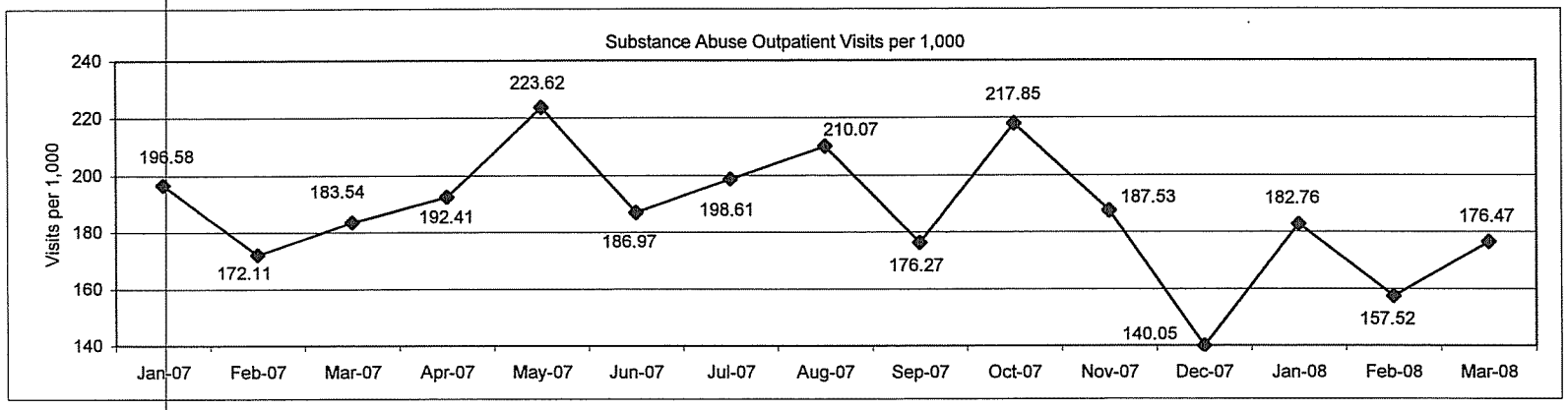

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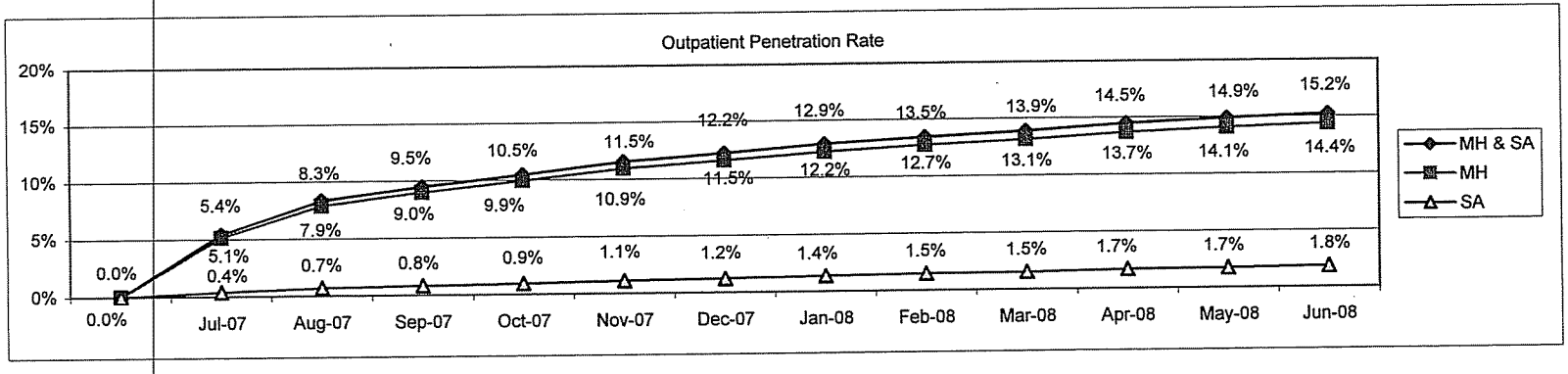
Measure	Definition	Goal	Data Source	Reporting Interval	Responsible Subcommittee
Outpatient Utilization (con't)	**B. Outpatient Penetration Rate:** This definition / calculation provides an accumulative monthly rate of the number of unique members that are treated in outpatient settings for the calendar year to date. **Numerator:** Number of patients that used OP services for the first time year to date during the reporting month; **Denominator:** Number of members. - Each member is counted once during each contract year; - The monthly rates represent year to date penetration	Monitor only	Monitoring Performance Indicator #11, Ad-hoc query	Contract Year-to-Date	Utilization Management

Time Frame: 7/01/07 - 6/30/08
Performance: Medicaid Mental Health - 14.4%
Medicaid Substance Abuse - 1.8%
Overall - 15.2%



* Penetration adjusted to only include routine Outpatient Visits (does not include any authorized level of outpatient)

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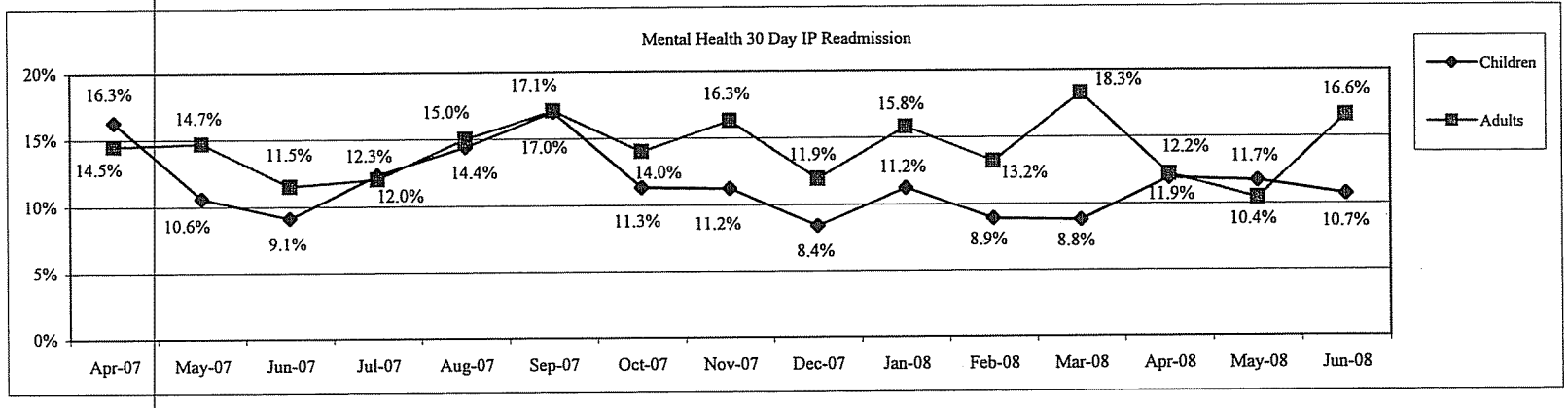
Measure	Definition	Goal	Data Source	Reporting Interval	Responsible Subcommittee
30-Day Inpatient Readmission	This definition / calculation provides a rate of patients that are discharged from IP care and are readmitted within 30 days of discharge. **Numerator:** Number of IP discharges during the calendar month prior to the reporting month that were subsequently authorized for admission to IP care within 30 days (i.e., 30 days of the discharge date); **Denominator:** Total number of IP discharges during the calendar month prior to the reporting month. - Requires discharge from IP/level IV or IVD care during the month prior to the reporting month; - Requires an IP/level IV or IVD admission.	- Medicaid Mental Health: <= 15% - Medicaid Substance Abuse: Monitor Only	Incentive Performance Indicator #1 for MH/SA	Monthly	Utilization Management

Time Frame: 6/1/08 - 6/30/08
Performance: Medicaid Mental Health - IP: 14.6%
Medicaid Substance Abuse - levels IV and IVD: 5.9%



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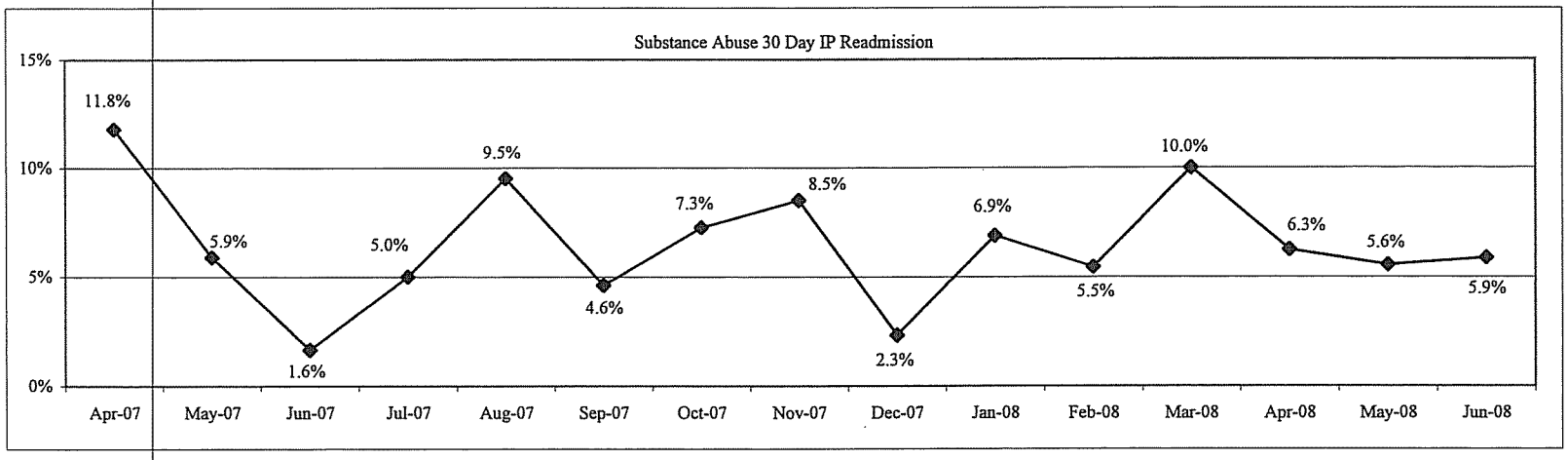

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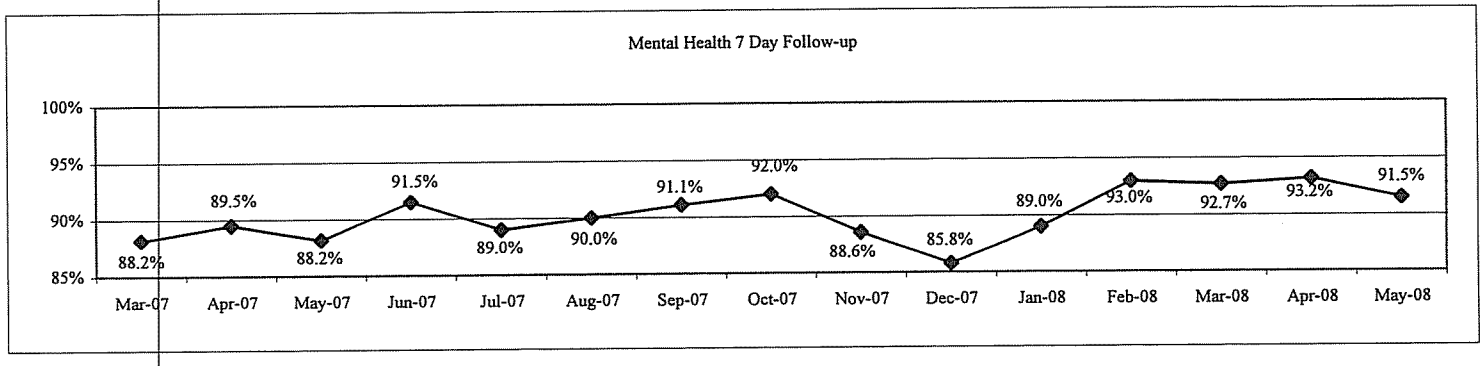
Measure	Definition	Goal	Data Source	Reporting Interval	Responsible Subcommittee
7-Day Ambulatory Follow-up	This definition / calculation provides a percentage of patients that were discharged from inpatient care who received other treatment within 7 days of discharge date (Mental Health only). **Numerator:** Number of discharges from an inpatient setting (whether or not the inpatient hospitalization was authorized by MBCI at the time of discharge) during the contract period for whom information from a network provider reflects a subsequent treatment service within 7 calendar days of the discharge date **Denominator:** Number of discharges from an inpatient setting during the contract period (whether or not the inpatient hospitalization was authorized by MBCI at the time of discharge) - Medicaid Mental Health only	90% of persons discharged from IP care will receive other treatment services within 7 days of discharge date (Mental Health only)	Incentive Performance Indicator #6	Monthly	Utilization Management

Time Frame: 5/1/08 - 5/31/08*
Performance: 91.5%
Performance: 90.6% (7/07-6/08)



* Please note: MBCI continues to conduct quality assurance checks on the accuracy of the data entered into this field and numbers may change. Effective July 1, 2002 data are reported on a one month lag.

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Measure	Definition	Goal	Data Source	Reporting Interval	Responsible Subcommittee
Over/Under Utilization	Evaluate potential under and over utilization of services and the causes of such. - Medicaid Mental Health and Substance Abuse combined - Specific to rural areas - Trend by county and regionally	Monitor Only	IAUT02	Quarterly	Utilization Management
Time Frame: 4/1/08 - 6/30/08 Performance: No (0) counties fell below the 2% penetration rate threshold.					

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Measure	Definition	Goal	Data Source	Reporting Interval	Responsible Subcommittee
Care Manager Audits	At a minimum the following essential elements are reviewed on a sample of care management records to evaluate clinical and administrative effectiveness of the authorization process: Core Clinical: - Chief Complaint Documented - Precipitant and Proximal Event (s) (Why Now) - Risk Assessment (Suicidality & Homocidality) - Current Signs and Symptoms - Prior Treatment History (including problems, allergies, medications) - Treatment Plan and Goals - Current Medication - Support Systems/Social Supports - 5 Axis DSM IV documented - Discharge Planning/Specific Aftercare Plan Core Authorization: - Appropriate criteria identified - Level of care/authorization decision justified and appropriate - Appropriate days authorized - Case referred to physician advisor for review OK within time standards. Core Service/Administrative: - Initial authorization decision rendered within established time frame (of receipt of necessary clinical information) (Emergent, Urgent, Routine) - Concurrent review conducted with established	100% of care managers meet >= 90% accuracy and >=90% overall accuracy	Care Management Audit Tools	Quarterly	Utilization Management

Time Frame: 7/1/07 - 9/30/07
Performance: Care Managers meet >= 90% accuracy = 100%
Performance: Care Managers overall accurancy = 95%

** Audit information will continue to change as they are completed.

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Measure	Definition	Goal	Data Source	Reporting Interval	Responsible Subcommittee
Timeliness of UM Decisions	Assess the timeliness of UM decisions by auditing a random sample of case management records. **Numerator:** Number of care management records that document UM decisions were made within time standard; **Denominator:** Number of care management records that were reviewed.	100% of initial admission and concurrent reviews are performed with 24 hours of notification.	Care Management Audit Tools	Quarterly	Utilization Management
Time Frame: 4/1/08 - 6/30/08 Performance: Implementation of corporate tool continued					

** Audit information will continue to change as they are completed.

Consistency of UM Application/ Inter-rater reliability	To demonstrate standardized care decisions for members by monitoring and maintaining a high level of inter-clinician agreement	>= 90% agreement on UM decisions	Care Management Audit Tools	Quarterly	Utilization Management
Time Frame: 4/1/08 - 6/30/08 Performance: Implementation of corporate tool continued					

** Audit information will continue to change as audits are completed.

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Measure	Definition	Goal	Data Source	Reporting Interval	Responsible Subcommittee
Critical Incident and QI Occurrence Reporting	Total number of identified critical incidents reported in the month for the following categories (RFP requirement):	N/A	Reports from providers; critical incident log	Monthly	Utilization Management

Time Frame: 6/1/08 - 6/30/08

	Medicaid MH	Medicaid SA	DPH SA
Completed Suicide			
Completed Homicide			
Medical Death	3		
Suicide Attempt			
Self-Mutilation/Self-Assault			3
Assault on others	4	2	
Other Dangerous Behavior	4		
Sexual Abuse or Allegation thereof (while in treatment setting)	1	1	
Use of illicit drugs/alcohol while in an inpatient, residential or halfway house facility	1		1
Abuse of over the counter medications or toxic substances (i.e. glue, inhalants, etc.) while in an inpatient, residential or halfway house facility			
Leaving a 24-hour facility against medical advice (AMA/ASA)	7	49	4
Inpatient/Subacute/23 hr.	5	4	
Residential	2	45	4
Escape from a locked facility			
Unauthorized departure from a 24-hour facility pursuant to a Court Order		1	1
Incident related to seclusion and/or restraint			
Other	14	2	
Total	**34**	**55**	**9**

Note:
Medicaid MH/SA data pulled from AS400.
DPH SA AMA data pulled from SARS. Discharge Reason = Client Left
DPH SA AMA data reported on a one month lag.

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Critical Incidents - Contract Year-to-Date

(7/01/07 - 6/30/08)	Medicaid MH	Medicaid SA	DPH SA
Completed Suicide	3		2
Completed Homicide			
Medical Death	24	2	10
Suicide Attempt	11	4	6
Self-Mutilation/Self-Assault	14		6
Assault on others	30	2	
Other Dangerous Behavior	35	7	3
Sexual Abuse or Allegation thereof (while in treatment setting)	2	1	
Use of illicit drugs/alcohol while in an inpatient, residential or halfway house facility	5	12	24
Abuse of over the counter medications or toxic substances (i.e. glue, inhalants, etc.) while in an inpatient, residential or halfway house facility	1	3	
Leaving a 24-hour facility against medical advice (AMA/ASA)	98	323	124
Inpatient/Subacute/23 hr.	84	31	3
Residential/PMIC	14	292	121
Escape from a locked facility			
Unauthorized departure from a 24-hour facility pursuant to a Court Order	1	7	5
Incident related to seclusion and/or restraint	4		
Other	159	13	13
Total	**387**	**374**	**193**

Note:
Medicaid MH/SA data pulled from AS400.
DPH SA AMA data pulled from SARS. Discharge Reason = Client Left

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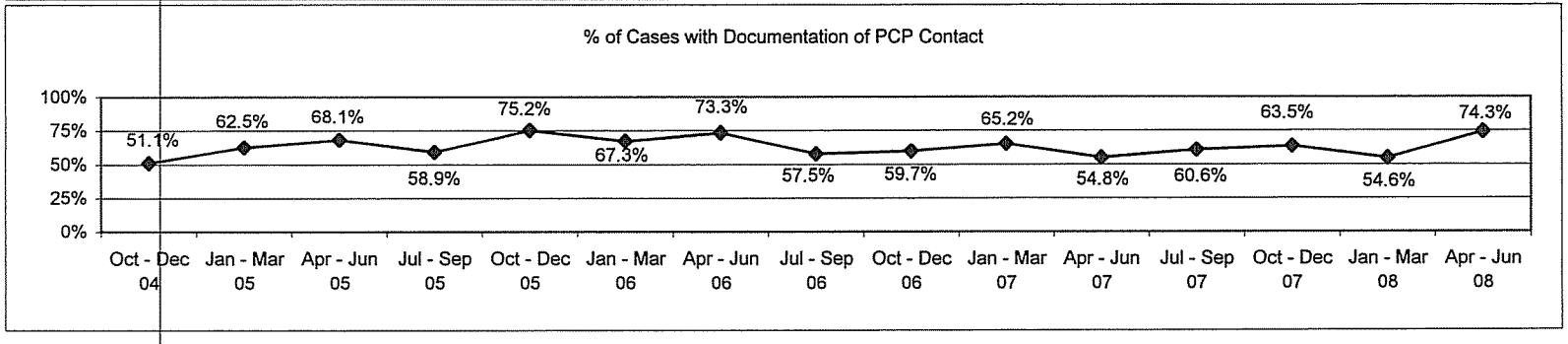
Measure	Definition	Goal	Data Source	Reporting Interval	Responsible Subcommittee
Clinical Practice Guidelines	Educate providers on Clinical Practice Guidelines and encourage adherence to guidelines	N/A	Report of education activities	Annual	Utilization Management

Time Frame: 7/1/07 - 6/30/08
Performance: Currently, Magellan has ten completed Clinical Practice Guideline publications. One covers Major Depressive Disorder, a second one focuses on Substance Abuse, a third addresses treatment of the suicidal patient, a fourth addresses treatment of Schizophrenia, a fifth addresses treatment of Bipolar Disorder, a sixth addresses treatment of Attention Deficit/Hyperactivity Disorder, a seventh addresses Panic Disorder, an eighth addresses treatment of Acute Stress Disorder and Posttraumatic Stress Disorder, a ninth addresses treatment of Eating Disorders, and a tenth addresses patients with obesity. Copies have been forwarded to providers as example of "Best Practice" approach to treatment as requested.

Coordination of Behavioral Health Services with Primary Care Physicians	This indicator is a measure of the frequency with which practitioners communicate with PCPs regarding patients that they have in common. **Numerator:** The number of provider / practitioner charts or treatment records (reviewed during the reporting period) where communication between provider / practitioner and PCP is documented; **Denominator:** The number of charts / treatment records that were reviewed through the quality retrospective review process during the reporting period. - Medicaid Mental Health	Monitor Only	Retrospective record reviews	Quarterly	Utilization Management

Time Frame: 4/1/08 - 6/30/08
Performance: 74.3%



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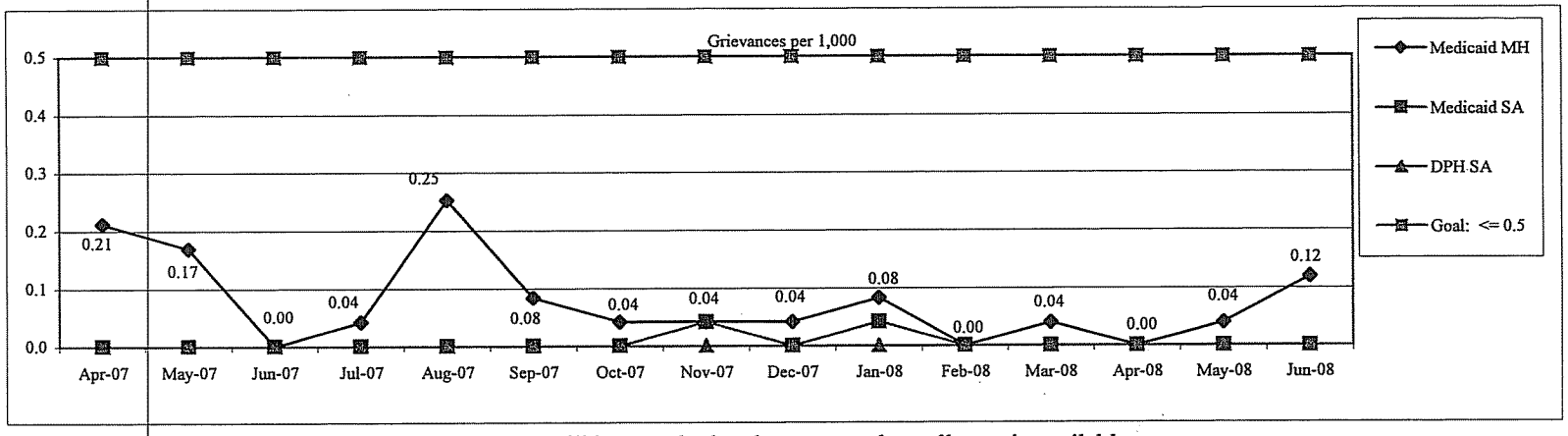
Measure	Definition	Goal	Data Source	Reporting Interval	Responsible Subcommittee
MEMBER SERVICES					
Grievance Responsiveness	**A. Grievances (Complaints) per 1,000:** This definition / calculation provides a rate of the number of grievances per 1,000 members. **Numerator:** Number of grievances x (365 / number of days in the reporting period); **Denominator:** Membership for the reporting period / 1000.	0.5 per 1,000 or less	IACS01	Monthly	Member Services

Time Frame: 6/1/08 - 6/30/08
Performance: Medicaid Mental Health: 0.12 grievances per 1,000 (3 grievances)
Medicaid Substance Abuse: 0.00 grievances per 1,000 (0 grievances)
DPH Substance Abuse: 0.00 grievances per 1,000 (0 grievances)
Overall: 0.12 grievances per 1,000



Calculation uses estimated actual enrollment. Data will be re-calculated once actual enrollment is available.
Managed care regulations became effective 8/13/03.

