Fields of Opportunities

STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES G. KROGMEIER, DIRECTOR

December 30, 2010

Michael Marshall
Secretary of Senate
State Capitol
LOCAL

Charlie Smithson
Chief Clerk of the House
State Capitol
LOCAL

Dear Mr. Marshall and Mr. Smithson:

Attached please find the repors to the General Assembly relative to the plan to transition Remedial Services from Medicaid fee for service to the Iowa Plan, Iowa's managed care mental health plan.

This report was prepared pursuant to directive contained in Section 31 of House File 2526.

The General Assembly directed the Department to establish a transition committee that included representatives from the Department's Mental Health, Child Welfare, and Medicaid Divisions. In addition, representatives of the provider community, the Iowa Plan, juvenile justice system, and parents were included on the committee. There were four meetings between August and December 2010. This report outlines areas of discussion and the decisions of the committee. The Department plans to move forward with implementation planning. The transition committee plans to continue and participate in implementation activities.

Please feel free to contact me if you have additional questions.

Sincerely

Jennifer Davis Harbison
Legislative Liaison

JDH/sn

Attachment

cc: Governor Chet Culver
Legislative Service Agency
Kris Bell, Senate Majority Caucus
Russ Trimble, Senate Minority Caucus
Zeke Furlong, House Majority Caucus
Brad Trow, House Minority Caucus

State of Iowa

Department of Human Services

Report to the Iowa General Assembly

Report of the

Remedial Services Transition Committee

House File 2526, Section 31 –

83rd General Assembly

December 30, 2010

Executive Summary

Pursuant to Section 31 of House File 2526, the Department of Human Services (DHS) convened the Remedial Services Transition Committee between August and December 2010. The Transition Committee was charged with reviewing the potential to move remedial services from a fee-for-service program administered by the Iowa Medicaid Enterprise (IME) to the Iowa Plan. The Transition Committee believes that the inclusion of behavioral health intervention services within the Iowa Plan will allow for greater integration and coordination of care across clinical behavioral health and behavioral health intervention services, leading to improved quality and member health outcomes.

The Transition Committee endorses the move of remedial services to the Iowa Plan and calls for the re-branding of these services as Behavioral Health Intervention Services, to more appropriately capture the services provided. In addition to re-branding the services, the Transition Committee recommends the following changes to the program, aimed at improving quality and reducing unnecessary costs:

- Adopt a clear definition of behavioral health intervention services, and differentiate between services provided in the community and services provided in a residential setting;
- Strengthen admission criteria for behavioral health intervention services to require a comprehensive assessment of all behavioral health services that an individual may need, not only behavioral health intervention services;
- Develop credentialing standards for behavioral health intervention services providers under the Iowa Plan that assures that providers have appropriate infrastructure, organization, and experience to provide high quality, supervised care and promote integration across all behavioral health and behavioral health intervention services;
- Adopt the Iowa Plan's authorization model for behavioral health intervention services, providing for live-authorization;
- Focus on program integrity, through increased credentialing standards, monitoring and training, as well as adopting the Iowa Plan's existing program integrity model;
- Provide ongoing education and training of members, providers, and other stakeholders to assure quality and program integrity;
- Include behavioral health intervention services as part of the Iowa Plan's Quality Management Plan, and require measurement of member outcomes, and provider performance standards;
- Measure the Iowa Plan on its performance in managing behavioral health intervention services;
- Develop a payment strategy that incentivizes high quality, efficient behavioral health intervention services; and,
- Develop a behavioral health home pilot focused on integration of all behavioral health services, including behavioral health intervention services.

These recommendations are detailed in the Transition Committee's full report to the General Assembly. To transition the program into the Iowa Plan by July 1, 2011, there are a number of essential activities and tasks that must be completed in the next six months. A high level description of these key tasks is included in the report. As a first step, the Iowa Plan will need to develop a detailed implementation work plan. To provide ongoing guidance and consultation, the Transition Committee recommends that it continue as an ongoing group, known as the Behavioral Health Intervention Services Implementation Committee, for the six months leading up to implementation and for six months following that implementation.

Introduction

The Iowa General Assembly directed the Department of Human Services (DHS), through Section 31 of House File 2526 to establish a remedial services transition committee ("Transition Committee).[1] Section 31 directs the Transition Committee to develop a plan for the transitioning of the administration of remedial services from a fee for service program administered by the Iowa Medicaid Enterprise (IME) to the Iowa Plan, through which the IME provides managed behavioral health care to its Medicaid enrollees. Section 31 further directs the transition plan to specifically address the following specific strategies:

- Improving service coordination for children and adults;
- Establish vender specific performance standards;
- Provide a process for ongoing monitoring of quality of care, performance and quality technical assistance for providers;
- Identify methods and standards for credentialing remedial providers; and,
- Provide implementation timeframe.

Section 31 required specific representation on the Transition Committee.[2] The Transition Committee developed this report to detail its efforts to review the current remedial services program and propose how the program can be modified as it moves to the Iowa Plan to meet the General Assembly's objective of improving coordination and integration of mental health services and outcomes for children and to align these services with the child welfare system.

