Iowa Department of Human Services

Annual Psychiatric Medical Institutes for Children (PMIC) Report

July 1, 2012 – March 31, 2013

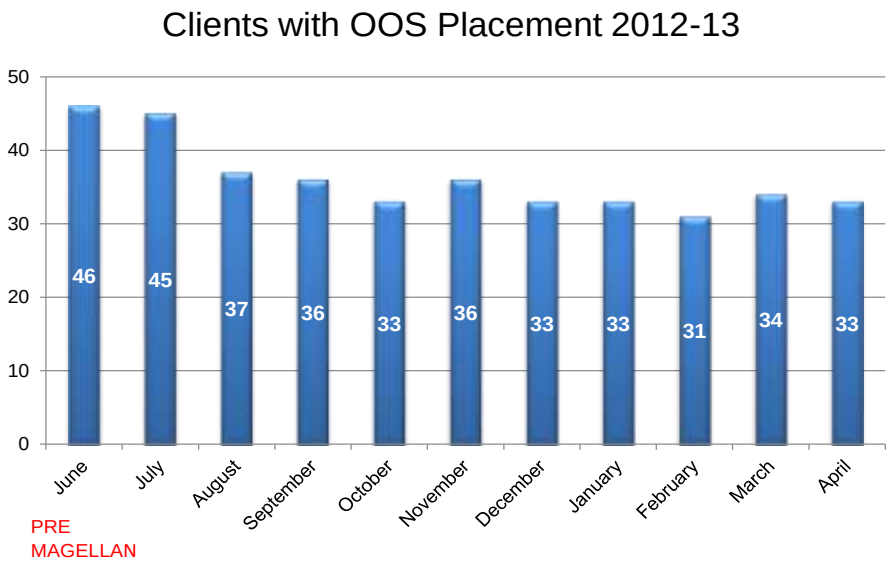
Annual Psychiatric Medical Institutes for Children Report

Introduction

The transition of the Psychiatric Medical Institutions for Children (PMIC) into to the Iowa Plan occurred on July 1, 2012 without substantive changes, as recommended by the PMIC Transition Committee. In this manner, PMICs have maintained and increased their ability to provide flexible services while retaining the ability for longer term residential capacity for children with high end mental health needs. As part of the Iowa Plan, the PMICs have been able to involve more services and discussion among clinical professionals in determining how to best meet the needs of the child.

Children Served by PMIC Providers

From July 1, 2012 - March 31, 2013, a total of 1,029 Iowa Plan members have been served by PMIC providers. The number of children who have received services by a PMIC provider out of state (OOS) by month are demonstrated below.



Discharge Locations and Community-based Services

In monitoring where children are discharged to following a PMIC placement, Magellan is monitoring how many were discharged to a "desired living arrangement". This is defined as the resident of the parent, adoptive parent, guardian, or for minors in the custody of the DHS as identified in the permanency plan. Categories of home include: client home, foster home, and relative/friend home. For the reporting quarters to date, July – September 2012 reported 80.4% were discharged to a desired living arrangement, for October – December 2012, 70.4%, and for January – March 2013, 75.6%. Upon discharge, community-based services that are available include outpatient therapy, medication management, BHIS services (often including an increased number of units), family peer support and circle of care. Magellan is also encouraging PMIC schools to coordinate with home schools to help the children be successful following discharge from the PMIC. A PMIC School Transition Work Group has been established to continue with these efforts of coordination.

The documentation of discharge planning among PMICs demonstrated 98.9% of records reviewed year to date as of March 2013. This measure is inclusive of those who were discharged from a PMIC and a discharge plan was documented within 30 days of the admission to the PMIC.

Improvement of PMIC Authorization Process

The enhancement of the authorization process with the Iowa Plan has changed from a paper review to what is now a live review with a mental health professional and the PMIC provider. This allows for discussion between Magellan and the provider regarding the clients' needs in the community and helps to identify children who can be better served using community resources versus a residential setting. For children that are admitted to a PMIC, periodic live reviews allow for a discussion of progress and treatment planning including discharge needs with the child returns home. PMIC providers have expressed that this method is more efficient. These providers often request Joint Treatment Planning Conference calls with Magellan and an entire interdisciplinary team to discuss treatment and discharge planning options. These calls are helping to improve treatment planning and avoid unnecessary and lengthy stays in the PMIC facility.

Incidence of Readmission to PMICs

Magellan monitors the rate of readmission at 30, 60, and 90 days. The overall rate of readmission at 30 days was 3.6%, readmission at 60 days was 4.7%, and readmission at 90 days was 8.0% through March 2013. Because Magellan has not been managing the PMIC services for a full year, a true 12 month readmission rate cannot yet be calculated.

PMIC Member Satisfaction Surveys

In 2012, the IA Plan began a collaborative workgroup with the Quality leaders of the Iowa PMICs. Development of a PMIC specific satisfaction survey was one of the assignments taken on by the workgroup. With the assistance of Magellan's corporate survey team leadership, the workgroup integrated best practices from across the PMICs to develop encounter sensitive satisfaction surveys for parents, youth, and children. The process involved distribution, both paper and electronic, of surveys that measured both initial, care within the first two months, and discharge or care at the end of the PMIC encounter.

Survey results are tabulated and analyzed in both aggregate and individual formats. For the first six month survey that was administered in December 2012, parents and guardians reported 90.7% satisfaction in their experience of PMIC care. Analysis and the formal report of the second PMIC satisfaction survey will be analyzed by the end of the state fiscal year 2013. Early analysis of the second survey responses reflect a favorable increase in responses associated with improved coping skills and overall satisfaction, an area for improvement opportunity involves further assistance of families with post discharge care.

PMIC Transition Committee

In 2012, the PMIC Transition Committee held meetings on February 2, March 15, May 31, June 28, July 12, and October 25. The committee also met in April 2013. As well, a PMIC Clinical Leadership Work Group and PMIC Quality Improvement Leadership Work Group have met on a regular basis. Magellan facilitates these discussions with input from various statewide and local stakeholders.

Recommendations

Continued administration of PMIC services in the Iowa Plan is recommended and is based upon the benefit to the Iowa Plan members. The value of including PMIC services in the Iowa Plan is the inclusion of PMIC services into an array of services already available through the Iowa Plan. The coordination of care with Magellan, PMIC providers, and other clinical services is extremely beneficial and critical to the children served through the PMICs. For example, Magellan is working in coordination with PMIC and BHIS providers to enhance services for children upon discharge of the PMIC to include BHIS services, where beneficial and in order to facilitate a smooth transition back to the community for the child. Analysis of the cost and benefits upon one full year of administering the PMIC services under the Iowa Plan will be available in subsequent reports. Considering the length of stay in treatment, cost reporting would be considered incomplete at this point.