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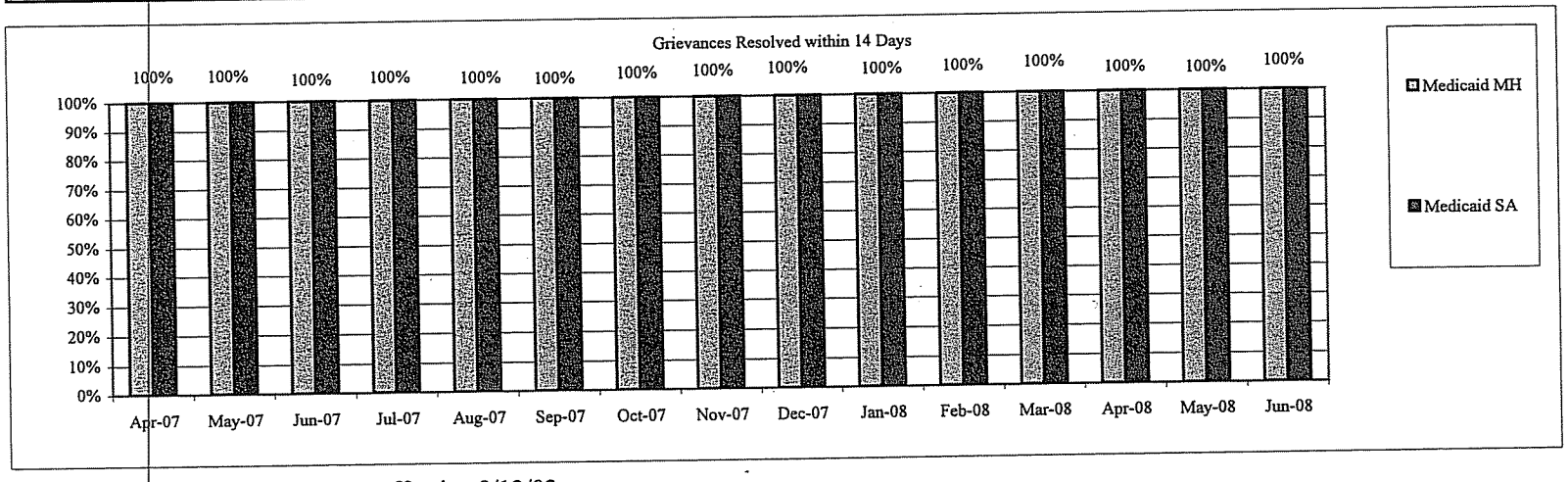
Measure	Definition	Goal	Data Source	Reporting Interval	Responsible Subcommittee
Grievance Responsiveness (con't)	**B. Percent of Grievance that met Turn-around Time Standard:** This definition / calculation provides the percent of grievances which were processed within the time standard. **Numerator:** Number of grievances processed during the reporting period within standard x 100; **Denominator:** Total number of grievances received during the reporting period.	100% resolved within 14 days	IACS01	Monthly	Member Services

Time Frame: 6/1/08 - 6/30/08
Performance: Medicaid Mental Health: 100% (1 grievance)
Medicaid Substance Abuse: 100% (0 grievances)
DPH Substance Abuse: none
Overall: 100%



Managed care regulations became effective 8/13/03.

Please note: MBCI continues to conduct quality assurance checks on the accuracy of the data entered into this field and numbers may change.

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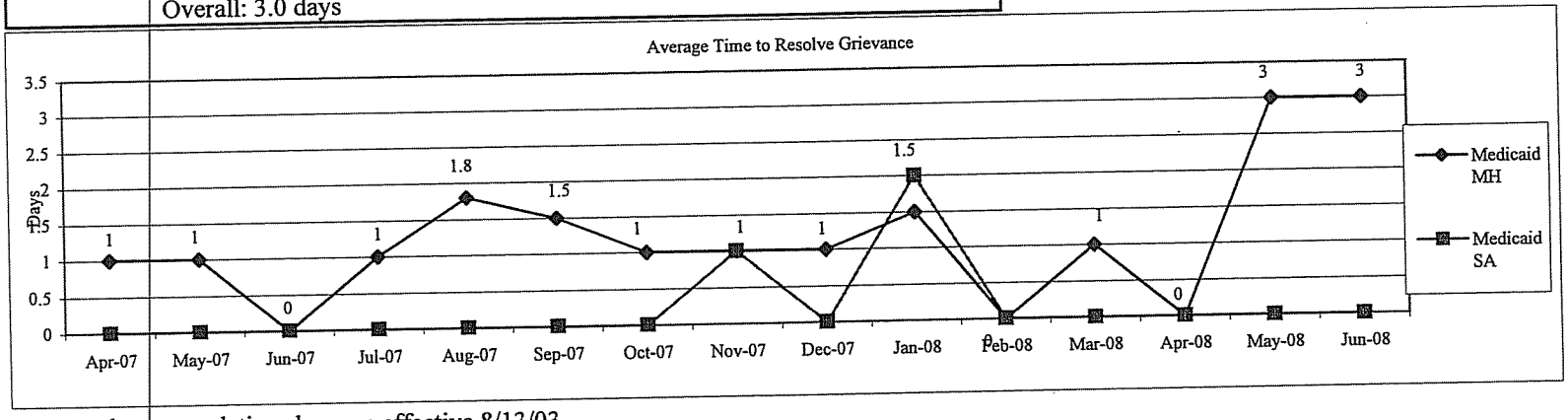
Measure	Definition	Goal	Data Source	Reporting Interval	Responsible Subcommittee
Grievance Responsiveness (con't)	**C. <u>Mean time to grievance resolution</u>:** This definition / calculation provides the average length of time between receipt and resolution of grievances. **Numerator:** Total time taken to resolve all grievances during the reporting period; **Denominator:** The total number of grievances that were resolved during the reporting period.	Monitor Only	IACS01	Monthly	Member Services

Time Frame: 6/1/08 - 6/30/08
Performance: Medicaid Mental Health: 3.0 days
Medicaid Substance Abuse: 0.0 days
DPH Substance Abuse: 0.0 days
Overall: 3.0 days



Managed care regulations became effective 8/13/03.

Please note: All grievances involving DPH Substance Abuse providers are referred to DPH for resolution. Resolution timeframes or outcomes are not tracked by MBC of Iowa. MBC of Iowa's resolution of these grievances is measured by the time between receiving the grievance and referring it to DPH.

Please note: MBCI continues to conduct quality assurance checks on the accuracy of the data entered into this field and numbers may change.

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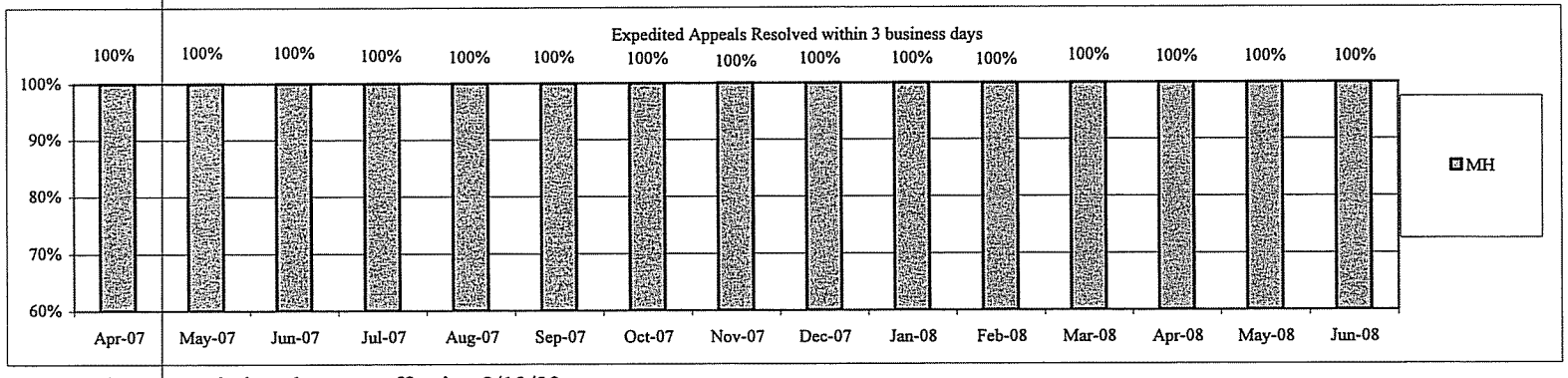
Measure	Definition	Goal	Data Source	Reporting Interval	Responsible Subcommittee
Appeals Responsiveness	**A. <u>Percent of appeals which met time standard for review</u>:** **Numerator:** Number of appeals which met time standard during the reporting period; **Denominator:** Total number of appeals received during the reporting period. Count those in the month the appeal was made, not by date of service or any other time period.	- >= 90% of Expedited appeals will be resolved verbally within 3 business days of receipt of request - 100% of Standard appeals will be resolved within 14 days of receipt of request	Appeal Log, Ad-hoc report	Monthly	Member Services

Time Frame: 6/1/08 - 6/30/08
Performance: Expedited appeal within 3 business days: MH: 100% SA: none Overall: 100%
Standard appeal within 14 days: MH: 100% SA: 100% Overall: 100%



Managed care regulations became effective 8/13/03.

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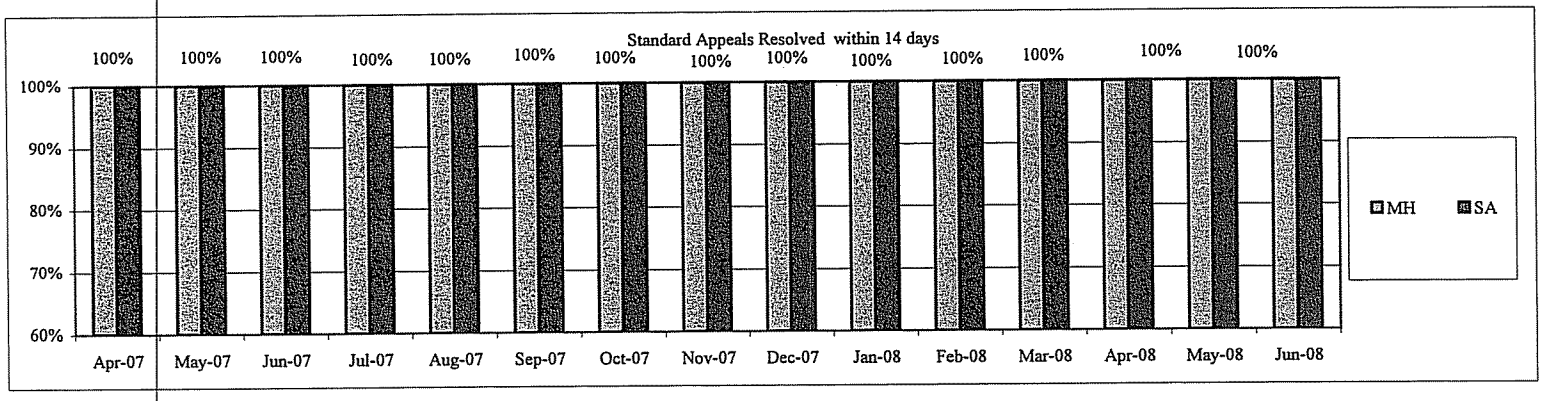

Managed care regulations became effective 8/13/03.

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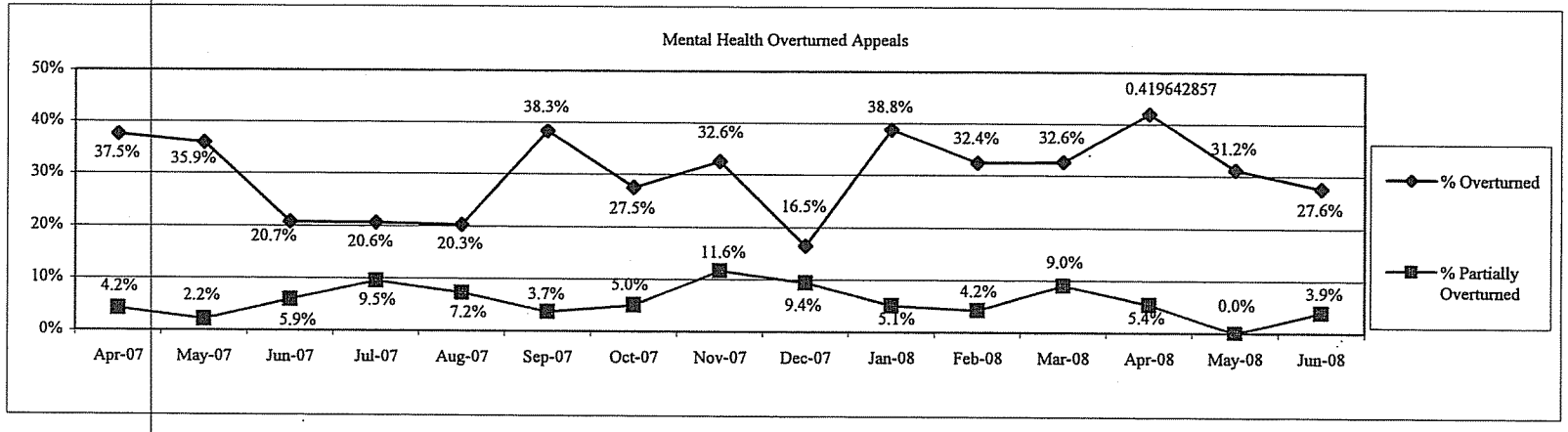
Measure	Definition	Goal	Data Source	Reporting Interval	Responsible Subcommittee
Appeals Responsiveness (con't)	**B. <u>Percent of appeals that led to Overturn of Decision</u>:** **Numerator:** Number of appeals overturned during the reporting period; **Denominator:** Number of appeals decided during reporting period.	TBD	Appeal log and IAAU06	Monthly and Contract Year-to-Date	Member Services

Time Frame: 6/1/08 - 6/30/08

Performance: Overturned: MH: 27.6% (21 of 76) Partially Overturned: MH: 3.9% (3 of 76) SA: 0.0% (0 of 5)

Rolling Period to Date: Overturned: MH: 30.4% (403 of 1,326) Partially Overturned: MH: 5.7% (76 of 1,326) SA: 1.9% (1 of 53)



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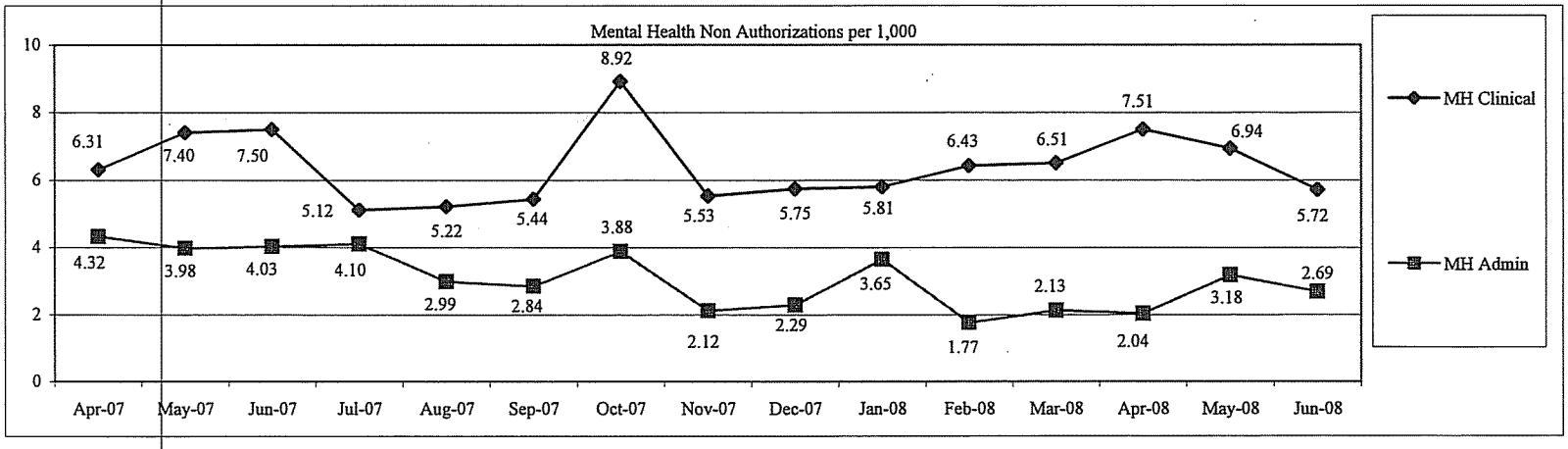
Measure	Definition	Goal	Data Source	Reporting Interval	Responsible Subcommittee
Clinical Non-authorizations per 1,000	This definition / calculation is a projection, based on current number of non-authorizations, of the number of annualized clinical non-authorizations per 1,000 members. **Numerator:** Number of clinical non-authorizations during the reporting period x (365 / number of days in the reporting period); **Denominator:** Membership for the reporting period / 1000. -- Count non-authorizations in the month made, not by date of service or any other time period	MH Clinical < = 7.40 MH Admin. < = 7.00 SA Clinical < = 1.10 SA Admin. < = 1.10	Non-authorization log	Monthly	Utilization Management

Time Frame: 6/1/08 - 6/30/08
Performance per 1,000: Clinical: MH: 5.72 SA: 0.53 Overall: 6.25
Administrative: MH: 2.69 SA: 0.16 Overall: 2.85



Calculation uses estimated actual enrollment. Data will be re-calculated once actual enrollment is available.

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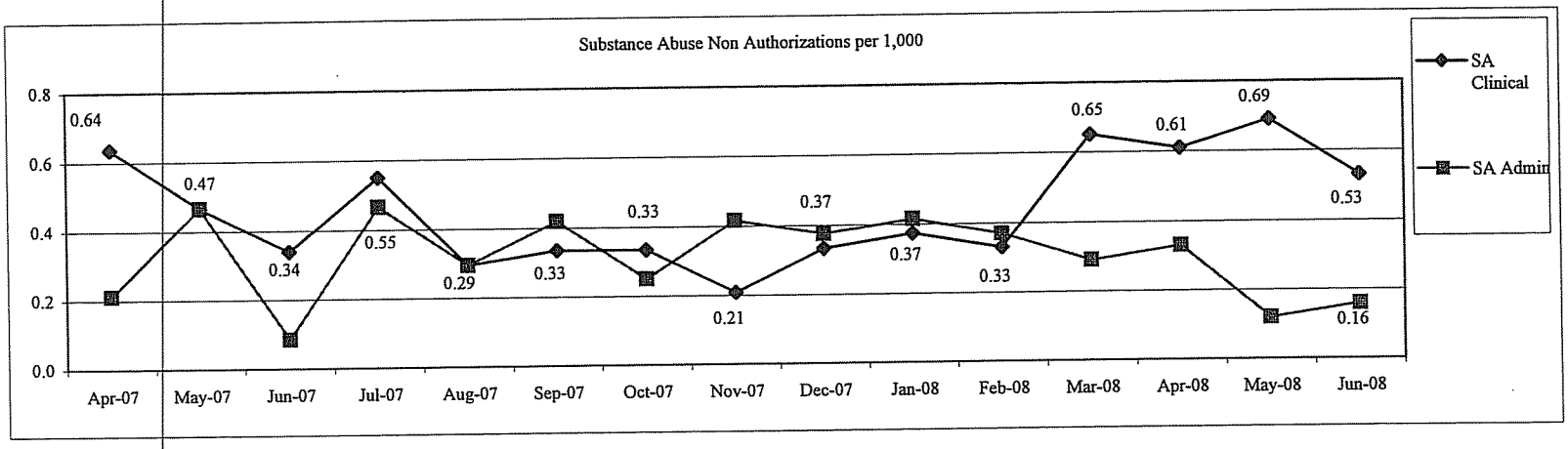

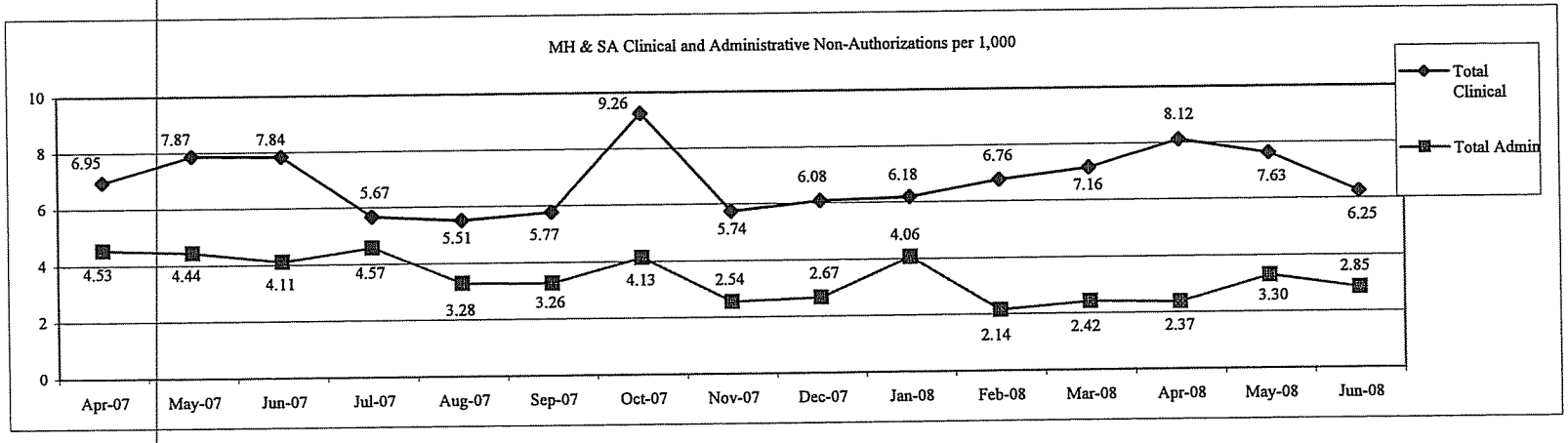

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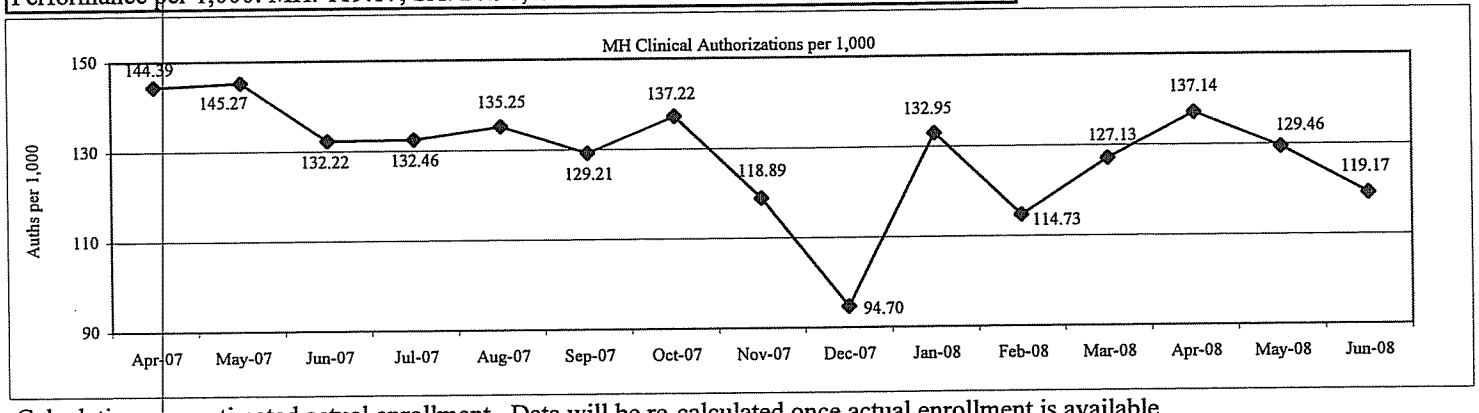
Measure	Definition	Goal	Data Source	Reporting Interval	Responsible Subcommittee
Clinical Authorizations per 1,000	This definition / calculation is a projection, based on current number of authorizations, of the number of annualized clinical authorizations per 1,000 members. **Numerator:** Number of clinical authorizations during the reporting period x (365 / number of days in the reporting period); **Denominator:** Membership for the reporting period / 1000. - Count authorizations in the month made, not by date of service or any other time period	MH<=375.00 SA<=40.20	Authorization data , Ad-hoc query	Monthly	Utilization Management

Time Frame: 6/1/08 - 6/30/08
Performance per 1,000: MH: 119.17; SA: 20.90; Overall: 140.07



Calculation uses estimated actual enrollment. Data will be re-calculated once actual enrollment is available.