DHS convened the Transition Committee in August 2010 and focused on two equally important reasons to consider the transition of remedial services from IME to the Iowa Plan. First, DHS recognized opportunities to improve the quality of care being provided to members that utilize remedial services and wants to ensure that children and adults receiving remedial services receive the most appropriate, evidence-based treatment based on the individual's diagnosis and degree of impairment. Second, DHS was concerned about continued cost growth in the current program. Utilizing the Transition Committee to address opportunities in the transition of remedial services under the Iowa Plan allowed for DHS to obtain an understanding of the implications of the change in administration for all stakeholders and to address barriers to the transition upfront.

Methodology

To complete this report to the General Assembly, the Transition Committee held four meetings between August and December 2010.[3] As a first step to determining if and how remedial services should be transitioned to the Iowa Plan, the Transition Committee reviewed the current remedial services program during

[1] The full text of Section 31 of House File 2526 is included as Attachment A.
[2] The membership of the Transition Committee is included as Attachment B.
[3] The meetings were held on August 16, 2010, October 18, 2010, November 15, 2010 and December 3, 2010. Attendees for each meeting are provided as Attachment C.

its August meeting and discussed opportunities for program improvement to be addressed during future meetings. During subsequent meetings, the Transition Committee discussed specific proposals to improve the program based on identified areas of improvement and research on how other states provided similar services to their Medicaid populations.

The Transition Committee spent its final meeting, in December 2010, coming to consensus on the recommendations detailed in this report and discussing the specific steps needed to transition the program from IME to the Iowa Plan for July 1, 2011.

Background on Remedial Services in Iowa Today

There have been significant changes to remedial services in Iowa over the last several years. Prior to 2006, remedial services were provided as rehabilitative treatment and support services ("RTSS") through the Child Welfare and Juvenile Justice system. In 2006, after a significant planning process, remedial services were created as a separate service provided on a fee-for-service basis in the Iowa Medicaid program. With the transition from RTSS to Medicaid, came increased authorization requirements, documentation requirements, new billing practices, and a new fee structure.

Remedial services are non-clinical services that provide skill development to remediate mental health symptoms and behaviors to Medicaid members. To be eligible for federal Medicaid match, remedial services must be rehabilitative in nature; that is, the service must improve function. There is no clear definition in Iowa's law or regulation of remedial services today, but it is an umbrella category for the following services:

- For those 20 and younger:
    - Community psychiatric supportive
    - Crisis intervention to de-escalate situations in which a risk to self, others or property exists
    - Health or behavior intervention
- For those 18 and older:
    - Rehabilitation program
    - Skills training and development

Remedial services providers assist individuals in learning age appropriate ways to manage their behavior and regain self-control. For children, remedial services typically include health behavioral intervention which focuses on conflict resolution, problem solving, interpersonal skills, communication skills, and social skills. In addition, children receive crisis intervention and community psychiatric supportive treatment. Where possible, it is helpful to have family involvement in some portion of the remedial services. Remedial services providers educate and support parents in coping with their child's mental illness and in the management of specific behaviors.

Given the federal scrutiny of the provision of services that fall within the rehabilitative category under Medicaid, it is important to understand that the following services do not qualify as a remedial service:

- Positive adult reinforcement
- Day care, such as after school programming and babysitting
- Respite
- Clinical Therapeutic Service
- Anything not included in the individual's remedial service implementation plan

It is important to view remedial services as they fit within Iowa's mental health system for children and to recognize that many children within the Juvenile Justice and Child Welfare systems qualify for and receive remedial services, in addition to other services provided by DHS. Iowa is engaged in an ongoing effort to strengthen its Children's Mental Health System. Under the Children's Mental Health Waiver, the Medicaid program can coordinate care for a small number of children with significant mental health needs. In addition, the state has made numerous efforts to coordinate across Medicaid and the Child Welfare System to improve services provided to children in the state's care. DHS recognizes that there continue to be opportunities to strengthen the coordination of care and improve communication across providers within the Children's Mental Health System and believe that moving remedial services into the Iowa Plan will further strengthen these opportunities and ensure that a child gets all behavioral health services that are needed in a coordinated way.

Remedial services are available to any eligible Medicaid member. Currently, 96% of remedial services utilizers are children. From FY2008 to FY2009, unique utilizers receiving remedial services increased by 54%. The biggest increase in utilization comes in the 18-20 age range. Many remedial services utilizers are also involved with the child welfare system. From a clinical perspective, children receiving remedial services had mild to moderate Global Assessment of Functioning (GAF) scores.[4]

Twenty five percent of the approximately 230,000 individuals served through Iowa Medicaid in FY 2009, including 20% of the children served, utilized behavioral health services through either the Iowa Plan or through receipt of remedial services on a fee-for-service basis. There was little overlap in clients receiving both remedial and Iowa Plan services despite the fact that children receiving Iowa Plan services or remedial services shared the top five diagnoses: adjustment reaction, attention deficit disorders, oppositional defiant/reactive attachment, conduct disorder and mood disorder.

[4] A GAF score is a clinician's judgment of an individual's overall level of functioning. Typically, the ratings are based on the current or past week.

Despite efforts of IME to closely monitor utilization of remedial services, remedial services have grown at a much steeper rate than the Medicaid program generally, increasing by 21% between 2008 and 2009, while remaining services in the Medicaid program increased by 7%. Medicaid's spending on remedial services totaled approximately $60 million in 2009 while total spending on all behavioral health services covered within the Iowa Plan totaled $100 million.