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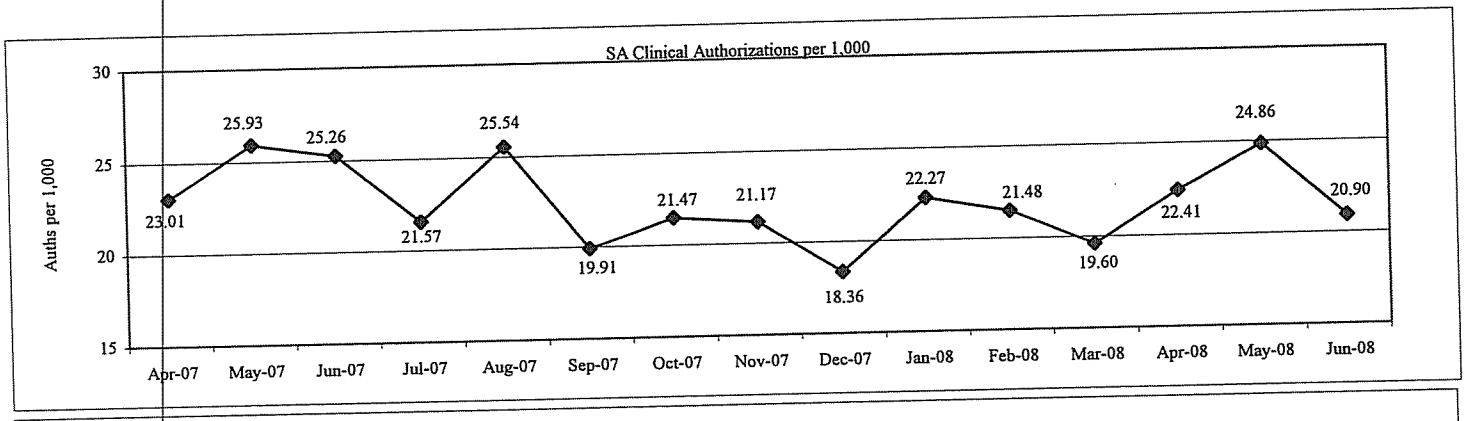

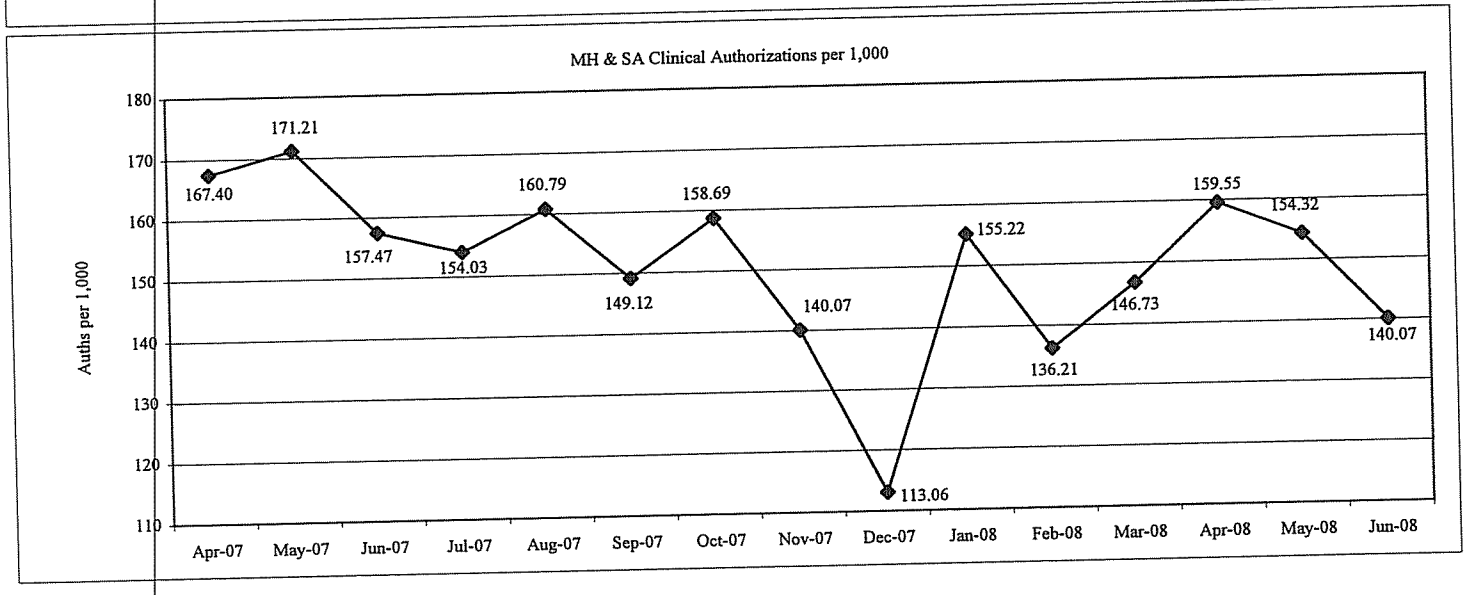

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Measure	Definition	Goal	Data Source	Reporting Interval	Responsible Subcommittee
Member Requests Change of Provider	**Requests for change in provider:** This definition / calculation provides the rate of member complaints filed against providers and requests for change of providers. - Medicaid Mental Health - Medicaid Substance Abuse - DPH Substance Abuse - Overall	Monitor Only	Grievance log	Quarterly	Member Services
Time Frame: 4/01/07 - 6/30/07 Performance: Zero (0) requests to change provider					

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Measure	Definition	Goal	Data Source	Reporting	Responsible
Member Satisfaction	**A. Written Survey** The percent of respondents that responded positively to "Overall Satisfaction" question **Numerator:** Number of individual respondents that rated overall satisfaction item positively; **Denominator:** Total number of respondents that responded to the overall satisfaction item - Medicaid Mental Health - Medicaid Substance Abuse - Overall	>= 85%	Monitoring Performance Indicator #3; Customer and Corporate approved survey and database	Semi-Annually	Member Services

Time Frame: 3/1/04 - 8/31/04	
Performance:	Adult overall satisfaction index = 90.9%
Performance:	Child/Adolescent overall satisfaction index = 86.5%
Time Frame: 11/1/04 - 4/30/05	
Performance:	Adult overall satisfaction index = 86.0%
Performance:	Child/Adolescent overall satisfaction index = 86.0%
Time Frame: 5/1/05 - 10/31/05	
Performance:	Adult overall satisfaction index = 89.7%
Performance:	Child/Adolescent overall satisfaction index = 87.9%
Time Frame: 11/1/05 - 4/30/06	
Performance:	Adult overall satisfaction index = 89.9%
Performance:	Child/Adolescent overall satisfaction index = 87.4%
Time Frame: 5/1/05 - 10/31/06	
Performance:	Adult overall satisfaction index = 89.0%
Performance:	Child/Adolescent overall satisfaction index = 88.0%
Time Frame: 11/1/06 - 4/1/07	
Performance:	Adult overall satisfaction index = 90.0%
Performance:	Child/Adolescent overall satisfaction index = 91.0%
Time Frame: 5/1/07-10/31/07	
Performance:	Adult overall satisfaction index = 89.6%
Performance:	Child/Adolescent overall satisfaction index = 87.6%

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Measure	Definition	Goal	Data Source	Reporting Interval	Responsible Subcommittee
		NETWORK			
Provider Satisfaction	The percent positive response to overall satisfaction with MBC of Iowa. **Numerator:** Number of individual respondents that rated the overall satisfaction item positively; **Denominator:** Total number of respondents that responded to the overall satisfaction item - Medicaid Mental Health - Medicaid and DPH Substance Abuse - Overall	>= 75% of respondees report overall satisfaction with MBC of Iowa services	Monitoring Performance Indicator #16; Customer/Corporate approved surveys, sampling, methodology and database.	Annually	Professional Provider Review

Time Frame:	1/1/99 - 6/30/00
Performance:	Overall satisfaction = 80%
Time Frame:	7/1/00 - 6/30/01
Performance:	Overall satisfaction = 83%
Time Frame:	7/1/01 - 6/30/02
Performance:	Overall satisfaction = 86%
Time Frame:	7/1/02 - 6/30/03
Performance:	Overall satisfaction = 84%
Time Frame:	7/1/03 - 6/30/04
Performance:	Overall satisfaction = 82.3%
Time Frame:	7/1/04 - 6/30/05
Performance:	Overall satisfaction = 85.1%
Time Frame:	7/1/05 - 6/30/06
Performance:	Overall satisfaction = 84.4%
Time Frame:	7/1/06 - 6/30/07
Performance:	Overall satisfaction = 87.6%

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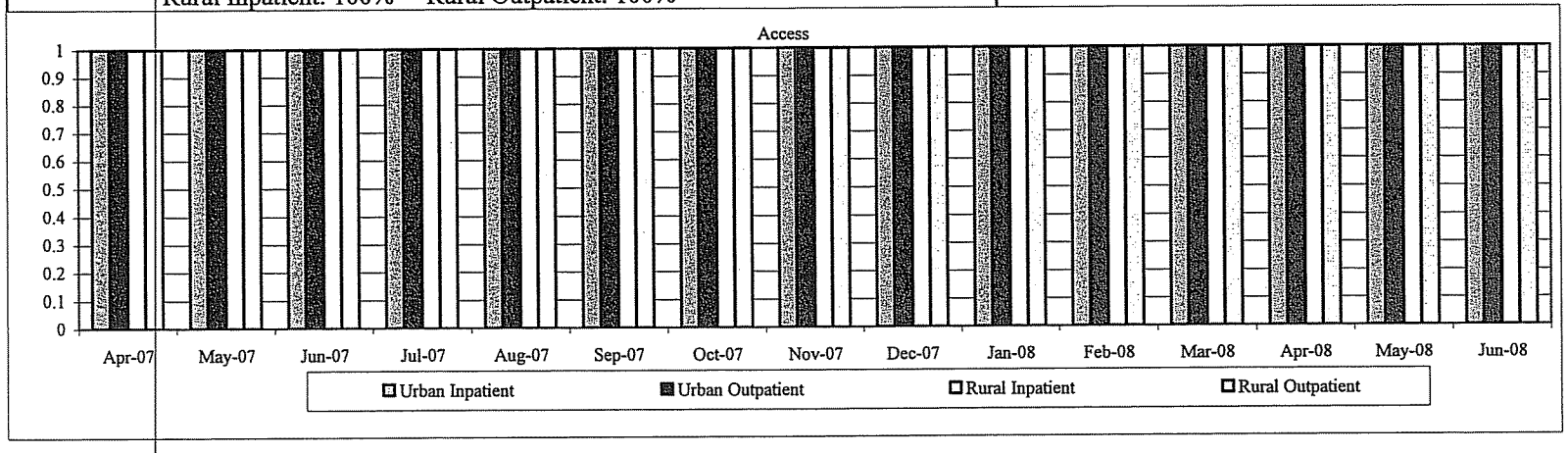
Network Adequacy	**A. Access:** This definition / calculation estimates the coverage of mental health practitioners/providers within the established standards for maximum distance by calculating the percentage of members that are within maximum distance standards of mental health providers. **Numerator:** Number of members within the established distance standards of providers; **Denominator:** Number of members within the region. - Medicaid Mental Health	**Urban Inpatient:** 100% within 30 minutes **Urban Outpatient:** 100% within 45 minutes **Rural Inpatient:** 100% within 45 miles **Rural Outpatient:** 100% within 34 miles (RFP requirement)	Monitoring Performance Indicator #10; Geo-Access Maps	Monthly	Professional Provider Review

Time Frame: 6/1/08 - 6/30/08
Performance: Urban Inpatient: 100% Urban Outpatient: 100%
Rural Inpatient: 100% Rural Outpatient: 100%



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Measure	Definition	Goal	Data Source	Reporting Interval	Responsible Subcommittee
Network Adequacy (cont.)	**B. Density:** This definition / calculation provides the number of providers per 1000 members within the State. **Numerator:** Number of providers in the State of Iowa; **Denominator:** Membership for the reporting period / 1000. - Medicaid Mental Health - Medicaid and DPH Substance Abuse	Monitor Only	Network database (Geo-Access Reports, etc.)	Annually Calculated at end of contract year	Professional Provider Review

Time Frame: 7/01/07 - 6/30/08
Performance: 6.98 providers per 1,000

Note: Calculation based on enrollment and eligibility from the last month of the reporting period

Measure	Definition	Goal	Data Source	Reporting Interval	Responsible Subcommittee
Timeliness of Credentialing and Re-Credentialing	Credentialing of all Iowa Plan providers applying for network provider status shall be completed as follows: 60% within 30 days; 100% within 90 days Completion time shall be tracked from the time all required paperwork is provided to the Contractor until the time a written communication is mailed or faxed to the provider notifying them of the Contractor's determination.	60% within 30 days; 100% within 90 days	Credentialing Tracking System	Quarterly	Professional Provider Review

Time Frame: 4/1/08-6/30/08
Performance: 100.0% within 30 days; 100% within 90 days

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Measure	Definition	Goal	Data Source	Reporting Interval	Responsible Subcommittee
Substance Abuse Discharge Plan Documentation	This definition/calculation identifies the percentage of enrollees being discharged from SA Level III.7,III.5 and III.3 settings for whom a discharge plan was documented on the day of discharge. **Numerator:** Number of clients who were discharged from SA Level III.7,III.5 and III.3 settings for whom a discharge plan was documented on the day of discharge. **Denominator:** The total number clients who were discharged from SA Level III.7,III.5 and III.3 settings.	>=90%	Substance Abuse Retrospective Chart Reviews	Quarterly	Utilization Management
Time Frame: 4/1/08 - 6/30/08 Performance:					

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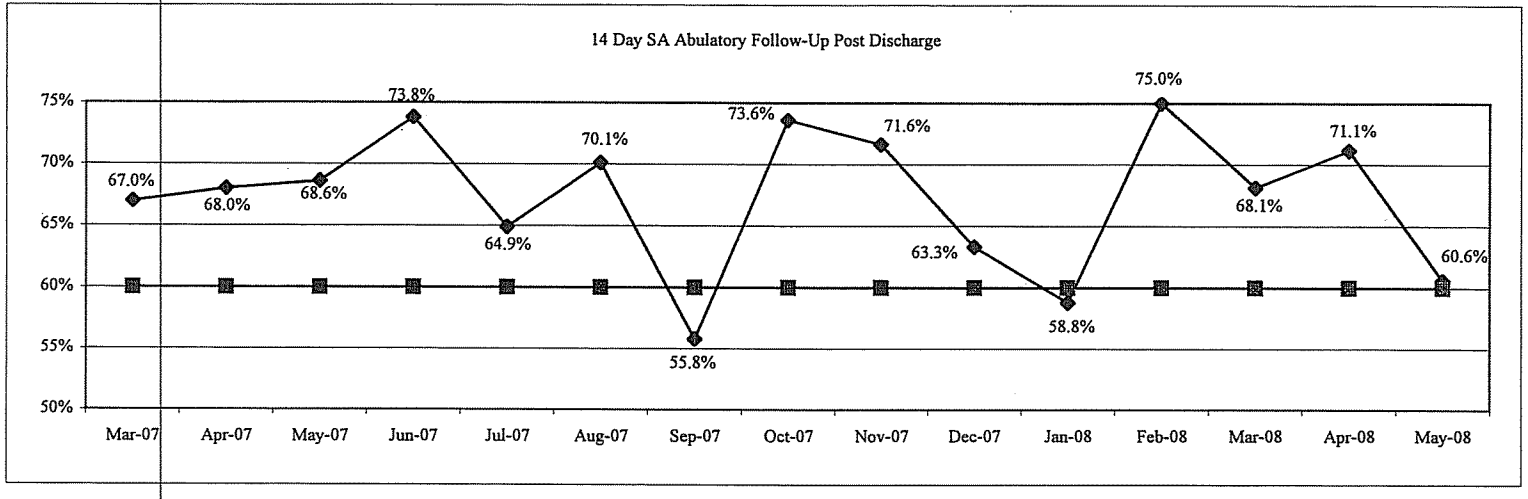
Measure	Definition	Goal	Data Source	Reporting Interval	Responsible Subcommittee
14-Day SA Ambulatory Follow-up Post Discharge	This definition/calculation provides the precentage of clients discharged from SA Level III.5 and III.3 settings who received a follow-up SA services within 14 days of discharge. **Numerator:** Number of clients who were discharged from SA Level III.5 and III.3 settings who received a follow-up SA services within 14 days of discharge. **Denominator:** The total number clients who were discharged from SA Level III.5 and III.3 settings	Goal = 60% within 14 days (effective 7/1/04)	Incentive Performance Indicator #7, Authorization Data, Claims Data	Monthly	Utilization Management

Time Frame: 5/1/08 - 5/31/08 (1 month lag)
Performance: 60.6% YTD: 66.3% (7/07-6/08)



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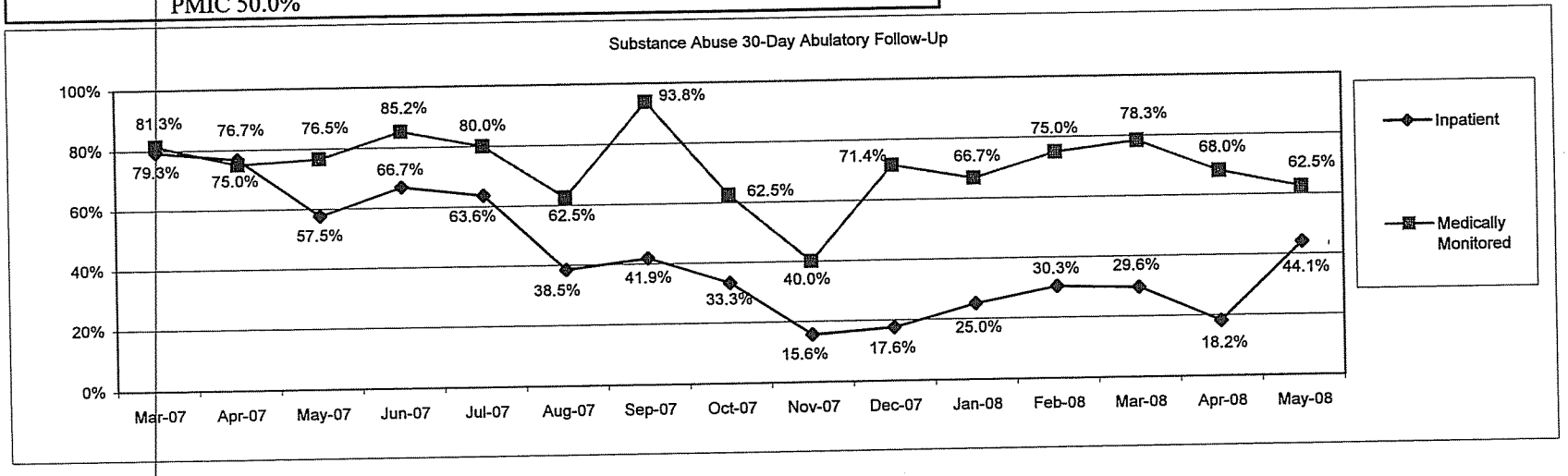
Measure	Definition	Goal	Data Source	Reporting Interval	Responsible Subcommittee
30-Day Ambulatory Follow-up SA	This definition/calculation provides a percentage of enrollees discharged from SA 24 hour Level of Care (excluding III.1 Halfway House) where there is follow-up within 30 days of discharge. **Numerator:** Number of enrollees discharged from SA 24 hour Level of Care (excluding III.1 Halfway House) where there is follow-up within 30 days of discharge. **Denominator:** Total number of enrollees discharged from SA 24 hour Level of Care (excluding III.1 Halfway House)	Monitor Only	Penalty Performance Indicator 6, Discharges and Claims Data	Monthly	Utilization Management

Time Frame: 5/1/08 - 5/31/08 (1 month lag)
Performance: Inpatient 44.1%, Medically Monitored 62.5%, Primary/Extended Res. 62.6%
PMIC 50.0%



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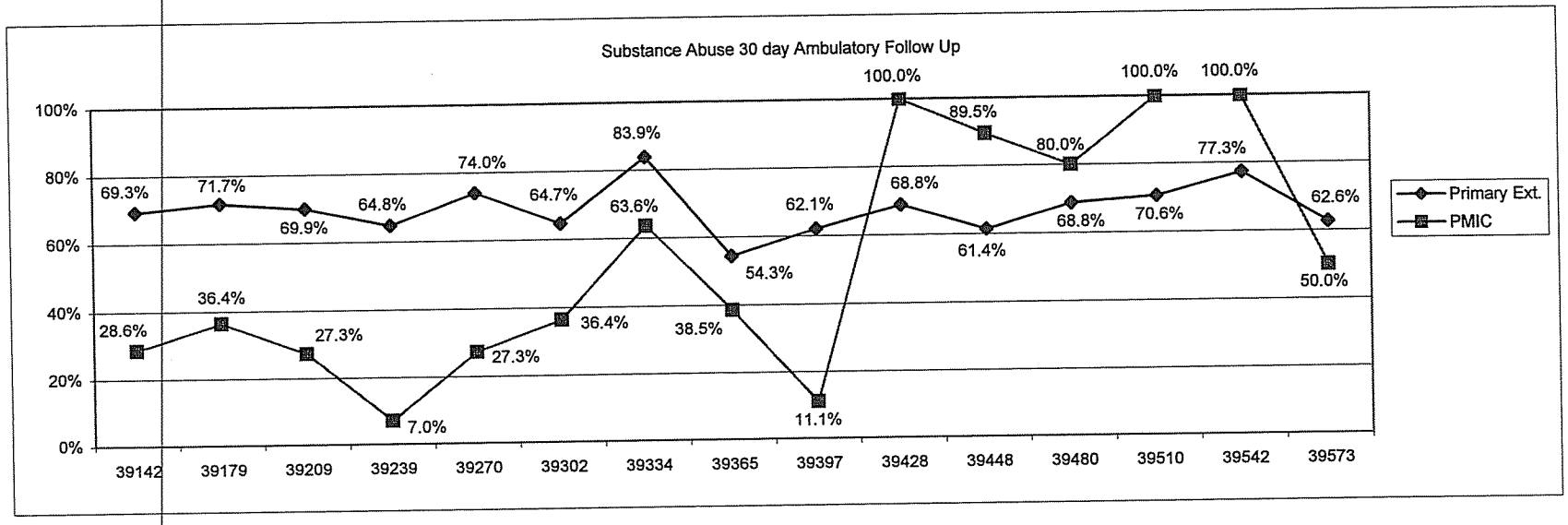