Today, remedial services are authorized in two parts. First, a licensed practitioner of the healing arts (LPHA) diagnoses a member with psychological disorders and provides a clinical assessment recommending remedial services as part of a treatment plan. LPHAs include physicians, advance registered nurse practitioners, psychologists, independent social workers, marital and family therapists and mental health counselors. The LPHAs are credentialed by Magellan, are part of the Iowa Plan network, and are paid by the Iowa Plan for providing the assessment.

Following a referral by an LPHA, a remedial services provider develops a written remedial service implementation plan for a six month time period that is submitted to IME staff for review and approval of remedial services. The remedial services implementation plan must:

- Show medical necessity for remedial services;
- Be consistent with the written diagnosis and treatment recommendations of the LPHA;
- Be of sufficient amount, duration and scope to reasonably achieve its purpose; and,
- Show that the provider has the skills and resources to implement the plan.

Remedial services providers are required to share progress notes with IME every six weeks. A random sample of these progress notes is reviewed as part of a retrospective audit and progress notes for each member are reviewed as part of a review of a request for additional authorization of remedial services. The order for remedial services can be extended for additional time if requested by the remedial services provider and agreed to by both the LPHA and IME.

Approximately 115 providers are approved by IME to provide remedial services to its members. These providers include former adult rehab option providers, former RTSS providers, and agencies accredited under Chapter 24 of the Iowa Administrative Code (IAC). Over half of the remedial services providers in the IME network are credentialed by and providing services through the Iowa Plan today. Remedial services providers vary widely in terms of infrastructure and experience.

There is no specific setting requirement for remedial services, but services must be provided on a face-to-face basis. Services may occur in group care settings or in an individual's home or community. Remedial services are paid on a fee-for-service basis from IME, based on 15-minute increments. Payment is based

on provider's cost, as determined through an annual filing of cost reports, which is complicated and burdensome for both IME and some providers. Payments cannot be above 110% of the statewide average.

A Vision for Remedial Services Going Forward

In its meetings, the Transition Committee agreed on key opportunities for improvement of remedial services through the transition of those services to the Iowa Plan, a vision for the program, and specific objectives to be implemented as part of the transition to the Iowa Plan. As a first step, the Transition Committee agreed on the following key opportunities for improvement in remedial services:

- Improved coordination and integration of remedial services and other behavioral health services;
- Improved understanding of whether and how increased utilization improves health outcomes for members;
- Clear provider performance standards, including increased education and training requirements and assessments and implementation plans that meet clear guidelines and parameters;
- Improved provider credentialing, and
- Fair payment rates.

In developing its vision and recommendations for remedial services going forward, the Transition Committee was mindful of the need to balance enhanced standards and requirements with accessibility and cost.

As remedial services become an offering under the Iowa Plan, the Transition Committee puts forward the following vision for these services going forward:

- Care aligned across the Children's Mental Health and Child Welfare Systems that is both individualized and family-centric;
- Care that is integrated, flexible and provides support to families and caregivers;
- Care that is of the highest quality, provided through a network of credentialed providers and focused on promoting evidence-based practices, purposeful coordination and better health outcomes;
- Improved program integrity through strengthened education and training, enhanced provider credentialing and monitoring; and,
- Continued quality improvement through ongoing efforts to modify the program based on performance and feedback.

Transition Committee Recommendations

As remedial services move into the Iowa Plan, the Transition Committee recommends a number of improvements to the program in order to meet the vision set forth above. The Transition Committee discussed each of these topics at length in reaching a final recommendation over the course of their meetings in October, November and December 2010.

1. Definition

The Transition Committee agreed that there should be a specific definition of remedial services and that the name of the service should be changed to **Behavioral Health Intervention Services**. The Transition Committee believes that this name provides a clearer description of the services. A more descriptive name will help the Iowa Plan in its efforts to educate its own staff, LPHAs, and other stakeholders on the actual services provided under its rubric.

To further describe the service, the Transition Committee developed two definitions – one to describe services provided in the community and one to describe services provided to children in a group care setting. The proposed definitions are as follows:

a. *Community-based Behavioral Intervention Services*: Supportive, directive and teaching interventions provided in a community-based environment that is designed to improve the individual's level of functioning as it relates to a mental illness with a primary goal of assisting the individual and his or her family to learn age appropriate skills to manage their behavior, and regain or retain self-control. Specific services offered, depending on age and diagnosis, include health and behavioral intervention, rehabilitation program, crisis intervention, skill development and training, and community psychiatric supportive treatment.

b. *Residential Behavioral Health Intervention Services*: Supportive, directive and teaching interventions provided to children in a residential group care setting designed to improve the child's level of functioning as it relates to the child's mental illness with a primary goal of assisting youth in preparation to transition to the community and learning age appropriate skills to manage their behavior, and regain or retain self-control. Specific services offered, include health and behavioral intervention, and crisis intervention services.

2. Admissions Criteria

The Transition Committee recommends that LPHAs continue to conduct assessments and refer individuals to behavioral health intervention services, based on the guidelines described below. The Transition Committee recommends, however, that the LPHAs' assessments be comprehensive in nature and detail all behavioral health services that an individual may require, not only behavioral health intervention services. It is the Transition Committee's belief that behavioral health intervention services should typically be paired with a clinical behavioral health service. But recognizing that there will be some exceptions to this, the Transition Committee does not recommend a specific requirement to that effect.

For community-based behavioral health intervention services, an individual must have a mental health diagnosis and need for services that meet specific individual goals focused on one or more of the following to:

- Address behavioral support in the community;
- Address specific skills impaired due to a mental illness;
- Assist children at risk for out of home placement; or,
- Transition back to the community or home following an out-of-home placement.

Similarly, for residential behavioral health intervention services, a child residing in group care may receive behavioral health intervention services that meet that child's individual goals and focuses on addressing behavioral health support and skills in the child's environment and assist children preparing to transition from a group care setting back to his or her home.

3. Provision of Behavioral Health Intervention Services and Provider Credentialing

After an LPHA assesses an individual residing in the community as needing behavioral health intervention services, the LPHA will provide the individual with a list of community-based behavioral intervention services providers. While the group recognized that some agencies include both LPHAs and behavioral health intervention services providers, there was little concern for conflict. In fact, many participants within the Transition Committee believed that having the LPHA and the behavioral health intervention services provider within the same agency would promote coordination across the behavioral health intervention services and clinical behavioral health care.

The Iowa Plan will develop a behavioral health intervention services network prior to the transition of these services to the Iowa Plan. As part of its efforts to develop a behavioral health intervention services network, the Iowa Plan will develop credentialing standards that providers must meet in order to participate as part of the network. As appropriate, the Iowa Plan may rely on an external accreditation process. The Transition Committee recommends that, at a minimum, credentialing standards require:

- Demonstrated infrastructure to appropriately monitor services being provided by staff;
- Hiring practices that ensure staff meet minimum qualification levels (including some experience);
- Comprehensive training to staff;
- Ongoing clinical support and supervision; and,
- Promoting collaboration between LPHAs, behavioral health intervention services providers, clinical staff and community resources.

4. Authorization for Behavioral Health Intervention Services

The Transition Committee recommends that the Iowa Plan model its authorization for behavioral health intervention services after the authorization

model it currently has in place for the Iowa Plan. The current authorization model focuses on providing live authorization through a telephone call between the LPHA and Iowa Plan staff. Based on current experience, this phone call is expected to be approximately 15 minutes in length. To accommodate the authorization process, the Iowa Plan will need to increase its staffing in the near term.

Prior to transition, the Iowa Plan will develop detailed and clear criteria for LPHAs to understand under what circumstances behavioral health intervention services are considered appropriate and will meet guidelines, and an appeals process for situations where the LPHA and Iowa Plan are in disagreement. Upon transition to the Iowa Plan, authorization may include use of up to 10% of approved behavioral health intervention services for parental-only consultation to the extent permissible under federal law.

When behavioral health intervention services are first added to the Iowa Plan, all requests for these services must receive prior-authorization. Authorization for other Iowa Plan services provided as part of an overall treatment plan only requires authorization to the extent the authorization is required today. Over time, as the Iowa Plan gains experience with this service and the behavioral health intervention services providers within its network, the Iowa Plan expects to reduce the level of authorization, perhaps allowing a certain number of service units under a defined threshold to be provided without authorization, or allowing a certain set of LPHAs to bypass authorization based on experience with the program.

5. Program Integrity

The Transition Committee believes that its efforts to develop a clear definition of what behavioral health intervention services are, combined with stronger credentialing and training requirements under the Iowa Plan, will go a long way to improving the integrity of the services and reducing fraud and abuse. In addition to implementing those improvements, the Transition Committee also recommends that the Iowa Plan utilize program integrity interventions already in place for the Iowa Plan for behavioral health intervention services, including sending a verification of services to a random sample of clients for whom behavioral health intervention services were claimed to determine that the services were actually received. Other ongoing efforts of the Iowa Plan that promote program integrity include ongoing monitoring of utilization in the aggregate, ongoing training for behavioral health intervention services providers, the Iowa Plan's endorsement of evidence-based practices and quality initiatives, and use of corrective action plans for organizations which are not meeting specified standards of care.

Going forward, the Transition Committee recommends that the individual's parent or caregiver be required to participate in the development of the individual treatment plan where the individual resides in the community. The individual treatment plan should include a requirement for the plan to include a frequency of involvement of the parent or legal guardian of a child receiving behavioral health intervention services with the provider of such services. The Transition Committee further recommends that while behavioral health intervention services providers should continue to be required to maintain progress notes as part of their documentation, providers should no longer be required to send in progress notes on a regular basis. Iowa Plan staff will review progress notes as part of office site visits.

As an additional program integrity measure, the Transition Committee considered requiring parental sign-off on each progress note, but the consensus of the group was that parents are not always present for the provision of behavioral health remedial services and it may become administratively burdensome on providers.

6. Ongoing Education and Training

To assure the quality of behavioral health intervention services and the integrity of the program, the Transition Committee recommends that there be ongoing education and training for Iowa Plan staff, members and providers. As part of the transition, there will be a great need for education and training for Iowa Plan staff, members, providers and other stakeholders as the program is re-branded as behavioral health intervention services and is moved within the Iowa Plan. The Transition Committee believes, however, that it is essential for there to also be an ongoing component of education and training as described below.

a. *Educating and Required Training Iowa Plan Staff*

Because behavioral health intervention services are new to the Iowa Plan, it is necessary to educate Iowa Plan staff about these services and when they are appropriate to provide, what other services they are generally paired with and what the typical length of service is. In addition, as part of the Iowa Plan's cultural competency training, the Transition Committee recommends that staff be trained on when in-home services are appropriate and necessary given an individual's cultural background.

b. *Educating and Training Iowa Plan Members*

In educating and training members on the availability of behavioral health intervention services, the Transition Committee recommends that the Iowa Plan utilize a combination of culturally and linguistically appropriate written materials and Member/caregiver sessions that are focused on:

- Understanding the comprehensive set of services available through the Iowa Plan to each member, based on a comprehensive assessment of individual need, and how to access those services;
- Understanding member responsibilities in receiving services; and,
- Understanding the length of authorization, how and when services are re-authorized, and how to prevent or identify fraud and abuse.