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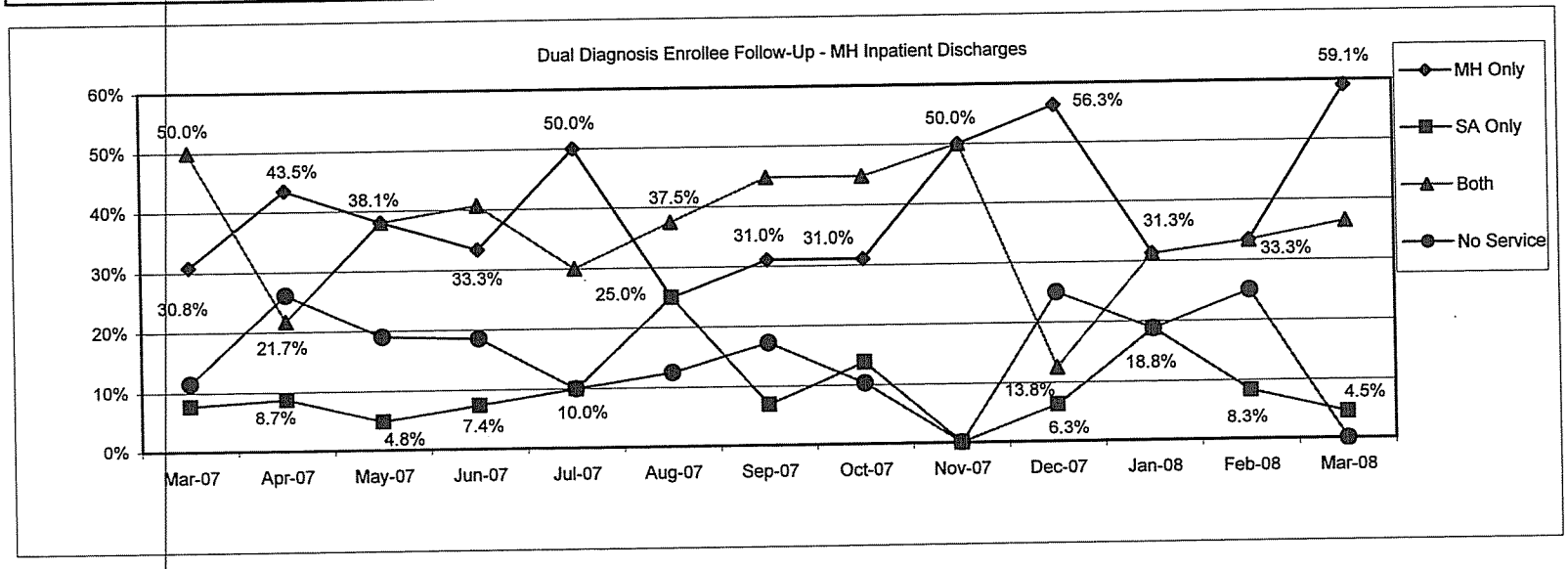
Measure	Definition	Goal	Data Source	Reporting Interval	Responsible Subcommittee
Dual Diagnosis Enrollee Follow-up	This definition/calculation provides the number of dually diagnosised clients admitted to an MH/SA inpatient level of care or SA residential level of care (excluding Halfway House) and track the follow-up services received within 90 days paid by the Iowa Plan.	Monitor Only	Monitoring Performance Indicator 18, Discharges and Claims Data	Monthly	Utilization Management

Time Frame: 3/1/08 - 3/31/08 (3 month lag)
Performance: MH IP D/C's - MH Only: 59.1%, SA Only: 4.5%, Both: 36.4%, No Services: 0.0%
Performance: SA IP D/C's - MH Only: 4.5%, SA Only: 27.3%, Both: 59.1%, No Services: 9.1%



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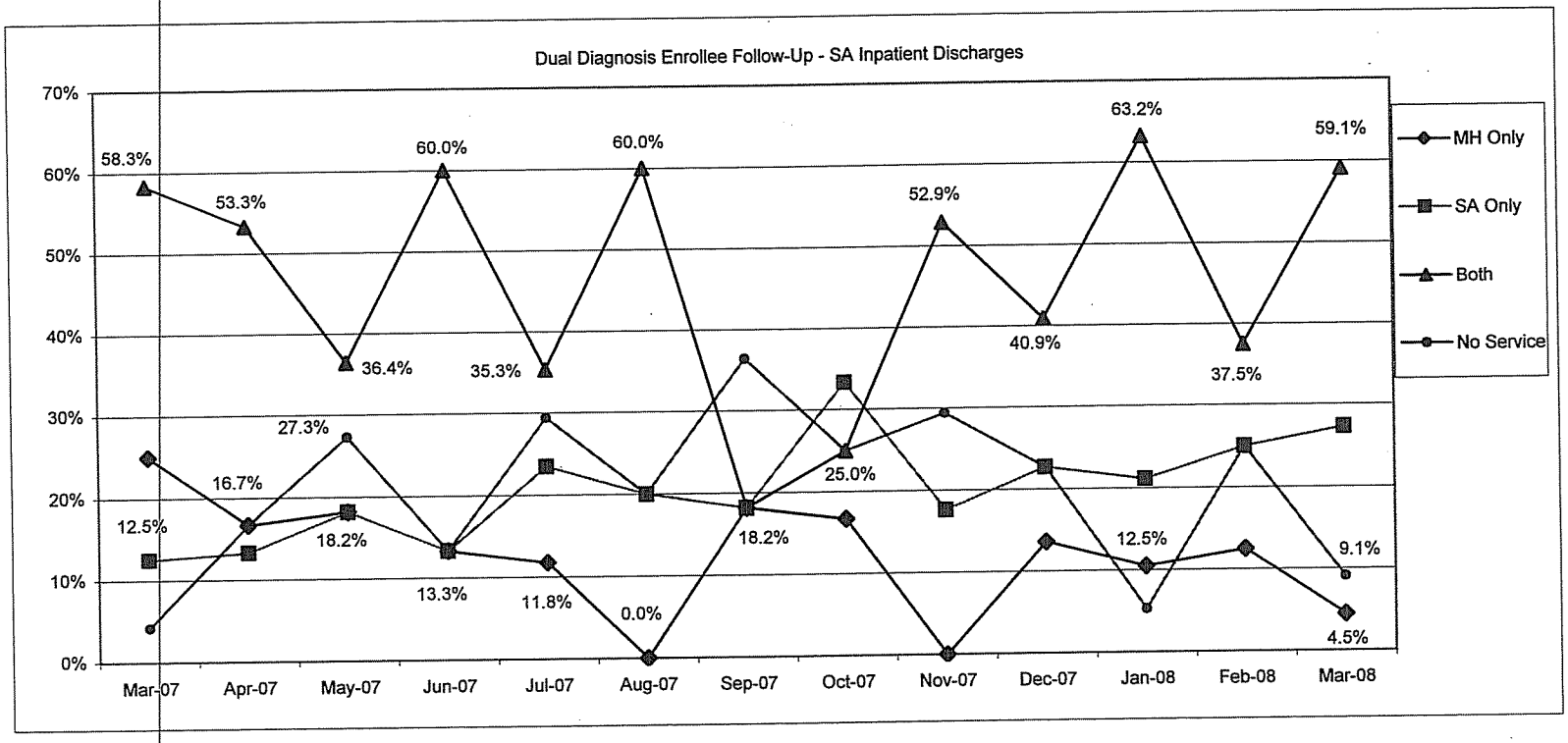

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Measure	Definition	Goal	Data Source	Reporting Interval	Responsible Subcommittee
Retrospective Treatment Record Reviews	**A. <u>Percent compliance with tool</u>:** This calculation determines the percent of retrospective reviews in compliance with the retrospective review tool. The total number of facilities/providers who were evaluated. Percentage of compliance with tool. - Medicaid Mental Health - Medicaid and DPH Substance Abuse	MH > = 85 % SA > = 85 %	Retrospective treatment record reviews	Quarterly	Utilization Management
Time Frame: 4/01/08 - 6/30/08 Performance: MH: 29 providers visited, average total score=90.0% SA: 18 providers visited, average total score=94.0%					

Scores for MH and SA retrospective reviews should not be considered comparable as different tools with different weights are used.

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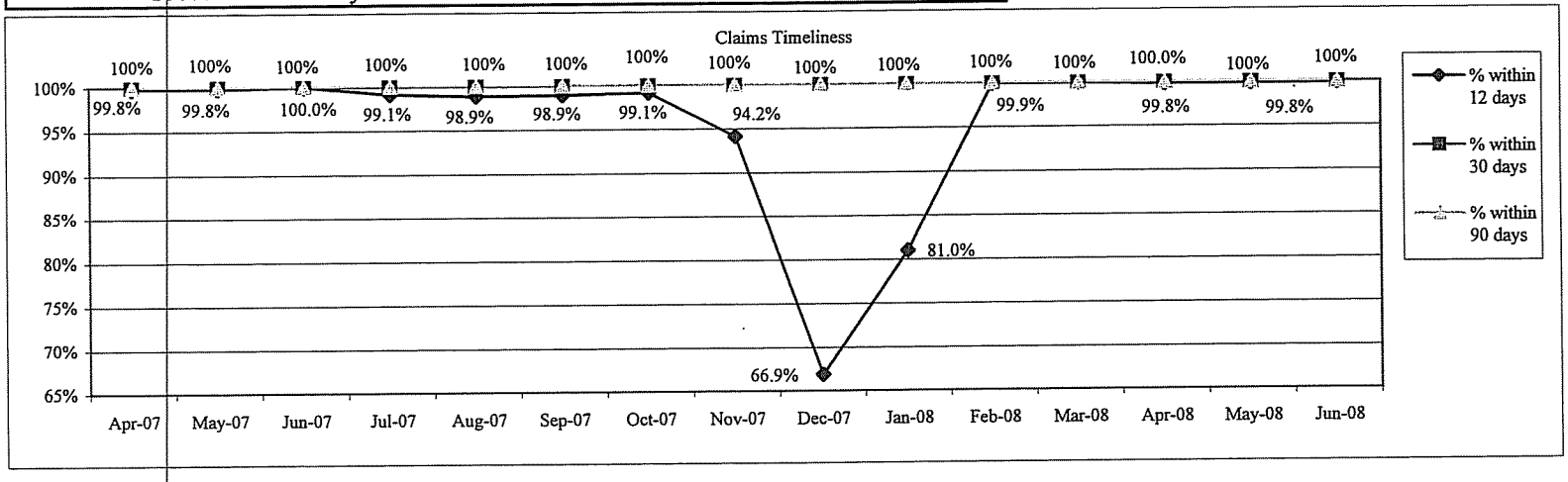
Measure	Definition	Goal	Data Source	Reporting Interval	Responsible Subcommittee
	CLAIMS				
Timeliness of Claims Processing	**A. <u>Percent of claims processed within 12, 30 and 90 days</u>:** Claims shall be paid or denied within the following time periods: - 85% within 12 calendar days - 90% within 30 calendar days - 100% within 90 calendar days Time shall be calculated from the date the claim is received by MBC of Iowa until the date the check or denial letter is mailed to the provider. This standard relates to the payment of claims for Medicaid-funded substance abuse and mental health services as well as SPP-funded services.	- 85% within 12 calendar days - 90% within 30 calendar days - 100% within 90 calendar days	Penalty Performance Indicator #12; Medicaid only	Monthly	Member Services

Time Frame: 6/1/08 - 6/30/08
Performance: 99.84% within 12 days
100.00% within 30 days
100% within 90 days



Note: February 2007 - 2 claims processed > 90 days

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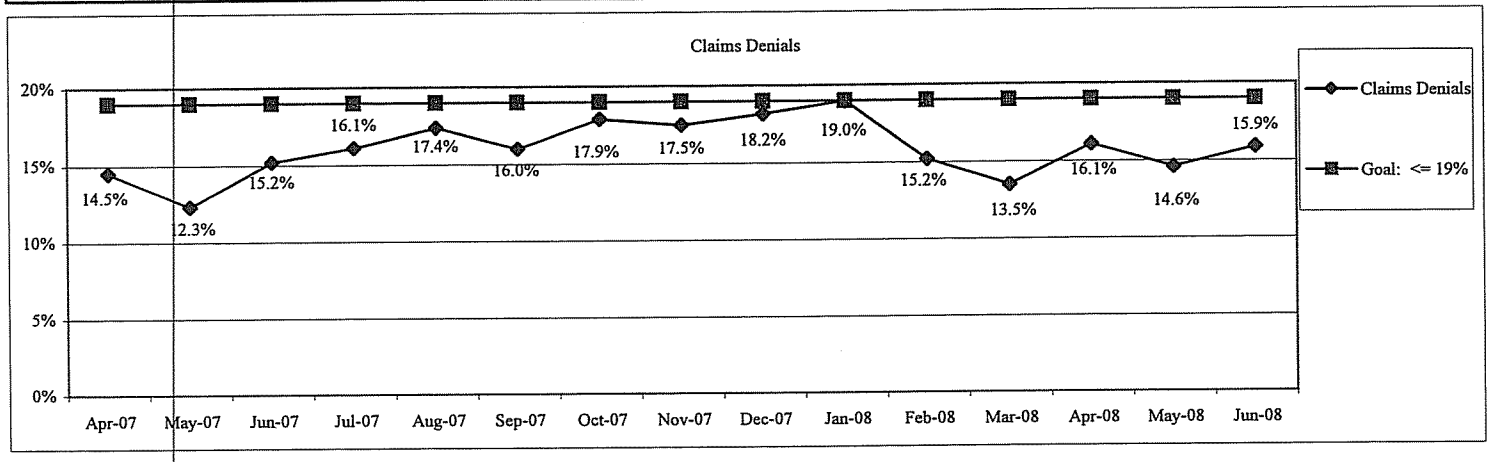
Measure	Definition	Goal	Data Source	Reporting Interval	Responsible Subcommittee
Timeliness of Claims Processing	**B. Percent of claims denied:** **Numerator:** Number of claims denied during the reporting month; **Denominator:** Number of claims processed during the reporting month. - Medicaid Mental Health and Substance Abuse	19% or less	IACL04	Monthly	Member Services
Time Frame: 6/1/08 - 6/30/08 Performance: 15.9%					



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DPH Substance Abuse Funding Source Monitoring

Measure	Definition	Goal	Data Source	Reporting Interval	Responsible Subcommittee
MBC of Iowa DPH-Funded Population Receiving Services	MBC of Iowa is contractually required to meet certain thresholds for population categories served such as: - Women - Pregnant women - Criminal justice referral source - Unemployed - Prior substance abuse treatment - Race other than Caucasian - Monthly taxable income under $1000 Each month, MBC of Iowa generates a report that summarizes the number and percent of clients receiving services that fall into these population categories.	- Women: 27.8% - Pregnant: 4.3% - Criminal justice referral source: 63.9% - Unemployed: 30.7% - Race other than Caucasian: 12.5% - Prior substance abuse treatment: 41.3% - Monthly taxable income under $1000: 65%	Admissions SARS, I-SMART Admissions	YTD	Utilization Management
Time Frame: 7/1/07 - 6/30/08 Women: 27.5% Pregnant: 2.4% Criminal justice referral source: 52.1% Unemployed: 32.5% Race other than white: 12.8% Prior substance abuse treatment: 52.0% Monthly taxable income under $1000: 68.0%					
DPH-Funded Services Minimum Client Counts	MBC of Iowa is contractually required to serve a minimum number of DPH-Funded clients each year. MBC of Iowa DPH-Funded providers also have contractual minimum client numbers. Quarterly, MBC of Iowa generates a report that summarizes by DPH-Funded provider the number of DPH-Funded clients served year-to-date. MBC of Iowa reports DPH-Funded minimum client number compliance to IDPH on a quarterly basis.	- Minimum unduplicated number of DPH participants for 7/1/07 – 6/30/08: 19,154	Service SARS, I-SMART Encounters	YTD	Utilization Management
Time Frame: 7/1/07 - 6/30/08 Minimum unduplicated number of DPH participants: 23,013					

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DPH Substance Abuse Funding Source Monitoring

Measure	Definition	Goal	Data Source	Reporting Interval	Responsible Subcommittee
Medicaid Service SARS/I-SMART to Medicaid Eligibility	MBC of Iowa and the network providers are contractually required to assure that client services are paid through the correct Medicaid or DPH-Funded funding stream. Quarterly, MBC of Iowa generates a report that cross-checks clients reported on SARS/I-SMART as Medicaid with Medicaid enrollment tapes to confirm Iowa Plan enrollment.	Monitor Only	Service SARS, I-SMART Encounters and Medicaid Enrollment tapes	Quarterly	Utilization Management

Time Frame: 1/1/08 - 3/31/08 (3 month lag)
Number of Providers identified: 42
Number of Clients affected: 385
Date MBC of Iowa sent monitoring letter to providers on 8/11/08

* Based on an internal programming audit, we have revised the crosscheck logic. As a result, Medicaid eligible clients may be listed on this report as not eligible because data entered into SARS, such as the date of birth or the Social Security Number, was incorrect. Because it is not possible to correct these types of errors in SARS, such clients may be listed on this report until the client is no longer receiving services from the provider.

Minimum DPH-Funded Client Counts	MBC of Iowa is contractually required to serve a minimum number of DPH-Funded clients each year. MBC of Iowa DPH-Funded providers also have contractual minimum client numbers. Each month, MBC of Iowa generates a report specific to each DPH-Funded provider that summarizes the number of DPH-Funded clients the provider has served year-to-date.	Monitor Only	Service SARS, I-SMART Encounters	Annually	Utilization Management

Time Frame: 7/1/07 - 6/30/08
Number of Providers identified:
Number of Clients affected:
Date MBC of Iowa sent monitoring letter to providers: **

** At the end of the contract year the Substance Abuse Director personally visits the providers who do not meet minimum numbers.

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DPH Substance Abuse Funding Source Monitoring

Measure	Definition	Goal	Data Source	Reporting Interval	Responsible Subcommittee
DPH-Funded Detox/Acute Inpatient Crosscheck	MBC of Iowa and Network DPH-Funded providers are contractually required to assure that DPH-Funded funding is not used to pay for detoxification or acute hospitalization. Quarterly, MBC of Iowa generates a report for each DPH-Funded provider that lists clients reported as DPH-Funded for whom detox services and/or acute hospitalization were also reported.	Monitor Only	Services SARS, I-SMART Encounters	Quarterly	Utilization Management
Time Frame: 4/1/08 - 6/30/08 Number of Providers identified: 0 Number of Clients affected: 0 MBC of Iowa monitoring letter were sent to the providers on 5/9/08					
DPH-Funded IV Drug User Wait Time Crosscheck	MBC of Iowa and DPH-Funded providers are contractually required to assure that IV drug users whose services are supported by DPH-Funded funding are admitted within 14 days of assessment. Quarterly, MBC of Iowa generates a report for each DPH-Funded provider that lists clients reported as DPH-Funded IV drug users for whom the reported wait time for admission to services was longer than 14 days.	Monitor Only	Admissions SARS, I-SMART Admissions	Quarterly	Utilization Management
Time Frame: 4/1/08 - 6/30/08 Number of Providers identified: 9 Number of Clients affected: 32 MBC of Iowa monitoring letters were sent to providers on 8/11/08					

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DPH Substance Abuse Funding Source Monitoring

Measure	Definition	Goal	Data Source	Reporting Interval	Responsible Subcommittee
DPH-Funded Pregnant Women Wait Time Crosscheck	MBC of Iowa and DPH-Funded providers are contractually required to assure that pregnant women whose services are supported by DPH-Funded funding are admitted to treatment within 48 hours of assessment. Quarterly, MBC of Iowa generates a report for each DPH-Funded provider that lists clients reported as DPH-Funded pregnant women for whom the reported wait time for admission to services was longer than two days.	Monitor Only	Admissions SARS, I-SMART Admissions	Quarterly	Utilization Management
Time Frame: 4/1/08 - 6/30/08 Number of Providers identified: 5 Number of Clients affected: 8 MBC of Iowa monitoring letters were sent to providers on 8/11/08					
DPH-Funded Reporting by Ineligible Contractor	MBC of Iowa DPH-Funded contracts are held by a limited number of providers. SARS reporting is monitored to assure that ineligible providers, that is, providers who do not hold DPH-Funded contracts, do not report clients as DPH-Funded. Quarterly, MBC of Iowa generates individual reports for ineligible providers that list clients reported as DPH-Funded.	Monitor Only	Services SARS, I-SMART Encounters	Quarterly	Utilization Management
Time Frame: 4/1/08 - 6/30/08 Number of Providers identified: 25 Number of Clients affected: 8,700					

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DPH Substance Abuse Funding Source Monitoring

Measure	Definition	Goal	Data Source	Reporting Interval	Responsible Subcommittee
DPH-Funded Service SARS / I-SMART to Medicaid Eligibility	Because DPH-Funded funding must be the payor of last resort, MBC of Iowa and MBC of Iowa DPH-Funded providers are contractually required to assure that DPH-Funded funding is not used to pay for services in any month in which the client is MBC of Iowa Medicaid enrolled. Quarterly, MBC of Iowa generates a report that cross-checks clients reported on SARS/I-SMART as DPH-Funded with Medicaid enrollment tapes to confirm that the client is not MBC of Iowa Medicaid enrolled.	Monitor Only	Services SARS, I-SMART Encounters and Medicaid Enrollment tapes	Quarterly	Utilization Management
Time Frame: 1/1/08 - 3/31/08 (3 month lag) Number of Providers identified: 32 Number of Clients affected: 766 MBC of Iowa monitoring letters were sent to providers on 8/11/08					
OWI Screening, Evaluation and Treatment Crosscheck	Because the intent of the 1997 OWI law was for OWI screening and evaluation to be self supporting, such services can not be paid for through DPH-Funded funding. Quarterly, MBC of Iowa generates reports that list clients reported as a DPH-Funded client for whom OWI screening/evaluation was provided without admission to treatment services.	Monitor Only	Admission SARS, I-SMART Admissions	Quarterly	Utilization Management
Time Frame: 4/01/08 - 6/30/08 Number of Providers identified: 18 Number of Clients affected: 610 MBC of Iowa monitoring letters were sent to providers on 8/11/08					

Iowa Plan for Behavioral Health Performance Indicators

Data Reflects Contract Period #9
July 1, 2007 to June 30, 2008

June 2008 Report

PERFORMANCE INDICATORS
CARRYING MEDICAID FINANCIAL INCENTIVES
for the
IOWA PLAN FOR BEHAVIORAL HEALTH
for
CONTRACT PERIOD #9
July 1, 2007 to June 30, 2008

The Magellan shall provide to the Departments a monthly written report on all performance indicators including those to which incentive payments have been attached.

For the attainment of each designated financial incentive performance indicator for the time period of July 1, 2007, through June 30, 2008, Magellan shall be paid the amount associated with each indicator. The Department of Human Services shall be solely responsible for determining whether or not the Magellan has met the required level of performance. DHS will validate all information provided by the Magellan prior to issuing incentive payments.

1. Readmission Rate
   Rate of mental health inpatient readmission by children and adults and overall at 7, 30, and 90 days.

   Numerator: The number of inpatient readmission within 7/30/90 days of discharge
   Denominator: The number of inpatient discharges that occur within the reporting periods, less 30 days.*

   * Discharges/readmits at the MHIs where the client is moving between inpatient, subacute, and residential are not counted.