In addition to creating separate materials to be used in educating and training new Members and at the time of transition, the Transition Committee recommends that the Iowa Plan update its member handbook to include behavioral health intervention services.

c. *Educating and Required Training for LPHAs*

While the process for assessing individuals for behavioral health intervention services will be similar to the current process, the Transition Committee believes that LPHAs will require transitional and ongoing training through a combination of written materials and trainings, including webinars and provider roundtables. Through those materials and sessions, the Transition Committee recommends training and education that allow LPHAs to:

- Gain a clear understanding of the comprehensive set of services covered through the Iowa Plan, including the re-branding of behavioral health intervention services and the inclusion of it within the Iowa Plan;
- Gain a clear understanding of the Iowa Plan's guidelines for assessment and development of an Integrated Treatment Plan, including how to determine which services offered through the Iowa Plan will meet an individuals needs, and, in particular, when behavioral health intervention services, are likely to work best for a particular individual;
- Receive training on the appropriate use of the GAF, the adult-focused Consumer Health Inventory (CHI) and the Consumer Health Inventory – Child Version (CHI-C);
- Receive training in cultural competency; and,
- Receive training on how to coordinate with other providers that are interacting with the LPHA as part of the individual's care.

d. *Educating and Required Training for Behavioral Health Intervention Services*

As the Iowa Plan develops a specific behavioral health intervention services network, the Transition Committee recognizes that the Iowa Plan will also need to conduct initial education and training for the behavioral health intervention services. These education and training sessions shall remain available for those who join the network over time and to remind current behavioral health intervention services providers of the specific guidelines and requirements in providing behavioral health intervention services. These education and training sessions should focus on the following topics:

- Understanding the Iowa Plan, including available services, provider responsibilities, and billing requirements;
- Understanding how to tailor behavioral health intervention services to an individual based on that individual's specific needs and goals, as well as the individual's family situation, and cultural and linguistic background; including,
    - Understanding of the necessary components of an individual's behavioral health intervention services treatment plan; and
    - Understanding the connection between a needed skill and the mental health diagnosis
- Understanding how to measure an individual's progress in meeting goals;
- Understanding what other clinical behavioral health services an individual is receiving and how behavioral health intervention services fits into an overall plan of care;
- Understanding how to communicate with other providers that are also providing services to the same individual to allow for coordination of care across the treatment plan; and,
- Understanding how to use the Iowa Plan's provider profiling report to improve the quality of behavioral health intervention services being provided, based on provider specific feedback.

7. Measurement

As behavioral health intervention services are transitioned to the Iowa Plan, the Transition Committee recommends that the Iowa Plan conduct baseline and ongoing measurement for behavioral health intervention services that focus on member outcomes, provider performance standards, and Iowa Plan performance.

a. *Member Outcomes*

A key goal of the transition of behavioral health intervention services into the Iowa Plan is improving the overall quality of care being provided to members and improving individual health outcomes. To that end, it is essential to measure member outcomes as behavioral health intervention services are moved within the Iowa Plan. The Transition Committee recommends the following proposed measures of member outcomes:

- Increased number of members with comprehensive set of services (e.g., both clinical and behavioral health intervention services);
- Improved health and functional outcomes, as measured through:
    - Continued use of GAF scores;
    - Use of the CHI, CHI-C, and the Autism Treatment Evaluation Checklist (ATEC), which are used for other Iowa Plan services, to allow for consistent measurement across the Iowa Plan; and
    - Consideration of allowing other tools over time for measurement (e.g., the Child and Adolescent Needs and Strengths Methodology (CANS)).

The Transition Committee intends for this to be the minimum measurement of member outcomes and recommends that the Iowa Plan continue to consider additional measurements focused on member outcomes as it gains more experience providing behavioral health intervention services.

b. *Provider Performance Standards*

Improving behavioral health intervention services provider and performance standards goes hand in hand with improving member outcomes. Without improvement in provider performance there is unlikely to be improvement in member outcomes. As described above, in moving behavioral health intervention services to the Iowa Plan, the Transition Committee recommends enhancing credentialing standards and educational requirements of behavioral health intervention services providers. In addition to tightening these requirements, the Transition Committee recommends that the Iowa Plan conduct ongoing review and monitoring of LPHAs and behavioral health intervention services providers to review the quality of individual treatment plans, implementation of those treatment plans through the behavioral health intervention services provider, and modifications to those treatment plans over time. To do this, the Transition Committee recommends that the Iowa Plan include behavioral health intervention services as part of the Iowa Plan's quality improvement review. Under this review, the Iowa Plan makes annual site visits to providers based on a minimal level of service. Where a corrective action is in place, the Iowa Plan makes multiple visits to the same service provider.

In addition, the Iowa Plan, as it does for all of its providers, will conduct quarterly provider profiling activities of behavioral health intervention services providers, as part of its overall Quality Management plan. Quarterly profiling allows the Iowa Plan the ability to compare performance across providers, review aggregate member outcomes data, and review statewide trends.

c. *Measurement of the Iowa Plan*

As implied in the inclusion of measurement of member outcomes and provider performance standards, the Transition Committee specifically recommends that in transitioning behavioral health intervention services to the Iowa Plan that there

be a specific requirement for monitoring and improving behavioral health intervention services as part of the Iowa Plan's overall Quality Management plan.

The Transition Committee recommends that measures of the Iowa Plan's performance in managing behavioral health intervention services provide a global review of the program and mirror, to the extent possible, the performance requirements of the behavioral health intervention services providers and member outcomes.

Specifically, during the first year of transition of behavioral health intervention services into the Iowa Plan, the Transition Committee recommends that the Iowa Plan be required to monitor behavioral health intervention services, including but not limited to:

- Growth from current number of individuals receiving behavioral health intervention services;
- Growth in numbers of individuals utilizing both clinical behavioral health services and behavioral health intervention services;
- Increased access to behavioral health intervention services in rural areas; and,
- Measure of success of the Iowa Plan working cooperatively with the Juvenile Justice and Child Welfare systems to improve coordination across the systems.

During the second year, the Transition Committee recommends that ongoing monitoring of the Iowa Plan's management of behavioral health intervention services continues and that IME consider adding an incentive for performance that exceeds goals to be set by DHS. In the third year and going forward, the Transition Committee recommends that ongoing monitoring and incentives continue, and the addition of a penalty provision for performance that falls below a state-set floor.

8. Payment Strategy

Not surprisingly, the Transition Committee devoted a significant amount of time to understanding the current rate structure and process, and discussing potential improvements to the current system as behavioral health intervention services are moved within the Iowa Plan.

As described below, the Transition Committee plans an ongoing role as behavioral health intervention services are moved within the Iowa Plan. The Transition Committee agrees that community-based behavioral health intervention services rates should be paid for through the Iowa Plan on a fee-for-service basis based on rates to be developed by the Iowa Plan. As part of its ongoing role in transition, the Iowa Plan will develop these rates in consultation with the Transition Committee in the early part of 2011. Likewise, the Iowa Plan, with continued consultation of the Transition Committee, will develop residential behavioral health intervention services rates. In the rate development process,

the Iowa Plan may consider continuing use of cost reports to determine rates. After rates are developed for community-based and residential behavioral health intervention services, the Transition Committee recommends that the Iowa Plan explore providing incentive payments based on performance on a set of quality measures in later years.

9. Behavioral Health Home Pilot

The transition of behavioral health intervention services into the Iowa Plan presents an opportunity to consider the development of a behavioral health home pilot that includes provision of both clinical behavioral health services and behavioral health intervention services. To that end, the Transition Committee recommends that the Iowa Plan be directed to develop a behavioral health home pilot. As envisioned, through a behavioral health home pilot, the Iowa Plan would provide technical assistance and support services towards practice change at select pilot sites and development of an enhanced service package that provides on-site care management services. If possible, the pilot program could be funded through a bundled payment to the pilot sites that includes the care management services, plus all behavioral health related services a participating member receives, and provides the pilot site with the opportunity for shared savings from the project.

As a first step, the Iowa Plan should identify, through an open, fair and objective process, potential pilot sites that meet the following characteristics:

- Site provides a full range of outpatient behavioral health services and behavioral health intervention services;
- Site has strong relationships with acute and psychiatric hospitals, as well as PMICs; and,
- Site has relationships, or willingness to develop relationships, with primary care providers.

After identifying potential pilot sites, the Iowa Plan should define a targeted group of members to be the focus of the pilot program, based on their clinical need. A potential focus group is children with serious emotional disturbance (SED).

Impact of Transition to Iowa Plan on Group Care Providers

The Transition Committee recognized that group care providers are particularly concerned about the transition of behavioral health intervention services to the Iowa Plan, as a further step away from the Juvenile Justice and Child Welfare systems. A subgroup of self-selected Transition Committee members held one meeting, on December 3, 2010.[5] While the participants believed that the recommendations included in this report should apply equally to community-based and residential behavioral health intervention services providers, the participants suggested that within the transition period to the Iowa Plan, there be

[5] A list of members who participated in the Group Care subgroup meeting is included in Attachment D.

focused attention on the impact of transition to group care providers and an effort to enhance the existing relationship between the Iowa Plan and the Juvenile Justice and Child Welfare Systems to ease coordination across the systems.

There was also significant discussion about the impact of any rate changes to group care providers and the need to consider the differences in providing care in a residential vs. community-based setting when developing a rate-setting methodology. One option discussed by the subgroup was to provide stability through allowance for a basic authorization for behavioral health intervention services over a limited time period; with an extended authorization based on an individual assessment of need for such services. As a next step, group care providers agreed to provide DHS and the Iowa Plan with more detailed information about current costs, while the IME will gather and share data on current denials for remedial services for children within a group care setting.

Transition Process and Timeframe

The Transition Committee supports the re-branding of remedial services as behavioral health intervention services and the move of the services within the Iowa Plan. Section 31 requires the Transition Committee to develop a transition plan and contemplates the transition of behavioral health intervention services to the Iowa Plan within six months of filing this report, or July 1, 2011. To facilitate a smooth transition, the Transition Committee recommends that it continue to meet on an ongoing basis for the next six months as the Behavioral Health Intervention Services Implementation Committee. Following the implementation of behavioral health intervention services within the Iowa Plan, the Implementation Committee should continue to meet for a six month to year period to continue to providing ongoing guidance and feedback and work through any ongoing implementation issues.