	Jul 07	Aug 07	Sep 07	Oct 07	Nov 07	Dec 07	Jan 08	Feb 08	Mar 08	Apr 08	May 08	Jun 08
7-day readmission												
Children	3.7%	6.9%	1.9%	2.9%	4.2%	2.3%	4.8%	4.9%	2.7%	4.8%	5.8%	1.2%
Adults	4.8%	6.3%	4.6%	5.0%	6.1%	5.7%	6.3%	4.9%	5.3%	2.7%	4.3%	4.9%
Overall	4.5%	6.5%	3.8%	4.3%	5.5%	4.7%	5.9%	4.9%	4.4%	3.4%	4.8%	3.9%
30-day readmission*												
Children	12.3%	14.4%	17.0%	11.3%	11.2%	8.4%	11.2%	8.9%	8.8%	11.9%	11.7%	10.7%
Adults	12.0%	15.0%	17.1%	14.0%	16.3%	11.9%	15.8%	13.2%	18.3%	12.2%	10.4%	16.6%
Overall	12.0%	14.9%	17.1%	13.1%	14.6%	10.8%	14.6%	12.0%	15.1%	12.1%	10.8%	14.6%
90-day readmission												
Children	16.4%	18.3%	22.4%	22.8%	25.6%	17.6%	18.0%	16.5%	20.3%	18.8%	18.6%	20.8%
Adults	25.5%	24.5%	25.1%	25.3%	26.8%	23.2%	24.3%	23.9%	25.5%	24.4%	30.8%	23.7%
Overall	22.3%	22.2%	24.4%	24.6%	26.5%	21.5%	22.1%	21.7%	24.2%	22.7%	26.7%	22.7%

	7-day readmission	**30-day readmission**	**90-day readmission**
Contract Period to Date	Children: 4.1% Adults: 5.4% Overall: 5.0%	Children: 11.6% Adults: 14.7% Overall: 13.8%	Children: 19.6% Adults: 25.4% Overall: 23.6%
Standard	**6% or less (Monitor only)**	**15% or less (Incentive)**	**25% or less (Monitor only)**

2. Consumer Involvement

Magellan shall arrange or participate in 450 JTP conferences per contract period with the consumer participating in at least 97% of the JTP conferences. The number of JTP conferences will be measured by the number of times during the contract period in which staff representing Magellan participated in pre-scheduled conference calls or face-to-face meetings in which persons authorized to commit funds from at least one other funding stream worked with or on behalf of an enrollee to design or revise a treatment plan.

The determination of the percentage of JTP conferences with consumer participation is as follows:

Numerator: The number of JTP conferences (as described above) in which the enrollee (or the enrollee's family or legal representative if the enrollee is a child) was present.

Denominator: The number of JTP conferences (as described above) performed by Magellan.

Data source: JTP Tracking System.

	Jul 07	Aug 07	Sep 07	Oct 07	Nov 07	Dec 07	Jan 08	Feb 08	Mar 08	Apr 08	May 08	June 08
# of JTPCs	51	62	53	42	30	22	20	46	51	53	38	39
% of Consumer Participation	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Contract Period to Date	Number of JTPCs: 507 Consumer Involvement: 100%
Standard	**450 JTP Conferences per contract year** **97% or more consumer involvement**

3. Community Tenure

The average time between mental health hospitalizations shall not fall below 60 days for children and adults.

For enrollees defined as "High Need" that were admitted to a mental health inpatient hospital setting which is funded by Magellan and subsequently readmitted to a mental health inpatient hospital setting funded by Magellan within the contract period and the preceding 12 months of the contract period, the average number of days between discharge and readmission(s). The numbers must reflect all enrollees who were re-admitted despite Magellan denial as well as those enrollees whose admission was authorized.

Data Source: Authorizations.

	Jul 07	Aug 07	Sep 07	Oct 07	Nov 07	Dec 07	Jan 08	Feb 08	Mar 08	Apr 08	May 08	Jun 08
Children	83.2	84.6	90.7	89.3	89.1	93.7	89.2	92.1	94.8	94.5	85.6	77.5
Adults	83.9	82.3	83.7	85.0	85.4	83.5	86.2	91.1	89.5	91.8	93.6	94.0
Overall	83.7	82.8	85.3	85.9	86.1	85.4	86.7	91.3	90.3	92.2	92.5	91.7

Standard	**52 days or more (children) – (monitor only)** **74 days or more (adults) – (monitor only)** **60 days or more (combined children & adults) – (incentive)**

4. Involuntary Hospitalization

The percent of involuntary admissions for mental health treatment to 24 hour inpatient settings shall not exceed 15% of all children admissions and 10% of all adult admissions.

Numerator: the number of enrollees involuntarily admitted for mental health treatment to all inpatient settings regardless of whether Magellan authorized or is funding the hospitalization.

Denominator: the number of enrollees admitted for mental health treatment to all inpatient settings regardless of whether Magellan is authorizing or is funding the hospitalization.

Exclude from the formula children under the custody of DHS since they may be court-ordered.

Data Source: Authorizations.

	Jul 07	Aug 07	Sep 07	Oct 07	Nov 07	Dec 07	Jan 08	Feb 08	Mar 08	Apr 08	May 08	Jun 08
Children	0.6%	1.1%	1.6%	1.2%	1.6%	4.2%	2.5%	0.5%	0.9%	2.2%	0.5%	0.6%
Adults	1.7%	2.1%	1.1%	1.2%	1.8%	1.7%	1.3%	0.7%	1.4%	2.4%	1.3%	0.4%
Overall	1.4%	1.8%	1.3%	1.2%	1.8%	2.3%	1.6%	0.6%	1.3%	2.3%	1.0%	0.5%
Contract Period to Date				Children: 1.3% Adults: 1.5% Overall: 1.4%								
Standard				**≤ 15% child admissions** **≤ 10% adult admissions**								

Please note: these data are exclusive of commitments to MHIs.

5. Service Array

At least 6.0% of mental health service expenditures will be used in the provision of integrated services and supports, including natural supports, consumer run programs, and services delivered in the home of the enrollee.

Numerator: Magellan's mental health expenditures for integrated services and supports, consumer run programs, and services delivered in the consumer's home.

Denominator: Magellan's total claims expenditures for mental health services.

Data Source: Claims.

	Jul 07	Aug 07	Sep 07	Oct 07	Nov 07	Dec 07	Jan 08	Feb 08	Mar 08	Apr 08	May 08	Jun 08
% of expenditures	12.9%	21.6%	13.6%	11.7%	12.8%	11.7%	12.7%	13.0%	15.0%	12.8%	12.0%	30.2%
Percent Contract Period to Date				15.2%								
Standard				**6.0% or more**								

Please note: this report includes claims adjustments.

6. Quality of Care

90% of persons discharged from mental health inpatient care will receive other treatment services within 7 days of discharge date.

Numerator: Number of discharges from a mental health inpatient setting (whether or not the inpatient hospitalization was authorized by Magellan at the time of discharge) during the contract period for whom claims data or information from a provider reflects subsequent treatment service or a follow-up with Magellan's Intensive Care Manager within 7 calendar days of the discharge date.

Denominator: Number of discharges from a mental health inpatient setting during the contract period (whether or not the inpatient hospitalization was authorized by the Magellan at the time of discharge).

Note: Clients not enrolled in the Iowa Plan at the time of discharge are excluded, even those clients who later gain Iowa Plan enrollment for the month of service. Clients determined to be admitted for a non-Iowa Plan diagnosis are excluded.

Data Source: Authorizations, ICM database and claims.

	Jul 07	Aug 07	Sep 07	Oct 07	Nov 07	Dec 07	Jan 08	Feb 08	Mar 08	Apr 08	May 08	Jun 08
% of persons discharged	89.0%	90.0%	91.1%	92.0%	88.6%	85.8%	89.0%	93.0%	92.7%	93.2%	91.5%	
Contract Period to Date	90.6%											
Standard	**90% or more within 7 days**											

Please note: the data are internally audited each month for accuracy. Changes may result from the audits. In reporting there is a one month delay for auditing purposes.

7. Quality of Care

60% of enrollees discharged from ASAM Levels III.5 and III.3 and receiving a follow-up substance abuse service within 14 days of discharge.

Numerator: The number of clients discharged from ASAM Levels III.5 and III.3 who received a follow-up substance abuse service reimbursed by Magellan within 14 days (as documented in Magellan's claim system) of discharge.

Denominator: The number of clients discharged from ASAM Levels III.5 and III.3.

Data Source: Authorizations, ICM database and Claims

	Jul 07	Aug 07	Sep 07	Oct 07	Nov 07	Dec 07	Jan 08	Feb 08	Mar 08	Apr 08	May 08	Jun 08
% of persons discharged	64.9%	70.1%	55.8%	73.6%	71.6%	63.3%	58.8%	75.0%	68.1%	71.1%	60.6%	
Contract Period to Date	66.3%											
Standard	**60.0% or more within 14 days**											

Please note: the data are internally audited each month for accuracy. Changes may result from the audits. In reporting there is a one month delay for auditing purposes.

8. Quality of Care

90% of all discharge plans written for enrollees being released from a mental health inpatient hospitalization shall be implemented. (Minimum of 185 charts)

Numerator: Number of enrollees* who have been discharged from a mental health inpatient setting during the contract period (whether or not the inpatient hospitalization was authorized by the Magellan at the time of discharge) for whom claims data or provider records reflect implementation of the follow-up plan written with the enrollee at the time of discharge.

Denominator: Number of enrollees* who have been discharged from a mental health inpatient setting during the contract period (whether or not the inpatient hospitalization was authorized by the Magellan at the time of discharge).

*Numerator and Denominator numbers are based solely on the number of record reviews completed during the measurement period. DHS has the right to approve the sampling methodology and review criteria should the Magellan utilize provider records for this measurement.

Data Source: Tracking System.

	Contract Period to Date (Jul 2007 – Jun 2008)
% with discharge plan implemented	95.4%
Number of charts d/c plan implemented	187
Number of charts reviewed	196
Providers Visited	21
Standard	**90% or more Minimum of 185 charts**

MEDICAID PERFORMANCE INDICATORS
WITH FINANCIAL PENALTIES
for the
IOWA PLAN FOR BEHAVIORAL HEALTH
for
CONTRACT PERIOD #9
July 1, 2007 – June 30, 2008

DHS will assess liquidated damages if the Magellan fails to comply with the minimum performance levels specified below for any two quarters in a contract period.

The review period will begin July 1, 2007, and end June 30, 2008. Disincentives shall be assessed solely at the discretion of the Department of Human Services. The Department reserves the right at any time to audit records upon which the performance indicator reports are based.

1. Consumer Involvement

New enrollee information, including a list of network providers, will be mailed to each new enrollee in the Iowa Plan within 10 working days after the first time their name was provided to Magellan.

When the name of a new Iowa Plan enrollee is provided to Magellan, no more than 10 working days shall elapse before Magellan mails required new enrollee information on Iowa Plan services. The standard shall be met for 95% of all enrollees, and in no case shall more than 15 working days elapse before all new enrollees are mailed enrollment information.

Data Source: Manual Tracking System.

	Quarter to Date (Jul – Sep 2007)	Quarter to Date (Oct – Dec 2007)	Quarter to Date (Jan – Mar 2008)	Quarter to Date (Apr – Jun 2008)
% within 10 days	100%	100%	100%	100%
% within 15 days	100%	100%	100%	100%
% 16+ days	0%	0%	0%	0%
	Standard	**95% within 10 working days** **100% within 15 working days**		

2. Quality of Care

A discharge plan shall be documented on the day of discharge for 90% of enrollees being discharged from the following mental health settings: inpatient, partial hospitalization, and day treatment.. The discharge plan at a minimum includes the following first three items: 1) the next appointment(s) and/or place of care, 2) medications (if applicable), 3) emergency contact numbers, and 4) as applicable; restrictions (if any) on activities and when they can return to work/school including the school setting.

Numerator: The number of enrollees* who have been discharged from mental health inpatient, mental health partial hospitalization, and mental health day treatment for whom a discharge plan was documented in the record on the day of discharge.

Denominator: The number of enrollees* discharged from mental health inpatient, mental health partial hospitalization, and mental health day treatment settings.

Note: This measurement excludes enrollees who left treatment against medical advice.

*Numerator and Denominator numbers are based solely on the number of record reviews completed during the measurement period.

Data Source: Retrospective Chart Reviews.

	Quarter to Date (Jul – Sep 2007)	Quarter to Date (Oct – Dec 2007)	Quarter to Date (Jan – Mar 2008)	Quarter to Date (Apr – Jun 2008)
% with discharge plan documented	93.1%	93.3%	100%	100%
Number of charts d/c plan documented	54	56	58	20
Number of charts reviewed	58	60	58	20
Providers Visited	7	6	6	2

Contract Period to Date	% with discharge plan documented: 95.9% Number of charts d/c plan documented: 188 Number of charts reviewed: 196 Providers Visited: 21
Standard	**90% or more**

3. Quality of Care

The percentage of enrollees under the age of 18 discharged from a mental health inpatient setting to a homeless or emergency shelter shall not exceed 1.5% of all mental health inpatient discharges of children under the age of 18.

Numerator: the number of enrollees under the age of 18 who were transferred to a homeless or emergency shelter upon discharge from mental health inpatient care.

Denominator: the number of enrollees under the age of 18 who were discharged from mental health inpatient care.

Note: Enrollees may be excluded if discharged upon the signed recommendation of a DHS or JCS worker.

Data Source: Authorizations.

	Quarter to Date (Jul – Sep 2007)	Quarter to Date (Oct – Dec 2007)	Quarter to Date (Jan – Mar 2008)	Quarter to Date (Apr – Jun 2008)
% of Children	0.6%	0.2%	0.2%	0.3%
Standard	**≤ 1.5%**			

4. Quality of Care

95% of enrollees who received services in an emergency room and for whom inpatient care was requested but not authorized shall have a follow-up contact within 3 business days of the date Magellan is notified of the ER service.

Numerator: The number of enrollees who were served in an emergency room, for whom inpatient care was requested and denied, and who received a documented follow-up contact within 3 business days of the date Magellan was notified of the emergency room service.

Denominator: The number of enrollees who were served in an emergency room, for whom inpatient care was requested and denied.

Note: Documented follow-up may include treatment at a 24-hour setting to which the enrollee returned or was admitted following the ER presentation. In addition, documented follow-up includes Magellan's attempt to reach the enrollee telephonically for each 24 hour period up to 3 business and a subsequent letter to the enrollee within 3 business days if the enrollee could not be reached telephonically.

Data Source: ER Tracking System.

	Quarter to Date (Jul – Sep 2007)	Quarter to Date (Oct – Dec 2007)	Quarter to Date (Jan – Mar 2008)	Quarter to Date (Apr – Jun 2008)
% follow-up	98.4%*	100.0%	100.0%	100%
Standard	**95% or more within 3 business days**			

5. Quality of Care

Magellan shall arrange or participate in at least 20 Joint Treatment Planning conferences per month.

The number of times during a calendar month in which staff representing Magellan participated in prescheduled conference calls or face-to-face meetings in which persons authorized to commit funds from at least one other funding stream worked with or on behalf of an enrollee to design or revise a treatment plan.

Data Source: JTP Tracking System.

	Jul 07	Aug 07	Sep 07	Oct 07	Nov 07	Dec 07	Jan 08	Feb 08	Mar 08	Apr 08	May 08	Jun 08
# of JTP conferences	51	62	53	42	30	22	20	46	51	53	38	39
Contract Period to Date				507 JTP conferences conducted								
Standard				**20 or more each month**								

6. Quality of Care

At least 60% of enrollees discharged from 24-hour substance abuse services including PMIC (excluding Level III.1 – Halfway House) receive a follow-up substance abuse service within 30 days of discharge.

Numerator: The number of clients discharged from 24-hour substance abuse services including PMIC (excluding Level III.1 – Halfway House) who received a follow-up substance abuse service reimbursed by the Magellan within 30 days of discharged (as documented in Magellan's claim system).

Denominator: The number of clients discharged from 24-hour substance abuse services including PMIC (excluding Level III.1 – Halfway House).

Data Source: Authorizations and Claims

	Quarter to Date (Jul – Sep 2007)	Quarter to Date (Oct – Dec 2007)	Quarter to Date (Jan – Mar 2008)	Quarter to Date (Apr – Jun 2008)
% follow-up	66.3%	65.4%	62.2%	61.1%
Contract Period to Date	64.0%			
Standard	**60% or more**			

Please note: the data are internally audited each month for accuracy. Changes may result from the audits. In reporting, there is a one month delay for auditing purposes.

7. Quality of Care

A discharge plan shall be documented on the day of discharge for 90% of enrollees being discharged from a substance abuse ASAM level III.7, III.5, and III.3 setting. The discharge plan at a minimum includes the following first three items: 1) the next appointment(s) and/or place of care, 2) emergency contact numbers, and 3) as applicable; medications, restrictions (if any) on activities and when they can return to work/school including the school setting.

Numerator: The number of enrollees* who have been discharged from a substance abuse ASAM level III.7, III.5, and III.3 setting for whom a discharge plan was documented in the record on the day of discharge.

Denominator: The number of enrollees* discharged from a substance abuse ASAM level III.7, III.5, and III.3 setting.

Note: This measurement excludes enrollees who left treatment against medical advice. This measure may be done based on a random sample of record audits.

*Numerator and Denominator numbers are based solely on the number of record reviews completed during the measurement period.

Data Source: Retrospective Chart Reviews.

	Quarter to Date (Jul – Sep 2007)	Quarter to Date (Oct – Dec 2007)	Quarter to Date (Jan – Mar 2008)	Quarter to Date (Apr – Jun 2008)
% with discharge plan documented	100%	100%	92.9%	100%
Number of charts d/c plan documented	13	30	26	12
Number of charts reviewed	13	30	28	12
Providers Visited	3	8	7	3
Contract Period to Date	% with discharge plan documented: 97.6% Number of charts d/c plan documented: 81 Number of charts reviewed: 83 Providers Visited: 21			
Standard	**90% or more**			

8. Claims Payment

Medicaid claims shall be paid or denied within the following time periods:

- 85% within 12 calendar days
- 90% within 30 calendar days
- 100% within 90 calendar days

Times shall be calculated from the date the claim is received by Magellan until the date the check or denial letter is mailed to the provider.

Data Source: Claims

	Quarter to Date (Jul – Sep 07)	Quarter to Date (Oct – Dec 07)	Quarter to Date (Jan – Mar 08)	Quarter to Date (Apr – Jun 08)
% Within 12 days	98.94%	87.46%	92.52%	99.83%
% Within 30 days	99.98%	100.00%	99.99%	100.00%
% Within 90 days	100.00%	100.00%	100.00%	100.00%
% > than 90 days	0.00%	0.00%	0.00%	0.00%
Standard	**85% within 12 calendar days 90% within 30 calendar days 100% within 90 calendar days**			

9. Appeals Reviews

95% of appeals will be resolved as expeditiously as the enrollee's health condition requires and within 14 calendar days from the date Magellan received the appeal, other than in instances which the enrollee has requested, or DHS has approved, an extension. 100% must be resolved within 45 calendar days from the date Magellan received the appeal, even in the event of an extension.

In the event of an extension, 95% of the time Magellan will resolve the appeal within the addition 14 calendar day period, and, in the case of a DHS-approved extension, give the enrollee written notice of the reason for the decision to extend the timeframe

Data Source: Appeal Tracking System.

	Quarter to Date (Jul – Sep 2007)	Quarter to Date (Oct – Dec 2007)	Quarter to Date (Jan – Mar 2008)	Quarter to Date (Apr – Jun 2008)
% resolved within 14 days	100%	100%	100%	100%
% of extended resolved within 14 days	no ext.	no ext.	no ext.	no ext.
% resolved within 45 days	100%	100%	100%	100%
Contract Period to Date	100.0% resolved within 14 days			
Standard	**95% or more within 14 calendar days 100% resolved within 45 calendar days 95% of extended reviews resolved within 14 calendar days from the end of the initial 14 day period**			

10. Expedited Appeal Reviews

95% of expedited appeals will be resolved as expeditiously as the enrollee's health condition requires and within 3 working days from the date Magellan received the appeal, other than in instances which the enrollee has requested, or DHS has approved, an extension. 100% must be resolved within 45 calendar days from the date Magellan received the appeal, even in the event of an extension.

In the event of an extension, 95% of the time Magellan will resolve the appeal within the addition 14 calendar days from the end of the 3 working day period, and, in the case of a DHS-approved extension, give the enrollee written notice of the reason for the decision to extend the timeframe

Data Source: Appeal Tracking System.

	Quarter to Date (Jul – Sep 2007)	Quarter to Date (Oct – Dec 2007)	Quarter to Date (Jan – Mar 2008)	Quarter to Date (Apr – Jun 2008)
% resolved within 3 working days	100%	100%	100%	100%
% of extended reviews resolved within 14 days	no ext.	no ext.	no ext.	no ext.
% resolved within 45 days	100%	100%	100%	100%
Contract Period to Date	100%			
Standard	**95% or more within 3 working days** **100% resolved within 45 calendar days** **95% of extended reviews resolved within 14 calendar days from the end of the 3-day period**			

11. Grievance Reviews

95% of grievances will be resolved as expeditiously as the enrollee's health condition requires and within 14 calendar days from the date Magellan received all information necessary to resolve the grievance, and 100% must be resolved within 90 calendar days of the receipt of all required documentation.

Data Source: Grievance Tracking System.

	Quarter to Date (Jul – Sep 2007)	Quarter to Date (Oct – Dec 2007)	Quarter to Date (Jan – Mar 2008)	Quarter to Date (Apr – Jun 2008)
% resolved within 14 days	100%	100%	100%	100%
% resolved within 90 days	100%	100%	100%	100%
Contract Period to Date	100% resolved with 14 days			
Standard	**95% or more within 14 calendar days** **100% resolved within 90 calendar days**			

12. Network Management

Credentialing of all Iowa Plan providers applying for network provider status shall be completed as follows: 60% within 30 days; 100% within 90 days.

Completion time shall be tracked from the time all required paperwork is provided to Magellan until the time a written communication is mailed or faxed to the provider notifying them of Magellan's determination.

Data Source: Credentialing Tacking System.

	Quarter to Date (Jul – Sep 2007)	Quarter to Date (Oct – Dec 2007)	Quarter to Date (Jan – Mar 2008)	Quarter to Date (Apr – Jun 2008)
% credentialed within 30 days	100%	88%	86%	100%
% credentialed within 90 days	100%	100%	100%	100%
% credentialed > 90 days	0%	0%	0%	0%
Standard	**60% within 30 days, 100% within 90 days**			

13. Network Management

Revisions to the Provider Manual shall be distributed to all network providers at least 30 days prior to the effective date of the revisions.

Mailing dates of provider manual material shall be sent at least 30 calendar days prior to the effective date of material contained in the mailing. This measure applies to all information sent for all network providers.

Note: With approval from the Departments, the time period preceding the effective date of a change may be less than 30 days if the change confers a benefit on providers or those served through the Iowa Plan.

Data Source: Manual.

Progress to Date	• No revisions to the provider manual in July 2007. • No revisions to the provider manual in August 2007. • No revisions to the provider manual in September 2007. • October 2007: Community Support Services – released July 5, 2007; effective September 1, 2007 School-Based Services – released October 22, 2007; effective December 1, 2007 Ambulance Reimbursement – released October 18, 2007; effective December 1, 2007 • No revisions to the provider manual in November 2007. • No revisions to the provider manual in December 2007. • No revisions to the provider manual in January 2008. • No revisions to the provider manual in February 2008. • March 2008: Notice on the requirement of NPI numbers for electronic claims submission – released March 28, 2008 • April 2008: Reminder of the notice on the requirement of NPI numbers for electronic claims submission – released April 1, 2008 • No revisions to the provider manual in May 2008. • No revisions to the provider manual in June 2008.
Standard	**30 days or more prior to effective date**

DPH PERFORMANCE INDICATORS
CARRYING LIQUIDATED DAMAGES
for the
IOWA PLAN FOR BEHAVIORAL HEALTH
for
CONTRACT PERIOD #9
July 1, 2007 – June 30, 2008

1. Minimum Number:
Magellan shall meet the minimum number of unduplicated DPH clients.
Methodology: Number of unduplicated clients in accordance with contract condition with DPH source of payment.

Progress to date	July 1, 2007 – June 30, 2008: 19,934
Standard	**Minimum unduplicated number of DPH participants for 7/1/07 – 6/30/08: 23,013**

2. Use of Service Necessity Criteria:
90% of all retrospectively reviewed records for DPH participants will document the appropriate use of ASAM PPC 2-R or Continued Stay criteria, whichever is applicable by network providers.