The Implementation Table below provides a high-level plan of the major tasks that must be completed in the next six months to transition behavioral health intervention services into the Iowa Plan. As shown below, a first step in the implementation will be the development of a detailed implementation workplan by the Iowa Plan.

Implementation Table

Task	Responsible Party
1. Develop detailed implementation work plan	Iowa Plan
2. Develop contract amendment for Iowa Plan to move services within the Plan; including program requirements and PMPM and	IME

Task	Responsible Party
administrative payment methodology	
3. Determine whether transition requires a waiver amendment and/or state plan amendment, and request needed approvals from CMS	IME
4. Develop and promulgate regulatory changes to conform with re-branding of service as behavioral health intervention services and move to the Iowa Plan, including amending regulations for definitions, reimbursement, authorization, etc.	IME
5. Continue subgroup of Implementation Committee to be focused on key transition issues unique to group care.	DHS/Iowa Plan/Providers
6. Develop detailed credential criteria that meet recommendation of the Transition Committee	Iowa Plan
7. Determine whether to amend rate methodology in first year of transition, or wait to second year.	IME
8. If developing new rate methodology to be implemented at transition, complete methodology. Otherwise, continue to develop methodology over transition period, in consultation with the Implementation Committee	Iowa Plan

Task	Responsible Party
9. Develop a campaign, in consultation with the Implementation Committee, to rebrand as behavioral health intervention services and educate about what the change means to members, providers and others. Provide initial notice that change is coming; that valid treatment plans will be honored; and that Iowa Plan will procure own network.	Iowa Plan
10. Procure a behavioral health intervention services network within the Iowa Plan	Iowa Plan
11. Modify Quality Management Plan to include monitoring and oversight of behavioral health intervention services.	Iowa Plan
12. Develop strategy to transfer current service information from IME to Iowa Plan	IME/Iowa Plan
13. Develop training and education materials and sessions for members, LPHAs, behavioral health intervention services providers, and other interested stakeholders	Iowa Plan
14. Implement services within Iowa Plan	Iowa Plan
15. Continue to meet with Implementation Committee to obtain feedback on transition, as needed, and make improvements to program	Iowa Plan

Conclusion

The Transition Committee endorses the re-branding of remedial services as behavioral health intervention services and the movement of those services within the Iowa Plan, beginning in July 2011, or as early as possible given the implementation details. As described above, the inclusion of behavioral health intervention services within the Iowa Plan will allow for greater integration and

coordination of care across clinical behavioral health and behavioral health intervention services. In addition, as behavioral health services are transitioned to the Iowa Plan, behavioral health intervention services providers will be held to higher credentialing and quality standards, consistent with current standards within the Iowa Plan.

The Transition Committee recommends that it continue to advise the Iowa Plan and DHS, as the Behavioral Health Intervention Services Implementation Committee as the transitioned is implemented, to allow for continued discussion of payment rates for behavioral health intervention services under the Iowa Plan and to provide guidance and feedback on other implementation tasks, including the re-branding campaign, education and training, credentialing requirements and quality management under the Iowa Plan.

Attachments

A. Section 31 of House File 2526
B. Transition Committee Membership
C. Transition Committee Meeting Attendees
    a. August 16, 2010
    b. October 18, 2010
    c. November 15, 2010
    d. December 3, 2010
D. Group Care Subgroup Meeting Attendees

Attachment A: Section 31 of House File 2526

1. It is the intent of the general assembly to improve coordination and integration of mental health services and outcomes for children, as well as alignment of the services and outcomes with the child welfare system. The department of human services, in collaboration with providers, shall develop a plan for transitioning administration of the remedial services program from fee-for-service approach to the Iowa plan, behavioral health managed care plan. The transition plan shall address specific strategies for improving service coordination for children and adults; establish vendor performance standards; provide a process for ongoing monitoring of quality of care, performance, and quality improvement technical assistance for providers; identify methods and standards for credentialing remedial providers; and provide implementation timelines.

2. The department shall establish a transition committee that includes representatives from departmental staff for Medicaid, child welfare, field, and mental health services, the director of the Iowa plan, a representative of an organization providing remedial services that is also licensed as a community mental health center for children and as a psychiatric medical institution for children, the executive director of the coalition of family and children's services in Iowa, three remedial services providers designated by the executive director of the coalition, and a remedial services provider who is not a member of the provider organization. The committee shall develop the plan and manage the transition, if the plan is implemented. The plan shall be developed by December 31, 2010. The department may proceed with implementing the plan over the six month period following December 31, 2010, if the department determines that the plan meets the legislative intent identified in subsection 1.