Data Source: Provider records

	Quarter to Date (Jul – Sep 2007)	Quarter to Date (Oct – Dec 2007)	Quarter to Date (Jan – Mar 2008)	Quarter to Date (Apr – Jun 2008)
% with appropriate use documented	*	81.0%	98.7%	100%
Number of charts with appropriate use documented	*	17	74	84
Number of charts reviewed	*	21	75	84
Providers Visited	*	4	10	11
Contract Period to Date	% with appropriate use documented: 97.2% Number of charts appropriate use documented: 175 Number of charts reviewed: 180 Providers Visited: 25			
Standard	**90% appropriate use of service necessity criteria**			

* - no DPH providers were visited during this quarter

3. Network Development:
DPH specific performance measures for the DPH participant provider network will be incorporated into all DPH participant provider network contract by December 1, 2004.

Data Source: Provider Contracts

Progress to date	100%
Standard	**100% of all contracts.**

4. Timely Receipt of Care:
90% of DPH participants who request and are in need of treatment for IV drug abuse are admitted to the IV drug treatment program not later than 14 days after making the request for admission, or 120 days after the date of the request if no program has the capacity to admit the individual on the date of such request and if interim services are made available to the individual not later than 48 hours after such request.

Numerator: number of DPH participants who request and are in need of IV drug treatment and who receive treatment within 14 days of making the request *when program capacity exists at the time of the request*
Denominator: the number of DPH participants who request and are in need of IV drug treatment *when program capacity exists at the time of the request*

Numerator: number of DPH participants who request and are in need of IV drug treatment and who receive treatment within 120 days of making the request when program *capacity does not exists at the time of the request*
Denominator: the number of DPH participants who request and are in need of IV drug treatment *when program capacity does not exists* at the time of the request

	Quarter to Date (Jul – Sep 2007)	Quarter to Date (Oct – Dec 2007)	Quarter to Date (Jan – Mar 2008)	Quarter to Date (Apr – Jun 2008)
% within 14 days of request if capacity exits	85.8%	84.9%	84.5%	82.1%
% within 120 if capacity doesn't exist	100.0%	100.0%	100.0%	100.0%
Standard	**90% or more in treatment within 14 days of request (capacity exists)** **90% or more in treatment within 120 days of request (capacity doesn't exist)**			

Please note: providers at capacity: eight.

5. Client Mix:
On an annual basis, the contractor shall maintain the minimum client mix as noted in the RFP Attachment to section 4B
Methodology: Number of DPH participants with DPH source of funding

		7/1/07 – 6/30/08	**Standard**
Women:		**27.5%**	**27.8%**
Pregnant:		**2.4%**	**4.3%**
Criminal justice referral source:		**52.1%**	**63.9%**
Unemployed:		**32.5%**	**30.7%**
Prior substance abuse treatment:		**52.0%**	**41.3%**
Race other than white:		**12.8%**	**12.5%**
Monthly taxable income under $1000:		**68.0%**	**65.0%**

6. Sliding Fee Scale 90% of all records reviewed retrospectively for DPH participants will be documented the appropriate use of the sliding fee scale. Data Source: Provider Records	
Progress to date	• July 2007 – June 2008
Standard	90% of all retrospectively reviewed records.

PERFORMANCE INDICATORS MONITORING ONLY
for the
IOWA PLAN FOR BEHAVIORAL HEALTH
for
CONTRACT PERIOD #9
July 1, 2007 – June 30, 2008

Consumer Involvement and Quality of Life

1. Magellan will provide at least four educational offerings to Iowa Plan enrollees. The educational offerings should include sponsorship or participation in one public forum related to mental health services. Input from Consumer Roundtable will be used in selecting and designing the educational offerings.

Progress to Date	Educational activities for July 2007: • Children's Mental Health Stakeholder Roundtable – Provided speaker • Iowa Plan information was distributed at the Annual Consumer Empowerment Conference • Contributed to the Iowa Behavioral Alliance's Family Team Tip Sheet Educational activities for August 2007: • Provided training to Polk Co SED Parent Group on "Creating a Vision for Our Families" Educational activities for September 2007: • Participated in Iowa Advocates for Mental Health Recovery meeting and reported update to the Mental Health Planning Council • Contributed to the Iowa Behavioral Alliance's Family Team Tip Sheet • Multiple trainings: Understanding How the Brain Works, the Emotional Cycle, ADHD, Oppositional Defiant Disorder, Conduct Disorder • Family to Family Train the Trainer • Participated in Empowerment Conference Planning Committee • Organized Challenger League Sports Educational activities for October 2007: • Iowa Behavioral Alliance Third Annual Conference • Metro West Learning Academy • 2 IRCCC Conferences • IFAPA • Family Team Leadership Training • Variety of training topics on children's mental health issues • Provided information on NAMI Educational Programs • Growing Empowered Children • WRAP - Wellness Recovery Action Plan - an Overview • Healing the Heart of the Challenging Child Educational activities for November 2007: • Orchard Place and ChildServe • Transitions, Recovery/Resiliency/Rehabilitation, Detours to Recovery, Alternative Treatments & Therapies, Stigma, Advocacy, Judicial System, Problem Management, Coping, and Self Care • NAMI Greater Des Moines • Understanding Social Security and the Appeal Process

		• United Way Foster Grandparents • Depression and the Older Person • Special Education Coordinator - Urbandale Community Schools • NAMI Education programs • NAMI - Iowa Annual Conference • Provided handouts and information on Magellan and their role in the Iowa Plan Educational activities for December 2007: • An Overview: Bipolar, Depressive Disorders & Suicide • Partial Hospitalization Educational activities for January 2008: • Schizophrenia & Schizoaffective Disorder • Parenting a Child with a SED diagnosis • Promoting Choice, Direction, and Control • Parents & Teachers as Allies (Train the Trainer) • Parents & Teachers as Allies (Presentation) • Presentation on IAMHR Educational activities for February 2008: • SED Parent Group – Greater Des Moines – monthly meeting • Visions for Tomorrow NAMI Education – Childserve • Visions for Tomorrow NAMI Education – LifeWorks • Family to Family – NAMI Education – St. Francis • Parents & Teachers as Allies – NAMI Education • Available NAMI Education Programs – Des Moines Public Schools Social Workers • Lunch & Learn Orchard Place – Autism Spectrum & Tourettes Disorders • Lunch & Learn Orchard Place – Parents Only – Parenting a Child with SED • Dinner & Learn Systems Unlimited – Muscatine – Schizophrenia and Schizoaffective Disorder Educational activities for March 2008: • NAMI Greater Des Moines – monthly educational meeting • SED Parent Group – Greater Des Moines – monthly meeting • Perry SED Parent Support – Hispanic Group • Visions for Tomorrow NAMI Education – ChildServe • Visions for Tomorrow NAMI Education – LifeWorks • VFT – Provider Training – NAMI Education – River Plaza • VFT – Provider Training – NAMI Education – Mercy Franklin • Family to Family – NAMI Education – St. Francis • Parents & Teachers as Allies – NAMI Education • Available NAMI Education Programs – Des Moines public schools Educational activities for April 2008: • SED Parent Support Group • Parent Only Lunch & Learn • Family to Family

	• Visions for Tomorrow – Provider • USPRA – Resiliency & Recovery Webinar • ACT promotion in Council Bluffs Educational activities for May 2008: • SED Parent Support Group (Perry) • SED Parent Support Group (Greater Des Moines) • Parent Only Lunch & Learn (Orchard Place) • Parenting a Child with Mental Illness (Orchard Place) • Parents & Teachers as Allies (Greater Des Moines) • Visions for Tomorrow – Provider (Orchard Place) Educational activities for June 2008: • SED Parent Support Group (Perry) • SED Parent Support Group (Greater Des Moines) • Parent Only Lunch & Learn (Orchard Place) • Parents & Teachers as Allies (Greater Des Moines) • Visions for Tomorrow – Provider (Orchard Place)
Standard	**Four educational offerings to enrollees**

2. Consumer satisfaction surveys shall be conducted at least twice over contract period.
- The number of surveys distributed shall represent at least the minimum number required to comprise a statistically valid sample of those Iowa Plan enrollees who have accessed services in the past six months.
- Questions shall address areas recommended by the Consumer Roundtable.
- The acceptable response rate shall be determined by DHS, in consultation with Magellan and University researchers.
- Results shall be reported to consumers as well as corrective actions implemented in response to findings of the surveys.

Progress to Date	• First survey mailed November 2007. • Second survey mailed: May 2008
Standard	**Surveys conducted twice per contract year**

3. Based on consumer satisfaction surveys, 85% of respondents will indicate some degree of satisfaction with services provided by the Iowa Plan.

Progress to Date	• First survey results: adolescents – 88%, adults – 90%.
Standard	**85% or more**

Access and Array

4. Based on claims payment data, Magellan will provide services on an average of at least 7% of Iowa Plan enrollees each month.

The indicator is based on claims paid data for the month. Enrollees will be calculated as the number of persons for whom a capitation payment was made for the month of service.

	Jul 07	Aug 07	Sep 07	Oct 07	Nov 07	Dec 07	Jan 08	Feb 08	Mar 08	Apr 08	May 08	Jun 08
% of claims paid	7.4%	8.1%	7.4%	7.6%	7.6%	7.2%	8.2%	7.6%	7.7%	8.0%	8.3%	7.4%
Average Monthly Percent of Services Provided	7.7%											
Standard	**7% or more enrollees receive services each month**											

5. By the end of the contract period, 12% of the Iowa Plan enrollees who access services will be provided services not previously funded through the Iowa Medicaid fee for service program.

Contract Period to Date	Jul 07	Aug 07	Sep 07	Oct 07	Nov 07	Dec 07	Jan 08	Feb 08	Mar 08	Apr 08	May 08	Jun 08
% of enrollees who access service	12.1%	10.5%	10.1%	9.8%	9.7%	9.5%	9.6%	9.6%	9.6%	9.5%	9.6%	9.7%
Standard	**12% or more by year's end receive non-Medicaid services**											

Please note: the data are for mental health only.

6. By the end of the contract period, 15% of the expenditures from the claims fund will be for services not funded previously through the Iowa Medicaid fee-for-service program.

Percent to Date	Alternative Services: 15.3% Counties Previous Liability for TCM, Day Tx and PHP for adults: 1.9% Total: 17.2%
Standard	**15% or more by year's end**

Please note: the data are for mental health only.

7. Monitor the percent of enrollees who access non-24 hour services who are served within the county where they are currently living or adjacent county. Access shall be measured overall and separately for adults and children.

Specific providers may be excluded due to the provider's address being different than where the service is actually provided.

% of non-24 hour services	Jul 07	Aug 07	Sep 07	Oct 07	Nov 07	Dec 07	Jan 08	Feb 08	Mar 08	Apr 08	May 08	Jun 08
Children	84.4%	84.1%	85.4%	84.6%	85.0%	84.9%	85.1%	82.4%	83.1%	85.1%	86.3%	82.2%
Adults	85.5%	84.3%	85.1%	84.8%	84.3%	85.2%	84.0%	83.1%	84.1%	88.2%	83.0%	85.7%
Overall	85.0%	84.2%	85.3%	84.7%	84.6%	85.1%	84.5%	82.8%	83.6%	86.6%	84.6%	84.0%
Contract Period to Date	Children: 84.4% Adults: 84.7% Overall: 84.6%											
Standard	**Monitor only**											

8. The number of Iowa Plan enrollees, reported overall and separately for children and adults, for whom wraparound and rehabilitation and support services were provided during the month shall be 1% ore more for the aggregate eligible population.

This indicator will utilize claims paid data.

# of enrollees	Jul 07	Aug 07	Sep 07	Oct 07	Nov 07	Dec 07	Jan 08	Feb 08	Mar 08	Apr 08	May 08	Jun 08
Children	29	25	25	50	36	39	28	36	43			
Adults	3,083	3,126	3,060	3,020	3,094	2,988	3,073	3,046	3,071			
Overall	3,112	3,151	3,085	3,070	3,130	3,027	3,101	3,082	3,114			
# Eligible	283,746	286,470	287,118	288,877	288,490	288,211	289,422	291,163	293,359			
Overall %	1.10%	1.10%	1.07%	1.06%	1.08%	1.05%	1.07%	1.06%	1.06%			
Total Distinct Clients to Date	Children: 176 Adults: 6,917 Overall: 7,093											
Standard	**1% or more for the aggregate eligibility population**											

Please note: a three month claims lag is required for this report. For children, the primary service in this data report is "wrap-around"; most rehabilitation and support services for children are paid for with Title 19 rehabilitation funding through the child welfare system. This accounts for the vast discrepancy in the numbers for adults and children.

9. Compliance with the following access standards: Enrollees with emergency needs within 15 minutes of presentation or telephone contact with Contractor or provider; Enrollees with urgent non-emergency needs seen within 1 hour of presentation at a service delivery site or within 24 hours of telephone contact with contractor or provider; Enrollees with persistent symptoms within 48 hours of reporting symptoms; Enrollees with the need for routine services within 4 weeks of the request for an appointment.

	Jul – Sep 07	**Oct – Dec 07**	**Jan – Mar 08**	**Apr – Jun 08**
Number of Facilities Contacted	54	35	39	47
% of facilities that complied with **Emergency** standards:	100%	100%	100%	100%
% of facilities that complied with **Urgent** standards:	100%	100%	100%	100%
% of facilities that complied with **Persistent Symptoms** standards:	100%	100%	100%	100%
% of facilities that complied with **Routine Services** standards:	100%	100%	100%	100%
Standard	**Emergency: 15 minutes of presentation or telephone contact** **Urgent: 1 hour of presentation or within 24 hours of telephone contact** **Persistent Symptoms: within 48 hours of reporting symptoms** **Routine Services: within 4 weeks of request for appointment**			

Please note: information is reported quarterly.

10. Compliance with geographical standards of access: Urban--inpatient 30 minutes; outpatient 45 minutes. Rural--inpatient 45 miles; outpatient 34 miles.

% within standard	Jul 07	Aug 07	Sep 07	Oct 07	Nov 07	Dec 07	Jan 08	Feb 08	Mar 08	Apr 08	May 08	Jun 08
Urban Inpatient	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Urban Outpatient	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Rural Inpatient	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Rural Outpatient	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Standard	**Urban: Inpatient 30 minutes; Outpatient 45 minutes** **Rural: Inpatient 45 miles; Outpatient 34 miles**											

11. Access

Based on claims data during the contract period, Magellan shall provide services to at least 13.5% of Iowa Plan enrollees.

Numerator: The unduplicated number of enrollees receiving at least once service reimbursed by Magellan.

Denominator: Unduplicated number of enrollees.

Data Source: Claims and Enrollment.

Contract period to date	Jul 07	Aug 07	Sep 07	Oct 07	Nov 07	Dec 07	Jan 08	Feb 08	Mar 08	Apr 08	May 08	Jun 08
Overall	5.2%	9.4%	10.3%	11.4%	12.2%	13.0%	13.8%	14.2%	14.7%	15.3%	15.7%	16.0%
Standard	**13.5% or more**											

12. Quality of Care

The number of ER presentations shall not exceed 8.5 visits/1000 enrollee months (annualized).

Numerator: The number of mental health or substance abuse emergency room presentations for treatment by enrollees.

Denominator: Number of enrollee months divided by 1000 and multiplied by 12.

Data Source: Claims and Enrollment

	Jul 07	Aug 07	Sep 07	Oct 07	Nov 07	Dec 07	Jan 08	Feb 08	Mar 08	Apr 08	May 08	Jun 08
Visits per 1,000	16.7	16.9	16.6	17.7	14.6	11.7	15.6	12.5	16.5			
Contract Period to Date	15.4 visits per 1,000											
Standard	**≤ 8.5 visits per 1,000 enrollee months**											

Please note: a three month claims lag is required for this report.

13. The average length of stay for mental health inpatient for any given month shall not exceed the ALOS under FFS (12 days) and shall not fall below 5.0 days for acute services unless explicitly agreed upon by the Departments with Magellan.

Average Length of Stay	Jul 07	Aug 07	Sep 07	Oct 07	Nov 07	Dec 07	Jan 08	Feb 08	Mar 08	Apr 08	May 08	Jun 08
Inpatient	4.8	4.7	5.0	5.0	5.7	5.3	5.3	4.8	5.2	5.1	5.1	5.3
Subacute	4.3	4.3	8.4	6.9	7.0	14.2	7.1	5.9	6.3	3.5	10.7	4.2

Contract Period to Date	Inpatient: 5.1 days Subacute: 6.9 days
Standard	**Less than 12 days but not less than 5 days**

14. All eligible Iowa Plan enrollees who are identified as eligible for Intensive Care Management through Magellan criteria will receive Joint Treatment Planning services following their identification.

One of the follow criteria needs to be met for an Iowa Plan client to be considered Intensive Care Management

1. Has the client been readmitted within 30 days to inpatient or subacute due to medication compliance issues?
2. Is the client: HIV+, Pregnant, TB with active symptoms, IV drug user?
3. Is the client currently suicidal with a plan, access, intent, and has there been a previous lethal suicide attempt requiring medical attention within the last year?
4. Is the client having current homicidal ideation with a plan, means, access, and a history of violence?
5. Does the client have current suicidal ideation <u>and</u> has the client had significant losses within the last 6 months (Question should be yes if client has had 2 of the following losses: social, physical, financial, legal)?
6. Is the client dual diagnosis (with **<u>active symptoms)</u>** of both chemical dependency and mental health) which contributes to clinical instability and is likely to complicate treatment?
7. Based on the MAGELLAN clinician's judgment, client needs to be monitored as At Risk (staff with supervisor)?

	• 21 clients identified in July 2007. • 21 clients identified in August 2007. • 16 clients identified in September 2007. • 16 clients identified in October 2007. • 9 clients identified in November 2007. • 13 clients identified in December 2007. • 5 clients identified in January 2008. • 12 clients identified in February 2008. • 9 clients identified in March 2008. • 5 clients identified in April 2008. • 16 clients identified in May 2008. • 8 clients identified in June 2008.
Standard	**Identified Intensive Care Management eligible clients will receive JTP services upon identification**

15. Unduplicated number of enrollees in the Iowa Plan receiving service broken out by MH only, SA only, and both MH and SA.												
# of Iowa Plan enrollees receiving:	Jul 07	Aug 07	Sep 07	Oct 07	Nov 07	Dec 07	Jan 08	Feb 08	Mar 08	Apr 08	May 08	Jun 08
Only a MH Service	19,090	21,069	19,475	19,973	20,047	18,874	21,502	20,257	20,705	21,684	22,371	20,048
Only a SA Service	1,380	1,419	1,282	1,433	1,272	1,266	1,468	1,352	1,191	1,316	1,539	1,294
Both MH & SA Services	514	534	482	537	410	416	548	505	433	466	546	456
Standard			**Monitor Only**									

16. Magellan will conduct an annual provider survey in which at least 75% of network providers responding will indicate satisfaction.	
Progress to date	• Survey mailed in February 2008. Overall satisfaction: 89.6%
Standard	**75% or more Satisfaction**

Quality and Appropriateness

17. MBC will report the number and percentage of "High Need" clients receiving services.												
CHILDREN	Jul 07	Aug 07	Sep 07	Oct 07	Nov 07	Dec 07	Jan 08	Feb 08	Mar 08	Apr 08	May 08	Jun 08
# of High Need Clients Enrolled	523	519	508	497	493	491	488	486	481			
% of High Need Clients enrolled	78.3%	77.7%	76.0%	74.4%	73.8%	73.5%	73.1%	72.8%	72.0%			
# of High Need Clients enrolled that received service	227	240	237	259	223	213	222	225	221			
% of High Need Clients enrolled that received service	43.4%	46.2%	46.7%	52.1%	45.2%	43.4%	45.5%	46.3%	45.9%			
			Total number of Children High Need Clients: 668									

ADULTS	Jul 07	Aug 07	Sep 07	Oct 07	Nov 07	Dec 07	Jan 08	Feb 08	Mar 08	Apr 08	May 08	Jun 08
# of High Need Clients Enrolled	1,677	1,669	1,663	1,655	1,653	1,642	1,635	1,632	1,628			
% of High Need Clients enrolled	88.0%	87.6%	87.3%	86.9%	86.8%	86.2%	85.8%	85.7%	85.5%			
# of High Need Clients enrolled that received service	1,314	1,312	1,291	1,269	1,258	1,228	1,227	1,210	1,214			
% of High Need Clients enrolled that received service	78.4%	78.6%	77.6%	76.7%	76.1%	74.8%	75.0%	74.1%	74.6%			
			Total number of Adult High Need Clients: 1,905									

Please note: there will be a three month lag with this indicator. The percent of High Need Clients receiving a MH service is a lower percent than expected because many of these children are also residents in a group care facility funded through child welfare's Title 19 program. In those instances, the services of a psychiatrist are the only MH service that is accounted for in this data. All other services are part of the group care per-diem.

18. Magellan will identify dually diagnosed (active symptoms of both mental health and substance abuse) clients admitted to an MH/SA inpatient level of care or SA residential level of care (excluding Halfway House) and track the follow-up services received within 90 days that was paid by the Iowa Plan. Clients with both Medicaid and Medicare will be excluded.

# of Dual Diagnosis Discharges	Jul 07	Aug 07	Sep 07	Oct 07	Nov 07	Dec 07	Jan 08	Feb 08	Mar 08	Apr 08	May 08	Jun 08
MH IP	19	8	28	29	8	16	16	10	21			
MH Subacute	1	0	1	0	0	0	0	2	1			
# rec'd follow-up services												
MH services only	10	2	9	9	4	9	5	4	13			
SA services only	2	2	2	4	0	1	3	1	1			
MH & SA services	6	3	13	13	4	2	5	4	8			
No services	2	1	5	3	0	4	3	3	0			
% rec'd follow-up services												
MH services only	50.0%	25.0%	31.0%	31.0%	50.0%	56.3%	31.3%	33.3%	59.1%			
SA services only	10.0%	25.0%	6.9%	13.8%	0.0%	6.3%	18.8%	8.3%	4.5%			
MH & SA services	30.0%	37.5%	44.8%	44.8%	50.0%	12.5%	31.3%	33.3%	36.4%			
No services	10.0%	12.5%	17.2%	10.3%	0.0%	25.0%	18.8%	25.0%	0.0%			

# of Dual Diagnosis Discharges	Jul 07	Aug 07	Sep 07	Oct 07	Nov 07	Dec 07	Jan 08	Feb 08	Mar 08	Apr 08	May 08	Jun 08
SA IP	4	2	4	2	4	7	3	5	8			
SA III.7	4	2	3	2	2	2	1	3	2			
SA III.5/III.3	9	6	4	8	11	13	15	8	12			
# rec'd follow-up services												
MH services only	2	0	2	2	0	3	2	2	1			
SA services only	4	2	2	4	3	5	4	4	6			
MH & SA services	6	6	2	3	9	9	12	6	13			
No services	5	2	4	3	5	5	1	4	2			
% rec'd follow-up services												
MH services only	11.8%	0.0%	18.2%	16.7%	0.0%	13.6%	10.5%	12.5%	4.5%			
SA services only	23.5%	20.0%	18.2%	33.3%	17.6%	22.7%	21.1%	25.0%	27.3%			
MH & SA services	35.3%	60.0%	18.2%	25.0%	52.9%	40.9%	63.2%	37.5%	59.1%			
No services	29.4%	20.0%	36.4%	25.0%	29.4%	22.7%	5.3%	25.0%	9.1%			

Please note: there will be a three month lag with this indicator.

19. Magellan will monitor the number and percentage of clients presenting to the Emergency room that had a service within 30 days prior to the Emergency Room presentation.

	Jul 07	Aug 07	Sep 07	Oct 07	Nov 07	Dec 07	Jan 08	Feb 08	Mar 08	Apr 08	May 08	Jun 08
# of ER Presentations	322	394	315	384	456	259	505	347	344	412	506	381
# with prior service within 30 days	138	167	127	174	200	111	211	138	135	185	220	183
% with prior service	42.9%	42.4%	40.3%	45.3%	43.9%	42.9%	41.8%	39.8%	39.2%	44.9%	43.5%	48.0%

20. Magellan will report the number and percentage of clients discharged from 24-hour substance abuse services (excluding Level III.1 – Halfway House) for whom follow-up service is provided within 7 days and within 30 days of discharge.