Attachment B: Transition Committee Membership

Jeanne Nesbit, DHS
Jennifer Vermeer, DHS
Gary Lippe, DHS
Wendy Rickman, DHS
Sally Titus, DHS
Vern Armstrong, DHS
Kristie Oliver, Coalition for Family and Children's Services
Joan Discher, Magellan
Brock Wolff, Orchard Place
Jim Ernst, Four Oaks
Christine Gradert, Family Resources
Scott Caldwell, LSI
Gloria Gray, CFI
John Stanley, Lifeworks

Additional participants included:
Kelly Ramus, Parent
Karla Olson, Parent
Rhonda Shouse, Parent
Kelly Pallwitz, Parent
Wayne Ford, Urban Dreams
Ruth Frush, JCO
Schott Hobart, JCO
Vicki Miene, Community Circle of Care

Attachment C: Transition Committee Meeting Attendees

August 16, 2010

Committee Members:
Jeanne Nesbit, DHS
Jennifer Vermeer, DHS
Gary Lippe, DHS
Wendy Rickman, DHS
Sally Titus, DHS
Vern Armstrong, DHS
Kristie Oliver, Coalition for Family and Children's Services
Joan Discher, Magellan
Brock Wolff, Orchard Place
Jim Ernst, Four Oaks
Christine Gradert, Family Resources
Scott Caldwell, LSI
Gloria Gray, CFI
John Stanley, Lifeworks

Additional participants included:
Kelly Ramus, Parent
Rhonda Shouse, Parent
Kelly Pallwitz, Parent
Ruth Frush, JCO
Vicki Miene, Community Circle of Care

DHS Staff:
Sally Nadolsky
Dennis Janssen
Zac Roberts
Theresa Armstrong
James Chesnik
Anita Smith

Public:
Lavne Kishman, Families First
Sandra Jaques, Tanager Place
Jennifer Bumgarner, HTF
Mike Robinson, HTF
Janet Outlund, Systems Unlimited

October 18, 2010

Committee Members:
Jeanne Nesbit, DHS
Jennifer Vermeer, DHS
Gary Lippe, DHS
Wendy Rickman, DHS
Sally Titus, DHS
Vern Armstrong, DHS
Kristie Oliver, Coalition for Family and Children's Services
Joan Discher, Magellan
Brock Wolff, Orchard Place
Jim Ernst, Four Oaks
Christine Gradert, Family Resources
Scott Caldwell, LSI
Gloria Gray, CFI
John Stanley, Lifeworks

Additional participants:
Kelly Ramus, Parent
Karla Olson, Parent
Rhonda Shouse, Parent
Kelly Pallwitz, Parent
Wayne Ford, Urban Dreams
Ruth Frush, JCO
Vicki Miene, Community Circle of Care

DHS Staff:
Sally Nadolsky
Dennis Janssen
Zac Roberts
Theresa Armstrong
Anita Smith
Vicki Vermie
Kelly Espeland
Jen Harbison
Laura Parker

Public:
Lavne Kishman, Families First
Sandra Jaques, Tanager Place
Jennifer Bumgarner, HTF
Mike Robinson, HTF
Janet Outlund, Systems Unlimited
Jess Benson, Legislative Service Agency
Devon Minard, Lifeworks
Zeke Furlong, House Dem Staff
Deanna Triplett, IBHA

Committee Members:
Jeanne Nesbit, DHS
Jennifer Vermeer, DHS
Gary Lippe, DHS
Wendy Rickman, DHS
Sally Titus, DHS
Vern Armstrong, DHS
Kristie Oliver, Coalition for Family and Children's Services
Joan Discher, Magellan
Brock Wolff, Orchard Place
Christine Gradert, Family Resources
Scott Caldwell, LSI
Gloria Gray, CFI
John Stanley, Lifeworks

Additional participants included:
Kelly Ramus, Parent
Rhonda Shouse, Parent
Kelly Pallwitz, Parent
Ruth Frush, JCO

DHS Staff:
Sally Nadolsky
Dennis Janssen
Zac Roberts
Jan Jordan
Laura Larkin
Vicki Vermie
Laura Parker
Kelly Espeland

Public:
Lavne Kishman, Families First
Jennifer Bumgarner, HTF
Cheryl Garland, Integrative Counseling
Sandra Jaques, Tanager Place
Devon Minard, Lifeworks
Deanna Triplett, IBHA

Committee Members:
Jeanne Nesbit, DHS
Jennifer Vermeer, DHS
Gary Lippe, DHS
Wendy Rickman, DHS
Sally Titus, DHS
Vern Armstrong, DHS
Kristie Oliver, Coalition for Family and Children's Services
Joan Discher, Magellan
Brock Wolff, Orchard Place
Jim Ernst, Four Oaks
Christine Gradert, Family Resources
Scott Caldwell, LSI
Gloria Gray, CFI
Devon Minard for John Stanley, Lifeworks

Additional participants included:
Kelly Ramus, Parent
Ruth Frush, JCO
Vicki Miene, Community Circle of Care

DHS Staff:
Sally Nadolsky
Dennis Janssen
Anita Smith
Vicki Vermie
Kelly Espeland
Laura Parker
Laura Larkin

Public:
Lavne Kishman, Families First
Sandra Jaques, Tanager Place
Billy Clay, First Resources
Chris McMahon, YHMA
Kelly Pennington, Magellan
Steve Muller, The Homestead
Deanna Triplett, IBHA
Scott Willsoy, Next Step

Attachment D: Group Care Subgroup Meeting Attendees

Jennifer Vermeer, DHS
Vern Armstrong, DHS
Wendy Rickman, DHS
Joan Discher, Magellan
Kristie Oliver, Family and Children's Coalition
Jim Ernst, Four Oaks
Christine Gradert, Family Resources
Scott Caldwell, LSI
Gloria Gray, Children and Families of Iowa
Laura Parker, DHS
Sally Nadolsky, DHS
Kelly Pennington, Magellan