# of discharges	Jul 07	Aug 07	Sep 07	Oct 07	Nov 07	Dec 07	Jan 08	Feb 08	Mar 08	Apr 08	May 08	Jun 08
Level IV – Inpatient	33	36	43	33	32	17	40	33	27	33	34	
Level III.7	20	24	16	24	15	14	21	28	23	25	24	
Level III.5/III.3	96	119	93	92	87	80	83	80	85	88	91	
PMIC	11	11	11	13	9	8	19	10	17	7	4	
% who receive services within 7 days												
Level IV – Inpatient	54.5%	41.7%	41.9%	33.3%	15.6%	17.6%	25.0%	30.3%	29.6%	18.2%	44.1%	
Level III.7	75.0%	41.7%	81.3%	62.5%	40.0%	71.4%	61.9%	67.9%	56.5%	60.0%	58.3%	
Level III.5/III.3	68.8%	41.2%	76.3%	50.0%	52.9%	58.8%	55.4%	65.0%	60.0%	69.3%	57.1%	
PMIC	18.2%	0.0%	54.5%	30.8%	11.1%	50.0%	78.9%	70.0%	70.6%	100.0%	50.0%	
% who receive services within 30 days												
Level IV – Inpatient	63.6%	41.7%	41.9%	33.3%	15.6%	17.6%	25.0%	30.3%	29.6%	18.2%	44.1%	
Level III.7	80.0%	41.7%	93.8%	62.5%	40.0%	71.4%	66.7%	75.0%	78.3%	68.0%	62.5%	
Level III.5/III.3	74.0%	45.4%	83.9%	54.3%	62.1%	68.8%	61.4%	68.8%	70.6%	77.3%	62.6%	
PMIC	27.3%	0.0%	63.6%	38.5%	11.1%	100.0%	89.5%	80.0%	100.0%	100.0%	50.0%	
Standard			**Monitor Only**									

Please note: the data are internally audited each month for accuracy. Changes may result from the audits. In reporting there is a one month delay for auditing purposes.

21. Magellan shall screen all clients admitted to MH and SA inpatient level of care for psychotropic medication use at admission. If the medication is not considered to be appropriate to the diagnosis/symptoms, interventions will be made with the prescribing doctor.

# of clients admitted & screened	Jul 07	Aug 07	Sep 07	Oct 07	Nov 07	Dec 07	Jan 08	Feb 08	Mar 08	Apr 08	May 08	Jun 08
MH	700	714	722	736	631	539	730	637	711	722	690	618
SA	61	70	56	57	50	62	67	50	74	59	78	63
Total ALL	761	784	778	793	681	601	797	687	785	781	768	681
% using psychotropic meds at admission												
MH	73.4%	72.8%	72.4%	74.5%	75.4%	73.5%	71.2%	79.0%	75.0%	66.2%	68.8%	68.6%
SA	55.7%	70.0%	51.8%	52.6%	64.0%	64.5%	59.7%	64.0%	73.0%	55.9%	61.5%	55.6%
Total ALL	72.0%	72.6%	71.0%	72.9%	74.6%	72.5%	70.3%	77.9%	74.8%	65.4%	68.1%	67.4%
Standard			**Monitor Only**									

22. Quality of Care: Treatment of the Dually Diagnosed

Magellan shall increase the percent of dually diagnosed enrollees discharged from inpatient substance abuse and mental health treatment setting such that at least 40% of discharged enrollees received both substance abuse and mental health services within 7 working days of discharge.

Numerator: Dually diagnosed enrollees discharged from either an inpatient substance abuse or mental health treatment setting who received both substance abuse and mental health services within 7 working days of discharge. Enrollees with both Medicaid and Medicare are excluded.

Denominator: Dually diagnosed enrollees discharged from either an inpatient substance abuse or mental health treatment setting. Enrollees with both Medicaid and Medicare are excluded.

Data Source: Authorizations, ICM database and claims.

	Jul 07	Aug 07	Sep 07	Oct 07	Nov 07	Dec 07	Jan 08	Feb 08	Mar 08	Apr 08	May 08	Jun 08
% of persons discharged	14.3%	4.5%	18.2%	14.3%	19.2%	7.3%	13.2%	6.7%	10.6%			
Contract Period to Date			12.5%									
Standard			**40% receive MH and SA treatment follow-up within 7 working days**									

Please note: A three month claims lag is required for this report.

MAGELLAN HEALTH SERVICES
Getting Better All the Time

CLIENT SATISFACTION SURVEY REPORT

Iowa Plan - DPH Substance Abuse Services
May 2008

Methodology

The data on the following pages were collected using the Magellan Health Services (Magellan) Iowa Plan DPH Substance Abuse Services Client Satisfaction Survey administered by the Magellan Department of Evaluation and Outcomes, located in Columbia, Maryland. The survey methodology is presented below:

All DPH-funded clients seen for a treatment service during May 2008 were eligible to receive a survey. The Evaluation and Outcomes Surveys department printed the cover letters and surveys, and provided postage-paid return envelopes. The survey packets were mailed on 5/10/2008 to Magellan who then forwarded the packets to the Iowa Plan DPH provider facilities. To protect client confidentiality, the survey packets were offered directly to the clients by the providers. Clients were invited to participate by completing a survey at their convenience and mailing them back to the Magellan Evaluation and Outcomes Surveys Department. The survey response period was closed on 6/22/2008.

Three thousand five hundred forty-five surveys were delivered to providers. Approximately 1,925 surveys were handed out to clients. After the surveys were returned to Magellan, they were processed by the Evaluation and Outcomes Surveys department and the following report was prepared.

Mailing Results

Survey Population	Date Range of Sample	Surveys Delivered	Estimated Surveys Handed Out	Number of Respondents	Cooperation Rate	Overall Satisfaction
Iowa DPH Substance Abuse Services	**May 2008**	**3,545**	**1,925**	**1,027**	**53.4%**	**92.6%**
Iowa DPH Substance Abuse Services	November 2007	3,545	1,769	898	50.8%	92.1%
Iowa DPH Substance Abuse Services	May 2007	3,545	2,315	1,044	45.1%	**91.0%**

MAGELLAN HEALTH SERVICES
Getting Better All the Time

CLIENT SATISFACTION SURVEY REPORT

If you contacted MBC of Iowa for the Iowa Plan DPH substance abuse services for any reason, how satisfied were you with:	May 2007 Number of Responses	May 2007 % Positive	November 2007 Number of Responses	November 2007 % Positive	May 2008 Aggregate Number of Responses	May 2008 Aggregate % Positive	May 2008 Aggregate Mean*	May 2008 Aggregate Median*	Rating Scale May 2008 % Very Satisfied (5)	% Mostly Satisfied (4)	% Adequately Satisfied (3)	% Mildly Dissatisfied (2)	% Quite Dissatisfied (1)
Q1 The person I spoke to was friendly and courteous	858	98.8	766	97.9	885	97.9	4.6	5.0	68.7	21.7	7.5	1.6	0.6
Q2 The coordination of services provided to you	850	97.7	747	96.2	887	97.1	4.4	5.0	57.0	30.3	9.8	2.1	0.8

If you received substance abuse treatment, how satisfied were you with the way your Treatment Provider:	May 2007 Number of Responses	May 2007 % Positive	November 2007 Number of Responses	November 2007 % Positive	May 2008 Aggregate Number of Responses	May 2008 Aggregate % Positive	May 2008 Aggregate Mean*	May 2008 Aggregate Median*	Rating Scale May 2008 % Very Satisfied (5)	% Mostly Satisfied (4)	% Adequately Satisfied (3)	% Mildly Dissatisfied (2)	% Quite Dissatisfied (1)
Q3 Listened closely to you	1006	98.6	884	97.7	988	98.1	4.6	5.0	67.8	22.2	8.1	1.2	0.7
Q4 Actively involved you in your treatment	1001	98.2	885	97.5	984	98.3	4.5	5.0	62.8	25.8	9.7	1.1	0.6
Q5 Was on time for your appointment(s)	1001	98.5	881	97.0	985	97.1	4.5	5.0	67.2	22.7	7.2	2.1	0.7
Q6 Understood your problems and how you felt about them	1001	96.9	883	96.3	977	96.3	4.4	5.0	60.4	26.0	9.9	2.7	1.0
Q7 Understood your family background and customs	995	97.0	877	95.1	978	95.6	4.3	5.0	53.1	28.0	14.5	3.2	1.2
Q8 Helped you obtain other services (if needed)	958	97.6	853	96.4	945	96.7	4.4	5.0	57.9	25.9	12.9	1.9	1.4

If you received outpatient treatment in an office, how satisfied were you with:	May 2007 Number of Responses	May 2007 % Positive	November 2007 Number of Responses	November 2007 % Positive	May 2008 Aggregate Number of Responses	May 2008 Aggregate % Positive	May 2008 Aggregate Mean*	May 2008 Aggregate Median*	Rating Scale May 2008 % Very Satisfied (5)	% Mostly Satisfied (4)	% Adequately Satisfied (3)	% Mildly Dissatisfied (2)	% Quite Dissatisfied (1)
Q9 The number of days you waited between calling for your first appointment and the appointment time you received	908	95.8	786	91.7	891	95.5	4.4	5.0	58.8	25.5	11.2	2.9	1.6
Q10 The number of days you waited between appointments	901	96.3	788	93.9	890	96.8	4.4	5.0	57.5	27.3	12.0	2.1	1.0
Q11 The courtesy and responsiveness of the office staff	899	97.3	784	96.5	887	97.1	4.5	5.0	65.7	21.8	9.6	1.9	1.0
Q12 The availability of evening and/or weekend appointments	876	93.3	763	90.3	867	92.5	4.2	5.0	53.2	25.7	13.6	4.4	3.1

If you received treatment that required you to stay over night in a facility, how satisfied were you with:	May 2007 Number of Responses	May 2007 % Positive	November 2007 Number of Responses	November 2007 % Positive	May 2008 Aggregate Number of Responses	May 2008 Aggregate % Positive	May 2008 Aggregate Mean*	May 2008 Aggregate Median*	Rating Scale May 2008 % Very Satisfied (5)	% Mostly Satisfied (4)	% Adequately Satisfied (3)	% Mildly Dissatisfied (2)	% Quite Dissatisfied (1)
Q13 The cleanliness of the facility itself	634	96.9	571	95.2	665	95.5	4.4	5.0	60.0	26.3	9.2	2.7	1.8
Q14 The courtesy and responsiveness of the facility's staff	625	97.8	568	94.9	660	95.9	4.4	5.0	63.2	22.7	10.0	2.0	2.1
Q15 The competence of the facility's professional staff	617	97.2	560	95.3	655	97.2	4.4	5.0	61.8	24.7	10.7	0.9	1.8

To help us understand the impact the Iowa Plan DPH program had on your quality of life, as a direct result of services you received:	May 2007 Number of Responses	May 2007 % Positive	November 2007 Number of Responses	November 2007 % Positive	May 2008 Aggregate Number of Responses	May 2008 Aggregate % Positive	May 2008 Aggregate Mean*	May 2008 Aggregate Median*	Rating Scale May 2008 % Strongly Agree (4)	% Agree (3)	% Disagree (2)	%Strongly Disagree (1)
Q16 I am getting along better with my family and friends	974	93.7	863	90.9	973	95.0	3.5	4.0	50.8	44.2	3.8	1.2
Q17 I am better able to take care of myself	975	94.6	860	93.3	974	94.9	3.5	4.0	53.9	41.0	3.8	1.3
Q18 I do better with my leisure time	978	94.1	864	92.0	975	94.1	3.3	4.0	51.4	42.7	4.8	1.1

* Rating Scale numeric values in parentheses were used when assessing Mean and Median.

Production Date: 7/12/2008
Product of: QI, Evaluation and Outcomes Surveys

Magellan Health Services©

CLIENT SATISFACTION SURVEY REPORT

In general:	May 2007 Number of Responses	May 2007 % Positive	November 2007 Number of Responses	November 2007 % Positive	May 2008 Aggregate Number of Responses	May 2008 Aggregate % Positive	May 2008 Aggregate Mean*	May 2008 Aggregate Median*	Rating Scale May 2008				
									% Almost all of my needs have been met (4)	% Most of my needs have been met (3)	% Only a few of my needs have been met (2)	% None of my needs have been met (1)	
Q19 To what extent have Iowa Plan DPH substance abuse services met your needs?	973	87.2	867	88.2	966	90.6	3.3	3.0	41.7	48.9	7.3	2.1	
									% Yes, they helped a great deal (4)	% Yes, they helped somewhat (3)	% No, they really didn't help (2)	% No, they seemed to make things worse (1)	
Q20 Have the services you received helped you deal more effectively with your problems?	989	94.2	874	93.6	976	94.6	3.5	4.0	60.0	34.6	4.4	0.9	
									% Very Satisfied (4)	% Mostly Satisfied (3)	% Indifferent or Mildly Dissatisfied (2)	% Quite Dissatisfied (1)	
Q21 In an overall, general sense, how satisfied are you with the service you received?	998	91.0	872	92.1	984	92.6	3.5	4.0	53.4	39.2	6.1	1.3	
									% Very Satisfied (4)	% Mostly Satisfied (3)	% Indifferent or Mildly Dissatisfied (2)	% Quite Dissatisfied (1)	# Not Applicable** (9)
Q22 If you had a family member/members who you wanted to be involved in your treatment, how satisfied are you that the provider tried to include them in your treatment?	924	86.5	667	85.4	740	88.4	4.3	4.0	46.9	41.5	11.6	0.0	287
									% Strongly Agree (4)	% Agree (3)	% Disagree (2)	%Strongly Disagree (1)	
Q23 I am doing better in school or work (if these apply)	767	92.1	656	91.9	746	91.3	3.3	3.0	43.0	48.3	7.1	1.6	
Q24 I am better able to take care of any legal issues (if this applies)	820	94.0	713	93.2	819	94.3	3.4	3.0	46.8	47.5	4.6	1.1	
Q25 I am better able to take care of myself financially (if this applies)	828	88.4	722	87.9	832	89.8	3.3	3.0	39.4	50.4	7.5	2.8	

* Rating Scale numeric values in parentheses were used when assessing Mean and Median.
** Not Applicable responses are not included in the percent positive.

Rating Scale
Items in bold are included in % Positive

Q01-Q15	**5 = Very Satisfied, 4 = Mostly Satisfied, 3 = Adequately Satisfied,** 2 = Mildly Dissatisfied, 1 = Quite Dissatisfied
Q16-Q18	**4 = Strongly Agree, 3 = Agree,** 2 = Disagree, 1 = Strongly Disagree
Q19	**4 = Almost all of my needs have been met, 3 = Most of my needs have been met,** 2 = Only a few of my needs have been met, 1= None of my needs have been met
Q20	**4= Yes, they helped a great deal, 3 = Yes, they helped somewhat,** 2 = No, they really didn't help, 1 = No, they seemed to make things worse
Q21	**4 = Very Satisfied, 3 = Mostly Satisfied,** 2 = Indifferent or Mildly Dissatisfied, 1 = Quite Dissatisfied
Q22	**5 = Very Satisfied, 4 = Mostly Satisfied,** 3 = Indifferent or Mildly Dissatisfied, 2 = Quite Dissatisfied, 1 = Not Applicable
Q23-Q25	**4 = Strongly Agree, 3 = Agree,** 2 = Disagree, 1 = Strongly Disagree

CLIENT SATISFACTION SURVEY REPORT

Iowa Plan - Adults
Aggregate Results
2007-2

Methodology

The data on the following pages were collected using the Magellan Client Satisfaction Survey administered by the Evaluation and Outcomes Surveys department. The survey methodology is presented below:
Continuing the Magellan commitment to increase the number of individuals contacted as part of the annual survey, all clients who requested treatment between November 2007- April 2008 who had not been surveyed during the previous twelve months were selected for the sample. Data were drawn by Magellan Information Systems.
Magellan utilizes a mail-out and mail-back method for collecting the client's perceptions of the quality of care and services received. The first mailing (5/20/2008) included the cover letter prepackaged with the client satisfaction questionnaire, and a business reply envelope. Approximately 21 days afer the first mailing, a second mailing (6/9/2008) with a follow-up letter along with another client satisfaction questionnaire and a business reply envelope was sent to those clients who had not yet responded with a completed questionnaire nor by means of returned mail. The survey response period was closed approximately 30 days after the second mailing (7/9/2008)

After the surveys were returned to Magellan, they were processed by the Evaluation and Outcomes Surveys department and the following report was prepared.

Mailing Results

Survey Population	Date Range of Sample	Surveys Mailed	Non-Deliverable	Opt-Outs	Surveys Delivered	Number of Respondents	Cooperation Rate	Overall Satisfaction
Iowa Plan - Adults	**2007-2**	**3,338**	**140**	**96**	**3,102**	**419**	**13.5%**	92.6%
Iowa Plan - Adults	2007-1	3,549	242	104	3,203	466	14.5%	89.6%
Iowa Plan - Adults	2006-2	3,162	204	93	2,958	455	15.9%	90.4%

II T SATISFACTION SURVEY REPORT

Frequency Statistics

	2006-2		2007-1		2007-2				Rating Scale 2007-2				
If you contacted Magellan Health Services for the Iowa Plan Medicaid program for any reason, how satisfied were you with:	Number of Responses	% Postive	Number of Responses	% Postive	Number of Responses	% Postive	Mean*	Median*	% Very Satisfied (5)	% Mostly Satisfied (4)	% Adequately Satisfied (3)	% Mildly Dissatisfied (2)	% Quite Dissatisfied (1)
Q01 The person I spoke to was friendly and courteous	293	96.9%	313	96.5%	276	98.2%	4.5	5.0	67.4%	21.4%	9.4%	0.4%	1.4%
Q02 The coordination of Mental Health services provided to you	288	93.6%	310	93.9%	272	94.9%	4.4	5.0	58.8%	27.6%	8.5%	2.9%	2.2%
Q03 The coordination of Substance Abuse services provided to you	185	90.9%	202	89.1%	178	94.4%	4.2	5.0	50.6%	25.8%	18.0%	1.7%	3.9%
	2006-2		2007-1		2007-2				Rating Scale 2007-2				
If you received mental health treatment or substance abuse treatment, how satisfied were you with the way your Treatment Provider:	Number of Responses	% Postive	Number of Responses	% Postive	Number of Responses	% Postive	Mean*	Median*	% Very Satisfied (5)	% Mostly Satisfied (4)	% Adequately Satisfied (3)	% Mildly Dissatisfied (2)	% Quite Dissatisfied (1)
Q04 Actively involved you in your treatment	405	93.3%	419	92.4%	374	94.9%	4.4	5.0	62.3%	23.8%	8.8%	2.4%	2.7%
Q05 Was on time for your appointment(s)	398	93.6%	424	94.8%	371	95.9%	4.4	5.0	64.4%	21.8%	9.7%	1.3%	2.7%
Q06 Understood your problems and how you felt about them	402	91.2%	424	91.3%	373	96.0%	4.4	5.0	63.3%	19.3%	13.4%	1.6%	2.4%
Q07 Understood your family background and customs	393	91.8%	417	91.4%	359	93.8%	4.3	5.0	60.7%	21.4%	11.7%	3.1%	3.1%
Q08 Helped you obtain other services (if needed)	356	88.7%	385	90.4%	335	94.0%	4.3	5.0	59.7%	20.9%	13.4%	3.0%	3.0%
	2006-2		2007-1		2007-2				Rating Scale 2007-2				
If you received Mental Health outpatient treatment in an office, how satisfied were you with:	Number of Responses	% Postive	Number of Responses	% Postive	Number of Responses	% Postive	Mean*	Median*	% Very Satisfied (5)	% Mostly Satisfied (4)	% Adequately Satisfied (3)	% Mildly Dissatisfied (2)	% Quite Dissatisfied (1)
Q09 The number of days you waited between calling for your first appointment and the appointment time you received	399	91.7%	420	90.7%	362	93.1%	4.3	5.0	57.7%	21.0%	14.4%	4.1%	2.8%
Q10 The number of days you waited between appointments	399	92.7%	419	92.1%	365	91.9%	4.2	5.0	55.1%	23.6%	13.2%	5.5%	2.7%
Q11 The courtesy and responsiveness of the office staff	399	96.9%	423	96.0%	366	97.3%	4.5	5.0	68.9%	19.1%	9.3%	1.4%	1.4%

Q12 The [illegible] of [illegible]ing and/or w[illegible] [illegible]oil[illegible]ts	338	82.4%	360	84.2%	[illegible]	[illegible]	[illegible]	[illegible]	49.0%	18.3%	17.9%	8.3%	[illegible]
	2006-2		2007-1		2007-2				Rating Scale 2007-2				
If you received Substance Abuse outpatient treatment in an office, how satisfied were you with:	Number of Responses	% Postive	Number of Responses	% Postive	Number of Responses	% Postive	Mean*	Median*	% Very Satisfied (5)	% Mostly Satisfied (4)	% Adequately Satisfied (3)	% Mildly Dissatisfied (2)	% Quite Dissatisfied (1)
Q13 The number of days you waited between calling for your first appointment and the appointment time you received	150	93.9%	175	90.3%	137	94.8%	4.3	5.0	56.9%	24.8%	13.1%	1.5%	3.6%
Q14 The number of days you waited between appointments	141	94.5%	166	90.4%	130	96.9%	4.3	5.0	53.8%	28.5%	14.6%	0.8%	2.3%
Q15 The courtesy and responsiveness of the office staff	143	90.8%	163	93.3%	132	96.9%	4.5	5.0	64.4%	24.2%	8.3%	1.5%	1.5%
Q16 The availability of evening and/or weekend appointments	132	88.6%	152	86.8%	125	93.6%	4.2	5.0	52.8%	28.0%	12.8%	2.4%	4.0%
	2006-2		2007-1		2007-2				Rating Scale 2007-2				
If you received treatment that required you to stay over night in a facility, how satisfied were you with:	Number of Responses	% Postive	Number of Responses	% Postive	Number of Responses	% Postive	Mean*	Median*	% Very Satisfied (5)	% Mostly Satisfied (4)	% Adequately Satisfied (3)	% Mildly Dissatisfied (2)	% Quite Dissatisfied (1)
Q17 The cleanliness of the facility itself	192	94.4%	215	95.3%	177	96.0%	4.4	5.0	63.8%	18.6%	13.6%	0.6%	3.4%
Q18 The courtesy and responsiveness of the facility's staff	193	93.0%	210	88.1%	176	92.6%	4.3	5.0	59.1%	21.0%	12.5%	2.8%	4.5%
Q19 The competence of the facility's professional staff	192	91.1%	209	89.5%	176	91.0%	4.2	5.0	58.0%	22.2%	10.8%	4.0%	5.1%
	2006-2		2007-1		2007-2				Rating Scale 2007-2				
To help us understand the impact the Iowa Plan had on your quality of life, as a direct result of services you received:	Number of Responses	% Postive	Number of Responses	% Postive	Number of Responses	% Postive	Mean*	Median*	% Strongly Agree (4)	% Agree (3)	% Disagree (2)	% Strongly Disagree (1)	
Q20 I am getting along better with my family and friends	426	87.1%	436	89.0%	391	90.3%	3.3	3.0	42.2%	48.1%	5.9%	3.8%	
Q21 I am better able to take care of myself	420	87.8%	429	91.4%	390	92.9%	3.4	3.0	48.5%	44.4%	4.9%	2.3%	
	2006-2		2007-1		2007-2				Rating Scale 2007-2				
In general:	Number of Responses	% Postive	Number of Responses	% Postive	Number of Responses	% Postive	Mean*	Median*	% Yes, they helped a great deal (4)	% Yes, they helped somewh at (3)	% No, they really didn't help (2)	% No, they seemed to make things worse (1)	
Q22 Have the services you received helped you to deal more effectively with your problems?	435	93.1%	443	92.6%	397	94.3%	3.5	4.0	54.2%	40.1%	4.8%	1.0%	
	2006-2		2007-1		2007-2				Rating Scale 2007-2				

	Number of Responses	% Postive	Number of Responses	% Postive	Number of Re[illegible]	[illegible]	Mean	Median	% Very Satisfied (4)	% Mostly Satisfied (3)	% Indifferent or Mildly Dissatisfied (2)	% Quite Dissatisfied (1)	
Q23 In an overall, general sense, how satisfied are you with the service you received	436	88.8%	442	89.6%	400	92.6%	3.5	4.0	54.8%	37.8%	5.3%	2.3%	

	2006-2		2007-1		2007-2				Rating Scale 2007-2				
	Number of Responses	% Postive	Number of Responses	% Postive	Number of Responses	% Postive	Mean*	Median*	% Very Satisfied (4)	% Mostly Satisfied (3)	% Indifferent or Mildly Dissatisfied (2)	% Quite Dissatisfied (1)	Applicable** (9)
Q24 If you had a family member/members who you wanted to be involved in your treatment, how satisfied are you that the provider tried to include them in your treatment?	382	82.0%	399	69.5%	288	88.2%	3.4	4.0	54.2%	34.0%	8.7%	3.1%	131

	2006-2		2007-1		2007-2				Rating Scale 2007-2				
	Number of Responses	% Postive	Number of Responses	% Postive	Number of Responses	% Postive	Mean*	Median*	% Very Helpful (4)	% Somewhat Helpful (3)	% Not Very Helpful (2)	% Not helpful at all (1)	
Q25 If you received teh Iowa Plan handbook, how helpful was the handbook to you in understanding the services available and how to get them?	251	81.9%	271	83.0%	231	78.0%	3.1	3.0	39.0%	39.0%	12.6%	9.5%	

	2006-2		2007-1		2007-2				Rating Scale 2007-2				
	Number of Responses	% Postive	Number of Responses	% Postive	Number of Responses	% Postive	Mean*	Median*	% Strongly Agree (4)	% Agree (3)	% Disagree (2)	% Strongly Disagree (1)	
Q26 I am doing better in school or work	243	78.2%	232	80.2%	200	84.0%	3.1	3.0	32.5%	51.5%	11.5%	4.5%	
Q27 I am better able to take care of myself financially	309	74.4%	303	76.6%	263	78.3%	3.0	3.0	33.1%	45.2%	12.9%	8.7%	

If you re[illegible]er s[illegible]vices, how satisfied were you with:	2006-2		2007-1		2007-2				Rating Scale 2007-2				
	Number of Responses	% Postive	Number of Responses	% Postive	Number of Responses	% Postive	Mean*	Median*	% Very Satisfied (5)	% Mostly Satisfied (4)	% Adequately Satisfied (3)	% Mildly Dissatisfied (2)	D[illegible]sfied (1)
Q28 Any transportation you may have needed to get to treatment	233	84.7%	232	86.2%	199	89.4%	4.1	5.0	50.8%	21.0%	17.6%	4.5%	6.0%
Q29 The availability of any in-home services you may have needed	225	87.1%	215	90.2%	190	87.4%	4.0	5.0	50.5%	21.6%	15.3%	5.8%	6.8%
Q30 The usefulness of any in-home services you used	207	90.2%	205	92.2%	182	89.0%	4.1	4.5	50.0%	25.3%	13.7%	3.3%	7.7%
Q31 The availability of crisis services you may have needed	233	85.4%	253	90.1%	205	86.9%	4.0	4.0	49.8%	24.4%	12.7%	4.9%	8.3%
Q32 The effectiveness of crisis services you used	223	86.4%	235	91.9%	190	87.9%	4.0	4.0	46.3%	27.4%	14.2%	4.2%	7.9%
Q33 The availability of appointments for medication assistance	271	92.5%	297	90.6%	260	90.7%	4.2	5.0	56.9%	19.2%	14.6%	5.0%	4.2%

* Rating Scale numeric values in parentheses were used when assessing Mean and Median.

Q01-Q19, Q28-Q33 **5 = Very Satisfied, 4 = Mostly Satisfied, 3 = Adequately Satisfied**, 2 = Mildly Dissatisfied, 1 = Quite Dissatisfied

Q22 4 = **Yes, they helped a great deal, 3 = Yes, they helped somewhat**, 2 = No, they really didn't help, 1 = No, they seemed to make things worse

Q23 **4 = Very Satisfied, 3 = Mostly Satisfied**, 2 = Indifferent or Mildly Dissatisfied, 1 = Quite Dissatisfied

Q24 **4 = Very Satisfied, 3 = Mostly Satisfied**, 2 = Indifferent or Mildly Dissatisfied, 1 = Quite Dissatisfied, 9 = Not Applicable

Q25 **4 = Very Helpful, 3 = Somewhat Helpful**, 2 = Not Very Helpful, 1 = Not Helpful At All

Q20-Q21, Q26-Q27 **4 = Strongly Agree, 3 = Agree**, 2 = Disagree, 1 = Strongly Disagree

LIENT SATISFACTION SURVEY T

Iowa Plan - Adolescent
Aggregate Results
June 2007-2

Methodology

The data on the following pages were collected using the Magellan Client Satisfaction Survey administered by the Evaluation and Outcomes Surveys department. The survey methodology is presented below:
Continuing the Magellan commitment to increase the number of individuals contacted as part of the annual survey, all clients who requested treatment between November 2007- April 2008 who had not been surveyed during the previous twelve months were selected for the sample. Data were drawn by Magellan Information Systems.
Magellan utilizes a mail-out and mail-back method for collecting the client's perceptions of the quality of care and services received. The first mailing (5/20/2008) included the cover letter prepackaged with the client satisfaction questionnaire, and a business reply envelope. Approximately 21 days afer the first mailing, a second mailing (6/9/2008) with a follow-up letter along with another client satisfaction questionnaire and a business reply envelope was sent to those clients who had not yet responded with a completed questionnaire nor by means of returned mail. The survey response period was closed approximately 30 days after the second mailing (7/9/2008)

After the surveys were returned to Magellan, they were processed by the Evaluation and Outcomes Surveys department and the following report was prepared.

Mailing Results

Survey Population	Date Range of Sample	Surveys Mailed	Non-Deliverable	Opt-Outs	Surveys Delivered	Number of Respondents	Cooperation Rate	Overall Satisfaction
Iowa Plan - Adolescent	**2007-2**	**3,408**	**147**	**44**	**3,217**	**322**	**10.0%**	**89.3%**
Iowa Plan - Adolescent	2007-1	3,530	271	46	3,213	330	10.3%	87.6%
Iowa Plan - Adolescent	2006-2	2,886	171	51	2,715	330	12.4%	90.6%

SATISFACTION SURVEY REPORT

Iowa Plan - Adolescent
Aggregate Results
June 2007-2

Frequency Statistics

	2006-2		2007-1		2007-2				Rating Scale 2007-2				
If you contacted Magellan Health Services for the Iowa Plan Medicaid program for any reason, how satisfied were you with:	Number of Responses	% Postive	Number of Responses	% Postive	Number of Responses	% Postive	Mean*	Median*	% Very Satisfied (5)	% Mostly Satisfied (4)	% Adequately Satisfied (3)	% Mildly Dissatisfied (2)	% Quite Dissatisfied (1)
Q01 The person I spoke to was friendly and courteous	208	96.7	200	97.5%	213	96.7%	4.4	5.0	61.5%	23.0%	12.2%	1.4%	1.9%
Q02 The coordination of Mental Health services provided to you	201	95.0	194	93.8%	204	91.7%	4.2	5.0	54.9%	25.5%	11.3%	4.4%	3.9%
Q03 The coordination of Substance Abuse services provided to you	119	93.3	105	88.5%	132	91.6%	4.1	4.5	50.0%	24.2%	17.4%	3.0%	5.3%
			2006-2						Rating Scale 2007-2				
If you received mental health treatment or substance abuse treatment, how satisfied were you with the way your Treatment Provider:	Number of Responses	% Postive	Number of Responses	% Postive	Number of Responses	% Postive	Mean*	Median*	% Very Satisfied (5)	% Mostly Satisfied (4)	% Adequately Satisfied (3)	% Mildly Dissatisfied (2)	% Quite Dissatisfied (1)
Q04 Actively involved you in your treatment	287	95.1	282	91.2%	271	93.4%	4.3	5.0	57.2%	24.4%	11.8%	3.0%	3.7%
Q05 Was on time for your appointment(s)	288	95.5	281	94.2%	278	93.9%	4.3	5.0	60.8%	20.9%	12.2%	2.9%	3.2%
Q06 Understood your problems and how you felt about them	284	93.3	279	95.0%	278	91.8%	4.3	5.0	58.3%	22.7%	10.8%	4.3%	4.0%
Q07 Understood your family background and customs	283	93.6	279	92.8%	273	92.6%	4.3	5.0	57.1%	23.8%	11.7%	4.8%	2.6%
Q08 Helped you obtain other services (if needed)	249	90.0	237	89.4%	235	89.0%	4.1	5.0	54.5%	20.0%	14.5%	4.7%	6.4%
			2006-2		2007-2				Rating Scale 2007-2				
If you received Mental Health outpatient treatment in an office, how satisfied were you with:	Number of Responses	% Postive	Number of Responses	% Postive	Number of Responses	% Postive	Mean*	Median*	% Very Satisfied (5)	% Mostly Satisfied (4)	% Adequately Satisfied (3)	% Mildly Dissatisfied (2)	% Quite Dissatisfied (1)
Q09 The number of days you waited between calling for your first appointment and the appointment time you received	288	92.0	276	91.3%	274	92.4%	4.1	4.0	47.1%	26.3%	19.0%	4.7%	2.9%
Q10 The number of days you waited between appointments	287	94.8	282	91.5%	272	92.3%	4.1	5.0	51.1%	22.1%	19.1%	4.4%	3.3%
Q11 The courtesy and responsiveness of the office staff	289	96.8	283	94.7%	274	95.3%	4.4	5.0	65.0%	16.4%	13.9%	2.9%	1.8%

Q12 The [illegible] of [illegible]ing and/or [illegible] [illegible]ts	259	83.0	249	80.0%	282	[illegible]	[illegible]	4.0	42.6%	22.3%	15.3%	11.6%	8.3%
			2006-2		2007-2				Rating Scale 2007-2				
If you received Substance Abuse outpatient treatment in an office, how satisfied were you with:	Number of Responses	% Postive	Number of Responses	% Postive	Number of Responses	% Postive	Mean*	Median*	% Very Satisfied (5)	% Mostly Satisfied (4)	% Adequately Satisfied (3)	% Mildly Dissatisfied (2)	% Quite Dissatisfied (1)
Q13 The number of days you waited between calling for your first appointment and the appointment time you received	66	93.9	82	91.5%	89	92.2%	4.1	4.0	46.1%	28.1%	18.0%	4.5%	3.4%
Q14 The number of days you waited between appointments	58	96.6	78	92.3%	86	95.4%	4.1	4.0	43.0%	29.1%	23.3%	0.0%	4.7%
Q15 The courtesy and responsiveness of the office staff	58	98.2	77	93.5%	86	94.1%	4.1	4.0	45.3%	30.2%	18.6%	1.2%	4.7%
Q16 The availability of evening and/or weekend appointments	53	94.4	70	92.9%	80	91.3%	4.0	4.0	45.0%	27.5%	18.8%	3.8%	5.0%
			2006-2		2007-2				Rating Scale 2007-2				
If you received treatment that required you to stay over night in a facility, how satisfied were you with:	Number of Responses	% Postive	Number of Responses	% Postive	Number of Responses	% Postive	Mean*	Median*	% Very Satisfied (5)	% Mostly Satisfied (4)	% Adequately Satisfied (3)	% Mildly Dissatisfied (2)	% Quite Dissatisfied (1)
Q17 The cleanliness of the facility itself	78	93.6	83	95.1%	90	96.7%	4.3	5.0	60.0%	17.8%	18.9%	1.1%	2.2%
Q18 The courtesy and responsiveness of the facility's staff	75	92.0	81	93.8%	90	92.3%	4.3	5.0	60.0%	16.7%	15.6%	6.7%	1.1%
Q19 The competence of the facility's professional staff	75	90.7	79	88.6%	90	93.4%	4.2	5.0	57.8%	16.7%	18.9%	3.3%	3.3%
			2006-2		2007-2				Rating Scale 2007-2				
To help us understand the impact the Iowa Plan had on your quality of life, as a direct result of services you received:	Number of Responses	% Postive	Number of Responses	% Postive	Number of Responses	% Postive	Mean*	Median*	% Strongly Agree (4)	% Agree (3)	% Disagree (2)	% Strongly Disagree (1)	
Q20 I am getting along better with my family and friends	289	89.6	303	86.5%	296	86.8%	3.2	3.0	31.4%	55.4%	10.1%	3.0%	
Q21 I am better able to take care of myself	275	87.3	290	85.2%	283	86.2%	3.1	3.0	27.2%	59.0%	10.6%	3.2%	
			2006-2		2007-2				Rating Scale 2007-2				
In general:	Number of Responses	% Postive	Number of Responses	% Postive	Number of Responses	% Postive	Mean*	Median*	% Yes, they helped a great deal (4)	% Yes, they helped somewhat (3)	% No, they really didn't help (2)	% No, they seemed to make things worse (1)	
Q22 Have the services you received helped you to deal more effectively with your problems?	314	93.0	314	91.4%	306	90.8%	3.4	3.0	47.7%	43.1%	7.2%	2.0%	
			2006-2		2007-2				Rating Scale 2007-2				

	Number of Responses	% Postive	Numbe r of Respon ses	% Postive	Number of Responses	[illegible]	[illegible]	Median	% Very Satisfied (4)	% Mostly Satisfied (3)	% Indifferent or Mildly Dissatisfied (2)	% Quite Dissatisfied (1)	
Q23 In an overall, general sense, how satisfied are you with the service you received	319	90.6	317	87.6%	312	85.9%	3.3	3.0	43.9%	42.0%	10.6%	3.5%	

			2006-2		2007-2				Rating Scale 2007-2				
	Number of Responses	% Postive	Number of Responses	% Postive	Number of Responses	% Postive	Mean*	Median*	% Very Satisfied (4)	% Mostly Satisfied (3)	% Indifferent or Mildly Dissatisfied (2)	% Quite Dissatisfied (1)	# Not Applicable* (9)
Q24 If you had a family member/members who you wanted to be involved in your treatment, how satisfied are you that the provider tried to include them in your treatment?	298	91.9	296	82.7%	287	90.9%	3.4	4.0	54.0%	36.9%	5.6%	3.5%	36
			2006-2		2007-2				Rating Scale 2007-2				
	Number of Responses	% Postive	Number of Responses	% Postive	Number of Responses	% Postive	Mean*	Median*	% Very Helpful (4)	% Somewhat Helpful (3)	% Not Very Helpful (2)	% Not helpful at all (1)	
Q25 If you received teh Iowa Plan handbook, how helpful was the handbook to you in understanding the services available and how to get them?	177	89.3	177	83.1%	177	83.6%	3.2	3.0	36.7%	46.9%	12.4%	4.0%	
			2006-2		2007-2				Rating Scale 2007-2				
	Number of Responses	% Postive	Number of Responses	% Postive	Number of Responses	% Postive	Mean*	Median*	% Strongly Agree (4)	% Agree (3)	% Disagree (2)	% Strongly Disagree (1)	
Q26 I am doing better in school or work	290	86.5	292	86.0%	277	85.9%	3.1	3.0	29.2%	56.7%	10.8%	3.2%	
Q27 I am better able to take care of myself financially	93	72.1	112	67.0%	104	74.0%	2.9	3.0	26.9%	47.1%	17.3%	8.7%	

If you r ner s ices, how satisfied were you with:			2006-2		[illegible]				Rating Scale 2007-2				
	Number of Responses	% Postive	Number of Responses	% Postive	Number of Responses	[illegible]	[illegible]	Median	% Very Satisfied (5)	% Mostly Satisfied (4)	% Adequately Satisfied (3)	% Mildly Dissatisfied (2)	% Quite Dissatisfied (1)
Q28 Any transportation you may have needed to get to treatment	75	94.7	83	88.0%	95	82.1%	3.8	4.0	34.7%	29.5%	17.9%	12.6%	5.3%
Q29 The availability of any in-home services you may have needed	84	90.4	117	86.0%	120	79.9%	3.8	4.0	43.3%	23.3%	13.3%	12.5%	7.5%
Q30 The usefulness of any in-home services you used	80	93.9	113	86.7%	115	85.2%	4.0	4.0	46.1%	24.3%	14.8%	10.4%	4.3%
Q31 The availability of crisis services you may have needed	103	87.3	107	83.3%	108	83.4%	3.8	4.0	36.1%	30.6%	16.7%	7.4%	9.3%
Q32 The effectiveness of crisis services you used	93	92.6	98	85.7%	99	83.9%	3.8	4.0	38.4%	26.3%	19.2%	10.1%	6.1%
Q33 The availability of appointments for medication assistance	139	91.3	136	84.6%	153	88.8%	4.1	4.0	44.4%	30.7%	13.7%	7.8%	3.3%

* Rating Scale numeric values in parentheses were used when assessing Mean and Median.

Q01-Q19, Q28-Q33 **5 = Very Satisfied, 4 = Mostly Satisfied, 3 = Adequately Satisfied**, 2 = Mildly Dissatisfied, 1 = Quite Dissatisfied

Q22 4 = **Yes, they helped a great deal, 3 = Yes, they helped somewhat**, 2 = No, they really didn't help, 1 = No, they seemed to make things worse

Q23 **4 = Very Satisfied, 3 = Mostly Satisfied**, 2 = Indifferent or Mildly Dissatisfied, 1 = Quite Dissatisfied

Q24 **4 = Very Satisfied, 3 = Mostly Satisfied**, 2 = Indifferent or Mildly Dissatisfied, 1 = Quite Dissatisfied, 9 = Not Applicable

Q25 **4 = Very Helpful, 3 = Somewhat Helpful**, 2 = Not Very Helpful, 1 = Not Helpful At All

Q20-Q21, Q26-Q27 **4 = Strongly Agree, 3 = Agree**, 2 = Disagree, 1 = Strongly Disagree

PROJECT/FUNDING CATEGORY	DESCRIPTION	DURATION	ENTITY	LOCATION/ SERVICE AREA	NOTES
ACT Technical Assistance Center Development/Outreach	Continuation of project initiated in 2004 to develop/monitor/support ACT services.	September 2005 - June 2006 Renewed through June 2007 Renewed through June 2008	U of I Mental Health Consortium	Iowa City (statewide)	Teleconferences, fidelity monitoring site visits, e-mail and phone consultation Quarterly measurement of outcomes with reports to providers and Magellan ACT Advisory Board meetings Readiness assessment site visit, analysis, and follow-up with a potential new ACT program Promotion of ACT Annual report
Co-Occurring Disorders Beneficiary Services 2007 System of Care RFP	Development of integrated services for co-occurring mental health and substance abuse services.	November 2007 – March 2009	Community and Family Resources	Ft. Dodge (Webster, Calhoun, Humboldt, Hamilton, Wright, Pocahontas)	47 clients are currently being served through this program, including 17 Title XIX enrollees.
		November 2007 – March 2009	Heartland Family Services	Council Bluffs Pottawattamie, Mills, Harrison)	
		November 2007 – June 2009	Iowa Advocates for Mental Health Recovery	Statewide	Have developed a DRA website to provide program information and meeting times. Four new DRA meetings are underway in Western Iowa.

PROJECT/FUNDING CATEGORY	DESCRIPTION	DURATION	ENTITY	LOCATION/ SERVICE AREA	NOTES
Culturally Specific Mental Health Groups Beneficial	Initiation of mental health groups for African-American, Arabic-speaking Sudanese, Hispanic, and Vietnamese families.	November 2007 – December 2008	Visiting Nurse Services	Des Moines	
Culturally Specific Substance Abuse Services (SAVE) Beneficiary Services	Outpatient substance abuse services in Enterprise Community.	January 2007 - June 2008	Urban Dreams	Des Moines	Will serve 75 enrollees
Family-to-Family Program Development/Outreach	Education program for natural supports of persons with mental illness.	January - December 2007	National Alliance for Mentally Ill - IA	Statewide	Funded annually since 1999.
Intensive Psychiatric Rehabilitation Services Beneficiary	Initiation of Intensive Psychiatric Rehabilitation in un-served counties, including 60 hours of training for each practitioner.	November 2007 – December 2008	Hope Haven	Fayette and Buchanan County	During the first quarter, two individuals were referred to IPR services. With staff hired, continuing to get more referrals.

PROJECT/FUNDING CATEGORY	DESCRIPTION	DURATION	ENTITY	LOCATION/ SERVICE AREA	NOTES
Peer Support Services Beneficiary	Initiation of in-home follow up visits by an RN and a Peer Support Specialist within three days of discharge from mental health inpatient level of care.	November 2007 – March 2009	Black Hawk – Grundy Mental Health Center	Waterloo	Within the first quarter of the project, ten Iowa Plan enrollees had received this service.
	Development of a mental health Recovery Center, including Peer Support services.	November 2007 – June 2009	Hillcrest Family Services	Dubuque	Plan to implement Recovery Centers in two different counties to provide treatment, education, and support services. Currently serves approximately 75 persons in recovery. Twenty Peer Support Team meetings have taken place.
	Development of the Peer Support services associated with the hospital.	November 2007 – March 2009	Psychiatric Associates	Council Bluffs	Peer Connection programs are averaging about five participants a day. Great deal of programming has been set up and participants are increasing.
	Development of Peer Support services in a rural area.	November 2007 – June 2009	Waubonsie Mental Health Center	Clarinda (Fremont, Montgomery, Page)	Twenty-one hours of individual Peer Support and four hours of group Peer Support has been provided to date.
Peer Support Training Development/Outreach	Provide statewide Peer Support training.	November 2007 – December 2008	Hope Haven	Statewide	

PROJECT/FUNDING CATEGORY	DESCRIPTION	DURATION	ENTITY	LOCATION/ SERVICE AREA	NOTES
Prevention - ADHD/Depression Beneficiary Services	ADHD/depression screenings to siblings/ parents of children receiving services for ADHD. Links those who screen positive to treatment.	January 2007 through June 2008	Child and Adolescent Guidance Center	Des Moines	Will serve 400 enrollee families
Prevention - Postpartum Depression Beneficiary Services	Depression screenings to postpartum women. Links those who screen positive to treatment.		State Planning Group	Des Moines (statewide)	Planning group has been actively meeting and producing materials helpful in primary care settings.
Recovery Services Development/Outreach	Offers statewide Level I WRAP training and Facilitator Recredentialing.	November 2007 – December 2008	Northeast Iowa Mental Health Center	Decorah (statewide)	Will host four trainings, one in each region of the state.
Reward for Quality Beneficiary Services	Participating CMHCs eligible for financial incentives for meeting performance targets	April 2006 - September 2007 Renewed through September 2008	Abbe Center for Community Mental Health	Cedar Rapids	Measures: 1. ≤15% clients discharged from IP MH readmit in 30 days. 2. ≤4.1% of clients to ER. 3. 40% of clients complete initial
			Plains Area Mental Health	Le Mars	

PROJECT/FUNDING CATEGORY	DESCRIPTION	DURATION	ENTITY	LOCATION/ SERVICE AREA	NOTES
	and implementing outcome measures.		Siouxland Mental Health	Sioux City	outcomes self-assessment and receive clinician outcomes assessment. 30% of those clients complete follow-up self-assessment and receive clinician follow-up. 4. Staff complete WRAP training. Completed data collection phases
Workforce Development Development/Outreach	Training in open access model that extends psychiatric capacity.	November 2007 – December 2008	Iowa Psychiatric Society	Statewide	There are five participating providers to date. They are all working on identifying measures and interventions.